

STRATEGIC OBJECTIVE 13

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

Scope

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

REGION-WIDE EXPECTED RESULTS

RER 13.1 Plans, policies, and regulations of human resources developed; at the national, subregional, and regional levels; in order to improve the performance of health systems based on primary care.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.1.1	Number of countries with 10-year Action Plans for strengthening the health work force, with active participation from stakeholders and governments.	13	16
13.1.2	Number of countries that have a unit in the government responsible for the planning and preparation of policies for the development of human resources for health.	3	12
13.1.3	Number of countries with programs for an increase in production of human resources for health with priority on the strengthening of Primary Health Care.	8	11
13.1.4	Number of countries with regulation mechanisms (quality control) for education and health practices.	12	16
13.1.5	Number of subregions with regulation mechanisms (quality control) for education and health practices.	1	2

RER 13.2 Set of baseline data and information systems in human resources developed at the national, subregional, and regional levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.2.1	Number of countries that have a database for situation and trends of the health workforce, which is updated at least every two years.	10	22
13.2.2	Number of countries that will 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	13
13.2.3	Number of countries with a national group integrated in the network of Human Resources for Health Observatories.	18	29
13.2.4	Number of countries that develop promotion strategies for research in human resources for health.	5	8
13.2.5	Development of a regional indicator system to monitor the progress of critical challenges and development of regional profiles of the situation of RHS within the Health Agenda for the Americas framework.	0	1

RER 13.3 Strategies and incentives developed to generate, attract, and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering the neglected populations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.3.1	Number of countries with recruitment and retention policies for health workers to strengthen Primary Health Care.	6	15
13.3.2	Number of countries that have implemented incentive systems and strategies to achieve the geographical redistribution of its health workers toward unprotected areas.	6	10

RER 13.4 Capacity for management strengthened in the countries, in order to improve the performance and the motivation of the health workers, including the development of healthy and productive working conditions and environments.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.4.1	Number of countries with which PASB has forged strategic alliances for the development of national and subregional plans in human resources, within the Toronto appeal for action framework.	2	4

RER 13.5 Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills in the context of health practice and the health status of the population, focusing on Primary Health Care.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.5.1	Number of countries with joint planning interinstitutional Commissions of training institutions and health services for the continuous update of labor competencies.	12	25
13.5.2	Number of countries with explicit national policies for the adaptation of pre and post graduate education with the health priorities and Primary Health Care.	4	10

RER 13.6 Increased understanding of and solutions to the problems facing national health systems as a result of the international migration of health workers in the medium and long terms.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.6.1	Number of subregions that participate in a monitoring network of health worker migration.	2	3

BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Plans, policies, and regulations of human resources developed; at the national, subregional, and regional levels; in order to improve the performance of health systems based on primary care.	6,201,700
13.2	Set of baseline data and information systems in human resources developed at the national, subregional, and regional levels.	4,194,500
13.3	Strategies and incentives developed to generate, attract, and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering the neglected populations.	4,192,600
13.4	Capacity for management strengthened in the countries, in order to improve the performance and the motivation of the health workers, including the development of healthy and productive working conditions and environments.	4,202,600
13.5	Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills in the context of health practice and the health status of the population, focusing on Primacy Health Care	2,220,200
13.6	Increased understanding of and solutions to the problems facing national health systems as a result of the international migration of health workers in the medium and long terms	1,988,400
Total Cost for SO13		23,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	23,000,000

STRATEGIC OBJECTIVE 14

To extend social protection through fair, adequate and sustainable financing

Scope

This Strategic Objective (SO) reflects the guiding principles set out in resolution WHA58.33 and PAHO Resolution CSP26.R19 in 2002: Extension of Social Protection in Health: joint PAHO-ILO initiative. Work will focus on:

- Sustainable collective financing of the health system and social protection.
- Protection of households against catastrophic health expenditures.
- Elimination or reduction in economic, geographical, cultural, ethnic, and gender barriers to access arising from the organization of the system.
- Elimination of (a) the differences in guaranteed rights to access products, services, and opportunities in health and (b) discrimination based on ethnicity, gender, age, religion, or sexual preference.
- Elimination or reduction of institutional segmentation in systems and operational fragmentation of the service network.
- Adequate and timely access to quality health services with equity.
- Advocacy to put health on government agendas.
- Alignment, harmonization and coordination of the international cooperation to support national efforts for health development (in the orientation of Rome's Declaration and the Paris High Level Forum directives)

REGION-WIDE EXPECTED RESULTS

RER 14.1 **Support to the Member States in the development of institutional capacities for the analysis of policy options in economic and financing, political, social and sanitary matters; in order to improve the performance of the financing mechanisms of the health system and of social protection in order to eliminate/to reduce economic barriers of access, to promote financial protection, equity and solidarity in financing of services and health actions, and the efficient utilization of resources.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.1.1	Number of countries with institutional development plans for policy and regulations to improve the performance of financing mechanisms for the health system and social protection.	7	10

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.1.2	Number of countries with Units of Analysis in economic, financial and functional health expenditure, which use that information in order to develop relevant policies in regard to the elimination/reduction of economic barriers of access, increase in financial protection, equity and solidarity in financing of services, and efficiency in the utilization of resources.	10	13
14.1.3	Number of countries that have conducted characterization studies of social exclusion in health at national or subnational levels.	11	15
14.1.4	Number of countries with extension policies of social protection in health with the objective of universal coverage.	8	10
14.1.5	Number of policy-briefs, analytical documents, applied research, innovative and/or comparative case studies, methodologies, and instruments on exclusion / social protection, economy / financing / health systems expenditure, equity / efficiency in the utilization of developed and disseminated resources.	20	28

RER 14.2 Implemented measures of promotion, information, and technical cooperation at regional, subregional, and national levels to raise stable and additional funds allocated to health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.2.1	Number of countries that have developed/improved processes of planning and/or monitoring of international cooperation in regards to Poverty Reduction Strategy Papers, Sector-Wide Approaches, Medium Term Expenditure Frameworks and other long-term financing mechanisms.	6	9
14.2.2	Regional promotion strategy of the ongoing exchange of information, knowledge, and lessons learned about coordination and alignment of the formulated and implemented international cooperation.	Consultation process for countries with high dependency on international cooperation and respective PWRs	Regional strategy formulated and agreed upon by 40% of the countries of the region with high dependency on international financial assistance

RER 14.3 Develop and implement a methodological and analytical framework in Member States to evaluate sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, based on available secondary information.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.3.1	Methodological and analytical framework to evaluate the sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, developed and validated by experts and national authorities, and necessary secondary information identified in the information systems from the countries.	Methodological and analytical framework not available	Methodological and analytical framework developed and validated, with necessary information identified in 5 countries
14.3.2	Number of country studies finalized with a methodological and analytical framework to evaluate sustainability, solidarity, equity, and household financial stability in the social protection system in health.	0	3

RER 14.4 Development and periodic dissemination of information on financing and health expenditures, including a strategy to apply existing knowledge, incorporated in the regional Plan and national research agendas on health systems and policies, with an emphasis on the extension of social protection in health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.4.1	Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO with up-to-date information on financing and health expenditure for 100% of the region.	80%	90%
14.4.2	Number of countries with national research agendas on systems and health policies, with emphasis on the extension of social protection in health, and utilization of information on financing and health expenditure.	6	10
14.4.3	Regional research agenda established and under way, on systems and policies of health, with emphasis on the extension of social protection in health, based on the utilization of information on financing and health expenditure.	0	Regional research plans on health systems and policies developed and approved by Member States
14.4.4	Number of countries that have institutionalized the periodic production of National Health Accounts aligned with the U.N. system.	13	18

RER 14.5 Technical cooperation developed for insurance processes and mechanisms and/or expansion of coverage; and experiences and lessons learned shared among Member States.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.5.1	Number of countries that have shared experiences and lessons learned regarding insurance and/or expansion of coverage.	37	41
14.5.2	Number of policy-briefs, analytical documents, applied research, innovative and/or comparative case studies, methodologies and strategic instruments, programs, insurance plans and mechanisms and/or the expansion of coverage that have been developed and disseminated.	10	16
14.5.3	Regional and subregional comparative studies on experiences in insurance and/or expansion of coverage, with the objective of reaching universal protection.	0	Regional comparative study completed and disseminated
14.5.4	Number of professionals from countries and international cooperation agencies trained by PAHO in development strategies, programs, insurance plans and mechanisms, and/or expansion of coverage, with the objective of reaching universal protection.	220	300

RER 14.6 Improve regional coordination of international cooperation in health and strengthen country capacity for coordination at the subregional and national levels in order to meet national health development targets.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.6.1	Number of countries in which actions by primary donors to the health sector are in line with and conform to governmental plans and priorities.	3	5
14.6.2	Number of countries in which the coordination of international cooperation in the Ministries of Health has been strengthened.	7	8

BUDGET FOR STRATEGIC OBJECTIVE 14

RER	Region-wide Expected Result (RER)	Total Resources
14.1	Support to the Member States in the development of institutional capacities for the analysis of policy options in economic and financing, political, social and sanitary matters; in order to improve the performance of the financing mechanisms of the health system and of social protection in order to eliminate/to reduce economic barriers of access, to promote financial protection, equity and solidarity in financing of services and health actions, and the efficient utilization of resources.	3,167,900
14.2	Implemented measures of promotion, information, and technical cooperation at regional, subregional, and national levels to raise stable and additional funds allocated to health.	5,648,800
14.3	Develop and implement a methodological and analytical framework in Member States to evaluate sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, based on available secondary information.	1,121,400
14.4	Development and periodic dissemination of information on financing and health expenditures, including a strategy to apply existing knowledge, incorporated in the regional Plan and national research agendas on health systems and policies, with an emphasis on the extension of social protection in health.	1,352,200
14.5	Technical cooperation developed for insurance processes and mechanisms and/or expansion of coverage; and experiences and lessons learned shared among Member States.	3,381,100
14.6	Improve regional coordination of international cooperation in health and strengthen country capacity for coordination at the subregional and national levels in order to meet national health development targets.	328,600
Total Cost for SO14		15,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	15,000,000

STRATEGIC OBJECTIVE 15

To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order 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 to achieve all other SOs. It recognizes that the context for international health has changed significantly. The scope of this objective covers three broad, complementary areas: 1) leadership and governance of the Organization; 2) the PASB's support for presence in, and engagement with individual Member States, the United Nations System and other stakeholders; and 3) the Organization's role in bringing the collective energy and experience of Member States and other actors to bear on health issues of global and regional importance.

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on policy and strategies to be implemented at regional, subregional and national levels.	40%	45%
15.1.2	Proportion of documents submitted to governing bodies within constitutional deadlines, in all official languages	95%	100%
15.1.3	Percentage of oversight projects completed under the biennial Workplan which seek to evaluate and improve processes for risk management, control and governance.	90%	98%
15.1.4	Development and implementation of a monitoring system for institutional development.	None	System developed and approved by EXM

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.1.5	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
15.1.6	The Organization is functioning within its legal framework as mandated by the Governing Bodies and established rules and regulations.	95%	100%
15.1.7	An Accountability Framework to support Delegation of Authority to country level approved and implemented.	In progress	Approved by Governing Bodies

RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategy (CCS) that is 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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for planning the PASB's country work and for harmonizing cooperation with the United Nations CCA/UNDAF.	20/35	30/35
15.2.2	Number of countries where PAHO/WHO's presence reflects the respective Country Cooperation Strategy.	20/35	30/35
15.2.3	Number of countries in which a joint (PASB, government and other stakeholders) assessment of the biennial Workplan is performed to define the contribution of the PASB to national health outcomes.	10/35	30/35
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS).	0/4	1/4
15.2.5	Number of Technical Cooperation among Countries (TCC) projects.	TBD	TBD
15.2.6	Framework for key countries implemented.	Framework developed	Fully implemented in 5 key countries
15.2.7	Number of Subregional Fora conducted that develop position papers and policy recommendations for the improvement of public health in the respective subregion.	0	3

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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.3.1	Proportion of trade agreements in the Americas that appropriately reflect public health interests.	4%	10%
15.3.2	Number of countries where PAHO/WHO is leading or actively engaged in health and development partnerships (formal and informal), including in the context of reforms of the United Nations system	38/38	38/38
15.3.3	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas.	TBD during 2007	10
15.3.4	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas.	60%	65%
15.3.5	Number of position papers and policy recommendations developed and adopted by Regional, Subregional and National Health Fora.	3	5
15.3.6	Number of well-regarded regional partners on the board of the Regional Public Health Forum for the Americas.	0	5

RER 15.4 PAHO is the authoritative source of public health information and knowledge, with essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.4.1	Number of countries that have access to relevant health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies.	TBD	TBD
15.4.2	Content, information processing, and utilization data available for web pages, blogs, list servers, virtual health library, WHO's Health InterNetwork Access to Research Initiative (HINARI) and Global Information Full Text (GIFT) projects, News Agency, OpenLink, and other corporate knowledge management tools.	TBD	TBD
15.4.3	Number of multilingual pages available on the PAHO web site.	TBD	TBD

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.4.4	Number of information products (Journal, books, CDs, web pages, catalogs/fliers) published and disseminated for free or sold per biennium.	TBD	TBD
15.4.5	Number of Communities of Practice using synchronous and asynchronous technologies for technical areas and administrative units designed, implemented, and supported.	2	TBD
15.4.6	The organization synthesizes knowledge and translates into contextually appropriate Policy and tools for Member States and institutional strengthening	TBD	TBD
15.4.7	PAHO Journal of Public Health recognized as first among Public Health Publications by Peer Reviews.	TBD	TBD
15.4.8	Content, information processing, and utilization data available for Lessons Learned and Staff Travel and Consultant Report System.	TBD	TBD

BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization through the enhancement of governance, and coherence, accountability and synergy in PAHO/WHO 's work to fulfill its mandate in advancing the global, regional and subregional health agendas.	26,627,800
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategy (CCS) that is 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners.	16,046,400
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	4,755,300
15.4	PAHO is the authoritative source of public health information and knowledge, with essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge	13,780,500
Total Cost for SO15		61,210,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	61,210,000

STRATEGIC OBJECTIVE 16

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

Scope

The scope of this objective covers the functions that support the work of the Bureau in countries, technical centers, subregions, and technical and administrative areas at headquarters. It includes strategic and operational planning and budgeting, performance, monitoring and evaluation; coordination and mobilization of resources, management of financial resources, and other administrative functions. The entities implementing this SO ensure the efficient flow of available resources throughout the Organization; management of human resources; provision of operational support, including procurement services; the management of information technology; and legal services.

REGION-WIDE EXPECTED RESULTS

RER 16.1 PASB is a result based organization, whose work is guided by strategic and operational plans that build on lessons learnt, 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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.1.1	Results Based Management strategy approved by Governing Bodies and applied throughout the Organization.	In progress	Approved by Governing Bodies
16.1.2	The PASB Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learnt, are developed by all the levels of the Organization, and approved by the Governing Bodies.	In progress	PB 10-11 developed with these characteristics
16.1.3	Percentage of Regional Program Budget Policy final targets fully implemented	30%	65%
16.1.4	Number of PASB entities whose biennial Workplans are results-based and explicitly address the country focus strategy as defined in CCSs.	0/80	20/80
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%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.1.6	Percentage of PASB entities where the Strategic Alignment and Resource Allocation (SARA) exercise aligns staff competencies and resources to the strategic direction of the Organization.	6%	60%
16.1.7	Proportion of Regional Public Health Plans elaborated and implemented by Member States, with the collaboration of the PASB, as per established guidelines.	0%	100%
16.1.8	Proportion of managers and project officers trained and certified on RBM, planning, project management, and operational planning and monitoring and accountability mechanisms.	0%	50%
16.1.9	Model for PASB subregional level management mechanism approved by Member States.	In progress	Approved by Governing Bodies
16.1.10	Number of PASB subregional levels fully functional based on model agreed with Member States.	1/4	2/4

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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.2.1	PASB compliance with International Public Sector Accounting Standards.	International Public Sector Accounting Standards not implemented	International Public Sector Accounting Standards approved by Member States, analysis completed, and financial systems ready for implementation in 2010.
16.2.2	Proportion of strategic objectives/regional wide expected results (RERs) with expenditure levels meeting or exceeding program budget targets.	TBD	50%
16.2.3	Proportion of voluntary contributions that are un-earmarked.	TBD	15%
16.2.4	Proportion of unfunded Program Budget planned amounts met during the biennium, by RER.	TBD	TBD
16.2.5	Amount of voluntary contributions funds returned to partners (in US\$).	TBD	TBD

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.2.6	Sound financial practices as evidenced by an unqualified audit opinion.	TBD	Unqualified Audit Opinion
16.2.7	Overall return on the investment portfolio of the Organization.	TBD	TBD
16.2.8	Proportion of voluntary contributions proposals requiring major revisions.	TBD	TBD
16.2.9	Proportion of PWRs empowered to mobilize resources.	0%	50%

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	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.3.1	Proportion of entities with approved human resources plans for a biennium, linked to the corporate HR strategy.	15%	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%	75%
16.3.3	New recruitments reflect UN standards on gender balance and geographic representation.	TBD	TBD
16.3.4	Human resources performance evaluation system utilized by all staff, and linked to biennial Workplans, competency model and staff development plans.	No	Yes
16.3.5	Proportion of staff with appeals, grievances and disciplinary actions to the size of the workforce.	TBD	TBD

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

RER 16.5 Managerial and administrative support services, including procurement, enabling the effective and efficient functioning of the Organization.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.5.1	Level of user satisfaction with select managerial and administrative services (including security, travel, transport, mail services, cleaning and food services).	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies.	0%	50%
16.5.3	Proportion of Internal benchmarks met or exceeded for specialized services, such as translation.	60%	70%
16.5.4	Proportion of procurement actions, service contract agreements and administrative (delegation of authority) processes completed within benchmark limits.	60%	80%

RER 16.6 A physical working environment that is conducive to the well- being and safety of staff in all entities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.6.1	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis.	100%	100%
16.6.2	Proportion of PASB entities that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance.	65%	75%
16.6.3	Proportion of entities (HQs, PWRs, and Centers) that improve and maintain their physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their biennial Workplans.	75%	90%

BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a result based organization, whose work is guided by strategic and operational plans that build on lessons learnt, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.	6,469,300
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.	25,710,400
16.3	Human Resource policies and practices promote a) attracting and retaining qualified people with competencies required by the organization's plans, b) effective and equitable performance and human resource management, c) staff development and d) ethical behavior.	15,737,500
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	16,035,400
16.5	Managerial and administrative support services, including procurement, enabling the effective and efficient functioning of the Organization.	29,489,900
16.6	A physical working environment that is conducive to the well- being and safety of staff in all entities.	3,134,500
Total Cost for SO16		96,577,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	96,577,000