

PAN AMERICAN HEALTH ORGANIZATION /
REGIONAL OFFICE FOR THE AMERICAS OF THE
WORLD HEALTH ORGANIZATION

PROPOSED PROGRAM BUDGET

2006-2007

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FOREWORD

The Region of the Americas is the most inequitable in the world and its people face the dual public health challenges of communicable and non communicable diseases. But against this negative backdrop there is reason for optimism: Heads of Governments are showing leadership in health issues, demonstrated in international, regional and subregional policy forums; the growth forecasts for the economies of Latin America and the Caribbean are positive; countries are increasing their health investments; and Member States are committed to Primary Health Care, health promotion, improving the public health infrastructure, and advancing social protection.

Cooperation in health is also diversifying with a range of mechanisms from public-private partnerships and changing roles for multilateral organizations. The new funding arrangements available to Member States call for PAHO to help countries make the best use of these opportunities. The demand for PAHO's technical cooperation is changing but not diminishing and this challenges the Organization to innovate in its own response to the new health cooperation frameworks at country, subregional and regional levels.

I call your attention to the uniqueness of the 2006-2007 biennium. It is the first planning and budgeting cycle for which I am fully accountable. This Biennial Program Budget (BPB) reflects my interpretation of the policy guidance provided by Member States during the past two years, especially the application of the new Regional Program Budget Policy. It covers the remaining implementation period of the current Strategic Plan, and it gives the Secretariat the opportunity to consolidate and mainstream the initiatives which began at the start of my mandate to strengthen and develop the institution. It is also the biennium during which the Secretariat will respond to the evolving recommendations of the Working Group on PAHO in the 21st Century, complete the follow-up to the specially commissioned External Audit of 2004, and introduce the recommendations from the United Nations Joint Inspection Unit (JIU) to move from results-based planning to results-based management.

The process for developing this BPB has been both complex and enriching. Despite the different planning cycles in WHO and PAHO, the Secretariat has been able to use the first iterations of the regional Area of Work (AOW) Statements to participate more actively in the formulation of WHO's program budget. The dialogue with Member States has resulted in a refined proposal that better reflects the alignment between program priorities and resource allocation. The internal process used in finalizing the proposal for the Directing Council reflects the more consultative ways of working within the Secretariat to tap the institution's full intellectual capacity.

Considerable efficiencies as well as reductions in several operations have been necessary to come up with a proposal that will require no increase in PAHO assessments, despite the cost increases, especially those associated with the personnel costs. I feel duty bound however to point out for Member States the value that a 2% increase in quotas would yield for programs such as Tobacco Control and HIV/AIDS. This would also accelerate the implementation of regional strategies that do not traditionally attract voluntary contributions, such as those for the control of chronic non communicable diseases and mental health.



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