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METHODOLOGY FOR THE FORMULATION OF THE STRATEGIC PLAN FOR THE PAN AMERICAN SANITARY BUREAU 2008-2012, AND A PROPOSED HEALTH AGENDA FOR THE AMERICAS 2008-2017

In September 2007, the Secretariat will present to the highest Governing Body of the Organization, the Pan American Sanitary Conference, a Strategic Plan for the Pan American Sanitary Bureau (PASB) for the period 2008-2012. This document sets out a methodology for development of this Plan.

The Secretariat also proposes a new 10-year planning instrument, the “Health Agenda for the Americas 2008-2017.” The Health Agenda will include strategic health goals in the Region set by and for Member States and stakeholders. It will frame the collective action of all the countries and territories in order to move the peoples of the Americas towards the attainment of the highest possible level of health. The Strategic Plan will respond to the Health Agenda by defining objectives for the Pan American Sanitary Bureau: regionwide expected results (RERs). RERs will represent the commitments of the Secretariat to the Member States’ call for action.

This document sets out a proposed methodology for ensuring that the Health Agenda and Strategic Plan are developed on a participatory basis. It also shows alignment with the General Program of Work and the Medium Term Strategic Plan of the World Health Organization. The PAHO Secretariat will have a dual role: to support Member States in defining the Health Agenda, and to contribute to its achievements within PAHO’s manageable interest.

The 40th Session of the Subcommittee on Planning and Programming (SPP40) has reviewed this document and endorsed its principle recommendations. Since the SPP40, work has progressed in terms of the development and refinement of the terms of reference for Steering Groups to oversee the development of the Health Agenda and the Strategic Plan. The first meeting of the Agenda Steering Group is planned for 15 and 16 June 2006.

The Executive Committee is requested to review this document, provide comments to the Secretariat, and recommend that the Directing Council adopt a resolution on the matter.

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Background

1. The existence since 1979 of a subcommittee of the Executive Committee on planning and programming is indicative of the importance that the Member States have placed on planning in the Pan American Health Organization (PAHO). It is now the established practice that medium-term plans are submitted to the Pan American Sanitary Conference (PASC) for approval. The previous four-year planning period was changed to five years beginning with the current plan (2003-2007). The continued emphasis on planning within the Region is reflected in the recommendations of the Working Group on Streamlining the Governance Mechanisms of PAHO (see Document SPP40/6).
2. The Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 (Document CSP26/10) presented several innovations. The planning process was highly participatory and the use of anticipatory methods improved strategic thinking throughout the Secretariat.¹ The clarification of the Secretariat's vision, mission, and values focused and oriented the final product. The current Strategic Plan 2003-2007 goes beyond strategies for technical programs by providing direction for the organizational development that is necessary for effective programmatic implementation.
3. The Midterm Assessment of the Implementation of the Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 (Document CD46/8) was endorsed by the 46th Directing Council in September 2005 (Resolution CD46.R7). The key recommendations for the development of the next Strategic Plan were as follows:
 - The categories of the existing Framework for Technical Cooperation should be used to determine the Secretariat's strategic priorities. This Framework classifies areas of work and expected results into three categories: Addressing the Unfinished Agenda, Facing Challenges, and Protecting Achievements.
 - There should be clear accountability for achievement of objectives.
 - Data must be available to measure achievements: the Strategic Plan will use objectives and indicators for which data are already available at the start of the planning period. All objectives/indicators will contain baselines and targets.
 - In order to ensure that the next Strategic Plan is realistic and achievable, it should include resource strategies, i.e. an analysis of funding sources and levels needed to meet the Secretariat's objectives.

¹ The terms "Secretariat" and "Pan American Sanitary Bureau" are used interchangeably; both refer to the Director and all staff under her direction.

- To ensure that PAHO leverages its limited resources and achieves the greatest impact in the health sector, the Organization's strategic objectives should be elaborated in light of the activities of all players in the health sector in the Americas.
4. In accordance with Resolution CE136.R3, adopted by the Executive Committee at its 136th Session in June 2005, the next Strategic Plan for the work of the Pan American Sanitary Bureau 2008-2012 should take into account the findings of the report and recommendations of the Working Group on PAHO in the 21st Century, the institutional changes within the Pan American Sanitary Bureau (PASB), and the recommendations of the Special Report of the External Auditor.

New Planning Instruments

A Proposed Health Agenda for the Americas

5. The Secretariat has proposed a new long-term planning instrument, the Health Agenda for the Americas. The March 2006 SPP reviewed and endorsed this proposal for consideration by the 138th Session of the Executive Committee. The Health Agenda will be:
- **A high-level vision of health development in the countries of the Americas** based on an assessment of the current health situation and future trends. The Agenda will also become the highest-level reference document for PAHO's internal planning process.
 - **For and by all Member States.** The Agenda's strategic goals will be determined by Member States and other key players in the health sector, in a process facilitated by the Secretariat. Once finalized, the goals will thereafter help guide the work of those same Member States and other stakeholders, including the PASB, during the decade 2008 to 2017. The Agenda will incorporate all relevant regional and subregional declarations, policy statements, and mandates.
 - **A 10-year plan** that will frame the collective action of all countries and territories in order to move the peoples of the Americas towards the attainment of the highest possible level of health.
6. The development and implementation of the Agenda will help PAHO and its Secretariat to:
- Provide for long-term programmatic implementation on a time-horizon that will allow for achievement of measurable impact. Many of PAHO's programs at the country and regional levels are designed to have an impact several years after the program's start. This is the nature of most of the work conducted in the health

- development sector. The new Agenda planning tool would recognize this reality, and establish goals accordingly.
- Maintain programmatic consistency over a longer period, as well as coherence among international players in the health sector.
 - Provide a collective framework for regional, subregional, and national planning and resource mobilization.
 - Bring PAHO in line with standard planning practice among United Nations organizations. (Note: The Joint Inspection Unit report also recommends establishment of a long-term plan.)

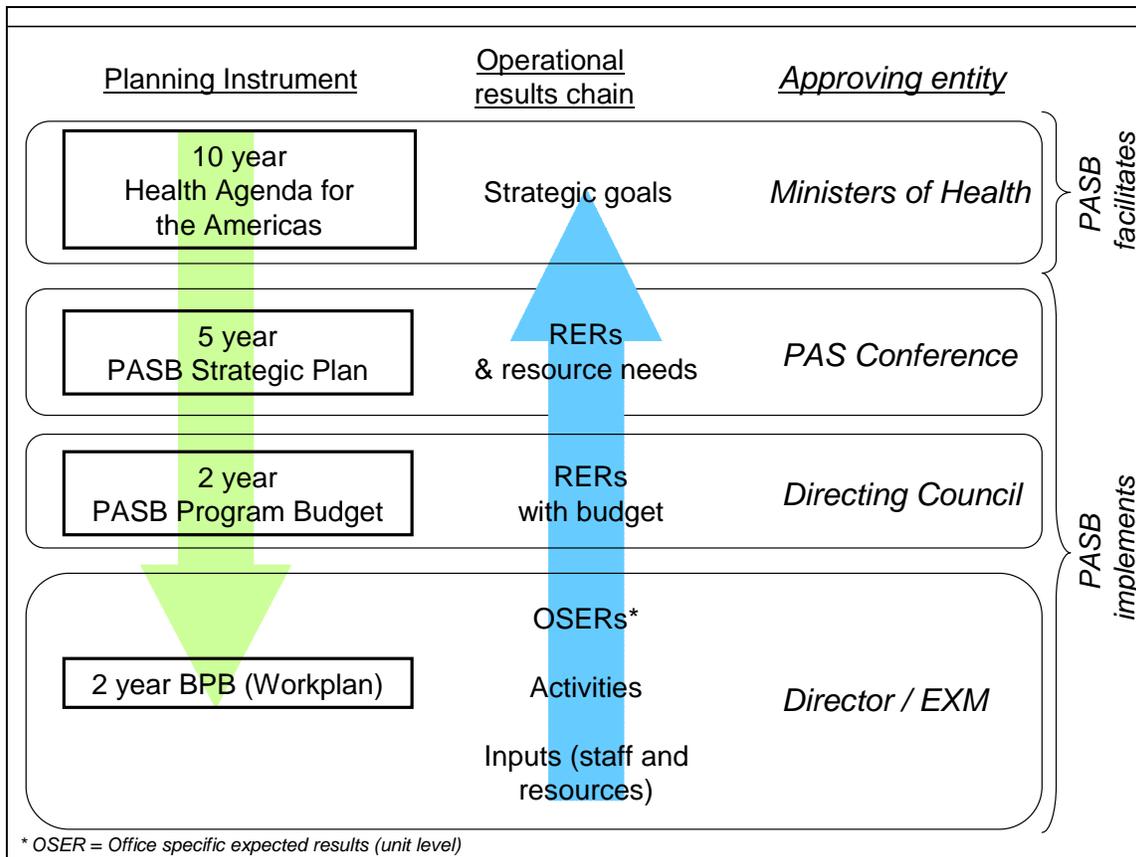
7. The use of a 10-year planning instrument is not new in PAHO. The previous instrument, called the PAHO Ten-Year Health Plan for the Americas and signed by all ministers of health in the Region, was last used in the period 1973 to 1982. Subsequent experience has shown that in fact a long-term plan for the health sector reflecting the collective concerns of Member States is useful and necessary to guide the work of the Organization and its partners.

A Revised Strategic Plan

8. The new Strategic Plan will respond to the Health Agenda for the Americas, showing clearly the contribution of the Secretariat to the achievement of the Agenda's goals. While the Agenda will set out goals for all players in the health sector, the Strategic Plan will apply only to the Secretariat. Starting with 2008-2012, the Strategic Plan will have the following characteristics:

- The key planning element of the Strategic Plan will be the regionwide expected results (RERs). The RERs will define the Secretariat's contribution to the Agenda's goals, and will be within the Secretariat's manageable interest.
- Regionwide expected results will be fully elaborated in the Strategic Plan (previously this was done in the Program Budget documents), including indicators and resource estimates.
- The Strategic Plan's RERs will be used verbatim in the respective biennial program budgets for the planning period, thus facilitating aggregation of results and simplified reporting to Governing Bodies.

9. The following diagram depicts the relationship between planning instruments and operational results under the new scenario:



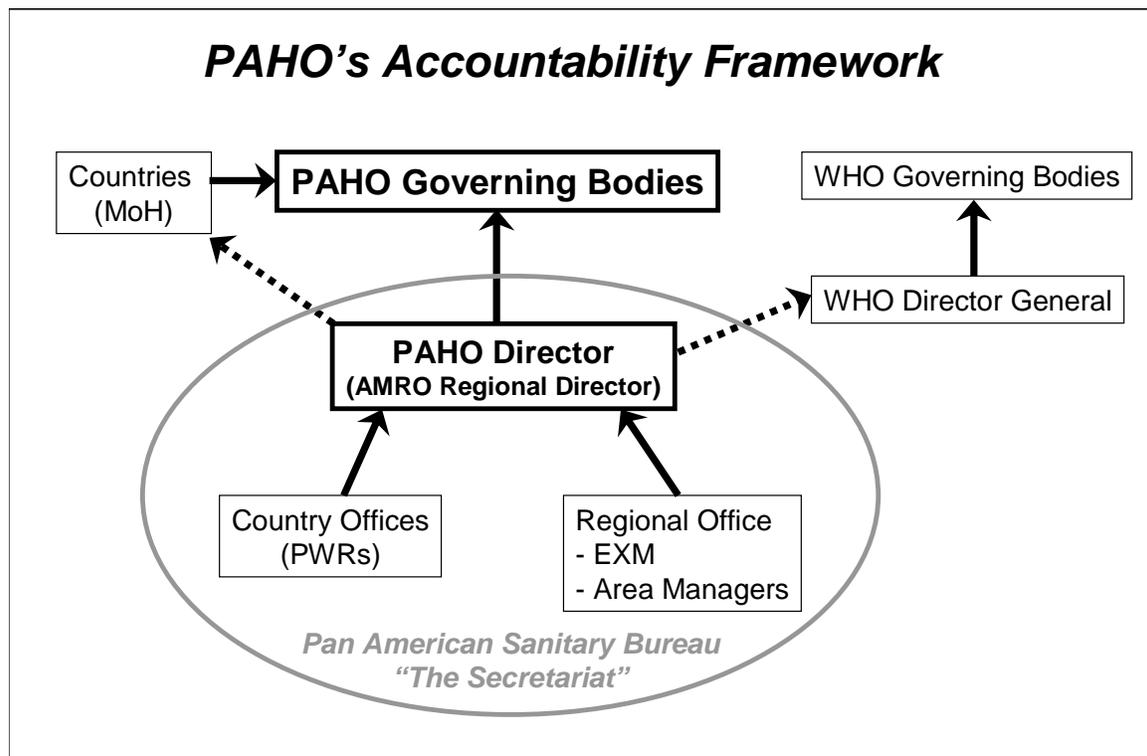
Strategic Planning Principles

10. All of these principles apply to the Strategic Plan. Some or all may also apply to the Health Agenda, as and when Member States find it appropriate.

Accountability

11. The Pan American Sanitary Bureau is first and foremost accountable to its Member States. This relationship is formalized through the appointment of a Director of the PASB to implement the priorities and programs of the Organization. Governing Bodies determine what those priorities and programs should be. The Pan American Sanitary Conference is the supreme governing authority of the Organization, as set out in the Constitution of the Pan American Health Organization. Thus, in terms of the strategic planning and reporting of programmatic results, the Secretariat (in the person of the Director) remains accountable to the Pan American Sanitary Conference, to which timely updates and reports on the achievement of results will be reported.

12. In the interest of clarity, the following diagram depicts key accountability relationships.

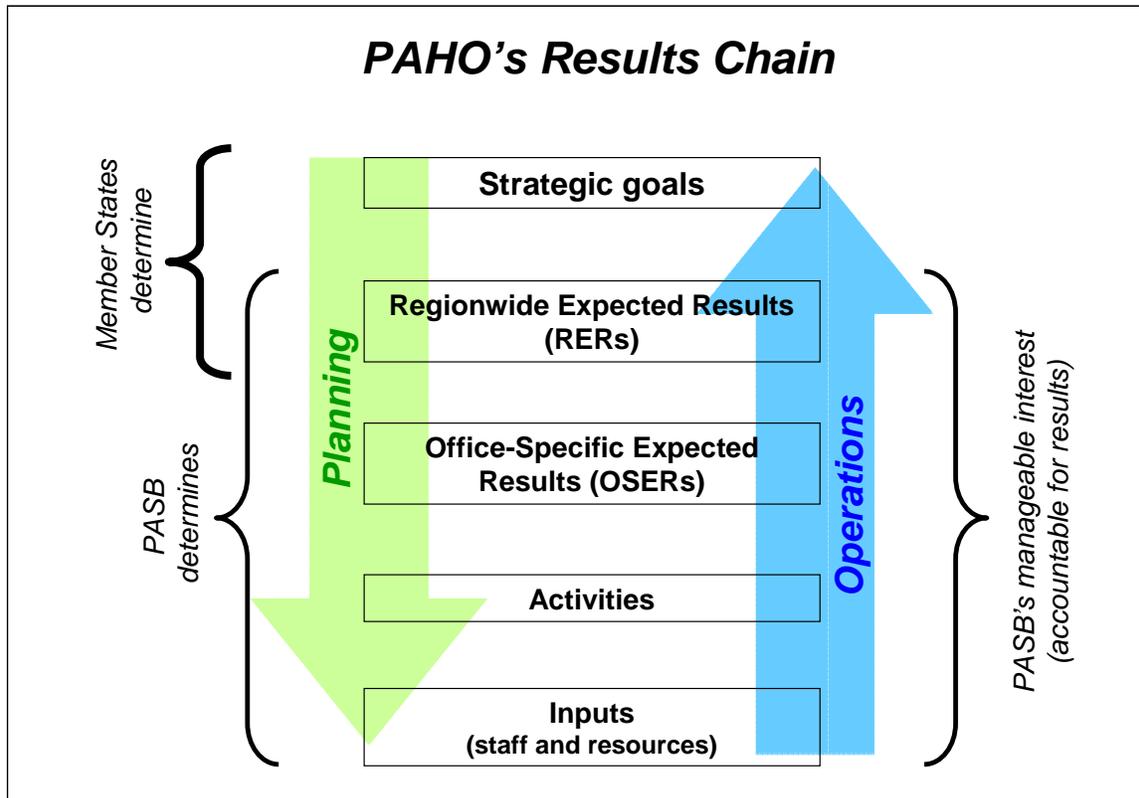


Results-based Planning and Management

13. The principles of results-based planning and management will be manifest in the development of the Strategic Plan. In its role as facilitator, the Secretariat will also encourage Member States to set the Health Agenda's strategic goals with a view to impact-level results. The achievement of the goals will be the result of the combined actions of countries, the Secretariat, and a variety of other players in the health sector. The Secretariat will, however, undertake the responsibility of reporting collective progress.

14. RERs, focusing on the Secretariat's manageable interests, will be set out in concise, measurable terms, with explicit causal relationships between the RERs and strategic goals. RERs will also be defined through SMART (specific, measurable, achievable, realistic, and timely) indicators.

15. The Secretariat will be accountable for the planning, implementing, monitoring, and reporting of all results at the RER level and below, as depicted in this diagram:



16. Member States may wish to consult the Plan of Action for Results-based-Management Implementation in the Pan American Sanitary Bureau (Document SPP40/9, submitted to the Subcommittee on Planning and Programming in March 2006), which includes a section on results-based planning in the Organization.

Maximizing Participation

17. The planning process will seek to maximize stakeholder participation and ownership. Consultations will be held as widely as possible and structured in a manner that will enable the Organization to benefit from the views and experiences of a wide cross section of individuals and organizations. In this regard:

- A special Steering Group will be established (see below) to guide the development of the Health Agenda and the Strategic Plan.
- Consultations will be organized, largely through existing meetings and electronic communications to minimize costs.
- The PASB staff will be encouraged to make individual contributions to the Strategic Plan.

18. The planning process is designed to foster a sense of ownership of and commitment to the Health Agenda for the Americas and the Strategic Plan by the institutions and individuals responsible for their implementation. The result should be an Agenda and a Strategic Plan which reflect the views, concerns, and aspirations of the Member States and stakeholders, including the PASB staff.

Country Focus

19. The Strategic Plan will be country-focused, in keeping with the orientations contained in Document CD46/19 Country-focused Cooperation and National Health Development. In the planning process, existing Country Cooperation Strategies (CCS), will be analyzed and used as inputs to ensure that the needs of countries are identified and prioritized. At the same time, care will be taken to maintain PAHO's multinational perspective since the Organization's greatest impact is often on health issues that cross borders and regions. The Plan will thus address health gaps among and within individual countries.

Operational Relevance

20. The Strategic Plan will be operationally relevant for countries and for the PASB staff. In addition, the Secretariat hopes that Member States will find the strategic goals in the Health Agenda to be a useful framework for their own health development plans. For the Secretariat, the expected results contained in the Strategic Plan will be directly linked to program budgets for the respective planning period, enabling regular monitoring of performance and ease of reporting through aggregation of data in the AMPES (planning and reporting) system.

Planning Environment

21. This section highlights factors and issues in PAHO's environment to be addressed in the planning process in 2006 and 2007.

World Health Organization

22. PAHO's relationship with WHO has enabled the Region to strengthen its participation in health development worldwide, an essential modality due to the increased global dimensions of public health. The synergies and complementarity between the two organizations have increased in recent years, allowing PAHO to leverage international resources for the benefit of its Member States.

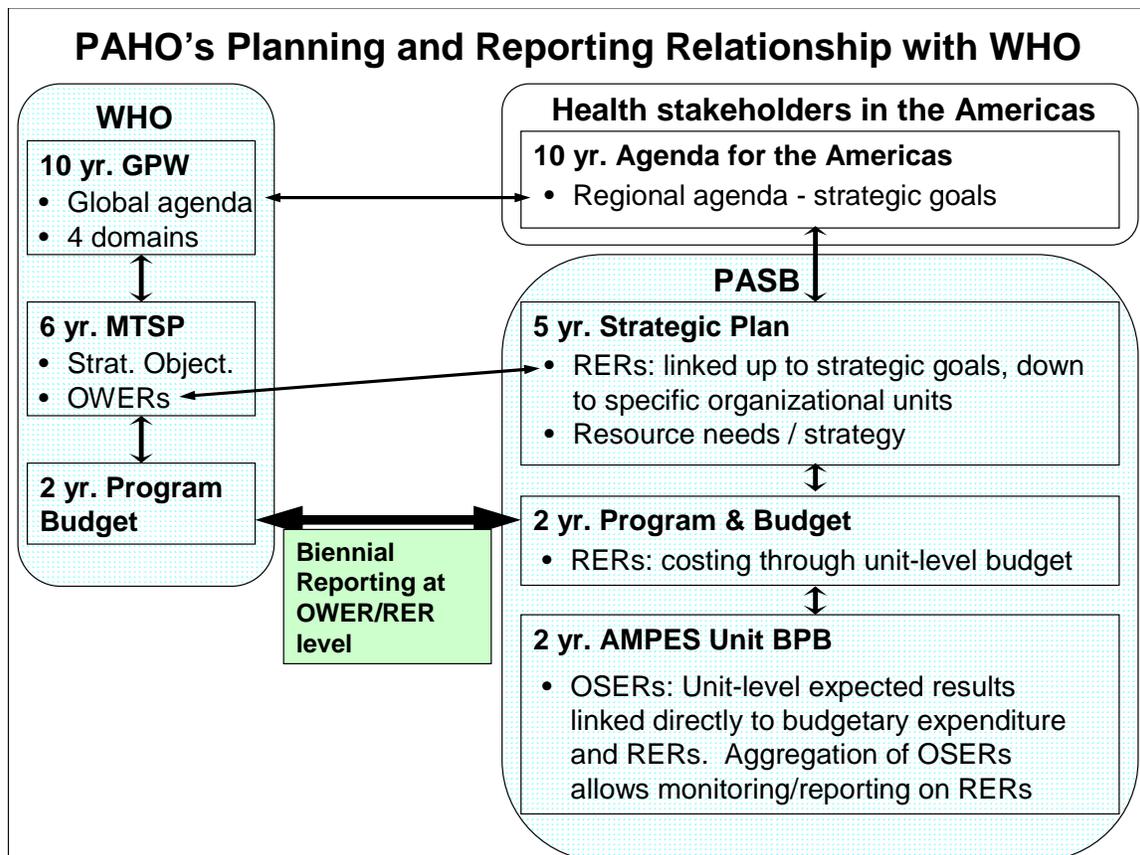
23. At the same time, PAHO's relationship with WHO has broad implications for strategic planning, programmatic implementation, and managerial functions and systems. The following contextual points should be borne in mind:

- PAHO's greater alignment with WHO has significant implications for financial and programmatic planning and reporting.
- WHO's Eleventh General Program of Work (GPW) 2006-2015 provides an analysis of the global health situation, defines four domains of the global health agenda, and calls for collective action. The GPW will be provided to Member States as they define the Health Agenda for the Americas.
- In keeping with the implementation of results-based management, WHO is for the first time preparing a medium-term strategic plan (MTSP) for 2008-2013 that will set out WHO's strategic objectives and organization-wide expected results (OWERs). PAHO's own Strategic Plan will need to take into account the OWERs in the development of the Region's own regionwide expected results. The RERs will be the contribution of the Americas to the achievements of the OWERs.

24. The Secretariat seeks to harmonize the programs and objectives of PAHO and WHO, while at the same time maintaining the regional specificity that allows PAHO to address its Member States' concerns and priorities. Maintaining PAHO's added value to its Member States as the health organization of the inter-American system, as well as the Regional Office of the World Health Organization, is integral to the PAHO Constitution.

The Way Forward: Working with WHO at the Programmatic Level

25. WHO's Medium Term Strategic Plan will contain strategic objectives (SOs). The WHO Secretariat's contribution to these SOs will be defined in organization-wide expected results, also contained in the MTSP. It is envisaged that the PASB's own RERs will be developed so that reporting against OWERs can be done directly (i.e. identical indicators) or indirectly (i.e. through a "crosswalk" approach). Thus the Secretariat's managers would be required to report solely on the PASB's regionwide expected results, and not double-report (as is the case now). A graphic representation of the planning and reporting relationship between WHO and PAHO follows:



26. The benefits of this approach will:

- Ensure PAHO's contribution to WHO at the programmatic level, without losing PAHO's flexibility to define its priorities and operations to meet region-specific needs (e.g. veterinary public health, primary health care, and health promotion).
- Allow for creativity and innovation that can benefit the global Organization.
- Allow sufficient time for consultation and input from countries and PAHO/WHO Representatives (PWRs).
- Provide for bottom-up, country-focused development of regionwide expected results, enabling direct linkage to operational results.
- Reduce planning and reporting demands on technical areas by eliminating duplicate reporting.

External Environment

27. PAHO's external environment can be divided in the following main categories: closely related organizations—the Organization of American States and WHO (discussed above); multilateral partners, including other United Nations bodies and the international financing institutions; and subregional bodies. The strategies and programs of all these organizations figure in the PASB's strategic planning process, and will likely inform the development of the Health Agenda as well. The issues laid out below are intended as a catalyst for further exploration and discussion.

Organization of American States (OAS)

28. It will be important to ensure that the Health Agenda for the Americas and the Strategic Plan incorporate the mandates of the Summit of the Americas. Over the years, health-related objectives have been enunciated by this forum, and PAHO has been given direct responsibility for coordinating the implementation of several of these objectives. Building on this thrust, joint plans of action will be developed with the OAS, and its respective specialized bodies, such as: the Inter-American Institute for Cooperation on Agriculture, Inter-American Commission of Women, Inter-American Commission on Human Rights, and Inter-American Drug Abuse Control Commission (joint technical publications).

United Nations (UN)

29. At the multinational level, the Development Goals of the Millennium Declaration (MDGs) are the highest-level UN goals to which PAHO contributes. The RERs will make explicit the contribution of PAHO's programs to the achievement of the MDGs.

30. Reviews of the strategic frameworks of the UN agencies and of the available United Nations Development Assistance Frameworks (UNDAFs) for countries in the Region will help ensure consistency and complementarity with the ongoing efforts of our UN partners.

Subregional Bodies

31. The Regional Program Budget Policy formalized PAHO's support for the subregional integration processes. The Strategic Plan will respond to the priorities and needs of the subregions. Subregional health plans will be developed and ongoing dialogue commenced with the subregional health entities to ensure implementation of those plans and to formulate required technical cooperation.

Financing Institutions and Global Partnerships

32. The largest financial contributors in the public health sector today are the multilateral financing institutions and new global partnerships (e.g. the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Global Alliance for Vaccines and Immunization). The Health Agenda will account for this reality. The Strategic Plan will include strategies and guidelines for the PASB to help guide investments in the health sector and to leverage its own limited resources through cooperative agreements and joint programs.

Internal Environment

33. The strategic planning process will take advantage of the numerous surveys and analyses that have been undertaken within the current Roadmap Initiatives. The definition of the Secretariat's corporate response will be led by the newly created Institutional Development Unit which coordinates the recommendations of the Roadmap teams, including those on the reorientation of the regional public health plans, the resource mobilization strategy, communication strategy, and the human resource strategy. Further, the analysis of the internal environment will take into consideration the actions included in the Results-based Management: Plan of Action for the Pan American Sanitary Bureau (see Document SPP40/9).

Process for Content Development

34. Two Steering Groups were proposed to guide the development of the Agenda and the Strategic Plan. As a follow-up to discussions in the 40th SPP, a consultation with Member States is planned immediately prior to the 138th Executive Committee in order to determine the membership and duties of these Steering Groups. After this consultation, the resultant Terms of Reference for the Steering Groups will be distributed as an addendum to this document.

Steering Groups

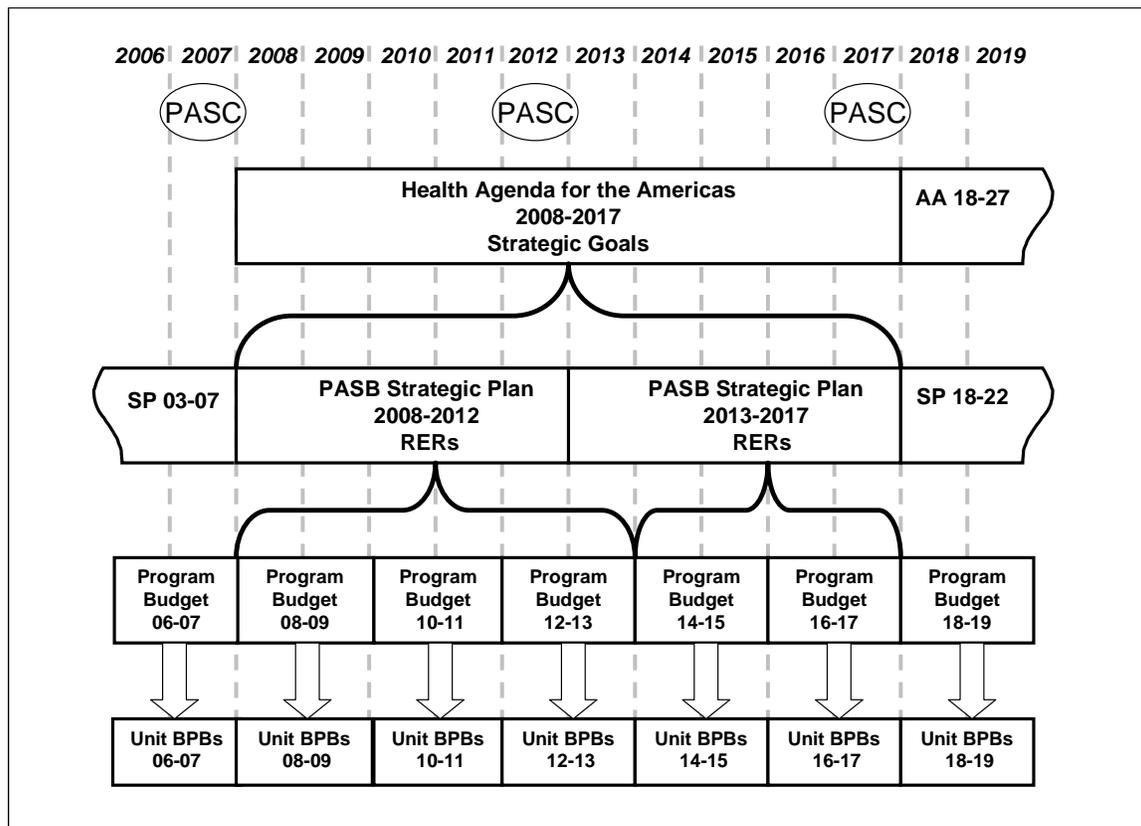
35. Two Steering Groups were proposed to guide the development of the Agenda and the Strategic Plan. Based on discussions of the SPP40, the make-up and work plan of the proposed Steering Groups were refined in the Terms of Reference, included as Annex 1 of this document.

Aligning Planning Instruments

36. There currently exists a situation where every 10 years a program budget is "split" across two strategic planning periods (see the diagram in paragraph 36). The Joint

Inspection Unit’s report (Document CD46/23, Add. I) suggests extending the period covered by the Strategic Plan from five to six years in order to address this problem. While this suggestion is consistent with WHO’s new six-year MTSP and would facilitate planning and reporting tasks by allowing each Strategic Plan to cover exactly three biennial program budget cycles, it is impractical owing to the cycle of the Pan American Sanitary Conference, which meets every five years and approves the Strategic Plan. While this is not a constitutional stipulation, the Secretariat does not recommend changing the practice without full consideration by Member States.

37. The proposed solution to the program budget versus strategic planning periods is to designate RERs in program budgets as depicted in the diagram below.



38. Thus, each program budget (and therefore unit-level BPB, as included in the AMPES system) is clearly linked to the RERs in a Strategic Plan, which in turn links to the strategic goals established in the Agenda. The consequence of this proposal is that the RERs contained in Strategic Plans will de facto cover alternating four- and six-year periods. Governing Bodies would need to acknowledge and accept this modality when they consider planning and reporting documents.

Health Agenda for the Americas

39. The following section lists suggested elements of the Health Agenda for the Americas, the entity responsible for development, and significant dates.

Planning Principles

Task

40. Develop guiding principles that all Member States can agree upon. These principles will serve to determine the appropriateness of proposed strategic goals.

Responsible Parties

41. The Health Agenda Steering Group.

Deadlines

42. To be drafted at the first Health Agenda Steering Group meeting 15-16 June 2006.

Situation Analysis - External

Task

43. Perform initial situation analysis of the external environment, to be revised as needed during 2006, to include:

- The health situation in the Americas.
- External environmental factors that impact health development and PAHO's work.

Responsible Parties

44. The Planning Unit and the Health Analysis and Information Systems Unit will perform most of the research needed. The analysis will be provided to the Health Agenda Steering Group. It is expected that a summary version will be included in the final Agenda.

Deadlines

45. Completion: 30 May 2006.

Strategic Goals

Task

46. Develop draft strategic goals for the health sector in the Americas, as described in the section New Planning Instruments above.

Responsible Parties

47. The Health Agenda Steering Group.

Deadlines

48. Strategic goals completion: 1 August 2006.

Review at the Executive Committee: September 2006.

Strategic Plan

49. The following section lists each major element of the Strategic Plan, the entity responsible for its development, and significant dates.

Situation Analysis - Internal

Task

50. Perform analysis of the internal environment, to include:

- Achievements with reference to the Strategic Plan 2003-2007 and continued relevance of objectives contained therein.
- Other internal factors, including PAHO in the 21st Century and Roadmap Initiatives.

Responsible Parties

51. The Planning Unit will perform most of the research needed. The Strategic Plan Steering Group will be asked to review the analysis.

Deadlines

52. Completion: 15 September 2006.

Regionwide Expected Results

Task

53. Develop RERs, including indicators and resource requirements. RERs show the programmatic substance of strategic goals, and represent PAHO's contract with its Member States. Once approved, monitoring and reporting against RERs will form the core of the Secretariat's reporting responsibilities to Governing Bodies for the entire planning period (notwithstanding periodic adjustments as mutually agreed upon).

Responsible Parties

54. Planning Unit with RER Coordinators.

Deadlines

- Draft RERs completion: 15 October 2006.
- Consideration at the Annual Managers Meeting: November 2006.
- Revision/final approval by Executive Management: December 2006.
- Review by Steering Group: December 2006.

Implementation Strategy

Task

55. Develop a strategy to ensure programmatic implementation of RERs.

Responsible Parties

56. Planning Unit with the Steering Group.

Deadlines

57. Completion: 30 December 2006.

Resource Strategy

Task

58. Based largely on the resource mobilization strategy (see Document SPP40/4), develop a high-level resource strategy, including:

- Cost estimates to achieve RERs
- Projected funding sources (regular and voluntary)
- Strategy to address projected shortfalls.

Responsible Parties

59. Planning Unit and Resource Mobilization Unit.

Deadlines

60. Completion: 15 January 2007.

Monitoring and Evaluation

Task

61. Determine how implementation of the RERs will be monitored on an ongoing basis and periodically evaluated. This system will use existing information system tools (notably AMPES) wherever possible, with a view to streamlining reporting requirements. The system will aim to accommodate the needs of PAHO's stakeholders, and thus be analytical and widely available.

Note: This section refers to the monitoring and evaluation of programmatic performance; financial tracking systems are already in place.

Responsible Parties

62. Planning Unit with Steering Group.

Deadlines

63. Completion: 15 January 2007.

Communication Strategy

64. The communication strategy to be developed will cover the entire development and implementation period of the Agenda and the Strategic Plan. The objective of the strategy is to inform all stakeholders (Member States, Governing Bodies, staff and external partners) of their roles and inputs in the planning and implementation processes, and to encourage their fullest participation. The strategy must also inform on the consultation processes and provide feedback to participants/stakeholders. In the

implementation period, the communication strategy will provide timely and relevant feedback on the successes and issues arising through monitoring of implementation. The strategy will utilize all existing communication mechanisms and information systems of the Organization:

- CCS consultative process
- Annual consultations with countries
- PAHO newsletter
- Internet Web site
- Intranet
- Others as appropriate

Health Agenda for the Americas and PASB Strategic Plan Review and Approval

65. The following table shows the timing of submissions to the Governing Bodies for review, endorsement, and approval.

<i>Action</i>	<i>Date</i>	<i>Result</i>
1st draft of the Health Agenda for the Americas (situation analysis and strategic goals) submitted to the Executive Committee	September 2006	Comments received
2nd draft of the Agenda and 1st draft of the Strategic Plan submitted to the Subcommittee on Planning and Programming	March 2007	Endorsement for approval by Member States
Final Agenda submitted to ministers of health	Mid-2007	Approval
2nd draft of the Strategic Plan submitted to the Executive Committee	June 2007	Endorsement for approval by the PASC
Final Strategic Plan submitted to the Pan American Sanitary Conference	September 2007	Approval

Action by the Executive Committee

66. The Executive Committee is requested to review this document, provide comments to the Secretariat as appropriate, and recommend that the Directing Council adopt a resolution on this matter.