LESSONS LEARNED FROM PREVIOUS PLANS

43. Based on the Organization's experience with previous strategic plans, Program Budgets, and other high-level planning instruments and processes, a number of thematic lessons learned have been applied to the development of the SP 08–12.

Integration of Strategic and Operational Planning

44. In an era when results-based management is mainstreamed and accountability for achievements is the norm, all planning efforts in the Organization must speak to each other. The Mid-term Assessment of the 2003–2007 Strategic Plan (CD46/8) highlighted this issue for the Bureau, in that the planned results of the Biennial Workplans did not aggregate to the respective Program Budgets, which in turn did not aggregate to the objectives set out in the 03–07 Strategic Plan. The new 08–12 Plan rectifies this, enabling true results-based planning for the Bureau from the strategic to the operational contexts. This will not only facilitate monitoring and reporting, but will also increase accountability and transparency.

A Complete and Comprehensive Plan

45. Over the past decade, there have been many plans, programs and projects from various sources (internal and external) for the Bureau to implement. Not all of these initiatives have been completely harmonious. This Strategic Plan, therefore, is considered to be both comprehensive and complete: there will be no operational work undertaken by the Bureau that does not contribute to the objectives contained in this Plan. Sufficient flexibility is built into the expected results set out for the PASB that it will be able to change and respond to new challenges in the health arena as they arise.

Strategic Alliances and Partnerships

46. The PASB's experience over the past decade has shown that improving the health situation in the Americas requires not only strong political commitment, but also integrated health and development policies, and broad participation by civil society as a whole. This participation has to occur at all levels, from the individual and local community up to the national, subregional, regional, and global levels. The large number of new national and international actors working to improve health necessitates a collaborative approach. The Pan American Sanitary Bureau is uniquely suited to lead and coordinate these collective efforts, and catalyze change to increase institutional capacity. This includes joint and coordinated efforts between the public sector, the private sector, and civil society.

47. Another important aspect is intersectoral work. Experience shows that progress on the determinants of health requires cooperative action with other sectors including education, agriculture, environment, finance, and international relations to ensure holistic plans and actions.

48. Interagency work has also been fundamental. The Bureau will continue to strengthen its work with other agencies of the United Nations and the Inter-American Systems for the purpose of avoiding duplication and increasing synergies. Moreover, the Bureau will work to strengthen joint efforts with existing partners and improve links with nontraditional partners. Health networks will continue to be developed.

49. It is important to note coordination of the PASB's work with the UN system. Work on the Common Country Assessment (CCA) and the UN Development Assistance Framework (UNDAF)

has been intensive. This work has related closely to the Country Cooperation Strategy (CCS). The PASB will continue to participate in the UN reform process, strengthening partnerships with those who work for health and development at the country level. The harmonization of programs and strengthening of the UN teams in countries are primary objectives.

Key Countries and Vulnerable Groups

50. The 2003–2007 Strategic Plan introduced the concept of Key Countries as a strategic priority for the PASB. The translation from concept to operational reality was worked out over time, notably through prioritization for assignment of resources, personnel, and resource mobilization. This included the development of the Regional Program Budget Policy (CD45/7) that increased the overall allocation of resources to the country level.

51. The Key Countries were defined in the 2003–2007 Strategic Plan based on the following:

- The Highly Indebted Poor Countries (HIPC): Bolivia, Guyana, Honduras, and Nicaragua;
- Haiti, while not an HIPC, has maternal and infant mortality rates—two of the most sensitive health development indicators—that are the highest in the Region and among the highest in the world.

52. At the same time, the Bureau became aware that the needs of vulnerable populations in other countries, notably the poor, may not have been receiving requisite attention. Based on this experience, while there will be a continued emphasis on providing support to the Key countries, especially Haiti, the new Strategic Plan seeks to simultaneously address the needs of vulnerable populations in all countries of the Region.

Resource Estimation

53. Previous strategic plans did not attempt to assign resource estimates or "envelopes" to strategic priorities, avoiding the very real issue of which activities should receive more or fewer resources. In order to ensure that the 08–12 Plan sets out realistic and achievable Strategic Objectives and supports them with resources, it includes an analysis of funding sources and levels needed to meet expected results. The resource levels included allow Member States to quickly see the relative cost of different Strategic Objectives, and will also directly inform the Program Budgets for the period.