



ORGANISATION PANAMÉRICAINES DE LA SANTÉ  
ORGANISATION MONDIALE DE LA SANTÉ



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### **RAPPORT SUR L'ÉVALUATION DE LA PERFORMANCE DU BUDGET-PROGRAMME BIENNAL 2004-2005**

En septembre 2003, le Secrétariat présentait le Budget programme proposé de l'Organisation Panaméricaine de la Santé pour l'exercice financier 2004-2005 au 44<sup>e</sup> Conseil directeur. Le Budget programme pour la période (*Document officiel 307*) fut approuvé et est devenu par la suite le document principal de la planification opérationnelle du Secrétariat pour la période.

Le présent rapport d'évaluation de rendement fournit un aperçu détaillé du rendement du Secrétariat lors de la mise en œuvre du Budget programme biennal 2004-2005. Il se veut une autoévaluation objective préparée par le personnel du Secrétariat lui-même. La présente évaluation fait partie de la mise en application du Secrétariat du principe de la Gestion axée sur les résultats, et reflète les initiatives en cours visant à maximiser l'imputabilité et la transparence.

Le Secrétariat soumet la présente évaluation afin que le Comité exécutif puisse la passer en revue avant sa présentation au 47<sup>e</sup> Conseil directeur en septembre 2006.

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### **Avant –propos de la Directrice**

Le présent Rapport d'évaluation de rendement constitue un jalon pour le Bureau sanitaire panaméricain : il s'agit de la première fois qu'une telle Évaluation a été soumise aux Organes directeurs comme document de travail. Par ailleurs, le niveau et l'exactitude de l'information contenus dans la présente Évaluation sont sans précédent pour ce qui est des rapports des budgets programmes au cours des dernières périodes biennales.

Les années 2004 et 2005 ont été des années actives et transformationnelles pour le Bureau. Les rapports de L'OPS au XXI Siècle, l'Unité d'Inspection Conjointe, les équipes chargées de la Feuille de Route, entre autres, se sont produits principalement lors de la période biennale 2004-2005. Le Secrétariat a su tirer profit de ces occasions parmi d'autres afin de renforcer l'efficacité et l'efficience de ses programmes dans le but de mieux répondre aux besoins des pays pour lesquels il travail.

Par l'entremise de ses programmes techniques, le Secrétariat a réalisé des accomplissements considérables. Quelques-uns des faits saillants incluent : l'évaluation de l'infrastructure physique, des ressources humaines et de la plus-value du développement national de la santé ; l'élargissement du rôle global de l'OPS dans le domaine de la protection civile et l'aide humanitaire pour inclure une aide à l'Organisation Mondiale de la Santé et aux partenaires onusiens ailleurs dans le monde ; et la promotion de la santé comme priorité lors de forums régionaux et sous-régionaux, notamment lors du Sommet des Amériques.

La capacité nationale dans le domaine de la réduction des risques pour la santé a été renforcée : 22 pays ont amélioré leurs lois anti-tabac ; 12 pays ont créé des environnements sans fumée dans des milieux clés ; la surveillance des pesticides a été consolidée dans 7 pays de l'Amérique centrale ; et la capacité institutionnelle en matière de lutte contre le paludisme a été renforcée dans 8 pays. Tous les pays de la région ont éliminé le plomb dans l'essence. Le dépistage alternatif du cancer cervical et les méthodes de traitement utilisées dans les endroits manquant de ressources ont bénéficié également de la mise en application du savoir dans ces domaines. Finalement, on a vu une nette amélioration du travail intersectoriel entre le secteur de la santé et des transports publics et celui de l'urbanisme.

Dès 2005, le Rapport régional sur les Objectifs de développement du Millénaire — qui a été rédigé conjointement avec d'autres agences onusiennes et coordonné par la Commission économique de l'Amérique latine et des Caraïbes (ECLAC) — indiquait des progrès considérables dans la Région :

- Quatorze pays sur un total de 22 ont réussi à réduire la dénutrition infantile. Dans l'ensemble, la Région devrait réaliser cet objectif; il n'empêche que la dénutrition chronique engendre de sérieux problèmes.
- Vingt pays ont réussi à réduire la mortalité infantile ; en moyenne la Région est sur le point (soit dans une proportion de 61 %) d'avoir réduit de deux tiers le taux de mortalité.
- Dix-huit pays sur 25 ont atteint leurs objectifs en ce qui concerne l'accès à l'eau potable dans des centres urbains ; cependant, de moins importants progrès ont été réalisés dans les régions rurales.
- On a constaté également une réduction du nombre de cas signalés de paludisme.

Néanmoins, il est important de noter que la Région n'a pas fait assez de progrès en vue de réduire la pauvreté extrême, la mortalité maternelle, ou l'accès au réseau d'égout. Le défi que pose le SIDA/VIH exige toujours qu'on déploie des efforts accrus en vue de développer des stratégies en matière de prévention et sensibilisation. Il existe un besoin pressant de concentrer nos efforts dans les municipalités les plus vulnérables et de renforcer les alliances intersectorielles et stratégiques parmi les différents ministères.

Sur le plan opérationnel, le présent rapport décrit comment les leçons de 2004-2005 ont été déjà intégrées dans le processus budgétaire et la programmation de 2006-2007. Je souhaite que les États membres trouvent le présent rapport utile et instructif, et j'ai hâte de voir la continuation des progrès dans le domaine des programmes et du rendement du Bureau, ainsi que dans les rapports qui décrivent les résultats de ces programmes.

Mirta Roses Periago  
Directrice

## Résumé exécutif

1. Le Budget Programme biennal de 2004-2005 (BP 2004-2005, *Document officiel 307*) était le premier budget programme élaboré sous la nouvelle direction du Bureau sanitaire panaméricaine (PASB). En s'appuyant sur le Plan Stratégique du Bureau sanitaire panaméricaine pour la période 2003-2007 (Document CSP26/10) et la Stratégie de Gestion pour le Travail du Bureau sanitaire panaméricaine pour la période 2003-2007 (Document CD44/5), déjà avalisés, le BP 2004-2005 décrivait les secteurs de travail du Secrétariat et les Résultats régionaux escomptés et constitue le document principal de la planification opérationnelle de l'Organisation pour la période biennale. Les documents du Budget programme représentent l'un des engagements principaux que le Secrétariat a envers ses États membres ; la mise en œuvre des programmes, la surveillance, et les rapports du BP 2004-2005 sont une fonction fondamentale du Secrétariat pour la période. Le présent Rapport d'évaluation de rendement du Budget programme 2004-2005 (ou Évaluation) est le dernier volet de l'engagement du Secrétariat : un compte rendu des accomplissements réalisés à la suite de la mise en œuvre.

2. Le BP 2004-2005 a incorporé une démarche axée sur les résultats, avec 210 résultats régionaux escomptés et 554 indicateurs permettant de mesurer les progrès. Le BP 2004-2005 différait des modèles précédents en ce qui a trait à la rationalisation des secteurs de travail et une convergence accrue avec l'OMS. La formulation du BP 2004-2005 a également tenu compte des cadres politiques globaux et régionaux pertinents ; des évaluations des accomplissements vis-à-vis des résultats escomptés du Budget programme de 2000-2001 ; des contributions de l'OPS à la réalisation des Résultats globaux escomptés de l'OMS ; et des engagements faits envers le programme découlant des résolutions approuvées par les Organes directeurs de l'OPS et OMS.

3. Le BP 2004-2005 définissait la réponse programmatique de l'OPS aux défis en matière de développement sanitaire qui existaient dans la Région lorsque le BP a été élaboré. De par ses efforts, le PASB cherchait à réduire les inégalités qui existaient dans et entre les pays, à fournir l'assistance technique appropriée pour répondre aux besoins sanitaires, et à relever les défis sanitaires spécifiquement panaméricains.

4. Même si la part financée par les cotisations fixées provenant des États membres a augmenté de 2.85% en 2004-2005, les ressources financières globales budgétisées pour 2004-2005 représentaient une diminution de 0.4% par rapport à 2002-2003. Il s'agissait là de la première fois qu'un Directeur de l'OPS avait proposé une diminution, si minime soit-elle. Comme le démontre l'information ci-dessous, dans la plupart des cas le financement provenant d'autres sources a largement comblé ce manque à gagner, alors que dans certains cas ce n'était pas suffisant.

5. Cette évaluation est un synopsis des résultats<sup>2</sup> provenant de chacun des points focaux secteurs de travail (par exemple. l'employé du Secrétariat désigné pour surveiller le progrès dans un secteur donné de travail) en fonction des résultats et indicateurs escomptés tels que définis dans le BP 2004-2005. Il est donc clair que le présent document repose sur les autoévaluations de progrès telles que déterminées par les Points focaux de mai 2006.

6. Voici une brève explication de la méthodologie utilisée. Le contenu de la présente Évaluation est composé de deux sections :

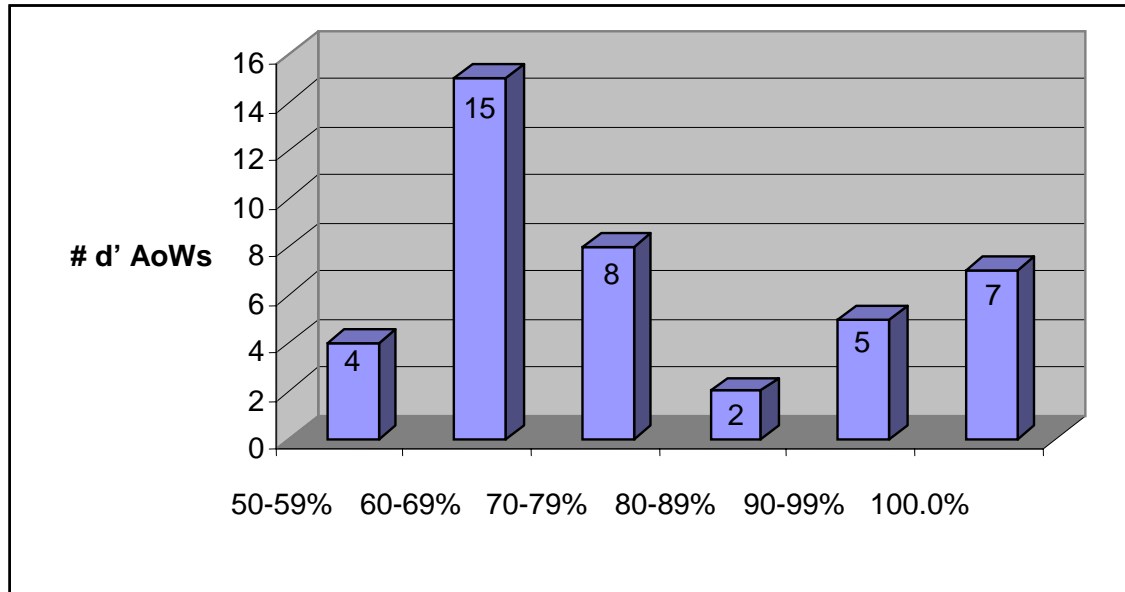
- Un aperçu des accomplissements, notamment les faits saillants financiers
- Une section consacrée à chacun des Secteurs de Travail, mettant en exergue certains accomplissements réalisés lors de la période biennale.

7. Voici un bref survol des données : un total de 41 secteurs de travail étaient programmés (le 42e— l'assurance maladie des retraités—n'était pas un point budgétaire programmatique). Ces secteurs de travail étaient définis dans 210 résultats escomptés et 554 indicateurs. Sur ce total, 370 indicateurs ont été pleinement réalisés (soit 66.8%), 156 ont été partiellement réalisés (soit 28.2%), et 28 n'ont pas été réalisés du tout (soit 5.1%). Le tableau suivant indique la répartition des secteurs de travail axée sur la réalisation des indicateurs. .

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<sup>2</sup> Ces résultats sont des formulaires qui incluent : l'objectif du secteur de travail ; une liste des achèvements réalisés durant la période; des illustrations pour le niveau du pays et le niveau régional (le cas échéant) ; les leçons tirées lors de la période 2004-2005 qui ont été mises en application en 2006-2007 ; et les détails concernant les indicateurs des Résultats escomptés, accompagnés d'explications dans les cas n'ayant pas un plein achèvement.

### Répartition de 41 secteurs de travail selon le Niveau Achèvement\*



\* Nota Bene : On a demandé aux Points focaux de classer les niveaux d'indicateur d'achèvement comme étant "Plein", "Partiel" or "Nul"; pour les besoins de cette Évaluation, on a assigné des valeurs de 100 %, 25 %, et 0 %, respectivement (voir section intitulée ' Méthodologie' ).

8. Le Secrétariat est d'avis que la présente Évaluation reflète avec exactitude les accomplissements de l'Organisation pour la période biennale 2004-2005.

### Méthodologie

9. La présente Évaluation a été établie en s'appuyant sur les évaluations de rendement individuelles des secteurs de travail effectuées par chacun des Points focaux secteurs de travail et en les comparant aux résultats et indicateurs escomptés tels que définis dans le BP 2004-2005; les Points focaux ont rempli des formulaires secteurs de travail de fin de période biennale qui ont été spécifiquement conçus à cette fin. Les Points focaux ont fourni une continuité entre les cycles de rapports et, dans la plupart des cas, ont pu inclure les secteurs et unités techniques pour remplir l'évaluation de rendement, même si les unités ou programmes individuels ont toujours l'habitude de préparer leurs propres rapports.

10. L'utilisation des formulaires d'évaluation des secteurs de travail de fin de période biennale a facilité l'évaluation du rendement des secteurs de travail individuels et la préparation du présent rapport ; cependant, il a fallu mener l'évaluation de façon manuelle et les Points focaux secteurs de travail ont dû utiliser une variété de sources pour remplir les formulaires d'évaluation puisque l'information 2004-2005 n'était pas



disponible systématiquement dans le système AMPES. Certains problèmes qui ont été identifiés dans l'évaluation 2002-2003 restent inchangés : l'autoévaluation étant un processus subjectif, on ne peut pas la vérifier de façon indépendante ou systématique ; et un grand nombre d'indicateurs qu'on a utilisé était des données d'entrée ou des indicateurs de traitement, qui avaient dans certains cas un lien fragile avec l'objectif.

11. De plus, la quantification des progrès réalisés dans les cas d'indicateurs sans plein achèvement n'était pas possible en raison d'un manque de spécificité dans la plupart des indicateurs utilisés et/ou dans les explications fournies sur les formulaires d'évaluation. Un petit nombre de formulaires secteurs de travail fournissait un pourcentage d'achèvement dans le cas d'un achèvement qui n'était pas plein. Conséquemment, il a fallu assigner un coefficient de pondération afin de tenir compte des résultats partiels dans le calcul des achèvements globaux et individuels (plein = 100 %, partiel = 25 %, nul = 0 %). On a basé les valeurs sur les explications fournies dans le cas des achèvements qui n'étaient pas totalement pleins.

12. Ce qui a aussi compliqué l'évaluation globale du niveau d'achèvement et la comparaison du rendement institutionnel à tous les niveaux, c'était qu'il y avait des asymétries dans le nombre de résultats et indicateurs escomptés entre les secteurs de travail. Le nombre de résultats escomptés dans le cas de certains secteurs de travail variait entre 2 et 14, et les indicateurs variaient de 1 to 42. La difficulté était aggravée par le nombre total de résultats et indicateurs indiqués utilisés lors de cette période, ce qui a empêché la conformité et la vérification (210 résultats escomptés, 554 indicateurs).

13. Dans l'ensemble, le processus d'évaluation était facilité par la participation opportune de Point focaux secteurs de travail. Le taux de conformité était de 100 %, et la totalité des résultats et indicateurs a été signalée.

### **Faits saillants des accomplissements**

14. Dans cette section, on regroupe les données provenant des évaluations des Secteurs de travail spécifiques préparées par les Points focaux, et on présente ces données de diverses façons afin d'aider les États-membres à comprendre les accomplissements programmatiques de l'OPS.

15. Le tableau suivant montre le niveau d'achèvement selon le Secteur de travail. À l'instar du tableau sommaire contenu dans le Résumé exécutif, le tableau suivant est axé sur une analyse modeste des autoévaluations des Points focaux (100 % représente un plein achèvement d'un indicateur, 25 % un achèvement partiel, et 0 % aucun achèvement).

**Niveaux d'achèvement des secteurs de travail \***

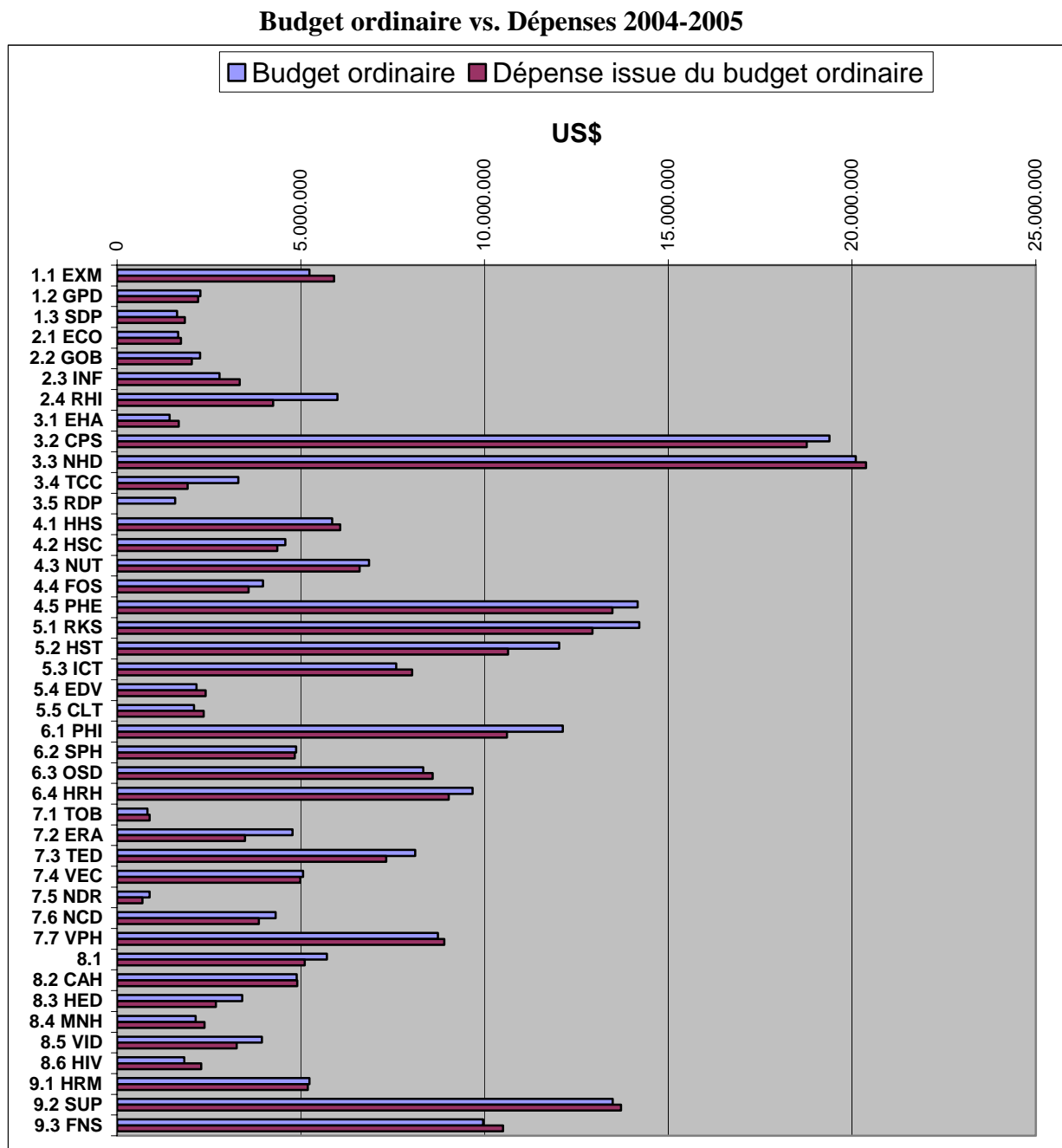
Secteur de travail	Niveau d'achèvement Pourcentage
1.1 EXM Gestion exécutive	100.0
1.2 GPD Développement de Programme et Gestion	67.6
1.3 SDP Développement du Personnel	75.0
2.1 ECO Relations externes et Partenariats	61.7
2.2 GOB Organes directeurs	70.0
2.3 INF Information publique	81.3
2.4 RHI Assurance Maladie des Retraités	S/A
3.1 EHA Action d'urgence et Aide humanitaire	93.8
3.2 CPS Renforcement de la Présence dans les Pays	100.0
3.3 NHD Soutien au Développement national de la santé	65.4
3.4 TCC Coopération technique entre Pays	100.0
3.5 RDP Programme de Développement du Directeur régional	100.0
4.1 HHS Santé et Sécurité humaine	94.2
4.2 HSC Espaces sains et Développement local	78.6
4.3 NUT Nutrition et Sécurité alimentaire	64.3
4.4 FOS Innocuité alimentaire	63.6
4.5 PHE Écologie humaine et Hygiène du Milieu	57.1
5.1 RKS Recherche et Partage du Savoir	74.4
5.2 HST Information et Analyse sanitaire	93.6
5.3 ICT Information et Technologie de la Communication	52.5
5.4 EDV Médecines essentielles: Accès, Qualité, et Utilisation rationnelle	66.7
5.5 CLT Technologie clinique et Sécurité sanguine	67.2
6.1 PHI Leadership et Infrastructure en matière de Santé publique	63.3
6.2 SPH Protection sociale en matière de Santé publique	66.7
6.3 OSD Prestation des services de santé	62.9
6.4 HRH Ressources humaines destinées à la Santé	73.5
7.1 TOB Tabac	100.0
7.2 ERA Évaluation et Gestion des Risques en matière d'Hygiène du Milieu	100.0
7.3 TED Tuberculose et Maladies émergentes	65.9

7.4 VEC Paludisme et autres maladies à transmission vectorielle	55.0
7.5 NDR Maladies négligées et Recherche	85.0
7.6 NCD Maladies non transmissible	93.8
7.7 VPH Santé vétérinaire publique	60.5
8.1 WMH Femmes et Santé maternelle	67.2
8.2 CAH Santé infantile et adolescente	75.0
8.3 HED Éducation et Communication sociale	62.5
8.4 MNH Santé mentale et Toxicomanie	67.6
8.5 VID Immunisation et Mise au Point des Vaccins	72.7
8.6 HIV SIDA et Infections transmises sexuellement	76.8
9.1 HRM Gestion des Ressources humaines	50.0
9.2 SUP Services de Soutien et acquisitions	92.5
9.3 FNS Gestion financière	100.0
<b>Total de tous les indicateurs secteurs de travail</b>	<b>73.8</b>

\* L'assurance maladie des retraités était contenue dans le budget, mais elle n'est pas programmatique ; elle se rapporte à la contribution que l'OPS affecte à l'assurance maladie des retraités de L'OPS/OMS dans la Région.

16. Le niveau d'achèvement varie selon l'indicateur, le résultat escompté, et le Secteur de travail. Des explications détaillées des secteurs de travail et indicateurs individuels sont fournies vers la fin de ce rapport.

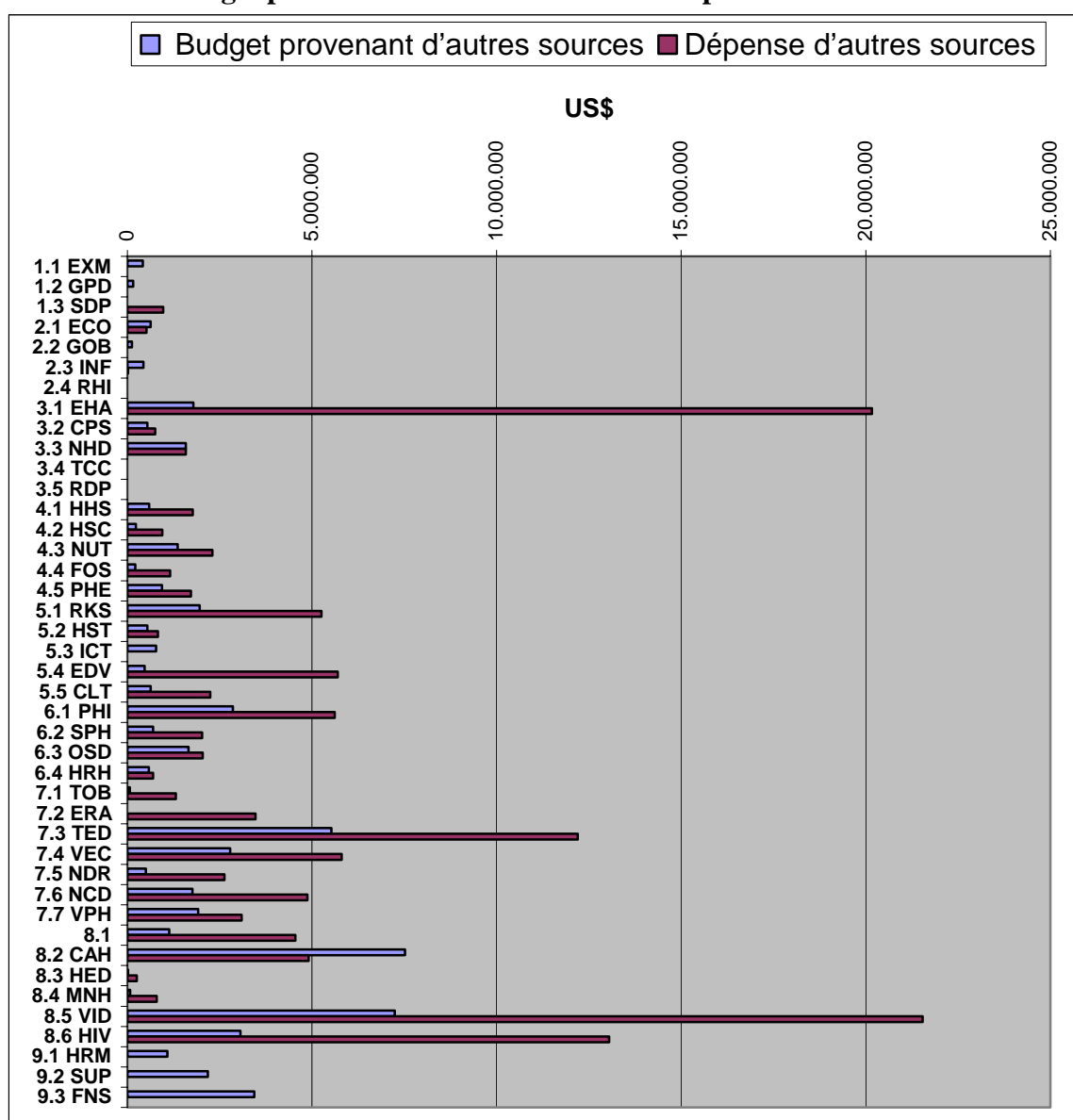
17. Les tableaux suivants décrivent les dépenses financières versus les sommes budgétisées pour 2004-2005. Chaque tableau est suivi d'une explication.



18. Les dépenses provenant du budget ordinaire correspondaient en général aux sommes budgétisées, à part les exceptions suivantes :

- En ce qui a trait à la TCC (Coopération technique entre Pays) on n'a pas reçu un nombre suffisant de propositions de la part des pays pour dépenser tous les fonds budgétisés.
- Le RDP (Programme de développement du Directeur régional) incluait des sommes dépensées selon divers secteurs de travail, totalisant 1 266 175 \$; l'inclusion de cette somme dans les calculs constituerait un double comptage des dépenses.

### Budget provenant d'autres sources vs. Dépenses 2004-2005



19. Les sommes provenant d'Autres Sources (OS) ont nettement excédées les budgets dans la plupart des secteurs de travail techniques. C'est parce que les budgets OS destinées aux secteurs techniques étaient basés sur des engagements fermes au moment de l'élaboration du BP (c-à-d 2003) et étaient par conséquent des estimations très basses.

20. Par contre, les budgets OS destinés aux secteurs de travail non techniques (p.ex. EXM, HRM, FIN, etc.) étaient basés sur des estimations trop élevées et peu réalistes.

### **Évaluation selon le Secteur de Travail**

21. Conforme à la structure du BP 2004-2005, les accomplissements importants pour chacun des Secteurs de travail sont présentés en annexe. Chacun des secteurs de travail a un format standardisé qui inclut :

- Numéro et Titre de du secteur de travail
- Objectif du secteur de travail
- Faits saillants des accomplissements en 2004-2005
- Leçons tirées et appliqués en 2006-2007
- Niveau d'achèvement en fonction du résultat escompté
- Exécution financière

### **Mesures à prendre par le Comité exécutive**

22. On demande au comité exécutif de revoir le document et de présenter des commentaires généraux auprès du Secrétariat.

Annexe

## **ASSESSMENT BY AREA OF WORK**

### **1.1 Executive Management (EXM)**

#### **AoW Objective:**

Lead, inspire, and direct all staff and offices of PAHO to work as one team with one goal, in order to respond to the national priorities and to the mandates of the Governing Bodies of PAHO and WHO.

#### **Highlights of achievements in 04-05:**

- Strengthened response to country needs through relocation of regional posts and functions to countries and development of Public/Private Partnerships guidelines.
- Achieved greater connectivity across PAHO and improved access to real-time information for management and decision making through SharePoint sites for activities with external partners.
- Enhanced management practices by launching the PAHO Roadmap for Change Initiative, and preparing a Results Based Management (RBM) and accountability framework presented to the SPP in March 2006. RBM effort informed by EXM-initiated UN Joint Inspection Unit (JIU) process and report.
- Improved the work environment and instituted mechanisms for transparency and fairness in the work place by establishing a Harassment Policy and Grievance Panel, adopting a Code of Ethical Principles and Conduct, modifying Staff Rules and Regulations to reflect the Code of Ethical Principles and Conduct, selecting an Ombudsperson, and creating the position of Ethics Officer.

**Lessons learned and applied in 06-07:**

- The successes of the 2005-05 biennium demonstrated PAHO's capacity to convene many players in international health and its ability to perform as a Regional Forum for Health.
- Institutional country focus continues in the new biennium and features a shift from regional program activities to collective actions by countries and stakeholders.
- The response to shareholders, stakeholders, and staff's expectations is ongoing and focused on development of staff competencies in leadership, health situation analysis, planning, knowledge sharing, and resource mobilization.
- Utilization of information technology continues in 2006-07 by supporting horizontal and interdisciplinary collaboration and communications through video conferencing and broad band transmissions.

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. The Bureau's work complies with all mandates of the Governing Bodies.	100.0%
2. Internal Audit and legal processes of PAHO remain sound.	100.0%
3. Relations with Member States are managed successfully.	100.0%
4. Available information better meets needs of internal and external clients.	100.0%
5. Technical cooperation activities of the Bureau address Member States' priorities in a coherent, integrated, and effective manner.	100.0%
6. PAHO staff is aware of the direction of the Organization and satisfied with the support received from senior management.	100.0%
Total for all indicators	100.0%

**Financial Execution:**



Regular Budget	Regular Budget Expenditure	% Expenditure
5,234,200	5,904,381	113%
Other Sources Budget	Other Sources Expenditure	% Expenditure
418,200	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>5,652,400</b>	<b>5,904,381</b>	<b>104%</b>

## **1.2 Program Development and Management (GPD)**

### **AoW Objective:**

Improved articulation of PAHO's policy-making and implementation and institutional development with relevant global and regional fora.

### **Highlights of achievements in 04-05:**

- PAHO participated actively in the UN process for development through the Development Assistance Frameworks (UNDAF). It was the lead agency for regional support for two countries and it contributed to reviews of all the CCAs and UNDAFs completed in 2006. PAHO's own process for defining the PAHO/WHO Country Cooperation Strategy articulates well with this process.
- The 2006-2007 Program Budget approved was a landmark. In this first BPB developed under the new Regional Program Budget Policy, the subregional level of cooperation was introduced. In addition the process for its development promoted greater support for country impact by the regional programs. Perhaps most noteworthy was the use, for the first time, of a transparent process for greater alignment of the budget with the declared priorities.
- In this biennium, the alignment of new Extra Budgetary Initiatives (EBI) with PAHO's technical and corporate policies was assured through a new quality assurance process. In addition, through increased monitoring the amount of funds returned to partners was reduced by about 30%.

### **Lessons learned and applied in 06-07:**

- There is a need to institutionalize training in RBM / program and project management cycle and in the use of the corporate instruments of AMPES for this purpose. Selected aspects such as the development of causal analyses for the definition of TC need to be given priority.
- The AMPES tool has to be modified to reflect the UNDAF Outcome Results.
- Lessons learned must be shared with all units in a timelier manner and this will require close collaboration with the evaluation program.

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. PAHO corporate policies developed taking into consideration the global directions.	100.0%
2. PASB institutional development promoted and supported.	62.5%
3. Programming, monitoring, and evaluation coordinated.	75.0%
4. Program-budget managed in a timely, informed manner.	100.0%
5. Key elements provided for capacity building on project cycle management.	50.0%
6. Support to countries and the Secretariat for project preparation.	100.0%
7. EB project monitoring and evaluation in progress.	100.0%
8. Capacity building in the area of evaluation.	0.0%
9. Evaluations conducted.	0.0%
<b>Total for all indicators</b>	<b>67.6%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,269,000	2,211,088	97%
Other Sources Budget	Other Sources Expenditure	% Expenditure
155,000	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>2,424,000</b>	<b>2,211,088</b>	<b>91%</b>

### **1.3 Staff Development (SDP)**

#### **AOW Objective:**

Competencies of PAHO's workforce enhanced and advantage taken of full potential of individuals and teams.

#### **Highlights of achievements in 04-05:**

- Leadership and managerial competencies enhanced through participation of 62 senior and middle managers in the first workshop of the WHO Global Leadership Program
- Mandatory online induction course with tracking system for participation developed and implemented
- Staff trained at regional and country levels on Prevention and Resolution of Harassment in the Workplace
- Learning Board established to provide guidance and input for identification of learning needs and management of learning resources
- Competency-based learning plans in country offices and centers fully implemented
- Expanded Awards and Recognition Program fully implemented
- 2005 Annual Managers Meeting successfully coordinated and conducted
- Language and computer training programs at regional level fully implemented.
- Collaboration with WHO Staff Development and Learning Unit strengthened through sharing of corporate courses and best practices
- Access to resources for writing effectively enhanced through the ONLINE WRITERS CENTER webpage posted on PAHO's Intranet
- Administrative skills enhanced in general services staff for preparing correspondence

**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• It is essential to align staff development and learning activities with PAHO's strategic goals and objectives</li> <li>• Learning strategies are effective when HRM/SD works in partnership with Area Managers and Unit Chiefs and in collaboration with WHO</li> <li>• Skills required of PAHO staff are increasing; knowledge and competencies need to be built in a systematic and sustainable way</li> <li>• Methodologies and technologies need to be leveraged to ensure staff has easy access to learning; communication about learning opportunities needs to be clear</li> <li>• Teamwork and collaboration are critical strategies for successful planning and organizing the Annual Managers Meeting and other learning initiatives</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Staff development policies formulated and executed.	62.5%
2. Competencies enhanced.	25.0%
3. New staff oriented to function in PAHO's environment on a timely basis.	100.0%
4. Collaboration and cooperation in work environment supported.	100.0%
Total for all indicators	75.0%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
1,638,600	1,846,739	113%
Other Sources Budget	Other Sources Expenditure	% Expenditure
2,400	972,198	40508%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
1,641,000	2,818,937	172%

## **2.1 External Relations and Partnerships (ECO)**

### **AOW Objective:**

Partners sensitized to regional health priorities and the Organization's presence and influence in the international community strengthened.

### **Highlights of achievements in 04-05:**

- Promotion of the health agenda in the Summit of the Americas
- Participation in the Iberoamerican Summit and discussions in the First Ladies Meeting in 2005
- Participation in meetings of the Summit Implementation Review Group (SIRG)
- Discussion and negotiation of the new programmatic approach with main partners
- New umbrella agreements signed with USAID, Spain and Sweden, and for previous collaboration projects with Norway, Finland and CIDA
- Negotiated the exchange of Norwegian experts to support technical cooperation with funds from foreign exchange surplus (USD600,000)
- Creation of the Project Support Unit to coordinate in-house review of projects and programs with emphasis on program approach and results-based management, which has been praised by external partners (Sweden and Canada)

### **Lessons learned and applied in 06-07:**

- Promotion of the Health Sector Agenda in regional forums, such as the Summit of the Americas, the Iberoamerican Summit, and the First Ladies Meetings is an important role for PAHO
- Implementation of the SOA mandates can be accomplished through participation in meetings of the Summit Implementation Review Group (SIRG)
- In promoting the programmatic approach vs. the project approach with donors, it is important to invest more time in briefing regular as well as new donors about PAHO's overall strategy, structure, programs, and internal control systems
- Participation in consultative group meetings is important for intelligence gathering and networking
- The review of BPB's has been oriented to ensure that the program approach is followed and that plans are prepared to facilitate incorporation of resources from different partners

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Relevant global and hemispheric processes, political agendas, and activities of sister organizations, have been influenced.	100.0%
2. UN reform process and policy changes monitored.	100.0%
3. Increased coordination with WHO, that facilitates better awareness of PAHO's special characteristics.	100.0%
4. Articulation with foundations, the public, and CSO strengthened.	25.0%
5. Alliances and partnerships with sister agencies, other international organizations, foundations, and private sector nurtured.	100.0%
6. Shared Agenda Initiative expanded.	8.3%
7. Efforts to support advancement towards the MDGs coordinated.	25.0%
8. Resource Mobilization Strategy monitored.	25.0%
<b>Total for all indicators</b>	<b>61.7%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
1,668,100	1,741,928	104%
Other Sources Budget	Other Sources Expenditure	% Expenditure
627,200	515,456	82%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>2,295,300</b>	<b>2,257,384</b>	<b>98%</b>

## **2.2 Governing Bodies (GOB)**

### **AOW Objective:**

Partners sensitized to regional health priorities and the Organization's presence and influence in the international community strengthened.

### **Highlights of achievements in 04-05:**

- Greater participation by Member States in the Governing Bodies activities through the use of dedicated websites and SharePoint.

### **Lessons learned and applied in 06-07:**

- The process for document preparation needs to be readdressed and is currently being reviewed by the Working Group.
- Time for discussion of proposed resolutions and their amendments during Governing Body meetings should be reconsidered for an orderly dispatch of work

### **Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Improved policy content and relevance of documents for the Governing Bodies.	25.0%
2. Logistical support effectively provided to meetings of the Governing Bodies.	62.5%
3. Database of GB document, resolutions updated, and disseminated.	100.0%
Total for all indicators	70.0%



**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,258,900.00	2,037,283	90%
Other Sources Budget	Other Sources Expenditure	% Expenditure
122,000	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>2,380,900</b>	<b>2,037,283</b>	<b>86%</b>

## **2.3 Public Information (INF)**

### **AOW Objective:**

Communication strategies will be incorporated into technical cooperation programs and projects to enhance effectiveness and sustainability of technical cooperation.

### **Highlights of achievements in 04-05:**

- Media exposure and celebrity support was effectively used to raise awareness to important health issues in the Region, such as AIDS awareness, injuries due to accidents, and obesity and healthy lifestyles.
- Likewise, international and national media coverage of the Director's visits to the countries and other PAHO/WHO events brought attention to national health development issues.
- All countries had the support of multimedia products and a branded campaign during Vaccination Week in the Americas.

### **Lessons learned and applied in 06-07:**

- Communication strategy issues also need to be addressed at the technical level. A senior communications advisor is currently working with the technical units.
- PAHO and WHO's name recognition can be used to forge new alliances and partnerships with other sectors and with non-profit and private entities, as needed.
- Media exposure generated by the communications strategy and mobilization of celebrity support can be used to in resource mobilization efforts and has been a contributing factor in raising regional awareness to the threats of a Pandemic Flu.

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. A wide range of products supports technical cooperation and target more audiences.	100.0%
2. Increased outreach to promote the Organization and enhance partnerships.	100.0%
3. Capacity for formulating and utilizing communication strategies increased.	25.0%
<b>Total for all indicators</b>	<b>81.3%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,786,600	3,339,087	120%
Other Sources Budget	Other Sources Expenditure	% Expenditure
429,500	14,029	3%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>3,216,100</b>	<b>3,353,115</b>	<b>104%</b>

## **2.4 Retirees' Health Insurance (RHI)**

This was a budgeting place-holder for this item in the 04-05 Program Budget, and was not a programmatic Area of Work.

## **3.1 Emergency and Humanitarian Action (EHA)**

### **AOW Objective:**

Countries demonstrate increased national and inter-sectoral capacity for preparedness for natural and manmade disasters and are able to assess their post-disaster health needs and efficiently manage the aftermath of disasters.

### **Highlights of achievements in 04-05:**

- Increased number and quality of multimedia training material and publications
- National experts from almost all Member States contributed to knowledge management efforts
- All countries in the Region have a national disaster program and countries with more than 250,000 inhabitants have an office with full-time staff
- Assisted WHO by providing staff to supplement SEARO's emergency response coordination in Banda Aceh, Indonesia and New Delhi
- Deployed various experts to the earthquake-affected areas in Pakistan, Kashmir and the northwest frontier province
- A PAHO staff member served as coordinator of the health cluster in Islamabad for several months
- Helped to identify and deploy experts in LSS, epidemiologists and engineers with experience in assessing structural damage caused by earthquakes and identifying appropriate mitigation measures

**Lessons learned and applied in 06-07:**

- PAHO, in conjunction with Member States, played a critical role in the inclusion of a specific indicator on vulnerability reduction in the health sector at the Hyogo/Kobe World Conference in Disaster Reduction; 168 countries approved the Hyogo Framework
- In 2006-2007, efforts will be underway to formally consolidate the regional disaster response team
- Work must continue and intensify with regards to the emerging threat of the pandemic influenza. Twelve countries have prepared national pandemic plans; however most are primarily health plans as other sector's concerns have not yet been fully incorporated

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Strengthening of disaster management systems at the national level.	100.0%
2. Greater awareness of mitigation issues and increased and capacity to manage this will exist in countries.	81.3%
3. PASB would have responded effectively and efficiently to disasters.	100.0%
4. Support for disaster management mobilized internally and externally.	100.0%
<b>Total for all indicators</b>	<b>93.8%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
1,435,200	1,682,349	117%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,790,700	20,168,835	1126%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>3,225,900</b>	<b>21,851,184</b>	<b>677%</b>

### **3.2 Strengthening Country Presence (CPS)**

#### **AOW Objective:**

PAHO/WHO country presence is relevant, adequate, and receives the necessary political, technical, administrative and managerial support from all levels of the Secretariat.

#### **Highlights of achievements in 04-05:**

- Development and piloting of a standardized methodology for Institutional Development of Country Offices, including the formulation of Country Office Development Plans
- Completion of WHO Global Survey on Country Presence by all countries in the Region
- All Country Offices visited by the Director
- Implementation of EXM's decisions on Country Presence and Country Program carefully monitored
- All Country Representatives engaged in the Global Leadership Program, including completion of 360 degrees evaluation; selected group of Country Representatives evaluated through the 180 degrees process for members of UNCT in Regional pilot exercise, together with other UN Agencies
- Finalization of the study on Decentralized Technical Cooperation and establishment of a related Sharepoint site
- CSU monitoring visits to, and Internal Oversight Services audits of, country offices, and recommendations made and implemented for strengthening country team performance
- Guyana Country Office evaluated by WHO Internal Oversight Services with favorable findings in term of adequacy of country presence and performance vis-à-vis CCS
- Mid-term assessment and end-of-biennium evaluations completed for all country offices and technical programs, including assessment of managerial aspects, and presented to EXM
- Extra budgetary resources from HQ/CCO mobilized for strengthening Country Presence in priority countries

**Lessons learned and applied in 06-07:**

- There is need for greater use of electronic tools such as Sharepoint and Go-To-Meeting to engage PWRs in discussions on issues relating to UN and WHO and issues of importance to the countries
- CSU will fully implement its OpenLink to provide a virtual space for sharing information and allowing dialogue between various levels and parts of the Organization.
- There is need for timelier sharing of summary analytical information from Governing Body meetings where PWRs participate. CSU plans to implement daily briefings to PWRs during GB meetings.
- There is need for greater exchanges between PWRs and other senior staff in WHO Regions. CSU plans to invite the participation of representatives from other WHO Regions in the PWR Transfer process and selected CCS exercises to facilitate the sharing of experiences.

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Country offices supervised and supported in the design, implementation, and evaluation of the technical cooperation programs.	100.0%
2. Support to country offices provided and future development planned.	100.0%
Total for all indicators	100.0%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
19,386,200	18,772,062	97%
Other Sources Budget	Other Sources Expenditure	% Expenditure
540,100	753,895	140%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
19,926,300	19,525,957	98%

### **3.3 Support to National Health Development (NHD)**

#### **AOW Objective:**

Country offices leading strategic collaborative efforts to assist the health sector in its steering role and in coordination of international support to optimize TC available for addressing national health priorities.

#### **Highlights of achievements in 04-05:**

- Important shift in Country presence and Country program through definition of PAHO/WHO strategic agenda
- Completion, or near completion, of Country Cooperation Strategies for twelve (12) countries, and a multi-country cooperation strategy for Barbados and the countries of the Eastern Caribbean
- Enhanced regional support for PAHO Key Countries (Bolivia, Guyana, Haiti, Honduras, and Nicaragua), including establishment of Task Forces for Guyana and Haiti
- Strengthened support for sub-regional integration processes and development of strategies and mechanisms to enhance sub-regional technical cooperation
- Provision of WHO Guidance Notes for coordination of development cooperation, including WHO's contribution to Poverty Reduction Strategy, SWAps, CCA/UNDAF, and GFATM to all country offices
- Participation of managerial staff at national and regional level in the WHO Global Leadership Program, Governing Bodies' meetings, Managers' Meetings, and other types of staff development activities

#### **Lessons learned and applied in 06-07:**

- There is need for greater standardization of CCS methodology to facilitate greater comparability of processes and results across countries and development of frameworks for communication about the CCS and consideration of its implications
- There is need to continue to strengthen the sub regional integration processes. PAHO will work towards development of a sub-regional cooperation strategy and identification of sub-regional resources in, and outside of, the Organization



**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Increased capacity to manage and coordinate national and international cooperation to advance national health development.	75.0%
2. Advocacy and/or planning with health development partners at country and regional levels.	50.0%
3. Information shared with a wide range of counterparts.	100.0%
4. Strategic focus for PAHO/WHO program of technical cooperation developed and implemented in selected countries	62.5%
5. Sub-Regional health integration processes supported.	25.0%
<b>Total for all indicators</b>	<b>65.4%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
20,104,100	20,383,170	101%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,580,187	1,580,187	100%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>21,684,287</b>	<b>21,963,357</b>	<b>101%</b>

### **3.4 Technical Cooperation Among Countries (TCC)**

#### **AOW Objective:**

TCC understood and used routinely as one of the technical cooperation modalities for health development.

#### **Highlights of achievements in 04-05:**

- Recognition of TCC by Governing Bodies as an important mechanism to enhance horizontal technical cooperation and exchange information and experiences among countries
- 44 projects approved (disease control and risk management, environmental health, family and community health, health services, family and community health, inter-sectoral action, emergencies and humanitarian assistance)
- 18 projects finalized
- Extensive cooperation on Haiti (4 projects carried out with Cuba, Paraguay, and Uruguay)

#### **Lessons learned and applied in 06-07:**

- TCC has proved successful in helping countries overcome asymmetries in their participation in integration process and in defining the sub-regional health and development agenda; PAHO will continue to emphasize TCC as an important strategy
- The diversity and quality of current TCC projects demonstrates benefits to other countries of existing capacities and experience in the Region.
- TCC projects are generating a wealth of knowledge, improving relations between countries, and strengthening national development processes, which in turn are contributing to the solution of common problems, promoting inter-sectoral coordination, and formulation of sound public policies

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Initiatives in health in subregional integration processes or among other groups of countries monitored and supported.	100.0%
2. Technical Cooperation among Countries initiatives supported	100.0%
Total for all indicators	100.0%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
3,298,900	1,924,260	58%
Other Sources Budget	Other Sources Expenditure	% Expenditure
0	0	n/a
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
3,298,900	1,924,260	58%

### **3.5 Regional Director's Development Program (RDP)**

#### **AOW Objective:**

Valuable models and/or opportunities for TC seized and unforeseen needs addressed.

#### **Highlights of achievements in 04-05:**

- Support to the International Network of ECO-Clubs in their strategic planning and development in the international arena by supporting the IV Meeting of their Directing Council.
- Support the development of policies and regional and national programs in medical emergency services, recognizing that this is an area requiring much assistance in the Region due to increasing urbanization, violence and traffic accidents, among others.
- Support to various activities across the Region drawing attention to and promoting road traffic safety, the theme of World Health Day 2004.
- Strong collaboration and support to Global Links (through letter of agreement including ministries of health) in the shipment of medical supplies to priority countries in the Region. Over 14 shipments sent in 04-05.
- Support to the development of a strong faculty program in health sciences through the Union of Latin American Universities (UDUAL) to contribute to the development of the public health workforce.

#### **Lessons learned and applied in 06-07:**

- The RDP continues to be a very positive mechanism that allows the Director to meet unforeseen demands that typically do not form part or fall within the scope of any one technical Area or Unit and have not been specifically programmed in the biennial budget.

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Critical projects supported by the Regional Director's Development Program.	100.0%
<b>Total for all indicators</b>	<b>100.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure*	% Expenditure
1,580,000	0	0%
Other Sources Budget	Other Sources Expenditure	% Expenditure
0	0	n/a
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>1,580,000</b>	<b>0</b>	<b>0%</b>

\* Amount actually expended was \$1,266,175; however as this amount was expended under various Areas of Work, it is not included in this table.

## **4.1 Health and Human Security (HHS)**

### **AOW Objective:**

Strategic analysis supports corporate policy-making in PAHO and policies related to poverty reduction, ethnicity, globalization and the MDG, mainstreamed in the Secretariat work.

### **Highlights of achievements in 04-05:**

- Prepared and completed Work Plan for the Caribbean Commission on Health and Development and Mexico's National Commission on Macroeconomics and Health
- Mercosur and Andean Region's Commission on Investments in Health established
- Conducted Workshop on Alignment, Harmonization, and Coordination of International Cooperation for Health (Managua, Nicaragua 2004)
- Contributed to Las Americas chapter of the UN Secretary General's report on the Millennium Development Goals
- Participated in the Meeting of the Ministries of Health and the Environment (Mar del Plata, 2005).

### **Lessons learned and applied in 06-07:**

- The benefits of inter-agency cooperation and coordination within the UN system and with bilateral agencies
- Improved coordination within WHO allows synergetic action and more effectiveness
- The MDGs offer an effective and adequate framework to promote health as a priority and generate favorable public policies in the countries

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Policies for increasing impact of technical cooperation for the reduction of health inequities mainstreamed in Secretariat's work..	100.0%
2. Secretariat's capacity for implementation of corporate policies increased.	100.0%
3. Countries build on the work of the global Commission on Macroeconomics and Health.	100.0%
4. Countries supported to implement poverty reduction strategies.	62.5%
5. Countries supported to follow-up the commitments of the UN Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance.	100.0%
6. Global and Regional public goods.	100.0%
7. MDG Related Issues addressed.	100.0%
<b>Total for all indicators</b>	<b>94.2%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
5,853,200	6,073,774	104%
Other Sources Budget	Other Sources Expenditure	% Expenditure
584,600	1,774,373	304%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>6,437,800</b>	<b>7,848,147</b>	<b>122%</b>

## **4.2 Healthy Spaces and Local Development (HSC)**

### **AOW Objective:**

Countries better able to design, plan, implement, and evaluate health promotion strategies in support of local development.

### **Highlights of achievements in 04-05:**

- Countries systematically implementing and evaluating the Healthy Municipalities, Cities and Communities strategy (Argentina, Brazil, Canada, Costa Rica, Cuba, Dominican Republic, Guyana, Mexico, Paraguay, Peru, Trinidad and Tobago, and the United States)
- Other countries have disperse applications of the strategy (Barbados, Bolivia, Chile, Colombia, Ecuador, El Salvador, Guatemala, and Honduras)
- The strategy has been introduced to Anguilla, Belize, BVI, Dominica, Guadeloupe, Haiti, Montserrat, St. Kitts and Nevis, and Surinam
- The model for Healthy Work Environment has been implemented and validated in Central America
- In coordination with the Regional Center for Occupational Health and Security in Central (CERSSO in Spanish) and ILO the Regional Councils for Occupational Health were reactivated

### **Lessons learned and applied in 06-07:**

- When countries discuss and share among themselves the HMC strategy it provides mutual incentives and generates improvements
- Working with academic institutions is very helpful, they tend to have an inter-sectoral approach and are in a position to train and develop capacities of many partners that will build the strategy and support its evaluation
- Academic institutions can also help provide sustainability and continuity when governments change
- Electronic networks have facilitated communication and the exchange of information and experiences, as well as reflections on lessons learned
- Through an inter-programmatic and inter-agency approach it is possible to strengthen technical and institutional capacity in the countries
- Implementation of the project permitted inter-programmatic actions and maximization of inter-agency cooperation in the sub-region



**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Country capacity to promote health strengthened.	50.0%
2. Country capacity to create healthy municipalities and communities strengthened.	100.0%
3. Technical and institutional capacity in the countries to promote the Healthy Workplace Initiative developed.	100.0%
Total for all indicators	78.6%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
4,582,800	4,364,054	95%
Other Sources Budget	Other Sources Expenditure	% Expenditure
230,000	947,430	412%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
4,812,800	5,311,484	110%

### **4.3 Nutrition and Food Security (NUT)**

#### **AOW Objective:**

Strengthening the capacity of the Member States to design, implement, and evaluate national, regional, and local programs to modify the nutritional and health status of the population, increase access to food, and improve the health status of the highly vulnerable population living in poverty.

#### **Highlights of achievements in 04-05:**

- Countries updated their staple food iron fortification legislation and regulations to include a more bio-available iron compound
- Countries reinforcing breastfeeding and complementary feeding policies and programs
- In collaboration with Brazil's Ministry of Health, UNICEF, IBFAN, and WABA, the Latin American Network of Breast-milk Banks was established
- The ProPAN Manual available online in English and Spanish
- 9 Food and Nutrition Policies and 11 Plans have been completed
- CFNI initiated a Small Grants Program (22 projects approved and funds disbursed to groups in 10 countries)
- Hospital Dietetic Services quality assurance assessed and systems implemented in 5 countries
- An evaluation completed in Jamaica on School Feeding Programs, another ongoing in St. Vincent and the Grenadines
- Protocol for nutritional management of diabetes, hypertension and obesity developed and implementation workshops carried out in 7 Caribbean countries and also at sub-regional level
- National launch of Nutrition and HIV/AIDS Manual and training for lay care givers carried out in all 18 countries
- Research on Obesity-related Behavior Change conducted in 4 countries

**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• Development of an integrated nutrition strategy and presentation and discussion at the 2006 Directing Council may support better integration between the regional office and specialized nutrition centers, INCAP and CFNI</li> <li>• Resource mobilization is key and will be a priority activity</li> <li>• We need to better understand our unique role, comparative advantage, and human and financial resources and limitations when developing and implementing actions</li> <li>• Website must be used to share PAHO's many accomplishments in nutrition and to provide technical cooperation</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. The adoption of policies, plans, and programs for optimal nutrition, healthy eating, and an active life promoted at the national level.	41.7%
2. Epidemiological surveillance systems strengthened at the national level.	25.0%
3. Information for program planning and evaluation developed and or disseminated.	100.0%
Total for all indicators	64.3%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
6,854,000	6,600,066	96%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,365,100	2,303,412	169%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
8,219,100	8,903,477	108%

## **4.4 Food Safety (FOS)**

### **AOW Objective:**

The national institutional capacity, both managerial and technical, to develop and carry out comprehensive food safety programs, plans and projects based on scientific epidemiological information enhanced.

### **Highlights of achievements in 04-05:**

- Capacity building in countries food safety agencies to address the food chain using sound science
- Risk assessment project increased capacity to obtain, utilize and share reliable data on food-borne diseases and food contamination
- 30 countries are now members of the INFOSAN Global Network
- More countries participate effectively in the work of the FAO/WHO Codex Alimentarius Commission
- Supported, through COPAIA and RIMSA, food safety as an inter-sectoral responsibility at the technical and policy levels
- Risk communication project increased the capability in Member States to more effectively address shared responsibility for food safety from farm to table

### **Lessons learned and applied in 06-07:**

- 
- Healthy food markets and the application of the WHO 5 Keys to Safer Food at primary schools would be scaled up
- At country level, in Argentina project PROCAL for capacity building on GMP-HACCP will be expanded
- At regional level, the "Coordination of Comprehensive Emerging Infectious Disease Plans", Food Borne Diseases surveillance, and WHO Global Salm and Surv. Project will be strengthened
- Collaboration with the Department of Food Safety at WHO's HQ to enhance team work and exchange of lessons learned among the WHO Regions will be strengthened
- Collaboration with FAO, OIRSA and IICA at the Regional Level will be increased

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Risk management and national epidemiological surveillance systems for FBDs strengthened at the national level	75.0%
2. Intersectoral cooperation promoted for food safety programs and legislative harmonization.	100.0%
3. Science-based national food inspection systems promoted	62.5%
4. Programs and strategic plans of action promoted in on education, consumer protection, and social participation in food safety.	16.7%
Total for all indicators	63.6%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
3,969,900	3,582,459	90%
Other Sources Budget	Other Sources Expenditure	% Expenditure
208,500	1,161,141	557%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
4,178,400	4,743,600	114%

## **4.5 Human Ecology and Environmental Health (PHE)**

### **AOW Objective:**

Environmental health institutions and community participation strategies strengthened as key elements to improve urban health, local development, equity and social justice.

### **Highlights of achievements in 04-05:**

- Developed conceptual framework for technical cooperation at the local level through consultation with Mayors and local authorities
- Completed analysis of local development experiences with healthy environments, healthy municipalities, productive municipalities, primary health care and local services, basic sanitation and food security
- Completed consultation on urban health and collection of urban health profiles for cities with more than one million inhabitants

### **Lessons learned and applied in 06-07:**

- Transition to the new unit following restructure of the organization took longer than anticipated
- The new unit did not have sufficient human resources to carry out its responsibilities and consequently, the achievement level in many of the expected results was lower than anticipated

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Institutional capacity in health for sustainable development, including alliances with other sectors, strengthened at country level.	25.0%
2. Urban health and epidemiological determinants in the urban environments studied and published.	100.0%
3. Instruments for the definition of policies, national strategies, and identification of priority projects with criteria for health and equity developed and applied.	100.0%
4. The strategy for the citizen mobilization consolidated and the networks for the formation of leadership in environmental health strengthened.	50.0%
<b>Total for all indicators</b>	<b>57.1%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
14,167,800	13,482,274	95%
Other Sources Budget	Other Sources Expenditure	% Expenditure
942,800	1,722,789	183%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>15,110,600</b>	<b>15,205,062</b>	<b>101%</b>

## **5.1 Research and Knowledge Sharing (RKS)**

### **AOW Objective:**

Equitable and ethical knowledge-based culture established within the Secretariat supported by the generation of quality documents, research, innovative processes and optimal use of technology.

### **Highlights of achievements in 04-05:**

- Timely response to demands for information from Country Offices
- Increased and broaden use of staff mission and consultant reports, Communities of Practice (CoPs), and internal staff exchange
- Promoted integration of effective knowledge and learning work and management and leadership
- Attention to group and organization-wide learning and KM skills acquisition
- Application of knowledge and learning principles as part of staff competency assessments
- Systematic assessment of knowledge and learning requirements in planning the strategies
- Established research networks and collaborative research projects tackling priority health problems related to the MDG's and primary health care intervention
- Developed a better knowledge and understanding of the health research systems and scientific production in the Region
- Created a "community of practice" with the health research managers in the Region sharing information, experiences and lessons learned
- Engaged the Ministries of Health, Science, and Technology in selected countries, to establish health research policies and health research agendas



**Lessons learned and applied in 06-07:**

- Principles of Knowledge Management at all levels of the organization
- Fast changing environment require an acceleration of learning cycles
- The organizational KM strategy must be embraced at each level
- Organizational units are responsible for content generation and ensuring that quality, peer review procedures, and publication standards are followed
- Strategy and actions must tie-in with research (resources, networking of experts, best practices, and evidence-based information)
- Additional integrated groups of interest (Communities of Practice), e.g. child health, adolescent health, woman's health will be established

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Intellectual Asset Management strengthened.	100.0%
2. Mechanisms and tools for dissemination of scientific and technical information developed and functioning.	62.5%
3. Virtual Health Library promoted and developed at national and international levels.	100.0%
4. Capacity for information dissemination improved to support increased access to knowledge.	100.0%
5. Mechanisms for the transfer of knowledge and best practices developed.	50.0%
6. Research capacity strengthened and research on relevant regional health problems by individuals, institutions or intercountry collaborative groups supported.	41.7%
7. Mechanisms for facilitating the participation of society in scientific activity tested.	25.0%
8. BIREME's and VHL's technology operating to support international level of service.	100.0%
9. VHL upgraded.	100.0%
10. Situation with respect to scientific information and	75.0%

communication reviewed continuously.	
11. Quality health information available through a range of publications made accessible to stakeholders.	100.0%
12. Health information and marketing needs determined and used in decision-making and marketing coordinated with partners.	70.0%
13. Institutional memory database updated.	100.0%
14. Management of PAHO's web pages improved and staff trained to use the web more effectively.	70.0%
<b>Total for all indicators</b>	<b>74.4%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
14,213,600	12,939,943	91%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,957,200	5,259,368	269%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>16,170,800</b>	<b>18,199,310</b>	<b>113%</b>

## **5.2 Health Information and Analysis (HST)**

### **AOW Objective:**

Epidemiology's analytical and problem-solving capacity in public health administration in the Region strengthened and support provided to improve the Secretariat's capacity for situation analysis. Technical information systems of the Secretariat linked, the Regional Core Data Initiative consolidated, data disaggregated to the sub-national level, and the national health and vital statistics system developed.

### **Highlights of achievements in 04-05:**

- PAHO maintained and consolidated the Regional Core Health Data Initiative, including a database of 107 basic health indicators
- 21 countries in the Region developed their own core health data initiatives, providing sub-national data for health analysis
- In collaboration with other PAHO technical units and UN agencies contributed to the regional assessment on the Millennium Development Goals
- In coordination with several regional and global initiatives (i.e. Health Metrics Network), strengthened country health information systems, including the development of reference frameworks, assessment methodologies and instruments
- Strengthened country analytical capacities through development and dissemination of methodological guidelines, powerful analytical tools, design and implementation of training activities, and direct technical cooperation
- Maintenance of the mortality and population regional database that involves more than 1,500 country/years of data since 1960 (updated more than 50 during the period)

**Lessons learned and applied in 06-07:**

- Collaborative and interdisciplinary work is essential to improve results
- Human resources capacity building is a very important to strengthen countries' analytical capacity
- Collaboration within PAHO proved fruitful for integrating continuous education programs for health services professionals via the Web
- Collaboration with academic institutions to create learning networks is cost-effective
- Existence of the Core Health Data (CHD) allowed an effective response to new demands; such as monitoring the Millennium Development Goals (12 of the health MDG indicators are already included in the CHD initiative)
- The need to identify specific areas and population groups will require disaggregated data at the sub-national level
- Using Geographic Information Systems (GIS) to analyze health-related problems and situations has proven valuable and has many applications in public health

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Standardized methods and models for health situation analysis, as an essential public health function, available in the countries and the Secretariat	75.0%
2. Standards for public health surveillance produced to support the exercise of this function.	100.0%
3. Human resources of Ministries of Health and the Secretariat trained in the use of epidemiological analysis in health situation analysis.	81.3%
4. Strategic information for public health administration accessible and widely disseminated.	100.0%
5. Public health information systems and analytical capacity strengthened, including core health data.	100.0%
6. Geographic information systems in Epidemiology and Public Health (SIG-Epi) strengthened and developed conceptually, methodologically, and operationally	87.5%

7. Virtual communities and technology instruments created and maintained to support training in epidemiology, statistics, and health analysis.	100.0%
8. The definition, collection, validation, and dissemination of the core health data and data from the information systems on mortality and population improved.	100.0%
9. Development and training procedures linked with systems for the classification of diseases and health problems improved.	100.0%
<b>Total for all indicators</b>	<b>93.6%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
12,035,100	10,639,244	88%
Other Sources Budget	Other Sources Expenditure	% Expenditure
537,800	823,187	153%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>12,572,900</b>	<b>11,462,431</b>	<b>91%</b>

### **5.3 Information and Communication Technology (ICT)**

#### **AOW Objective:**

Viable, stable and robust technology and information systems support the management and technical information requirements of the Organization without compromising the security of the Organization's information.

#### **Highlights of achievements in 04-05:**

- Increased mechanisms to support collaboration and knowledge sharing
- Improved management processes through automated workflow systems
- Increased availability and accessibility of Information and knowledge to the Secretariat, countries and partners for decision-making
- Completed IT Strategy involving participation and input from countries and technical programs. Defined IT KM Governance process
- Upgraded field offices/centers with new email systems as well as implemented technology to ensure increased security and redundancy
- Outsourced the entire PAHO mainframe operation to the UNICC – reducing costs, streamlining operations and improving business continuity resilience

#### **Lessons learned and applied in 06-07:**

- The biggest challenges facing PAHO strategic transformation are behavioral and mindset related, not technological, though IT is a principal enabler
- Greater productivity and more user friendly Ampes/Omis
- Sharepoint portal technology will gradually replace most web sites
- IT and KM Strategies will establish the basic foundation for future IT Budget requirements
- Virtual meeting technologies provide both an attractive collaborative toolbox and opportunity to significantly reduce travel budgets
- Improved and simplified records of meetings – focus on decisions and actions
- Vigilance on intra and inter team communications – increased use of virtual collaboration tools and targeted portal services
- More involvement of team leaders, and teams themselves in resource mobilization

#### **Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. ICT strategic plan developed and guides work.	75.0%
2. The development, implementation, and maintenance of applications are done with increased efficiency and effectiveness.	12.5%
3. Stable and secure computing environment and network for PAHO is provided.	50.0%
4. Effective communications capabilities to headquarters and country offices is provided for telephone, voice, video, e-mail and Internet access, enabling users to communicate in a timely manner.	62.5%
Total for all indicators	52.5%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
7,597,700	8,034,751	106%
Other Sources Budget	Other Sources Expenditure	% Expenditure
774,400	0	0%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
8,372,100	8,034,751	96%

## **5.4 Essential Medicines: Access, Quality and Rational Use (EDV)**

### **AOW Objective:**

National and regional capacity for policy-making, management, and quality assurance of drugs and other health inputs improved.

### **Highlights of achievements in 04-05:**

- Resolution on Access to Medicines was drafted, and approved by PAHO's Directing Council during the 45th Session
- Regional study on generic drug policies focusing on countries with different approaches to generic policies, developed
- Strong support to the 2dn Round of Price Negotiations for ARVS involving 11 countries in the Region (August, 2005)
- Regulatory authorities subject of a diagnostic study to improve the process of registration and quality of vaccine production (BOL, VEN, PER, URU, ARG, CUB, HON, MEX)
- The Strategic Fund operating structure and coordination mechanism revised to focus support through national working groups in procurement and supply management
- Strategic Fund operating principles have been published and disseminated, and a communication strategy developed for the Fund including the development of the Strategic Fund webpage
- Two meetings on Intellectual Property Rights and Access to Medicines held (Managua, Nicaragua, and Santo Domingo, Dominican Republic)
- Fund mobilized within PAHO, particularly in the area of medicines through HIV program, Global Funds, and Communicable diseases (Malaria, TB)



**Lessons learned and applied in 06-07:**

- Integrating the Unit's BPB is needed, with a common baseline and access to essential quality technologies
- Inter-programmatic coordination is necessary to strengthen joint efforts; inter-programmatic and cross-cutting initiatives will be enhanced during the 2006-07 biennium
- Different coordination mechanisms for decentralization and sub-regionalization should be established in 2006-07

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Development, implementation, and evaluation of drug policies that facilitate access to essential drugs supported with computerized information on the pharmaceutical sector in the Region of the Americas	33.3%
2. Harmonized regional proposals developed within the framework of the Pan American Network for Drug Regulatory Harmonization (PARF Network) and countries supported in the application of quality standards for pharmaceutical products.	100.0%
3. Rational use of drugs promoted, including joint programs with medical and pharmacy schools, greater access to scientific information from independent sources, and improvements in patient information sources.	81.3%
4. National and regional supply systems analyzed, strategies for the management of health inputs developed, and process for prequalification of suppliers strengthened	50.0%
5. Quality products facilitated for the Member States and systems for managing health inputs developed.	62.5%
Total for all indicators	66.7%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,160,000	2,409,113	112%
Other Sources Budget	Other Sources Expenditure	% Expenditure
461,600	5,697,067	1234%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>2,621,600</b>	<b>8,106,180</b>	<b>309%</b>

## **5.5 Clinical Technology and Blood Safety (CLT)**

### **AOW Objective:**

Strengthen national and regional capacity for policy-making and quality assurance in public health and clinical laboratories, blood banks, and transfusion services and in the regulation and use of medical technology.

### **Highlights of achievements in 04-05:**

- Carried out several evaluations and prepared guidelines and technical documents on quality assurance and radiological protection
- Very active organizing, co-sponsoring and supporting educational activities at the national, regional, and global levels
- At the global level organized the XI regular meeting of the Inter-Agency Committee for Radiation Safety (IACRS) and assumed the Secretariat of the IACRS
- Published a course on Laboratory Quality Management and held Regional workshop in Central America
- 8 Standard Operating Procedures on Emerging or Re-emerging disease diagnostic published or updated prior to implementation; all these diagnostics validated through International Proficiency Testing Programs
- Licensing and accreditation processes for Clinical Laboratories are progressing in most countries

### **Lessons learned and applied in 06-07:**

- The Region benefited from collaboration with International Organizations, collaborating Centers, and Professional Societies; it is highly recommended to continue the exchange of information and collaboration with these partners
- In order to improve technical capabilities in the Region for effective, safe and secure disease control, and to promote the unification of diagnostic criteria, a Regional Public Health Institute Network will be developed
- The network of partners needs to be included in health technology activities
- We need to work with the academic sector to promote the organization of programs on clinical engineering and technology management
- We need to promote the organization of professional and scientific societies and facilitate participation in global forums on technology

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Quality of clinical laboratory operations strengthened and support provided for the institutional development of public health laboratories.	75.0%
2. The dissemination of laws and standards and the development and implementation of mechanisms that contribute to the safety of blood for transfusion, promoted.	25.0%
3. Support provided in the countries to develop diagnostic imaging and radiation therapy services, enforce regulations to protect against ionizing and non-ionizing radiation, and boost the capacity to respond to radiological or nuclear emergencies.	81.3%
4. Capacity to operate and maintain the physical plant and equipment of the health services network in the countries of the Region strengthened and support provided for the regulation and operation of medical devices.	85.0%
Total for all indicators	67.2%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,097,800	2,359,962	112%
Other Sources Budget	Other Sources Expenditure	% Expenditure
625,000	2,242,659	359%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
2,722,800	4,602,620	169%

## **6.1 Leadership and Public Health Infrastructure (PHI)**

### **AOW Objective:**

Improve the institutional capacity of governments and civil society to develop and manage equitable, effective, and sustainable health systems, and improve the strategic function of the steering role of the sector, including adequate performance of essential public health functions.

### **Highlights of achievements in 04-05:**

- Strengthened institutional national capacities for measuring and implementing the Essential Public Health Functions, in particular the Steering Role
- Developed methodologies and training exercises to support the countries in the analysis of the health sector, with recommendations for decision makers on how to strengthen the sector and improve health systems performance

### **Lessons learned and applied in 06-07:**

- Strengthening the NHA Steering Role Function in LAC countries should be a top priority of technical cooperation efforts in the Region.
- Adaptation and application of the Methodological Guidelines for Evaluation of the National Health Authority Steering Role function is a crucial exercise that facilitates the identification of specific interventions to strengthen the steering role function in LAC countries
- Incorporation of indicators related to PHC, gender, indigenous populations, and older adults in the methodological guidelines for the elaboration of Country Health Systems Profiles and Health Sector Analyses is essential for the identification of inequities in the health sector
- Adaptation of the methodological guidelines to the unique context of each country allows for Health Systems Profiles and Health Sector Analyses to more adequately reflect the actual situation of each country, which facilitates the development of appropriate policies and strategies

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Institutional capacity to carry out the sectoral steering role function will be strengthened, for the definition of policies and the intervention development in health oriented to the equity in the access and the quality of care.	50.0%
2. Health systems performance of the essential functions and infrastructure of the public health evaluated and improved.	43.8%
3. The process for sector reform reoriented to include criteria for equity and experiences shared.	66.7%
4. National institutional capacity to develop health policies and health objectives will be strengthened.	75.0%
5. National institutional capacity to develop health policies and define and plan national health objectives will be strengthened.	100.0%
<b>Total for all indicators</b>	<b>63.3%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
12,133,600	10,610,215	87%
Other Sources Budget	Other Sources Expenditure	% Expenditure
2,858,700	5,616,458	196%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>14,992,300</b>	<b>16,226,673</b>	<b>108%</b>

## **6.2 Social Protection in Health (SPH)**

### **AOW Objective:**

Promote the development and adoption of policies, institutional reforms, and regulatory and financial mechanisms that guarantee public access—regardless of gender, ethnic group, economic level, or age—to priority health services, under conditions where there is financial protection and care with dignity.

### **Highlights of achievements in 04-05:**

- Strengthened national capacity for the use of indicators, evaluation methods, and economic and financial analysis of public policies and national health and social protection systems
- Strengthened country capacity to increase social investments and social protection in health, and to optimize public expenditures with equity interventions
- Carried out advocacy, production, and dissemination of knowledge, analytical frameworks, and other instruments to support social protection policies in health and strengthen national capacity to assure universal insurance

### **Lessons learned and applied in 06-07:**

- Technical cooperation needs to shift towards direct support for the development and implementation of policies, mechanisms, and strategies for the extension of social protection in Health
- MDGs need to be mainstreamed in technical cooperation through scaling up health systems and extending social protection in health
- Models for evaluating health systems performance and initiate their evaluation need to be developed
- Coordination with health services technical cooperation for enhanced Primary Health Care will be pursued

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Social exclusion in health in the Region will be evaluated.	25.0%
2. Opportunities for social dialogue and consensus that generate policies and interventions for social protection in health will be created and strengthened.	25.0%
3. Proposals will have been made to improve capacity for economic analysis, reorient financing, and optimize sectoral expenditure.	62.5%
4. Development and implementation of basic social service packages within the framework of social protection in health processes will be promoted.	50.0%
5. Proposals will have been prepared to reorganize and extend benefits provided by Social Security institutions in the countries of the Region.	62.5%
6. National institutional capacity to design legislation and regulatory frameworks and tools for social protection in health will be strengthened.	25.0%
7. Capacity will be developed to apply a gender perspective to health data analysis and to produce the respective regional and national profiles on health and gender equity.	100.0%
8. Intersectoral action and interagency collaboration on gender and health actions will be promoted.	62.5%
9. Information on gender and health will be widely disseminated.	100.0%
10. The use of integrated models will be promoted for health and community care for the elderly in the Region.	100.0%
Total for all indicators	66.7%



**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
4,878,100	4,835,495	99%
Other Sources Budget	Other Sources Expenditure	% Expenditure
692,400	2,028,528	293%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>5,570,500</b>	<b>6,864,023</b>	<b>123%</b>

### **6.3 Health Services Delivery (OSD)**

#### **AOW Objective:**

Improve the response capacity of health services in order to minimize inequalities in access to them, organize services more efficiently, respond more effectively to the health needs of the population, meet the needs and expectations of users, and attain financial sustainability in the medium and long term.

#### **Highlights of achievements in 04-05:**

- Renewal of Primary Health Care in the Americas
- Evaluation of the Decade of the Indigenous Health Initiative
- Improvements in nursing and midwifery services
- Strengthening of managerial capabilities of health care managers and providers through productive management methodology
- Drafted a new regional technical cooperation framework for oral health
- Documentation, expansion and consolidation of ocular health program

#### **Lessons learned and applied in 06-07:**

- Need to expand and consolidate partnerships and alliances with other stakeholders in order to achieve AoW Expected Results
- Need to develop a resource mobilization strategy to implement AoW activities
- Need to implement a communication strategy in order to disseminate AoW achievements
- Need to target more the technical cooperation work to the neediest population groups and countries

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Care models will be reviewed, developed, and implemented in accordance with the needs and expectations of users in the countries.	25.0%
2. Support will be provided to the countries in developing health service systems that are population-based, directed toward the most vulnerable groups, and organized on the basis of primary health care, and that make predominant use of ambulatory services, and employ a multisectoral approach to health care.	75.0%
3. Support will be provided for development in the countries of the institutional capacity for national and local management of health service networks and health facilities.	45.0%
4. Organization and development in the countries of ongoing programs to ensure and improve the quality of care will be supported.	8.3%
5. Support will be provided for development of national capacity to define and address inequalities that affect the health outcomes and needs of indigenous peoples, as well as their access to services.	100.0%
6. Institution-building will be supported for programs for fluoridation and odontological services developed in the Region.	43.8%
7. Normative and operational strengthening of ocular health programs will be promoted within the framework of health service development.	100.0%
8. National capacity will be strengthened to prevent disabilities and develop rehabilitative care and services.	100.0%
<b>Total for all indicators</b>	<b>62.9%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
8,331,000	8,588,271	103%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,659,800	2,039,960	123%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>9,990,800</b>	<b>10,628,232</b>	<b>106%</b>

## 6.4 Human Resources for Health (HRH)

### AOW Objective:

Improvement in the performance of human resources in health through the strengthening of policies, the steering role function, management, regulation, and training and ongoing professional development.

### Highlights of achievements in 04-05:

- Prepared Human Resources development proposal for the next decade at the Regional Forum for Human Resources Observatories in Toronto, Canada (October 2005)

### Lessons learned and applied in 06-07:

- Mid-term alliances with countries where national programs are building a human resources critical mass allow facilitate access to them
- Synergies can be generated at the sub-regional level by building work programs and mobilizing resources together around common issues
- Utilization of consultants at the sub-regional level allow development of new areas of work but is no substitute for the work programs that need to be carried out in country

### Level of achievement by Expected Result:

Expected Result	Achievement level (indicators)
1. National capacity for policymaking, planning, and regulation of human resource processes will be strengthened.	100.0%
2. Two regional seminars on human resource policies will be developed.	100.0%
3. The performance, management, and professional development of the public health work force will be improved.	62.5%

4. Human resource coverage and access to high-quality in-service education will be increased by developing and strengthening institutional capacity for in-service and distance education.	62.5%
5. Reorient professional profiles and training processes to improve their relevance and quality in terms of health needs and care models.	50.0%
6. Strengthen health leadership in the development of universal health.	62.5%
Total for all indicators	73.5%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
9,674,600	9,024,021	93%
Other Sources Budget	Other Sources Expenditure	% Expenditure
581,600	690,351	119%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
10,256,200	9,714,372	95%

## **7.1 Tobacco (TOB)**

### **AOW Objective:**

National capacity strengthened for the promotion of risk management, including tobacco use prevention, providing the necessary elements to influence other sectors responsible for reducing risks that can damage health.

### **Highlights of achievements in 04-05:**

- 32 countries signed the FCTC and 16 ratified it by December 2005
- 22 countries improved tobacco control legislation
- 12 countries created smoke free environment in key settings as part of the Smoke Free Americas initiative
- 34 countries implemented the Global Youth Tobacco survey at least once, and 12 countries repeated it
- All 6 countries of MERCOSUR and Associate States conducted comprehensive tobacco economic studies to guide their tobacco control policies and interventions

### **Lessons learned and applied in 06-07:**

- A small investment in NGO activities paid great dividends in terms of advancing the tobacco control agenda; the “Channeling the Outrage” program was very successful in involving civil society in tobacco control
- The Smoke Free Environments strategy could be better advanced with the full involvement of local governments; it should be continued at the local level
- Countries with successful comprehensive tobacco control programs, such as Brazil, Canada and Uruguay, serve as providers of horizontal technical cooperation, and collaborating centers in these countries should be created or strengthened

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. National capacity to implement smoke-free environments in public places and workplaces will be increased in all countries.	100.0%
2. Countries will have increased capacity to implement effective tobacco control policies.	100.0%
3. Countries will have produced surveillance data pertaining to youth tobacco use, exposure to second hand smoke or tobacco control policies.	100.0%
<b>Total for all indicators</b>	<b>100.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
827,900	889,467	107%
Other Sources Budget	Other Sources Expenditure	% Expenditure
69,000	1,315,987	1907%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>896,900</b>	<b>2,205,454</b>	<b>246%</b>



## **7.2 Environmental Risk Assessment and Management (ERA)**

### **AOW Objective:**

More countries in the Region will conduct environmental and occupational risk assessment, epidemiological surveillance, will develop environmental and occupational health indicators.

### **Highlights of achievements in 04-05:**

- Pesticide Surveillance consolidated in 7 Central American countries
- Baseline preparation activities for acute pesticide poisoning and strengthening of health information and registry systems launched in 10 South American countries
- TCC carried out between El Salvador and Colombia, and Bolivia and Colombia, on lab test harmonization, development of national studies, and production of educational material
- Institutional capacity in 8 countries for malaria control and use of DDT strengthened
- Pilot plans for Health Environment for Children launched in Argentina, Ecuador, Paraguay, the Dominican Republic and Uruguay
- All countries in the Region have eliminated lead in gasoline
- A system for the notification, registry, and surveillance of pesticide accidents and intoxications operating in 9 countries
- Progress made in the implementation of the Regional Plan for Workers (9 countries)

### **Lessons learned and applied in 06-07:**

- Increased recognition for establishing integrated and inter-sectorial health systems for workers at the national, sub-regional, and regional levels, as a basic tool in the strategy to reduce occupational risks and hazards
- The success of the regional and national plans requires the collaboration of everyone involved with workers health and use of an inter-sectorial approach at high-level meetings, such as in the Summit of the Americas

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. National technical and institutional capacities strengthened to reduce or eliminate the occupational risks and to control occupational diseases and accidents.	100.0%
2. Regional Plan on Worker's Health implemented in 20% of the Region based on Resolution XIII (DC42-1999).	100.0%
3. Projects would have been implemented and supervised on environmental and occupational surveillance, control of environmental health problems, occupational diseases and accidents, and environmental health indicators.	100.0%
4. A regional network for the promotion of healthy environment for children established.	100.0%
5. The Regional network of chemical safety continues operating.	100.0%
<b>Total for all indicators</b>	<b>100.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
4,777,700	3,483,084	73%
Other Sources Budget	Other Sources Expenditure	% Expenditure
0	3,466,840	n/a
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>4,777,700</b>	<b>6,949,924</b>	<b>145%</b>

### **7.3 Tuberculosis and Emerging Diseases (TED)**

#### **AOW Objective:**

Implementation of programs to prevent and control tuberculosis and emerging and reemerging diseases in the Region of the Americas.

#### **Highlights of achievements in 04-05:**

##### **TUBERCULOSIS**

- Expansion of DOTS coverage to more than 85% in 2005
- Strengthened TB programs technical, managerial and research capacity through training of central and intermediate level staff in international workshops
- Increased M&E missions with specific activities for the 10 priority countries (DOTS coverage expansion completed in 5 of these countries and increased in the rest)
- Collaborative TB/HIV activities and TB/HIV implementation and epidemiological surveillance carried out in 12 countries
- Community DOTS strategy, with community leaders participating in case detection and direct observed treatment, implemented in indigenous populations in 9 countries
- Supranational laboratory network, developed with participation of regional laboratories and collaborating centers
- Regional laboratory network operating with participation of national network chiefs
- Countries ratified their commitment for TB control and endorsed the Regional Strategic Plan of TB 2005-2015 (Resolution DC 46.R12)
- Resource mobilization through successful submission of projects to the Global Fund (Ecuador, Peru, Brazil and Paraguay) and USAID

##### **EMERGING DISEASES**

- 4 sub-regional emerging infectious diseases surveillance networks operational
- 35 Member States actively participated in the IHR review process
- 11 Member States develop a National Influenza Preparedness Plan
- 4 reference laboratories for viral diseases provide diagnostic services, quality control and support to field investigations
- Cost analysis of hospital (14) and community (2) acquired infections carried out

**Lessons learned and applied in 06-07:**

**TUBERCULOSIS**

- To achieve goals and objectives we need long-term strategic planning that harmonizes cooperation and identifies needs and gaps; the Regional Program is encouraging all countries to prepare National TB Control Plans
- To respond to new challenges and to the different epidemiological and operational realities, regional planning must adopt a differentiated approach; during planning, countries should take on each level (province/states or departments/districts) in accordance with epidemiological and operational parameters in order to better implement control measures
- Countries sharing their successful experiences vis-à-vis TB control measures among vulnerable population groups (prisoners and indigenous populations) has provided incentives in the Region, and the Regional Program will extend control measures to these vulnerable populations
- Many countries developed successful advocacy, communication and social mobilization initiatives that can serve as regional and global models; during 2006–2007 the Regional Program will work to facilitate greater sharing of experiences among countries
- Improving epidemiological surveillance of TB in the countries has enabled better understanding of TB patterns; surveillance parameters and epidemiological indicators will be used in each country's planning process
- Formation of National Stop TB Committees has generated community participation and permanent advocacy in the countries; in the next biennium, all priority countries will be encouraged to form Stop TB Committees
- The GFATM implementation process posed a major challenge for NTPs, all have identified the need to strengthen technical assistance; the Regional Program can increase the necessary advisory services in accordance with country needs
- The contribution of the Technical Advisory Committee has made it possible to enrich strategic planning and harmonize partners' technical contribution; the Committee will actively participate in the process of implementing and monitoring the Regional Strategic Plan

**EMERGING DISEASES**

- Network participants need to be continuously encouraged to share and collaborate; in 2006-07 we will provide new tools to facilitate interaction and pro-actively stir participation
- There was a tendency to focus exclusively on Influenza, in 2006-07 we will promote strategic orientation to integrate generic surveillance capacity building in efforts being made for Pandemic Flu preparedness
- Clinical physicians need to be attracted to work in surveillance activities, including antimicrobial resistance

#### Level of achievement by Expected Result:

Expected Result	Achievement level (indicators)
1. Coverage of the strategy for DOTS/TAES (Directly Observed Treatment, Short Course/Strictly Supervised Treatment, Short Course) will be expanded and completed in 25 countries.	62.5%
2. Programs will be promoted to contain resistance to antimicrobial drugs, consistent with the international strategy on the topic.	62.5%
3. The countries will be prepared with actions to confront the West Nile virus.	70.0%
<b>Total for all indicators</b>	<b>65.9%</b>

#### Financial Execution:

Regular Budget	Regular Budget Expenditure	% Expenditure
8,111,600	7,320,046	90%
Other Sources Budget	Other Sources Expenditure	% Expenditure
5,527,500	12,196,262	221%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>13,639,100</b>	<b>19,516,308</b>	<b>143%</b>

## **7.4 Malaria and Other Vector-borne Diseases (VEC)**

### **AOW Objective:**

Promote implementation of the overall strategies for vector-borne disease control.

### **Highlights of achievements in 04-05:**

- Transmission of vector-borne *Trypanosoma cruzi* by *Triatoma infestans* interrupted in Argentina and Brazil (600,000 Km<sup>2</sup> and 22 million people are now free from risk of transmission)
- Brazil interrupted vector-borne transmission of *Trypanosoma cruzi* by *Triatoma infestans* in 12 of its 13 states
- Paraguay with certified interruption of the vector-borne transmission of *Trypanosoma cruzi* by *Triatoma infestans*, in one department and probably within a short time in the Eastern Region of the country
- Creation and operation of the Sub-regional Initiative of Prevention and Surveillance of Chagas disease (AMCHA) in the Amazon region, with 9 member countries
- Operation of 5 International sub-regional initiatives on prevention, control, and care of Chagas disease (Southern Cone, Central America, Andean, Amazon region and Mexico)
- Substantial improvement of coverage and quality in the screening of Chagas disease in blood banks of the Region

**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• Advocating TB program alignment and harmonization in all levels of work (global, regional, sub-regional, country, and grass-roots) leads to results</li> <li>• Identifying, enabling, and sustaining TB champions; and bridging gaps between policy and practice will be continued</li> <li>• The ability to harmonize and link different sources of financing or projects to promote components of the dengue regional strategy in the different sub regions and the utilization of the economic and social forums to promote resolutions and joint plans will be strengthened</li> <li>• The sub-regional approach for the regional strategy for dengue made it possible to work in bloc in important socioeconomic fora for health, such as MERCOSUR, RESSCAD, and RECACER</li> <li>• Consolidation of the technical group on dengue in charge of delivering technical cooperation to the countries and the multidisciplinary approach given to national dengue strategy will be pursued</li> <li>• Inter country sub-regional work on Chagas and coordination of the international technical cooperation on Chagas will be strengthened</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Coverage of the strategy to prevent and control malaria will be implemented and expanded in countries that have the disease and where it is endemic, within the context of the Roll Back Malaria initiative.	25.0%
2. The integrated strategy to prevent and control dengue will be implemented, on the basis of Resolution CD43.R4, approved on September 26, 2001 by the Directing Council.	100.0%
3. Areas of interruption of the transmission of Chagas by <i>T. infestants</i> in the Southern Cone and by <i>Rhodnius prolixus</i> in Central America will be expanded and consolidated, and the initiatives of Mexico, the Andean countries, and the Amazon basin will be fully operational, with control results.	40.0%
Total for all indicators	55.0%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
5,061,400	4,984,563	98%
Other Sources Budget	Other Sources Expenditure	% Expenditure
2,785,000	5,804,361	208%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>7,846,400</b>	<b>10,788,924</b>	<b>138%</b>



## **7.5 Neglected Diseases and Research (NDR)**

### **AOW Objective:**

The countries implement regional policies to reduce the burden of neglected diseases and improve research capacity.

### **Highlights of achievements in 04-05:**

- Development of new or improved trapping for Chagas diseases vector using attractant substances
- New approaches for the characterization T, cruzi and its vector in areas with peri-domiciliary and non domiciliary transmission
- Studies on cost and efficacy of current control strategies and new or improved surveillance systems supported (MEX, GUT, BRA)
- 2 studies about efficacy on improved strategies for peri domiciliary transmission approved (Argentina, Peru)
- Strategic plan for research developed
- Alliance with new partner and contacts with new feasible ones established
- Program for research related to MDGs initiated
- Mobilization of funding

### **Lessons learned and applied in 06-07:**

- The importance of strengthening basic epidemiologic capabilities / surveillance capacities for monitoring program results and impact and for the performance of evidence-based programmatic and strategic decisions
- The need to strength alliances and coordinate efforts in all levels of work
- The need to intensify resource generation to support the communicable disease prevention and control work, including aspects of proposal development and inter-sectoral partnerships that can potentially enhance coverage, further reduce disease burden and share financial costs

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Conditions will be created to carry out strategies for comprehensive control of geohelminthiasis/schistosomiasis within the framework of other ongoing strategies, such as the lymphatic filariasis elimination program, the healthy schools program, micro-nutrient programs, etc.	25.0%
2. Research projects will be designed and carried out to strengthen programs to prevent, control, and eliminate communicable diseases, and to coordinate the WHO Program for the control of Chagas'.	100.0%
3. Activities to eliminate leprosy, as well as the consolidation and sustainability of those activities, will be promoted and evaluated.	100.0%
4. Strategies will be promoted and implemented to eliminate lymphatic filariasis, onchocerciasis, geohelminthiasis, and schistosomiasis.	75.0%
<b>Total for all indicators</b>	<b>85.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
892,500	689,680	77%
Other Sources Budget	Other Sources Expenditure	% Expenditure
500,000	2,627,008	525%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>1,392,500</b>	<b>3,316,689</b>	<b>238%</b>

## **7.6 Noncommunicable Diseases (NCD)**

### **AOW Objective:**

Countries would have developed a public health approach to NCD prevention and control, and based on appropriate health information, and including improved standards of care.

### **Highlights of achievements in 04-05:**

- NCD Risk Factor Survey conducted in 5 Central American capitals
- Quality of care improvement-demonstration projects successfully implemented in Mexico (diabetes) and El Salvador (cervical cancer prevention)
- Network of CARMEN countries expanded to 22 in the region
- CARMEN special projects implemented: Policy observatory (Brazil, Canada, Costa Rica) Local surveillance systems ( Argentina, Brazil, Chile) capacity building /Carmen school (Brazil, Chile, Uruguay)
- National Health promotion and NCD prevention policies and programs developed in Brazil, Chile, Costa Rica and Mexico
- Cervical cancer screening programs in 8 countries (Honduras, El Salvador, Guatemala, Dominican Republic, Peru, Panama, Bolivia and Argentina) revitalized and strengthened
- Knowledge has been gained on use of alternative cervical cancer screening and treatment methods in low resource settings (screening with VIA is a good complement to the conventional Pap test; cryotherapy is feasible and safe as a treatment method delivered; and a single visit screen and treat approach is feasible and can mitigate the loss to follow up care)
- The TATI demonstration project in San Martin, Peru successfully implemented
- The ACCP Cervical Cancer Program Manual for Managers finalized and disseminated in the Region
- The RedPAC program improved the quality of 45 cytology laboratories in 7 Latin American Countries (Bolivia, Chile, Costa Rica, Ecuador, Mexico, Peru, and Venezuela)
- Marked improvement of inter-sectoral work between public health and transportation and urban planning sectors

**Lessons learned and applied in 06-07:**

- The CARMEN network has created momentum and revitalized interest among participating countries to develop and implement chronic disease prevention and control programs; there is a strong sense of ownership, commitment and involvement in the CARMEN network activities by the participating countries, which will be fostered into the next biennium
- Chronic disease and risk factor surveys conducted in Central America have yielded valuable information for programs and policies and helped build a basis for future surveillance systems
- The innovative model for chronic conditions, pilot tested in 2 countries, is a very useful method to improve quality of care; this model will be applied to chronic disease programs in other countries in the next biennium
- There are insufficient human and financial resources within PAHO, the PWR country offices, and the Ministry of Health to fully address the rising burden of chronic diseases in this Region; resource mobilization efforts will need to continue into the next biennium
- Opportunities are also needed for training and continued education for health professionals in chronic disease surveillance, prevention and control

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Integrated community-based NCD prevention programs developed and evaluated, within the framework of the CARMEN network.	100.0%
2. Interventions for behavior change management of NCDs evaluated	100.0%
3. Local surveillance systems for NCDs and its risk conditions established, with particular emphasis on behaviors.	100.0%
4. Knowledge and information available for NCD program implementation and management.	62.5%
5. Population-based management models for the	100.0%

detection and control of chronic conditions evaluated in terms of costs and effectiveness, with particular emphasis in, diabetes, hypertension and cervical cancer.	
6. A “Regional” program for the prevention of cervical cancer developed.	100.0%
<b>Total for all indicators</b>	<b>93.8%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
4,314,900	3,854,834	89%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,766,900	4,872,161	276%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>6,081,800</b>	<b>8,726,995</b>	<b>143%</b>

## 7.7 Veterinary Public Health (VPH)

### AOW Objective:

Member Countries formulate policies and carry out plans and activities to prevent and control zoonoses, and to eradicate foot-and-mouth disease.

### Highlights of achievements in 04-05:

- Elimination of human rabies transmitted by dogs in 90% of the countries
- Progress towards Foot-and-Mouth disease elimination

### Lessons learned and applied in 06-07:

- Successful inter-sectorial, inter-programmatic activities carried out with different international organizations and PAHO units; particularly in zoonoses that represent a risk for our region
- Increased collaboration with FAO, OIE, OIRSA and IICA at regional level
- The experience obtained by PAHO on the development of surveillance systems could be used in the future for other zoonoses that are considered priorities in the region
- Diagnostic tools for foot-and-mouth disease will be developed
- Information and knowledge management strategies will be strengthened

### Level of achievement by Expected Result:

Expected Result	Achievement level (indicators)
1. Human rabies transmitted by dogs will be eliminated; sylvatic rabies will be epidemiologically monitored; and bovine tuberculosis, brucellosis, and parasitic zoonoses that affect animal and human health will be controlled.	57.1%
2. Conditions will be ensured for eradicating foot-and-mouth disease, protecting free areas, and keeping the Region free of “mad cow” disease (Bovine spongiform encephalopathy – BSE).	62.5%

3. Systems will be structured for surveillance of equine encephalitis, leptospirosis, and parasitic zoonoses, and for mechanisms for the early detection of animal reservoirs, emerging diseases, and agents of animal diseases with potential use for bioterrorism.	25.0%
4. Biomedical models in vivo and in vitro and ways to conserve and reproduce primates will be developed.	100.0%
5. Public services for veterinary and animal health will be developed and adapted.	62.5%
Total for all indicators	60.5%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
8,735,700	8,906,593	102%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,922,000	3,092,615	161%
Total Budget (RB & OS)	Total Expenditure (RB & OS)	Total % Expenditure
10,657,700	11,999,207	113%

## **8.1 Women's and Maternal Health (WMH)**

### **AOW Objective:**

Countries better equipped to develop and implement holistic and integrated women, maternal and perinatal health programs, and interventions.

### **Highlights of achievements in 04-05:**

- Development of maternal mortality baselines in the Dominican Republic and El Salvador
- Situation analysis, literature review, and protocol for the multi-country study "Exploring the Relationship between Intimate Partner Violence and Maternal and Perinatal Health"
- Research on availability and utilization of EONC in health networks in Paraguay and Guyana
- Development, in collaboration with MOH and MNH experts, of the "Women, Families, and Communities" strategy
- Collaboration with universities and professional associations, such as the Pan American Federation of Nursing Professionals in the preparation of nursing standards for prenatal normal care (tool validated in 3 countries)
- Strengthening of maternal and perinatal/neonatal mortality and morbidity epidemiological surveillance systems within the Network of Associated Centers to PAHO/CLAP in Bolivia, Cuba, Colombia, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay, Peru y Dominican Republic; and TCC Programs with the English Caribbean, Guyana, and Jamaica
- Strengthening, expanding and improving nursing and midwifery in the region



**Lessons learned and applied in 06-07:**

- The momentum created by launching the interagency consensus on maternal mortality reduction and celebration of WHD, has brought renewed attention to maternal and child health issues in the LAC Region, in the 06-07 biennium, activities have been planned to follow-up at regional and country levels
- Social protection in maternal and child health emerged as a key issue in maternal, neonatal and child health, we have planned specific joint inter-programmatic activities with Health Policy and Systems Development
- Activities of the Regional Interagency Task Force for Maternal Mortality Reduction will continue to be a main focus; emphasis will be placed on strengthening CICC committees and interagency coordination in-country and at local levels
- Although there is progress in advocacy for and promotion of essential obstetric and neonatal care at country level, many countries still have gaps in the provision of basic and comprehensive obstetric and neonatal care services
- PAHO's participation as a Maternal Mortality Reduction Task Force member brings benefits from WHO's research efforts on evidence-based practices for reduction of maternal mortality, which it can disseminate within the Region
- One of the most important contributions of the Network of Centers was to disseminate the MOH experience in participating countries; PAHO/WHO Representatives played a fundamental role integrating the initiative within cooperation activities with the Ministries
- Countries have shown special interest in the Perinatal Information System (SIP) and its use as a monitoring epidemiologist tool; most of the CLAPS's technical cooperation activities relate to its implementation, and in general SIP has been its axis

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Public policies, plans, programs and projects on sexual and reproductive health (SRH), male involvement and maternal mortality reduction at regional, national and local level.	100.0%
2. Evidence-based norms, standards and guidelines on selected aspects of sexual and reproductive health, developed and disseminated.	62.5%

3. Monitoring, surveillance and evaluation systems for women's health programs and maternal, and perinatal programs strengthened and countries' progress towards the MDGs monitored.	100.0%
4. Alliances, networks and inter-agency coordination at regional and country level in maternal mortality reduction and SRH supported..	100.0%
5. Reorientation of services in SRH including EOC and male involvement; empowering women, families and communities as effective interventions for making pregnancy safer.	62.5%
6. Network of centers collaborating with CLAP strengthened and providing TC to countries.	81.3%
7. The Perinatal Information System (SIP) will be disseminated and implemented as an effective tool of epidemiological surveillance for maternal and perinatal morbidity.	66.7%
8. Multi-center research and activities of the Network of Associated Centers of CLAP will be strengthened and supported.	50.0%
9. Latest scientific information on beneficial practices of maternal and perinatal health and its adoption strategies will be made available to countries.	33.3%
10. CLAP's research findings will be translated into practice guidelines and generate tools and protocols for country programs and practitioners on main causes of maternal mortality and morbidity.	15.0%
Total for all indicators	67.2%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
5,708,700	5,106,302	89%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,132,500	4,544,941	401%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>6,841,200</b>	<b>9,651,243</b>	<b>141%</b>

## 8.2 Child and Adolescent Health (CAH)

### AOW Objective:

Countries would have adopted a broader development approach to the health needs of children and adolescents and key components of effective and sustainable, integrated, child health actions in place.

### Highlights of achievements in 04-05:

#### CHILD HEALTH

- 30 projects on community IMCI implemented (10 countries)
- IMCI incorporated into the curriculum of 110 schools of medicine in Argentina, Brazil, Colombia, Peru, Ecuador and Paraguay
- Establishment of partnerships with ALAPE and AAP to endorse Training Course of Neonatal Resuscitation Program with the participation of MOH professionals and national pediatricians and neonatal scientific societies
- Countries with high neonatal mortality rates (above 20 per 1000 live birth) have adapted and are in training for implementation of IMCI neonatal strategy at health facilities and community levels

#### ADOLESCENT HEALTH

- High priority countries have plans and national programs in adolescent health that contribute to the MDGs
- 6 countries established policies and national plans for youth development and violence prevention using a public health approach
- Distance education initiative trained 500 health care providers in the region
- Integrated Management of Adolescent Needs (IMAN) strategy under implementation including data collection, health system and services, and community component (under development)

**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• Strong inter-programmatic collaboration between Units specially FCH/AI, FCH/WM and other areas: SDE/HS, THS/OS, AD/GE, HRT/EV and DPC/CD</li> <li>• New partnership and strategic alliances at the regional and national level (UN agencies, bilateral, private sector)</li> <li>• PAHO was very successful in extra-budgetary resource mobilization and working with civil society in the present biennium</li> <li>• Inter-programmatic collaboration between FCH/CA and FCH/AI at regional, sub regional and national levels to share human resources was effective</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Interventions for the achievement of selected health-related Millennium Development Goals implemented by ministries of health and other institutions.	50.0%
2. Actions to promote healthy behaviors by individuals and families, implemented by the ministries of health, Red Cross Societies, and community organizations.	100.0%
3. Access to children's primary health care expanded through the implementation of IMCI by the faith-based organization networks.	25.0%
4. Scope and implementation of IMCI strategy expanded	50.0%
5. National capacity to promote the integral development and health of children less than 10 years old strengthened.	62.5%
6. The countries' technical capacity to develop policies, plans, programs, and services using an integrated strategy will be strengthened in order to improve the health and development of adolescents and young adults.	81.3%
7. Plans and programs that promote sexual and reproductive health and the prevention of HIV/AIDS in adolescents and young adults will be developed and implemented.	100.0%

8. Support will be provided to selected Central American countries to promote youth development and sexual and reproductive health.	62.5%
9. Countries' technical capacity to promote the development of adolescents and young adults and prevent violence will be strengthened.	100.0%
<b>Total for all indicators</b>	<b>75.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
4,891,900	4,906,587	100%
Other Sources Budget	Other Sources Expenditure	% Expenditure
7,517,100	4,905,919	65%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>12,409,000</b>	<b>9,812,506</b>	<b>79%</b>

### **8.3 Education and Social Communication (HED)**

#### **AOW Objective:**

Governments and stakeholders better able to jointly plan, implement, and evaluate comprehensive, multi-sectoral programs school health programs.

#### **Highlights of achievements in 04-05:**

- The Healthy-Promoting Schools Initiative strengthened with Regional Plan of Action 2003-2012, Latin American Network meetings, partnership with EDEX (a health education NGO); and alliances and agreements with UNESCO, WFP, FAO, OEA, and collaborating and aspiring collaborating centers
- Plans to prevent intentional and/or unintentional injuries defined at national or municipal level in Costa Rica, Honduras, Nicaragua, El Salvador, Bolivia, Brazil, Colombia and Jamaica
- Hospital surveillance systems for intentional and unintentional injuries operating in Nicaragua (5 hospitals); El Salvador (3 hospitals); Colombia (7 hospitals); Jamaica (11 hospitals); Honduras (1 hospital), and Peru
- Violence observatories established in municipalities in Panama, Nicaragua, El Salvador, and Colombia
- Inter American Coalition for the Prevention of Violence and Central American Coalition for the Prevention of Youth Violence established
- Youth violence prevention project in Nicaragua, Honduras, El Salvador, Colombia, Peru and Argentina under implementation

**Lessons learned and applied in 06-07:**

- National institutional capacity continues to be strengthened with support and opportunities presented through participation of NGOs and school health and education experts in Latin American Networks of HPS regional meetings
- Development and strengthening of alliances directed to support the HPS Regional Initiative and HPS in the countries requires close work with country based Collaborating Centers and Centers of Excellence
- Joint efforts with NGOs, OAS, UNESCO, EDEX, Fe y Alegría, and others, permitted to define criteria for developing regional guidelines to strengthen the HPS Initiative and the Latin American and Caribbean Networks of HPS, including criteria for certification/accreditation of HPS, and compilation of evidence
- Project sustainability is a crucial issue, we need to improve governments' commitment through human resources and budget allocation
- New stakeholders at national and international level deserve closer attention to improve outcomes

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. All countries will have increased capacity to implement health and life skills education in schools at all education levels	62.5%
2. Capacity for managing social communication and mobilization programs for health improvement strengthened.	62.5%
Total for all indicators	62.5%



**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
3,405,000	2,693,348	79%
Other Sources Budget	Other Sources Expenditure	% Expenditure
18,100	252,316	1394%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>3,423,100</b>	<b>2,945,664</b>	<b>86%</b>

## **8.4 Mental Health and Substance Abuse (MNH)**

### **AOW Objective:**

The countries of the Region will implement policies and mental health plans that promote the mental health of the population and achieve the goal of reducing the damage attributable to the use of alcohol and illegal drugs.

### **Highlights of achievements in 04-05:**

#### **MENTAL HEALTH**

- Fully documented diagnosis of the state of the mental health services, using a WHO instrument
- Progress in the development of epidemiologic research for mental health planning as part of a world-wide effort
- Process of reforming mental health services strengthened
- Production of training materials (e.g., disasters, promotion of mental health)

#### **ALCOHOL**

- Regional analysis alcohol-related burden of disease
- Supported epidemiological research in countries where no similar data had been collected before
- Production of training and advocacy materials for promoting alcohol policy and surveillance
- Strengthened the capacity of health professionals in primary care to screen and intervene on early alcohol problems
- Promoted the exchange of information and collaboration between countries on alcohol related topics

#### **HUMAN RIGHTS**

- Successful collaborations within PAHO areas and units (Disability, Legal Affairs, Ageing, Indigenous Peoples, HIV/AIDS, among others)
- Collaboration with Regional bodies outside of PAHO and the public health field (Inter-American Commission on Human Rights)
- Collaboration with national human rights institutions outside of the public health field (Ombudsman offices)

**Lessons learned and applied in 06-07:**

**MENTAL HEALTH**

- Almost all countries have joined PAHO efforts to upgrade mental health services
- Several areas of work require further development, such as mental health of the indigenous communities; mental health of children and the elderly

**ALCOHOL**

- Strong advocacy needed for supporting effective alcohol policies; more studies (particularly in Caribbean countries) are also needed to inform the policy debate

**HUMAN RIGHTS**

- Training workshops on human rights and mental health in-country are equally important to internal training (PWR's offices and headquarters)
- Outcomes of the work on human rights and mental health can be extended to other areas of work such as disabilities, indigenous health, and access to medicines

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Capacity of countries will be improved to collect and disseminate information relating to mental health, and substance dependence.	50.0%
2. Capacity will be increased to develop research that supports implementation of mental health policies and services.	100.0%
3. Support will be provided to countries to improve their capacity to formulate and implement policies and plans related to mental health and substance dependence.	66.7%
4. Countries assisted to plan and evaluate programs to prevent and treat mental disorders and to meet the mental health needs of vulnerable groups.	50.0%

5. Capacity to develop new legislation in mental health will be strengthened, and human rights of people with mental health problems promoted.	62.5%
6. Support will be provided to the countries to develop policies, programs and services for the control of alcohol and drug use and the treatment of situations attributable to them.	75.0%
Total for all indicators	67.6%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
2,137,900	2,378,037	111%
Other Sources Budget	Other Sources Expenditure	% Expenditure
75,000	793,102	1057%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>2,212,900</b>	<b>3,171,139</b>	<b>143%</b>

## **8.5 Immunization and Vaccine Development (VID)**

### **AOW Objective:**

National capacity strengthened to deliver equitable vaccination with high coverage and quality.

### **Highlights of achievements in 04-05:**

- Remarkable progress in the implementation of strategies for effective interruption of endemic rubella transmission in the Southern Cone
- Nicaragua conducted a national immunization campaign against rubella and measles, targeting all men and women aged 6 to 39 years
- Partnerships for new vaccine introduction (rotavirus, HPV, and pneumococci) were strengthened with CDC, CIDA, GAVI, UNICEF, SVI, PneumoADIP, and PATH/RVP
- All countries have standardized reporting on immunization coverage
- Renewed emphasis placed on sustaining National Immunization Programs (NIPs) in the context of introducing new vaccines and achieving the MDGs
- Strengthened regional capacity for vaccine production as well as research and development of new vaccines

**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• Measles importation cannot be prevented, but its consequences can be limited through high and homogeneous coverage and good surveillance</li> <li>• Rubella elimination strategies can work and contribute to strengthening health care systems</li> <li>• Rubella elimination is an essential strategy for maintaining the Region free of measles and polio</li> <li>• Strengthening national capacity to respond to measles importation will benefit countries responses to influenza and other infections disease threats</li> <li>• Reporting must be improved, including providing more information on selected indicators to evaluate VWA more fully</li> <li>• Need to standardize rotavirus and pneumococcal disease surveillance across countries</li> <li>• Need to maintain continuous monitoring of surveillance data and indicators</li> <li>• Need for new approaches to sustainability of immunization programs in the context of new vaccine introduction</li> <li>• Need to involve and coordinate participants in post-marketing surveillance at the country level (National Regulatory Authorities and Immunization Programs), in a unified system for vaccine effectiveness and safety</li> <li>• Need for early PAHO involvement in project proposal development</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Plans and policies for improving the management and delivery of sustainable programs develop and discussion.	100.0%
2. Strengthen national, regional, and local management capabilities for the delivery of immunization services and for sustaining and improving vaccination data quality.	62.5%
3. Surveillance systems for vaccine-preventable diseases working efficiently.	62.5%
4. Efficient procurement and transportation of vaccines through the revolving fund.	50.0%
5. Epidemiological surveillance systems developed to monitor diseases for which vaccines are being developed.	100.0%
Total for all indicators	72.7%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
3,940,400	3,252,890	83%
Other Sources Budget	Other Sources Expenditure	% Expenditure
7,242,000	21,536,629	297%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>11,182,400</b>	<b>24,789,519</b>	<b>222%</b>

## **8.6 AIDS and Sexually-Transmitted Infections (HIV)**

### **AOW Objective:**

National and Inter-country technical and managerial capacity to prevent and control HIV/AIDS/STI improved and expanded.

### **Highlights of achievements in 04-05:**

- The Regional target of 600,000 on ART reached and exceeded at end of 2005
- 34 countries developed work plans and received direct technical and financial support from the 3 by 5 initiative
- Country offices strengthened with full time professionals (8 new professionals)
- Sub-regional coordinators appointed in the Andean Region, Central America and a WHO special advisor seconded to PAHO/CAREC in the Caribbean
- Regional Revolving Fund for Strategic Public Health Supplies consolidated
- Negotiations held between 11 Latin American governments and 26 pharmaceutical companies with the support of PAHO, Ministries of Health, NGOs, and 6 organizations of people living with HIV
- Member States supported development of Regional HIV/STI Plan for the Health Sector 2006-2015, launched in November 2005
- Significant progress in the elimination of congenital syphilis (ECS)



**Lessons learned and applied in 06-07:**

- Mobilizing resources to maintain and further strengthen WHO program of work for HIV/AIDS in the medium-long term is the biggest challenge; countries need help setting their own national targets for care and treatment
- Other challenges include limited human resources and weak linkages with health systems and services; emphasis will be given to strengthen them with 2 working groups (Health Systems and Services, and Financing and Insurance of HIV/AIDS Comprehensive Services)
- Considerable integration of the sub-regional institutions/organisms and social security systems is required to maximize impact of proposed strategies in procurement and supply management.
- It will be important to integrate the program of work in IP and generic medicines regulation with PANDHRA, to ensure coherence between mechanisms of regulatory harmonization and with regional strategies promoting access to medicines
- Primary prevention efforts must be expanded to ensure they reach all the populations at risk; the main challenge is doing so without compromising the gains in access to treatment and care
- It is extremely urgent to sensitize and train health teams on preventive approaches, especially those aimed at highly vulnerable groups; development of appropriate educational/training material has been a factor that caused a delay in implementation of activities, particularly French-language materials
- Activities with civil society members must be planned during holidays or weekends, which limit the possibilities for scheduling activities
- Involvement of professional groups is critical and necessary for successful implementation of national guidelines in several areas, including the use of blood
- In the area of PMTCT resources are needed to coordinate efforts with others, especially UNICEF; the combined approach to STI prevention, including congenital syphilis, should be continued
- With regards to data, we need to develop a regional common set of relevant variables to ensure comparability, ensure that data collected reflects trends, and reinforce data analysis
- Countries should report data desegregated by sex and age; this will give a more accurate picture of progress and gaps in treatment
- ART data should link to other systems, such as SAM, and drug logistics
- Support needs to continue for the EpiNet to ensure that the group meets at least one time a year to discuss new developments in this area

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Successful plans and projects for the prevention and control of HIV/AIDS/STI prepared and under implementation.	100.0%
2. Evidence-based strategies and models of HIV/AIDS/STI preventive interventions developed.	62.5%
3. Comprehensive care policies and strategies established.	66.7%
4. Second-generation HIV/AIDS/STI surveillance strategies operational.	75.0%
5. Adoption of appropriate STI strategies will be further promoted to strengthen national control activities.	62.5%
<b>Total for all indicators</b>	<b>76.8%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
1,832,400	2,293,612	125%
Other Sources Budget	Other Sources Expenditure	% Expenditure
3,060,100	13,050,186	426%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>4,892,500</b>	<b>15,343,798</b>	<b>314%</b>

## **9.1 Human Resources Management (HRM)**

### **AOW Objective:**

Human resources management services provided to all PAHO offices, in an efficient and timely manner while ensuring compliance with established manuals, rules and procedures.

### **Highlights of achievements in 04-05:**

- Developed Human Resources policy on HIV / AIDS in the workplace
- Prepared and implemented Code of Ethical Principles and Conduct
- Prepared and implemented PAHO's Policy on the Prevention and Resolution of Harassment in the Workplace
- Implemented Family-Friendly policies
- Implemented WHO's e-Recruitment System
- Developed an Electronic Performance Evaluation System
- Initiated development of an Expertise Locator
- Initiated improvements to PAHO's Personnel database
- Implemented the use of SharePoint in its Recruitment Process
- Developed an HRM Correspondence Tracking System
- Established the Office of the Ombudsman

**Lessons learned and applied in 06-07:**

- HRM will be convening a working group of staff at headquarters and at country level to determine what functions can be decentralized and what training and monitoring will be necessary to successfully move these functions to the units
- HRM is working with ITS to automate the workflow for the PAHO-562 in order to reduce processing time and paper flow, and ensure tracking
- HRM needs to actively pursue automation of its data and updating existing databases; creation of a post within HRM to spearhead this important effort is being contemplated for this biennium
- Classification of posts is a key component in HR planning and PAHO needs to strengthen this area to ensure it makes the best use of its resources
- The existence of a multiplicity of contractual mechanisms in PAHO is problematic and administering so many different types of contracts is extremely time-consuming; PAHO will be reviewing its contractual mechanisms in an effort to streamline them

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Good human resources practices are implemented throughout PAHO.	25.0%
2. Staff with the necessary skills and competencies are recruited for the work of the Organization on a timely basis.	25.0%
3. Staff facilitated to work effectively towards the mission of the Organization.	25.0%
4. Health of staff monitored to ensure that individuals are physically fit and able to carry out their assigned duties and responsibilities.	100.0%
5. Staff are physically fit and able to carry out their assigned duties and responsibilities.	100.0%
Total for all indicators	50.0%

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
5,236,400	5,189,748	99%
Other Sources Budget	Other Sources Expenditure	% Expenditure
1,084,200	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>6,320,600</b>	<b>5,189,748</b>	<b>82%</b>

## **9.2 Support Services and Procurement (SUP)**

### **AOW Objective:**

The Secretariat responds effectively and efficiently to changing demands in technical cooperation in the areas of procurement and other services.

### **Highlights of achievements in 04-05:**

- Lowered cost of language translations
- Created cost transparency through charge-back process for travel agency operating costs and bid and changed to a new travel agency
- Generated an increase in income for PAHO, by applying the 3% service charge to procurement actions for Member States
- Focused on staff training in supervisory skills, shipping issues, computer applications, and languages

### **Lessons learned and applied in 06-07:**

- Follow-up work is needed to ensure that staff deepens their skills in translation applications and that cost savings continue
- Client feedback is important to ensure continuation of the program in future biennia – GSO will monitor the 8% charge for possible reduction if too much money is collected by the surcharge
- Assessment needs to be carried out on staffing related to actual demands on PRO for service
- Steps need to be taken to develop forecasts from the Member States, as is done with vaccines and pharmaceuticals, leading to the bidding and establishment of annual or biannual supply contracts for the most-requested products
- Member States need encouragement to plan syringe procurement requirements to effect most shipments by ocean freight, as air freight is normally five times more costly than sea freight

**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. GSP/Procurement provides procurement services in an efficient and timely manner.	100.0%
2. GSP/Translations provides the translation services in a timely manner at the lowest possible cost for the Organization.	75.0%
3. GSP/Office Services provides safe and secure environment and logistical services at PAHO HQ and to the field offices in a timely and cost-effective manner.	100.0%
<b>Total for all indicators</b>	<b>92.5%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
13,486,600	13,710,902	102%
Other Sources Budget	Other Sources Expenditure	% Expenditure
2,182,800	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>15,669,400</b>	<b>13,710,902</b>	<b>88%</b>

### **9.3 Financial Management (FNS)**

#### **AOW Objective:**

Ensure the efficient and effective management of financial resources entrusted to the Organization.

#### **Highlights of achievements in 04-05:**

- An unqualified (clear) audit opinion for the 2002-2003 biennium financial statements
- Implementation of the Regional Program Budget Policy with increased emphasis on impact at country level
- Implementation of enhanced technology capable of daily transfer of financial data between country offices and PAHO headquarters, and between country offices
- Automation of new Project Implementation Reports, which provide analysis of implementation levels of Regular Program Budget funds and partner- and donor-funded projects, in addition to standard donor/partner financial reports
- Request for Proposal (RFP) for corporate banking services both at headquarters and country offices to incorporate best practices for banking services into international wire transfers, domestic funds transfers, check processing, Payee Positive Pay, ACH blocks and filters, and automated internet-based reporting
- Automation of reconciliation of international wire transfers in the corporate accounting system
- Development of a generic interface which allows direct importation of financial data from various sources into the corporate accounting system



**Lessons learned and applied in 06-07:**

<ul style="list-style-type: none"> <li>• Realignment of the Regional Budget financial resources in order to promote equity and solidarity by improving the health status of the people in the countries with the greatest need</li> <li>• Streamlining and automation of manual accounting transactions and reconciliations in order to enhance efficiency of financial operations, while improving accuracy, thus contributing to efficiencies and elimination of posts</li> <li>• Commitment to outstanding customer service to country offices in order to support their work via visiting the country offices to assist with banking services, and automation of processes</li> <li>• Research of financial stability, as well as the capability of banks to operate in Latin America and the Caribbean, during the bank selection process</li> <li>• Ensuring daily reconciliation of bank accounts to mitigate the risk of electronic banking fraud</li> </ul>
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**Level of achievement by Expected Result:**

Expected Result	Achievement level (indicators)
1. Efficient and effective management of the Organization's financial resources achieved.	100.0%
2. Ensured the Organization's compliance to established financial accounting standards, regulations, and rules.	100.0%
3. Improved the effectiveness of mechanisms and computer technology available to manage financial resources.	100.0%
<b>Total for all indicators</b>	<b>100.0%</b>

**Financial Execution:**

Regular Budget	Regular Budget Expenditure	% Expenditure
9,960,000	10,502,463	105%
Other Sources Budget	Other Sources Expenditure	% Expenditure
3,440,100	0	0%
<b>Total Budget (RB &amp; OS)</b>	<b>Total Expenditure (RB &amp; OS)</b>	<b>Total % Expenditure</b>
<b>13,400,100</b>	<b>10,502,463</b>	<b>78%</b>