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PROPOSED
PAHO PROGRAM AND BUDGET
2016-2017

PROPOSED PAHO PROGRAM AND BUDGET 2016-2017

Introductory Note to the Executive Committee

1. This Proposed Program and Budget 2016-2017 of the Pan American Health Organization (PAHO) is presented to the 156th Session of the Executive Committee for its review and guidance before finalizing the document for submission to the Directing Council for approval. This presentation is the third round of consultations with Member States in the program and budget development process. The first round took place at the Subcommittee on Program, Budget, and Administration (SPBA) in March 2015; and the second round brought together national health authorities at the country level to prioritize program areas, provide orientation on the focus of technical cooperation, and identify key interventions.

2. The Program and Budget (PB) 2016-2017 is the second of three biennial programs of work that implement the PAHO Strategic Plan (SP) 2014-2019. The Organization's strategic direction and overarching leadership priorities are fixed in the Strategic Plan and remain constant for six years. The Program and Budget is organized around the programmatic and results frameworks—categories, program areas, and outcomes—established in the PAHO SP and the WHO Twelfth General Program of Work. As part of the Program and Budget development process, category and program area networks have formulated outputs and corresponding indicators (with baselines and targets) specific to the biennium.

3. Building on lessons learned from biennium 2014-2015, the Program and Budget 2016-2017 has been developed using a bottom-up approach that involves consultations with national authorities to identify country needs and priorities, particularly in key countries—Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname. During these consultations, category and program area networks reviewed and consolidated country inputs to ensure alignment with regional and global priorities and commitments.

4. Based on identified needs and priorities, the resources required by the Pan American Sanitary Bureau (PASB), as presented in the Program and Budget 2016-2017 total US$ 612.8 million[1] for base programs. This figure represents an increase of $49.7 million, or 8.8%, over the Program and Budget 2014-2015. The share of the proposed budget envelope from WHO's allocation to the Americas is $178.1 million (approved by the World Health Assembly in May 2015) and the remaining $434.7 million comes from PAHO. This budget increase is necessary to address new and expanded mandates and priorities. Furthermore, the costs of goods and services required to implement technical cooperation activities and to maintain operations at Headquarters and country offices is rising due to inflation. According to the International Monetary Fund, the world's average annual projected inflation rate is 3.4% in the period 2013 to 2017; this rate is double in Latin America and the Caribbean. The inflation-adjusted

[1] Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

budget of $563.1 million approved in 2013 for the period 2014-2015 would be over $600 million in 2016.

5. A fully financed budget would enable PASB to respond effectively to regional and global commitments, including: universal access to health and universal health coverage (Resolution CD53.R14 [2014]); health in all policies (Resolution CD53.R2 [2014]); the unfinished agenda of Millennium Development Goals (MDGs) to end 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); addressing health system weaknesses exposed in the Ebola virus disease outbreak and emerging threats such as chikungunya; and, sustaining momentum towards the elimination of priority communicable diseases in the Region.

6. The proposed PB 2016-2017 is presented as an integrated budget, specifying the overall resource requirement for the biennium, independent of the sources of financing. The presentation of an integrated budget aligns PAHO with a significant management reform implemented in WHO starting with the Program Budget 2014-2015. The integrated budget approach also supports further consolidation of results-based management (RBM) by ensuring that the resource requirements are based on results agreed with Member States, rather than having a segmented planning by fund source.

7. In line with the integrated budget approach, Member States will approve total resource requirements for the biennium, rather than appropriating only the Regular Budget portion, which accounts for approximately half of the overall budget. This approach confers Member States full ownership of the Program and Budget and makes PASB fully accountable for all resources. It also makes it possible to pursue a more strategic allocation of flexible resources, thus ensuring alignment across programs and putting programs in a position to achieve expected outputs.

8. The PAHO Budget Policy (2012) principles and orientations have been applied in the development of an integrated Program and Budget. As a result, at least 40% of total resource requirements are reflected at the country level. This is also consistent with the Organization's commitment to a country focused policy.

9. To enable the implementation of the integrated budget approach, amendments to PAHO's Financial Regulations and Financial Rules are presented for consideration of the Executive Committee. They will be included in a separate agenda item.

10. The proposed budget will be financed from Member States' assessments, budgeted miscellaneous revenue, voluntary contributions, and the allocation to the Region of the Americas from WHO.

Action by the Executive Committee

11. The Executive Committee is invited to review and comment on the Proposed Program and Budget 2016-2017 and its related resolutions and provide guidance to finalize the proposal to be presented to the Directing Council.

PROPOSED
PAHO PROGRAM AND BUDGET 2016-2017

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

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OVERVIEW

1. The PAHO Program and Budget (PB) 2016-2017 is the second of three such biennial program-of-work documents required to support the implementation of the PAHO Strategic Plan (SP) 2014-2019. The Strategic Plan discusses in-depth the Region's socioeconomic context, including improvements in the health situation in countries and gaps in the achievement of health-outcome targets, as well as prevailing and emerging public health issues. In order to fulfill the Organization's mandates and support Member States in achieving the six-year targets established in the Strategic Plan, PAHO's work is organized into 6 programmatic categories and 30 program areas. The 9 impact goals and the 30 outcomes in the Strategic Plan remain fixed for the six-year period of the Plan.

2. The Program and Budget (PB) 2016-2017 represents an opportunity to further align budgetary and resource allocation with the programmatic priorities within categories and program areas. To this end, a consultative and iterative development process was followed in the Program and Budget 2016-2017, which combines a bottom-up approach guided by the Region-wide priorities and commitments approved by Member States in the PAHO Strategic Plan 2014-2019 with other regional strategies and plans approved by the PAHO Governing Bodies. The process involved formulating biennial outputs with indicators, baselines, and targets; identifying priority program areas at country and subregional levels in consultation with health authorities; and estimating the financial resources required across the Pan American Sanitary Bureau (PASB) for collaboration with Member States toward the achievement of the outputs defined for the biennium. The resource requirements obtained through this bottom-up costing approach are the basis for the proposed budget envelope.

3. The total resources required for base programs have been estimated at US$ 612.8 million.[1] This figure represents an increase of $49.7 million, or 8.8%, over the Program and Budget 2014-2015 figure for those programs. The budget increase is necessary to address new and expanded mandates and priorities, as outlined below.

4. The proposed budget will enable PASB to respond effectively to regional and global commitments by working with Member States to: *i)* protect gains; *ii)* close remaining gaps; and *iii)* address new public health challenges. The proposed budget considers the request of Member States to focus on priorities and on areas requiring additional attention, including: universal access to health and universal health coverage (Resolution CD53.R14 [2014]); health in all policies (Resolution CD53.R2 [2014]); the unfinished agenda of the MDGs to end 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,

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and response as set forth in the International Health Regulations (2005); addressing health system weaknesses exposed in the Ebola virus disease outbreak; addressing emerging threats such as chikungunya and antimicrobial resistance; and sustaining momentum towards the elimination of priority communicable diseases in the Region.

Results-based Management

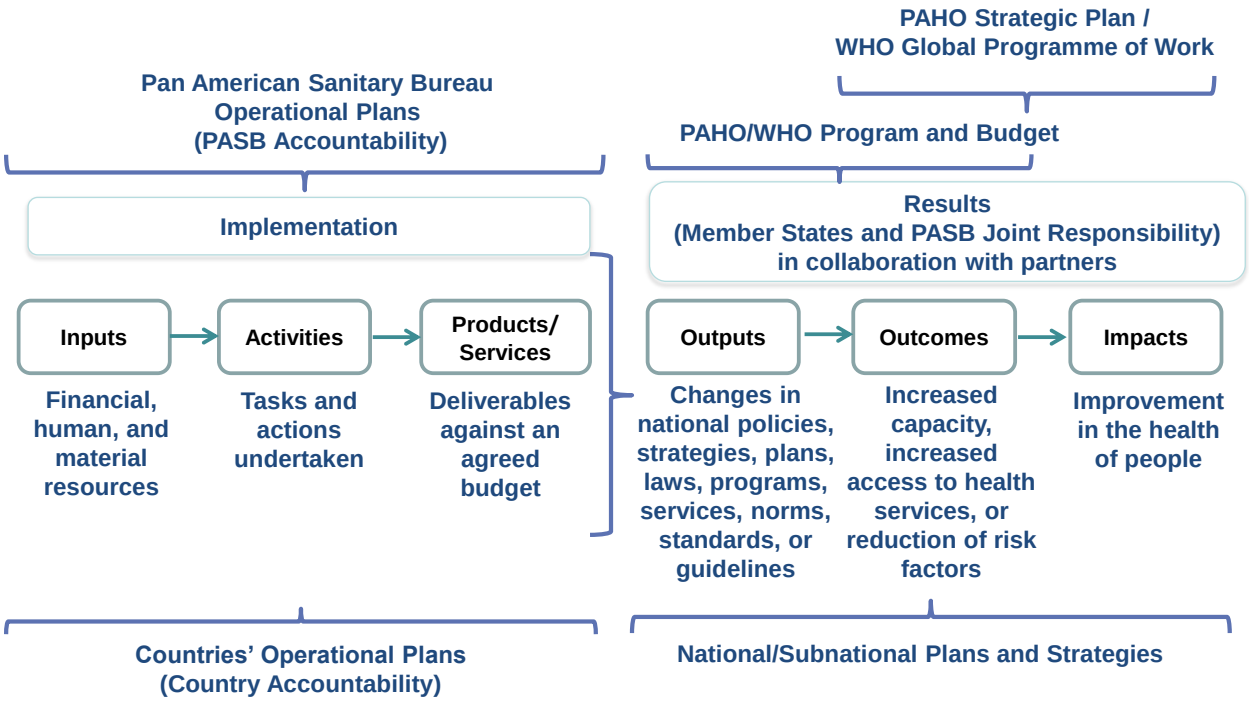
5. PAHO continues to consolidate its results-based management (RBM) approach for planning, programming, budgeting, and performance monitoring. The approved results chain for implementation of the Strategic Plan 2014-2019 and related program and budgets is shown in Figure 1.

6. While the impact goals and outcomes remain constant during the six-year life of the PAHO Strategic Plan, the outputs are defined in each Program and Budget that implements the Strategic Plan. Both PASB and Member States are jointly responsible for the achievement of results at the output, outcome, and impact levels. PASB has developed the Strategic Plan Monitoring System (SPMS) to facilitate assessing progress towards the achievement of outcomes and outputs by both Member States and PASB.

7. The Program and Budget 2016-2017 encompasses 113 outputs overall, of which 8 are new and 34 are updated from 2014-2015; most (71) remained unchanged from 2014-2015. The new and updated outputs represent areas requiring ongoing attention in the new biennium and are key for the achievement of the outcomes in the Strategic Plan, while the new and modified outputs refer to new interventions or areas requiring additional emphasis. There are 137 output indicators, with baselines and targets to measure achievement of the outputs defined for 2016-2017. As part of the PB 2016-2017 development process, the quality of the outputs and their indicators was improved in line with the Organization's RBM approach. Moreover, the alignment of outputs and indicators with WHO's Program and Budget 2016-2017 was enhanced. This will facilitate documenting the Region's contribution to globally agreed upon results.

8. Inputs, activities, and products and services are unique to each biennium and will be defined during operational planning after the PB 2016-2017 is approved.

Figure 1. PAHO/WHO Results Chain, 2014-2019



Bottom-up Approach Process

9. Building on the experience and lessons learned from the development of the PAHO Strategic Plan 2014-2019 and its first Program and Budget 2014-2015, the elaboration of this Program and Budget deepened the bottom-up approach to planning and budgeting. Planning exercises were conducted across the Organization's country, subregional, and regional levels to identify priorities and resource requirements by outputs. This was essential in defining the scope, orientation, and estimated cost of PASB's technical cooperation required by program areas for 2016-2017. The Organization's value-added and key interventions to address the issues under each program area were also important considerations.

10. At the country level, the PAHO/WHO Representative Offices (PWRs) collaborated with national health authorities to jointly plan and prioritize the work to be done in the new biennium. The identification of priorities was guided by the Country Cooperation Strategies (CCS), national health strategies and plans, and the country's contribution to the commitments set out in the PAHO Strategic Plan, Governing Bodies' resolutions, and other organizational mandates. Similarly, at the subregional level, priorities for 2016-2017 were identified based on the Subregional Cooperation Strategies (SCS), subregional health agendas, or subregional plans. The priorities for PASB entities at the regional level were defined on the basis of the functions and responsibilities of the

various departments and units to address commitments in the PAHO Strategic Plan, regional strategies and plans of action, Governing Bodies' resolutions, and other organizational mandates. Inter-programmatic and cross-functional collaboration to address the priorities and commitments across the Organization's three levels informed the strategic, technical, and enabling functions at the regional level.

11. Following the planning and costing exercises conducted in all three functional levels, the Category and Program Area Network (CPAN), comprised of management and technical teams, reviewed and assessed inputs from all PASB entities to ensure their consistency, alignment, feasibility, and relevance for fulfilling PASB's responsibilities to achieve the outputs set out in the new Program and Budget and contributing toward achieving the outcomes and impacts defined in the Strategic Plan 2014-2019. The CPAN also led the development of the programmatic content and resource estimates for the PB 2016-2017 by program area and category, taking into account the priorities and resource requirements identified across the Organization's three levels and the proposed WHO Program Budget 2016-2017 (to be presented at the World Health Assembly in May 2015). The scope, outcomes, outputs, and resource requirements by category and program area are presented in sections with the detailed category content below.

12. The Strategic Plan Monitoring System (SPMS) launched by PASB to facilitate the bottom-up approach, has facilitated the identification of the resource requirements by output. The SPMS also facilitated the analysis and consolidation of the budget by program area and category. The information from this stage in the process will also aid in the completion of operational plans for 2016-2017 after the Program and Budget is approved by the Directing Council.

13. The bottom-up approach to the development of this Program and Budget yielded a comprehensive and realistic proposal based on consultation and collaboration with Member States and PASB teams across the Organization's three levels This should enhance the joint commitment and responsibility required by Member States, and by management and staff at all levels of PASB, to successfully implement the Program and Budget 2016-2017.

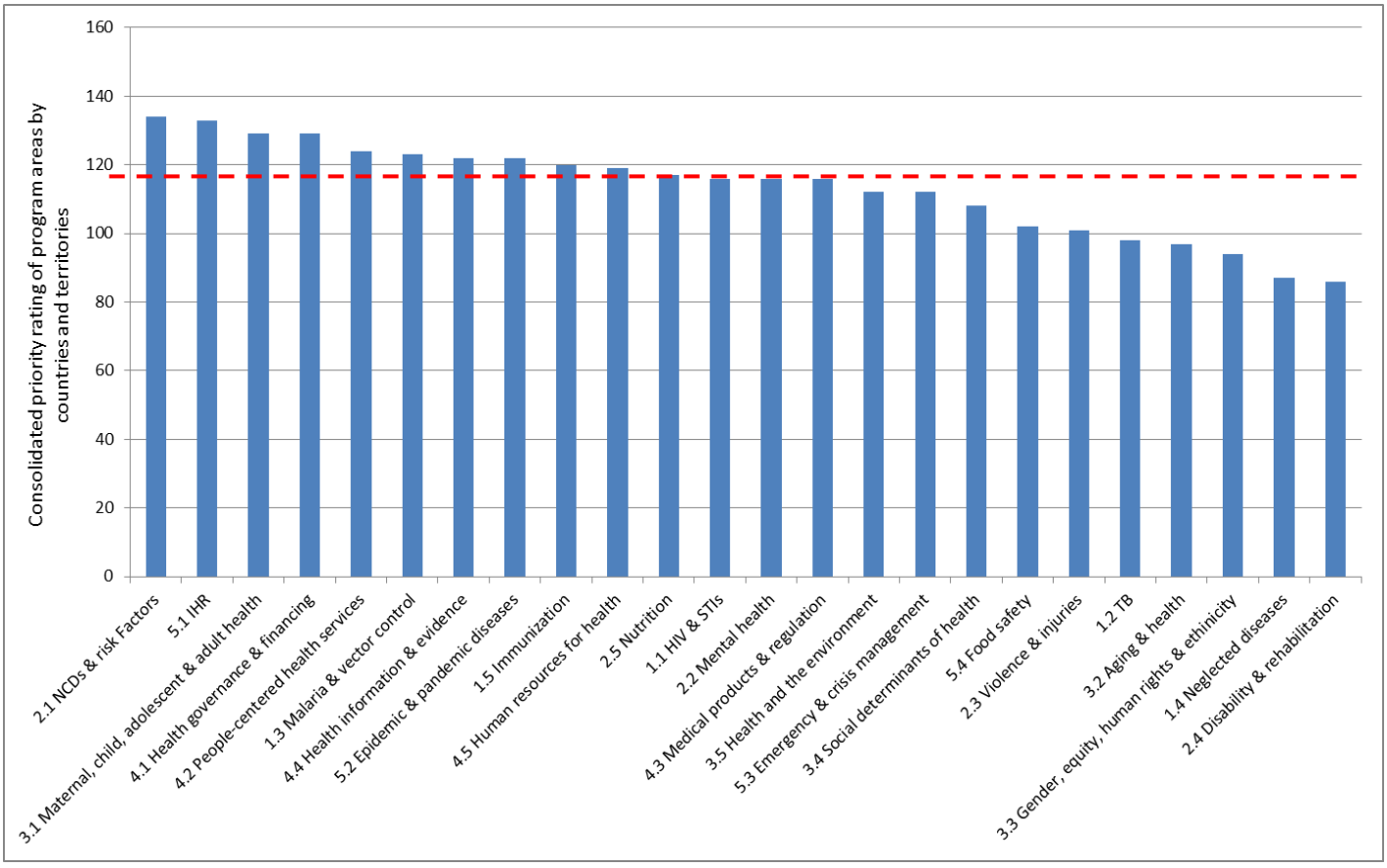
Countries' Prioritization of Results

14. Figures 2, 3, and 4 show the results of the prioritization exercises that were part of consultations with 50 countries and territories across the Region. Through this exercise, countries and territories were asked to: *i)* rate program areas requiring high, medium, or low emphasis in 2016-2017; *ii)* indicate how PAHO/WHO's technical cooperation should be oriented in the biennium (i.e. protecting gains, addressing gaps, or addressing new challenges); and *iii)* comment on the type of technical cooperation required to address the issues under each program area (i.e. political, strategic, or technical).

15. Figure 2 shows the cumulative results of the rating of the program areas by countries and territories. The top rated program areas, in rank order, include: 2.1 (NCDs and Risk Factors) 5.1 (IHR); 3.1 (Maternal, Child, Adolescent, and Adult

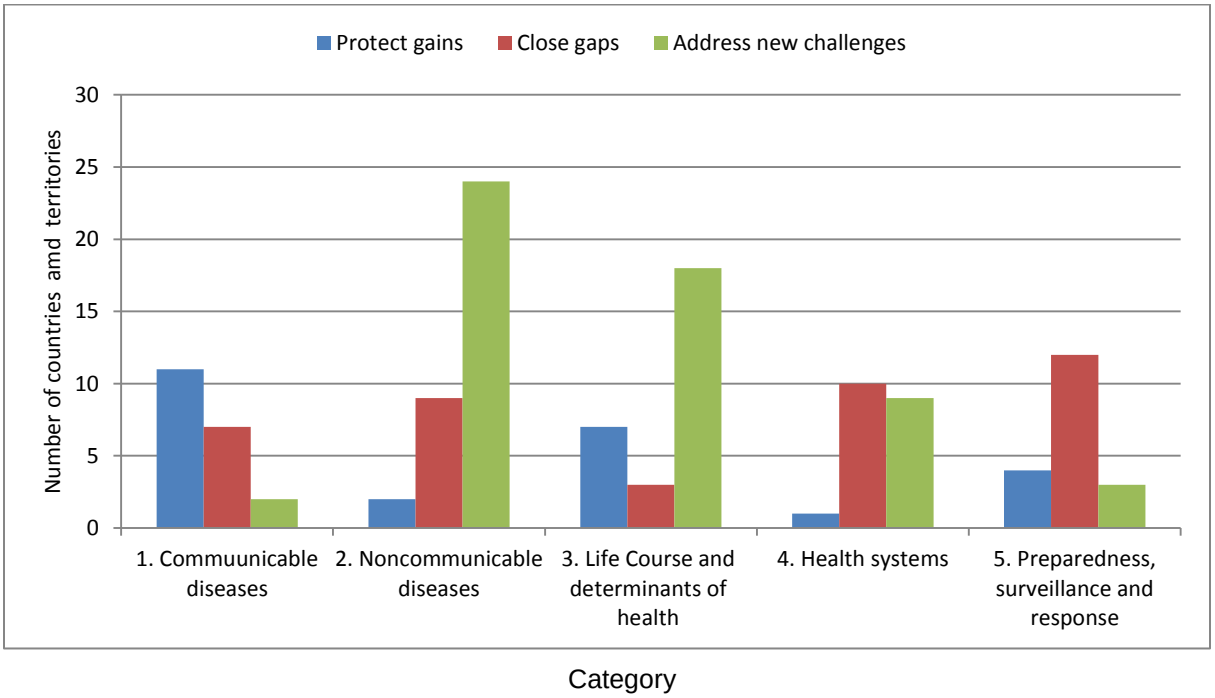
Health); 4.1 (Health Governance and Financing, which includes universal access to health and universal health coverage); 4.2 (People-Centered Health Services); 1.3 (Malaria and Vector Control); 4.4 (Health Information and Evidence); 5.2 (Epidemic and Pandemic-prone Diseases); 1.5 (Immunization); 4.5 (Human Resources for Health). The results of this exercise show a great deal of alignment with the results of the Strategic Plan 2014-2019 prioritization exercise (conducted in 2013), particularly regarding the program areas rated high in Categories 1, 2, 3, and 5. It is noteworthy that for 2016-2017, the countries and territories are requesting increased emphasis for all program areas in Category 4 (Health Systems), which is consistent with the recently approved PAHO Strategy for Universal Access to Health and Universal Health Coverage and the momentum witnessed in the Member States toward achieving the goals of this strategy.

Figure 2. Rating of the importance of program areas by countries and territories for 2016-2017



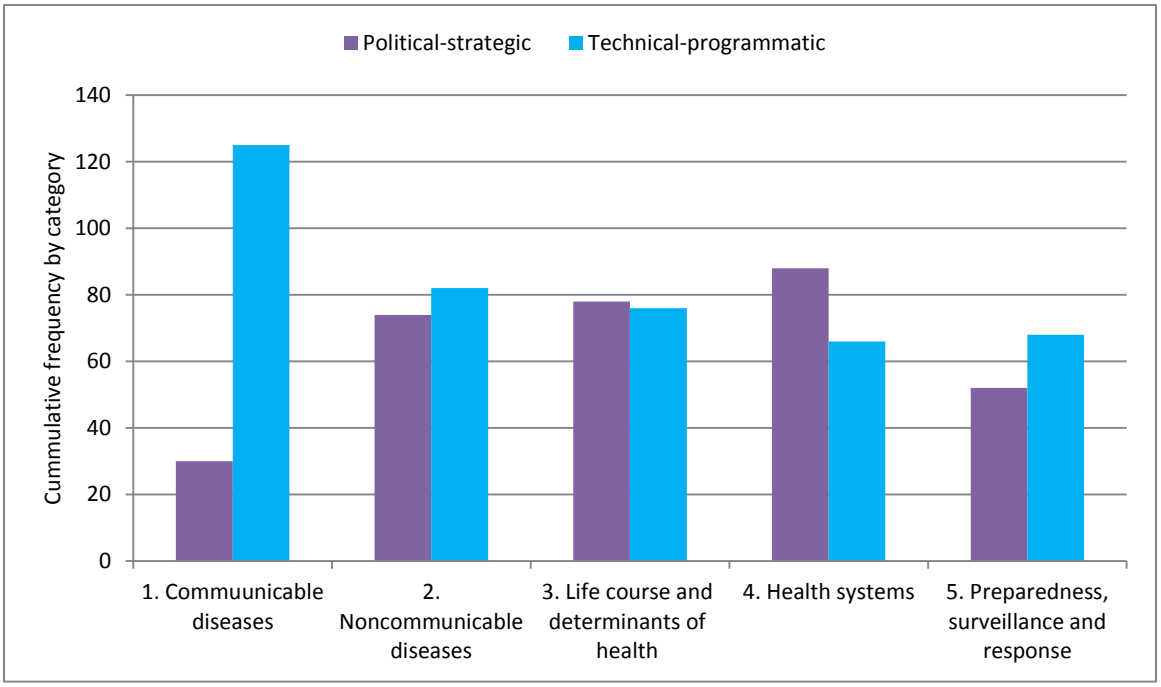
16. Figure 3 shows the orientation of PAHO/WHO's technical cooperation, by category, for 2016-2017. The close alignment between the scope, the progress made in the five programmatic categories in the Region, and the type of cooperation expected by Member States from PAHO/WHO is noteworthy. For instance, the orientation required in categories 2 and 3 is heavily concentrated in addressing new challenges, in line with the complex, multi-disciplinary issues related to NCDs and risk factors, and the determinants of health in these categories. Conversely, Category 1 is oriented towards protecting gains and closing gaps, which is consistent with the ongoing work required to control, prevent, and eliminate priority diseases in the Region. In Category 4 a combined approach for closing gaps and addressing new challenges is consistent with achieving universal access to health and universal health coverage. In Category 5, the emphasis is on closing gaps in preparedness, surveillance, and response.

Figure 3. Orientation of technical cooperation, by category, for 2016-2017



17. Figure 4 shows the nature of the technical cooperation Member States indicate is required, by category. The degree of political-strategic and technical-programmatic emphasis given in each category is consistent with the approaches and interventions required to address the nature of the programmatic challenges under each category.

Figure 4. Type of technical cooperation, by category, for 2016-2017



Financial Resource Requirements

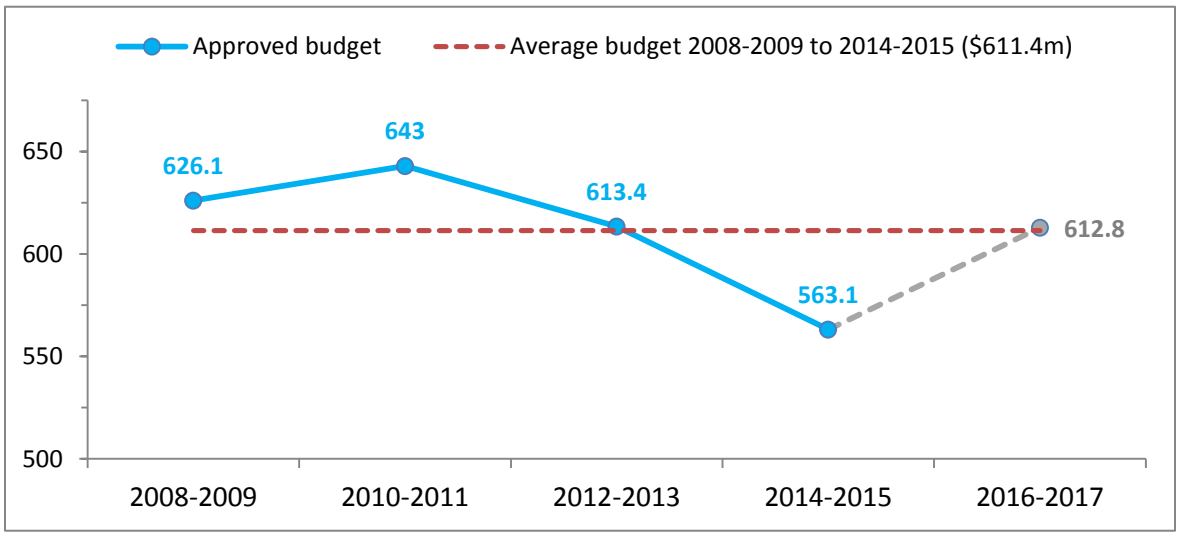
18. The financial resource requirements of $612.8 million for base programs have been estimated by organizational entities at all levels of the Organization in a bottom-up process for costing biennial outputs. The amounts include estimated costs of program activities, staff and other personnel, and general operating and administrative expenses. Resource requirements for response to emergencies and government-sponsored initiatives within countries have been projected based on historical information. Table 1 compares resource requirements for 2016-2017 with those of the 2014-2015 biennium for the three budget segments.

19. Figure 5 shows budget trends from the 2008-2009 to the 2014-2015 biennium and proposed resource requirements for the 2016-2017 biennium. The red line in the figure represents the average budget ($611.4) from the last four biennia, 2008-2009 to 2014-2015. The figure also shows a $50.3 million (8.2%) budget reduction in 2014-2015 compared to 2012-2013.

Table 1. Resource requirements by budget segment (in US$ millions)

Budget segment	Approved Budget 2014-2015	Proposed Budget 2016-2017	Increase (Decrease)
Base programs	563.1	612.8	+49.7
Special programs and response to emergencies	22.0	31.2	9.2
Government-sponsored initiatives	300.0	990.0	+690.0

Figure 5. Budget trends for base programs (in US$ millions)



20. Changes in budget allocations to categories and program areas based on bottom-up estimates of resource requirements in 2016-2017 from the current biennium allocations are shown in Table 2. In some cases, increases reflect new or expanded mandates and commitments, such as in relation to NCDs (Program Area 3.1) and antimicrobial resistance (Program Area 5.2). There is a slight overall reduction in Category 6; the significant budget shifts within the category are a consequence of a reclassification of certain administrative tasks. In all cases the figures for 2016-2017 are the product of bottom-up planning and costing and are therefore more robust than the 2014-2015 figures derived more from estimates based on historical data.

Table 2. Budget by Category and Program Area (in US$ millions)

Category/Program Area	Approved Budget 2014-2015	Proposed Budget 2016-2017	Increase (Decrease)
1. Communicable Diseases	86.8	102.4	**15.6**
1.1 HIV/AIDS and STIs	15.7	15.5	(0.2)
1.2 Tuberculosis	3.9	7.3	3.4
1.3 Malaria and Other Vector-Borne Diseases (including Dengue and Chagas)	7.5	19.5	11.9
1.4 Neglected Tropical and Zoonotic Diseases	11.5	13.4	1.9
1.5 Vaccine-preventable Diseases (including Maintenance of Polio Eradication)	48.2	46.7	(1.5)
2. Noncommunicable Diseases and Risk Factors	48.3	58.0	**9.7**
2.1 Noncommunicable Diseases and Risk Factors	21.0	29.9	9.0
2.2 Mental Health and Psychoactive Substance Use Disorders	3.3	4.5	1.2
2.3 Violence and Injuries	7.6	7.7	0.1
2.4 Disabilities and Rehabilitation	2.2	3.9	1.7
2.5 Nutrition	14.3	12.0	(2.3)
3. Determinants of Health and Promoting Health throughout the Life Course	80.8	81.2	**0.5**
3.1 Women, Maternal, Newborn, Child, and Adolescent and Adult Health and Sexual and Reproductive Health	42.7	44.9	2.1
3.2 Aging and Health	1.7	2.7	1.0
3.3 Gender, Equity, Human Rights and Ethnicity	8.6	9.2	0.6
3.4 Social Determinants of Health	11.6	12.0	0.5
3.5 Health and the Environment	16.2	12.5	(3.7)
4. Health Systems	97.5	109.2	**11.7**
4.1 Health Governance and Financing, National Health Policies, Strategies and Plans	11.9	17.4	5.5
4.2 People-centered Integrated Health Services, Quality Health Systems	13.6	13.7	0.1
4.3 Access To Medical Products and Strengthening Regulatory Capacity	22.9	24.7	1.8

Category/Program Area	Approved Budget 2014-2015	Proposed Budget 2016-2017	Increase (Decrease)
4.4 Health Systems Information and Evidence	32.9	33.3	0.4
4.5 Human Resources for Health	16.2	20.1	4.0
5. Preparedness, Surveillance and Response	46.4	59.8	**13.4**
5.1 Alert and Response Capacities (for IHR)	9.9	9.9	0.0
5.2 Epidemic and Pandemic-Prone Diseases	8.0	14.6	6.5
5.3 Emergency Risk and Crisis Management	19.0	26.5	7.6
5.4 Food Safety	9.5	8.8	(0.7)
6. Corporate Services/Enabling Functions	203.4	202.1	(1.2)
6.1 Leadership and Governance	58.5	46.5	(12.0)
6.2 Transparency, Accountability, and Risk Management	4.8	8.3	3.4
6.3 Strategic Planning, Resource Coordination, and Reporting	49.5	24.0	(25.5)
6.4 Management and Administration	77.4	110.8	33.4
6.5 Strategic Communications	13.1	12.5	(0.6)
Subtotal - Base Programs (Categories 1-6)	**563.1**	**612.8**	**49.7**
Special Programs and Emergencies			
Polio eradication maintenance[2]	--	1.2	--
Special program on foot-and-mouth disease eradication[1]	--	8.0	--
Outbreak and crisis response[1]	22.0	22.0	0.0
Program and Budget - Total	**585.1**	**644.0**	**58.9**
Government-sponsored initiatives[1]	300.0	990.0	690.0

21. Table 3 shows the proportion of resource requirements by technical programs compared to leadership and governance and corporate services/enabling functions. As shown, 67% ($410.7 million) of total resources are required for technical programs under categories 1-5; 8% ($46.5 million) for leadership and governance; 25% ($155.6 million) for corporate services/enabling functions that supports the implementation of technical programs.

[2] These components are excluded from the Program and Budget base programs due to the nature of their funding. Polio eradication maintenance budget was included in program area 1.5 in 2014-2015.

Table 3. Proportion of resource requirements of technical programs, compared to leadership and governance and corporate services/enabling functions

Category/Program Area	Resource Requirements	Percent of Total
Technical Programs (Categories 1-5)	410.7	67%
Leadership and Governance (Program area 6.1)	46.5	8%
Corporate Services/Enabling Functions (Program areas 6.2 to 6.5)	155.6	25%
TOTAL	**612.8**	**100%**

Financing the Program and Budget

22. The Program and Budget will be financed through assessed contributions from PAHO Member States, Participating States, and Associate Members; budgeted miscellaneous revenue; PAHO voluntary contributions; and WHO allocations to the Region of the Americas. The proportional share of each source of financing is 32% for assessed contributions, 4% for budgeted miscellaneous revenue, 35% for PAHO voluntary contributions, and 29% for WHO's allocation to the Americas. Table 4 shows the levels of funding, by source of financing, for the Program and Budget 2016-2017 compared to 2014-2015.

Table 4. Sources of financing the Program and Budget 2016-2017 compared to the 2014-2015 biennium (in US$ millions)

Source of financing	2014-2015	2016-2017	Increase (decrease)	Percent increase (decrease)
PAHO assessed contributions	192.4	198.2	5.8	3.0
PAHO budgeted miscellaneous revenue	6.0	25.0	19.0	316.7
PAHO voluntary contributions	199.8	211.5	11.7	5.9
WHO allocation to the Americas	164.9	178.1	13.2	8.0
TOTAL	**563.1**	**612.8**	**49.7**	**8.8**

a) ***Assessed contributions*** from PAHO Member States, Participating States, and Associate Members. The projected amount of assessed contributions is $198.2 million, net of tax equalization. This amount represents a 3% increase in assessments from the biennium 2014-2015.

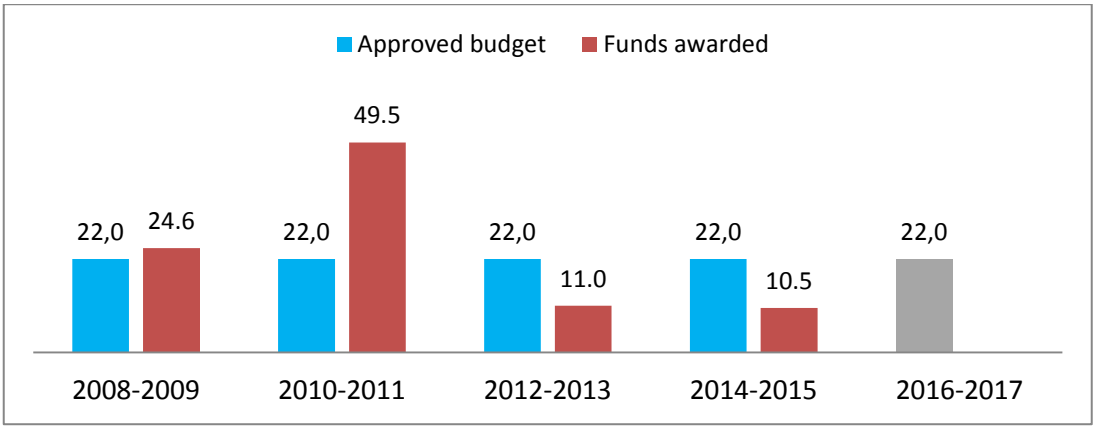
b) ***Budgeted miscellaneous revenue***—investment income earned by the Organization. The amount of budgeted miscellaneous revenue is $25.0 million for the 2016-2017 biennium. The projection is based on the 2014-2015 earnings from investments that resulted in budgetary surpluses.

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 mobilizing more flexible funds. The 2014-2015 PAHO budget for voluntary contributions was $199.8 million. The projected voluntary contribution budget for 2016-2017 is $211.5 million, an increase of $11.7 million or 5.9% above the 2014-2015 biennium.

d) ***Allocation of the World Health Organization's Program Budget*** to the Region of the Americas. This source of financing includes assessed and voluntary contributions, as well as special funds from the World Health Organization. The amount of the WHO component of the PAHO Program and Budget 2016-2017 is $178.1 million for base programs, up 8% ($164.9 million) from the biennium 2014-2015. In the presentation of an integrated budget, WHO does not specify the portion of the allocation to the Regional Office of WHO for the Americas (AMRO) that will come from assessed contributions. The overall WHO allocation represents 29% of the PAHO Program and Budget for base programs.

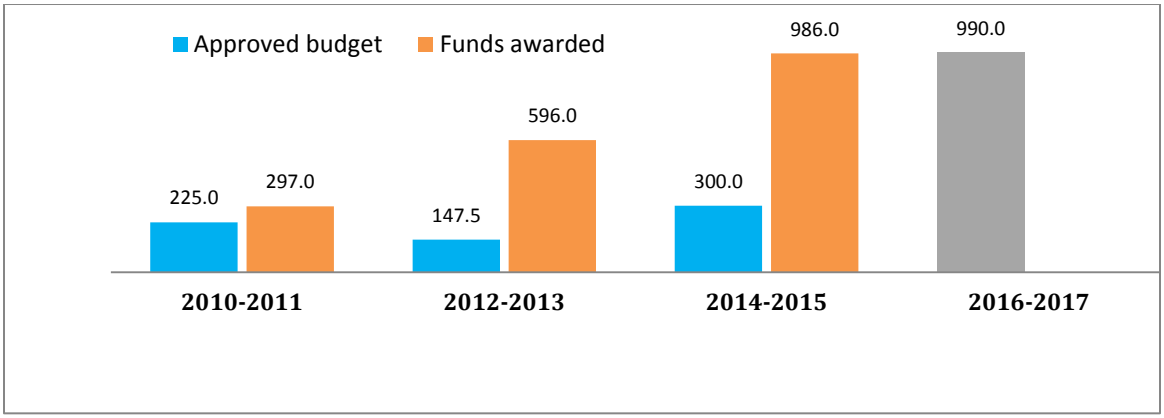
23. **Response to emergencies** includes the needs for covering epidemic outbreaks and situations of crisis resulting from natural disasters or catastrophes. Resource requirements under this segment are event-driven and cannot be realistically estimated in advance. Nonetheless, the Organization has maintained a constant estimate of $22.0 million per biennium for this segment, and the same amount is proposed for the 2016-2017 budgetary period. Figure 6 details the budgetary and financing trends for response to emergencies in the past five biennia.

Figure 6: Budget and financing trends for response to emergencies (in US$ millions)



24. **Government-sponsored initiatives** fall within country programs that are funded from national voluntary contributions (NVCs). This segment captures estimated resource requirements for national health programs and activities that Member-State governments fund within their borders. NVCs are reported in PASB financial statements, but are not part of base programs segment of the Program and Budget. More than a dozen of the Region's governments made national voluntary contributions to PASB in 2014-2015. 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. As this program is expected to continue, the resource requirements under this segment have been estimated at $990 million for biennium 2016-2017.

Figure 7. Trends in national voluntary contributions (in US$ millions), by biennium, 2010-2011 to 2016-2017



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.

Category Overview

25. Communicable diseases in developing countries continue to be responsible for much poor health, as well as exacerbating poverty and inequity; in developed nations, these diseases place an unnecessary burden on health systems and economies. For Category 1, the Program and Budget 2016–2017 will build on the work started in the previous biennium, which aims at improving the technical aspects of programs, and will also focus on protecting achievements from past years, closing existing gaps, and confronting new challenges. These collective efforts strive to control and eliminate diseases of poverty, protect the most at-risk and vulnerable populations, and reduce disability and prevent deaths.

26. The biennium 2016-2017 will continue to prioritize the fight against malaria, other vector-borne diseases, and vaccine-preventable diseases in the countries, as well as the furtherance of activities aligned with existing regional and global commitments, such as the updated Integrated Management Strategy for the Prevention and Control of Dengue, WHO's "Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation," and the Polio Eradication and Endgame Strategic Plan 2013-2018. In alignment with country and regional priorities, the scope of this category will be expanded to incorporate two important technical topics: viral hepatitis and integrated vector management to address the increasing burden of these and related conditions. Important in this biennium is also the ongoing investment in such health issues as HIV/AIDS, tuberculosis (TB), neglected infectious diseases (e.g., leprosy, rabies) through the adoption and/or adaptation of new strategies (i.e., the Global Health Sector Strategy on HIV/AIDS 2016-2021; the Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015; and the forthcoming WHO Global Strategy for Further Reducing the Disease Burden due to Leprosy, 2016-2020), as well as an emphasis on building capacity across all program areas in the countries.

27. Finally, activities carried out during the biennium 2016-2017 will address ongoing challenges identified during organizational assessments, such as limited funding to implement national plans of action for the elimination of mother-to-child transmission of HIV and congenital syphilis, setbacks in implementing and monitoring national strategies for the prevention and control of sexually transmitted infections, lack of high-level commitment by some national authorities to pursue rabies control and/or elimination, the increasing threat of antimicrobial resistance and maintenance of high vaccination coverage rates (>95%) at the municipal and local levels.

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	Countries enabled to increase coverage of key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support		
	OPT Indicator: Number of countries with a national HIV/AIDS strategy incorporating the regional prevention and 90-90-90 targets	Baseline (2015) 0	Target (2017) 25
1.1.2	Countries enabled to integrate viral hepatitis prevention, surveillance, diagnosis, care, and treatment interventions and services within the health sector		
	OPT Indicator: Number of countries that have a structured national strategy or plan related to the prevention, care, and treatment of viral hepatitis	Baseline (2015) 9	Target (2017) 12
1.1.3	Adaptation and implementation of the most up-to-date norms and standards in preventing and treating pediatric and adult HIV infection, integrating HIV and other health programs, and reducing inequities		
	OPT Indicator: Number of countries and territories that have adopted/adapted the WHO 2015 guidelines on the use of antiretroviral therapies (ART) for the treatment and prevention of HIV infection	Baseline (2015) 0	Target (2017) 15
1.1.4	Countries enabled to increase coverage of key sexually transmitted infection (STI) interventions through active engagement in policy dialogue, development and updating of normative guidance and tools, dissemination of strategic information, and provision of technical support		
	OPT Indicator: Number of countries that have developed national STI strategies in line with the Global Health Sector Strategy for STIs	Baseline (2015) 0	Target (2017) 5
1.1.5	Implementation of national plans of action for the elimination of mother-to-child transmission of HIV and congenital syphilis		
	OPT Indicator: Number of countries and territories implementing a national plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis	Baseline (2015) 7	Target (2017) 22

Key Technical Cooperation Interventions	
1.1.A	Implement HIV-related strategies aligned with the four priority areas: *a)* strengthening and expanding prevention, diagnosis, treatment, and care programs, including those targeting coinfections and comorbidities; *b)* eliminating mother-to-child transmission of HIV and congenital syphilis; *c)* advocating for setting policies and priorities, as well as strengthening outreach activities for key populations and addressing prevention, diagnosis, care and treatment; and *d)* strengthening sustainable health information systems and the analysis and dissemination of information.
1.1.B	Provide guidance to countries in the development and updating of national strategic plans and guidelines for STI prevention, diagnosis and management.
1.1.C	Strengthen country capacity in the development of comprehensive national plans for the prevention and control of viral hepatitis, including surveillance and monitoring.

1.2 Tuberculosis

Outcome (OCM)			
1.2	Increased number of tuberculosis patients successfully diagnosed and treated.		
Outputs (OPT)			
1.2.1	Implementation of the regional plan and targets for tuberculosis prevention, care, and control after 2015 in line with the WHO global strategy		
	OPT Indicator: Number of countries that have set targets, within national strategic plans, for reductions in tuberculosis mortality and incidence in line with the targets set in the regional tuberculosis plan	Baseline (2015) 3	Target (2017) 15
1.2.2	Policy guidelines and technical tools updated to support the implementation of the global strategy and targets for tuberculosis prevention, care, and control after 2015, in line with the three strategy pillars		
	OPT Indicator: Number of countries that have adopted/adapted the technical tools for implementation of the global tuberculosis strategy	Baseline (2015) 0	Target (2017) 15
1.2.3	Policy guidance and technical guidelines updated to strengthen countries' capacity for early diagnosis and treatment of multidrug-resistant tuberculosis (MDR-TB) patients		
	OPT Indicator: Number of countries and territories implementing WHO guidelines for early diagnosis and treatment of MDR-TB	Baseline (2015) 25	Target (2017) 30
1.2.4	Countries enabled to integrate TB-HIV care		
	OPT Indicator: Number of countries and territories integrating TB-HIV care	Baseline (2015) 3	Target (2017) 10

Key Technical Cooperation Interventions	
1.2.A	Continue strengthening TB case detection, early diagnosis, implementation of new rapid diagnostic tools, adequate treatment, MDR-TB control, TB-HIV collaborative activities, community participation and advocacy for additional national resources committed to TB.
1.2.B	Expand new initiatives such as tuberculosis control in large cities, TB elimination, and specific strategies for high-risk populations.
1.2.C	Provide guidance and tools for the adoption and implementation of the new end-TB strategy.

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 enabled to implement evidence-based malaria strategic plans, with a focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy, and insecticide resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction

Outputs (OPT) *(cont.)*			
	OPT Indicator: Number of malaria-endemic countries in which an assessment of malaria trends is being undertaken using routine surveillance systems	Baseline (2015) 25	Target (2017) 25
1.3.2	Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, and epidemic detection and response for accelerated malaria reduction and elimination		
	OPT Indicator: Number of malaria-endemic countries and territories that are applying malaria strategies to move toward elimination based on WHO criteria	Baseline (2015) 18	Target (2017) 21
1.3.3	Implementation of the new PAHO/WHO dengue classification to improve diagnosis and treatment within the framework of the updated Integrated Management Strategy for Dengue Prevention and Control in the Americas (IMS-dengue) and the WHO Global Strategy for 2012-2020		
	OPT Indicator: Number of countries and territories with a national IMS-dengue adjusted within the framework of the updated PAHO/WHO IMS-Dengue 2015 strategy, with an emphasis on patient care	Baseline (2015) 0	Target (2017) 16
1.3.4	Implementation of the Strategy and Plan of Action for Chagas Disease Prevention, Control and Care		
	OPT Indicator: Number of countries and territories that have established integrated control programs for Chagas disease in the endemic territorial units where transmission is domiciliary	Baseline (2015) 19	Target (2017) 21
1.3.5	Endemic countries enabled to strengthen their coverage and quality of care for patients infected with *Trypanosoma cruzi*		
	OPT Indicator: Number of endemic countries and territories implementing national plans of action to expand coverage and quality of care for patients infected with T. cruzi	Baseline (2015) 19	Target (2017) 21
1.3.6	Implementation of integrated vector management (IVM) with a focus on improving or contributing to the achievement of global and regional targets set for control, interruption, and elimination of vector-borne diseases		
	OPT Indicator: Number of countries and territories that have established a system for monitoring resistance to insecticides used in public health in accordance with PAHO/WHO guidelines	Baseline (2015) 2	Target (2017) 8

Key Technical Cooperation Interventions	
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 of dengue, as well as in the preparedness, and control of outbreaks of the disease within the framework of the updated 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.
1.3.D	Strengthen public health entomology that aims towards the generation of evidence to better support the control, prevention and elimination of priority vector-borne diseases.

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		
	OPT Indicator: Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status, in line with the WHO Roadmap to Reduce the Burden of Neglected Tropical Diseases (Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation).	Baseline (2015) 9	Target (2017) 14
1.4.2	Endemic countries enabled to establish integrated surveillance of leishmaniasis in human populations		
	OPT Indicator: Number of endemic countries and territories that have integrated surveillance of human leishmaniasis	Baseline (2015) 9	Target (2017) 15
1.4.3	Implementation of the WHO Global Strategy for Further Reducing the Disease Burden due to Leprosy, 2016-2020		
	OPT Indicator: Number of highly endemic countries for leprosy in the Americas applying the guidelines of the WHO Global Strategy for Further Reducing the Disease burden due to Leprosy, 2016-2020	Baseline (2015) 0	Target (2017) 10
1.4.4	Countries enabled to implement plans of action for the prevention, surveillance, control, and elimination of rabies		
	OPT Indicator: Number of countries and territories implementing plans of action to strengthen rabies prevention, prophylaxis, surveillance, control, and elimination	Baseline (2015) 33	Target (2017) 37
1.4.5	Countries enabled to implement plans of action for strengthening zoonotic disease prevention, surveillance, and control programs		
	OPT Indicator: Number of countries and territories implementing plans of action to strengthen zoonosis prevention, surveillance, and control programs according to international standards	Baseline (2015) 15	Target (2017) 19

Key Technical Cooperation Interventions	
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 the 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 disease risks.

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 and monitoring of the Immunization Action Plan for the Americas, in alignment with the Global Vaccine Action Plan, to reach unvaccinated and undervaccinated populations		
	OPT Indicator: Number of countries and territories with immunization DTP3 coverage <95% that are implementing strategies within their national immunization plans to reach unvaccinated and undervaccinated populations	Baseline (2015) 23	Target (2017) 29
1.5.2	Implementation of the Plan of Action to Maintain the Americas Free of Measles, Rubella, and Congenital Rubella Syndrome		
	OPT Indicator: Number of countries that have achieved at least four of six measles and rubella surveillance indicators	Baseline (2015) 9	Target (2017) 16
1.5.3	Countries enabled to generate evidence on the introduction of new vaccines		
	OPT Indicator: Number of countries and territories generating evidence to support decisions on the introduction of new vaccines	Baseline (2015) 14	Target (2017) 16
1.5.4	Maintenance of regional surveillance systems for monitoring of acute flaccid paralysis (AFP)		
	OPT Indicator: Number of countries and territories that comply with three specified AFP surveillance indicators	Baseline (2015) 1	Target (2017) 10
1.5.5	Implementation of the Polio Eradication and Endgame Strategic Plan (PEESP)		
	OPT Indicator: Number of countries in which use of oral polio vaccine type 2 in routine immunizations has been discontinued	Baseline (2015) 0	Target (2017) 51

Key Technical Cooperation Interventions	
1.5.A	Provide guidance to Member States in their efforts to improve access to vaccination services and achieve >95% coverage in all municipalities, in the context of health services provision.
1.5.B	Sustain efforts to maintain the Region free of polio, measles, rubella, and congenital rubella syndrome.
1.5.C	Strengthen all levels of managerial and operational capacity of Member States' national immunization programs in the framework of the regional immunization action plan.
1.5.D	Strengthen vaccine preventable diseases epidemiological surveillance, laboratory capacity and immunization information systems to promote evidence-based decision-making at all levels.
1.5.E	Ensure the timely and uninterrupted access to good quality and affordable vaccines and vaccine-related supplies.

Category 1. Resource Requirement by Program Area

Program Area		Total (US$)
1.1	HIV/AIDS and STIs	15,511,000
1.2	Tuberculosis	7,266,000
1.3	Malaria and Other Vector-borne Diseases	19,452,000
1.4	Neglected, Tropical, and Zoonotic Diseases	13,428,000
1.5	Vaccine-preventable Diseases	46,732,000
	Category 1 - Total	**102,389,000**
	Polio eradication maintenance	**1,200,000**

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.

Category Overview

28. Noncommunicable diseases (NCDs) and their risk factors, mental health disorders, injuries, violence, and disabilities, not only challenge the sustainability and effective coverage of health care systems, but also threaten social and economic development in the Region and worldwide. NCDs currently cause 80.6% of all deaths in the Region, increasing to 90.6% when deaths due to injuries are included. Of all NCD-related deaths, 36% occur prematurely (between the ages 30 and 70 years), thus affecting the most productive population groups and their families. The prevalence of mental disorders in the Region ranges between 18.7% and 24.2%, with a treatment gap of about 70%. Member States are suffering the consequences of this silent epidemic through loss of productivity, economic losses brought on by out-of-pocket expenses and lost workdays; unsustainable and inefficient health systems that are disease-centered rather than person-centered; increased costs for health systems and economies that focus on treatment and care rather than on prevention; lack of access to expensive treatments for those who cannot afford them; and the growing challenges posed by conditions such as obesity.

29. Premature mortality from the noncommunicable-disease epidemic is highly preventable because most of its causes are products of human social and economic activities that can be modified, cost-effectively reducing the burden of disease and promoting health and well-being. Four main risk factors drive the epidemic: tobacco use, harmful use of alcohol, an unhealthy diet, and insufficient physical activity. Environmental conditions in schools, the workplace, and public settings, as well as unplanned urbanization can all be modified to foster healthy lifestyles. The Region's Member States have manifested their desire to increasingly focus on these issues, and to engage in greater regional-, subregional- and country-level efforts to halt this epidemic through a multisectoral perspective. NCDs and their risk factors, particularly nutrition, were ranked as high priorities for 2016-2017 during PAHO-led consultations with the countries, with mental health, violence, and injuries now also being given high priority.

30. PAHO, working in tandem with other organizations from various sectors, will continue to address the burden of NCDs and their risk factors, as well as other conditions included in Category 2. These include the four major NCDs—namely, cardiovascular diseases (particularly hypertension), cancer, diabetes, and chronic lung diseases—the previously mentioned leading NCD risk factors, and obesity, mental health disorders, violence and injuries, disabilities and rehabilitation and nutrition. PAHO's Program and

Budget 2016-2017 will continue to focus on transforming political commitments into specific technical and strategic actions that Member States can implement at the country level in order to see positive health trends. These actions include implementing and operationalizing national plans, creating multisectoral mechanisms, developing institutional capacity for the implementation of health protecting policies and regulations, building human capacity, implementing cost-effective interventions, providing guidance on restructuring and integrating health services that focus on prevention as well as treatment and care, and focusing on integrating prevention and control of these diseases and their risk factors into primary health care using a life course approach. All these actions will be supported by establishing or strengthening surveillance systems that can provide the evidence needed to monitor advances at country and regional levels. The above-mentioned actions and other important specific approaches are supported by the various PAHO/WHO mandates related to this category.

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 enabled 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		
	OPT Indicator 2.1.1a: Number of countries and territories implementing national multisectoral action plans for the prevention and control of noncommunicable diseases and risk factors	Baseline (2015) 20	Target (2017) 24
	OPT Indicator 2.1.1b: Number of countries incorporating noncommunicable diseases in the multisectoral United Nations Development Assistance Framework	Baseline (2015) 7	Target (2017) 13
2.1.2	Countries enabled to implement very cost-effective interventions (“best-buys”) to reduce the four modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity, and harmful use of alcohol)		
	OPT Indicator 2.1.2a: Number of countries with a national alcohol policy that includes at least one population-based policy measure in line with the Regional Plan of Action/Global Strategy to Reduce Harmful Use of Alcohol	Baseline (2015) 6	Target (2017) 12
	OPT Indicator 2.1.2b: Number of countries implementing “Open Streets” programs to promote recreational physical activity	Baseline (2015) 6	Target (2017) 11
	OPT Indicator 2.1.2c: Number of countries implementing policies that promote reductions in salt intake in the population	Baseline (2015) 13	Target (2017) 20
	OPT Indicator 2.1.2d: Number of countries complying with at least five of the indicators of the Plan of Action for the Prevention of Obesity in Children and Adolescents	Baseline (2015) 2	Target (2017) 7

Outputs (OPT) *(cont.)*			
	OPT Indicator 2.1.2e: Number of countries implementing policies, strategies, or laws in line with the Framework Convention on Tobacco Control	Baseline (2015) 8	Target (2017) 12
2.1.3	Countries enabled to implement strategies for the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases		
	OPT Indicator: Number of countries that have recognized/government-approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases	Baseline (2015) 23	Target (2017) 28
2.1.4	Implementation of monitoring framework to report on progress in realizing the commitments made in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the global action plan for the prevention and control of noncommunicable diseases 2013		
	OPT Indicator: Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable regular reporting on NCDs and risk factor indicators of the Global Monitoring Framework and against nine global targets	Baseline (2015) 8	Target (2017) 15
2.1.5	Countries enabled to improve their chronic kidney disease surveillance		
	OPT Indicator: Number of countries and territories with high-quality dialysis and a transplantation registry for chronic kidney disease cases	Baseline (2015) 10	Target (2017) 22

Key Technical Cooperation Interventions	
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 the surveillance and monitoring of NCDs and mental health conditions and risk factors in support of reporting on progress toward global and regional commitments on NCDs and their risk factors, road safety, injuries, and mental health disorders.
2.1.C	Position NCDs and their risk factors within multisectoral national development plans and programs, and within the corresponding national UN development assistance frameworks.

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 enabled 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		
	OPT Indicator: Number of countries and territories that have a national policy or plan for mental health in line with the Regional Strategy on Mental Health	Baseline (2015) 26	Target (2017) 34

Outputs (OPT) *(cont.)*			
2.2.2	Development of integrated mental health services across the continuum of promotion, prevention, treatment, and recovery through advocacy, better guidance, and tools		
	OPT Indicator: Number of countries and territories that have established a program to integrate mental health into primary health care using the Mental Health Global Action Plan Intervention Guide	Baseline (2015) 18	Target (2017) 25
2.2.3	Countries enabled to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and other psychoactive substance use		
	OPT Indicator: Number of countries with expanded prevention and treatment strategies, systems, and interventions for substance use disorders and associated conditions	Baseline (2015) 6	Target (2017) 12

Key Technical Cooperation Interventions	
2.2.A	Strengthen national capacities for the elaboration and implementation of mental health, alcohol, and substance use policies and plans that aim at integrating mental health care into general health, including operational planning, capacity building, and attention to special programs such as suicide prevention.
2.2.B	Protect and promote the human rights of people with mental health conditions.

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	Development and implementation of multisectoral plans and programs to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety (2011-2020)		
	OPT Indicator: Number of countries with funded road safety strategies	Baseline (2015) 4	Target (2017) 10
2.3.2	Countries enabled to mainstream the human security approach in existing country health plans as a mechanism to prevent violence and injuries in accordance with global and regional mandates		
	OPT Indicator: Number of countries that have assessed the level of mainstreaming of the human security approach in at least one existing country health program following PAHO's protocol	Baseline (2015) 0	Target (2017) 5
2.3.3	Countries enabled 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		
	OPT Indicator: Number of countries and territories that create or adjust national standard operating procedures/protocols/guidelines for the health system response to intimate partner and sexual violence, consistent with WHO's guidelines	Baseline (2015) 4	Target (2017) 10

Key Technical Cooperation Interventions	
2.3.A	Strengthen Member States' capacity to develop road safety legislation and improve its enforcement, related to risk and preventive factors for road traffic injuries.
2.3.B	Improve Member States' data quality on road traffic injuries so that mortality and morbidity information reflects victim characteristics.
2.3.C	Strengthen the capacity of countries and territories to implement evidence-based policies and programs to prevent and respond to violence against women, children, and youth.
2.3.D	Improve the quality and use of data on violence to generate 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 WHO global disability action plan 2014-2021 and the United Nations General Assembly High-Level Meeting on Disability and Development, in accordance with national priorities		
	OPT Indicator: Number of countries and territories implementing comprehensive programs on health and rehabilitation pursuant to the WHO global disability action plan 2014-2021 and the United Nations High-Level Meeting on Disability and Development	Baseline (2015) 12	Target (2017) 18
2.4.2	Countries enabled to strengthen prevention and management of eye and ear diseases in the framework of health systems		
	OPT Indicator: Number of countries that have completed a national eye care health service assessment according to PAHO/WHO recommendations	Baseline (2015) 3	Target (2017) 10

Key Interventions for Technical Cooperation	
2.4.A	Strengthen capacity at the country level to improve the access to health services by people with disabilities, including to rehabilitation/habilitation services; invest in programs to meet specific needs of people with disabilities and data collection on disabilities, and adopt national disability plans.
2.4.B	Strengthen Member States' capacity to develop evidence-based, national eye, ear, and oral health policies, plans, and programs and to increase service coverage as part of wider health systems.

2.5 Nutrition

Outcome (OCM)	
2.5	Nutritional risk factors reduced.
Outputs (OPT)	
2.5.1	Countries enabled to develop, implement, and monitor action plans based on the maternal, infant, and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition

Outputs (OPT) *(cont.)*			
	OPT Indicator: Number of countries and territories that are implementing national action plans consistent with the comprehensive implementation plan on maternal, infant, and young child nutrition	Baseline (2015) 2	Target (2017) 3
2.5.2	Norms and standards on promoting population dietary goals and cost-effective interventions to address the double burden of malnutrition, including policy options and supportive legislation for effective nutrition actions developed for stable and emergency situations		
	OPT Indicator: Number of countries and territories that implement priority actions to protect, promote, and support optimal breastfeeding practices	Baseline (2015) 4	Target (2017) 12

Key Technical Cooperation Interventions	
2.5.A	Strengthen the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the necessary leadership, practical knowledge, and capacity required to scale up actions; and promote multisectoral approaches involving key actors such as ministries of education, of agriculture, and of the environment.
2.5.B	Strengthen the effective implementation of PAHO's Plan of Action for the Prevention of Obesity in Children and Adolescents, with emphasis on four lines of action, namely primary health care and promotion of breastfeeding and healthy eating; improvement of school food and physical activity environments; fiscal policies and regulation of food marketing and labeling; and other multisectoral actions.

Category 2. Resource Requirement by Program Area

Program Area		**Total (US$)**
2.1	Noncommunicable diseases and risk factors	29,944,000
2.2	Mental health and psychoactive substance use disorders	4,460,000
2.3	Violence and injuries	7,683,000
2.4	Disabilities and rehabilitation	3,932,000
2.5	Nutrition	12,009,000
	Category 2 - Total	**58,028,000**

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.

Category Overview

31. Although considerable progress has been made in improving health and reducing inequalities in the Region, significant challenges remain. During the 2016-2017 biennium, Category 3 will focus on intensifying efforts to promote health through a life-course approach, promoting health from preconception to old age. The life course approach considers how multiple determinants interact and affect health throughout life and across generations. Work in the biennium will concentrate on strengthening this approach within the framework of the health in all policies, universal access to health and universal health coverage, and cross-cutting themes.

32. A life-course vision is consistent with many of Sustainable Development Goals (SDGs) of the post-2015 development agenda—ensuring healthy lives and promoting well-being for all at all ages, achieving gender equality, reducing inequalities, and promoting sustainable development. To achieve these goals, it is critical to promote health throughout the life course within the framework of social determinants of health. Furthermore, focusing on social determinants of health and health equity through political and community action has historically been central to PAHO's and the Region's work. Therefore, addressing equity, universality, and social inclusion across all programmatic categories of the Strategic Plan is a guiding priority for the biennium 2016-2017 and beyond.

33. During 2016-2017, in order to protect gains made in past years, close existing gaps, and effectively confront new challenges, PAHO will work towards a more integrated approach around the life course; will continue to focus on the social determinants of health; will build new and strengthen existing strategic alliances to contribute toward the SDGs; and will continue to strengthen institutional capacity and professional competency in all programmatic areas.

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		
	OPT Indicator: Number of countries and territories implementing an integrated plan for maternal and perinatal mortality in line with regional plans of action on maternal mortality and neonatal health	Baseline (2015) 19	Target (2017) 25
3.1.2	Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with an emphasis on the most vulnerable populations		
	OPT Indicator: Number of countries and territories implementing a national integrated newborn and child health policy/strategy or plan consistent with legal frameworks and regulations	Baseline (2015) 12	Target (2017) 15
3.1.3	Implementation of the global Strategy for Sexual and Reproductive Health, focusing on addressing unmet needs		
	OPT Indicator: Number of countries and territories implementing WHO/PAHO guidelines on family planning	Baseline (2015) 22	Target (2017) 27
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		
	OPT Indicator: Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, newborn, child, adolescent, and adult health	Baseline (2015) 10	Target (2017) 17
3.1.5	Implementation of the regional Plan of Action on Adolescent and Youth Health		
	OPT Indicator: Number of countries and territories implementing national health-related policies or plans on comprehensive adolescent health	Baseline (2015) 12	Target (2017) 20

Key Technical Cooperation Interventions	
3.1.A	Global and regional mandates to implement plans on women, maternal, newborn, child, adolescent, and adult health will be guiding priorities during the biennium 2016-2017 and beyond. To address these priorities, this program area will focus on improving strategic information, with emphasis on universal and quality maternal and newborn care; implementing guidelines and standards; and building capacity in human resources. Moreover, a core priority will be to identify challenges and topics to be included in the regional agenda, policies and legislation to facilitate universal access in health, and the building and strengthening of strategic alliances to contribute on the Sustainable Development Goals agenda.

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 strategies to promote active and healthy aging		
	OPT Indicator 3.2.1a: Number of countries with national health plans, policies, or strategies that explicitly include actions to address the health needs of older people	Baseline (2015) 11	Target (2017) 15
	OPT Indicator 3.2.1b: Number of countries with at least one municipality implementing the WHO Age-friendly Environments Program	Baseline (2015) 2	Target (2017) 8
3.2.2	Countries enabled to deliver integrated person-centered services across the continuum of care that respond to the needs of older women and men in low-, middle-, and high-income settings		
	OPT Indicator: Number of countries and territories with at least one evidence-based self-care program for older adults (60 and over) living with multiple chronic conditions	Baseline (2015) 2	Target (2017) 10
3.2.3	Evidence base strengthened, and monitoring and evaluation mechanisms established to address key issues relevant to the health of older people		
	OPT Indicator: Number of countries and territories that have national research addressing key issues relevant to the health of older people	Baseline (2015) 11	Target (2017) 15

Key Technical Cooperation Interventions	
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, focusing specifically on the following priorities: promoting the 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 program areas		
	OPT Indicator: Proportion of PAHO program areas integrating gender, equity, human rights, and ethnicity into operational planning	Baseline (2015) 62%	Target (2017) 75%

Outputs (OPT) *(cont.)*			
3.3.2	Countries enabled to implement and monitor health policies/plans that address gender equality		
	OPT Indicator: Number of countries and territories implementing health policies or plans that address gender equality	Baseline (2015) 22	Target (2017) 30
3.3.3	Countries enabled to implement health policies/plans and/or laws to address human rights		
	OPT Indicator: Number of countries and territories using human rights norms and standards to formulate policies, plans, or legislation	Baseline (2015) 33	Target (2017) 35
3.3.4	Countries enabled to implement health policies/plans to address equity in health		
	OPT Indicator: Number of countries and territories implementing health policies/plans or laws that address health equity	Baseline (2015) 12	Target (2017) 16
3.3.5	Countries enabled to implement health policies/plans and/or laws to address ethnicity		
	OPT Indicator: Number of countries and territories implementing health policies/plans or laws to address ethnicity	Baseline (2015) 18	Target (2017) 22

Key Technical Cooperation Interventions	
3.3.A	This program area encompasses the following priorities: integration of gender, equity, human rights, and ethnicity into interprogrammatic activities, policies, and laws; strengthening capacity on gender, equity, human rights, and ethnicity in relation to health, using existing and new modalities, as required; generating and publishing evidence, methodologies, and other technical documents on gender, equity, human rights, and ethnicity in relation to health.

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 Health in All Policies Framework for Country Action, including intersectoral action and social participation to address the social determinants of health		
	OPT Indicator: Number of countries and territories implementing the Health in All Policies Framework for Country Action	Baseline (2015) 12	Target (2017) 18
3.4.2	Countries enabled to generate equity profiles to address the social determinants of health		
	OPT Indicator: Number of countries and territories producing equity profiles that address at least two social determinants of health	Baseline (2015) 9	Target (2017) 15

Outputs (OPT) *(cont.)*			
3.4.3	Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation of health-promoting networks		
	OPT Indicator: Number of countries and territories implementing health promotion strategies to reduce health inequities and increase community participation of health-promoting networks	Baseline (2015) 20	Target (2017) 22
3.4.4	Countries enabled to address the post-2015 development agenda, responding to the social determinants of health		
	OPT Indicator: Number of countries and territories integrating health in the post-2015 development agenda into their national planning processes	Baseline (2015) 10	Target (2017) 16

Key Technical Cooperation Interventions	
3.4.A	The priorities for this program area will be to implement the five pillars of the Rio Political Declaration on Social Determinants of Health adopted by the Member States in Rio de Janeiro, Brazil, in 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 of the Americas with concrete actions and consensus-based public policies, including the implementation of the regional Plan of Action on Health in All Policies adopted by PAHO's 53rd Directing Council in 2014. This regional Plan of Action includes 12 process indicators that are aligned with the Rio Political Declaration; to this end, priority actions will include generating and documenting evidence on Health in All Policies (HiAP) for high-level advocacy to further strengthen collaboration between different sectors; building capacity on HiAP using the manual WHO developed for this purpose, which will be rolled out by three of PAHO's collaborating centers; working with the Healthy Municipalities Network and the Healthy School Networks to advance the HiAP Regional Plan of Action and monitor countries' progress in implementing HiAP polices. Likewise, enhanced technical cooperation efforts will be carried out to strengthen national institutional capacity to monitoring health inequalities and generate updated country health equity profiles.

3.5 Health and the Environment

Outcome (OCM)			
3.5	Reduced environmental and occupational threats to health.		
Outputs (OPT)			
3.5.1	Countries enabled 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		
	OPT Indicator: Number of countries with national monitoring systems in place to evaluate, control, and monitor health risks from limitations related to water and sanitation	Baseline (2015) 15	Target (2017) 24
3.5.2	Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety		
	OPT Indicator: Number of countries and territories with national air quality standards based on WHO guidelines and public health services in chemical safety	Baseline (2015) 9	Target (2017) 12

Outputs (OPT) *(cont.)*			
3.5.3	Countries enabled to develop and implement national policies, legislation, plans, and programs on workers' health		
	OPT Indicator: Number of countries and territories with an occupational carcinogen exposure (CAREX) matrix and national information systems on occupational injuries and diseases	Baseline (2015) 8	Target (2017) 11
3.5.4	Implementation of the PAHO/WHO Strategy and Plan of Action on Climate Change		
	OPT Indicator: Number of countries and territories implementing the PAHO/WHO strategy, plan of action, and adaptation plans on climate change	Baseline (2015) 18	Target (2017) 28
3.5.5	Countries enabled to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking		
	OPT Indicator: Number of countries implementing large-scale programs to replace inefficient cook stoves with cleaner models that comply with WHO indoor air quality guidelines	Baseline (2015) 2	Target (2017) 4

Key Technical Cooperation Interventions	
3.5.A	Guided by the large body of scientific evidence, and 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 and professional competencies in environmental and occupational health, particularly on climate change mitigation and adaptation, ambient and indoor air pollution, and in chemical safety; and *b)* monitor the implementation of the worker's health plan of action, the plan of action on climate change, and the environmental and occupational health-related inequalities.

Category 3. Resource Requirement by Program Area

Program Area		Total (US$)
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	44,854,000
3.2	Aging and health	2,671,000
3.3	Gender, equity, human rights, and ethnicity	9,204,000
3.4	Social determinants of health	12,034,000
3.5	Health and the environment	12,479,000
	Category 3 - Total	**81,242,000**

CATEGORY 4
HEALTH SYSTEMS

Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal access to health and 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.

Category Overview

34. Millions of people in the Americas lack access to comprehensive health services that would allow them to live healthy lives and prevent disease. Currently, some 30% persons in the Americas are unable to access health care for financial reasons and 21% are unable to do so because of geographical barriers. People living in conditions of vulnerability, children, women, older adults, members of the LGBT community, migrants, ethnic minorities, and persons living in poverty, are the most affected by this lack of access. Despite progress made in this regard, the Region will fail to meet the MDG target for the reduction of maternal mortality, and significant differences exist in the reduction of infant mortality between countries. Reducing health inequities is made more complex by emerging epidemiological and demographic patterns. The simultaneous occurrence of communicable and noncommunicable diseases (NCDs), violence (including gender violence), increased life expectancy, and urbanization require that health systems and services respond in different and innovative ways. NCDs, principally cardiovascular diseases, cancer, diabetes, and chronic respiratory disease, along with their shared risk factors (tobacco use, an unhealthy diet, physical inactivity, and the harmful use of alcohol), are responsible for over 80% of all deaths in the Americas. In 2012, there were more than 100 million people older than 60 years of age in the Region—a figure that is expected to double by 2020. It is estimated that between 1999 and 2009, more than 5.5 million people died from external causes. The recent chikungunya outbreak in the Region, the threat posed by the Ebola outbreak in Africa, and natural disasters highlighted the necessity for strengthening health systems in order to build resilience.

35. Addressing these challenges is the main goal of the Strategy for Universal Access to Health and Universal Health Coverage (UA/UHC) adopted by Member States (Document CD53/5, Rev. 2) during the 53rd PAHO Directing Council in October 2014. The strategy defines the conditions that will enable countries to focus and evaluate their policies and measure their progress toward universal access to health and universal health coverage. It recognizes that each country has the capacity to establish its own action plan, considering its own context and future health challenges.

36. The implementation of the Strategy constitutes the core priority area of work for this category during the biennium 2016-2017.

37. The PAHO Program and Budget 2016-2017 incorporates the following focus areas: advocacy and strategic alliances for universal access to health and universal health coverage (UA/UHC), development and implementation of national action plans (road maps) for the advancement of universal access and coverage, integration of priority programs in health systems and services and sustainability (with focus on NCDs, HIV, TB, and IM), expansion of access to services for people in conditions of vulnerability, monitoring and evaluation, health systems preparedness and response, capacity building, evidence, triangular cooperation and exchanges of experiences, and communication. The Program and Budget 2016-2017 responds to the priorities expressed by Member States, in which health systems is ranked as a high priority.

38. The allocation to the Health Systems Category within the Program and Budget 2016-2017 increased by 10% compared to the approved 2014-2015 budget. This increase is consistent with the priority afforded by countries to the progressive move towards UA/UHC, and with the increased demand for technical support to Member States, particularly for the development of national plans, policies and strategies aligned with the strategic lines of action of the regional UA/UHC strategy.

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

Outcome (OCM)			
4.1	Increased national capacity for achieving universal access to health and universal health coverage (UA/UHC).		
Outputs (OPT)			
4.1.1	Countries enabled to develop comprehensive national health policies, strategies, and/or plans, including universal access to health and universal health coverage		
	OPT Indicator: Number of countries and territories that have a national health sector plan or strategy with defined goals/targets revised within the last five years	Baseline (2015) 14	Target (2017) 19
4.1.2	Countries enabled to develop and implement financial strategies for universal access to health and universal health coverage		
	OPT Indicator: Number of countries and territories that have financial strategies for universal access to health and universal health coverage	Baseline (2015) 15	Target (2017) 21
4.1.3	Countries enabled to develop and implement legislative and regulatory frameworks for universal access to health and universal health coverage		
	OPT Indicator: Number of countries and territories that have legislative or regulatory frameworks to support universal access to health and universal health coverage	Baseline (2015) 7	Target (2017) 12
4.1.4	Countries enabled to monitor and evaluate health systems and service indicators related to universal access to health and universal health coverage		
	OPT Indicator: Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation	Baseline (2015) 4	Target (2017) 15

Key Technical Cooperation Interventions	
4.1.A	During 2016-2017, this program area will support the countries in their efforts to strengthen their health systems with a focus on stewardship and governance. This support will target the revision or development of national health policies, strategies, and plans, including the financing component, in a manner consistent with the progressive realization of UA/UHC; will facilitate social dialogue, intersectorial action, and advocacy with ministries of finance and other financial institutions, the private sector, and society at large; will strengthen public health functions; and will support the monitoring and evaluation of progress towards UA/UHC. PASB will also help to strengthen legislative and regulatory frameworks required to support reforms that are consistent with countries' efforts to advance toward UA/UHC.
4.1.B	PASB will support the development of tools, capacities, and evidence, and the sharing of experiences to address implementation issues identified by countries in key areas of health system strengthening, such as the definition, costing, and implementation of comprehensive services to be expanded progressively; the integration of policy options to reduce segmentation and fragmentation; the increase in public financing and efficiencies; and the improvement of financial protection in health.

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		
	OPT Indicator: Number of countries and territories implementing integrated service delivery network strategies	Baseline (2015) 14	Target (2017) 27
4.2.2	Countries enabled to improve quality of care and patient safety in accordance with PAHO/WHO guidelines		
	OPT Indicator: Number of countries and territories implementing national strategies and/or plans for quality of care and patient safety	Baseline (2015) 12	Target (2017) 16

Key Technical Cooperation Interventions	
4.2.A	During the 2016-2017 biennium, this program area will focus on increasing access to people-centered, integrated services, especially addressing unmet needs and groups in conditions of vulnerability. This will be done by providing support for the implementation of the Integrated Health Service Delivery Networks (IHSDNs) initiative, the Regional Agenda for Hospitals in IHSDNs, and the Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety that was approved by the 27th Pan American Sanitary Conference in 2012, which ultimately will help to strengthen systems based on primary health care. Emphasis will be given to interventions aimed at increasing the resolution capacity of the first level of care, the integration of priority programs (NCDs, HIV, TB) in health care delivery, and the development of programs and interventions that allow individuals to better understand their rights and responsibilities in health and empower them to take an active part in their health care.
4.2.B	PASB will support the development of tools, capacities, and evidence, and the exchange of experiences, in the implementation of critical issues related to changes or reorientation of health care delivery, such as model of care, management of service delivery, and payment mechanisms.

Key Technical Cooperation Interventions *(cont.)*	
4.2.C	PASB will particularly concentrate during this biennium in the development of capacities for health system preparedness and response to outbreaks and natural disasters, thus contributing to build resilience.

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 enabled to develop/update, implement, monitor, and evaluate national policies for better access to medicines and other health technologies		
	OPT Indicator: Number of countries and territories with national policies on access, quality, and use of medicines and other health technologies updated within the last five years	Baseline (2015) 5	Target (2017) 8
4.3.2	Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property		
	OPT Indicator: Number of countries and territories reporting access and innovation indicators through the PAHO Regional Platform on Access and Innovation for Health Technologies (PRAIS) Observatory	Baseline (2015) 7	Target (2017) 9
4.3.3	Countries enabled to assess their national regulatory capacity for medicines and other health technologies		
	OPT Indicator: Number of countries and territories that have conducted an assessment of their regulatory functions for at least three of the following: medicines, medical devices, radiation safety, blood safety, and organ transplantations	Baseline (2015) 11	Target (2017) 17
4.3.4	Countries enabled to implement processes and mechanisms for health technologies assessment, incorporation, and management and for rational use of medicines and other health technologies		
	OPT Indicator: Number of countries and territories with mechanisms for health technologies assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	Baseline (2015) 7	Target (2017) 12

Key Technical Cooperation Interventions	
4.3.A	This program area's priority will promote access to and rational use of safe, effective, and quality medicines and other health technologies through integrated health services based on Primary Health Care (PHC). Support will be provided for strengthening governance and the development, implementation, monitoring, and evaluation of national policies on access, quality, and use of medicines and other health technologies. Cooperation also will be provided for strengthening country regulatory capacities. Additional cooperation efforts will allow countries to access quality, affordable health technologies through regional procurement mechanisms, and 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 the assessment, incorporation, management, and rational use of medicines and other 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	Comprehensive monitoring of global, regional, and country health situations, trends, inequalities, and determinants using global standards, including data collection and analysis to address data gaps and system performance assessments		
	OPT Indicator: Number of countries producing a comprehensive health situation and trend assessment during 2016-2017	Baseline (2015) 14	Target (2017) 35
4.4.2	Implementation of the regional Strategy and Plan of Action on eHealth		
	OPT Indicator: Number of countries and territories implementing an eHealth strategy	Baseline (2015) 9	Target (2017) 21
4.4.3	Implementation of the regional knowledge management strategy		
	OPT Indicator: Number of countries and territories implementing the regional knowledge management strategy	Baseline (2015) 6	Target (2017) 15
4.4.4	Countries enabled to address priority ethical issues related to public health and research for health		
	OPT Indicator: Number of countries and territories with accountability mechanisms to review research or incorporate ethics into public health	Baseline (2015) 23	Target (2017) 28
4.4.5	Implementation of the regional Policy on Research for Health		
	OPT Indicator: Number of countries and territories implementing the regional Policy on Research for Health	Baseline (2015) 12	Target (2017) 18
4.4.6	Countries enabled to strengthen their capacity to generate and apply scientific evidence		
	OPT Indicator: Number of countries and territories integrating scientific evidence into practices, programs, or policies using standardized methodologies	Baseline (2015) 9	Target (2017) 12
4.4.7	PAHO health information systems enhanced to facilitate analysis of information from Member States and PASB to aid monitoring of regional and national targets in line with the Organization's commitments and mandates		
	OPT Indicator: Platforms in place to facilitate monitoring and reporting of strategic plan impact indicators and sustainable development goal (SDG) health targets	Baseline (2015) No	Target (2017) Yes

Key Technical Cooperation Interventions	
4.4.A	Health information is a key input that supports all aspects of health action, such as research, planning, operations, surveillance, monitoring and evaluation, and critically informs priority setting and decision making processes. That said, disparities remain between the countries regarding the coverage, reliability, timeliness, and quality of the information being provided by their health information systems. Countries also differ in terms of their 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.

Key Technical Cooperation Interventions *(cont.)*	
4.4.A *(cont.)*	Moreover, analytical skills and standards for the production and use of research for health vary among populations. Improving a population's living conditions and reducing its 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. Results from public health practice are expected to be monitored and assessed through the selected Strategic Plan 2014–2019 impact indicators.
4.4.B	Governments increasingly recognize that incorporating eHealth is a priority for health systems development, and experience shows that this requires strategic and integrated action at the national level. 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, build capacity, produce multilingual and multi-format information products, enable a 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, and translate evidence into policies and practices. 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 enabled to develop and implement human resources for health (HRH) policies and/or plans to achieve universal access to health and universal health coverage		
	OPT Indicator: Number of countries and territories with an HRH action plan or strategy aligned with universal access to health and universal health coverage policies	Baseline (2015) 11	Target (2017) 18
4.5.2	Countries that are developing an HRH information system with distribution of health personnel, particularly at the primary health care level		
	OPT Indicator: Number of countries and territories that are developing an HRH information system	Baseline (2015) 6	Target (2017) 9
4.5.3	Technical guidance provided to academic health institutions and programs for the transformation of medical education aligned with universal access to health and universal health coverage		
	OPT Indicator: Number of academic institutions with a defined social mission and curricula reoriented toward universal access to health and universal health coverage	Baseline (2015) 5	Target (2017) 7
4.5.4	Countries and territories enabled to develop and implement innovative strategies to improve the public health, managerial, and clinical health workforce		
	OPT Indicator: Number of countries and territories that have continuing education programs for staff through a node of the Virtual Campus for Public Health or an equivalent e-learning network	Baseline (2015) 13	Target (2017) 19

Key Technical Cooperation Interventions	
4.5.A	This program area will focus its work on the development and implementation of policies and plans for human resources for health, in order to advance toward UA/UHC and address the population's current and future health needs. Technical guidance will be provided to countries to improve and strengthen the health workforce information system. Another key priority involves working with academic health institutions in support of the reorientation of health science education programs toward primary health care. Finally, countries will receive support for developing and implementing innovative strategies to improve the public health, managerial, and clinical health workforce.

Category 4. Resource Requirement by Program Area

Program Area		Total (US$)
4.1	Health Governance and Financing; National Health Policies, Strategies, and Plans	17,401,000
4.2	People-centered, Integrated, Quality Health Services	13,661,000
4.3	Access to Medical Products and Strengthening of Regulatory Capacity	24,725,000
4.4	Health Systems Information and Evidence	33,267,000
4.5	Human Resources for Health	20,142,000
	Category 4 - Total	**109,196,000**

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.

Category Overview

39. In fulfilling its primary goal to prevent death, illness, and disability arising from emergencies, this category focuses on strengthening the countries' capabilities for prevention, risk reduction, preparedness, surveillance, response, and early recovery in all types of human health hazards that may result from emergencies or disasters. This Category's work has mainly had technical/programmatic and political/strategic importance, and during the 2016-2017 biennium, PASB will continue to work with Member States and other stakeholders to preserve and, where possible, improve on gains in preparedness, surveillance and response, while closing identified gaps and addressing new challenges.

40. Priority will continue to be directed towards enhancing capacities that fall under the requirements of the International Health Regulations (IHR, 2005). Efforts will also redouble to increase political awareness concerning the relevance of infection prevention and control programs, an area of essential public health function 2 recognized by the IHR, as well as the prevention of exposure to contaminants through the food chain and the safety of new technologies. There will also be heightened focus on antimicrobial resistance (AMR) through the implementation of the global action plan on antimicrobial resistance in the Region of the Americas.

41. Emphasis will continue to be placed on the expansion and integration of a comprehensive, efficient, and effective multi-hazard approach to emergency risk management, building on essential public health functions and encompassing PASB, PAHO's Member States, and the international health community. PASB will also continue to build its internal capacity to efficiently assist countries in the management of acute public health threats and will report on progress. The Bureau will further improve its coordinated alert and response mechanisms, including surge capacity, management of public health events, and enhanced operational capacity at all times.

42. PAHO's technical cooperation for the development of comprehensive national policies and the institutionalization of essential public health functions, in order to contain public health risks at their source and to manage health emergency risks, will integrate the essential elements for building resilience and protecting populations, considering the principles of the human security approach and with a special focus on populations with the greatest vulnerability. 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 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 enabled to develop the core capacities required under the International Health Regulations (IHR, 2005)		
	OPT Indicator: Number of countries provided with direct technical cooperation enabling them to meet and sustain IHR core capacities within the biennium	Baseline (2015) 13	Target (2017) 35
5.1.2	PAHO capacity to provide evidence-based and timely policy guidance, risk assessment, information management, and communications for all acute public health emergencies of potential international concern		
	OPT Indicator: Percentage of potential public health emergencies of international concern for which information is made available to International Health Regulations (IHR) national focal points in the Region within the first 48 hours of completion of the risk assessment	Baseline (2015) 80	Target (2017) 80

Key Technical Cooperation Interventions	
5.1.A	In fulfillment of the mandates issued through the IHR and subsequent World Health Assembly resolutions, activities will focus on supporting country efforts to comply with their commitment to attain and maintain essential public health functions—referred to as core capacities in the IHR—and on monitoring the status of implementation of the IHR in the Region.
5.1.B	PASB will continue to develop its ability to coordinate regional alert and response and provide timely evidence-based risk assessment, information management, and communication for all acute public health events. Exchange of experiences among Member States will be facilitated, aimed at increasing the timeliness and transparency of information sharing related to public health events of potential international concern and strengthening communication channels between national focal points (NFPs) for international contact tracing purposes. PASB will also support further regional development of the Global Outbreak Alert and Response Network (GOARN).

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 enabled to improve surveillance, preparedness, and response capacities for epidemic and pandemic threats, with a specific focus on implementing the Pandemic Influenza Preparedness Framework		
	OPT Indicator: Number of countries with a surveillance system for influenza based on international standards	Baseline (2015) 18	Target (2017) 20

Outputs (OPT) *(cont.)*			
5.2.2	Countries enabled to have standing capacity for early detection and confirmation of emerging epidemic-prone infectious pathogens		
	OPT Indicator: Number of countries with access to established public health laboratory networks that have standardized new protocols for the safe, accurate, and timely detection of emerging epidemic-prone infectious pathogens	Baseline (2015) N/A (new indicator)	Target (2017) 14
5.2.3	Countries enabled to implement the global action plan for antimicrobial resistance, with a special emphasis on surveillance		
	OPT Indicator: Number of countries with a national surveillance system contributing data on global trends and the burden of antimicrobial resistance	Baseline (2015) 0	Target (2017) 5
5.2.4	Countries enabled to have capacity for risk analyses of emerging zoonotic diseases		
	OPT Indicator: Number of countries with risk analysis mechanisms for emerging and zoonotic diseases	Baseline (2015) 15	Target (2017) 21

Key Technical Cooperation Interventions	
5.2.A	This program area's focus 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 working through networks to contribute to global mechanisms and processes, in accordance with IHR provisions.
5.2.B	PASB will support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans designed to respond 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.
5.2.C	In its effort to cope with epidemic and pandemic diseases, PAHO will focus its efforts on improving the evidence base in order to inform national and international decision-making, thus contributing to timely risk assessments, monitoring, and field investigations and supporting affected countries throughout the cycle of prevention, preparedness, response, and rehabilitation during an epidemic so as to build countries' resilience. Efforts also will entail managing regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.
5.2.D	PAHO will implement the global action plan on antimicrobial resistance in the Region of the Americas, thus complementing the work being carried out on disease specific programs on HIV, tuberculosis, and malaria under Category 1, which is also integrated in other departments. The development and implementation of the global action plan in the Americas is overseen by program area 5.2, which has specific responsibility for regional surveillance for antimicrobial resistance and which provides support to countries for the development and implementation of their national action plans.
5.2.E	In close collaboration with country health services, PAHO will work on the prevention of epidemic and pandemic diseases caused by animals and animal products, as a way to establish effective strategies to monitor the level of occurrence of zoonotic diseases and enable a more effective response. This work will involve the implementation of procedures and actions that foster relationships between public health and veterinary services by identifying best practices and promoting their use across the Region. PAHO will strengthen the links between existing networks, WHO Collaborative Centers, and high-risk

Key Technical Cooperation Interventions *(cont.)*	
5.2.E *(cont.)*	countries to forecast, detect, prevent, and intervene during outbreaks of emerging zoonotic diseases, with special emphasis on zoonotic influenza, leptospirosis, plague, hantavirus, and encephalitis.

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	National capacities strengthened for all-hazard emergencies and risk management for health		
	OPT Indicator: Number of target countries in which minimum performance standards are achieved for emergency and disaster risk management for health	Baseline (2015) Data not currently measured	Target (2017) 3
5.3.2	Standing capacity to respond to natural disasters and conflict and to lead networks and systems for effective humanitarian action		
	OPT Indicator: Number of PAHO/WHO Representative Offices fully complying with WHO readiness checklist	Baseline (2015) 13	Target (2017) 19
5.3.3	Country health coordination mechanisms established in line with PAHO's resolution on Coordination of International Humanitarian Assistance in Health		
	OPT Indicator: Number of countries and territories with a health emergency coordination mechanism that meets minimum requirements for satisfactory performance	Baseline (2015) 11	Target (2017) 15
5.3.4	Implementation of safe hospital programs in accordance with specific national priorities and needs		
	OPT Indicator: Number of countries and territories with a safe hospital program to ensure continuity of health services for populations in need	Baseline (2015) 25	Target (2017) 29

Key Technical Cooperation Interventions	
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; supporting the development and implementation of national multi-hazard preparedness and response plans; and leading, managing, monitoring and reporting on the implementation of life-saving interventions by health cluster/health sector partners, as described in the strategic response plans in countries with complex, protracted emergencies.
5.3.B	PASB will promote and support the implementation of disaster risk reduction actions, including the safe hospital initiative, 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.

Key Technical Cooperation Interventions *(cont.)*	
5.3.C	PASB will promote the coordination, monitoring, and implementation of the Plan of Action for Coordination of International Humanitarian Assistance in Health through the integration of actions by PASB program areas and networks. It will, among other efforts, support the updating and establishment of coordination procedures based on current systems and partnerships (subregional, regional, and global) for humanitarian health assistance, in order to contribute to the prevention of mortality, morbidity, and disability caused by emergencies and disasters. Supporting the establishment of mechanisms and procedures for the delivery, receipt, and coordination of national and foreign medical teams will also be a key priority.
5.3.D	The Bureau will enhance its capacity to monitor and coordinate emergency response, with particular focus on strengthening the PAHO Emergency Operations Center (EOC) and ensuring its continued and optimal operation. Concerted efforts also will be directed toward strengthening PAHO's response capacity, including its surge capacity response mechanisms, such as the regional health response team, to allow implementation of WHO's critical functions in humanitarian emergencies.

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 and territories enabled to control the risk and reduce the burden of foodborne diseases		
	OPT Indicator: Number of countries and territories with a regulatory framework that enables the effective implementation of food control objectives in harmonization with international standards, guidelines, and recommendations	Baseline (2015) 16	Target (2017) 27
5.4.2	Multisectoral collaboration mechanisms in place to reduce foodborne public health risks, including those arising at the animal-human interface		
	OPT Indicator: Number of countries and territories with a mechanism for multisectoral collaboration on reducing foodborne public health risks that takes into account social determinants	Baseline (2015) 10	Target (2017) 18
5.4.3	Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)		
	OPT Indicator: Number of countries and territories implementing prevention, control, and elimination programs for foot-and-mouth disease in accordance with the timeline and expected results established in the PHEFA Plan of Action 2011-2020	Baseline (2015) 48	Target (2017) 51

Key Technical Cooperation Interventions	
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, the provision of scientific advice on and implementation of food safety standards and guidelines, and the promotion of multisectoral collaboration for reducing foodborne risks, including those arising from the human-animal interface. Special attention will be paid to the food safety aspects of antimicrobial resistance.

Key Technical Cooperation Interventions *(cont.)*	
5.4.B	PAHO will support WHO's work by promoting international norms, standards, and recommendations through the Codex Alimentarius FAO/WHO Commission; supporting the International Food Safety Authorities Network; convening international expert meetings to perform risk assessments on priority food hazards; facilitating the systematic collection, analysis, and interpretation of regional data to guide risk analysis and support policy decisions; providing technical support to countries and liaising with the tripartite collaboration between the agriculture, animal, and human health sectors with the Food and Agriculture Organization/World Organization for Animal Health/World Health Organization.
5.4.C	PAHO will support the final phase of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA, for its Spanish acronym), by providing technical cooperation to countries or areas that are free of foot-and-mouth disease (FMD) with vaccination, in order for them to achieve the FMD-free without vaccination status, and to countries that have no official FMD designation in order for them to achieve the FMD-free status. Moreover, technical cooperation will be provided for strengthening strategies and mechanisms for FMD prevention, and emergency preparedness and response.

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/unforeseen emergencies with public health consequences		
	OPT Indicator: Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threats, in which the ERF has been fully implemented	Baseline (2015) 100	Target (2017) 100
5.5.2	Development, implementation, and reporting on health sector strategies in all targeted protracted-emergency countries		
	OPT Indicator: Percentage of protracted-emergency countries in which PASB meets performance standards	Baseline (2015) 70	Target (2017) 100
5.5.3	In countries recovering from major emergencies and disasters, early recovery health activities implemented as defined in health sector recovery plans and in appeals		
	OPT Indicator: Percentage of acute or protracted emergencies in which the recovering country implements minimum early recovery activities for the health sector	Baseline (2015) N/A	Target (2017) 70

Key Technical Cooperation Interventions	
5.5.A	During the biennium, 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.
5.5.B	In line with its technical, humanitarian and operational obligations, PASB will lead partners in countries with complex protracted emergencies in developing coordinated and evidence-based health sector response plans, which are outlined in the health component of intersectoral, country-level strategic response plans. In such settings, PASB will aim to provide gap-filling, life-saving activities as a "provider of last resort".

Category 5. Resource Requirement by Program Area

Program Area		Total (US$)
5.1	Alert and response capacities (for IHR)	9,887,000
5.2	Epidemic- and pandemic-prone diseases	14,565,000
5.3	Emergency risk and crisis management	26,537,000
5.4	Food safety	8,822,000
	Category 5 - Total	**59,811,000**
Special program on foot-and-mouth disease eradication		8,000,000
Outbreak and crisis and response (non-base program)		22,000,000

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.

Category Overview

43. This category encompasses services that strengthen PAHO's leadership and governance, as well as enabling functions that ensure an efficient, effective, transparent, and accountable service delivery and technical cooperation. Within its leadership function, PAHO will continue to play an instrumental role in convening the various actors that contribute to improve the health of all people in the Region, including United Nations agencies and other intergovernmental organizations, public and/or private partners, and civil society. Furthermore, the Organization will continue to reinforce its country presence to provide more effective support to national health authorities in their efforts to craft health development plans and strategies.

44. Enabling functions include leadership and governance, risk management, strategic and operational planning, performance monitoring and reporting, resource mobilization and coordination, internal oversight and evaluation services, information technology services, financial management, general services and facilities, human-resource management, procurement services, and strategic communications. Major initiatives slated for implementation in 2016-2017 include a full migration to the new PASB Management Information System (PMIS) and a complementary information technology (IT) strategy that will enhance the efficiency of operations and allow for wide access to timely financial and programmatic information; a "People Strategy" that will update and improve human resources management; and, a Resource Mobilization Strategy, enhanced by effective and internal and external communications, designed to attract adequate and appropriate financing for PAHO's programs as approved by Member States in the Strategic Plan 2014-2019 and related programs and budgets. The Organization will further strengthen accountability, evaluation, and risk management, and will continue to consolidate its results-based management approach and practices.

45. Health is an overarching issue of public and political concern in the Americas. The increasingly complex institutional landscape; the emergence of new players that influence 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.

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 relation to PAHO's leadership priorities		
	OPT Indicator: Number of countries and territories in which at least 30% of their country cooperation strategy (CCS) implications are being addressed in the context of the nine PAHO leadership priorities	Baseline (2015) 10	Target (2017) 32
6.1.2	Effective engagement with other United Nations agencies and non-state actors in building a common health agenda that responds to Member States' priorities		
	OPT Indicator 6.1.2a: Number of countries and territories with a United Nations Development Assistance Framework (UNDAF) reflecting at least 30% of the nine PAHO leadership priorities	Baseline (2015) 10	Target (2017) 20
	OPT Indicator 6.1.2b: Number of countries and territories with mechanisms for *i)* engaging non-state actors in the development of national health policies, strategies and plans or *ii)* implementing initiatives/programs to address national health priorities	27	35
6.1.3	Strengthened PAHO governance with effective oversight of the meetings of the Governing Bodies		
	OPT Indicator: Proportion of agenda items of PAHO Governing Bodies aligned with the PAHO Strategic Plan 2014-2019	Baseline (2015) 90%	Target (2017) 95%
6.1.4	WHO reform integrated into the work of the Organization as applicable		
	OPT Indicator: Percentage of reform outputs relevant to PAHO implemented (completed or on track)	Baseline (2015) To be determined with Member States	Target (2017) To be determined with Member States

Key Technical Cooperation Interventions	
6.1.A	PASB will collaborate with Member States to fulfill their governance role with respect to PAHO, as well as in their involvement in the WHO reform process.
6.1.B	PAHO will strengthen and establish strategic partnerships with relevant stakeholders to ensure that health is prominently positioned within the political and development agendas at the regional and country levels.
6.1.C	The Organization will strengthen its country presence in order to efficiently address country health needs.
6.1.D	PASB will also develop and enhance the concept of global health diplomacy. This will call for PAHO's, as well as for PAHO/WHO's Representative Offices', enhanced role at the regional level in reaching beyond the health sector to more fully focus 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.

Key Technical Cooperation Interventions *(cont.)*	
6.1.E	Strengthen PAHO's role in convening and advocating, building partnerships, mobilizing resources, sharing and brokering knowledge, and analyzing and monitoring progress.

6.2 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	Accountability ensured through strengthened corporate risk management at all levels of the Organization		
	OPT Indicator: Proportion of corporate risks for which response plans are approved and implemented	Baseline (2015) N/A	Target (2017) 85%
6.2.2	PAHO/WHO evaluation policy implemented across the Organization		
	OPT Indicator: Percentage of Director-approved evaluations' lessons learned addressed during the biennium	Baseline (2015) 60	Target (2017) 60
6.2.3	Improved ethical behavior, respect within the workplace, and due process across the Organization		
	OPT Indicator: Level of staff satisfaction with the ethical climate and internal recourse procedures of the Organization	Baseline (2015) N/A	Target (2017) 75%
6.2.4	Strengthened audit function		
	OPT Indicator: Proportion of internal audit recommendations accepted by the Director closed within the biennium	Baseline (2015) 85%	Target (2017) 85%

Key Technical Cooperation Interventions	
6.2.A	PAHO will strengthen existing mechanisms and will introduce new measures designed to ensure that the Organization continues to be accountable, transparent, and able to 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.

Key Technical Cooperation Interventions *(cont.)*	
6.2.E	The Enterprise Risk Management Program (ERM) in PAHO will continue devoting efforts in the institutionalization of a comprehensive risk management framework in which executive management, department and center directors, country office representatives and staff can cooperate in the identification of risks and in minimizing their effect in order to comply with the Organization's commitments. The risk management program is prioritizing: *a)* governance through the identification and monitoring of the top risk at executive management level, *b)* operational risk management through a risk register, *c)* raising awareness and strengthened institutional capacity, and *d)* integration of ERM in policies and processes.

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 an emphasis on the accountability system for corporate performance assessment		
	OPT Indicator: Percentage of outputs achieved	Baseline (2015) 90[3]	Target (2017) At least 90
6.3.2	PAHO resource mobilization strategy implemented		
	OPT Indicator: Number of technical program areas with at least 50% of their funding requirements covered with voluntary contributions (excluding national voluntary contributions)	Baseline (2015) 7	Target (2017) TBD
6.3.3	Alignment of PAHO allocation of resources and financing with agreed priorities facilitated through strengthened resource mobilization, coordination, and management		
	OPT Indicator: Percentage of technical program areas with funded budgets of 75% or greater	Baseline (2015) 58	Target (2017) 80

Key Technical Cooperation Interventions	
6.3.A	Implement mechanisms, processes, and procedures to further consolidate a results-based management approach in the Organization.
6.3.B	Streamline program management processes and procedures by leveraging the implementation of PMIS for greater alignment of priorities and results approved by Member States with resource mobilization, coordination, allocation, implementation, and performance monitoring and assessment.
6.3.C	Implement new approaches to external relations, resource mobilization, and partnerships to increase the visibility of health and health outcomes in the development agenda. 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. Develop and enhance the capacity of PASB staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.

[3] Based on the historic achievement rate of Expected Results (the most equivalent level) in the previous planning cycle.

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 managed through an adequate control framework, accurate accounting, expenditure tracking, and the timely recording of income		
	OPT Indicator: Unqualified audit opinion	Baseline (2015) Yes	Target (2017) Yes
6.4.2	Effective and efficient human resource (HR) management and coordination in place		
	OPT Indicator: Proportion of HR-agreed service-level agreements achieved	Baseline (2015) 95%	Target (2017) 100%
6.4.3	Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support services		
	OPT Indicator: Proportion of agreed service-level agreements reached	Baseline (2015) 80%	Target (2017) 90%
6.4.4	Provision of operational and logistics support, procurement, infrastructure maintenance, and asset management and of a secure environment for PAHO/WHO		
	OPT Indicator: Proportion of agreed service-level agreements reached	Baseline (2015) 95%	Target (2017) 100%

Key Technical Cooperation Interventions	
6.4.A	The Bureau will work to implement PASB Management Information System (PMIS), which 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	In line with PAHO's 2014-2019 Strategic Plan and in order for PAHO to be "the preferred institution for top talent dedicated to achieving the global and national health outcomes to which the people of the Region aspire," a human resources strategy, "A People Strategy for 2015-2019" was developed. The successful implementation of this strategy will involve the participation of all executive, managerial, supervisory, and general staff. The Organization will strive to become a steward of good human resource practices; enhance the awareness and accountability of managers, supervisors, and overall staff; and ensure a 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; attracting top talent, reducing the time spent in recruitment processes, and ensuring the integrity and efficiency of selection processes; 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.

Key Technical Cooperation Interventions	
6.4.C	Procurement is a key component of the Organization's mission: it supports technical cooperation through the acquisition of goods and services on behalf of Member States, ensuring access to affordable drugs, vaccines, and other public health supplies. Focus during the 2016-2017 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 will 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, and it will pursue policy and process compliance to sustain integrity of the procurement processes. In addition, the development of a market intelligence approach will be emphasized, 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 achieving the objectives of the PAHO information technology (IT) strategy through the IT governance structure. The latter will ensure an IT decision-making process that evaluates and selects optimal IT investments throughout PAHO, oversees their implementation, and extracts measurable benefits. Emphasis will be placed on outsourcing those IT services that improve service quality, increasing the focus on information security, advancing the consolidation of infrastructure services, expanding and improving end user support, ensuring service 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 PASB'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	Accurate and timely health information accessible through effective and innovative communication platforms, and networks for effective communication and related practices		
	OPT Indicator: Proportion of public and other stakeholders who rate the timeliness and accessibility with which PAHO/WHO's public health information is communicated as "good" or "excellent"	Baseline (2015) 15%	Target (2017) 80%
6.5.2	Improved communication capacity of PAHO/WHO staff, leading to a better understanding of the Organization's action and impact, including during disease outbreaks, public health emergencies, and humanitarian crises		
	OPT Indicator: Proportion of PAHO/WHO staff who have completed the training components identified in PAHO's Communication Strategy and Implementation Plans	Baseline (2015) 15%	Target (2017) 80%

Key Technical Cooperation Interventions	
6.5.A	Implement PAHO's communication strategy redesigned in 2014 in order to express what is unique about the Organization, explain who we are, what we do, and why it matters, and to share, clearly and promptly, current scientific and technical information on health, through proper messengers and suitable communication platforms.
6.5.B	To ensure a strategic position and increase its visibility, PAHO will continue to provide the public with timely and accurate health information, including during disease outbreaks, public health emergencies and humanitarian crises, and continuously enhance its staff capacity to communicate internally and externally.

Category 6. Resource Requirement by Program Area

Program Area		Total (US$)
6.1	Leadership and governance	46,500,000
6.2	Transparency, accountability, and risk management	8,252,000
6.3	Strategic planning, resource coordination, and reporting	24,034,000
6.4	Management and administration	110,837,000
6.5	Strategic communications	12,511,000
	Category 6 - Total	**202,134,000**

Monitoring and Reporting, Assessment, Accountability, and Transparency

46. Performance monitoring and assessment are essential for the proper management of the Program and Budget and to inform the revision of policies and strategies and interventions. As a result, the assessment of the Program and Budget 2016-2017 is the means whereby the PAHO Strategic Plan 2014-2019 itself will be monitored and assessed. The monitoring of the implementation of the Program and Budget 2016-2017 will be conducted in two stages: *a)* a mid-term review at the end of the first 12-month period; and *b)* a full assessment upon completion of the biennium (Program and Budget Performance Assessment), which is to be reported to the Member States.

47. The mid-term review provides a means of tracking and appraising progress made toward the achievement of results—particularly progress made in delivering outputs. To that end, this review facilitates corrective action and the reprogramming and reallocation of resources during implementation. This process allows PASB to identify and analyze the impediments and risks encountered, together with the actions required to ensure achievement of results. The end-of-biennium Program and Budget Performance Assessment is a comprehensive appraisal of the Organization's performance at the end of the two-year period. It will include an assessment of the achievement of the outputs along with an assessment of progress made toward attainment of the stated outcomes.

48. Demonstrating how PASB's work contributes to, or influences, health outcomes and impacts is important for the Member States and has been emphasized in the WHO reform. This not only allows for an assessment to be made on the effectiveness of the Bureau's work, but also enables the Member States to better communicate the Organization's contribution toward achieving better health for the peoples of the Americas.

49. PASB will continue to enhance its accountability and transparency and to facilitate its joint responsibility with Member States to monitor and assess the achievement of results. To that end, PASB has developed the Strategic Plan Monitoring System (SPMS), which contains all programmatic components of the PAHO Strategic Plan and Program and Budget (i.e. outcomes, outputs, and their respective indicators). The SPMS will be fully operational at the beginning of the Program and Budget 2016-2017 period, and will be used by both Member States and PASB to jointly monitor and report on its implementation.

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