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.

INDICATORS AND TARGETS

- Number of countries where the density of the health workforce (disaggregated by, rural-urban, gender and occupational classification, where possible) reaches 25 health workers per 10,000 inhabitants. Baseline: 12 countries (2006). Target: 35 (100%) countries by 2013.

ISSUES AND CHALLENGES

Most of the countries in the Region of the Americas face imbalances in density, distribution and competencies of the health workforce. This contributes to the prevalence of social inequities and limits access to health services. The imbalances and deficits in human resources, the added problem of migration, the weakness of regulation and the steering role of the national health authority, the deficits in education and training in primary health care (PHC) and others issues make up the overview of the difficulties in health workforce development in the Region.

Weak stewardship of the national health authority and a paucity of policies and plans for human resources plague most of the countries. The challenge is to define policies and long-term plans to adapt the health workforce to the health needs of the population and develop the institutional capacity to implement these policies and review them periodically.

In 2000, over 163 million people in the Americas resided in areas where the human resources density was below the desirable target level of 25 per 10,000 inhabitants identified by the World Health Organization. Twelve countries have a density below 25 health workers per 10,000 inhabitants. Although 60% of the countries have an apparently sufficient number of health workers, the proportion settling in urban areas is disproportionate, creating critical shortages in rural areas. Even when the necessary number of professionals exists in many countries, health team composition is often off balance: 19 countries have more doctors than nurses. The challenge is to place the right people in the right places, obtaining an equitable distribution of health workers in the different localities based on the different health needs of the population.

Over 72% of the countries of the Americas have experienced a net loss of health workers due to migration leading to a particularly acute nursing shortage. This migration is from less developed to more developed countries, and has especially affected the Caribbean where there is a 35% nursing vacancy rate. In North America the actual shortage of nurses has been indicated as over

200,000. The challenge is to promote national and international initiatives for developing countries to retain their health workers and avoid personnel deficits.

Poor work conditions and unhealthy work environments that encourage migration and shortage exist in many countries. In a sample of 13 countries throughout the Region, the average unemployment rate for health workers was 6.2%, with the highest rate being 16.8%. The challenge is to generate labor relations between health workers and health organizations that promote healthy work environments and encourage commitment to the institutional mission in order to guarantee quality health services for the entire population.

Attrition rates in many health professional training programs are over 75% for doctors, nurses and other health professionals. The orientation of education in health sciences toward PHC is weak. There is a gap between health services requirements and the competencies of graduates in health sciences. The challenge is to develop mechanisms for collaboration and cooperation between the academic/training sector (universities, schools) and the health services to adapt the education of health professionals to a model of universal care that provides equitable, quality services that meet the health needs of the entire population.

STRATEGIC APPROACHES

- Implementing the Toronto Call to Action in which 29 countries of the Region and a significant number of international agencies agreed to request all countries to mobilize political will, resources and institutional actors to contribute to developing human resources in health. This is a way of achieving the Millennium Development Goals and universal access to quality health services for all populations in the Americas by 2015.

- Responding to countries affected by crises in human resources and working to improve the health workforce in the Region. This will be done through strengthening and expanding the Observatories of Human Resources, maintaining information systems, developing policy, designing, implementing, monitoring and evaluating national, subregional and regional plans and strengthening national capacities for comprehensive human resource management, in the context of the Decade of Human Resources in Health 2006-2015 to ensure that they are responsive to health needs.

- Expanding capacities and improving the quality of educational and training institutions through the strengthening of national educational systems, especially schools and universities; and supporting training for health workers to develop appropriate skills and competencies.

- Ensuring an equitable and balanced skill mix and a geographical distribution of the health workforce through the development of effective deployment and retention measures, specific incentives and creative management strategies. Promoting and establishing partnerships at all levels, facilitating agreements with other agencies, creating networks of institutions of excellence, strengthening the training of human resources managers in all the countries and developing a regional network, setting indicators, norms and standards based on internationally agreed-upon definitions and supporting efforts for horizontal integration and cooperation among countries.

ASSUMPTIONS AND RISKS

Assumptions:

- Regional, subregional and national efforts to promote the health workforce development, included in the Toronto Call to Action, will continue.
- Cross-sector and interagency partnerships in support of health workforce development will continue to promote the active participation of all direct stakeholders, including civil society, professional associations, and the private sector.

Risks:

- Financing of health workforce development will decrease to such a low level that it will affect budgets and incentives for deployment to underserved areas.
- Countries affected by human resources crises remain unable to take the lead and manage responses by themselves.
- Market forces continue to exert excessive pressure in favor of the exodus of professionals ("brain drain") to other countries and urban areas, as well as a shift to other professions.

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	Target 2013
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	28
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	20
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	15
13.1.4	Number of countries with regulation mechanisms (quality control) for health education and professions	12	16	20
13.1.5	Number of strategic alliances established by the PASB to implement the Toronto Call for Action	2	4	6

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	Target 2013
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years	10	18	29
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	27
13.2.3	Number of countries with a national group participating in the network of Human Resources for Health Observatories	18	29	36

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	Target 2013
13.3.1	Number of countries with recruitment and retention policies for health workers	6	15	20
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	20
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	11

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	Target 2013
13.4.1	Number of countries with joint planning mechanisms for training institutions and health services	4	15	25
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	15
13.4.3	Number of countries that have established continuous education systems to improve the competencies of health personnel	5	10	15
13.4.4	Number of people that participate in the leadership program for international health	0	20	60
13.4.5	Number of countries with active participation in virtual learning strategies	7	20	30

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	Target 2013
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration	5	12	20
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration	4	10	16
13.5.3	Number of Subregions that develop formal agreements on systems that recognize the advanced degrees and certifications of health professions	1	2	3

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.

INDICATORS AND TARGETS

- Increase the percentage of population covered by any type of social protection scheme in the Region. Baseline: 46% in 2003. Target: 60% by 2013.

- Increase in the percentage of public expenditure for health, including primary health care expenditure for the countries where this information is available. Baseline: 3.1% in 2006. Target: 5% by 2013.

- Decrease in the out-of-pocket expenditures in health as percentage of the total health expenditure for those countries where this information is available. Baseline: 52% of the national expenditure in health in 2006. Target: 40% by 2013. (The Organization for Economic Cooperation and Development's [OECD] average for industrialized countries is 20%.)

ISSUES AND CHALLENGES

The organization and financing of a health system are important determinants of the population's health and well-being. However, prevailing health system segmentation and fragmentation lead to inequality and inefficiency in the use of sector resources, while further restricting the access of poorer and more vulnerable populations. The challenge is to extend social protection in health efficiently.

Expenditure levels, especially public expenditure, are still insufficient – or used inefficiently – to ensure an adequate supply of health services, which means that families are forced to make out-of-pocket payments that affect household finances and lead to an increased risk of poverty. Reducing financial burden to individuals and families is a significant challenge.

Many regional, subregional, and national actors are involved in the work under this SO. Dealing with multiple actors is a major challenge. Principal actors include the private sector, international financial institutions, Economic Commission for Latin America and the Caribbean (ECLAC), International Labor Organization (ILO), International Social Security Association (ISSA), Inter-American Conference on Social Security (CISS), Inter-American Center for Social Security Studies (CIESS), subregional integration agencies such as Central American Integration System (SICA), Southern Common Market (MERCOSUR), Caribbean Community (CARICOM), Bolivarian Alternative for the Americas (ALBA); and bilateral development partners, ministries of labor/social security, finance/treasury, planning, central banks, and national statistics institutes, as well as universities and research centers.

STRATEGIC APPROACHES

- Engaging in advocacy to increase political will to secure predictable, sustainable, and collective funding for social protection in health at the national and international level.
- Developing reliable data and knowledge including strategic health intelligence to inform policy decisions on equitable collective funding mechanisms to reduce out-of-pocket expenditures.
- Strengthening national capacities, especially in the Ministries of Health and social security institutions, to promote social dialogue with civil society and relevant stakeholders, and to improve social protection in health.
- Strengthening national government capacity to align and harmonize international cooperation resources, per the Paris Declaration.

ASSUMPTIONS AND RISKS

Assumptions:

- Universal, equitable access to health services remains the most important objective for the governments of the Region, with gradual implementation in accordance with each country's capacity.
- Human, financial and technological resources for social protection are allocated, available and used efficiently in the health sector.

Risks:

- Recent increases in the countries' funding for health could be directed to a few vertical health programs at the expense of financing universal care.
- Greater funding from external sources could increase system segmentation and weaken sector institutions, undermining the steering role of the health authority due to parallel and segmented financing, insurance, and service delivery mechanisms.

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	Target 2013
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms	7	10	15
14.1.2	Number of countries with units of analysis in economic, financial and functional health expenditure	10	13	18
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	20

14.1.4	Number of countries participating in the Observatory of Policies on Social Protection in Health established during the 9th Ibero-American Conference of Ministers of Health	0	5	10

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	Target 2013
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	7

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	Target 2013
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO	28/35	31/35	35/35
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	13	16	25

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	Target 2013
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health	8	10	12

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

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

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.

INDICATORS AND TARGETS

- Number of countries implementing at least 30% of health policy-related resolutions adopted by the Pan American Sanitary Conference and Directing Council in the 2007-2011 period. Baseline: 0 countries in 2007. Target: 19 countries by 2013.

- Number of countries reporting a Country Cooperation Strategy (CCS) agreed by the government, with a qualitative assessment of the degree to which PAHO/WHO resources are harmonized with partners and aligned with national health and development strategies. Baseline: 0 countries in 2007. Target: 30 countries by 2013.

- Number of countries in Latin America and the Caribbean that achieve the targets of the Official Development Assistance for Health of the Paris Declaration on harmonization and alignment, as adapted by WHO and partners.[12] Baseline: 0 countries. Target: 5 countries by 2013.

ISSUES AND CHALLENGES

The PAHO Governing Bodies need to be supported effectively, and their decisions implemented in a responsive and transparent way. To ensure this occurs, the challenge for PASB is to establish clear lines of authority, responsibility and accountability in the Organization, particularly when decisions and resources are being decentralized to locations where programs are implemented.

There is not enough information on the degree of implementation of the PAHO Governing Bodies' resolutions in the Region. The PASB's challenge is to establish a monitoring system to follow up on implementation of resolutions at the regional, subregional, and country levels.

[12] *Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability*, Paris, 2 March 2005. WHO is working with OECD, the World Bank and other stakeholders to adapt the Paris Declaration to health. The following targets will gradually become more health-focused as the process evolves: 50% of Official Development Assistance implemented through coordinated programs consistent with national development strategies; 90% of procurement supported by such Assistance effected through partner countries' procurement systems; 50% reduction in Assistance not disbursed in the fiscal year for which it was programmed; 66% of Assistance provided in the context of program-based approaches; 40% of WHO country missions conducted jointly; 66% of WHO country analytical work in health conducted jointly.

Providing reliable and timely health information is a crucial problem in the Region. The Organization's capabilities need to be strengthened to cope with the ever-growing demand for information on health, and communicate internally and externally in a timely and consistent way at all levels.

The regional level mechanisms to allow stakeholders to tackle health issues in a transparent, equitable and effective way should be strengthened. PASB should help to ensure that national health policymakers and advisers are involved in international fora where health-related issues are discussed. The numerous actors in public health, outside government and in intergovernmental bodies, need to have fora to allow them to contribute in a transparent way to global and national debates on health-related policies, as well as to play a part in ensuring good governance and accountability.

The PASB faces the ongoing issue of how to better focus its work to meet country health needs. This requires clearly articulated Country Cooperation Strategies (CCS) that reflect country priorities and are consistent with this Strategic Plan. The challenge is to ensure that all levels of the PASB (global, regional, subregional and country) are included in the CCS. The Bureau's presence must match the needs and level of development of the country concerned.

A number of health issues require subregional health interventions. In addition, subregional integration processes cover many topics crucial to public health. The PAHO Regional Program Budget Policy established the allocation of resources to the subregional level, and Biennial Workplans have been developed for all subregions. The challenge is to create Subregional Cooperation Strategies (SCS), which emulate the CCS, represent strategic planning for the PASB at this level, and guide the subregional Biennial Workplans.

A major concern is ensuring equity of access to information and knowledge by all audiences in light of the digital divide. Particularly affected are indigenous and rural populations, with special consideration to the multilingual peculiarities of these populations. The challenge is to ensure that decisions and action taken are based on the most up-to-date, relevant information. This requires regional efforts to improve equitable access to information taking into consideration the language and culture of the respective audiences as well as the open access and use of the existing instruments of information. A related challenge is the need for a paradigmatic shift in our beliefs, attitudes and behaviors regarding sharing of information and knowledge.

Although there has been an increase in the availability of external resources for health at the global level, most countries in Latin America and the Caribbean are considered middle or upper middle income level, and as such are either ineligible or in a low priority among the traditional resource providers. In addition, many traditional partners have decentralized their funding operations to the country level. The challenge is how to steer the PASB into a role of supporting the countries to tap into new emerging and non traditional partners such as the Global Fund against Aids, TB and Malaria or the Gates Foundation. The PASB faces the dual challenge of mobilizing resources for itself as well as for Member States.

The growing number of actors involved in supporting the health sector creates several challenges, including the risks of duplicated efforts, high transaction costs and varying accountability requirements at both government and partner levels, as well as weak alignment with country priorities. PAHO/WHO needs to continue to play a proactive role, and to devise innovative mechanisms for managing or participating in global, regional, subregional and national partnerships in order to make the international health architecture more efficient and responsive to the needs of Member States.

STRATEGIC APPROACHES

- Achieving this SO will require Member States and the Bureau to work closely together. More specifically, key actions should include leading, directing, and coordinating the work of PAHO; strengthening the governance of the Organization through stronger engagement of Member States and effective Bureau technical cooperation; and effectively communicating the work and knowledge of PAHO/WHO to Member States, other partners, stakeholders, and the general public.

- Collaborating with countries to advance the global and regional health agendas, and bringing country realities and perspectives into regional policies and priorities. The different levels of the Bureau will be coordinated on the basis of an effective country presence that reflects national needs and priorities and integrates common principles of gender equality and health equity. At national level the Bureau will promote multisectoral approaches; build institutional capacities for leadership and governance, as well as for health development planning; and facilitate technical cooperation among countries (TCC).

- Promoting development of functional partnerships and alliances that ensure equitable health outcomes at all levels; encourage harmonized approaches to health development and health security with organizations of the United Nations and the Inter-American systems, other international bodies, and stakeholders. PAHO will continue to actively participate in the debate on the United Nations system reform. Promoting the role of PAHO as an agent for the mobilization of resources for the Member States, in addition to the more conventional mobilization for the Secretariat. Among other implications, this entails: 1) the need to prepare the Country Offices for new functions which include resource mobilization at the country level from international as well as national sources, and 2) ensuring that participation by PAHO in coordination mechanisms at the country level uses a comprehensive multidisciplinary and multisectoral approach

- Promoting PAHO as an authoritative source and broker of evidence-based research, policies and knowledge through broad and nontraditional partnerships, collaboration, and integrated data systems. PAHO will act as a convener of dialogue on health issues of global, regional, subregional and national importance.

- Addressing the information and knowledge problems at the level of people, processes, and technology in the areas of knowledge sharing, content management, policies and technology, thereby resulting in PASB being (1) an authoritative source of public health information, (2) a learning organization, (3) a networking and partnership organization, and (4) a collaboration-based organization.

ASSUMPTIONS AND RISKS

Assumptions:

- Managerial accountability for implementation of decisions will be strengthened in the context of the results-based management framework.
- Changes in the external and internal environment over the period of the PASB Strategic Plan will not fundamentally alter the role and functions of PAHO/WHO. Notwithstanding, PAHO/WHO must be able to respond and adapt to external changes, such as those stemming from reform of the United Nations system.

Risks:

- Reform of the United Nations system may have implications for PASB programmatic implementation.
- The increasing number of partnerships may give rise to duplication of efforts between initiatives, high transaction costs to government and donors, unclear accountability, and lack of alignment with country priorities and systems.
- Lack of political will to implement major health-related initiatives in the Region.
- The Region may not be a funding priority for the institutions providing resources for health.

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	Target 2013
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%	55%
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%	90%
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	80/81
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%	100%

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	Target 2013
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Workplan	20/35	30/35	35/35

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	35/35
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	35/35
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS)	0/4	1/4	4/4
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	29/29

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	Target 2013
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%	20%
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	33/33
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	25
15.3.4	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%	75%
15.3.5	Number of countries incorporating policy recommendations developed by the Forum for Public Health in the Americas	0	4	10
15.3.6	Number of countries requesting PAHO support for mobilizing technical and financial resources from external partners	10/33	20/33	30/33

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	Target 2013
15.4.1	Number of hits to PAHO's web page	20 million	30 million	40 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	35
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	Integration of all the systems
15.4.4	Number of Communities of Practice established and in use in the PASB entities	2	10	20

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.

INDICATORS AND TARGETS

- Percentage of Region-wide Expected Results (RERs) achieved under Strategic Objectives 1-15, as measured by the RER indicators. Baseline: not applicable. Target: 80% of Region-wide Expected Results achieved by 2013.

- Cost-effectiveness of the enabling functions of the Organization, measured by the percentage this SO represents of the total PASB budget. Baseline: 17% in 2006-2007 biennium. Target: 15% by 2013.

ISSUES AND CHALLENGES

Partners and contributors are expecting increasing transparency and accountability in terms of both measurable results and use of financial resources. PASB continues its elaboration of results-based management (RBM) as the central operating principle to improve organizational effectiveness, efficiency, alignment with results, and accountability. There are some enabling frameworks, processes, and tools in PASB for RBM. These include WHO's Results-based Management Framework; and the new PASB strategic and operational planning framework, including improvements to the AMPES. Despite this progress, management processes do not fully incorporate an RBM approach. Key tools that are missing to ensure managers use results-based performance data and analyses include management and accountability frameworks.

Major reforms have been implemented in the PASB planning process to ensure alignment with WHO's General Programme of Work and the Health Agenda for the Americas, and to enhance accountability and transparency to Member States. The principle challenge remaining for the planning period is to change the Organization's culture and management processes to fully implement an RBM approach, including performance monitoring and assessment, as well as accountability for results.

PASB technical and administrative entities tend to work in a vertical and uncoordinated fashion, resulting in duplication, omission and inefficient use of resources. The challenge is to ensure managers work inter-programmatically.

Although periodic monitoring and reporting on resources across the Organization has improved, the increasing percentage of the Organization's budget that comes from voluntary contributions

(as opposed to regular budget) presents challenges, especially given the high ratio of staff costs to non-staff costs.

Greater flexibility is required in resource management, together with more effective internal use of resources to ensure alignment with the Program Budget, and a reduction of transaction costs.

Regarding human resource management, a number of key challenges exist. Recruitment of females for professional positions and of applicants from under-represented countries needs to be strengthened. Appropriate emphasis on country-focused programs requires increased staff movement from one location to another, yet PAHO does not have a formal rotation and mobility policy/program. The average age of professional staff is 50 years old and approximately 31% will be retiring over the next five to seven years; PASB faces the challenge of improving succession planning.

The PASB procurement function is undergoing a major change from primarily supporting PASB headquarters and country office administrative and technical area requirements to primarily supporting large health-related procurements for Member States. This requires fundamental changes in the structure, staffing and processes for this function.

The PASB's information systems, while independently functional and supportive of RBM, are not integrated. The challenge posed by the new planning process is to achieve a higher level of integration and coherence among all of the PASB's systems, while gradually upgrading its aging portfolio of applications. At the same time, administrative processes must be simplified, with better performance controls and indicators. This should contribute to improved efficiency, transparency, accountability, decentralization, and delegation of authority. WHO is implementing a Global Management System (GSM) that will function as an enabling IT platform for results-based management and knowledge management, providing a global view of WHO's public health programs. The PASB information systems will respond to GSM requirements.

Potential threats, such as pandemic flu or terrorism, have increased. The PASB requires considerable resources to address these threats and ensure the continuity of its operations. The challenge is to mobilize these resources, given that these events may never materialize.

Several initiatives have been launched that have made recommendations to adjust PASB's structures and procedures to enable the Organization to more effectively respond to the evolving needs of Member States. The challenge is to ensure that the necessary institutional development actions to implement these proposals and their impacts have buy in, are understood, implemented promptly and without unnecessary disruption to ongoing activities.

STRATEGIC APPROACHES

- Ensuring full implementation of RBM throughout the PASB, for the entire cycle of planning, implementation (performance monitoring and assessment), evaluation, and programmatic adjustment.
- Supporting greater delegation of authority and accountability for results in the context of RBM, ensuring that decision-making and resource allocation occur closer to where programs are implemented.
- Providing incentives for increased inter-programmatic work at all levels of the Organization.
- Implementing a human resources strategic planning program, focusing on succession planning, competency-based and needs-based staff placement, rotation and mobility, and staff development.

- Implementing an institutional development strategy to ensure that the PASB better responds to the needs and mandates of its Member States during the planning period and beyond, including a system for monitoring progress.
- Ensuring that resource mobilization for the PASB is fully subordinate to, and consistent with, the overall Strategic Objectives of the Organization.
- Strengthening the resource coordination function, to ensure full resourcing of Program Budgets.
- Fully implementing the Regional Program Budget Policy as approved by PAHO Governing Bodies.
- Implementing the recommendations of the 11 ROADMAP teams to achieve the Five Strategic Objectives for Organizational Change.
- Strengthening of managerial and administrative capacities and competencies at all levels in the PASB.

ASSUMPTIONS AND RISKS

Assumptions:

- The changes in the external and internal environment that are likely to occur over the six-year period of the plan will not fundamentally alter the role and functions of PAHO.
- Member States will continue to support the work of the PASB through timely and adequate funding of the Organization's program budgets, including voluntary contributions.

Risks:

- The PASB's continued efforts to "do more with less" may affect programmatic implementation, possibly compromising the quality of its services. This may result in the detriment of institutional knowledge, quality of technical cooperation, appropriate controls, and accountability.

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	Target 2013
16.1.1	Results-based management strategy fully implemented	In progress	Approved by Governing Bodies	Full implementation

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	SP 13-17 and PB 12-13 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%	100%
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	70/81
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%	100%
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%	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	Target 2013
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	International Public Sector Accounting Standards fully implemented
16.2.2	Proportion of strategic objectives with expenditure levels meeting program budget targets	TBD at end-2007	50%	100%
16.2.3	Proportion of Voluntary Contributions that are un-earmarked	5%	10%	15%
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners	1%	0.8%	0.5%
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion	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	60/81

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	Target 2013
16.3.1	Proportion of PASB entities with approved human resources plans for a biennium, aligned with the corporate HR strategy	15%	50%	75%
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%	75%
16.3.3	New recruitments reflect PAHO policy on gender balance and geographic representation	Yes	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	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	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	150

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
16.4.1	Proportion of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%	80%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%	75%
16.4.3	Number of PAHO country offices and centers using consistent, near real-time management information	36	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	Target 2013
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)	High (satisfaction rated over 75%)
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies	0%	50%	100%
16.5.3	Proportion of internal benchmarks met or exceeded for translation services	60%	70%	80%
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%	100%
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%	100%

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

Indicator #	RER Indicator text	Baseline 2007	Target 2009	Target 2013
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	50% 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%	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%	100%
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%	100%