



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 48th DIRECTING COUNCIL 60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

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*Provisional Agenda Item 7.5*

CD48/INF/5, Rev. 1 (Eng.)  
25 September 2008  
ORIGINAL: SPANISH

### **REVISED STRATEGIC PLAN 2008-2012**

1. The 27th Pan American Sanitary Conference approved the Strategic Plan 2008-2012 (Official Document 328) of the Pan American Sanitary Bureau through Resolution CSP27.R4.<sup>1</sup> During the debate preceding approval of the Strategic Plan, some delegates from the Member States suggested improvements or indicated that they would submit additional comments in writing. The Revised Strategic Plan<sup>2</sup> incorporates the suggestions made by the delegates during the 27th Pan American Sanitary Conference or subsequently requested in writing, along with some adaptations to the indicators and goals that emerged from the operational planning exercise in the Organization and a new Regionwide Expected Result (RER) on climate change to align the Strategic Plan of PASB with the new version of the World Health Organization's Medium-term Strategic Plan 2008-2013.

2. The Directing Council is requested to take note of the Revised Strategic Plan, so that it can be used as the document against which PASB performance will be evaluated during the period 2008-2012.

Annex

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<sup>1</sup> <http://www.paho.org/english/gov/csp/csp27.r4-e.pdf>

<sup>2</sup> <http://www.paho.org/english/gov/cd/cd48-od328-e.pdf>

**Changes to the Strategic Plan 2008-2012  
Official Document No. 328**

Paragraph 75 (c) of the document has been changed with the following text:

- (a) To contribute to the global effort to group products and services by core function and enable WHO-wide analysis of expenditures.

RER Indicator 1.3.9 of the document has been changed with the following text:

1.3.9	Number of foci in the onchocerciasis-endemic countries where transmission has been interrupted and which are undergoing a 3-year post-transmission interruption surveillance period	1/13	2/13	3/13
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RER Indicator 1.3.10 of the document has been changed with the following text:

1.3.10	Number of countries which have adopted new or expanded programs or strategies for the surveillance, prevention or control of neglected tropical diseases, including neglected anthroponoses, zoonoses, or vector-borne diseases	0/39	3/39	9/39
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RER Indicator 1.4.4 of the document has been changed with the following text:

1.4.4	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment	15/35	20/35	25/35
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RER Indicator 1.6.3 of the document has been changed with the following text:

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	19/39	23/39	30/39
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RER Indicator 1.7.1 of the document has been changed with the following text:

1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for pandemic influenza	17/35	23/35	35/35
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RER Indicator 1.7.3 of the document has been changed with the following text:

1.7.3	Number of countries with basic capacity in place for safe laboratory handling of pathogens	19	22	40
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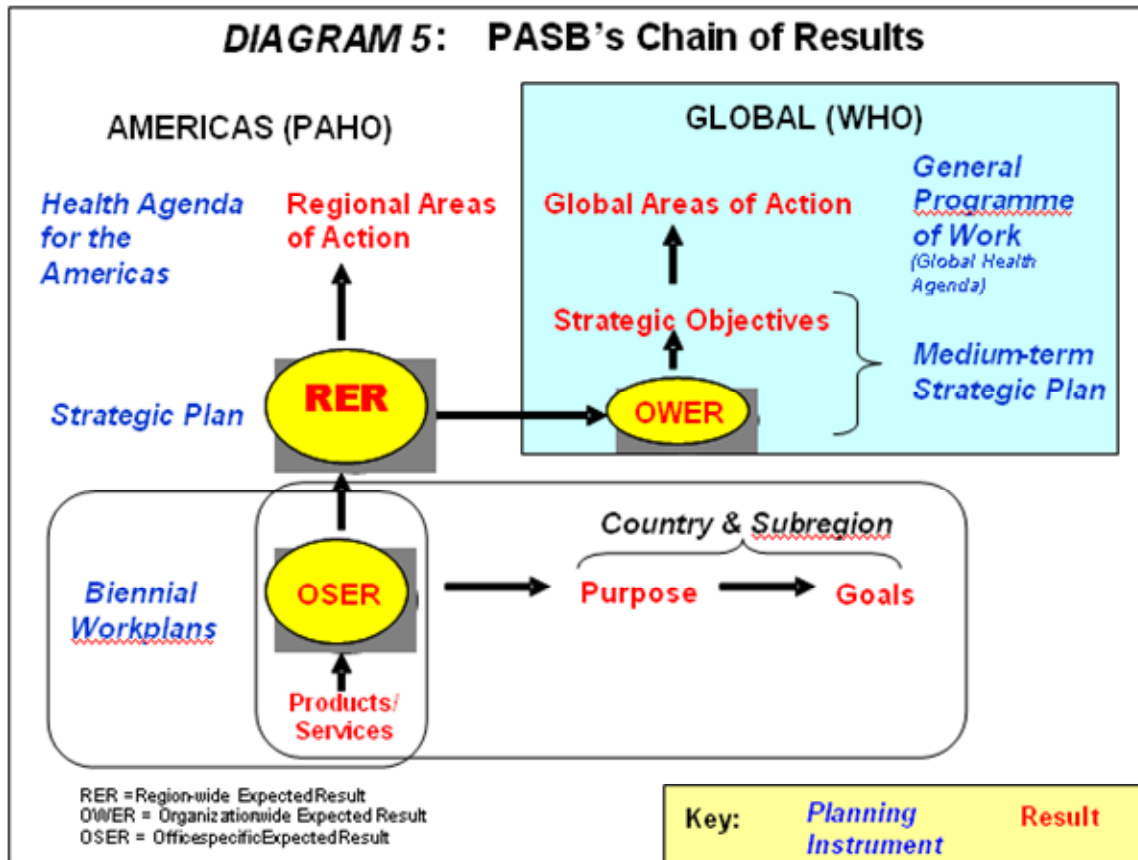
RER Indicator 11.2.2 of the document has been changed with the following text:

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	0	9	20
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RER Indicator 11.2.3 of the document has been changed with the following text:

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)	9	17	27
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The graph on page 124 of the document has been replaced with the following graph:



Paragraph 131 of the document has been changed with the following text:

With regard to core functions discussed earlier in this Plan, expenditure levels for each core function will also be monitored through AMPES. Managers will classify their products and services and corresponding expenditures by core function when developing their Biennial Workplans. During implementation, this will enable monitoring and reporting of expenses by core function, per WHO global guidelines. The PASB will also report this information to its Governing Bodies, allowing them to see which functions are receiving the greatest resources in the Bureau.