

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 Policy and technical cooperation provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies, and to integrate other essential child health interventions with immunization.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.1.1	Number of countries achieving more than 95% DPT3 coverage at national level	17	20
1.1.2	Proportion of municipalities with coverage level for DPT3 less than 95% in Latin America and the Caribbean.	38% (5,729)	35% (5,277)
1.1.3	Number of countries supported to make evidence-based decisions for the introduction of new vaccines	9	10
1.1.4	Number of essential child & family health interventions integrated with immunization for which guidelines on common program management are available.	4	6
1.1.5	Number of counties 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 subregions with action plans for the introduction of new vaccines according to the agreements of the subregional integration mechanisms (RESCCAD, CARICOM, ORAS y MERCOSUR).	0	2
1.1.7	Number of subregions with border immunization activities (vaccination and vaccine-preventable disease {VPD} surveillance)	3	3
1.1.8	Percentage of countries supported to develop an updated immunization plan of action.	60%	70%
1.1.9	Percentage of countries supported to develop vaccine safety plans of action.	53%	70%

RER 1.2 Effective coordination and technical cooperation provided to Member States to maintain measles elimination and achieve rubella, Congenital Rubella Syndrome (CRS) and neonatal tetanus elimination; while sustaining the polio free status and the appropriate containment of polioviruses, leading to a simultaneous cessation of oral polio vaccination globally.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.2.1	Number of countries using oral polio vaccine (OPV) according to an internationally agreed time-line and process for cessation of routine use of OPV.	35	35
1.2.2	Percentage of final country reports or updates on polio containment certified by Regional Commission for the Americas.	100%	100%
1.2.3	Number of facilities storing poliovirus in the Americas.	1	1
1.2.4	Number of countries with sustained surveillance of acute flaccid paralysis.	40	40
1.2.5	Number of countries with integrated measles / rubella and Congenital Rubella Syndrome (CRS) surveillance.	35	40
1.2.6	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination.	37	40
1.2.7	Number of countries achieving neonatal tetanus (NNT) elimination	39	40
1.2.8	Number of countries that have implemented epidemiological surveillance system for the new vaccines (RV, NEUMO, INF, YF, HPV).	0	5

RER 1.3 Effective coordination and technical cooperation provided to Member States 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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.3.1	Number of countries achieving 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, especially Brazil, which is the only country in Americas with high leprosy burden.	1/24	9/24
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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
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 that have incorporated a multidisease, interprogrammatic, intersectoral approach for the prevention, control or elimination of neglected communicable diseases.	1/35	4/35
1.3.6	Number of countries that have incorporated an intersectoral, interprogrammatic approach for the prevention, control or elimination of zoonoses of public health importance.	2/21	4/21
1.3.7	Number of countries in Latin America that eliminated human rabies transmitted by dogs.	11/21	12/21
1.3.8	Number of countries supported in the maintenance of control programs in equinococosis.	4	4
1.3.9	Number of countries in Latin America and the Caribbean assisted to maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases (e.g. avian flu and bovine spongiform encephalopathy).	10/33	13/33
1.3.10	Number of countries with total interruption of Chagas Disease vector transmission (T infestans for South Cone, and Rhodnius prolixus in Central America).	3/21	11/21
1.3.11	Number of countries with total Chagas screening of blood banks for transfusional transmission.	14/21	20/21
1.3.12	Number of endemic countries with onchocerciasis elimination certification.	0/6	1/6
1.3.13	Technical norms or recommendations provided to countries for prevention and control of zoonotic diseases.	5	7
1.3.14	Regional rabies surveillance system functioning on an ongoing basis (number of countries reporting)	21	21
1.3.15	Number of technical guidelines published for the surveillance, prevention, control of neglected communicable diseases.	0	2

RER 1.4 Policy and technical cooperation provided to Member States 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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.4.1	Number of countries with enhanced surveillance for communicable diseases of public health importance.	13/39	15/39
1.4.2	Number of countries receiving technical cooperation from PASB to adapt generic surveillance and communicable disease monitoring tools or protocols to specific country situations.	2	20

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.4.3	Number of countries for which joint reporting forms on immunization surveillance and monitoring are received at regional level in accordance with established timelines.	15	18
1.4.4	Number of new and improved anti-microbial resistance (AMR) tools, interventions and implementation strategies whose effectiveness has been determined by appropriate institutions.	5	7

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	RER Indicator Baseline (end-2007)	RER Indicator 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 and improved interventions and implementation strategies whose effectiveness has been evaluated and validated.	1	2
1.5.3	Proportion of peer-reviewed publications based on PAHO/WHO-supported research where the main author's institution is in a developing country.	15%	30%
1.5.4	Number of countries with one or more institutions which have implemented Tropical Disease Research (TDR) new ten year vision, under the coordination of PAHO/WHO.	0	6

RER 1.6 Technical cooperation provided to Member States 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	RER Indicator Baseline (end-2007)	RER Indicator 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	32
1.6.2	Number of countries supported by PASB to develop 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	32
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.	20/36	24/36

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
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	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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.7.1	Number of countries having national preparedness plans and standard operating procedures in place for major epidemic prone diseases (e.g. pandemic influenza, yellow fever, dengue, meningitis).	22	28
1.7.2	Number of countries that have tested their national preparedness plans and standard operating procedures for pandemic influenza through simulation exercises.	10	20
1.7.3	Number of international support mechanisms 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
1.7.4	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
1.7.5	Number of countries implementing interventions and strategies for dengue control (Estrategias de Gestión Integrada {EGI} or Communication for Behavior Impact {COMBI}).	15	17
1.7.6	Number of tools (guidelines, protocols, training modules) developed to assist countries in the development and implementation of national preparedness plans for major epidemic-prone diseases (e.g. pandemic influenza).	2	5

RER 1.8 Global, 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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.8.1	Number of PASB offices (regional and country) with the global event management system in place to support coordination of risk assessment, communications and field operations among headquarters, regional and country offices.	1/28	10/28
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 sub-networks.	26	35
1.8.3	Proportion of requests for support from Member States for which 'PASB mobilizes comprehensive and coordinated international support for disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks.	100%	100%
1.8.4	Median time (in days) to 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	Policy and technical cooperation provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies, and to integrate other essential child health interventions with immunization.	15,989,500
1.2	Effective coordination and technical cooperation provided to Member States to maintain measles elimination and achieve rubella, Congenital Rubella Syndrome (CRS) and neonatal tetanus elimination; while sustaining the polio free status and the appropriate containment of polioviruses, leading to a simultaneous cessation of oral polio vaccination globally.	14,197,200
1.3	Effective coordination and technical cooperation provided to Member States to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.	18,833,600
1.4	Policy and technical cooperation provided to Member States to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.	9,488,400
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.	4,316,400
1.6	Technical cooperation provided to Member States 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.	2,724,000
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, haemorrhagic fevers, plague and smallpox).	13,667,400
1.8	Global, 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.	6,383,500
Total Cost for SO1		85,600,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	85,600,000

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, 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 **Guidelines, policy, and strategy developed for 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, and hard-to-reach and vulnerable populations.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.1.1	Number of countries that have achieved the national intervention targets for HIV/AIDS, consistent with the goal of universal access to HIV/AIDS prevention, treatment and care.	10	12
2.1.2	Number of malaria endemic countries implementing all 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 and national intervention targets. Within the same context, for non endemic countries, the number involved in activities to prevent re-emergence.	20	31
2.1.3	Number of countries detecting 70% of estimated cases of pulmonary TUBERCULOSIS with 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 targets for prevention and control of sexually transmitted infections (70% of persons with sexually transmitted infections at primary point-of-care sites diagnosed, treated and counseled).	5	25

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.1.6	Number of countries that have achieved regional targets for elimination of congenital syphilis.	1	15
2.1.7	Number of subregions that have implemented advocacy strategies to overcome barriers to universal access for HIV for the poor, hard to reach and vulnerable populations.	0	3
2.1.8	Number of frameworks, policy briefs and case studies made available to countries in order to achieve targets on prevention, treatment and comprehensive care for HIV in vulnerable groups.	1	6

RER 2.2 Policy and technical cooperation provided to Member States towards expanded gender -sensitive delivery of prevention, support, treatment and care interventions for HIV/AIDS, malaria and TB; including integrated training and service delivery; wider service provider networks; strengthened laboratory capacities and better linkages with other health services, such as reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.2.1	Number of targeted countries with integrated / coordinated gender-sensitive policies on HIV/AIDS.	40	40
2.2.2	Number of targeted countries that have developed integrated/ coordinated gender sensitive policies on TUBERCULOSIS.	0/27	8/27
2.2.3	Number of targeted countries with integrated or coordinated gender-sensitive policies on MALARIA, particularly in pregnant women.	0/21	8/21
2.2.4	Number of countries with sound 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.	3	20
2.2.5	Number of countries with sound 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 TUBERCULOSIS.	0/27	10/27
2.2.6	Number of countries with sound 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 MALARIA	0/21	10/21
2.2.7	Number of countries monitoring access to gender-sensitive health services for HIV/AIDS.	3	20
2.2.8	Number of countries monitoring access to gender-sensitive health services for TUBERCULOSIS.	0/27	8/27

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.2.9	Number of countries monitoring access to gender-sensitive health services for MALARIA.	8/21	18/21
2.2.10	Number of countries with plans for monitoring provider-initiated HIV testing and counseling in sexual and reproductive health (sexually transmitted infection and family planning services).	18	20
2.2.11	Number of health professionals and decision makers trained through courses (including virtual self-conducted) in comprehensive gender sensitive services for prevention, treatment and care for HIV/AIDS.	0	60
2.2.12	Number of subregions implementing and monitoring plans with defined subregional targets for Universal access in the context of the Regional HIV/STI Plan for the Health Sector 2006-2015.	3	3

RER 2.3 Regional guidance and technical cooperation provided on policies and programs to promote equitable access to essential medicines of assured quality for the prevention and treatment of HIV, tuberculosis and malaria, and their rational use, including appropriate vector control strategies, by prescribers and consumers; and uninterrupted supply of diagnostics, safe blood and other essential commodities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.3.1	Number of global standards related to HIV/AIDS and congenital syphilis reviewed, adapted to regional needs and/or adopted.	3	8
2.3.2	Number of countries implementing revised / updated diagnostic and treatment guidelines on TUBERCULOSIS.	0/25	15/25
2.3.3	Number of countries implementing revised / updated diagnostic and treatment guidelines on MALARIA.	16/21	21/21
2.3.4	Number of countries with endemic MALARIA conducting regular surveys of antiMALARIAL drug quality.	8/21	20/21
2.3.5	Number of countries with high incidence of P. falciparum MALARIA using artemisinin-based combination therapy from a pre-qualified manufacturer	6/13	10/13
2.3.6	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS whose supply is integrated into national pharmaceutical systems	27	33
2.3.7	Number of malaria-endemic countries receiving support to increase access to affordable medicines for MALARIA whose supply is integrated into National pharmaceutical systems.	21/21	21/21
2.3.8	Number of countries receiving support to increase access to affordable essential medicines for HIV/AIDS whose supply is integrated into national pharmaceutical systems, with prices negotiated through the strategic fund.	18	19

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.3.9	Cumulative number of patients with TUBERCULOSIS treated with support from the Global Drug Facility	40,000	60,000
2.3.10	Number of countries implementing quality-assured HIV screening of all donated blood.	32	35
2.3.11	Number of countries with plans to monitor the administration of all medical injections with safe equipment (e.g. disposable needles) as part of strategy to prevent transmission of HIV associated with health care.	0	4

RER 2.4 Global, regional and national surveillance, evaluation and monitoring systems strengthened and expanded to keep track of 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	RER Indicator Baseline (end-2007)	RER Indicator 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 WHO/PAHO's standardized methodologies, including appropriate age and sex dis-aggregation.	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 HIV/AIDS.	35	40
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 Tuberculosis, and the achievement of targets.	27/40	30/40
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, and the achievement of targets for TB/HIV co-infection.	18/40	30/40
2.4.7	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
2.4.8	Number of countries reporting on sex and age disaggregated surveillance and monitoring of HIV drug resistance.	0	20

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.4.9	Number of countries reporting on sex and age disaggregated surveillance and monitoring of TUBERCULOSIS drug resistance.	0/27	12/27
2.4.10	Number of countries reporting on sex and age disaggregated surveillance and monitoring of MALARIA drug resistance.	9/21	20/21
2.4.11	Regional and subregional networks developed for HIV drug resistance including lab networks.	1	2
2.4.12	Regional and subregional reports published on HIV epidemic profile.	1	3

RER 2.5 Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnership on HIV, malaria and tuberculosis at country, regional and global levels; technical cooperation provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.5.1	Number of countries with functional partnerships for HIV control.	40	40
2.5.2	Number of countries with functional partnerships for Tuberculosis control.	5/27	8/27
2.5.3	Number of targeted countries with functional partnerships for malaria control.	21/21	21/21
2.5.4	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for HIV.	12	15
2.5.5	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for TUBERCULOSIS.	14/27	18/27
2.5.6	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for malaria.	13/21	17/21
2.5.7	Number of countries that have involved communities, academia and under represented sectors, persons affected by the diseases, civil society organizations, private sector in planning, design, implementation and evaluation of HIV programs.	40	40
2.5.8	Number of countries that have involved communities, academia and under represented sectors, persons affected by the disease, civil society organizations, private sector in planning, design, implementation and evaluation of Tuberculosis programs.	3/27	10/27

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.5.9	Number of countries that have involved communities, academia and under represented sectors, persons affected by the disease, civil society organizations, private sector in planning, design, implementation and evaluation of malaria programs.	13/21	21/21
2.5.10	Number of regional and subregional partnerships initiated and established by the PASB for HIV/AIDS control.	7	9

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 developing countries increasingly involved in this research.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.6.1	Number of new and improved interventions and implementation strategies for HIV whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	1	2
2.6.2	Number of new and improved interventions and implementation strategies for tuberculosis whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	3	5
2.6.3	Number of new and improved interventions and implementation strategies for malaria whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	0	1
2.6.4	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS which the main author's institution is based in a developing country.	0	3
2.6.5	Number of peer-reviewed publications arising from PAHO/WHO-supported research on malaria for which the main author's institution is based in a developing country.	0	2
2.6.6	Number of countries with a clear and well-implemented HIV research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	4	6
2.6.7	Number of countries with a clear and well-implemented MALARIA, research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	8/21	13/21
2.6.8	Number of countries with a clear and well-implemented TUBERCULOSIS research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	0/25	5/25

BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Guidelines, policy, and strategy developed for 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, and hard-to-reach and vulnerable populations	10,548,100
2.2	Policy and technical cooperation provided to Member States towards expanded gender-sensitive delivery of prevention, support, treatment and care interventions for HIV/AIDS, malaria and TB; including integrated training and service delivery; wider service provider networks; strengthened laboratory capacities and better linkages with other health services, such as reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.	15,568,100
2.3	Regional guidance and technical cooperation provided on policies and programs to promote equitable access to essential medicines of assured quality for the prevention and treatment of HIV, tuberculosis and malaria, and their rational use, including appropriate vector control strategies, by prescribers and consumers; and uninterrupted supply of diagnostics, safe blood and other essential commodities.	14,435,800
2.4	Global, regional and national surveillance, evaluation and monitoring systems strengthened and expanded to keep track of 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.	12,390,400
2.5	Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnership on HIV, malaria and tuberculosis at country, regional and global levels; technical cooperation provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs	10,570,500
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 developing countries increasingly involved in this research.	9,577,100
Total Cost for SO2		73,090,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	73,090,000

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) encompasses policy development, program implementation, monitoring and evaluation, strengthening of health and rehabilitation systems and services, implementation of prevention programs and capacity building, in the area of: chronic noncommunicable conditions (including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, hearing and visual impairment, oral diseases, and genetic disorders); mental, behavioral, neurological and psychoactive substance use disorders; injuries due to road traffic crashes, drowning, burns, poisoning or falls and violence in the family, the community or between organized groups; disabilities from all causes.

REGION-WIDE EXPECTED RESULTS

RER 3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.1.1	Number of countries whose health ministries have a focal point or a unit for injuries 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 and with its own budget.	21	36
3.1.4	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been taken to stimulate multiple sector involvement in healthy public policy implementation.	3	10
3.1.5	Number of countries that have a unit or focal point in the MoH (or equivalent) on disabilities prevention and rehabilitation.	10	19
3.1.6	Partners Forum for prevention and control of chronic diseases established including public, private sector and civil society.	0	1
3.1.7	Sub-regional Forums to asses and discuss the implementation of National Health Policy and Plan.	3	3

RER 3.2 Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities, and oral diseases.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.2.1	Number of countries that have and are implementing national plans to prevent unintentional injuries and violence.	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	15
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 have and are implementing a nationally approved policy and plan for the prevention and control of chronic, noncommunicable conditions, including genetic diseases.	15	32
3.2.5	Number of countries in the CARMEN network (Conjunto de Acciones para la Reducción Multifactorial de Enfermedades Notransmisibles).	22	30
3.2.6	Number of countries that have and are implementing comprehensive national plans for the prevention of blindness and visual impairment.	7	11
3.2.7	Number of countries that have and are implementing comprehensive national oral health plans for the prevention of oral diseases.	27	35

RER 3.3 Improved capacity in countries to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, and disabilities, as well as their risk factors and determinants.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.3.1	Number of countries that have a published a document containing a national compilation of data on the magnitude, causes and consequences of injuries and violence.	12	16
3.3.2	Number of countries that have a published document containing a national compilation of data on the prevalence and incidence of disabilities	8	15
3.3.3	Number of countries with national information systems and annual report that includes 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.	15	28

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.3.5	Number of countries documenting the burden of hearing and visual impairment including blindness.	8	14

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 and injuries, disabilities, and oral health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator 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	Availability of summarized evidence on the cost-effectiveness of a core package of interventions for chronic noncommunicable conditions together with an estimate of the regional cost of implementation in the Americas.	Not available	Package available and disseminated to countries and subregions
3.4.3	Number of countries with cost analysis studies on violence and/or injuries conducted and disseminated.	8	12
3.4.4	Number of countries with best practice models to deliver oral health services, including cost-effective analysis.	4	10
3.4.5	Number of cost-effective oral health interventions with an estimate of the regional cost of implementation in the Americas.	2	2

RER 3.5 Guidance and technical cooperation provided to Member States for the preparation and implementation of multisectoral, population-wide programs to promote mental health and prevent mental and behavioral disorders, injuries and violence, as well as hearing and visual impairment, including blindness.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator 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	15
3.5.2	Number of countries for which guidance and support has been provided for the preparation and implementation of multi-sectoral population-wide programs to prevent violence and injuries.	13	15
3.5.3	Number of countries having program of mental health promotion, and mental, behavioral and substance abuse prevention integrated into the National Mental Health Plan	0	9
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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.5.5	Regional Guidelines on mental health promotion and mental, behavioral, substance abuse and neurological disorders prevention.	0	1

RER 3.6 Support provided to countries to strengthen their health and social systems for integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.6.1	Number of countries that apply guidelines for violence and/or injuries in their health care services.	12	15
3.6.2	Number of countries that strengthened their rehabilitation services using the recommendations in The World Report on Disability and Rehabilitation and related PAHO/WHO guidelines and resolutions.	5	15
3.6.3	Number of countries with a systematic assessment of their mental health systems using the WHO-AIMS assessment instrument for mental health systems and utilizing the information to strengthen national mental health services.	8	15
3.6.4	Number of targeted countries implementing integrated primary health-care strategies recommended by WHO in the management of chronic, noncommunicable conditions.	10	20
3.6.5	Number of targeted countries that have established demonstration sites for integrated prevention and control of Chronic Disease.	16	24
3.6.6	Number of targeted countries that have elaborated and are implementing National Guidelines and Protocols for Chronic Disease.	6	24
3.6.7	Number of targeted countries with universal access to medication for major NCDs.	5	8
3.6.8	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

RER 3.7 Strengthened interprogrammatic approach for improved synergy and impact in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.7.1	Number of countries that have applied an Inter-programmatic approach to address violence and/or injuries.	23	28
3.7.2	Inter-programmatic group on chronic diseases prevention established and functioning	0	1

RER 3.8 Countries supported to develop monitoring and evaluation instruments to measure advances in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.8.1	Number of countries that have significantly increased their capacity to deal with violence and/or injuries.	13	15
3.8.2	Integrated regional information system for countries and the Bureau developed for monitoring and evaluation including mortality, morbidity and risk factors, costs, programmatic coverage and input/policy indicators, for chronic diseases and risk factors (diet, physical activity, tobacco, alcohol), health promotion, mental health and injuries and violence.	System under development in collaboration with WHO Geneva	System approved by Governing Bodies
3.8.3	Number of countries that improved the measures of disabilities prevention according UN Standard Rules, PAHP/WHO Guidelines, Directive Council Resolutions, the World Report on Disabilities and Rehabilitation and others regional standard.	0	5

BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities.	4,970,800
3.2	Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities, and oral diseases.	7,215,900
3.3	Improved capacity in countries to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, and disabilities, as well as their risk factors and determinants	4,291,200
3.4	Improved evidence compiled by the Secretariat on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, disabilities, and oral health.	3,420,600
3.5	Guidance and technical cooperation provided to Member States for the preparation and implementation of multisectoral, population-wide programs to promote mental health and prevent mental and behavioral disorders, injuries and violence, as well as hearing and visual impairment, including blindness.	2,689,100
3.6	Support provided to countries to strengthen their health and social systems for integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,527,500
3.7	Strengthened interprogrammatic approach for improved synergy and impact in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,231,300
3.8	Countries supported to develop monitoring and evaluation instruments to measure advances in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,653,600
Total Cost for SO3		27,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	-1