

STRATEGIC OBJECTIVE 4

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals

Scope

This Strategic Objective (SO) focuses on reduction of mortality and morbidity to improve health during key stages in life and ensuring universal access to coverage with effective interventions for maternal, newborn, child, adolescent, and sexual reproductive health, using a life-course approach and addressing equity gaps. Work will be undertaken to support actions to strengthen health systems, formulate and implement policies and programs that promote healthy and active aging for all individuals

REGION-WIDE EXPECTED RESULTS

RER 4.1 Support provided to Member States to develop comprehensive policies, plans and strategies promoting universal access to effective interventions in collaboration with other programs and sectors, paying attention to gender inequality and gaps in health equity, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector and partnerships with UN agencies and others (NGOs).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.1.1	Number of countries that have policies, plans and programs that promote universal access to effective interventions in maternal, neonatal, child health.	9	12
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health.	7	11
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging.	11	15
4.1.4	Number of functional partnerships and alliances (with NGO's, civil society, collaborating centers, national institutions of excellence and private partnerships) to advance maternal, newborn, child and adolescent health.	12	15

RER 4.2 National/local capacity strengthened to produce evidence, technologies, and interventions and to improve national/local surveillance and information systems to improve sexual and reproductive health, maternal, neonatal, child and adolescent health, and promote active and healthy aging.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.2.1	Number of institutions that have functioning information systems (such as the perinatal information system), surveillance systems and others, to track sexual and reproductive health, maternal, neonatal, child and adolescent health - with information disaggregated by age, sex and ethnicity.	50	75
4.2.2	Number of new or updated systematic reviews on best practices, operational research, policies and standards of care.	0	5
4.2.3	Number of guidelines and tools developed for monitoring and evaluation systems for child care and survival.	3	4
4.2.4	Regional database system(s) in Adolescent Health functioning on an ongoing basis.	0	10
4.2.5	Number of centers of excellence (in research, service delivery and training courses) that build national capacity (preservice and in service), and are supported by regional programs in maternal, neonatal, child and adolescent health	12	15

RER 4.3 Guidelines, approaches and tools for improving maternal care in use at the country level, with technical support provided to Member States to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.3.1	Numbers of countries that have implemented national strategies to ensure skilled care at birth, including ante- and post-natal care.	10	12
4.3.2	Number of countries adapting and utilizing IMPAC (integrated management of pregnancy and childbirth) policy, technical and managerial norms and guidelines and perinatal technologies to improve the quality of care for mother and newborns.	5	9
4.3.3	Number of countries that have a functioning network of basic emergency obstetric and neonatal care at all levels of referral.	6	10
4.3.4	Number of countries that have implemented evidence based normative guides and perinatal technology to improve the quality of care for mother and newborn.	8	12

RER 4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.4.1	Number of countries with breast milk banks and at least 50% of targeted districts implementing strategies for neonatal survival and health including neonatal Integrated Management of Childhood Illnesses (IMCI).	4	8
4.4.2	Number of countries that have adopted and implemented evidence-based guidelines and norms (including WHO Growth Standards) for the continuum of maternal care and IMCI, including newborns.	9	15
4.4.3	Number of guidelines, approaches and tools on effective interventions and/or monitoring and evaluation systems developed to improve neonatal care and survival.	4	6

RER 4.5 Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.5.1	Number of countries implementing strategies for increasing coverage using a rights-based approach in child development and health interventions.	6	11
4.5.2	Number of countries that have adopted integrated management of childhood illness (IMCI) guidelines and where 75% or more of targeted districts are implementing them, including a micronutrient package.	5	10
4.5.3	Number of countries that have implemented community-based policies using an IMCI methodology based on social actors to strengthen primary health care including key family and practices (e.g. promotion of exclusive breastfeeding, complementary feeding and prevention of micronutrients deficiencies).	9	15
4.5.4	Number of guidelines, tools and approaches to tools develop and implement policies and plans promoting the implementation of effective interventions to improve child health and scale-up universal coverage.	8	12

RER 4.6 Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.6.1	Number of countries with functioning national programs in adolescent health and development	10	12
4.6.2	Number of countries in the region implementing integrated strategies and a comprehensive package of services in adolescent health and youth development (Integrated Management of Adolescent Needs - IMAN).	3	10
4.6.3	New guidelines, approaches and tools to support the implementation of evidence-based policies and strategies on adolescent health and development.	2	4
4.6.4	Number of Regional Training Programs supplied by PAHO to build capacity on Adolescent health and development including advocacy events and different methodologies (online-CD Rom-Modules).	2	5

RER 4.7 Guidelines, approaches and tools available, with technical support provided to Member States for accelerated action towards implementing the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to good quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.7.1	Number of countries that have adopted the WHO Global Strategy of Reproductive Health.	5	8
4.7.2	Number of countries that have reviewed - and updated as necessary - national laws, regulations and policies related to and in support of sexual and reproductive health.	2	4
4.7.3	Number of countries that have implemented evidence based normative guides and programs in sexual and reproductive health.	8	11

RER 4.8 Guidelines, approaches, tools, and technical cooperation provided to Member States for increased advocacy for aging and health as a public health issue; for the development and implementation of policies and programs to maintain maximum functional capacity throughout the life course; and to train health care providers in approaches that ensure healthy aging.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.8.1	Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging.	5	7
4.8.2	Number of countries that have multi-sectoral programs for strengthening primary health care capacity to address healthy aging.	9	10
4.8.3	Number of countries in which more than 50% of the population over 60 years old receive health and social service protection (in CAN and USA over 65 years).	12	13

BUDGET FOR STRATEGIC OBJECTIVE 4

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Support provided to Member States to develop comprehensive policies, plans and strategies promoting universal access to effective interventions in collaboration with other programmes and sectors, paying attention to gender inequality and gaps in health equity, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector and partnerships with UN agencies and others (NGOs).	5,851,700
4.2	National/local capacity strengthened to produce evidence, technologies, and interventions and to improve national/local surveillance and information systems to improve sexual and reproductive health, maternal, neonatal, child and adolescent health, and promote active and healthy aging.	3,709,900
4.3	Guidelines, approaches and tools for improving maternal care in use at the country level, with technical support provided to Member States to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.	5,358,800
4.4	Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.	5,159,100
4.5	Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.	6,501,000
4.6	Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.	3,528,900
4.7	Guidelines, approaches and tools available, with technical support provided to Member States for accelerated action towards implementing the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to good quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.	6,156,600
4.8	Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for aging and health as a public health issue; for the development and implementation of policies and programmes to maintain maximum functional capacity throughout the life course; and to train health care providers in approaches that ensure healthy aging.	924,000
Total Cost for SO4		37,190,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	37,190,000

STRATEGIC OBJECTIVE 5

To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact

Scope

The focus of this Strategic Objective (SO) is on an integrated, comprehensive, multi-sectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health in the Western Hemisphere. This is achieved primarily by strengthening the institutional capacity of the health sector, and in particular the Ministries of Health, in preparedness, risk reduction and in assuming its operational and regulatory responsibilities promptly and appropriately in response to any type of disaster. Main activities encompass: advocacy, technical assistance, knowledge management and training.

REGION-WIDE EXPECTED RESULTS

RER 5.1 Standards developed, capacity built and technical support provided to all Member States and partners for the development and strengthening emergency preparedness plans and programs at all levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.1.1	Number of countries in which disaster preparedness (including risk communication) plan for the health sector are developed and evaluated.	23	30
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place.	14	16
5.1.3	Number of countries developing and implementing programs for reducing the vulnerability of health, water and sanitation infrastructures.	9	20
5.1.4	Number of countries with a health disaster program with full time staff and specific budget.	10	11

RER 5.2 Timely and appropriate support provided to all Member States in providing immediate assistance to populations affected by crisis.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented.	40%	65%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.2.2	Number of Regional training programs on emergency response operations.	4	6
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place.	50%	75%
5.2.4	Number of countries where a response to emergencies is initiated within 24 hours.	10/10	TBD based on occurrence of emergencies

RER 5.3 Standards developed, capacity built and technical support provided to Member States for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.3.1	Proportion of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component.	100%	100%
5.3.2	Proportion of humanitarian action plans for complex emergencies and formulation processes for consolidated appeals with strategic and operational components for health included.	100%	100%
5.3.3	Proportion of countries in transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition.	100%	100%

RER 5.4 Coordinated technical support on all technical areas such as communicable disease, mental health, health services, food safety, radio nuclear, in response to most likely public health threats provided to all Member States in preparedness, recovery and risk reduction.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.4.1	Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies.	90%	100%
5.4.2	Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented.	90%	100%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.4.3	Number of countries where coordinated technical support is provided as needed by the PASB in emergency responses (universe of countries varies per biennium based on occurrence of emergencies).	10/10	TBD based on occurrence of emergencies

RER 5.5 Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.5.1	Number of countries where expert networks are in place for responding to food-safety and environmental public health emergencies.	8	10
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	28	29
5.5.4	Proportion of food-safety and environmental health emergencies benefiting from intersectoral collaboration and assistance.	25%	65%
5.5.5	Number of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies.	8	10

RER 5.6 Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.6.1	Number of affected countries in which the United Nations Health Cluster is operational.	40	40
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved.	4	8
5.6.3	Proportion of disasters in which UN and country-originated reports following a disaster include health information.	100%	100%

BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Standards developed, capacity built and technical support provided to all member states and partners for the development and strengthening emergency preparedness plans and programs at all levels.	12,064,000
5.2	Timely and appropriate support provided to all member state in providing immediate assistance to populations affected by crisis.	6,004,000
5.3	Standards developed, capacity built and technical support provided to member states for reducing health sector risk to disaster and ensure the quickest recovery of affected population.	7,218,500
5.4	Coordinated technical support on all technical areas such as communicable disease, mental health, health services, food safety, radionuclear, in response to most likely public health treats provided to all member states in preparedness, recovery and risk reduction.	1,668,300
5.5	Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	1,016,600
5.6	Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.	7,028,600
Total Cost for SO5		35,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 6

To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

Scope

The work under this Strategic Objective (SO) focuses on integrated, comprehensive, multi-sectoral and multidisciplinary health promotion processes and approaches across all relevant PAHO/WHO and country programs, and the prevention and reduction of the major risk factors listed.

REGION-WIDE EXPECTED RESULTS

RER 6.1 Facilitate technical cooperation and support to countries to strengthen their health promotion capacities in all the pertinent programs and forge intersectoral, interagency, decentralized, and effective interdisciplinary alliances, with the intention to promote healthy public policies and prevent and reduce the presence of principal risk factors.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.1.1	Number of countries that have health promotion policies and plans with a budget	11	15
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10
6.1.3	Number of countries that enact the PAHO/WHO Urban Health Conceptual framework	0	2
6.1.4	Number of countries that use evidence-based policies for health promotion	6	10
6.1.5	Number of subregions that promote the partnerships among Ministers of Health and Ministers of Education to strengthen Health Promoting Schools networks	0	1
6.1.6	Regional network of healthy municipalities, cities and communities that incorporate the urban health conceptual framework and stimulate healthy public policies	0	1

RER 6.2 Provide technical cooperation to strengthen the national surveillance systems with an integrated focus on the principal risk factors, preparing, validating, promoting, and strengthening frameworks, instruments and operational procedures for the countries.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.2.1	Number of countries supported that have developed a functioning national surveillance mechanisms using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10
6.2.2	Number of countries supported that have developed a functioning national surveillance mechanisms using school-based student health survey (Global School Health Survey) methodology for regular reports on, major health risk factors in youth.	11	20
6.2.3	Functional Regional Non-communicable Disease and Risk Factor information database (NCD INFO base)	Inter programmatic working group formed & active	Demo developed & tested

RER 6.3 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.3.1	Number of countries that have adopted legislation or its equivalent in relation to smoking bans in health-care and educational facilities consistent with the Framework Convention on Tobacco Control.	4	14
6.3.2	Number of countries that have adopted legislation or its equivalent in relation to bans on direct and indirect advertising of tobacco products in national media consistent with the Framework Convention on Tobacco Control.	0	5
6.3.3	Number of countries that have adopted legislation or its equivalent in relation to health warnings on tobacco products consistent with the Framework Convention on Tobacco Control.	8	21
6.3.4	Number of countries with comparable national data – disaggregated by age and sex – on prevalence of tobacco use	33/36	35/36
6.3.5	Regional Surveillance System on Tobacco with comparable prevalence data disaggregated by age and sex.	0	1

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.3.6	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control.	18	20

RER 6.4 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.4.1	Number of countries that have developed policies, plans, advocacy and programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use.	11	13
6.4.2	Number of policies, strategies, recommendations, standards and guidelines provided to Member States for the prevention and reduction of public health problems caused by alcohol, drugs and other psychoactive substance use.	3	6
6.4.3	Information systems established and maintained for implementation and evaluation of global policies, strategies, recommendations, standards and guidelines to reduce or prevent public health problems caused by alcohol, illicit drugs and other psychoactive substances.	Under development	Info systems in place

RER 6.5 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to Member States with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity, enabling them to strengthen institutions in order to combat or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.5.1	Number of countries that have developed national guidelines to promote healthy diet & physical activity including DPAS (Diet and Physical Activity Strategy)	8	10
6.5.2	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on rapid mass transportation systems.	7	12
6.5.3	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on clean fuels in transport	3	7
6.5.4	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on pedestrian-friendly environments, bicycle-friendly cities, and crime control.	7	30

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.5.5	Number of countries that have initiated policies to phase-out trans-fats, reached agreements with food industry to reduce sugar, salt and fat in processed foods	4	15
6.5.6	Number of countries that have initiated policies to eliminate direct marketing/publicity of food to children under 12 years	2	7
6.5.7	Number of countries that have initiated policies to initiate programs to increase consumption of low fat dairy, fish and fruits & vegetables	10	20

RER 6.6 Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.6.1	Guidelines developed on the determinants and consequences of unsafe sex to identify effective interventions and to develop guidelines accordingly.	Not available	Research implemented on determinants and consequences of unsafe sex in order to develop three evidence based guidelines for promoting safe sexual behaviors.
6.6.2	Number of countries supported that have initiated or implemented new or improved interventions at individual, family and community levels to promote safe sexual behaviors.	5	10

BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Facilitate technical assistance and support to countries to strengthen their health promotion capacities in all the pertinent programs and forge intersectoral, interagency, decentralized, and effective interdisciplinary alliances, with the intention to promote healthy public policies and prevent and reduce the presence of principal risk factors.	11,997,800
6.2	Provide technical cooperation to strengthen the national surveillance systems with an integrated focus on the principal risk factors, preparing, validating, promoting, and strengthening frameworks, instruments and operational procedures for the countries.	1,014,600
6.3	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent related public health problems.	1,331,500
6.4	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent related public health problems.	1,818,900
6.5	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to Member States with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity, enabling them to strengthen institutions in order to combat or prevent related public health problems.	658,900
6.6	Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.	178,300
Total Cost for SO6		17,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 7

To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches

Scope

This strategic objective focuses on the development and promotion of inter-sectoral action on the social and economic determinants of health, understood as the improvement of health equity by addressing the needs of poor, vulnerable and excluded social groups. This understanding highlights the connections between health and social and economic factors such as; education, housing, labor trade, and social status among others. In the region, the social determinants of health need to be addressed in relation to the MDGs and require the formulation of policies and programs that are ethically sound, responsive to gender inequalities, effective in meeting the needs of poor people and other vulnerable groups, and consistent with human-rights norms international and regional human rights conventions and standards.

REGION-WIDE EXPECTED RESULTS

RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.1.1	Number of countries that have implemented national strategies that address key policy recommendations of the Commission on the Social Determinants of Health	2/12	7/12
7.1.2	Number of countries whose PAHO/WHO Country Cooperation Strategy documents (CCS) include explicit strategies at the national and local level that address the social and economic determinants of health.	0/12	5/12
7.1.3	PAHO has a Regional Plan of Public Health for action on the determinants of health and social policy	0	1
7.1.4	Number of subregions that are taking action to strengthen integrated approaches to determinants of health and social policies	0	1
7.1.5	Number of countries supported to build capacity to take action on determinants of health and social policies	0	11

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.1.6	Regional model developed to promote community empowerment, intersectoral alliances and social policies at the local level taking as a point of departure healthy settings (homes, schools, municipalities)	0	1

RER 7.2 Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.

Indicator #	RER Indicator text	Indicator #	RER Indicator text
7.2.1	Number of countries whose public policies target the determinants of health and social policy on an intersectoral, interprogrammatic basis.	0/12	7/12
7.2.2	Number of subregional fora organized for relevant stakeholders on inter-sectoral actions to address determinants of health, social policies and achievement of the Millennium Development Goals.	0	1
7.2.3	Number of tools developed and disseminated for assessing the impact of non-health sectors on health and health equity (such as Faces, Voices and Places).	1	1
7.2.4	Number of countries that have implemented Faces Voices and Places in at least one of their poorest municipalities.	8	10

RER 7.3 Social and economic data relevant to health collected collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).

Indicator #	RER Indicator text	Indicator #	RER Indicator text
7.3.1	Number of countries having health data of sufficient disaggregation and quality to assess and track health equity among key population groups.	8	15
7.3.2	Number of institutional mechanisms, supported by PAHO, that are installed in countries to develop and/or support the development and monitoring of gender equity in health.	8	10
7.3.3	Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data.	TBD	TBD
7.3.4	Number of countries with a national program on health equity that uses disaggregated data.	0	3

RER 7.4 Ethics and rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination.	9	10
7.4.2	Number of countries using tools and guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies.	TBD	TBD

RER 7.5 Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender and ethnic-sensitive policies and programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.5.1	Number of publications that contribute to building evidence on the impact of gender and ethnic/racial equity on health and on effective strategies to address it	8	12
7.5.2	Number of tools and guidance documents developed for Member States on using gender and/or ethnic/racial analysis in health.	0	1
7.5.3	Number of PWR that include expected results, indicators, and specific budgetary resources for the implementation of the Gender Equality Policy and ethnic groups in their biennial Workplans.	4	9
7.5.4	Number of entities (technical areas and PWRs) whose biennial Workplan includes gender and ethnic/racial considerations as applicable	TBD	40/80
7.5.5	Number of subregions that apply the PAHO Gender Equality Policy in its biennial Workplan.	0	1
7.5.6	Number of subregions with an analysis of the health situation of ethnic groups.	0	1
7.5.7	Number of methodological, validated and widespread conceptual tools developed for the implementation of the Gender Equality Policy.	10	13
7.5.8	Number of countries with national plans to specifically improve the health of ethnic/racial groups.	11/21	13/21

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.5.9	Number of subregions that are working through plans and health programs to improve the health of ethnic/racial groups within the framework of the social determinants of health and the MDGs (Millennium Development Goals).	0/3	1/3
7.5.10	Number of units in the regional and subregional offices that have incorporated the ethnic/racial perspective in its biennial Workplan.	7	10
7.5.11	Percentage of technical documents produced for the Governing Bodies related to the MDGs that include the ethnic/racial perspective.	20%	50%

BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.	1,409,800
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.	1,351,300
7.3	Social and economic data relevant to health collected collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	2,230,100
7.4	Ethics- and rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.	4,163,500
7.5	Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender-and ethnic-sensitive policies and programs.	8,245,300
Total Cost for SO7		17,400,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 8

To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

Scope

The work under this Strategic Objective (SO) focuses on achieving safe, sustainable, and health-enhancing human environments, protected from social, biological, chemical, and physical hazards, and promoting human security and environmental justice from the effects of global and local threats.

REGION-WIDE EXPECTED RESULTS

RER 8.1 Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) developed and updated; technical cooperation provided for the implementation of international environmental agreements and for monitoring the Millennium Development Goals (MDGs).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year.	2	4
8.1.2	Number of international environmental agreements whose implementation is supported by PASB.	5	5
8.1.3	Number of countries implementing PAHO/WHO guidelines on chemical substances.	11	15
8.1.4	Number of countries implementing PAHO/WHO guidelines on air quality.	7	8
8.1.5	Number of countries implementing PAHO/WHO guidelines on drinking water.	13	16
8.1.6	Number of countries implementing WHO guidelines on recreational waters.	0	5

RER 8.2 Technical cooperation and guidance provided to countries for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, elderly).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.2.1	Establishment of regional strategies for primary prevention of environmental health hazards under the health determinants and health promotion framework implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings).	2	4
8.2.2	Number of countries where global or regional strategies for primary prevention of environmental health hazards are implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings).	10	14
8.2.3	Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with PASB technical and logistics support.	1	4
8.2.4	Number of studies evaluating the costs and benefits of primary prevention interventions in specific settings that have been conducted and whose results have been disseminated.	1	2
8.2.5	Number of countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations.	0	1
8.2.6	Regional Initiatives on Children's Environmental Health promoted and disseminated.	2	3

RER 8.3 Technical cooperation provided to countries for strengthening occupational and environmental health policy- making, planning of preventive interventions, service delivery and surveillance.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational, basic sanitation, and environmental health services and surveillance.	10	15
8.3.2	Number of national organizations or universities implementing PAHO/WHO-led initiatives to reduce occupational risks (e.g. among workers in the informal economy, to implement the WHO global strategy for occupational health for all, or to eliminate silicosis).	2	4

RER 8.4 Guidance, tools, and initiatives supporting the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture); assessing health impacts; costs and benefits of policy alternatives in those sectors; and harnessing non-health sector investments to improve health, environment and safety.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.4.1	Number of initiatives implemented in countries to develop and implement health-sector policies at the regional and national levels.	0	2
8.4.2	Production and promotion in target countries of sector-specific guidance and tools for assessment of health impacts and economic costs and benefits and promotion of health and safety.	Use of tools and guidance produced	Use of tools and guidance produced in 2 sectors
8.4.3	Establishment of networks and partnerships to drive change in specific sectors or settings, including an outreach and communications strategy.	Use of networks established by WHO/PAHO	Use of networks established by WHO/PAHO in 2 countries
8.4.4	Number of regional or national events conducted with PASB's technical cooperation with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least 3 economic sectors.	1	2

RER 8.5 Enhanced health sector leadership for a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.5.1	Number of citations by mass media, of outreach and communications strategy on occupational and environmental issues implemented regionally and in partnership.	TBD	TBD (5% increase in citations)
8.5.2	Number of regular high-level fora on health and environment for global and regional policy-makers and stakeholders.	0	1
8.5.3	Number of quinquennial reports available on trends, scenarios, and key development issues and their health impacts.	1	1

BUDGET FOR STRATEGIC OBJECTIVE 8

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) developed and updated; technical cooperation provided for the implementation of international environmental agreements and for monitoring the Millennium Development Goals (MDGs).	13,649,900
8.2	Technical cooperation and guidance provided to countries for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, elderly).	3,861,400
8.3	Technical cooperation provided to countries for strengthening occupational and environmental health policy- making, planning of preventive interventions, service delivery and surveillance.	1,777,700
8.4	Guidance, tools, and initiatives supporting the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture); assessing health impacts; costs and benefits of policy alternatives in those sectors; and harnessing non-health sector investments to improve health, environment and safety.	2,883,300
8.5	Enhanced health sector leadership for a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns.	2,827,700
Total Cost for SO8		25,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	25,000,000