

**NINTH SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

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Provisional Agenda Item 3.1

SPBA9/2
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DRAFT PROPOSED PAHO PROGRAM AND BUDGET 2016-2017

Introductory Note for the SPBA

1. The outline of the Pan American Health Organization's Program and Budget (PB) 2016-2017 is presented to the Ninth Session of the Subcommittee on Program, Budget, and Administration (SPBA) for review and guidance. The presentation of this outline to the SPBA is the first consultation with Member States in the PB 2016-2017 development process. Subsequent consultations will include engagement of national health authorities at the country level, presentation of a complete draft to the 156th Session of the Executive Committee for review and recommendations, and submission of the final proposal to the 54th Directing Council for approval.
 2. The PB 2016-2017 is the second Program and Budget document to be developed under the PAHO Strategic Plan (SP) 2014-2019, which sets the strategic direction for the Organization, including its overarching leadership priorities. The PB will follow the programmatic framework and results chain in the PAHO SP 2014-2019 and the Twelfth General Program of Work of the World Health Organization (WHO). The impact goals, outcomes with indicators, baselines and targets, categories, and program areas remain as presented in the SP 2014-2019, and will be the foundation for the PB 2016-2017. The biennial outputs—with their respective output indicators with baselines and targets, and an estimate of resource requirements—will be defined during the PB development.
 3. The PB 2016-2017 will stem from, and build upon, the approved PB 2014-2015. It will be developed from the bottom-up, including consultations with national authorities to identify country priorities and needs. Particular attention will be paid to the actions emerging from bottom-up planning that address the special needs of key countries—Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname. At the regional level, category and program area networks will work to ensure that country-level priorities align with Region-wide and global commitments, and will consolidate them into proposed outputs for each program area, including estimating the resources required to deliver the outputs.
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4. While resource requirements will be estimated through a bottom-up process of costing biennial outputs, there are three scenarios being considered for the overall budget envelope. The first assumes zero nominal growth, i.e. no change from the 2014-2015 Program and Budget figure for base programs of US\$ 563 million¹. This scenario will require absorbing cost increases, a greater focus on priority programs, and the possible sunsetting of programs that cannot be effectively sustained. The second scenario considers a 5% increase, bringing the PB amount for base programs to \$592 million. The final scenario considers an 8% increase, for a total budget for base programs of \$608 million. While neither of the last two scenarios will fully compensate for inflation, they will enable PASB to respond to current, new, and emerging mandates and priorities, while it continues to exercise fiscal discipline.

5. For instance, a budget increase would enable PASB to respond more effectively to regional and global commitments, including: Universal Access to Health and Universal Health Coverage (CD53.R1); Health in All Policies (CD53.R2); millennium development goals in relation to ending preventable maternal, newborn, and child deaths; health-related goals that will be included in the post-2015 development agenda; action plans for the prevention and control of noncommunicable diseases (NCDs) in response to the High Level Meeting of the United Nations General Assembly; a forthcoming regional strategy and plan of action to address violence against women being developed in collaboration with Member States; strengthened capacity for preparedness, surveillance, and response as set forth in the International Health Regulations (2005) to address health system weaknesses exposed in the Ebola virus disease outbreak and address ongoing and emerging threats such as Chikungunya, while sustaining momentum towards the elimination of priority communicable diseases in the Region.

6. PASB will provide a detailed budget and programmatic analysis for the three scenarios being considered at the SPBA meeting. Based on this information the SPBA members will recommend the scenario on which PASB will prepare a complete draft Program and Budget for consideration by the Executive Committee.

7. The proposed PB 2016-2017 will be presented as an integrated budget, representing total resource requirements, independent of the sources of financing. While this is a departure from past practice, the presentation of an integrated budget will align PAHO with a significant management reform implemented in WHO starting with the WHO Programme Budget 2014-2015.

8. With an integrated budget, Member States will approve the PAHO PB in its entirety, rather than appropriating only the Regular Budget portion, which accounts for approximately half of the overall budget. This action will increase Member States' ownership of the PB and all of its results, and it will give PASB greater flexibility in the allocation of resources to priority programs while implementing the PB. The proposed budget will be financed from Member States' assessments, budgeted miscellaneous revenue, voluntary contributions, and the funding allocation to the Region of the

¹ Unless otherwise stated, all figures are expressed in United States dollars.

Americas from WHO; any budget augmentation could be shared among these sources of financing in varying proportions.

9. Further, the presentation of an integrated budget will support the consolidation of results-based management (RBM) in the Organization. Budgeting will focus on estimating the cost to deliver biennial results at each level of the Organization. Estimated costs will be aggregated at the corporate level to represent total resource requirements. The resulting figures will provide a view of resource needs across programmatic and organizational dimensions, inform subsequent allocations of financial resources, and guide resource mobilization efforts to fill funding gaps.

10. The regional PAHO Budget Policy (2012), which allocates Regular Budget appropriations, will be applied to guide the allocation of all funds in line with the integrated budget. Amendments to PAHO's Financial Regulations and Financial Rules to include the concept of an integrated budget will be presented to the SPBA in a separate agenda item.

Action by the Subcommittee on Program, Budget, and Administration

11. The Subcommittee is invited to review the outline of the Draft Proposed Program and Budget 2016-2017 and provide guidance for the development of the full proposed Program and Budget, including the recommended budget and programmatic scenario.

**DRAFT PROPOSED
PAHO PROGRAM AND BUDGET 2016-2017**

**Pan American Health Organization
Regional Office of the World Health Organization for the Americas**

March 2015

OVERVIEW

1. The Program and Budget (PB) 2016-2017 will be the second Program and Budget to be developed and implemented under the PAHO Strategic Plan 2014-2019. The Plan extensively describes the Region's socioeconomic context, including improvements in health outcomes in the countries, gaps in the achievement of recommended targets for health outcomes, and prevailing and emerging public health issues. The Strategic Plan also describes how the PAHO's work is organized into six categories and thirty program areas (five per category).
2. The Country Working Group, established by the 153rd Session of the Executive Committee and composed of 12 Member States,¹ completed the work on refining the PAHO SP 2014-2019 results and compiling a first-ever compendium of indicators to help measure the achievement of results. The SP 2014-2019 refinements were approved by the 53rd Directing Council in October 2014. The PB 2016-2017 development process will focus on formulating outputs and output indicators with baselines and biennial targets; identifying priority areas for the biennium; and estimating resource requirements by program areas and categories based on inputs from the country, subregional and regional levels of the Organization.
3. The PB 2016-2017 development process will be consultative and iterative, combining bottom-up approach guided by the Region-wide priorities and corporate commitments. The PAHO/WHO Representative Offices (PWRs) will engage national health authorities in an effort to prioritize the work to be done and the resources required in the biennial period at the country level. PASB entities at regional and subregional levels will identify the work to be done at those levels, and will coordinate with the PWRs to define the work to be undertaken with and in countries. At the regional level, technical teams (organized in networks of categories and program areas) will review and assess inputs to ensure their consistency, alignment, feasibility, and relevance to regional and country-level priorities. The result of this process will be a PB that has been jointly developed with Member States and that has their commitment and that of all levels of PASB for its successful implementation.
4. The budget envelope will be based on financial resources required by all levels of PASB for the collaboration with Member States toward the achievement of the defined biennial outputs.
5. The PB 2016-2017 is being developed at a time when the Region's countries are preparing for the potential introduction of the Ebola virus disease to the Americas while they continue to face other regional epidemics (i.e. Chikungunya), working to protect achievements in health outcomes, and advance in addressing priority areas such as maternal health, NCDs and their risk factors, mental health, violence and injuries prevention, universal access to health and universal health coverage, and the International

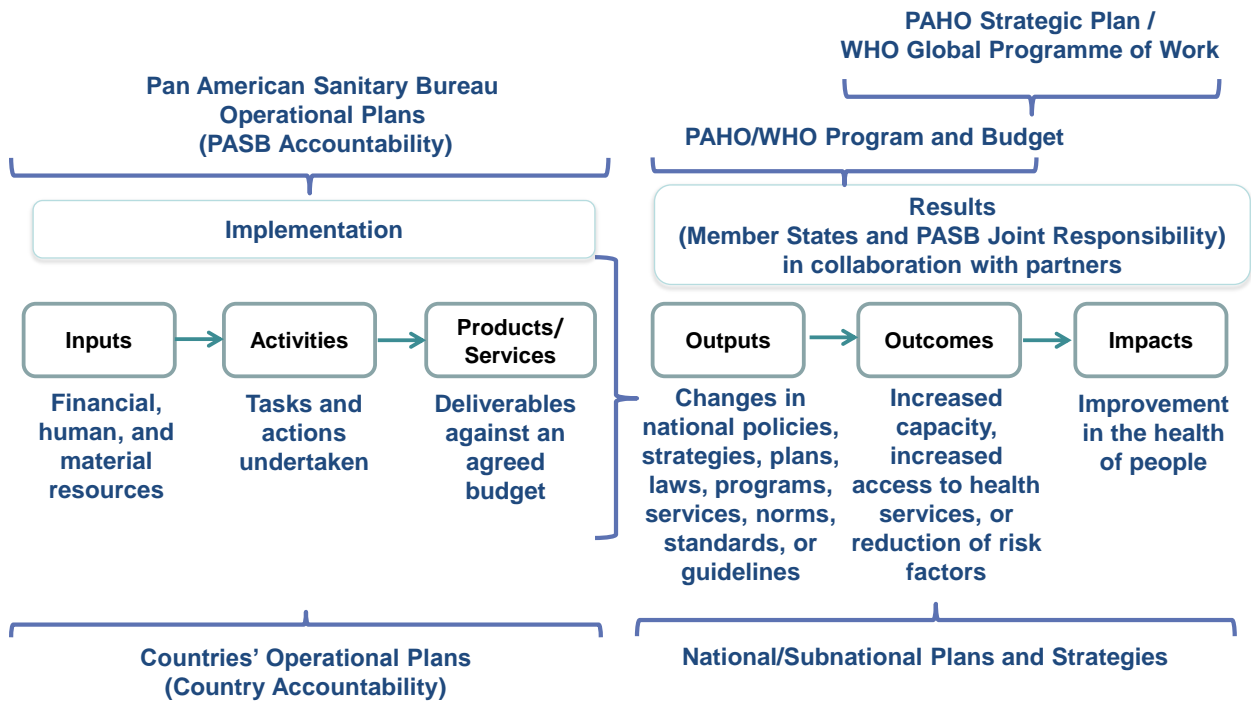
¹ The Bahamas, Brazil (Chair), Canada, Chile, Costa Rica, Ecuador, El Salvador (Co-Chair), Jamaica, Mexico, Paraguay, Peru, and the United States of America.

Health Regulations. The preparations for epidemic alert and response have the potential to strengthen the countries' health systems and services but they also require additional resources and support from PAHO.

Results-based Management Framework

6. During 2016-2017, PAHO will continue to consolidate its results-based management framework for planning, programming, and budgeting. The approved results chain for implementation of the Strategic Plan 2014-2019 and related program and budgets is shown in Figure 1. The framework is aligned with that of WHO as presented in the Twelfth General Programme of Work and relevant programme budgets.

Figure 1: Results-based Management Framework

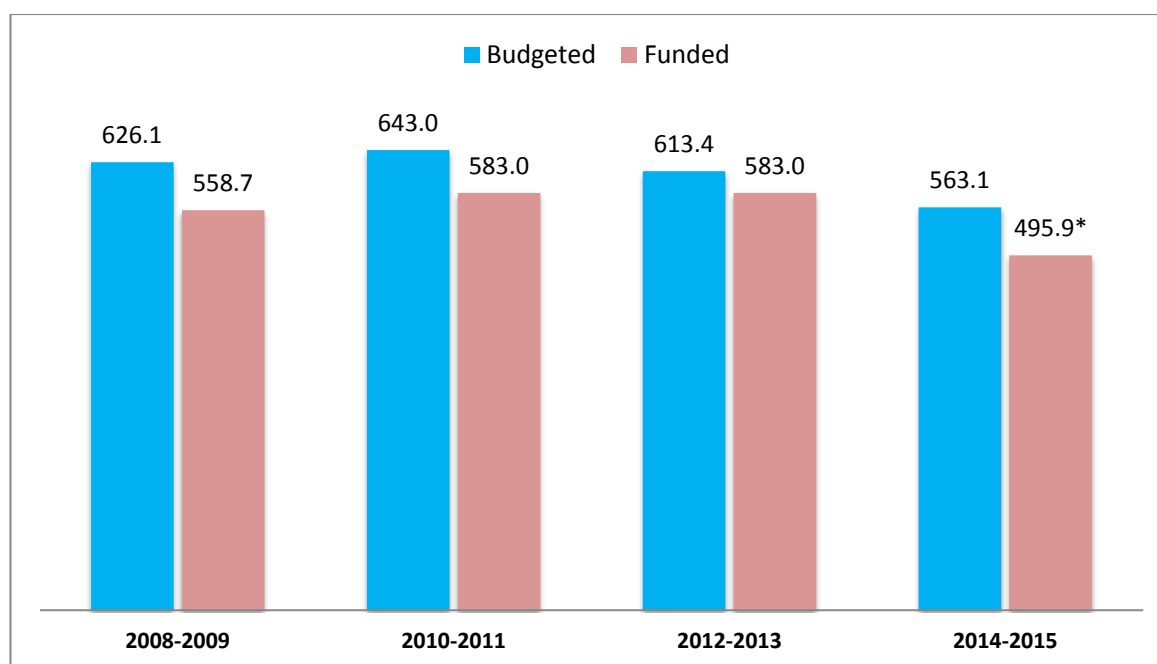


Financial Resource Requirements

7. Financial resource requirements for the 2016-2017 biennium will be estimated using a bottom-up process for costing biennial outputs; estimated resources will be grouped by programmatic and organizational dimensions. There will be three segments in the Program and Budget 2016-2017: base programs, outbreak and crisis response (OCR), and national voluntary contributions (NVCs), as outlined below and depicted in Table 1.

8. **Base Programs:** to be completed based on the budget and programmatic scenarios analysis. The information below is presented as historical data that will be considered in the preparation of the full PB 2016-2017 proposal. Figure 2 shows the trends in base program budgets over time, where the average budget in the past four biennia is \$611.4 million. As of December 2014, (midterm of the 2014-2015 PB), the funding was \$495.9 million (as shown in Figure 2). Based on this amount, it is likely that the Program and Budget will be fully funded by the end of the biennium.

Figure 2: Program and Budget Funding—Base Programs (in US\$ millions)



* As of 31 December 2014.

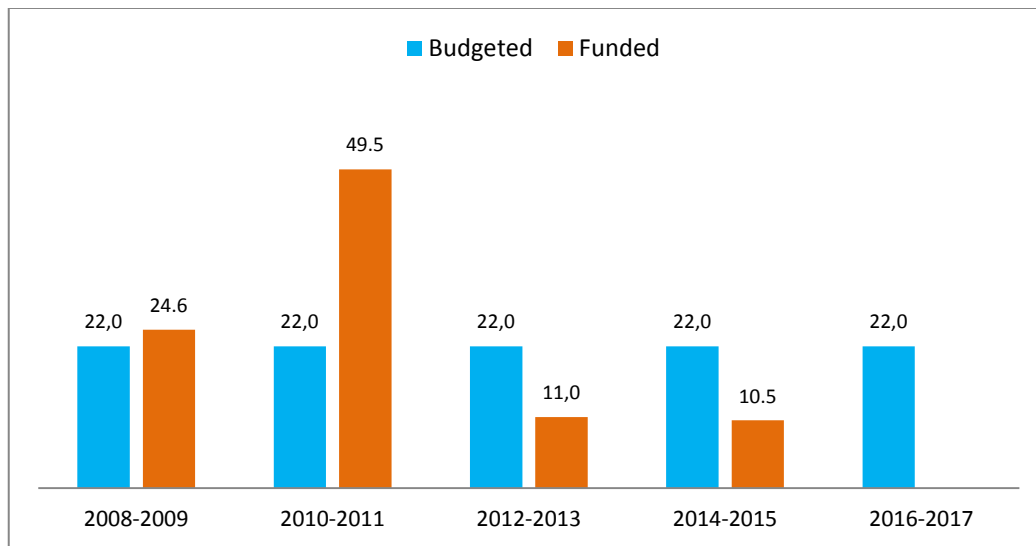
9. Budget allocations by program areas and categories for 2016-2017 will be determined through a bottom-up costing of outputs and priorities as defined in the Strategic Plan within the overall proposed budget envelope. This may result in a need to adjust allocation among the categories. For instance, Category 2, Noncommunicable Diseases and Risk Factors, and Category 5, Preparedness, Surveillance, and Response, each presently have the lowest share of budget allocation, which will need to be increased

in the 2016-2017 biennium, given their priority and profile in the Strategic Plan; on the other hand, Category 6, Corporate Services/Enabling Functions, which presently has the highest budget share, may have to be reduced to allow budget shifts to the technical categories and in line with the PASB’s continued efforts to improve efficiencies and effectiveness in such services/functions, where possible. This exercise will be conducted during the bottom-up process of estimating resource requirements.

10. Required resources will be associated with programmatic, functional, and organizational dimensions. For instance, any organizational entity, such as a country office, is part of both organizational and functional level dimensions. The budget will be allocated to a country office by programmatic category or program area to achieve agreed results. The link of the results to be delivered, the resources required, and the responsibility to deliver those results is essential for results-based management, including for accountability and transparency.

11. **Outbreak and Crisis Response (OCR):** this segment deals with the response to epidemic outbreaks and situations of crisis resulting from natural disasters or catastrophes, which are not a part of the PB base programs. Resource requirements under this segment are event-driven and cannot be realistically estimated in advance. Nonetheless, the Organization maintains a constant estimate of \$22.0 million per biennium for this purpose; the same amount will be proposed for the 2016-2017 budgetary period (see Figure 3).

Figure 3: Trends in Program and Budget —OCR (in US\$ millions)



12. **National Voluntary Contributions (NVC):** this segment is outside of the Program and Budget and is provided for reference purposes. It captures resource requirements for national health programs and activities to be funded by Member State governments within their countries. More than a dozen governments in the Region are providing voluntary contributions to PASB to jointly address national public health

priorities. The budgeted figure for 2014-2015 of \$300 million is far below the nearly \$1.0 billion received in the biennium, due largely to the Mais Médicos project in Brazil. NVCs from Colombia have also increased in recent years. Resource requirements under the national voluntary contributions segment for 2016-2017 will be determined during the planning process with countries. Figure 4 shows trends in the budgeted amounts and funds received for the national voluntary contributions segment since 2010-2011.

Figure 4: Trends in National Voluntary Contributions (in US\$ millions)

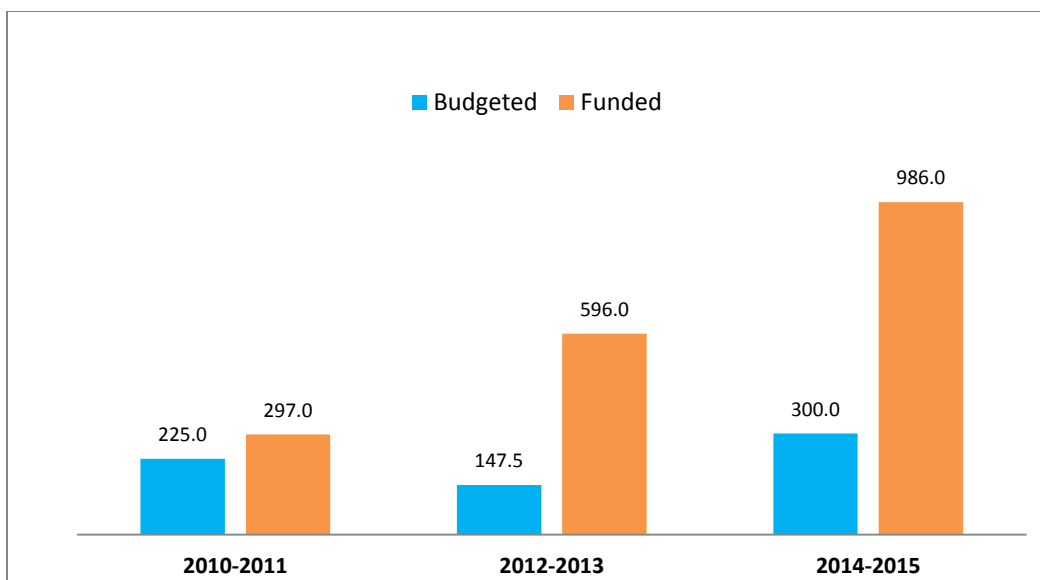


Table 1: Proposed Resource Requirements by Budget Segment (in US\$ millions)

Budget Segment	Approved Budget 2014-2015	Proposed Budget 2016-2017	Increase (Decrease)
Base Programs	563.1		
Outbreak and Crisis Response	22.0		
National Voluntary Contributions	300.0		

Resource Requirements by Functional Level

13. The proportion of resource requirements by functional level—regional, subregional, and country—is determined by the existing regional PAHO Budget Policy. At present this policy allocates regular budget appropriations. In the application of an integrated budget, the same proportionality will apply to the full Program and Budget as follows, and shown in Figure 5 below: 40% to countries, 35% to the Region, 18% for inter-country collaboration, and 7% for subregions.

Figure 5. Resource Breakdown by Functional Level according to the PAHO Budget Policy

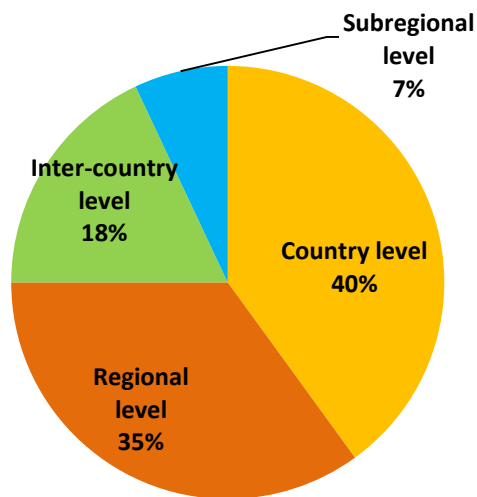


Table 2: Resource Requirements by Category and Program Area (in US\$ millions)

Category/Program Area	Proposed Budget 2014-2015	Approved Budget 2016-2017	Increase (Decrease)
1. Communicable Diseases	86.8		
1.1 HIV/AIDS and STIs	15.7		
1.2 Tuberculosis	3.9		
1.3 Malaria and Other Vector-Borne Diseases (including Dengue and Chagas)	7.5		
1.4 Neglected Tropical and Zoonotic Diseases	11.5		
1.5 Vaccine-preventable Diseases (including Maintenance of Polio Eradication)	48.2		
2. Noncommunicable Diseases and Risk Factors	48.3		
2.1 Noncommunicable Diseases and Risk Factors	21.0		
2.2 Mental Health and Psychoactive Substance Use Disorders	3.3		
2.3 Violence and Injuries	7.6		
2.4 Disabilities and Rehabilitation	2.2		
2.5 Nutrition	14.3		
3. Determinants of Health and Promoting Health throughout the Life Course	80.8		
3.1 Women, Maternal, Newborn, Child, and Adolescent and Adult Health and Sexual and Reproductive Health	42.7		
3.2 Aging and Health	1.7		
3.3 Gender, Equity, Human Rights and Ethnicity	8.6		
3.4 Social Determinants of Health	11.6		
3.5 Health and the Environment	16.2		
4. Health Systems	97.5		
4.1 Health Governance and Financing, National Health Policies, Strategies and Plans	11.9		
4.2 People-centered Integrated Health Services, Quality Health Systems	13.6		
4.3 Access To Medical Products and Strengthening Regulatory Capacity	22.9		
4.4 Health Systems Information and Evidence	32.9		
4.5 Human Resources for Health	16.2		

Category/Program Area	Proposed Budget 2014-2015	Approved Budget 2016-2017	Increase (Decrease)
5. Preparedness, Surveillance and Response	46.4		
5.1 Alert and Response Capacities (for IHR)	9.9		
5.2 Epidemic and Pandemic-Prone Diseases	8.0		
5.3 Emergency Risk and Crisis Management	19.0		
5.4 Food Safety	9.5		
5.5 Outbreak and Crisis Response	[22.0]		
6. Corporate Services/Enabling Functions	203.4		
6.1 Leadership and Governance	58.5		
6.2 Transparency, Accountability, and Risk Management	4.8		
6.3 Strategic Planning, Resource Coordination, and Reporting	49.5		
6.4 Management and Administration	77.4		
6.5 Strategic Communications	13.1		
Grand Total	563.1		

Financing the Program and Budget

14. The budget figures will be presented as the total financial resources required by the PASB to collaborate with Member States in the achievement of biennial outputs set out in the PB 2016-2017. The approved budget will be funded from the sources shown in Table 3. The amounts for 2016-2017 for each source will be defined based on the recommended scenario and the approved WHO Programme Budget 2016-2017.

Table 3: Financing sources for the Program and Budget (in US\$ millions)

Financing Sources	2014-2015	2016-2017	Increase (Decrease)	Percent Increase (Decrease)
Assessed Contributions (Net)	192.4			
Budgeted Miscellaneous Revenue	6.0			
PAHO Voluntary Contributions and Special Funds	199.8			
WHO Allocation to the Region of the Americas	164.9			
TOTAL	563.1			

- a) *Assessed Contributions* from PAHO Member States, Participating States, and Associate Members. The current gross assessments are \$105.3 million per annum or \$210.6 per biennium (including \$18.2 million for tax equalization paid by some Member States).

- b) ***Budgeted Miscellaneous Revenue***—investment income earned by the Organization. The budgeted miscellaneous revenue would be \$10.0 million for biennium 2016-2017, compared to \$6.0 million in biennium 2014-2015, based on the current trend on investment earnings. The proposed \$10.0 million could still be adjusted in the draft Program and Budget to be presented to the Executive Committee in June 2015.
- c) ***Voluntary Contributions*** mobilized by PAHO to implement the programs described in the biennial Program and Budget. These funds are usually earmarked for specific programs or projects, but PASB will work towards establishing a pool of flexible funds. The 2014-2015 PAHO budget for voluntary contributions is \$199.8 million.
- d) ***Funded allocation of the World Health Organization's*** Program Budget to the Region of the Americas. This funding source includes assessed and voluntary contributions, as well as special funds from the World Health Organization, which will be approved at the World Health Assembly in May 2015. The amount of the WHO component of the Program and Budget 2016-2017 is \$164.9 million for base programs.

CATEGORIES AND PROGRAM AREAS

15. Categories, program areas, and outcomes are listed in the following sections and will remain as presented in the Strategic Plan. The sections on outputs, priorities for technical cooperation, and risks and assumptions across categories are under development and are included in the following pages for illustrative purposes only. These sections will be updated for the Executive Committee version of the Program and Budget 2016-2017, based on bottom-up planning, including consultations with Member States.

CATEGORY 1 - COMMUNICABLE DISEASES

Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

1.1 HIV/AIDS and STIs

Outcome (OCM)

1.1 Increased access to key interventions for HIV and STI prevention and treatment.

Outputs (OPT)

- 1.1.1 Implementation and monitoring of the Regional Strategic Plan for HIV/AIDS/STI, 2006-2015 through technical cooperation at the regional and national levels.
- 1.1.2 Adaptation and implementation of the most up-to-date norms and standards for preventing and treating pediatric and adult HIV infection, integrating HIV with other health programs, and reducing inequities.
- 1.1.3 Facilitation of the development, implementation, and monitoring of national strategies for the prevention and control of sexually transmitted infections.
- 1.1.4 Updating and implementation of national plans of action for the elimination of mother-to-child transmission of HIV and congenital syphilis.

Priorities for technical cooperation

- 1.1.A Implement HIV-related strategies aligned with the four flagships: *a)* strengthen and expand treatment programs; *b)* eliminate mother-to-child transmission of HIV and congenital syphilis; *c)* advocate for setting policies and priorities and for strengthening outreach to key populations; and *d)* strengthen health information systems and the analysis and dissemination of information.
- 1.1.B Support countries in the development and updating of national strategic plans and guidelines for STI prevention and management.
- 1.1.C Support countries in the development of comprehensive national plans for the prevention and control of viral hepatitis, with emphasis on monitoring and surveillance.

1.2 Tuberculosis

Outcome (OCM)

1.2 Increased number of tuberculosis patients successfully diagnosed and treated.

Outputs (OPT)

- 1.2.1 Countries able to implement new diagnostic approaches and tools to strengthen TB diagnosis.
- 1.2.2 Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of multidrug-resistant tuberculosis patients.
- 1.2.3 Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of TB-HIV patients.

Priorities for technical cooperation

- 1.2.A Improve country capacity in the use of rapid TB diagnostic tools, application of improved laboratory practices, and delivery of care for multidrug-resistant tuberculosis patients, and integrated community-based management.
- 1.2.B Strengthen surveillance systems and increase access to quality first- and second-line drugs.
- 1.2.C Adapt TB-related emerging policies and technical guidelines to the national context.

1.3 Malaria and Other Vector-borne Diseases**Outcome (OCM)**

- 1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases.

Outputs (OPT)

- 1.3.1 Countries able to implement malaria strategic plans, with focus on improved diagnostic testing and treatment, therapeutic efficacy, and monitoring and surveillance.
- 1.3.2 Updated policy recommendations and strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection, and response.
- 1.3.3 Implementation of the new PAHO/WHO dengue classification to improve diagnosis and treatment within the framework of the Integrated Management Strategy for Dengue Prevention and Control (IMS-Dengue) and the WHO's Global Strategy for Dengue Prevention and Control, 2012-2020.
- 1.3.4 Implementation of the Strategy and Plan of Action for Chagas Disease Prevention, Control and Care.
- 1.3.5 Endemic countries able to strengthen their coverage and quality of care for patients infected with *Trypanosoma cruzi*.

Priorities for technical cooperation

- 1.3.A Strengthen efforts to prevent, control, and/or eliminate malaria in areas where it is endemic and prevent reintroduction in malaria free-areas.
- 1.3.B Strengthen national capacities in prevention, comprehensive surveillance, patient care, and early detection, preparedness, and control of outbreaks within the framework of the IMS-Dengue and the WHO Global Strategy for Dengue Prevention and Control, 2012-2020.
- 1.3.C Sustain efforts to eliminate vector-borne Chagas disease and improve the identification, diagnosis, and treatment of infected patients.

1.4 Neglected, Tropical, and Zoonotic Diseases

Outcome (OCM)

- 1.4 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination of neglected, tropical, and zoonotic diseases.

Outputs (OPT)

- 1.4.1 Implementation and monitoring of the WHO Roadmap for neglected infectious diseases (NIDs) through the regional NID Plan.
- 1.4.2 Endemic countries able to establish integrated surveillance of leishmaniasis in human population.
- 1.4.3 Implementation of the PAHO/WHO Regional Plan of Action for the Elimination of Leprosy in the Americas.
- 1.4.4 Countries able to implement plans of action for the prevention, surveillance, control, and elimination of rabies.
- 1.4.5 Countries able to implement plans of action for strengthening zoonotic disease prevention, surveillance, and control programs.

Priorities for technical cooperation

- 1.4.A Expand preventive, innovative, and intensified disease management and increase access to essential medicines for neglected, tropical, and zoonotic diseases.
- 1.4.B Strengthen national capacity for disease surveillance and the timely monitoring of progress toward certification/verification of the elimination of select neglected, tropical, and zoonotic diseases.
- 1.4.C Implement sound strategies for the prevention, control, and elimination of human rabies transmitted by dogs.
- 1.4.D Establish and/or strengthen intersectoral coordination mechanisms for managing zoonotic risks, with special focus on marginalized and indigenous populations.

1.5 Vaccine-preventable Diseases

Outcome (OCM)

- 1.5 Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases.

Outputs (OPT)

- 1.5.1 Implementation of the Global Vaccine Action Plan 2011-2020, as part of the Decade of Vaccines Collaboration, to reach unvaccinated and under-vaccinated populations.
- 1.5.2 Implementation of the Emergency Plan of Action to Maintain the Americas Free of Measles, Rubella, and Congenital Rubella Syndrome.
- 1.5.3 Countries able to generate evidence on the introduction of new vaccines.
- 1.5.4 Maintenance of regional surveillance systems for the monitoring of acute flaccid paralysis (AFP).
- 1.5.5 Countries able to implement new algorithms for the isolation and intra-typic differentiation of poliovirus with improved performance indicators.

- 1.5.6 Processes established for long-term poliovirus risk management, including containment of all residual poliovirus and the certification of polio eradication in the Region.

Priorities for technical cooperation

- 1.5.A Strengthen national immunization programs to improve access of vulnerable populations to quality vaccination services and achieve >95% coverage in at-risk municipalities.
- 1.5.B Sustain efforts to keep the Region free of polio, measles, rubella, and congenital rubella syndrome, emphasizing strengthening surveillance systems.
- 1.5.C Build country capacity to generate the necessary evidence to facilitate decision making on the introduction of new vaccines (e.g., rotavirus, pneumococcal conjugate, human papillomavirus), thus accelerating the reduction of morbidity and mortality related to vaccine-preventable diseases.
- 1.5.D Identify, secure, and rigorously monitor collections of wild-type polio viruses, destroy remaining stocks, or transfer collections from inadequately secured laboratories to a minimal number of facilities that meet internationally recognized standards for biosafety and biosecurity.

Resource requirement by program area (US\$)

Category and Program Area		Total
1.1	HIV/AIDS and STIs	
1.2	Tuberculosis	
1.3	Malaria and Other Vector-borne Diseases	
1.4	Neglected, Tropical, and Zoonotic Diseases	
1.5	Vaccine-preventable Diseases	
<i>Category 1 subtotal</i>		

CATEGORY 2 - NONCOMMUNICABLE DISEASES AND RISK FACTORS

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

2.1 Noncommunicable Diseases and Risk Factors

Outcome (OCM)

- 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors.

Outputs (OPT)

- 2.1.1 Countries able to develop national multisectoral policies and plans to prevent and control noncommunicable diseases (NCDs) and risk factors, pursuant to the regional plan of action on NCDs.
- 2.1.2 Countries able to strengthen evidence-based interventions, regulations, and guidelines for the prevention and control of NCDs and risk factors.
- 2.1.3 Countries able to strengthen their NCD and risk-factor surveillance systems.
- 2.1.4 Countries able to increase the percentage of persons with hypertension taking medication to lower blood pressure.
- 2.1.5 Countries able to increase the percentage of persons with diabetes taking medication to lower blood glucose.
- 2.1.6 Implementation of the WHO Framework Convention on Tobacco Control (FCTC).
- 2.1.7 Countries able to improve their chronic kidney disease (CKD) surveillance.

Priorities for technical cooperation

- 2.1.A Strengthen national capacities for implementing evidence-based and cost-effective NCD and risk factor policies, programs, and services for primary prevention, screening, early detection, diagnosis, and treatment.
- 2.1.B Improve country capacity for surveillance and monitoring of NCDs and risk factors to support reporting on progress toward global and regional commitments on NCDs and risk factors.

2.2 Mental Health and Psychoactive Substance Use Disorders

Outcome (OCM)

- 2.2 Increased service coverage for mental health and psychoactive substance use disorders.

Outputs (OPT)

- 2.2.1 Countries able to develop and implement national policies and plans in line with the Regional Strategy on Mental Health and the Global Mental Health Action Plan 2013-2020.

- 2.2.2 Countries able to integrate a mental health component into primary health care using the Mental Health Global Action Plan (mhGAP) Intervention Guide.
- 2.2.3 Countries able to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and substance abuse.

Priorities for technical cooperation

- 2.2.A Strengthen national capacity in the area of mental health and substance use to provide responsive treatment and care and social welfare in community-based services.
- 2.2.B Protect and promote the human rights of people with mental health conditions against human rights violations and gender-based discrimination.

2.3 Violence and Injuries

Outcome (OCM)

- 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth.

Outputs (OPT)

- 2.3.1 Countries able to develop and implement multisectoral plans and programs to prevent injuries, focusing on achieving the targets set under the Decade of Action for Road Safety 2011-2020.
- 2.3.2 Countries and partners able to assess and improve national policies and programs on integrated violence prevention, including violence against women, children, and youth.
- 2.3.3 Countries able to develop and implement a national protocol for the provision of health services to victims of intimate partner and sexual violence in accordance with WHO 2013 guidelines.

Priorities for technical cooperation

- 2.3.A Support countries and territories in implementing evidence-based policies and programs for preventing violence and injuries, focusing on road safety and violence against women, children, and youth.
- 2.3.B Improve the quality and use of data on violence and injuries for evidence-based policies and programming.

2.4 Disabilities and Rehabilitation

Outcome (OCM)

- 2.4 Increased access to social and health services for people with disabilities, including prevention.

Outputs (OPT)

- 2.4.1 Implementation of the recommendations of the World Report on Disability and the United Nations High-level Meeting of the General Assembly on Disability and Development.
- 2.4.2 Countries able to implement more effective policies and provide integrated services to reduce disability due to visual impairment and hearing loss.

Priorities for technical cooperation

- 2.4.A Support governments in providing access to all services for people with disabilities, invest in programming to meet specific identified needs of people with disabilities, and adopt a national disability strategy and plan of action.
- 2.4.B Support the development of national eye, ear, and oral health policies, plans, and programs, and strengthen service delivery as part of wider health system capacity building.

2.5 Nutrition

Outcome (OCM)

- 2.5 Nutritional risk factors reduced.

Outputs (OPT)

- 2.5.1 Countries able to develop, implement, and monitor action plans based on the global Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.
- 2.5.2 Updated norms and standards on maternal, infant, and young child nutrition, population dietary goals, and breastfeeding; policy options provided for effective nutrition actions for stunting, wasting, and anemia.

Priorities for technical cooperation

- 2.5.A Strengthen the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the leadership, necessary practical knowledge, and capacities required in order to scale up actions; and promote multisectoral approaches involving key actors such as ministries of education, of agriculture, and of the environment.

Resource requirement by program area (US\$)

Category and Program Area		Total
2.1	Noncommunicable diseases and risk factors	
2.2	Mental health and psychoactive substance use disorders	
2.3	Violence and injuries	
2.4	Disabilities and rehabilitation	
2.5	Nutrition	
<i>Category 2 subtotal</i>		

CATEGORY 3 - DETERMINANTS OF HEALTH AND PROMOTING HEALTH THROUGHOUT THE LIFE COURSE

Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Outcome (OCM)

- 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults.

Outputs (OPT)

- 3.1.1 Implementation of the regional Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care.
- 3.1.2 Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with emphasis on the most vulnerable.
- 3.1.3 Implementation of the global Strategy for Sexual and Reproductive Health, focusing on addressing unmet needs.
- 3.1.4 Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child, adolescent, and adult health, and other related conditions and issues.
- 3.1.5 Implementation of the Adolescent and Youth Regional Strategy and Plan of Action 2010-2018.

Priorities for technical cooperation

- 3.1.A Mandates from the Governing Bodies to fulfill regional plans on maternal, newborn, child, adolescent, and adult health are guiding priorities for the biennium 2014-2015 and beyond. To address these priorities, this program area will target the improvement of strategic information; implement guidelines and standards to enhance the quality of health services; and conduct capacity building in human resources, with emphasis on primary health care (PHC) and obstetric emergencies. Furthermore, a core priority will be to revise policies and legislation to facilitate universal access in health and build and strengthen strategic alliances.

3.2 Aging and Health

Outcome (OCM)

- 3.2 Increased access to interventions for older adults to maintain an independent life.

Outputs (OPT)

- 3.2.1 Implementation of the regional Plan of Action on the Health of Older Persons, including Active and Healthy Aging.

- 3.2.2 Countries able to assess and address the health needs of older persons for improved care.
- 3.2.3 Countries able to implement policies and plans focusing on the health of women beyond reproductive age.

Priorities for technical cooperation

- 3.2.A This program area will emphasize the implementation of the regional Plan of Action on the Health of Older Persons, including Active and Healthy Aging and will focus specifically on the following priorities: promoting integration of the health of older persons into national public policies; adapting health systems to respond to the challenges associated with aging; retraining human resources working in primary health care and public health to deal with issues of aging; and building the information capabilities necessary in order to implement and evaluate interventions in the area of aging and health.

3.3 Gender, Equity, Human Rights, and Ethnicity

Outcome (OCM)

- 3.3 Increased country capacity to integrate gender, equity, human rights, and ethnicity in health.

Outputs (OPT)

- 3.3.1 Gender, equity, human rights, and ethnicity integrated into PAHO programs.
- 3.3.2 Countries able to implement and monitor health policies/plans that address gender equality.
- 3.3.3 Countries able to implement health policies/plans and/or laws to address human rights.
- 3.3.4 Countries able to implement health policies/plans to address equity in health.
- 3.3.5 Countries able to implement health policies/plans and/or laws to address ethnicity.

Priorities for technical cooperation

- 3.3.A This program area has the following priorities: developing interprogrammatic plans, policies, and laws on gender, equity, human rights, and ethnicity; maintaining and expanding training modalities on gender, equity, human rights, and ethnicity; generating and publishing technical documents on gender, equity, human rights, and ethnicity; completing the final evaluation of the current Plan of Action for Implementing the Gender Equality Policy; developing a new Plan of Action for 2015-2019; and finalizing a regional strategy on ethnicity.

3.4 Social Determinants of Health

Outcome (OCM)

- 3.4 Increased leadership of the health sector in addressing the social determinants of health.

Outputs (OPT)

- 3.4.1 Implementation of the WHO's Health in All Policies: Framework for Country Action, including pursuing intersectoral action and social participation to address the social determinants of health.
- 3.4.2 Countries able to generate equity profiles to address the social determinants of health.
- 3.4.3 Countries able to scale up local experiences, using health promotion strategies to reduce health inequity and enhance community participation and empowerment.
- 3.4.4 Countries able to address health in the post-2015 development agenda, responding to the social determinants of health.

Priorities for technical cooperation

3.4.A The priorities for this program area will be to implement the Rio Political Declaration on Social Determinants of Health, adopted by the Member States in Rio de Janeiro, Brazil, in October 2011. This effort will entail strengthening governance through partnerships with different sectors of society in order to address the stark inequities seen in the Region with concrete actions and consensus-based public policies; integrating the social determinants of health within health sector programs; and developing a standard set of indicators to monitor action on social determinants of health.

3.5 Health and the Environment

Outcome (OCM)

3.5 Reduced environmental and occupational threats to health.

Outputs (OPT)

3.5.1 Countries able to strengthen their capacity to assess health risks and develop and implement policies, strategies, and regulations for the prevention, mitigation, and management of the health impact of environmental risks.

3.5.2 Countries able to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety.

3.5.3 Countries able to develop and implement national policies, legislation, plans, and programs on workers' health.

3.5.4 Implementation of the PAHO/WHO Strategy and Plan of Action on Climate Change.

3.5.5 Countries able to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking.

Priorities for technical cooperation

3.5.A Guided by the large body of global and regional commitments, agreements, and mandates on issues pertaining to environmental/occupational health, the priorities in this area are: *a)* to increase institutional capacities, including professional competencies in environmental and occupational health risks and health impact assessment, in monitoring health-related inequalities, and *b)* to generate policies that are informed and evidence-based.

Resource requirement by program area (US\$)

Category and Program Area		Total
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	
3.2	Aging and health	
3.3	Gender, equity, human rights, and ethnicity	
3.4	Social determinants of health	
3.5	Health and the environment	
<i>Category 3 subtotal</i>		

CATEGORY 4 - HEALTH SYSTEMS

Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal health coverage; organizing people-centered, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health.

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

Outcome (OCM)

4.1 Increased national capacity for achieving universal health coverage

Outputs (OPT)

- 4.1.1 Countries able to develop comprehensive national health policies, strategies, and/or plans, including universal health coverage (UHC).
- 4.1.2 Countries able to develop and implement financial frameworks for health.
- 4.1.3 Countries able to develop and implement legislative and regulatory frameworks for UHC.
- 4.1.4 Countries able to monitor and evaluate health systems and service indicators related to UHC and equity.

Priorities for technical cooperation

- 4.1.A PASB will work with Member States on championing universal access to health and universal health coverage and enabling countries to achieve it through the identification of evidence-based policy options, through documentation and dissemination of best practices in each country by using a variety of platforms, and through the development of methodologies and tools for the areas detailed below.
- 4.1.B During 2014-2015, this program area will support countries in the strengthening of health systems with a focus on governance for social protection in health. It will do so through the revision of national health strategies and plans, including the financing component, in a manner that is consistent with the progressive realization of UHC. PASB will also help strengthen legislative and regulatory frameworks and increase financial protection to guarantee the right to health. Country capacity to institutionalize the tracking of financial resources for health will be improved. Furthermore, PASB will work to support the monitoring and evaluation of health systems and service indicators related to UHC and equity.

4.2 People-centered, Integrated, Quality Health Services

Outcome (OCM)

4.2 Increased access to people-centered, integrated, quality health services

Outputs (OPT)

- 4.2.1 Policy options, tools, and technical guidance provided to countries to enhance equitable people-centered, integrated service delivery and strengthening of public health approaches.
- 4.2.2 Countries able to improve quality of care and patient safety in accordance with PAHO/WHO guidelines.

Priorities for technical cooperation

- 4.2.A During the 2014-2015 biennium, this program area will focus on increasing access to people-centered, integrated services. This will be done by providing support for the implementation of the Integrated Health Service Delivery Networks (IHSDNs) initiative and the Regional Agenda for Hospitals in IHSDNs, which ultimately will help to strengthen systems based on primary health care. Another key priority will be the implementation of quality care and patient safety plans and programs.

4.3 Access to Medical Products and Strengthening of Regulatory Capacity**Outcome (OCM)**

- 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies

Outputs (OPT)

- 4.3.1 Countries able to develop/update, implement, monitor, and evaluate national policies to provide better access to medicines and other health technologies.
- 4.3.2 Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.
- 4.3.3 Countries able to assess their national regulatory capacity for medicines and other health technologies.
- 4.3.4 Countries able to implement processes and mechanisms for health technologies assessment, incorporation, and management, and for the rational use of medicines and other health technologies.

Priorities for technical cooperation

- 4.3.A The priority in this program area will be to promote access to and rational use of safe, effective, and quality medicines, medical products, and health technologies. Support will be provided for the development, implementation, monitoring, and evaluation of national policies on access, quality, and use of medicines and other health technologies. In addition, cooperation for the strengthening of country regulatory capacity will be provided. Another key priority will be the implementation of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. Finally, this program area will support the development of processes and mechanisms for assessment, incorporation, management, and rational use of health technologies.

4.4 Health Systems Information and Evidence**Outcome (OCM)**

- 4.4 All countries have functioning health information and health research systems

Outputs (OPT)

- 4.4.1 Countries able to comply with comprehensive monitoring of the regional and country health situation, trends, and determinants.
- 4.4.2 Implementation of the regional Strategy and Plan of Action on eHealth.

- 4.4.3 Implementation of the regional Strategy and Plan of Action on Knowledge Management and Communication.
- 4.4.4 Implementation of the regional Policy on Research for Health.
- 4.4.5 Countries able to strengthen their capacity to generate and apply scientific evidence.
- 4.4.6 Countries able to address priority ethical issues related to public health and research for health.
- 4.4.7 PAHO Core Health Data and Country Profiles Initiative expanded to effectively monitor the Strategic Plan 2014-2019.

Priorities for technical cooperation

- 4.4.A Health information is a key input, in that it supports all aspects of health action, such as research, planning, operations, surveillance, monitoring, and evaluation, as well as prioritization and decision making. However, disparities remain between the countries regarding coverage, reliability, timeliness, and quality of the information being provided by their health information systems. There are also differences between countries regarding the capacity to understand the causes of problems, the best available options for addressing them, and the strategies for implementing interventions that are effective and efficient.

Moreover, analytical skills and standards for the production and use of research for health vary among populations. Improving the living conditions of the population and reducing inequities in health outcomes require strengthening the capacity for health situation analysis, improving evidence generation and sharing, and the translation/application of results in public health practice. Scientific evidence and other forms of knowledge, such as health information, and their integration into decision-making processes (e.g., evidence-based health care, evidence-informed policy making) at all levels of the health system are key inputs. PASB will continue to develop guidelines and tools, produce multilingual and multi-format information products, enable the sustainable access to up-to-date scientific and technical knowledge by PASB staff and national health care professionals, empower patients through reliable information, manage and support knowledge networks, translate evidence into policies and practices, and promote the appropriate use of information and communication technologies. Health information is considered a basic right. A more active role in the generation and dissemination of evidence will better guide the actions aimed at improving health status.

4.5 Human Resources for Health

Outcome (OCM)

- 4.5 Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce

Outputs (OPT)

- 4.5.1 Countries able to develop and implement human resources for health (HRH) policies and/or plans to achieve universal health care (UHC) and address the current and future health needs of their population.
- 4.5.2 Countries able to improve the performance, working conditions, job satisfaction, and stability of their health workforce in agreement with the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- 4.5.3 Technical guidance to academic health institutions and programs for health science education oriented toward primary health care.
- 4.5.4 Countries and territories able to develop and implement innovative strategies to improve the public health, managerial, and clinical health workforce.

Priorities for technical cooperation

4.5.A This program area will focus its work on the development and implementation of human resources for health policies and plans in order to advance toward UHC and address current and future health needs of the population. Technical guidance will be provided to countries to improve the performance, working conditions, job satisfaction, and stability of their health workforce. Another key priority involves working with academic health institutions in support of the reorientation of health science education programs toward primary health care. Finally, support will be provided to countries to develop and implement innovative strategies to improve the public health, managerial, and clinical health workforce.

Resource requirement by program area (US\$)

Category and Program Area		Total
4.1	Health governance and financing; national health policies, strategies, and plans	
4.2	People-centered, integrated, quality health services	
4.3	Access to medical products and strengthening of regulatory capacity	
4.4	Health systems information and evidence	
4.5	Human resources for health	
<i>Category 4 subtotal</i>		

CATEGORY 5 - PREPAREDNESS, SURVEILLANCE, AND RESPONSE

Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multisectoral approach to contribute to health security.

5.1 Alert and Response Capacities (for IHR)

Outcome (OCM)

- 5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response.

Outputs (OPT)

- 5.1.1 Countries able to develop the core capacities required under the International Health Regulations (2005).
- 5.1.2 PAHO to provide evidence-based and timely policy guidance, risk assessment, information management, and communications for all acute public health emergencies.

Priorities for technical cooperation

- 5.1.A During the biennium, emphasis will be placed on the expansion and integration of a comprehensive, efficient, and effective multi-hazard approach to emergency risk management within at PASB and in Member States and the international health community.
- 5.1.B PASB's technical cooperation for the development of comprehensive national policies and plans for health emergency risk management will integrate the essential elements for building resilience and protecting populations, considering their social gradient vulnerabilities and the principles of the human security approach. Accordingly, a set of criteria and reference standards will be developed to guide countries and the PASB on the actions required in order to meet or exceed minimum capacities to manage public health risks associated with emergencies, with special focus on populations in situation of greatest vulnerability.
- 5.1.C Emphasis will be placed on the use of existing and new health partnerships and disaster-management networks within and outside the health sector, fostering inter-country collaboration and building on country-specific experiences and capacities.
- 5.1.D Efforts will also be redoubled to increase political awareness concerning the relevance of infection prevention and control programs within the framework of International Health Regulations (IHR) core capacities, as well as the prevention of exposure to contaminants through the food chain and the safety of new technologies.
- 5.1.E The PASB will continue to build its internal capacity to efficiently assist countries in the management of acute public health threats. It will further improve its coordinated response mechanisms, when required, including strengthening the event management system and ensuring its operational capacity at all times.
- 5.1.F Activities will focus on the support of country efforts to comply with the commitment and obligation to attain core capacities and establish mechanisms to maintain them, as stipulated in IHR 2005, and on the continued cooperation with those countries that do not attain the core capacities by June 2014.

- 5.1.G PAHO, as the regional contact point for the IHR, will continue to develop its regional ability to provide evidence-based and timely policy guidance, risk assessment, information management, and communication for all acute public health events and coordinate the regional response to outbreaks.

5.2 Epidemic- and Pandemic-prone Diseases

Outcome (OCM)

- 5.2 All countries are able to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics.

Outputs (OPT)

- 5.2.1 Countries able to develop and implement operational plans in line with WHO recommendations on strengthening national resilience and preparedness to cover pandemic influenza and epidemic and emerging diseases.
- 5.2.2 Countries have improved disease control, prevention, treatment, surveillance, risk assessment, and risk communications.
- 5.2.3 Mechanisms in place to strengthen country capacity for risk management of emerging zoonotic diseases.

Priorities for technical cooperation

- 5.2.A The focus of this program area during the biennium will be to improve the sharing of available knowledge and information on emerging and reemerging infectious diseases, enhancing surveillance and response to epidemic diseases, and networking to contribute to global mechanisms and processes, in accordance with IHR provisions.
- 5.2.B PAHO will support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans for responding to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, guidance for case management and infection control, and intersectoral coordination to address the needs of marginalized populations and those in vulnerable situations.

5.3 Emergency Risk and Crisis Management

Outcome (OCM)

- 5.3 Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations.

Outputs (OPT)

- 5.3.1 Country health clusters reformed in line with the Transformative Agenda of the Inter-Agency Standing Committee.
- 5.3.2 Health established as a central component of global multisectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergencies and Risk Management for Health (ERMH).
- 5.3.3 Mechanisms in place to ensure organizational readiness to fully implement WHO's Emergency Response Framework (ERF) and PAHO's Institutional Response to Emergencies and Disasters.

5.3.4 Development, implementation, and reporting on health sector strategy and planning in all targeted protracted-emergency countries by an in-country network of qualified and trained PAHO emergency staff.

5.3.5 Implementation of the Plan of Action on Safe Hospitals, in accordance with specific national priorities and needs.

Priorities for technical cooperation

5.3.A Emphasis will be placed on strengthening the national leadership roles of preparedness, monitoring, and response within the ministries of health; promoting the adoption of benchmarks for disaster preparedness; and strengthening PAHO response capacity.

5.3.B PAHO will promote the coordination, monitoring, and implementation of the Plan of Action on Safe Hospitals through the integration of actions by the PAHO program areas in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in situations of greatest vulnerability.

5.4 Food Safety

Outcome (OCM)

5.4 All countries have the capacity to mitigate risks to food safety and respond to outbreaks.

Outputs (OPT)

5.4.1 Countries able to implement the Codex Alimentarius Commission’s guidelines and recommendations.

5.4.2 Multisectoral collaboration mechanisms in place to reduce foodborne public health risks, including those arising at the animal-human interface.

5.4.3 Countries able to establish risk-based regulatory frameworks to prevent, monitor, assess, and manage foodborne and zoonotic diseases and hazards along the entire food chain.

5.4.4 Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA).

Priorities for technical cooperation

5.4.A PAHO will enable countries to establish efficient food-safety systems to prevent and reduce foodborne diseases and promote consumer safety. PAHO will work toward the strengthening of risk-based, integrated national food-safety systems, increase the scientific advice on and implementation of food safety standards and guidelines, and promote cross-sectoral collaboration for reducing foodborne risks, including those arising from the human-animal interface.

5.5 Outbreak and Crisis Response

Outcome (OCM)

5.5 All countries adequately respond to threats and emergencies with public health consequences.

Outputs (OPT)

5.5.1 Implementation of the WHO Emergency Response Framework (ERF) in acute emergencies with public health consequences.

Priorities for technical cooperation

5.5.A During the biennium, the PASB will support countries in establishing efficient and effective response teams and adapted tools for the coordination of international humanitarian assistance in the health sector. Additionally, the Bureau will enhance its own capacity to respond based on the Institutional Response to Emergencies and Disasters policy and fully perform all its functions as a health cluster lead agency.

Resource requirement by program area (US\$)

Category and Program Area		Total
5.1	Alert and response capacities (for IHR)	
5.2	Epidemic- and pandemic-prone diseases	
5.3	Emergency risk and crisis management	
5.4	Food safety	
5.5	Outbreak and crisis response	
	<i>Category 4 subtotal</i>	

CATEGORY 6 - CORPORATE SERVICES/ENABLING FUNCTIONS

Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organization, enabling it to deliver effectively on its mandates.

6.1 Leadership and Governance

Outcome (OCM)

- 6.1 Greater coherence in regional health, with PAHO/WHO playing a leading role in enabling the many different actors to contribute effectively to the health of all people in the Americas.

Outputs (OPT)

- 6.1.1 Effective PAHO/WHO leadership and management in place.
- 6.1.2 Effective engagement with other stakeholders in building a common health agenda that responds to the priorities of the Member States.
- 6.1.3 Strengthened PAHO governance with effective oversight of the meetings of the Governing Bodies.
- 6.1.4 WHO reform integrated into the work of the Organization.
- 6.1.5 Implementation of the Health Agenda for the Americas 2008-2017.

Priorities for technical cooperation

- 6.1.A Provide support to Member States in their governance role with respect to PAHO, as well as in their involvement in the WHO reform process.
- 6.1.B Establish strategic partnerships with relevant stakeholders to ensure that health figures prominently in the political and development agendas at the regional and country levels.
- 6.1.C Strengthen country presence in order to efficiently address country health needs.
- 6.1.D Develop and enhance the concept of global health diplomacy. This will call for an enhanced role for PAHO at the regional level, as well as for PAHO/WHO Representative Offices, in reaching beyond the health sector and more fully focusing on a human rights dialogue within a solid framework for understanding and negotiating global health issues. It will also be necessary to identify instruments and mechanisms for engaging with other stakeholders and promoting an intersectoral approach to addressing health inequalities and the social determinants of health.
- 6.1.E Strengthen PAHO's role in convening and advocating, building partnerships, mobilizing resources, sharing and brokering knowledge, and analyzing and monitoring progress.
- 6.1.F Strengthen the health sector's capacity to address the social determinants of health, utilizing the Health in All Policies strategy and promoting increased community participation and empowerment.
- 6.1.G Catalyze the progressive realization of universal health coverage, including promotion and preventive interventions, with emphasis on the eight key countries.
- 6.1.H Increase intersectoral and multisectoral action for the prevention and care of noncommunicable diseases.

- 6.1.I Enhance the core capacities of countries to implement the International Health Regulations (2005).
- 6.1.J Accelerate actions for the elimination of priority communicable diseases in the Region.
- 6.1.K Conclude work on the health-related MDGs and work towards the integration of health in the post-2015 agenda for sustainable development.
- 6.1.L Strengthen the health sector's capacity to generate information and evidence to measure and demonstrate progress on healthy living and well-being.
- 6.1.M Leverage the knowledge and expertise in the Region's countries for the provision of technical cooperation, sharing successful experiences and lessons learned.
- 6.1.N Increase the accountability, transparency, efficiency, and effectiveness of the Bureau's operations.

6.2 Transparency, Accountability, and Risk Management

Outcome (OCM)

- 6.2 PAHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks.

Outputs (OPT)

- 6.2.1 Increased accountability through strengthened corporate risk management and evaluation at all levels of the Organization.
- 6.2.2 PAHO/WHO evaluation policy implemented across the Organization.
- 6.2.3 Improved ethical behavior, respect within the workplace, and due process across the Organization.
- 6.2.4 Strengthened audit function.

Priorities for technical cooperation

- 6.2.A PAHO will strengthen existing mechanisms and introduce new measures designed to ensure that the Organization continues to be accountable, transparent, and adept at effectively managing risks.
- 6.2.B A coordinated approach and ownership of the evaluation function will be promoted at all levels of the Organization. Objective evaluation will be facilitated, in line with the proposed PAHO evaluation policy, and will be supported by tools, such as clear guidelines.
- 6.2.C PAHO has significantly strengthened its internal audit function in the past few years, and the Organization will continue to perform audits of Headquarters and PWR operations, taking into account specific risk factors.
- 6.2.D The Ethics Office will continue to focus on strengthening standards of ethical behavior by staff and will perform risk assessments to identify any vulnerabilities that may affect the Organization's image and reputation.
- 6.2.E PAHO will continue to develop its risk management processes and monitoring systems to ensure that all risks are properly identified, managed, and reported regularly to PAHO senior management, in order to enable the Organization to undertake informed decisions and actions in a timely basis. To ensure that the risk management system, as well as its compliance and control activities, are working effectively, PAHO will continue to operationalize an Enterprise Risk Management (ERM) system at all levels of the Organization.

6.3 Strategic Planning, Resource Coordination, and Reporting

Outcome (OCM)

- 6.3 Financing and resource allocation aligned with priorities and health needs of the Member States in a Results-based Management framework.

Outputs (OPT)

- 6.3.1 Consolidation of the PAHO results-based management framework, with emphasis on the accountability system for corporate performance assessment.
- 6.3.2 Alignment of PAHO's allocation of resources and financing with agreed priorities facilitated through strengthened resource mobilization, coordination, and management.
- 6.3.3 PAHO resource mobilization strategy implemented.

Priorities for technical cooperation

- 6.3.A PASB will continue to advance and consolidate results-based management (RBM) as the central operating framework for the improvement of organizational effectiveness, efficiency, alignment with results, and accountability. During the biennium, efforts will focus on optimizing and simplifying the operational planning and program management processes based on lessons learned. This will include the implementation of a refined performance, monitoring, and assessment process.
- 6.3.B In line with the programmatic approach and the prioritization framework of the SP 2014-2019, approved by the Member States, the Organization will refine its mechanisms for resource management. This should result in increased effectiveness of the resources available to PASB.
- 6.3.C Based on lessons learned and recommendations, PASB will develop and implement a comprehensive framework for project management using the appropriate guidelines and tools.
- 6.3.D The development, negotiation, and implementation of new approaches to external relations, resource mobilization, and partnerships will be designed to increase the visibility of health in the development agenda and health outcomes. During 2014-2015, PAHO will implement a corporate resource mobilization strategy, in coordination with WHO, that will focus on diversifying PAHO sources of Voluntary Contributions while developing a more coordinated and strategic approach to resource mobilization. PAHO will draw on its lessons learned in multi-stakeholder partnerships and will develop and enhance the capacity of PAHO staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.

6.4 Management and Administration

Outcome (OCM)

- 6.4 Effective management and administration across the three levels of the Organization.

Outputs (OPT)

- 6.4.1 Sound financial practices in place through an adequate control framework, accurate accounting, expenditure tracking, and timely recording of income.
- 6.4.2 Effective and efficient human resources management in place to recruit and support a motivated, experienced, and competent workforce in an environment conducive to learning and excellence.
- 6.4.3 Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training services.

- 6.4.4 Effective and efficient operational and logistic support, procurement, infrastructure maintenance, asset management, and secure environment for PAHO/WHO staff and property.

Priorities for technical cooperation

- 6.4.A The Bureau will work to implement the PASB Management Information System (PMIS), a modern system that will simplify administrative processes and improve performance controls and indicators. In terms of financial resources management, financial processes will be reviewed and updated along with efficiencies and personnel skills as they relate to the integration of the new system. In addition, this function will include oversight of financial transactions and financial assets, investment of financial resources, and general management and financial administration activities across all levels of the Organization.
- 6.4.B Human resource management involves all executives, managers, supervisors, and staff. The Organization will strive to be a steward of good human resource practices; further the awareness and accountability of managers, supervisors, and staff; and ensure consistent and fair application of PAHO human resource policies, regulations, and rules in order to promote a productive work environment. Key focus in the biennium will be placed on maintaining strategic performance goals with corresponding objectives and performance targets to attract top talent; reducing the time spent in recruitment processes (including selection integrity and efficiencies); and promoting motivation and retention strategies that encourage increased job satisfaction, improve staff performance, encourage continuous learning and knowledge sharing, promote work/life balance and staff well-being, foster accountability and innovation, and enhance organizational flexibility and staff mobility.
- 6.4.C Procurement is a key component of the Organization's mission, supporting technical cooperation through the acquisition of goods and services on behalf of Member States that ensures access to affordable drugs, vaccines, and other public health supplies. Focus during the 2014-2015 biennium will be on strengthening knowledge and awareness at all levels of the Organization (internal and external) to ensure the optimal use of tools and the highest possible efficiency and effectiveness of actions and processes, as measured by the implementation of a business intelligence model. In an effort to continuously improve procurement capabilities, the Organization increasingly rely on partnerships and strategic alliances with agencies in the UN system and other critical stakeholders at every level of the procurement supply chain, as well as on policy and process compliance to sustain integrity of the procurement processes. In addition, there will be emphasis on development of a market intelligence approach, in order to better understand market dynamics and anticipate challenges and opportunities.
- 6.4.D PAHO will ensure a safe and healthy working environment for its staff through the effective and efficient provision of operational and logistical support, infrastructure maintenance, and asset management, including compliance with United Nations Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS).
- 6.4.E During the biennium, PAHO will continue to work on its information technology (IT) governance structure. This will ensure an IT decision-making process that promotes optimal IT investments throughout PAHO. Emphasis will be placed on advancing the consolidation of infrastructure support services, improving customer service, ensuring business continuity for corporate applications, and creating a data management strategy to improve stewardship of the Organization's corporate information. All these activities will be carried out in concert with the Organization's new management information system, PMIS.

6.5 Strategic Communications

Outcome (OCM)

6.5 Improved public and stakeholders' understanding of the work of PAHO/WHO.

Outputs (OPT)

6.5.1 Improved communication by PAHO/WHO staff, leading to a better understanding of the Organization's action and impact.

6.5.2 Effective and innovative communication platforms, policies, and networks.

Priorities for technical cooperation

6.5.A Health is an issue of public and political concern in the Americas. The increasingly complex institutional landscape; the emergence of new players influencing decision making on health; the changes in the news media and social media; the Region's marked inequality in access to health; and a growing demand from donors, governments, and the public for information on the impact of PAHO's work will require that the Organization position itself strategically in the external environment. Rapid, effective, well-coordinated, and segmented communications efforts to reach the various audiences are essential. Key elements of the communications strategy for 2014-2015 include pursuing a more proactive approach to working with the news media and social media in order to explain PAHO's role and impact; developing and sharing evidence-based information and knowledge produced by the Member States and PASB; and promoting the individual, social, and political changes necessary for the achievement and maintenance of health.

Resource requirement by program area (US\$)

Category and Program Area		Total
6.1	Leadership and governance	
6.2	Transparency, accountability, and risk management	
6.3	Strategic planning, resource coordination, and reporting	
6.4	Management and administration –(includes the funds for PMIS)	
6.5	Strategic communications	
<i>Category 6 subtotal</i>		
