

STRATEGIC OBJECTIVE 9

To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development

Scope

The work under this Strategic Objective (SO) focuses on improving nutritional status, throughout the life course, especially among the poor and other vulnerable groups, towards the achievement of the Millennium Development Goals; especially the reduction of poverty and hunger, diminishing the impact of infant morbidity and mortality, and achieving sustainable development. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

REGION-WIDE EXPECTED RESULTS

RER 9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate inter-sectoral actions, and increase investment in nutrition, food safety and food security.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.1.1	Number of countries assisted by PASB that have achieved at least 2 of the following: (1) legislation, (2) functional coordination mechanisms (national development policies and plans, food and nutrition policies and plans, poverty reduction strategies), and (3) financial resources allocation to support inter-sectoral approaches and actions in the areas of food safety, food security and nutrition.	18	22
9.1.2	Number of countries that have included nutrition, food safety and food security activities in their sector-wide strategies (health, education, and agriculture), including a funding mechanism to support nutrition, food security and food safety activities in health and non-health sectoral programs.	10	15
9.1.3	Number of countries with social marketing campaigns recognizing and disseminating best practices in health, nutrition and food safety (targeted to general population, public, private, and civil society organizations, and professionals, among other groups).	14	18

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.1.4	Number of countries where local governments apply strategies to integrate food safety, nutrition and food security (including access to safe livestock products) in at least 2 of the following local processes: (1) sectoral planning in health, education or agriculture; (2) integrated development multisectoral plans; (3) social mobilization campaigns; or (4) municipal and community level projects.	20	24
9.1.5	Number of subregions with subregional plans of action derived from the Regional Strategy on Nutrition in Health and Development in operation, that are successfully monitored and evaluated, and lessons disseminated.	0	3
9.1.6	Number of countries that are successfully implementing, within the framework of MDGs commitments, progress and challenges, at least 2 of the following local level initiatives: Food and Nutrition in Faces and Places; WHO 5 Keys to Safer Food in Healthy Schools (WHO 5 Keys) ; Healthy Food Markets Initiatives (WHO HFMI); Central American Network of Municipalities for Development.	7	10

RER 9.2 Norms, including references, requirements, research priorities and agenda, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.2.1	Number of improved and updated guidelines for implementation, training manuals and educational materials on topics related to new nutrition, food security and food-safety standards.	4	8
9.2.2	Number of countries successfully implementing standards and recommendations included in global and regional strategies, according to national needs and priorities.	15	20
9.2.3	Number of countries incorporating improved food security, nutrition, and food safety standards, norms, and guidelines for Primary Health Care in health service delivery systems.	17	20
9.2.4	Number of new norms, standards, guidelines, tools and training materials for prevention and management of zoonotic and non-zoonotic foodborne diseases.	0	1

RER 9.3 Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify best policy options improved.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards.	0	15
Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.3.2	Number of subregions with operational Observatories in Food Security, Nutrition and Food Safety.	0	2
9.3.3	Number of countries that have nationally representative surveillance data on major forms of malnutrition at national and local levels.	13	18
9.3.4	Number of guidelines and tools for surveillance, monitoring and evaluation of: nutritional deficiencies and risk factors; socioeconomic determinants; cost analysis; overweight and obesity trends; effectiveness of key practices to improve nutrition throughout the life course.	3	7
9.3.5	Number of countries that produce and publish sound scientific evidence and reliable information for public policy and programs on these topics: <ul style="list-style-type: none"> • Nutritional deficiencies and risk factors in different population groups • Social, economic and health determinants of food and nutrition insecurity • Overweight and obesity in children and adolescents. • Program effectiveness 	11	20

RER 9.4 Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.4.1	Number of countries supported by PASB that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding.	5	12
9.4.2	Number of countries with PASB support that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition.	11	16

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.4.3	Number of countries with PASB support that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases.	11	16
9.4.4	Number of countries with PASB support that have developed national programs that include of nutrition in comprehensive responses to HIV/AIDS and other epidemics.	11	16
9.4.5	Number of countries with PASB support that have strengthened national preparedness and response to food and nutrition emergencies.	11	16
9.4.6	Number of tools for monitoring and evaluation of national programs in food security, nutrition and food safety.	3	6
9.4.7	Number of countries with undergraduate and graduate academic programs that develop a competent workforce, in health and non-health sectors, for public policy, plan and program design, implementation, monitoring and evaluation in nutrition, food security and food safety, in stable as well as humanitarian crisis situations.	16	20

RER 9.5 Foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring programs established.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.5.1	Number of countries with established operational and inter-sectoral collaboration for the surveillance, prevention and control of foodborne diseases.	16	22
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major foodborne zoonotic disease.	2	9
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric foot and mouth disease Eradication Plan objectives.	4/11	11/11

RER 9.6 Capacity built and support provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.6.1	Number of Latin American and Caribbean countries receiving support from the FAO/WHO Codex Trust Fund to participate in relevant Codex Meetings.	36/36	36/36

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.6.2	Number of countries receiving PASB support to build national integrated food safety systems with a component of foodborne diseases surveillance and food contamination monitoring with links to WHO networks: International Food Safety Authorities Network (INFOSAN) and Global Outbreak Alert and Response Network (GOARN).	18	22

BUDGET FOR STRATEGIC OBJECTIVE 9

RER	Region-wide Expected Result (RER)	Total Resources
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.	4,938,800
9.2	Norms, including references, requirements, research priorities and agenda, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.	4,389,600
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify best policy options improved.	2,743,800
9.4	Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans and programmes aimed at improving nutrition throughout the life-course, in stable and emergency situations.	4,623,500
9.5	Foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring programs established.	3,285,500
9.6	Capacity built and support provided to National Codex Alimentarius Committees and the Codex Commission of Latin American and the Caribbean.	3,018,800
Total Cost for SO9		23,000,000

Resources breakdown

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

STRATEGIC OBJECTIVE 10

To improve the organization, management and delivery of health services

Scope

This Strategic Objective (SO) focuses on working with countries to strengthen health services in order to provide equitable and quality health care for all people in the Americas, especially the neediest populations. This work is accomplished by equipping countries with proven best practice tools, knowledge solutions, and expertise, and by activating networks and partnerships that catalyze and sustain positive change. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

REGION-WIDE EXPECTED RESULTS

RER 10.1 Countries supported to provide equitable access to quality health care services, with special emphasis on vulnerable population groups, and with health services that reflect recognized standards, best practices and available evidence.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.1.1	Number of countries that have increased access to basic health care services as a result of PASB's initiatives on Extending Social Protection in health and Primary Health Care renewal.	14	18
10.1.2	Number of countries that have strengthened national programs for quality improvement of service delivery.	11	19
10.1.3	Guideline for patients' rights & duties and assessing quality of health care services developed; and new strategies for health services delivery in hardship and distant locations developed	In progress	Developed and validated

RER 10.2 Organizational and managerial capacities, including information systems, of service delivery institutions and networks in Member States are strengthened with a view to improving service delivery performance.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.2.1	Number of countries that have incorporated health services productive management methodologies.	5	14
10.2.2	Management information tools that enable evidence-based decision making, performance evaluation developed, such as the Windows Managerial Information System – WINSIG	In progress	Tools developed and validated

RER 10.3 Mechanisms and regulatory systems are in place in Member States to ensure collaboration and synergies between public and non-public service delivery systems that lead to better overall performance in service delivery.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.3.1	Number of assisted countries that have adopted PASB's policy options and mechanisms for integrating the health care delivery network, including public and non-public providers.	3	20
10.3.2	Tools for integrating health services delivery systems developed.	In progress	Tools developed and validated

RER 10.4 Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care approach, particularly in relation to social participation, intersectoral action, emphasis in promotion and prevention, integrated care, family and community orientation, and respect for cultural diversity.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC.	1	15
10.4.2	Standards and self-evaluation methodology for evaluation of primary care developed and applied in countries	In progress	Standards developed and validated

BUDGET FOR STRATEGIC OBJECTIVE 10

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Countries supported to provide equitable access to quality health care services, with special emphasis on vulnerable population groups, and with health services that reflect recognized standards, best practices and available evidence.	9,189,500
10.2	Organizational and managerial capacities, including information systems, of service delivery institutions and networks in Member States are strengthened with a view to improving service delivery performance.	12,817,100
10.3	Mechanisms and regulatory systems are in place in Member States to ensure collaboration and synergies between public and non-public service delivery systems that lead to better overall performance in service delivery.	2,498,700
10.4	Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care approach, particularly in relation to social participation, intersectoral action, emphasis in promotion and prevention, integrated care, family and community orientation, and respect for cultural diversity.	5,494,700
Total Cost for SO10		30,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	00

STRATEGIC OBJECTIVE 11

To strengthen leadership, governance and the evidence base of health systems

Scope

PAHO/WHO technical cooperation will be geared to boosting the policy-making and technical capacity of Member States to ensure a single orientation consistent with the social values and objectives that guide health systems. This will ensure improved governance of their health systems, and enable the national health authority to competently exercise its role as the steering agency, and to adopt a multi-sectoral approach, including the incorporation of non-governmental stakeholders. This work is essential, as the main characteristic of the majority of systems in the Region of the Americas is institutional and organizational fragmentation and segmentation, which result in exclusion and inequity.

REGION-WIDE EXPECTED RESULTS

RER 11.1 Strengthen the capacity of the national health authority to perform its steering role, improving the preparation of policies, regulation, strategic planning, orientation, and execution of the reforms, and the inter-sectoral and inter-institutional coordination in the health sector in the national and local areas.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.1.1	Number of countries which demonstrate an improvement in the performance of the steering role (policy-making, strategic planning, execution of reforms and inter-institutional coordination in the health sector at the national and local levels) through the existing mechanisms (Essential Public Health Functions).	TBD	TBD
11.1.2	Number of countries that have institutionalized regulatory agencies of sector operation (such as authorities) and generated regulatory frameworks.	TBD	TBD
11.1.3	Number of countries that have generated medium and long term sectoral plans or defined National Health Objectives.	7	TBD
11.1.4	Number of subregions implementing a strategy of promotion and support for processes of social dialogue and consensus-building of public policies for the strengthening of the health systems based on primary health care.	0	2

RER 11.2 Contribute to the improvement of health information systems at regional, subregional, and national levels; for the analysis, management, monitoring, and evaluation of the public policies and health systems to achieve the health objectives at all levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of WHO/PAHO and the HMN supported by the Bureau.	3	7
11.2.2	Number of countries that have permanent and active plans to strengthen the vital health statistics, including the production of information and the use of international classifications (ICD) in accordance with international standards established by PAHO/WHO and the Metric Health Network.	3	8
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that steadily produce and publish the basic health indicators at subnational level (first or second administrative level).	9	13

RER 11.3 Contribute to the access, equitable dissemination, and utilization of knowledge and scientific evidence in the decision-making processes.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.3.1	Number of countries that use the basic health indicators and other available statistical information to support the analysis of priority evidence-based health problems.	40	40
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health with technical cooperation from PAHO.	5	7
11.3.3	Number of effective research activities on coordination methods and leadership in the area of the health.	0	2

RER 11.4 Facilitate the generation of knowledge in priority areas, including research on health systems, with participation of different stakeholders of society, ensuring they meet the high methodological and ethical standards.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.4.1	Number of countries whose national health research systems meet the internationally agreed upon minimum standards (to be defined by WHO).	TBD during 2007	TBD during 2007
11.4.2	Number of countries that adhere with the Mexico Summit commitment to devote at least 2% of the health budget to research.	TBD during 2007	TBD
11.4.3	Number of LAC countries with Ethical- Bioethical National Commissions aimed at monitoring compliance with ethical standards in scientific research.	14/36	20/36
11.4.4	Functional Regional Advisory Committee on Health Research.	The Regional ACHR is being revitalized	Functional Regional ACHR meeting regularly

RER 11.5 Contribute to the opening and strengthening of dialogue mechanisms and social and political consensus-building, at different levels, with participation from the relevant stakeholders for the improvement of policies and health systems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.5.1	Number of countries (health ministries and schools of public health) adopting knowledge-management strategies to bridge the gap between knowledge and its application.	10	15
11.5.2	Number of countries that have access to essential scientific information and knowledge.	TBD	10
11.5.3	Number of countries that have cyber health frameworks and services based on scientific data.	TBD	12

BUDGET FOR STRATEGIC OBJECTIVE 11

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Strengthen the capacity of the national health authority to perform its steering role, improving the preparation of policies, regulation, strategic planning, orientation, and execution of the reforms, and the intersectoral and interinstitutional coordination in the health sector in the national and local areas.	5,608,800
11.2	Contribute to the improvement of health information systems at regional, subregional, and national levels; for the analysis, management, monitoring, and evaluation of the public policies and health systems to achieve the health objectives at all levels.	15,228,100
11.3	Contribute to the access, equitable dissemination, and utilization of knowledge and scientific evidence in the decision-making processes.	7,376,700
11.4	Facilitate the generation of knowledge in priority areas, including research on health systems, with participation of different stakeholders of society, ensuring they meet the high methodological and ethical standards.	1,829,800
11.5	Contribute to the opening and strengthening of dialogue mechanisms and social and political consensus-building, at different levels, with participation from the relevant stakeholders for the improvement of policies and health systems.	4,956,600
Total Cost for SO11		35,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	35,000,000

STRATEGIC OBJECTIVE 12

To ensure improved access, quality and use of medical products and technologies

Scope

Medical products include chemical and biological medicines; vaccines; blood and blood products; cells and tissues mostly of human origin; biotechnology products; traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, and laboratory testing. The work undertaken under this Strategic Objective (SO) will focus on making more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use. For the sound use of products and technologies, work will focus on building appropriate regulatory systems; evidence-based selection; information for prescribers and patients; appropriate diagnostic, clinical and surgical procedures; supply systems, dispensing and injection safety; and blood transfusion. Information includes clinical guidelines, independent product information and ethical promotion.

REGION-WIDE EXPECTED RESULTS

RER 12.1 **Development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies) advocated and supported.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.1.1	Number of countries supported to develop and implement Policies and Regulations for essential medical products and technologies.	15/36	23/36
12.1.2	Number of countries receiving support to design or strengthen comprehensive national procurement and supply systems.	20/36	21/36
12.1.3	Regional norms and guidelines for the operation of the Strategic Fund to support the strengthening of supply systems in countries.	In progress	Developed and validated
12.1.4	100% voluntary non-remunerated blood donation.	36%	90%

RER 12.2 International norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies developed and their national/ regional implementation advocated and supported.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.2.1	Regional assessments of countries to measure their capacity for regulation of essential medical products and technologies.	2	5
12.2.2	Norms and guidelines for pre-qualification of providers and products in the region.	In progress	Developed and validated

RER 12.3 Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported in regional and national programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.3.1	Number of national or regional programs receiving support for promoting sound and cost-effective use of medical products and technologies.	2	4
12.3.2	Number of countries provided with support to promote sound and cost effective use of medical products and technologies.	11/36	16/36
12.3.3	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or re-imbursement.	30	31
12.3.4	Number of regional guidelines for national policies on safe and effective use of essential medical products and technologies.	0	4

RER 12.4 Support development of policies and legal frameworks, and enhance human resource capacity to reduce barriers to access to essential public health supplies.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.4.1	Number of countries supported with the necessary tools to develop policies and legal frameworks and enhance human resource capacity to reduce barriers to access to essential public health supplies.	11	20
12.4.2	Guideline and tools (including roster of experts) to address barriers to access in countries.	In progress	Available

BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies) advocated and supported.	4,690,300
12.2	International norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies developed and their national/ regional implementation advocated and supported.	7,300,300
12.3	Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported in regional and national programmes.	8,240,500
12.4	Support development of policies and legal frameworks, and enhance human resource capacity to reduce barriers to access to essential public health supplies.	1,768,900
Total Cost for SO12		22,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	22,000,000