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Proposed Program Budget

2008-2009

**PAN AMERICAN HEALTH ORGANIZATION /
REGIONAL OFFICE FOR THE AMERICAS OF THE
WORLD HEALTH ORGANIZATION**

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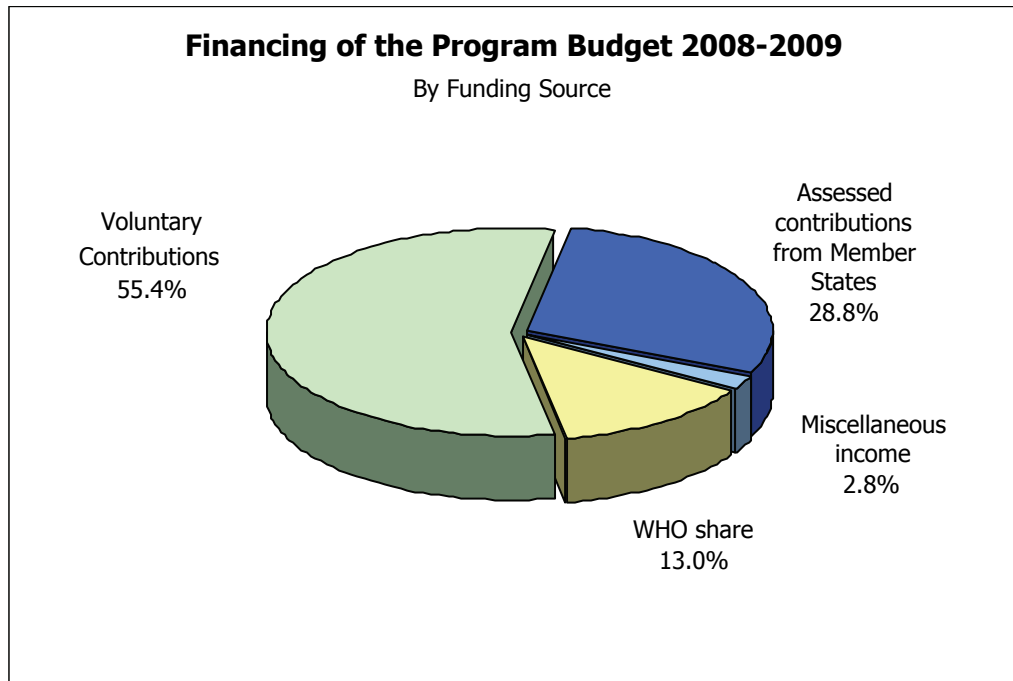
INTRODUCTION

1. PAHO is engaged with WHO in a results-based budgeting approach to determine the resource requirements to carry out its work. The cost of achieving PAHO's Region-wide Expected Results over a given period of time is expressed through an integrated budget comprising all funding sources.
2. PAHO receives its funding from three main sources:
 - (a) PAHO Regular Budget - comprises assessed contributions (quotas) from PAHO Member States plus miscellaneous income;
 - (b) Portion of the WHO regular budget approved for the Region of the Americas: referred to as the AMRO share;
 - (c) Voluntary Contributions - the majority of voluntary contributions received by PAHO are a result of direct negotiations with its donor partners; a lesser amount is channeled by donor partners to the region through WHO.
3. While funding sources from (a) and (b) above are considered unearmarked, voluntary contributions (c) can be categorized as either earmarked or unearmarked. Effective financing of the Proposed Strategic Plan 2008-2012 and associated Program Budgets will require careful management of the different sources and types of income to ensure complete funding of planned activities. Unearmarked funding, such as assessed contributions, provides a predictable and flexible resource base that facilitates financing of the Organization's core activities. Earmarked funding—which accounts for the majority of voluntary contributions currently negotiated—is less flexible, and thus may not be available for use in under-funded programmatic areas.
4. Earmarked funding continues to pose a challenge for ensuring alignment between the Organization's planned activities and actual resources mobilized. To the extent that donor partners can be persuaded to provide increased levels of unearmarked voluntary contributions—also being referred to as *negotiated core voluntary contributions* by WHO—the Organization will become more successful in fully financing its Strategic Plan and Program Budgets, consequently increasing the probability of achieving its expected results. To this end, the Bureau fully supports WHO's efforts in actively seeking to increase the proportion of the program budget financed with negotiated core voluntary contributions and will similarly continue its own efforts in this area.
5. Table 1 below compares the financing of the proposed budget 2008-2009 with the approved budget for 2006-2007.

Table 1. Financing of the Program Budget 2008-2009

Source	2006-2007	2008-2009	% change
Assessed contributions from Member States	173,300,000	180,066,000	3.9%
+ Miscellaneous income	14,500,000	17,500,000	20.7%
= Total PAHO share (Regular Budget)	187,800,000	197,566,000	5.2%
+ WHO share (Regular Budget)	77,768,000	81,501,000	4.8%
= Total Regular Budget	265,568,000	279,067,000	5.1%
+ Estimated Voluntary Contributions *	265,544,000	347,000,000	30.7%
= Total Resource Requirements	531,112,000	626,067,000	17.9%

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



6. The proposed budget for 2008-2009 of \$626 million represents an increase of 17.9% compared to the \$531.1 million budget approved for 2006-2007. The largest source of the increase comes from the estimated voluntary contributions of \$347 million, representing a 30.7% increase, of which \$197 million is estimated to come from WHO. The \$197 million estimate was developed jointly with WHO/HQ and all of the other regions by teams of staff working together globally and grouped by Strategic Objective.

7. The regular budget share of the budget of \$279 million represents an increase of \$13.5 million, or 5.1%, compared to the biennium 2006-2007, and is all attributable to the projected increase in the cost of fixed-term staff. This increase is proposed to be funded by an increase to PAHO assessed contributions of 3.9%, a 20.7% increase to miscellaneous income, and the remainder from the 4.8% increase in the AMRO share of the regular budget (\$81.5 million for AMRO approved by the World Health Assembly in May 2007).

8. The significant increase in the cost of international transactions to U.S. dollar-based budgets is being felt world-wide, and for PAHO it is no exception. A thorough analysis of current costs and trends points to an expected cost increase of between 13% - 15% for the 2008-2009 biennium. For the PAHO regular budget, this translates to roughly \$37 million for cost increases alone, of which approximately \$24 million are related to the cost of fixed-term staff.

9. An alternative, more optimistic scenario, which considers a curbing of the U.S. dollar devaluation effect over the short term, yields a projected cost increase of about 10% for the next biennium. In a Zero Real Growth scenario, this translates to roughly \$23 million for the regular budget, of which approximately \$17 million are related to the cost of fixed-term staff. However, an additional 12 fixed-term positions have been reduced so far in the biennium (in addition to the 41 positions abolished during 2004-2005) thus containing the estimated cost increase to about \$14 million for fixed-term staff for 2008-2009, an increase of 8.3% compared with the budget component for fixed-term staff for 2006-2007.

10. Furthermore, the proposed increase of \$13.5 million to the regular budget considers only the cost increase to fixed-term positions; it does not make provision for inflationary costs in the non-staff component of the program budget of an estimated \$6.5 million. This translates into a real reduction in purchasing power of about 7% in comparison to the 2006-2007 biennium.

11. It should also be noted that the proposed budget level, in addition to not allowing for inflationary non-staff costs, does not make provision for several significant administrative costs expected to be incurred over the next few years; these include, for instance, UN mandatory implementation of International Public Sector Accounting Standards (IPSAS), PAHO's expected involvement with the Global Management System (GSM) project being implemented by WHO, and expenditure related to the Master Capital Investment Plan. Correspondingly, it is also important for Member States to keep in mind that additional funding for required expenditure such as IPSAS, GSM and the Master Capital Investment Plan will need to be prioritized from within the budget designated for regional program activities which is already being reduced in nominal terms and further eroded by inflation.

12. The purchasing power of the operating budget for program activities has suffered over the last several biennia given that budget approvals by Member States have only considered budget increases to meet net fixed-term staff cost increases (despite continued reductions in the number of staff). The erosion is particularly acute for the regional level (such as regional centers and entities based in Washington) where the ratio of fixed-term staff costs to activity costs is typically higher than in countries because of the nature of the work. As the cost of fixed-term positions continues to rise, it becomes increasingly difficult for the Bureau to strive for further efficiencies by continuing to streamline operations and realign program areas.

13. The situation explained above is compounded by the fact that the Regional Program Budget Policy will progressively allocate a larger share of the budget to the countries over the next two biennia, as was the case for 2006-2007—the first implementation biennium of the Budget Policy. The further reduction of the regular budget for regional activities creates a challenge for carrying out the statutory and normative work and for the ability of regional entities to respond to backstopping needs of countries.

14. To better understand these dynamics and their effect on the budget, Table 2 below serves to illustrate the interplay among the principle attributes of the budget; namely, its financing, its major cost types, and its distribution among functional levels as stipulated in the Regional Program Budget Policy (Refer also to Table 3).

Table 2. Distribution of the Proposed Regular Budget 2008-2009

	In thousand of U.S. dollars			
	<u>2006-2007</u>	<u>Change</u>	<u>2008-2009</u>	<u>Percentage</u>
<u>To be financed from:</u>				
Assessed Contributions	173,300	6,766	180,066	3.9%
Miscellaneous Income	14,500	3,000	17,500	20.7%
WHO/AMRO	77,768	3,733	81,501	4.8%
Total	<u>265,568</u>	<u>13,499</u>	<u>279,067</u>	<u>5.1%</u>
<u>By major cost type:</u>				
Post	168,802	13,998	182,800	8.3%
Non-post	91,766	(499)	91,267	-0.5%
Retirees' Health Insurance	5,000	-	5,000	0.0%
Total	<u>265,568</u>	<u>13,499</u>	<u>279,067</u>	<u>5.1%</u>
<u>By Functional Level:</u>				
Regional	144,876	3,942	148,818	54.3%
Sub-regional	16,676	1,687	18,363	6.7%
Country	99,016	7,870	106,886	39.0%
Subtotal	<u>260,568</u>	<u>13,499</u>	<u>274,067</u>	<u>100.0%</u>
Retirees' Health Insurance	5,000	-	5,000	
Total	<u>265,568</u>	<u>13,499</u>	<u>279,067</u>	

15. In the present proposal, as illustrated in Table 2, the projected post cost increase of \$14 million in the regular budget is greater than the proposed budget increase of \$13.5 million; thus, the proposal includes a reduction in the non-post component of the regular budget of \$0.5 million to offset the unfunded portion of the cost increase. In doing so, the assessment increase to Member States remains at the 3.9% level presented to the SPBA and the Executive Committee. When added to the \$6.5 million of inflationary costs to non-post costs that are not being provided for in the proposal, the total real reduction in the non-post component of the budget amounts to \$7.0 million (\$0.5 million + \$6.5 million), or about 8% of the total non-post budget.

16. Given the regular budget situation, effective resource mobilization becomes increasingly important for the Organization. And since voluntary contributions provided by donor partners are generally earmarked for specific objectives and are less predictable, the Secretariat will continue to make every effort to manage these contributions in light of the overall expected results contained in the Strategic Plan and Program Budget. Thus, regular budget funds become essential for securing many of the statutory and normative core functions.

17. Finally, in consideration of the expressed concern of several Member States regarding their ability to accept assessment increases, the Bureau is prepared to take the "optimistic" scenario forward in projecting cost increases for the proposed 2008-2009 program budget; it should be understood, however, that the economic reality may worsen and may require significant adjustments to planned programmatic targets contained in the Region-wide Expected Results.

18. The Annexes provide different Region-wide views of the program budget by the 16 Strategic Objectives, as well as additional details on the distribution of the Country Allocation by country as stipulated by the Regional Program Budget Policy. Where there are comparisons made to the 2006-2007 budget, it should be noted that a crosswalk methodology (developed by WHO) has been applied to convert the 2006-2007 budget from 38 Areas of Work to 16 Strategic Objectives.

Table 3. Application of the Regional Program Budget Policy

	2006-2007	2008-2009	2010-2011
Country	38.0%	39.0%	40.0%
Subregional	6.4%	6.7%	7.0%
Regional	55.6%	54.3%	53.0%
	100.0%	100.0%	100.0%

STRATEGIC OBJECTIVE 1

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)	17	20
1.1.2	Proportion of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer)	38% (5,729)	35% (5,277)
1.1.3	Number of countries supported to make evidence-based decisions for the introduction of new and underutilized vaccines	9	10
1.1.4	Number of essential child and family health interventions integrated with immunization, for which guidelines on common program management are available	4	6
1.1.5	Number of countries that have established either legislation or a specified national budget line in order to ensure sustainable financing of immunization	30	32
1.1.6	Number of countries that have included the new vaccines (RV, NEUMO, INF, YF, HPV) in their national epidemiological surveillance system	0	5

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.2.1	Number of countries using oral polio vaccine (OPV) according to an internationally agreed timeline and process for cessation of its routine use	35	35
1.2.2	Percentage of final country reports or updates on polio containment certified by the Regional Commission for the Americas	100%	100%
1.2.3	Number of countries with sustained surveillance of acute flaccid paralysis	39/39	39/39
1.2.4	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination	36/39	39/39
1.2.5	Number of countries achieving neonatal tetanus (NNT) elimination	38/39	39/39

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.3.1	Number of countries maintaining dracunculiasis eradication certification	40	40
1.3.2	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities	0/25	5/25
1.3.3	Population at risk (in millions) of lymphatic filariasis in four endemic countries receiving mass drug administration (MDA) or preventive chemotherapy	2.4	4.7
1.3.4	Coverage of at-risk school-age children in endemic countries with regular treatment against schistosomiasis and soil-transmitted helminthiasis (STH)	38%	50%
1.3.5	Number of countries in Latin America and the Caribbean that have eliminated human rabies transmitted by dogs	11/21	12/21
1.3.6	Number of countries in Latin America and the Caribbean that maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases (e.g. avian flu and bovine spongiform encephalopathy)	10/33	13/33

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.3.7	Number of countries with Domiciliary Infestation Index by <i>T. infestans</i> (Southern Cone) and <i>R. prolixus</i> (Central America) under 1%	3/21	11/21
1.3.8	Number of countries with total Chagas screening of blood banks to prevent transmission by transfusion	14/21	20/21
1.3.9	Number of onchocerciasis-endemic countries with foci where transmission has been declared interrupted and which are undergoing a 3-year post-transmission interruption surveillance period	1/13	2/13

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.4.1	Number of countries with enhanced surveillance for communicable diseases of public health importance, according to PAHO/WHO assessment guidelines	13/39	15/39
1.4.2	Number of countries adapting generic surveillance and communicable disease monitoring tools or protocols to specific country situations	2/35	15/35
1.4.3	Number of countries that submit the joint reporting forms on immunization surveillance and monitoring to the PASB, in accordance with established timelines	15/35	18/35
1.4.4	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment	14/35	17/35

RER 1.5 New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed, validated, available, and accessible

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.5.1	Number of consensus reports published on subregional, regional or global research needs and priorities for a disease or type of intervention	0	3
1.5.2	Number of new or improved interventions and implementation strategies whose effectiveness has been evaluated and validated	1	2
1.5.3	Number of countries which have developed their operational research capacity in partnership with regional and global scientific institutions	3/33	5/33

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.6.1	Number of countries that have completed the assessment of core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)	3/35	35/35
1.6.2	Number of countries that have developed national plans of action to meet minimum core capacity requirements for early warning and response in line with their obligations under the International Health Regulations	0/35	32/35
1.6.3	Number of countries whose national laboratory system is engaged in at least one internal or external quality-control program for communicable diseases	20/39	24/39
1.6.4	Number of countries participating in training programs focusing on the strengthening of early warning systems, public health laboratories or outbreak response capacities	38	38

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for pandemic influenza	22/35	28/35
1.7.2	Number of international support mechanisms established for surveillance, diagnosis and mass intervention (e.g. international laboratory surveillance networks and vaccine-stockpiling mechanisms for meningitis, hemorrhagic fevers, plague, yellow fever, influenza, smallpox)	5	6
1.7.3	Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious	22	25
1.7.4	Number of countries implementing interventions and strategies for dengue control (Communication for Behavior Impact [COMBI])	15	17

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
1.8.1	Number of PASB entities (regional headquarters and country offices) with the global event management system in place to support coordination of risk assessment, communications and field operations	1/30	10/30
1.8.2	Number of countries with at least one participating partner institution in the Global Outbreak Alert and Response Network, and other relevant regional networks	26	30
1.8.3	Proportion of requests for support from Member States during an emergency or epidemic, for which PASB mobilizes a comprehensive and coordinated international response (including disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks)	100%	100%
1.8.4	Median time (in days) for verification of outbreaks of international importance, including laboratory confirmation of etiology	7 days	5 days

BUDGET FOR STRATEGIC OBJECTIVE 1

RER	Region-wide Expected Result (RER)	Total Resources
1.1	Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization	16,319,100
1.2	Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination	12,242,800
1.3	Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases	17,932,100
1.4	Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system	11,813,500
1.5	New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed, validated, available, and accessible	3,315,300
1.6	Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern	6,509,200
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox)	11,856,100
1.8	Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern	6,611,900
Total Cost for SO1		86,600,000

Resources breakdown

	2008-2009
Country	26,222,900
Subregional	3,486,700
Regional	56,890,400
Total	86,600,000

STRATEGIC OBJECTIVE 2

To combat HIV/AIDS, tuberculosis and malaria

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.1.1	Number of countries that have achieved the national universal access targets for HIV/AIDS	0	5
2.1.2	Number of countries implementing components of the Global Malaria Control Strategy, within the context of the Roll Back Malaria initiative and PAHO's Regional Plan for Malaria in the Americas 2006-2010, as part of their national programs	20	23
2.1.3	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test	13/27	21/27
2.1.4	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients	10/27	21/27
2.1.5	Number of countries that have achieved the regional target for elimination of congenital syphilis	1	10
2.1.6	Number of countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with STIs diagnosed, treated and counseled at primary point-of-care sites)	5	7
2.1.7	Number of countries that have developed integrated/coordinated policies on Tuberculosis	0/27	8/27

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.2.1	Number of countries with gender-sensitive policies and guidelines on HIV/AIDS	15	17
2.2.2	Number of countries with national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by HIV/AIDS, TB and MALARIA	3	7
2.2.3	Number of countries monitoring access to gender-sensitive health services for HIV/AIDS	3	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.3.1	Number of countries implementing revised/updated diagnostic and treatment guidelines on TUBERCULOSIS	0/27	15/27
2.3.2	Number of countries implementing revised/updated diagnostic and treatment guidelines on MALARIA	16/21	18/21
2.3.3	Number of countries with high incidence of P. falciparum MALARIA using artemisinin-based combination therapy	6/13	8/13
2.3.4	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS	27	29
2.3.5	Number of malaria-endemic countries receiving support to increase access to affordable medicines for MALARIA	21/21	21/21
2.3.6	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS	18	19
2.3.7	Number of countries implementing quality-assured HIV screening of all donated blood	32	35

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.4.1	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex dis-aggregation	27	30
2.4.2	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on TUBERCULOSIS using WHO/PAHO's standardized methodologies, including appropriate age and sex dis-aggregation	28	30
2.4.3	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on MALARIA using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation	21/21	21/21
2.4.4	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of TUBERCULOSIS, and the achievement of targets	27	30
2.4.5	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of, and the achievement of targets for, TB/HIV co-infection	18	25
2.4.6	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of MALARIA and the achievement of targets	21/21	21/21
2.4.7	Number of countries reporting on surveillance and monitoring of HIV drug resistance, disaggregated by sex and age	0	10
2.4.8	Number of countries reporting on surveillance and monitoring of TUBERCULOSIS drug resistance, disaggregated by sex and age	14/27	19/27
2.4.9	Number of countries reporting on surveillance and monitoring of MALARIA drug resistance, disaggregated by sex and age	9/21	13/21

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.5.1	Number of countries with partnerships for HIV control	40	40
2.5.2	Number of countries with partnerships for TUBERCULOSIS control	5/27	8/27
2.5.3	Number of countries with partnerships for MALARIA control	21/21	21/21
2.5.4	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to HIV	12	15
2.5.5	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to TUBERCULOSIS	14/27	17/27
2.5.6	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to MALARIA	13/21	17/21
2.5.7	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of HIV programs	40	40
2.5.8	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of TUBERCULOSIS programs	3/27	12/27
2.5.9	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of MALARIA programs	13/21	17/21

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
2.6.1	Number of new or improved interventions and implementation strategies for TUBERCULOSIS whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	1	2
2.6.2	Number of new or improved interventions and implementation strategies for MALARIA whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	0	1
2.6.3	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS for which the main author's institution is based in Latin America or the Caribbean	0	3
2.6.4	Number of peer-reviewed publications arising from PAHO/WHO-supported research on MALARIA for which the main author's institution is based in Latin America or the Caribbean	0	2
2.6.5	Number of peer-reviewed publications arising from PAHO/WHO-supported research on TB for which the main author's institution is based in Latin America or the Caribbean	0	2

BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations	14,012,900
2.2	Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care	15,925,600
2.3	Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, tuberculosis and malaria	14,036,200
2.4	Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance	10,646,900
2.5	Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.	10,585,400
2.6	New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research	9,883,000
Total Cost for SO2		75,090,000

Resources breakdown

	2008-2009
Country	25,487,300
Subregional	6,479,500
Regional	43,123,200
Total	75,090,000

STRATEGIC OBJECTIVE 3

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.1.1	Number of countries whose health ministries have a focal point or a unit for road safety and violence prevention with its own budget	9	14
3.1.2	Number of countries whose health ministries have a unit for mental health and substance abuse with its own budget	24	28
3.1.3	Number of countries whose health ministries have a unit or department for chronic noncommunicable conditions with its own budget	21	26
3.1.4	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been undertaken	3	10
3.1.5	Number of countries that have a unit or focal point in the health ministry (or equivalent) on disabilities prevention and rehabilitation	10	13
3.1.6	Partners Forum for prevention and control of chronic diseases established, including public, private sector and civil society	0	1

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.2.1	Number of countries that are implementing national plans to prevent violence and road traffic injuries	15	17
3.2.2	Number of countries that are implementing national plans for disability, including prevention, management and rehabilitation according to PAHO/WHO guidelines and Directing Council resolutions	5	8
3.2.3	Number of countries that are implementing a national mental health plan according to PAHO/WHO guidelines and Directing Council Resolutions	26	29
3.2.4	Number of countries that are implementing a national policy and plan for the prevention and control of chronic noncommunicable conditions	15	32
3.2.5	Number of countries in the CARMEN network (an initiative for Integrated Prevention and Control of Noncommunicable Diseases in the Americas)	22	27
3.2.6	Number of countries that are implementing comprehensive national plans for the prevention of blindness and visual impairment	7	11
3.2.7	Number of countries that are implementing comprehensive national plans for the prevention of oral diseases	27	29

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.3.1	Number of countries that have a published document containing a national compilation of data on mortality and morbidity from violence and road traffic injuries	12	16
3.3.2	Number of countries with information systems and official published reports on the incidence, prevalence and other disabilities indicators, per International Classification of Functioning, Disability and Health (ICF) criteria	8	10
3.3.3	Number of countries with national information systems and annual reports that include mental, neurological and substance abuse disorders	20	24
3.3.4	Number of countries with a national health reporting system and annual reports that include indicators of chronic, noncommunicable conditions and their risk factors	15	28

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.3.5	Number of countries documenting the burden of hearing and visual impairment including blindness	8	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.4.1	Number of cost-effective interventions for the management of selected mental and neurological disorders (depression, psychosis, and epilepsy) prepared and made available	1	2
3.4.2	Number of countries with cost analysis studies on violence and road safety conducted and disseminated	8	10
3.4.3	Number of cost-effective oral health interventions with an estimate of their regional cost of implementation	4	6

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.5.1	Number of countries implementing strategies recommended by PAHO/WHO for population wide prevention of disabilities, including hearing and visual impairment, and blindness	6	8
3.5.2	Number of countries implementing multisectoral population-wide programs to prevent violence and injuries and to promote road safety	13	15
3.5.3	Number of countries implementing a national mental health plan that integrates mental health promotion, and the prevention of behavioral disorders and substance abuse	0	5
3.5.4	Number of countries implementing the Regional Strategy on an Integrated approach to prevention and control of Chronic Diseases, including Diet and Physical Activity	2	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
3.6.1	Number of countries that apply the WHO Violence and Injury Prevention Guidelines in their health care services	12	15
3.6.2	Number of countries that use the recommendations in The World Report on Disability and Rehabilitation and related PAHO/WHO resolutions, and have developed and implemented national guidelines, protocols and norms for disability prevention and care of those with disabilities	5	9
3.6.3	Number of countries with a systematic assessment of their mental health systems using WHO-AIMS (Assessment Instrument for Mental Health Systems)	8	12
3.6.4	Number of countries implementing integrated primary health-care strategies recommended by WHO in the management of chronic noncommunicable conditions	10	17
3.6.5	Number of countries with strengthened health-system services for the treatment of tobacco dependence as a result of using WHO's policy recommendations	6	12

BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, and disabilities	4,890,000
3.2	Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases	7,144,900
3.3	Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities	4,380,900
3.4	Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health	5,612,900
3.5	Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic noncommunicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness	1,752,800
3.6	Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities	4,218,500
Total Cost for SO3		28,000,000

Resources breakdown

	2008-2009
Country	11,133,500
Subregional	2,287,000
Regional	14,579,500
Total	28,000,000

STRATEGIC OBJECTIVE 4

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.1.1	Number of countries that have integrated national programs in maternal, neonatal, and child health	2	6
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health	7	11
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging	11	15

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.2.1	Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent health, with information disaggregated by age, sex and ethnicity	11	15
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care	0	5
4.2.3	Number of centers of excellence responsible for operational research, service delivery, and training courses that strengthen national capacity	12	15

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.3.1	Numbers of countries that have implemented national strategies to ensure skilled care at birth, including prenatal, post-natal, and newborn care	10	12
4.3.2	Number of countries adapting and utilizing PAHO/WHO-endorsed technical and managerial norms and guidelines on integrated management of pregnancy and childbirth	5	9

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.4.1	Number of countries with neonatal strategies using the continuum of care approach, including the neonatal component of the Integrated Management of Childhood Illnesses (IMCI)	4	8
4.4.2	Number of guidelines and tools developed and disseminated to improve neonatal care and survival	4	6

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.5.1	Number of countries that have expanded geographical coverage of Integrated Management of Childhood Illness (IMCI) to more than 75% of targeted subnational entities in their health services	8	10
4.5.2	Number of countries implementing the WHO/PAHO Key Family Practices approach at the community level to strengthen primary health care	9	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.6.1	Number of countries with national programs in adolescent health and development	10	12
4.6.2	Number of countries implementing a comprehensive package of services in adolescent health and youth development (Integrated Management of Adolescent Needs [IMAN])	3	10

RER 4.7 Member States supported through technical cooperation to implement the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to reproductive health services

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.7.1	Number of countries that have reviewed public health policies related to reproductive health	7	10
4.7.2	Number of countries that have adopted the WHO Global Strategy for Reproductive Health	5	8

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
4.8.1	Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging	5	7
4.8.2	Number of countries that have multisectoral programs for strengthening primary health care capacity to address healthy aging	9	10

BUDGET FOR STRATEGIC OBJECTIVE 4

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs)	7,437,600
4.2	Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health	2,117,700
4.3	Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods	3,978,300
4.4	Member States supported through technical cooperation to improve neonatal health	4,617,700
4.5	Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements	4,929,400
4.6	Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development	5,403,600
4.7	Member States supported through technical cooperation to implement the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to reproductive health services	7,813,800
4.8	Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course	891,900
Total Cost for SO4		37,190,000

Resources breakdown

	2008-2009
Country	21,426,300
Subregional	--
Regional	15,763,700
Total	37,190,000

STRATEGIC OBJECTIVE 5

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.1.1	Number of countries that have developed and evaluated disaster preparedness plans for the health sector	23	30
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place	14	16
5.1.3	Number of countries developing and implementing programs for reducing the vulnerability of health, water and sanitation infrastructures	9	20
5.1.4	Number of countries that report having a health disaster program with full time staff and specific budget	10	11

RER 5.2 Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented	40%	65%

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.2.2	Number of Regional training programs on emergency response operations	4	6
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place	50%	75%
5.2.4	Proportion of emergencies where a response to emergencies is initiated within 24 hours of the request	100%	100%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.3.1	Proportion of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component	100%	100%
5.3.2	Proportion of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included	100%	100%
5.3.3	Proportion of countries in post-disaster transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition	100%	100%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.4.1	Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies	90%	100%
5.4.2	Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented	90%	100%
5.4.3	Proportion of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed	100%	100%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.5.1	Proportion of food-safety and environmental public health emergencies where a response is mounted	50%	60%
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	28	29
5.5.4	Number of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies	8	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
5.6.1	Proportion of emergencies where the United Nations Health Cluster system is operational, if called upon	100%	100%
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved	4	8
5.6.3	Proportion of disasters in which UN and country-originated reports include health information	100%	100%

BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels	12,108,300
5.2	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises	7,382,100
5.3	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations	5,498,100
5.4	Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation	2,050,700
5.5	Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies	1,388,700
5.6	Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels	6,572,100
Total Cost for SO5		35,000,000

Resources breakdown

	2008-2009
Country	13,529,200
Subregional	1,430,000
Regional	20,040,800
Total	35,000,000

STRATEGIC OBJECTIVE 6

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.1.1	Number of countries that have health promotion policies and plans with resources	11	15
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10
6.1.3	Number of countries that adopt the PAHO/WHO urban health conceptual framework	0	2

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.2.1	Number of countries that have developed a functioning national surveillance system using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.2.2	Number of countries that have developed a functioning national surveillance system using school-based student health survey (Global School Health Survey) and are producing regular reports on major health risk factors in youth	11	15
6.2.3	Number of countries generating information on risk factors (through registers and population studies); to be included in the Regional Non-communicable Disease and Risk Factor information database (NCD INFO base)	0	15
6.2.4	Number of countries that have implemented (use and analyze) the standardized Basic Health Indicators for chronic diseases and risk factors together with other statistical information	0	8

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.3.1	Number of countries that have adopted smoking bans in health care and educational facilities consistent with the Framework Convention on Tobacco Control	4	10
6.3.2	Number of countries that have adopted bans on advertisement, promotion and sponsorship of tobacco products consistent with the Framework Convention on Tobacco Control	0	5
6.3.3	Number of countries with regulations on packaging and labeling of tobacco products consistent with the Framework Convention on Tobacco Control	8	21
6.3.4	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control	18	20

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.4.1	Number of countries that have implemented policies, plans, or programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use	11	13

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.5.1	Number of countries that have developed national guidelines to promote healthy diet and physical activity including DPAS (Diet and Physical Activity Strategy)	8	10
6.5.2	Number of countries that have initiated or established rapid mass transportation systems in at least one of their major cities	7	10
6.5.3	Number of countries that have initiated or established programs on clean fuels in transport in at least one of their major cities	3	7
6.5.4	Number of countries that have created pedestrian and bike-friendly environments, physical activity promotion programs and crime control initiatives, in at least one of their major cities	7	10
6.5.5	Number of countries that have initiated policies to phase-out trans-fats and reached agreements with food industry to reduce sugar, salt and fat in processed foods	4	7
6.5.6	Number of countries that have initiated policies to eliminate direct marketing/publicity of food to children under 12 years old	2	7
6.5.7	Number of countries that have initiated policies or programs to increase consumption of low fat dairy, fish and fruits and vegetables	5	7

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
6.6.1	Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual behaviors	5	7

BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors	9,222,900
6.2	Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination	1,659,400
6.3	Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems	2,481,500
6.4	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems	1,599,000
6.5	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems	410,800
6.6	Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex	626,400
Total Cost for SO6		16,000,000

Resources breakdown

	2008-2009
Country	7,164,500
Subregional	784,300
Regional	8,051,200
Total	16,000,000

STRATEGIC OBJECTIVE 7

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.1.1	Number of countries that have implemented national strategies that address key policy recommendations of the Commission on the Social Determinants of Health	0	4
7.1.2	Number of countries whose PAHO/WHO Country Cooperation Strategy (CCS) documents include explicit strategies at the national and local level that address the social and economic determinants of health	0	5

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.2.1	Number of countries whose public policies target the determinants of health and social policy on an intersectoral and interprogrammatic basis	0	7

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.2.2	Number of subregional fora organized for relevant stakeholders on intersectoral actions to address determinants of health, social policies and achievement of the Millennium Development Goals	0	1
7.2.3	Number of countries which have implemented the Faces, Voices and Places initiative	6	12

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.3.1	Number of countries that produce health data of sufficient disaggregation and quality to assess and track health equity among key population groups	8	12
7.3.2	Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data	0	3
7.3.3	Number of countries with at least one national program on health equity that uses disaggregated data	0	2

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination.	9	10
7.4.2	Number of countries using tools and technical guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies.	8	12

RER 7.5 Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender-sensitive policies and programs

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.5.1	Number of PAHO publications that contribute to building evidence on the impact of gender inequalities in health	8	12
7.5.2	Number of tools and guidance documents developed by PASB for Member States on using gender analysis in health	0	2
7.5.3	Number of AMPES entities that address and incorporate gender perspectives, including mainstreaming, in the design and implementation of their programs	3	10

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples	3/21	5/21
7.6.2	Number of countries that collect data on the health of indigenous peoples within their health information systems	3/21	5/21
7.6.3	Number of countries that integrate the intercultural approach in the development of national health systems and policies within the framework of PHC	0	3

BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners	2,416,700
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development	2,572,300
7.3	Social and economic data relevant to health collected, collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability)	1,431,600
7.4	Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels	2,237,700
7.5	Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender-sensitive policies and programs	6,241,700
7.6	Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples	2,500,000
Total Cost for S07		17,400,000

Resources breakdown

	2008-2009
Country	9,802,100
Subregional	225,000
Regional	7,372,900
Total	17,400,000

STRATEGIC OBJECTIVE 8

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year	2	4
8.1.2	Number of international environmental agreements whose implementation is supported by PASB	5	5
8.1.3	Number of countries implementing PAHO/WHO guidelines on chemical substances	11	15
8.1.4	Number of countries implementing WHO guidelines on air quality	7	8
8.1.5	Number of countries implementing WHO guidelines on drinking water	13	16
8.1.6	Number of countries implementing PAHO/WHO guidelines on recreational waters	1	5

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
8.2.1	Number of regional strategies for primary prevention of environmental health hazards under the health determinants and health promotion framework implemented in specific settings and groups (workplaces, homes, schools, human settlements, health care settings and children's environmental health)	4	7
8.2.2	Number of countries where global or regional strategies for primary prevention of environmental health hazards are implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings)	10	14
8.2.3	Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with PASB technical and logistics support	1	4
8.2.4	Number of cost-effectiveness studies assessing primary prevention interventions in specific settings whose results have been disseminated	1	2
8.2.5	Number of countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations	0	1

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

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

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
8.4.1	Number of regional, subregional and national initiatives implemented in other sectors that take health into account, using PASB technical and logistical support	2	3
8.4.2	Number of sector-specific guidelines and tools produced for health impact assessment	1	3
8.4.3	Number of non-health sectors with established networks and partnerships to drive change in support of health-related initiatives	1	3
8.4.4	Number of regional or national events conducted with PASB's technical cooperation with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least 3 sectors	1	2

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
8.5.1	Number of regular high-level fora on health and environment for regional policymakers and stakeholders supported by PASB	1	1
8.5.2	Number of current PASB five-year reports on environmental health available, including key health drivers and trends, and their implications	1	1

BUDGET FOR STRATEGIC OBJECTIVE 8

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated	10,824,700
8.2	Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults)	5,448,000
8.3	Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance	5,428,900
8.4	Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health	1,261,400
8.5	Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns	2,037,000
Total Cost for SO8		25,000,000

Resources breakdown

	2008-2009
Country	11,221,400
Subregional	618,900
Regional	13,159,700
Total	25,000,000

STRATEGIC OBJECTIVE 9

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition	18	22
9.1.2	Number of countries that have included nutrition, food-safety and food-security activities in their sector-wide approaches, Poverty Reduction Strategy Papers or development policies, plans and budgets, including a mechanism for financing nutrition and food-safety activities	10	15

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.2.1	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates	15	20
9.2.2	Number of new norms, standards, guidelines, tools and training materials, produced by the PASB, for prevention and management of zoonotic and non-zoonotic foodborne diseases	0	1

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards	0	10
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition	12	15
9.3.3	Number of countries that produce and publish scientific evidence and information for public policy and programs on at least one of the following topics every year: 1) Nutritional deficiencies and risk factors in different population groups; 2) Social, economic and health determinants of food and nutrition insecurity; 3) Overweight and obesity in children and adolescents; and 4) Program effectiveness	11	15

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.4.1	Number of countries that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding	5	12
9.4.2	Number of countries that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition	11	16

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.4.3	Number of countries that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases	11	16
9.4.4	Number of countries that have incorporated nutritional issues in their comprehensive response programs for HIV/AIDS and other epidemics	11	14
9.4.5	Number of countries that have strengthened national preparedness and response capacity for food and nutrition emergencies	11	16

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.5.1	Number of countries with established operational and intersectoral collaboration for the surveillance, prevention and control of foodborne diseases	16	22
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major foodborne disease	2	7
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives	4/11	6/11

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
9.6.1	Number of Latin American and Caribbean countries participating in relevant Codex Meetings	36/36	36/36
9.6.2	Number of countries that have built national systems for food safety and foodborne zoonoses with international links to emergency response systems	18	22

BUDGET FOR STRATEGIC OBJECTIVE 9

RER	Region-wide Expected Result (RER)	Total Resources
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security	4,318,200
9.2	Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices	3,932,700
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved	2,588,400
9.4	Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations	5,170,100
9.5	Zoonotic and non-zoonotic foodborne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established	4,412,800
9.6	Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean	577,800
Total Cost for SO9		21,000,000

Resources breakdown

	2008-2009
Country	3,223,700
Subregional	7,092,200
Regional	10,684,100
Total	21,000,000

STRATEGIC OBJECTIVE 10

To improve the organization, management and delivery of health services

Scope

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

REGION-WIDE EXPECTED RESULTS

RER 10.1 Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups

Indicator #	RER Indicator text	Baseline 2007	Target 2009
10.1.1	Number of countries that have implemented policies to increase access to basic health care services (PASB's initiatives on Primary Health Care renewal)	14	18
10.1.2	Number of countries that report progress in their quality improvement programs	11	19

RER 10.2 Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance

Indicator #	RER Indicator text	Baseline 2007	Target 2009
10.2.1	Number of countries that have applied the PAHO health services Productive Management Methodology and its supporting tools	5	14

RER 10.3 Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems

Indicator #	RER Indicator text	Baseline 2007	Target 2009
10.3.1	Number of countries that have adopted PAHO's policy recommendations for integrating the health care delivery network, including public and non-public providers	3	12

RER 10.4 Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach

Indicator #	RER Indicator text	Baseline 2007	Target 2009
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC	1	15

BUDGET FOR STRATEGIC OBJECTIVE 10

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups	9,143,600
10.2	Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance	12,633,300
10.3	Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems	4,821,600
10.4	Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach	5,401,500
Total Cost for SO10		32,000,000

Resources breakdown

	2008-2009
Country	19,153,300
Subregional	2,038,100
Regional	10,808,600
Total	32,000,000

STRATEGIC OBJECTIVE 11

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
11.1.1	Number of countries that have assessed the performance of their national health systems as measured by a regionally agreed and validated tool	0	5
11.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	N/A	8
11.1.3	Number of countries with regulatory institutions that produce legal frameworks and regulations	4	8
11.1.4	Number of countries that have developed resourced medium or long-term sectoral plans or defined national health objectives	3	5

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of WHO/PAHO and the Health Metrics Network	3	7
11.2.2	Number of countries that have resourced plans to strengthen vital and health statistics, including the production of information and the use of the Family of International Classifications (FIC) in accordance with international standards established by PAHO/WHO and the Health Metrics Network	3	8
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that periodically produce and publish the basic health indicators at sub-national levels (first or second administrative levels)	18	22

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
11.3.1	Number of countries that use the standardized basic health indicators and other available statistical information	5/33	8/33
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health measured by periodic updates of the country profiles	5/33	7/33
11.3.3	Number of countries that participate in Evidence Information Policy Network (EVIPNet)	8	12
11.3.4	Number of countries with a public health sector strategy for updating protocols, procedures and processes of technical programs with the latest evidence	8	15
11.3.5	Number of countries that have access to essential scientific information and knowledge as measured by access to Virtual Health Libraries (VHL) at national and regional levels	10	15

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
11.4.1	Number of countries that show improvement in the cluster indicator for Essential Public Health Function #10 (public health research)	0	5
11.4.2	Number of LAC countries with national commissions aimed at monitoring compliance with ethical standards in scientific research	14/36	20/36

BUDGET FOR STRATEGIC OBJECTIVE 11

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels	6,419,600
11.2	Member States supported through technical cooperation for improving health information systems at regional and national levels	15,274,700
11.3	Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making	8,727,400
11.4	Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards	4,578,300
Total Cost for SO11		35,000,000

Resources breakdown

	2008-2009
Country	18,719,100
Subregional	951,900
Regional	15,329,000
Total	35,000,000

STRATEGIC OBJECTIVE 12

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

Scope

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

REGION-WIDE EXPECTED RESULTS

RER 12.1 Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies)

Indicator #	RER Indicator text	Baseline 2007	Target 2009
12.1.1	Number of countries that have developed or implemented policies and regulations for essential medical products and technologies	15/36	23/36
12.1.2	Number of countries that have designed or strengthened comprehensive national procurement and supply systems	20/36	21/36
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	5	8
12.1.4	Number of countries that have increased access to essential public health supplies (medicines, blood products, vaccines and technologies)	11	20

RER 12.2 Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies

Indicator #	RER Indicator text	Baseline 2007	Target 2009
12.2.1	Number of countries with integrated capacity for regulation of essential medical products and technologies, per application of WHO standard assessment	2	5
12.2.2	Number of countries that have adapted and implemented international norms, standards or guidelines on quality and safety of essential health products and technologies	3	7

RER 12.3 Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost-effective use of medical products and technologies by health workers and consumers

Indicator #	RER Indicator text	Baseline 2007	Target 2009
12.3.1	Number of countries promoting sound and cost effective use of medical products and technologies	11/36	16/36
12.3.2	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or re-imburement	30	31

BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies)	8,473,000
12.2	Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies	5,657,400
12.3	Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost-effective use of medical products and technologies by health workers and consumers	7,869,600
Total Cost for SO12		22,000,000

Resources breakdown

	2008-2009
Country	10,504,400
Subregional	1,644,300
Regional	9,851,300
Total	22,000,000

STRATEGIC OBJECTIVE 13

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

Scope

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

REGION-WIDE EXPECTED RESULTS

RER 13.1 Member States supported through technical cooperation to develop plans, policies and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the MDGs

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.1.1	Number of countries with 10-year Action Plans for strengthening the health work force, with active participation from stakeholders and governments	12	16
13.1.2	Number of countries that have a unit in the government responsible for the planning and preparation of policies for the development of human resources for health	4	12
13.1.3	Number of countries that have established programs to increase the production of human resources for health with priority on strengthening Primary Health Care	7	11
13.1.4	Number of countries with regulation mechanisms (quality control) for health education and professions	12	16
13.1.5	Number of strategic alliances established by the PASB to implement the Toronto Call for Action	2	4

RER 13.2 Member States supported through technical cooperation to establish a set of core indicators and information systems on human resources for health at the national, subregional and regional levels

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years	10	18
13.2.2	Number of countries that participate in a regional indicators system on human resources for health (including indicators of geographical distribution, migration, labor relations and the development trends of health professionals)	0	10
13.2.3	Number of countries with a national group participating in the network of Human Resources for Health Observatories	18	29

RER 13.3 Member States supported through technical cooperation to design and implement strategies and incentives to generate, attract and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering neglected populations

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.3.1	Number of countries with recruitment and retention policies for health workers	6	15
13.3.2	Number of countries that have implemented incentive systems and strategies to achieve the geographical redistribution of its health workers to favor underserved areas	4	10
13.3.3	Number of countries that participate in the "Career Path for Health Workers" initiative, incorporating specific incentives for the improvement of competencies and a fair workforce distribution	4	8

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.4.1	Number of countries with joint planning mechanisms for training institutions and health services	4	15
13.4.2	Number of countries that report curricular changes as a result of orienting pre- and post-graduate education to Primary Health Care	4	10
13.4.3	Number of countries that have established continuous education systems to improve the competencies of health personnel	5	10

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.4.4	Number of people that participate in the leadership program for international health	0	20
13.4.5	Number of countries with active participation in virtual learning strategies	7	20

RER 13.5 Promotion of an increased understanding of, and cooperation to find solutions to, the international migration of health workers

Indicator #	RER Indicator text	Baseline 2007	Target 2009
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration	5	12
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration	4	10
13.5.3	Number of subregions that develop formal agreements on systems that recognize the advanced degrees and certifications of health professions	1	2

BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Member States supported through technical cooperation to develop plans, policies and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the MDGs	7,201,700
13.2	Member States supported through technical cooperation to establish a set of core indicators and information systems on human resources for health at the national, subregional and regional levels	4,282,900
13.3	Member States supported through technical cooperation to design and implement strategies and incentives to generate, attract and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering neglected populations	4,192,600
13.4	Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care	4,202,600
13.5	Promotion of an increased understanding of, and cooperation to find solutions to, the international migration of health workers	3,120,200
Total Cost for SO13		23,000,000

Resources breakdown

	2008-2009
Country	13,332,800
Subregional	3,766,300
Regional	5,900,900
Total	23,000,000

STRATEGIC OBJECTIVE 14

To extend social protection through fair, adequate and sustainable financing

Scope

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

REGION-WIDE EXPECTED RESULTS

RER 14.1 Technical cooperation provided to the Member States to develop institutional capacities to improve the financing of the national health system and of social protection in health

Indicator #	RER Indicator text	Baseline 2007	Target 2009
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms	7	10
14.1.2	Number of countries with units of analysis in economic, financial and functional health expenditure	10	13
14.1.3	Number of countries that have conducted characterization studies of social exclusion in health at national or sub-national levels using PAHO self assessment tool	11	13
14.1.4	Number of countries participating in the Observatory of Policies on Social Protection in Health established during the 9 th Ibero-American Conference of Ministers of Health	0	5

RER 14.2 Member States supported through technical cooperation to assess household capacity to meet health expenditures through the social protection system

Indicator #	RER Indicator text	Baseline 2007	Target 2009
14.2.1	Number of completed country studies applying the PAHO evaluation framework to assess household capacity to meet health expenditure through social protection systems	0	3

RER 14.3 Information on financing and health expenditures updated periodically and provided to Member States for social protection planning

Indicator #	RER Indicator text	Baseline 2007	Target 2009
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO	28/35	31/35
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	13	16

RER 14.4 Member States supported through technical cooperation to support the development of insurance schemes and other mechanisms to expand social protection in health

Indicator #	RER Indicator text	Baseline 2007	Target 2009
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health	8	10

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

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

BUDGET FOR STRATEGIC OBJECTIVE 14

RER	Region-wide Expected Result (RER)	Total Resources
14.1	Technical cooperation provided to the Member States to develop institutional capacities to improve the financing of the national health system and of social protection in health	3,830,300
14.2	Member States supported through technical cooperation to assess household capacity to meet health expenditures through the social protection system	1,375,900
14.3	Information on financing and health expenditures updated periodically and provided to Member States for social protection planning	2,128,600
14.4	Member States supported through technical cooperation to support the development of insurance schemes and other mechanisms to expand social protection in health	4,874,000
14.5	Member States supported through technical cooperation to align and harmonize international health cooperation	2,791,200
Total Cost for SO14		15,000,000

Resources breakdown

	2008-2009
Country	8,273,900
Subregional	66,700
Regional	6,659,400
Total	15,000,000

STRATEGIC OBJECTIVE 15

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%
15.1.3	Number of PASB entities implementing leadership and management initiatives (coordination and negotiation of technical cooperation with partners, advocacy for the PAHO/WHO mission, elaboration of CCSs and Biennial Workplans, and reports) on time and within budget	50/81	65/81
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Workplan	20/35	30/35
15.2.2	Number of countries where the CCS is used as a reference for harmonization of the cooperation in health with the UN Country Teams and other development partners	20/35	30/35
15.2.3	Number of countries where the contribution of the PASB to national health outcomes is evaluated by a joint (PASB, government and other stakeholders) assessment of the Biennial Workplan	10/35	23/35
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS)	0/4	1/4
15.2.5	Number of PAHO/WHO country offices with adequate infrastructure and administrative support (including Minimum Operating Safety Standards [MOSS] compliance) to enable the effective provision of technical cooperation at country level	20/29	25/29

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
15.3.1	Proportion of trade agreements (multilateral and bilateral) in the Americas that reflect public health interests, as outlined in PAHO/WHO guidance	4%	10%
15.3.2	Number of countries where PAHO/WHO is leading or actively engaged in health and development partnerships (formal and informal), in the context of reforms of the United Nations system	20/33	25/33
15.3.3	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas	0	10
15.3.4	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%
15.3.5	Number of countries incorporating policy recommendations developed by the Forum for Public Health in the Americas	0	4
15.3.6	Number of countries requesting PAHO support for mobilizing technical and financial resources from external partners	10/33	20/33

RER 15.4 PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders

Indicator #	RER Indicator text	Baseline 2007	Target 2009
15.4.1	Number of hits to PAHO's web page	20 million	30 million
15.4.2	Number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies	8	16
15.4.3	PAHO's Regional Information Platform created, integrating all the technical PASB health information systems and information from health and development partners	Core data and MAPIS	Integration of all technical information systems and of five strategic health and development partners
15.4.4	Number of Communities of Practice established and in use in the PASB entities	2	10

BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas	25,216,100
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners	15,504,000
15.3	Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas	5,583,600
15.4	PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders	14,906,300
Total Cost for SO15		61,210,000

Resources breakdown

	2008-2009
Country	39,123,200
Subregional	9,165,000
Regional	12,921,800
Total	61,210,000

STRATEGIC OBJECTIVE 16

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

Scope

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

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.1.1	Results-based management strategy fully implemented	In progress	Approved by Governing Bodies
16.1.2	The PASB Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learned, are developed by all the levels of the Organization, and approved by the Governing Bodies	In progress	PB 10-11 developed with these characteristics
16.1.3	Percentage of progress towards the resource reallocation goals among the three PASB levels in 2011, per PAHO Regional Program Budget Policy	33%	67%
16.1.4	Number of PASB entities that achieve their expected results, are client-focused, and are country-focused as defined in CCSs, measured by evaluation of Biennial Workplans	N/A	20/81

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.1.5	For each biennium, proportion of monitoring and assessment reports on Expected Results contained in the Strategic Plan and Program Budget submitted in a timely fashion, after a peer review	50%	80%
16.1.6	Proportion of Regional Public Health Plans developed and implemented by Member States and PASB, in accordance with PAHO established guidelines	N/A	100%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.2.1	PASB compliance with International Public Sector Accounting Standards	International Public Sector Accounting Standards not implemented	International Public Sector Accounting Standards approved by Member States
16.2.2	Proportion of strategic objectives with expenditure levels meeting program budget targets	TBD at end-2007	50%
16.2.3	Proportion of Voluntary Contributions that are un-earmarked	5%	10%
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners	1%	0.8%
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion	Unqualified Audit Opinion	Unqualified Audit Opinion
16.2.6	Number of PASB entities that have achieved coverage of 75% of the programmed resource gap in their Biennial Workplans	N/A	20/81

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.3.1	Proportion of PASB entities with approved human resources plans for a biennium, aligned with the corporate HR strategy	15%	50%
16.3.2	Proportion of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy	15%	50%
16.3.3	New recruitments reflect PAHO policy on gender balance and geographic representation	Yes	Yes
16.3.4	Human resources performance evaluation system utilized by all staff, and linked to Biennial Workplans, competency model and staff development plans	No	Yes
16.3.5	Less than one percent of the workforce have filed a formal grievance or been the subject of a formal disciplinary action	Yes	Yes
16.3.6	Number of queries received per year raising ethical concerns which reflect a higher level of awareness regarding ethical behavior	40	80

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.4.1	Proportion of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%
16.4.3	Number of PAHO country offices and centers using consistent, near real-time management information	36	36

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies	0%	50%
16.5.3	Proportion of internal benchmarks met or exceeded for translation services	60%	70%
16.5.4	Percentage of development and implementation of a management system to measure and monitor compliance with procurement best practices, including targeted training, improved statistical reporting, expanded bidder lists, service level agreements and procedural improvements	10%	70%
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009
16.6.1	Corporate policies and staff performance reflect use of institutional development approaches: results-based management, knowledge-sharing, inter-programmatic teamwork, and gender/ethnic equity, among others	Baseline survey conducted	20% over baseline
16.6.2	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis	100%	100%
16.6.3	Proportion of HQ and Pan American Centers physical facilities that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	65%	75%
16.6.4	Proportion of PASB regional and subregional entities that improve and maintain their physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their Biennial Workplans	75%	90%

BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results	11,289,300
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources	22,852,400
16.3	Human Resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the organization's plans, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior	10,678,600
16.4	Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB	20,021,200
16.5	Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization	23,942,400
16.6	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff	7,793,100
Total Cost for SO16		96,577,000

Resources breakdown

	2008-2009
Country	9,219,900
Subregional	4,557,800
Regional	82,799,300
Total	96,577,000

SUBREGIONAL PROGRAMS

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

This section includes the resources allocated to the three subregional centers –Institute of Nutrition of Central America and Panama (INCAP); Caribbean Food and Nutrition Institute (CFNI) and Caribbean Epidemiology Center (CAREC), and to the United States/Mexico Border Health Office in El Paso.

The subregional cooperation plans respond to the commitments of the processes of integration of each subregional entity, and in turn complement the technical cooperation plans at the country level. These are in the final stages of development for their implementation in accordance with the 2008-2009 programming cycle. More detailed information on the nature of the subregional programming level and the criteria for the allocation of resources can be consulted in document CE136/INF/1.

ANDEAN

SO	Strategic Objectives	Total Resources
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	400,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	758,900
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	622,500
Total Resources		1,781,400

CARIBBEAN

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	3,219,300
SO.02	To combat HIV/AIDS, tuberculosis and malaria	6,479,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	2,100,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	430,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	433,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	80,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	496,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	5,092,200
SO.10	To improve the organization, management and delivery of health services	740,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	926,900
SO.12	To ensure improved access, quality and use of medical products and technologies	1,644,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	1,490,000
SO.14	To extend social protection through fair, adequate and sustainable financing	66,700
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	6,689,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	4,086,000
Total Resources		33,975,100

CENTRAL AMERICA

SO	Strategic Objectives	Total Resources
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	300,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	2,000,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	758,700
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	622,300
Total Resources		3,681,000

SOUTHERN CONE

SO	Strategic Objectives	Total Resources
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	300,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	758,700
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	622,500
Total Resources		1,681,200

FIELD OFFICE: UNITED STATES/MEXICO BORDER

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	267,400
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	187,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	350,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	145,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	122,000
SO.10	To improve the organization, management and delivery of health services	1,298,100
SO.11	To strengthen leadership, governance and the evidence base of health systems	25,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	608,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	471,800
Total Resources		3,475,000

COUNTRY PROGRAMS

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

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

In this section a budget table by Strategic Objective is presented for each country. The budget allocated to each Strategic Objective is indicative of the investment required to address each of the priority areas. Additional programmatic information, including the Situation Analysis in the country, the Technical Cooperation Strategy, and the specific activities required to achieve the Expected Results and Strategic Objectives, are available in the individual Biennial Workplans of PAHO/WHO country offices.

ANTIGUA AND BARBUDA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	29,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	11,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	45,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	50,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	15,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	24,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	47,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	208,600
Total Resources		474,600

ARGENTINA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	361,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	80,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	120,200
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	391,400
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	50,200
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	201,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	115,300
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	140,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	85,000
SO.10	To improve the organization, management and delivery of health services	201,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	382,800
SO.12	To ensure improved access, quality and use of medical products and technologies	35,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	70,000
SO.14	To extend social protection through fair, adequate and sustainable financing	100,500
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,634,600
Total Resources		3,968,400

BAHAMAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	169,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	259,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	169,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	10,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	109,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	53,200
SO.10	To improve the organization, management and delivery of health services	108,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	69,800
SO.12	To ensure improved access, quality and use of medical products and technologies	38,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	30,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	564,300
Total Resources		1,582,200

BARBADOS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	49,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	16,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	58,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	50,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	32,000
SO.10	To improve the organization, management and delivery of health services	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	35,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	85,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	277,000
Total Resources		665,000

BELIZE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	118,100
SO.02	To combat HIV/AIDS, tuberculosis and malaria	115,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	85,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	32,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	44,900
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	14,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	29,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	46,600
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	32,000
SO.10	To improve the organization, management and delivery of health services	124,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	111,300
SO.12	To ensure improved access, quality and use of medical products and technologies	88,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	83,800
SO.14	To extend social protection through fair, adequate and sustainable financing	171,600
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	873,800
Total Resources		1,971,900

BOLIVIA

SO	Strategic Objectives	Total Resources
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,204,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	340,700
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	30,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	398,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	275,000
SO.10	To improve the organization, management and delivery of health services	570,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	674,200
SO.12	To ensure improved access, quality and use of medical products and technologies	79,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	80,000
SO.14	To extend social protection through fair, adequate and sustainable financing	641,500
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	215,200
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,961,900
Total Resources		6,470,200

BRAZIL

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	687,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	541,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	38,600
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	77,300
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	916,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	119,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	115,900
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	386,600
SO.10	To improve the organization, management and delivery of health services	136,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	773,800
SO.12	To ensure improved access, quality and use of medical products and technologies	154,600
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	266,400
SO.14	To extend social protection through fair, adequate and sustainable financing	182,400
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,238,500
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	4,623,100
Total Resources		12,258,400

CANADA

SO	Strategic Objectives	Total Resources
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	680,000
Total Resources		680,000

Note: The purpose of technical cooperation with Canada is to address the needs and promote the participation of Canada in global and international health, including facilitating the participation of Canada in PAHO's regional programs and making Canadian-based resources and expertise available to other countries worldwide in the Americas. The primary counterpart of the Pan American Sanitary Bureau is Health Canada. In addition, the Bureau works directly with other Canadian offices and agencies.

CHILE

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	129,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	115,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	103,900
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	51,900
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	286,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	307,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	52,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	103,800
SO.10	To improve the organization, management and delivery of health services	378,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	293,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	237,500
SO.14	To extend social protection through fair, adequate and sustainable financing	148,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	766,000
Total Resources		2,975,600

COLOMBIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,640,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	550,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	2,135,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	640,800
SO.10	To improve the organization, management and delivery of health services	442,300
SO.11	To strengthen leadership, governance and the evidence base of health systems	982,100
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	357,200
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,016,000
Total Resources		8,764,200

COSTA RICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	713,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	483,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	698,800
SO.10	To improve the organization, management and delivery of health services	691,100
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	984,300
Total Resources		3,571,700

CUBA

SO	Strategic Objectives	Total Resources
SO.02	To combat HIV/AIDS, tuberculosis and malaria	40,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	150,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	914,200
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	132,100
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	310,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	112,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	80,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	70,000
SO.10	To improve the organization, management and delivery of health services	470,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	70,000
SO.12	To ensure improved access, quality and use of medical products and technologies	40,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	100,000
SO.14	To extend social protection through fair, adequate and sustainable financing	50,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	956,500
Total Resources		3,495,000

DOMINICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	27,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	13,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	60,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	21,000
SO.10	To improve the organization, management and delivery of health services	45,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	28,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	70,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	220,600
Total Resources		548,600

DOMINICAN REPUBLIC

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	319,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	142,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	25,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	301,600
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	113,600
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	160,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	100,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	242,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	39,000
SO.10	To improve the organization, management and delivery of health services	316,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	360,800
SO.12	To ensure improved access, quality and use of medical products and technologies	59,300
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	135,500
SO.14	To extend social protection through fair, adequate and sustainable financing	59,300
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	719,100
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	930,100
Total Resources		4,025,200

ECUADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	603,500
SO.02	To combat HIV/AIDS, tuberculosis and malaria	660,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	332,200
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	460,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	447,100
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	36,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	46,100
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	483,100
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	125,100
SO.10	To improve the organization, management and delivery of health services	338,400
SO.11	To strengthen leadership, governance and the evidence base of health systems	439,100
SO.12	To ensure improved access, quality and use of medical products and technologies	194,400
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	55,000
SO.14	To extend social protection through fair, adequate and sustainable financing	90,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,582,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	145,800
Total Resources		6,039,300

EL SALVADOR

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	325,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	288,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	640,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	461,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	105,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	283,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	909,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	632,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	90,000
SO.10	To improve the organization, management and delivery of health services	728,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	113,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	156,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,506,900
Total Resources		6,241,200

FRANCE: FRENCH DEPARTMENTS IN THE AMERICAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	100,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	40,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	50,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	50,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	40,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	130,000
Total Resources		410,000

Note: The program for The French Departments in the Americas (French Guiana, Guadeloupe, and Martinique) is served through the PAHO/WHO Office of Caribbean Program Coordination located in Barbados.

GRENADA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	35,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	10,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	77,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	65,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	30,000
SO.10	To improve the organization, management and delivery of health services	45,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	38,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	67,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	208,600
Total Resources		590,600

GUATEMALA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,575,900
SO.02	To combat HIV/AIDS, tuberculosis and malaria	1,657,700
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	466,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	610,900
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	119,400
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	352,100
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	358,400
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	99,000
SO.10	To improve the organization, management and delivery of health services	2,068,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	376,700
SO.12	To ensure improved access, quality and use of medical products and technologies	77,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	208,000
SO.14	To extend social protection through fair, adequate and sustainable financing	717,100
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,967,800
Total Resources		10,654,800

GUYANA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	62,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	478,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	17,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	952,500
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	71,100
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	67,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	17,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	423,300
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	61,000
SO.10	To improve the organization, management and delivery of health services	226,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	128,100
SO.12	To ensure improved access, quality and use of medical products and technologies	95,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	375,100
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	966,000
Total Resources		3,941,200

HAITI

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	184,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	295,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	221,800
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	182,800
SO.10	To improve the organization, management and delivery of health services	147,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	478,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	115,100
SO.14	To extend social protection through fair, adequate and sustainable financing	221,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,474,500
Total Resources		5,323,100

HONDURAS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	777,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	420,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	215,300
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	552,100
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	220,600
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	147,600
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	642,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	270,000
SO.10	To improve the organization, management and delivery of health services	175,800
SO.11	To strengthen leadership, governance and the evidence base of health systems	120,600
SO.12	To ensure improved access, quality and use of medical products and technologies	50,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	150,600
SO.14	To extend social protection through fair, adequate and sustainable financing	225,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,909,800
Total Resources		5,878,200

JAMAICA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	271,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	165,900
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	521,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	170,900
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	135,900
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	319,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	123,900
SO.10	To improve the organization, management and delivery of health services	205,900
SO.11	To strengthen leadership, governance and the evidence base of health systems	321,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	190,900
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	693,800
Total Resources		3,122,400

MEXICO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	576,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	2,117,600
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	234,400
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	288,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	150,800
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	482,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	460,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	371,200
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	208,000
SO.10	To improve the organization, management and delivery of health services	167,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	127,200
SO.12	To ensure improved access, quality and use of medical products and technologies	145,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	217,200
SO.14	To extend social protection through fair, adequate and sustainable financing	162,200
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	3,605,400
Total Resources		9,313,700

NETHERLANDS: THE NETHERLANDS ANTILLES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	20,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	21,100
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	22,400
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	21,100
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	13,700
SO.10	To improve the organization, management and delivery of health services	38,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	43,500
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	24,600
SO.14	To extend social protection through fair, adequate and sustainable financing	11,600
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	39,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	34,000
Total Resources		289,300

Note: The Netherlands Antilles (Curacao, Bonaire, Saba, San Eustatius and San Martin) constitute an autonomous territory within the Kingdom of the Netherlands. They are responsible for their own administration and political affairs. The program for the Netherlands Antilles is served through the PAHO/WHO office in Venezuela.

NICARAGUA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	437,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	532,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	370,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,300,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	171,500
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	264,800
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	1,024,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	315,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	305,000
SO.10	To improve the organization, management and delivery of health services	627,700
SO.11	To strengthen leadership, governance and the evidence base of health systems	276,800
SO.12	To ensure improved access, quality and use of medical products and technologies	263,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	245,800
SO.14	To extend social protection through fair, adequate and sustainable financing	705,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,746,100
Total Resources		8,585,400

PANAMA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	416,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	310,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	126,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	70,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	756,200
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	34,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	273,800
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	313,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	40,000
SO.10	To improve the organization, management and delivery of health services	269,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	247,300
SO.12	To ensure improved access, quality and use of medical products and technologies	70,200
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	10,000
SO.14	To extend social protection through fair, adequate and sustainable financing	154,500
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	978,500
Total Resources		4,069,000

PARAGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	590,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	185,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	191,500
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	740,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	117,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	240,000
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	50,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	2,562,700
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	420,000
SO.10	To improve the organization, management and delivery of health services	419,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	190,400
SO.12	To ensure improved access, quality and use of medical products and technologies	73,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	160,000
SO.14	To extend social protection through fair, adequate and sustainable financing	131,500
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,263,000
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	205,000
Total Resources		7,540,200

PERU

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	1,674,400
SO.02	To combat HIV/AIDS, tuberculosis and malaria	469,800
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	232,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	1,115,800
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	25,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	326,500
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	196,400
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	297,500
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	368,800
SO.10	To improve the organization, management and delivery of health services	582,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	300,700
SO.12	To ensure improved access, quality and use of medical products and technologies	230,700
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	260,500
SO.14	To extend social protection through fair, adequate and sustainable financing	257,500
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	2,532,400
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	126,400
Total Resources		8,996,600

PUERTO RICO

SO	Strategic Objectives	Total Resources
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	192,000
Total Resources		192,000

SAINT KITTS AND NEVIS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	28,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	6,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	40,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	48,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	17,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	21,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	43,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	107,000
Total Resources		353,000

SAINT LUCIA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	34,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	11,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	60,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	50,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	27,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	60,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	75,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	121,000
Total Resources		481,000

SAINT VINCENT AND THE GRENADINES

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	31,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	6,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	50,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	50,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	5,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	27,000
SO.10	To improve the organization, management and delivery of health services	30,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	75,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	61,000
SO.14	To extend social protection through fair, adequate and sustainable financing	10,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	115,000
Total Resources		460,000

SURINAME

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	192,800
SO.02	To combat HIV/AIDS, tuberculosis and malaria	543,500
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	451,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	2,500,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	18,700
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	245,400
SO.10	To improve the organization, management and delivery of health services	95,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	589,700
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	129,000
Total Resources		4,766,700

TRINIDAD AND TOBAGO

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	121,200
SO.02	To combat HIV/AIDS, tuberculosis and malaria	160,200
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	188,600
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	214,800
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	15,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	82,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	41,200
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	50,000
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000
SO.10	To improve the organization, management and delivery of health services	158,600
SO.11	To strengthen leadership, governance and the evidence base of health systems	92,400
SO.12	To ensure improved access, quality and use of medical products and technologies	89,900
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	56,200
SO.14	To extend social protection through fair, adequate and sustainable financing	46,200
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	988,500
Total Resources		2,315,200

UNITED KINGDOM: ANGUILLA, THE BRITISH VIRGIN ISLANDS AND MONTSERRAT

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	11,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	4,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	18,000
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	20,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	3,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	12,000
SO.10	To improve the organization, management and delivery of health services	6,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	4,000
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	20,000
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	249,600
Total Resources		347,600

Note: The programs for Anguilla, The British Virgin Islands, and Montserrat are served through the PAHO/WHO office for the Eastern Caribbean Countries located in Barbados.

UNITED KINGDOM: BERMUDA AND THE CAYMAN ISLANDS

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	13,000
SO.02	To combat HIV/AIDS, tuberculosis and malaria	10,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	39,000
SO.08	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3,000
SO.11	To strengthen leadership, governance and the evidence base of health systems	13,000
Total Resources		78,000

Note: The Cayman Islands and Bermuda are two of the internally self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and are served through the PAHO/WHO office in Jamaica.

UNITED KINGDOM: TURKS AND CAICOS

SO	Strategic Objectives	Total Resources
SO.02	To combat HIV/AIDS, tuberculosis and malaria	100,000
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	15,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	15,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	30,000
SO.10	To improve the organization, management and delivery of health services	25,000
Total Resources		185,000

Note: The Turks and Caicos Islands comprise one of the internal self-governing United Kingdom Overseas Territories (UKOTs) in the Caribbean and is served through the PAHO/WHO office in the Bahamas.

UNITED STATES OF AMERICA

SO	Strategic Objectives	Total Resources
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	353,000
Total Resources		353,000

Note: The purpose of technical cooperation with the United States is to address the needs and promote the participation of the United States in global and international health, including facilitating the participation of the United States in PAHO's regional programs and making U.S.-based resources and expertise available to other countries worldwide in the Americas. The primary counterpart of the Pan American Sanitary Bureau is the Office of Global Health Affairs (OGHA), specifically the Office of the Americas and the Middle East in OGHA. In addition, the Bureau works directly with nearly all of the agencies and major offices of the Department

URUGUAY

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	130,000
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	100,000
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	146,400
SO.07	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	200,000
SO.10	To improve the organization, management and delivery of health services	235,200
SO.11	To strengthen leadership, governance and the evidence base of health systems	775,200
SO.12	To ensure improved access, quality and use of medical products and technologies	77,100
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	116,500
SO.14	To extend social protection through fair, adequate and sustainable financing	154,800
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	1,134,400
Total Resources		3,069,600

VENEZUELA

SO	Strategic Objectives	Total Resources
SO.01	To reduce the health, social and economic burden of communicable diseases	436,600
SO.02	To combat HIV/AIDS, tuberculosis and malaria	333,300
SO.03	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	178,800
SO.04	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	134,800
SO.05	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	162,700
SO.06	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	178,800
SO.09	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	111,400
SO.10	To improve the organization, management and delivery of health services	430,500
SO.11	To strengthen leadership, governance and the evidence base of health systems	231,700
SO.12	To ensure improved access, quality and use of medical products and technologies	110,800
SO.13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	120,800
SO.14	To extend social protection through fair, adequate and sustainable financing	326,600
SO.15	To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	539,600
SO.16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	1,064,600
Total Resources		4,361,000

Forty-Year History of the PAHO/WHO Regular Budget								
Budget Period	PAHO			WHO Share			Total PAHO/WHO	
	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1970-71	30,072,422	68.2		14,053,685	31.8		44,126,107	
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-95	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-97	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-99	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-01	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-03	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0
2004-05	186,800,000	72.0	0.0	72,730,000	28.0	-2.6	259,530,000	-0.7
2006-07	187,800,000	70.7	0.5	77,768,000	29.3	6.9	265,568,000	2.3
2008-09*	197,566,000	70.8	5.2	81,501,000	29.2	4.8	279,067,000	5.1

* Proposed

Proposed Program Budget 2008-2009: by Funding Source

SO Description	Regular Budget	Voluntary Contributions	2008-2009 Proposed Budget	%
SO1 To reduce the health, social and economic burden of communicable diseases	22,700,000	63,900,000	86,600,000	13.8%
SO2 To combat HIV/AIDS, tuberculosis and malaria	8,590,000	66,500,000	75,090,000	12.0%
SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	14,000,000	14,000,000	28,000,000	4.5%
SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	12,490,000	24,700,000	37,190,000	5.9%
SO5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,200,000	30,800,000	35,000,000	5.6%
SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	6,000,000	10,000,000	16,000,000	2.6%
SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	7,000,000	10,400,000	17,400,000	2.8%
SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	13,000,000	12,000,000	25,000,000	4.0%
SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000,000	11,000,000	21,000,000	3.4%
SO10 To improve the organization, management and delivery of health services	14,000,000	18,000,000	32,000,000	5.1%
SO11 To strengthen leadership, governance and the evidence base of health systems	18,400,000	16,600,000	35,000,000	5.6%
SO12 To ensure improved access, quality and use of medical products and technologies	6,400,000	15,600,000	22,000,000	3.5%
SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	9,300,000	13,700,000	23,000,000	3.7%
SO14 To extend social protection through fair, adequate and sustainable financing	5,200,000	9,800,000	15,000,000	2.4%
SO15 To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	51,210,000	10,000,000	61,210,000	9.8%
SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	76,577,000	20,000,000	96,577,000	15.4%
TOTAL	279,067,000	347,000,000	626,067,000	100.0%

Proposed Program Budget 2008-2009: Comparison with 2006-2007

SO Description	2006-2007 Baseline*	2008-2009 Proposed Budget	% Change
	PAHO/WHO	PAHO/WHO	
SO1 To reduce the health, social and economic burden of communicable diseases	65,509,000	86,600,000	32.2%
SO2 To combat HIV/AIDS, tuberculosis and malaria	64,504,000	75,090,000	16.4%
SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	18,297,000	28,000,000	53.0%
SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	21,535,000	37,190,000	72.7%
SO5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	34,381,000	35,000,000	1.8%
SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	15,207,000	16,000,000	5.2%
SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,619,000	17,400,000	101.9%
SO8 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	23,992,000	25,000,000	4.2%
SO9 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	18,407,000	21,000,000	14.1%
SO10 To improve the organization, management and delivery of health services	31,286,000	32,000,000	2.3%
SO11 To strengthen leadership, governance and the evidence base of health systems	33,904,000	35,000,000	3.2%
SO12 To ensure improved access, quality and use of medical products and technologies	16,825,000	22,000,000	30.8%
SO13 To ensure an available, competent, responsive and productive health workforce to improve health outcomes	17,078,000	23,000,000	34.7%
SO14 To extend social protection through fair, adequate and sustainable financing	14,216,000	15,000,000	5.5%
SO15 To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	52,799,000	61,210,000	15.9%
SO16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	94,553,000	96,577,000	2.1%
TOTAL	531,112,000	626,067,000	17.9%

*A cross-walk methodology (developed by WHO) has been applied to convert the 2006-2007 budget from 38 Areas of Work to 16 Strategic Objectives.

Regional Program Budget Policy: Phase-in Schedule over three Biennia

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

	Phase-in period			
	1st biennium 2006-2007	2nd biennium 2008-2009	3rd biennium 2010-2011	Total change over 3 biennia a/
Antigua and Barbuda	0.26%	0.36%	0.46%	161.68%
Argentina	3.89%	3.56%	3.23%	-22.78%
Bahamas	1.21%	1.02%	0.83%	-40.02%
Barbados	0.67%	0.62%	0.56%	-21.98%
Belize	1.03%	0.87%	0.70%	-40.00%
Bolivia	4.70%	4.80%	4.90%	6.05%
Brazil	9.19%	9.65%	10.10%	14.78%
Canada	0.72%	0.60%	0.49%	-40.05%
Chile	2.26%	2.22%	2.19%	-4.95%
Colombia	4.25%	4.16%	4.07%	-5.83%
Costa Rica	2.69%	2.26%	1.83%	-39.99%
Cuba	2.79%	3.27%	3.75%	57.88%
Dominica	0.34%	0.43%	0.51%	86.05%
Dominican Republic	3.27%	3.31%	3.35%	3.58%
Ecuador	4.58%	5.22%	5.87%	45.94%
El Salvador	3.05%	3.00%	2.94%	-5.31%
France (French Department in the Americas)	0.20%	0.26%	0.32%	108.33%
Grenada	0.31%	0.47%	0.62%	250.90%
Guatemala	5.10%	5.43%	5.76%	19.63%
Guyana	1.91%	1.91%	1.91%	0.00%
Haiti	4.98%	4.98%	4.98%	0.00%
Honduras	4.05%	4.22%	4.39%	12.62%
Jamaica	2.73%	2.29%	1.86%	-40.00%
Mexico	6.31%	6.18%	6.05%	-5.70%
Netherlands (The Netherlands Antilles)	0.23%	0.27%	0.32%	68.54%
Nicaragua	3.25%	3.59%	3.93%	32.78%
Panama	2.09%	1.75%	1.42%	-39.98%
Paraguay	2.82%	2.82%	2.82%	-0.15%
Peru	5.64%	5.65%	5.67%	0.79%
Puerto Rico	0.20%	0.18%	0.16%	-25.00%
Saint Kitts and Nevis	0.25%	0.33%	0.41%	131.74%
Saint Lucia	0.30%	0.45%	0.60%	238.32%
Saint Vincent and the Grenadines	0.30%	0.43%	0.57%	222.16%
Suriname	1.26%	1.13%	0.99%	-27.80%
Trinidad and Tobago	2.09%	1.76%	1.43%	-40.01%
United Kingdom (United Kingdom Overseas Territories)				
<i>Anguilla, the British Virgin Islands, and Montserrat</i>	0.27%	0.24%	0.22%	-26.83%
<i>Bermuda and the Cayman Islands</i>	0.08%	0.07%	0.06%	-26.83%
<i>Turks and Caicos Islands</i>	0.06%	0.06%	0.05%	-26.83%
United States	0.34%	0.33%	0.32%	-10.4%
Uruguay	1.44%	1.31%	1.18%	-23.9%
Venezuela	3.89%	3.54%	3.18%	-24.04%
Country core total	95.00%	95.00%	95.00%	
Country variable	5.00%	5.00%	5.00%	
Total country regular budget allocation	100.00%	100.00%	100.00%	

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

Application of Regional Program Budget Policy: at Country Level

Member State	Approved 2006-2007 Program Budget	2006-07 comparative distribution	Revised share, 2nd biennium phase-in for RPBP a/	Increase / (decrease) due to RPBP b/	Revised level due to phasing in of RPBP	Increase due to change in budget level c/	Proposed 2008-2009 Program Budget
	A			B	C=A+B	D	E=C+D
Antigua and Barbuda	257,000	0.26%	0.36%	109,000	366,000	19,000	385,000
Argentina	3,852,000	3.89%	3.56%	(234,000)	3,618,000	187,000	3,805,000
Bahamas	1,198,000	1.21%	1.02%	(161,000)	1,037,000	53,000	1,090,000
Barbados	663,000	0.67%	0.62%	(33,000)	630,000	33,000	663,000
Belize	1,020,000	1.03%	0.87%	(136,000)	884,000	46,000	930,000
Bolivia	4,654,000	4.70%	4.80%	224,000	4,878,000	253,000	5,131,000
Brazil	9,098,000	9.19%	9.65%	709,000	9,807,000	507,000	10,314,000
Canada	713,000	0.72%	0.60%	(103,000)	610,000	31,000	641,000
Chile	2,238,000	2.26%	2.22%	18,000	2,256,000	117,000	2,373,000
Colombia	4,208,000	4.25%	4.16%	19,000	4,227,000	219,000	4,446,000
Costa Rica	2,664,000	2.69%	2.26%	(367,000)	2,297,000	119,000	2,416,000
Cuba	2,763,000	2.79%	3.27%	560,000	3,323,000	172,000	3,495,000
Dominica	337,000	0.34%	0.43%	100,000	437,000	23,000	460,000
Dominican Republic	3,238,000	3.27%	3.31%	126,000	3,364,000	174,000	3,538,000
Ecuador	4,535,000	4.58%	5.22%	770,000	5,305,000	274,000	5,579,000
El Salvador	3,020,000	3.05%	3.00%	29,000	3,049,000	158,000	3,207,000
France (French Department in the Americas)	198,000	0.20%	0.26%	66,000	264,000	14,000	278,000
Grenada	307,000	0.31%	0.47%	171,000	478,000	24,000	502,000
Guatemala	5,050,000	5.10%	5.43%	468,000	5,518,000	286,000	5,804,000
Guyana	1,891,000	1.91%	1.91%	50,000	1,941,000	101,000	2,042,000
Haiti	4,932,000	4.98%	4.98%	129,000	5,061,000	262,000	5,323,000
Honduras	4,010,000	4.05%	4.22%	278,000	4,288,000	223,000	4,511,000
Jamaica	2,703,000	2.73%	2.29%	(376,000)	2,327,000	121,000	2,448,000
Mexico	6,248,000	6.31%	6.18%	32,000	6,280,000	326,000	6,606,000
Netherlands (The Netherlands Antilles)	228,000	0.23%	0.27%	46,000	274,000	15,000	289,000
Nicaragua	3,218,000	3.25%	3.59%	430,000	3,648,000	189,000	3,837,000
Panama	2,069,000	2.09%	1.75%	(291,000)	1,778,000	93,000	1,871,000
Paraguay	2,792,000	2.82%	2.82%	74,000	2,866,000	148,000	3,014,000
Peru	5,585,000	5.64%	5.65%	157,000	5,742,000	297,000	6,039,000
Puerto Rico	198,000	0.20%	0.18%	(15,000)	183,000	9,000	192,000
St Kitts and Nevis	248,000	0.25%	0.33%	87,000	335,000	18,000	353,000
St Lucia	297,000	0.30%	0.45%	160,000	457,000	24,000	481,000
St Vincent & the Grenadines	297,000	0.30%	0.43%	140,000	437,000	23,000	460,000
Suriname	1,248,000	1.26%	1.13%	(100,000)	1,148,000	60,000	1,208,000
Trinidad and Tobago	2,069,000	2.09%	1.76%	(280,000)	1,789,000	92,000	1,881,000
United Kingdom (United Kingdom Overseas Territories)							
<i>Anguilla, the British Virgin Islands, and Montserrat</i>	267,000	0.27%	0.24%	(23,000)	244,000	13,000	257,000
<i>Bermuda and the Cayman Islands</i>	79,000	0.08%	0.07%	(8,000)	71,000	4,000	75,000
<i>Turks and Caicos Islands</i>	59,000	0.06%	0.06%	2,000	61,000	3,000	64,000
United States	337,000	0.34%	0.33%	(2,000)	335,000	18,000	353,000
Uruguay	1,426,000	1.44%	1.31%	(95,000)	1,331,000	69,000	1,400,000
Venezuela	3,852,000	3.89%	3.54%	(255,000)	3,597,000	187,000	3,784,000
Core allocations	94,066,000	95.00%	95.00%	2,475,000	96,541,000	5,004,000	101,545,000
Variable - 5%	4,950,000		5.00%	131,000	5,081,000	205,000	5,286,000
Total country allocations	99,016,000		100.00%	2,606,000	101,622,000	5,264,000	106,886,000
Total budget	265,568,000				265,568,000		279,067,000
Less: Retirees' Health Insurance	(5,000,000)				(5,000,000)		(5,000,000)
Total net budget	260,568,000				260,568,000		274,067,000
Country share	38.0%				39.0%		39.0%

a/ RPBP: Regional Program Budget Policy

b/ There are three factors in the change due to the Regional Program Budget Policy: i) the change in the total share of the budget going to country level; ii) the introduction of a variable component to the country budget; and iii) the change in each country's share of the Total Country Envelope

c/ The change in budget level is due to the increase in WHO funding to the PAHO/AMRO regular budget and the increase in estimated miscellaneous income. The proposed budget does not foresee a change in PAHO quota assessments.

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