

Technical Cooperation Strategy for PAHO/WHO and  
the Federative Republic of Brazil, 2008-2012

# PAHO/WHO Brazil Country Office Management Model 2008-2012

*Guidelines on technical cooperation and alignment of human,  
financial and technological resources*



**Pan American  
Health  
Organization**



Regional Office of the  
World Health Organization

# PAHO/WHO Brazil Country Office Management Model 2008-2012

Guidelines on technical cooperation and  
alignment of human, financial  
and technological resources



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# Foreword

PAHO/WHO's technical cooperation takes place within a reference framework comprising the World Health Organization's Eleventh General Program of Work 2006-2015, the PAHO/WHO Strategic Plan 2008-2012, the Health Agenda for the Americas, the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012, the PAHO/WHO Technical Cooperation Program of Work in Brazil 2008-2009, and the PAHO/WHO Brazil Country Office Development Plan 2008-2009.

This reference framework *focuses, orients* and *gives finality* to the technical cooperation to be developed by the PAHO/WHO Brazil Country Office in the period 2008-2009. To assure efficiency and efficacy in this context, it is necessary to define in detail how the work will be performed.

To this end we present the PAHO/WHO Brazil Country Office Management Model 2008-2012, which will serve as a basis for programming, implementing, monitoring and evaluating our Biennial Work Plan 08-09 so as to be able to achieve the 53 Office-Specific Expected Results (OSER), 124 indicators, 173 activities and 427 tasks, with their respective contributions to the PAHO/WHO Strategic Plan. It will also serve as a basis for monitoring and evaluating the priorities, purposes and goals of the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012, and aligning the human, financial and technological resources defined in the Representation's Development Plan for the period 2008-2009.

Another important aspect to be considered in regard to the management model's implementation is optimizing the efficiency of the management of financial and human resources, contracting and procurement processes, and letters of agreement. This will be accomplished by implementing, monitoring and evaluating the Representation's Administrative Strengthening & Decentralization Program.

These results will be achieved by results-based management entailing the development and strengthening of *planning and management processes* as mechanisms for articulating, orienting and systematizing the administration of PAHO/WHO's technical cooperation in Brazil.

In sum, this publication is designed to present an integral, articulated and systemic overview of our policies, programs, processes and technological instruments in what we call our Management Model. This model is the result of a continuous effort to improve PAHO/WHO's management, enhance the efficiency and effectiveness of its responses to the local, regional and global health agendas, and continue to fine-tune our administrative processes and procedures.

Diego Victoria  
PAHO/WHO Representative in Brazil

# Acronyms

- ABC – Agência Brasileira de Cooperação (Brazilian Cooperation Agency)
- ABDI – Agência Brasileira de Desenvolvimento Industrial (Brazilian Industrial Development Agency)
- ABEM – Associação Brasileira de Educação Médica (Brazilian Medical Education Association)
- ABEN – Associação Brasileira de Enfermagem (Brazilian Nursing Association)
- ABEP – Associação Brasileira de Estudos Populacionais (Brazilian Population Studies Association)
- ABES – Associação Brasileira de Engenharia Sanitária e Ambiental (Brazilian Sanitary & Environmental Engineering Association)
- ABRACIT – Associação Brasileira de Centros de Informação e Assistência Toxicológica (Brazilian Association of Toxicological Control & Treatment Centers)
- ABRASCO – Associação Brasileira de Pós-Graduação em Saúde Coletiva (Brazilian Association of Graduate Studies in Collective Health)
- ABRES – Associação Brasileira de Economia da Saúde (Brazilian Health Economics Association)
- ACI – Associação Comercial e Industrial (Commercial & Industrial Association)
- ACT – Aliança de Controle do Tabagismo (Tobacco Control Alliance)
- ACTO – Amazon Cooperation Treaty Organization
- ADJ – Associação de Diabetes Juvenil (Juvenile Diabetes Association)
- AFRO – World Health Organization Regional Office for Africa
- AIDIS – Associação Interamericana de Engenharia Sanitária e Ambiental (Inter American Association of Environmental & Sanitary Engineering)
- AISA – Assessoria Internacional de Saúde do Ministério da Saúde (Ministry of Health, Office of International Health Affairs)
- AMRO – World Health Organization Regional Office for the Americas
- ANS – Agência Nacional de Saúde Suplementar (National Supplementary Health Agency)
- ANVISA – Agência Nacional de Vigilância Sanitária (National Health Surveillance Agency)

ASSEMAE – Associação Nacional dos Serviços Municipais de Saneamento (National Association of Municipal Sanitation Services)

BIREME – Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (PAHO/ WHO Latin American & Caribbean Center for Health Science Information)

BVS – Biblioteca Virtual em Saúde (Virtual Health Library)

BWP – Biennial Work Plan

CCS – Country Cooperation Strategy

CDC – Centers for Disease Control & Prevention

CEBES – Centro Brasileiro de Estudos de Saúde (Brazilian Center for Health Studies)

CEPEDOC – Centro de Estudos, Pesquisa e Documentação em Cidades Saudáveis (Center for Studies, Research & Documentation on Healthy Cities)

CEPIS – Pan American Center for Sanitary Engineering & Environmental Sciences

CESTEH – Centro de Estudos da Saúde do Trabalhador e Ecologia Humana (Center for Research on Occupational Health & Human Ecology)

CETESB – Companhia de Tecnologia de Saneamento Ambiental (São Paulo State Environmental Protection Agency)

CFE – Conselho Federal de Enfermagem (Federal Council of Nursing)

CFF – Conselho Federal de Farmácia (Federal Council of Pharmacy)

CFM – Conselho Federal de Medicina (Federal Council of Medicine)

CFO – Conselho Federal de Odontologia (Federal Council of Dentistry)

CGEA/MPS – Coordenação-Geral de Estatística e Atuária/Ministério da Previdência Social (Ministry of Social Security, Office of Statistics & Actuarial Services)

CGVAM – Coordenação Geral de Vigilância em Saúde Ambiental (Ministry of Health, Office of Environmental Health Surveillance)

CISAMA/CNS – Comissão Intersetorial de Saneamento e Meio Ambiente/Conselho Nacional de Saúde (Intersectoral Commission on Sanitation & the Environment/ National Health Council)

CLAP – Centro Latino-Americano de Perinatologia (Latin American Center for Perinatology)

CLAVES – Centro Latino-Americano de Estudos de Violência e Saúde (Latin American Center for Research on Violence and Health)

CNCD – Chronic Non-Communicable Diseases

CNEN – Comissão Nacional de Energia Nuclear (National Nuclear Energy Commission)

CNPq – Conselho Nacional de Desenvolvimento Científico e Tecnológico (National Council for Scientific & Technological Development)

CNS – Conselho Nacional de Saúde (National Health Council)

CONAMA – Conselho Nacional do Meio Ambiente (National Environment Council)



CONASEMS – Conselho Nacional de Secretarias Municipais de Saúde (National Council of Municipal Health Secretaries)

CONASS – Conselho Nacional de Secretários Estaduais de Saúde (National Council of State Health Secretaries)

CONCIDADES – Conselho das Cidades (Council of Cities)

CONSEA – Conselho Nacional de Segurança Alimentar e Nutricional (National Food Security Council)

CPLP – Comunidade dos Países de Língua Portuguesa (Community of Portuguese-Speaking Countries)

DAB/CGPAN – Departamento de Atenção Básica/Coordenação-Geral da Política de Alimentação e Nutrição (Ministry of Health, Department of Primary Care, Office of Food & Nutrition Policy)

DAE – Departamento de Atenção Especializada (Ministry of Health, Department of Specialized Care)

DAPE – Departamento de Ações Estratégicas e Programáticas (Ministry of Health, Department of Strategic & Programmatic Actions)

DATASUS – Departamento de Informática do SUS (National Health System, Department of Information Technology)

DFID – UK Department for International Development

DOTS – Directly Observed Treatment Short Course

ENSP/FIOCRUZ – Escola Nacional de Saúde Pública da Fiocruz (Oswaldo Cruz Foundation, National School of Public Health)

EPSJV/FIOCRUZ – Escola Politécnica de Saúde Joaquim Venâncio – Fiocruz (Oswaldo Cruz Foundation, Joaquim Venâncio Polytechnic School of Health)

EVIPNET – Evidence-Informed Policy Network

FAO – Food & Agriculture Organization of the United Nations

FENAD/ANAD – Federação Nacional de Associações e Entidades de Diabetes/Associação Nacional de Assistência ao Diabético (National Federation of Diabetes Entities/National Diabetes Association)

FGV – Fundação Getúlio Vargas

FIESP – Federação das Indústrias do Estado de São Paulo (São Paulo State Federation of Industry)

FIOCRUZ – Fundação Oswaldo Cruz (Oswaldo Cruz Foundation)

FUNASA – Fundação Nacional de Saúde (National Health Foundation)

FUNDACENTRO – Fundação Jorge Duprat de Segurança e Medicina do Trabalho (Jorge Duprat Foundation for Occupational Health & Safety)

GLBT – Gay, Lesbian, Bisexual, Transsexual/Transgender



GTZ – German Technical Cooperation  
IBGE – Instituto Brasileiro de Geografia e Estatística (Brazilian Institute of Geography and Statistics)  
ICICT – Instituto de Comunicação e Informação Científica e Tecnológica em Saúde (Institute of Health Communication and Scientific & Technological Information)  
IDEC – Instituto de Defesa do Consumidor (Brazilian Consumer Association)  
IICA – Instituto Interamericano de Cooperação para a Agricultura (Inter American Institute for Cooperation on Agriculture)  
ILO – International Labor Organization  
INAP – Instituto Nacional de Administração Pública (National Public Administration Institute)  
INCA – Instituto Nacional de Câncer (National Cancer Institute)  
IPEA – Instituto de Pesquisa Econômica Aplicada (Institute of Applied Economic Research)  
IUHPE – International Union for Health Promotion & Education  
JICA – Japan International Cooperation Agency  
KMS – Knowledge Management and Sharing  
MAPA – Ministério da Agricultura, Pecuária e Abastecimento (Ministry of Agriculture & Supply)  
MCT – Ministério da Ciência e Tecnologia (Ministry of Science & Technology)  
MDG – Millennium Development Goals  
MDIC – Ministério do Desenvolvimento, Indústria e Comércio Exterior (Ministry of Development, Industry & Trade)  
MEC – Ministério da Educação (Ministry of Education)  
MERCOSUR – Common Market of the South  
MMA – Ministério do Meio Ambiente (Ministry of the Environment)  
MRE – Ministério das Relações Exteriores (Ministry of Foreign Affairs)  
MS – Ministério da Saúde (Ministry of Health)  
NEPO – Núcleo de Estudos de População (University of Campinas Center for Population Studies)  
NESCON – Núcleo de Estudos em Saúde Coletiva (Federal University of Minas Gerais Center for Collective Health Studies)  
NGO – Non-Governmental Organization  
OG – Optimal Groups  
OSER – Office-Specific Expected Results  
PAHO/WHO – Pan American Health Organization/World Health Organization  
PALOP – Países Africanos de Língua Portuguesa (Portuguese-Speaking African Countries)  
PALTEX – Programa Ampliado de Livros de Textos (Extended Textbook Program)

PANAFTOSA – Centro Pan-Americano de Febre Aftosa (Pan American Foot-and-Mouth Disease Center)

PANALIMENTOS (INPPAZ) – Instituto Pan-Americano de Proteção de Alimentos e Zoonoses (Pan American Institute for Food Safety & Animal Health)

PPES – Performance Planning and Evaluation System

PWR/BRA – PAHO/WHO Representative in Brazil

RAVREDA – Rede Amazônica de Vigilância da Resistência aos Antimaláricos (Amazon Network for the Surveillance of Antimalarial Drug Resistance)

RENACIAT – Rede Nacional de Centros de Informação e Assistência Toxicológica (National Network of Toxicological Information & Treatment Centers)

RER – Region-Wide Expected Results

RIPSA – Rede Interagencial de Informação para a Saúde (Inter-Agency Health Information Network)

SA – Supplementary Agreement

SAMU – Serviço de Atendimento Médico de Urgência (Emergency Medical Service)

SAS – Secretaria de Atenção à Saúde (Ministry of Health, Department of Healthcare)

SBMT – Sociedade Brasileira de Medicina Tropical (Brazilian Tropical Medicine Society)

SCTIE – Secretaria de Ciência, Tecnologia e Insumos Estratégicos (Ministry of Health, Department of Science, Technology & Strategic Inputs)

SEADE – Sistema Estadual de Análise de Dados (São Paulo State Bureau of Statistics)

SENAC – Serviço Nacional de Aprendizagem Comercial (National Commercial Training Service)

SEPPIR – Secretaria Especial para a Promoção de Políticas de Igualdade Racial (Special Secretariat for the Promotion of Racial Equality)

SES – Secretaria Estadual de Saúde (State Department of Health)

SESI – Serviço Social da Indústria (Industrial Social Service)

SGEP – Secretaria de Gestão Estratégica e Participativa (Ministry of Health, Department of Strategic & Participatory Management)

SGT 11 – Sub-Working Group 11/MERCOSUR

SGTES – Secretaria de Gestão do Trabalho e da Educação na Saúde (Ministry of Health, Department of Health Labor & Education Management)

SMS – Secretaria Municipal de Saúde (Municipal Department of Health)

SO – Strategic Objective

ST&IH – Science, technology and innovation in health

SUMA/LSS – Humanitarian Supply Management/Logistics Support System

SUS – Sistema Único de Saúde (National Health System)

SVS – Secretaria de Vigilância em Saúde (Ministry of Health, Department of Health Surveillance)

TC – Technical cooperation  
TCA – Technical Cooperation Agreement  
TCC – Technical Cooperation among Countries  
TDR – Tropical Disease Research  
TU – Technical Unit  
UNAIDS – Joint United Nations Program on HIV/Aids  
UNCT – United Nations Country Team  
UNDAF – United Nations Development Assistance Framework  
UNDP – United Nations Development Program  
UNEP – United Nations Environment Program  
UNESCO – United Nations Educational, Scientific & Cultural Organization  
UNFPA – United Nations Population Fund  
UNICEF – United Nations Children’s Fund  
UNIFEM – United Nations Development Fund for Women  
UNODC – United Nations Office on Drugs & Crime  
USAID – United States Agency for International Development

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# 1. Introduction

Ongoing changes in organizations of all kinds as they pursue excellence and efficiency have raised the need for a thorough discussion of management and the direction that has to be taken in order to achieve the objectives, goals and targets set. The Management Model adopted by the PAHO/WHO Brazil Country Office is designed to reflect the interaction between work processes, teams and innovative technical support activities by Technical Units and the Office of the Representative and the Administrative Unit, at the political/strategic and administrative levels respectively, to obtain the results defined in advance.

In this context the model we have developed is based on a concept of organization in which people are expected to be very familiar with the strategic objectives, achieve mastery of the techniques required for their work, know where and how to make improvements, be able to identify their contributions to final results, and understand the impacts of their activities. Thus the management of PAHO/WHO in Brazil focuses on making optimal use of initiatives and tendencies in modernization based on the following premises: strategic planning and administration; programming of activities; monitoring of work processes; mechanisms of communication, coordination and participation; incentives for innovation in the management of human, financial, technological and information resources; and assessment of performance and results.

By encouraging close collaboration between technical staff and the top management responsible political-strategic and administrative direction, the Management Model assures enhanced flexibility in the allocation and movement of people, greater agility in providing technical cooperation services and products, and favorable conditions for achieving peak efficiency and quality.





## 2. Organizational Strategy

### PAHO's Vision

The Pan American Health Organization will be the major catalyst for ensuring that all people of the Americas enjoy optimal health and contribute to the wellbeing of their families and communities.

### PAHO's Values

- Equity: Striving for fairness and justice by eliminating differences that are unnecessary and avoidable
- Excellence: Achieving the highest quality in what we do
- Solidarity: Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals
- Respect: Embracing the dignity and diversity of individuals, groups and countries
- Integrity: Assuring transparent, ethical and accountable performance

### PAHO's Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease and to improve the quality and lengthen the lives of the peoples of the Americas.

Year after year the Pan American Health Organization (PAHO) has strengthened its performance in pursuing health for all and fulfilling its mission to promote equity in health, combat disease and improve the longevity and quality of life of the peoples of the Americas.

As the Regional Office for the Americas of the World Health Organization (WHO), PAHO strives to meet growing demand for technical cooperation in health by building an international model that prioritizes the achievement of results and addresses challenges on the basis of solidarity and Pan Americanism.

In this context PAHO/WHO's efforts focus on attaining the Millennium Development Goals, with particular emphasis on equity and combating inequality in health.

In Brazil, PAHO/WHO adopts technical cooperation strategies to address the health needs, problems and aspirations of the population, supporting the development of health systems and services by the federal, state and municipal governments to promote improvements in public health. In this way PAHO/WHO aims to contribute not only to the control of disease and the promotion of healthy lifestyles but also to the wellbeing of the entire community.

### 3. PAHO/WHO as a Results-Based Organization

PAHO/WHO seeks to reflect the planning of its technical actions and the budgetary programming of its resources by adopting a results-based approach to management. This is embodied in the management framework and the coherence of the three basic levels of planning in place:

- Strategic Plan 2008-2012
- Program Budget 2008-2009
- Planning of operations (Biennial Work Plans or BWP)

This planning process is based on the link established between Office-Specific Expected Results (OSER) for each country and the Strategic Objectives (SO) and Region-Wide Expected Results (RER) defined in PAHO/WHO's Strategic Plan and Program Budget.

The results-based Management Model adopted by the PAHO/WHO Brazil Country Office in all phases of planning, programming, monitoring and performance assessment considers the Organization's global and regional health priorities, the Health Agenda for the Americas, the health priorities for Brazil established in the document "More Health: a right for all 2008-2011", and the document "PAHO/WHO Strategy for Technical Cooperation with the Federative Republic of Brazil 2008-2012", signed in August 2007 by the Director of PAHO and the Director-General of WHO and by the Brazilian Minister of Health. This document sets the priorities, focuses and modalities of cooperation between PAHO/WHO and Brazil for the period 2008-2012 as well as the Country Office's agenda of responsibilities for its implementation at the regional level, in Washington, and the global level, in Geneva.



It is important to stress that in the period 2008-2009 the Cooperation Agreements corresponding to extrabudgetary funds or voluntary contributions by the Country Office are the backbone for technical cooperation, while regular funds will act as the catalyst for efficient execution of the activities proposed and for success in achievement of the expected results defined for the country.

The volume of funds handled by PAHO/WHO in Brazil corresponds to some 40% of the volume of voluntary contributions for the entire Organization, posing a major challenge to the planning and programming process.

## 4. Technical Cooperation Orientation Process

PAHO/WHO's technical cooperation process begins with the definition of the strategy to be adopted together with the country in question. The Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012 sets priorities, modalities and focuses for the fulfillment of the commitments laid down in its global, regional and local agendas. Thus the Technical Cooperation Agreements (TCA) are oriented to align these commitments and enable the health results defined by the Organization and the country to be achieved.

Twenty-seven TCA and 67 Supplementary Agreements (SA)<sup>1</sup> are in force for the development of activities in the field of public health using funds transferred as voluntary contributions to PAHO/WHO by the Brazilian government. The diversity of thematic areas covered and the size of the TCA budgets reflect the significance of this mode of cooperation in the institutional contexts of both PAHO/WHO and the Brazilian Ministry of Health.

All of these cooperation initiatives converge in the fields of health policy, healthcare programs targeting care for vulnerable social groups, health promotion, disease control, and management of the health sector and its resources. The activities are geared to consolidating Brazil's progress in the field of health, addressing issues that are still awaiting adequate solutions and new challenges, and supporting international health activities defined by the government.

The TCA therefore constitute the foundation for this partnership, making it operationally feasible by means of a process of reorientation, resizing, and adjustment to the priorities and modalities established in the new PAHO/WHO strategy for technical cooperation with Brazil, with a view to steadily contributing to:

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<sup>1</sup> The Supplementary Arrangement signed in 2000 by PAHO/WHO and the Brazilian government establishes that the agreed projects, programs and activities are governed by a specific Technical Cooperation Agreement detailing the conditioning factors and technical bases for their execution. Transfers of funds to begin execution and any modifications to the scope of the TCA are to be effected by means of Supplementary Agreements.

- Successful resolution of the existing challenges to the task of strengthening and enhancing the SUS; and
- effective implementation of the Brazilian government's policy of south-south cooperation in health.

To perform well, a TCA needs first and foremost to have a clear definition of the object of technical cooperation and the means allocated for its execution by the parties, particularly with regard to the political, technical and administrative aspects involved.

**Each and every technical cooperation proposal is analyzed for appropriateness and feasibility against the following criteria:**

- Relevance to PAHO/WHO's strategic objectives, priorities, focuses and modalities, as defined in the document "PAHO/WHO Strategy for Technical Cooperation with the Federative Republic of Brazil 2008-2012" and the corresponding Biennial Work Plan.
- Relevance to Brazilian health priorities expressed in official national health policy documents, such as "More Health: a right for all 2008-2011".
- Clear statement of the value added by PAHO/WHO via the results of the proposed technical cooperation, as a contribution to Brazilian efforts in the field in question.
- Description of joint decision-making processes in the planning and implementation phases.
- Clear and specific detailing of the object and expected results, expressed in terms of consensual outcomes to be achieved and disseminated by effective technical interaction between the parties.

Analysis, approval and implementation of the TCA and related Supplementary Agreements are carried out in accordance with formally established, clearly defined processes requiring joint engagement by both parties and selective participation by the political, technical and administrative bodies involved in the technical cooperation enterprise.

These processes are designed to assure: (a) consistency with PAHO/WHO's policies; (b) correlation with its regional and subregional mandates; (c) complementarity between the various TCA so as to strengthen national capacity and achieve shared medium- and long-term goals; (d) compatibility with the processes for formulating and implementing this modality of the partnership; (e) monitoring and evaluation of the activities performed; (f) efficiency in administrative processes, especially with regard to the processing of documents and physical and financial execution of activities; (g) compliance with the laws and regulations governing

technical cooperation; (h) documental and quality control of outcomes obtained in this area; (i) dissemination of the collaborative results; and (j) proper financial reporting.

In light of the synergies between priorities for action in health at the global, regional and local levels, therefore, reorientation of TCA and SA is a fundamental part of the work of the partnership. This process entails the use of the logical framework with a clear definition of the results to be obtained, what is expected from each partner to achieve the expected results, and the activities required in order to produce the outcomes and indicators stipulated. In addition it is necessary to detail the activities described in the logical matrix in a work plan describing the value added by PAHO/WHO to the reoriented TCA.

At the time of writing, *all TCA are reoriented* in accordance with the above-mentioned process, thanks to the programmed and participatory joint efforts of the Ministry of Health and PAHO/WHO (Annex 1).



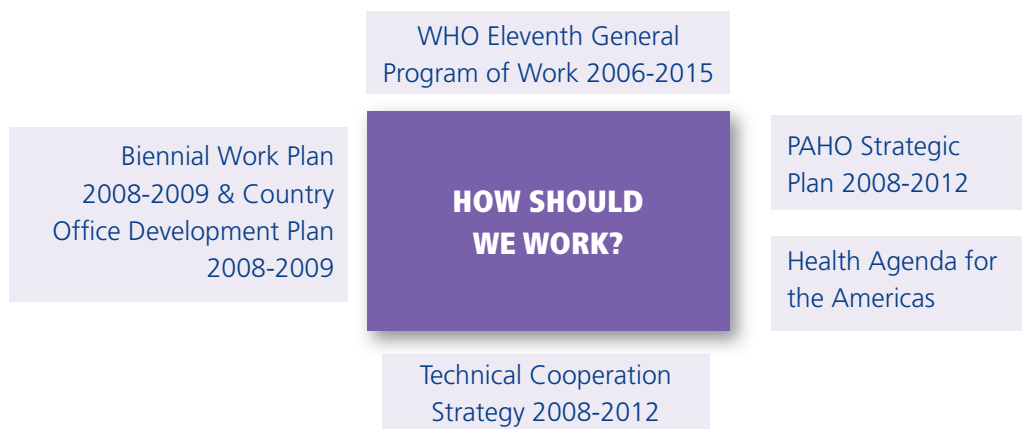


## 5. Definition of the Brazil Country Office's Management Model

Based on these premises and to achieve a level of management encompassing the entire Organization rapidly and with more objective assessments, the PAHO/WHO Brazil Country Office aims to extend and deepen the priorities, modalities and focuses of its Strategy for Technical Cooperation with the Federal Republic of Brazil 2008-2012 to the entire organizational structure. This will be done by adopting a management model whereby it is possible to gauge the degree to which each of its units and its human resources incorporate and understand their roles in technical cooperation and the progress made in achieving the objectives proposed.

The management model adopted by PAHO/WHO in Brazil represents the Organization's strategy in a clear and objective manner by translating its reference framework<sup>2</sup> into a comprehensive set of performance metrics that serve as a basis for a system of measurement and strategic management.

### Political, Strategic & Technical Reference Framework for PAHO/WHO Technical Cooperation in Brazil 2008-2012



2 Comprising the World Health Organization's Eleventh General Program of Work 2006-2015, the PAHO Strategic Plan 2008-2012, the Health Agenda for the Americas, the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012, the PAHO/WHO Brazil Technical Cooperation Work Plan 2008-2009, and the PAHO/WHO Brazil Country Office Development Plan 2008-2009.

Thus the Organization's technical cooperation strategy translates into actions that enable a continuous improvement in the performance and results proposed for the period 2008-2012. The objectives can be analyzed, displayed and monitored at the politico-strategic, technical and administrative levels. This makes the management of PAHO/WHO in Brazil a transparent and participatory process, both internally and externally.

In this context the PAHO/WHO Management Model in Brazil has been designed to produce the knowledge, skills and systems required to innovate and build the efficient strategic capabilities (internal processes) that will enable PAHO/WHO in Brazil to offer value added to its national counterparts (external processes), which in turn will enhance the Organization's scope for action in technical cooperation. This has entailed adaptation of the integrated Balanced Scorecard proposal and of the management processes required for its implementation.

According to Prieto et al (2006), these processes can be defined as follows:

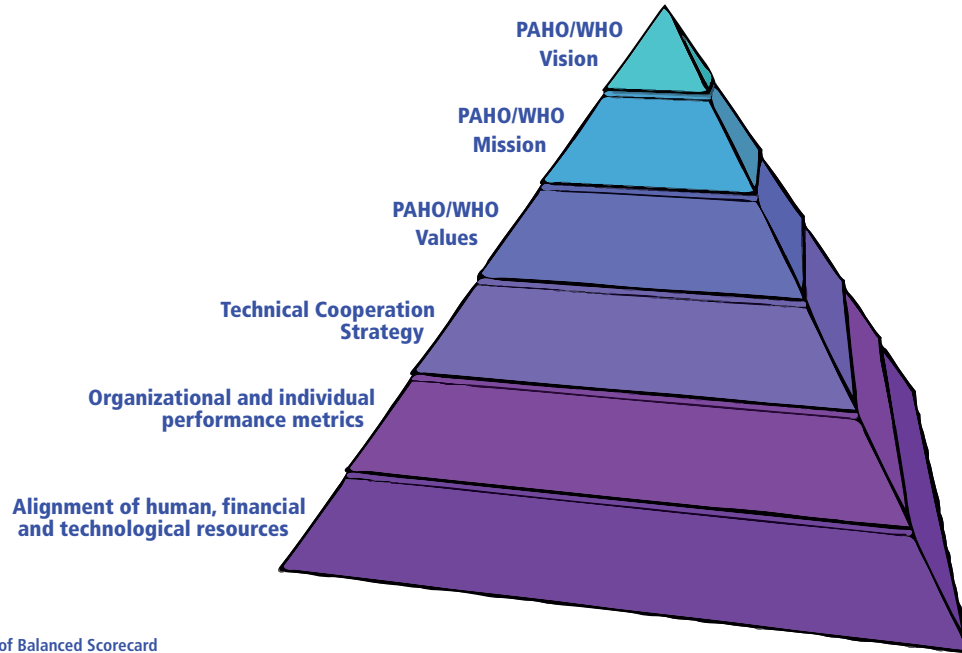
- The process of translating the vision: helps build a consensus around the organization's vision and strategy. The outcome of this process is a translation of the strategy in operational terms.
- The process of communication and linkage: consists of communicating the strategy throughout the organization vertically and horizontally, to build linkages between departmental objectives and individuals. Individual objectives should not prioritize short-term goals but be aligned with the organization's strategy. This process also consists of identifying key processes and developing performance metrics for them.
- The process of business planning: consists of allocating resources and setting priorities in accordance with the strategic targets.
- The process of feedback and learning: aims to give the organization the capacity to learn strategically, i.e. to make strategic management a continuous process. With BSC an organization can monitor its short-term results from all four perspectives so that ongoing strategies can be modified to reflect organizational learning.

The next figure<sup>3</sup> illustrates the thinking behind the Management Model described in this document. It is based on the BSC implementation processes but adapts them to the needs of the Organization.

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3 The chart is based on the Balanced Scorecard as proposed in Robert Kaplan & David Norton, *A Estratégia em Ação*, Campus, 1997, p. 2, comprising "the construction of a scientific model to represent the organization's strategy in a clear and objective way".

**Figure: Adaptation of Balanced Scorecard to the context of the PAHO/WHO Management Model in Brazil**



Adaptation of Balanced Scorecard  
Harvard/INCAE methodology



## 6. Country Office Management Process

PAHO/WHO's technical cooperation (TC) in Brazil during the period 2008-2009 will be executed in accordance with three basic premises: planning, organization and participation. Efficiency and excellence are key to achieving the expected results during the periods 2008-2009 and 2010-2011.

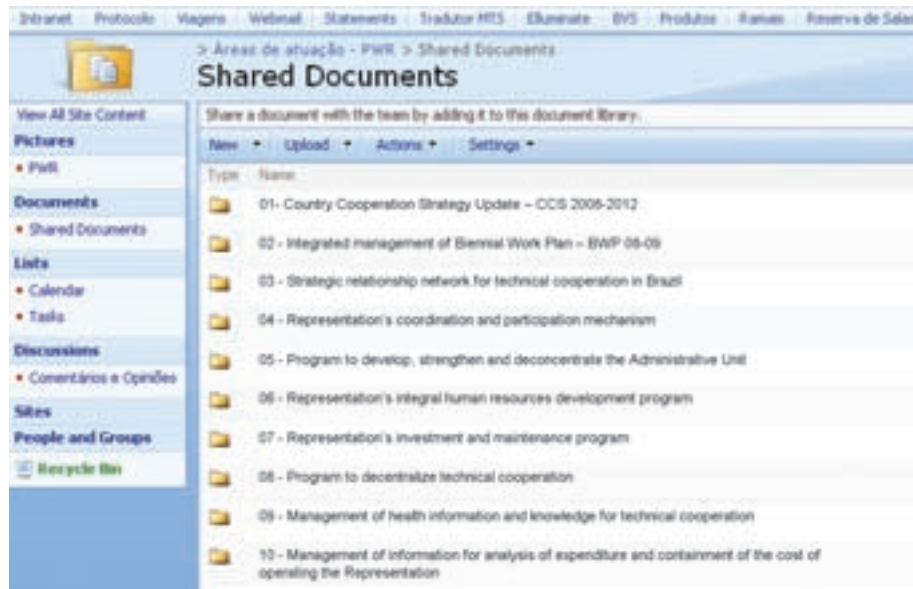
Three basic documents have been prepared to orient TC activities in the period 2008-2009: *the TC Strategy, the Work Plan and the Institutional Development Plan for the Organization.*

The *Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012* contemplates the priorities, strategic focus and modalities of this cooperation. It was drawn up in consultation with senior officers of the federal government, representative instances of state and municipal governments, NGOs interested in health and other international organizations that cooperate with Brazil in health-related fields of development. The strategy *orients and prioritizes* all the cooperation activities to be developed by PAHO/WHO in Brazil during the period.

To contribute to the *achievement* of the indicators, milestones and activities programmed for 2008-2009, the *Biennial Work Plan 08-09* contains a description of the World Health Organization's global objectives applicable to Brazil and the regional and local results that our technical cooperation strategy is committed to achieving.

The *alignment* of the Organization's *human, financial and technological resources* is described in the *PAHO/WHO Plan for Institutional Development in Brazil 08-09* (<http://intranet/default.aspx>). This document in electronic format, which is available online via the Representation's intranet, sets out the programs, processes and mechanisms required for TC to take place in a planned and organized manner. It is frequently updated and includes an interactive space for *participation and updating* of its content by all staff members.

## PAHO/WHO Development Plan 2008-2009 (Online document accessible via the intranet)

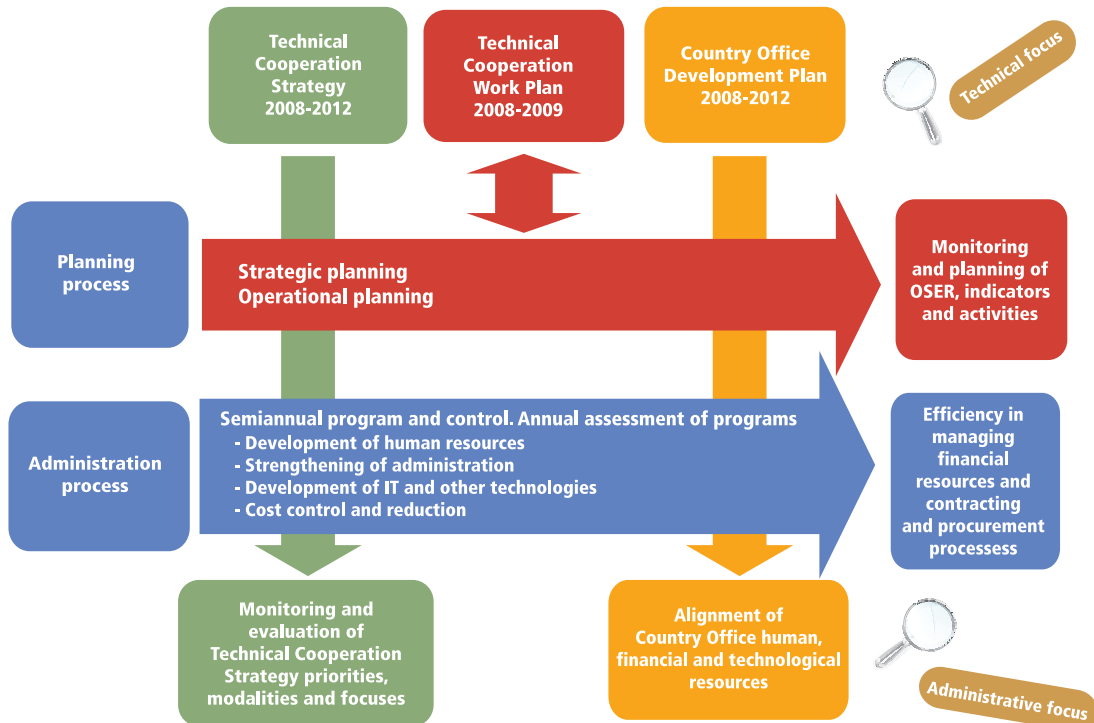


Based on these TC strategies, alongside the Organization's vision, values and mission statement, we have now defined the “how” of resource management to achieve the objectives set. The management model adopted by PAHO/WHO in Brazil involves planning, execution, control, evaluation and correction, with the aim of orienting people and resources to add value to TC products and services, and to assure efficient achievement of results. The model also uses a results-based methodology including procedures for formulating policies, programs, processes and technological instruments in an integral, articulated and systemic manner. Its ultimate goal is to assure *excellence in technical cooperation, supported by learning and by efficient and effective knowledge management*.

The next figure shows the structure of the PAHO/WHO Management Model in Brazil for 2008-2012.



## PAHO/WHO Brazil Country Office Management Model 2008-2012



The framework for the PAHO/WHO Brazil Country Office Management Model comprises the Technical Cooperation Strategy, the Biennial Work Plan and the Country Office Development Plan. The goals of the Management Model are as follows:

- Monitoring and assessment of Technical Cooperation Strategy priorities, modalities and focuses
- Monitoring and planning of OSER, indicators, milestones, activities and tasks of the TC Work Plan
- Alignment of Country Office human, financial and technological resources
- Efficiency in managing human, financial and technological resources

Achieving these goals requires development and strengthening of the *processes of planning and administration*. It is important to note that an indirect goal of the management model is to help ensure that international and national technical advisers focus once again on technical matters rather than on administrative affairs, which require the management of resources allocated to technical units in connection with TCA funded by voluntary contributions of the Brazilian government. Another indirect goal is to restore the administrative focus to the work of those responsible for this area in accordance with the new post descriptions for the administrative area of the technical units.

## 6.1 Planning process

The PAHO/WHO Brazil Country Office planning process is described at two levels in the following sections.

### 6.1.1 Strategic planning

The *strategic planning* process needs to be aligned with the scenario of institutions and actors participating in the development of the National Health System (SUS) and south-south cooperation in health, especially between the Brazilian government and the Portuguese-speaking African countries (PALOP), Mercosur and the Union of South American Nations (UNASUR), in order to keep TC positioned strategically with the political and technical actors related to the work themes.

#### External relations

For TC to take place integrally and achieve the desired strategic positioning in the process of development of the SUS, PAHO/WHO and its external partners must interrelate through political and technical networking.<sup>4</sup> Only in this way it is possible to understand the interests of each external player to build better relationships and communications with partners.

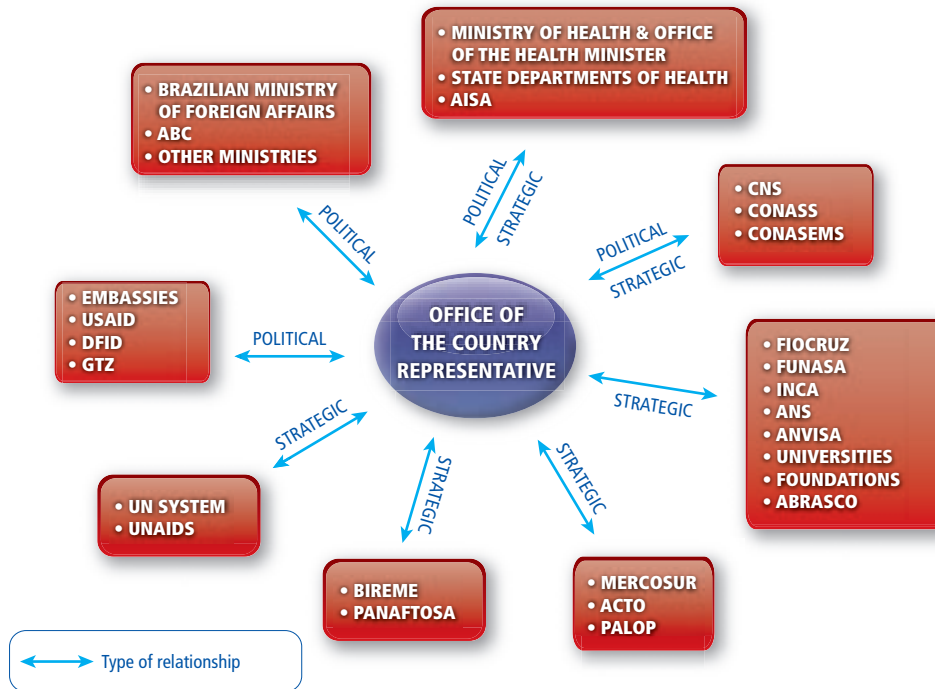
The PAHO/WHO Brazil Country Office develops politico-strategic relationships with the key players in the health sector. Based on these relationships the technical units establish partnerships and develop a network of techno-strategic relations at the operational level, contributing to the accomplishment of the results desired by the Organization as a whole.

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<sup>4</sup> Networks of relationships: Harvard/INCAE methodology.

PAHO/WHO's networks of relationships in Brazil at the present time are outlined below.

## I. The PAHO/WHO Brazil Country Office's network of politico-strategic relationships



### a) Relationship with Ministry of Health, State Departments of Health and AISA

This relationship is political and strategic. It is grounded in the management of the priorities set by the PAHO/WHO Strategy for Technical Cooperation with Brazil and the “More Health” Program, requiring permanent interpretation for action on the priorities, focuses and modalities of the Technical Cooperation Strategy and the guidelines, metrics and priority targets of “More Health”, so as to ensure that TC between the Ministry of Health and PAHO/WHO is executed within the context of this framework and that we are able to make a genuine contribution to achievement of the country-wide, region-wide and global health objectives.

### b) Relationship with CNS, CONASS and CONASEMS

This relationship is strategic, aiming basically to guarantee the technical positioning of our TC in processes leading to agreements and pacts (Pact for Life, Management Pact and Pact in

Defense of the SUS), as the mechanism for articulating relations with the federal, state and municipal agencies that make up the SUS in respect of health policies, plans and programs.

### **c) Relationship with Ministry of Foreign Affairs**

This is a political and strategic relationship, which aims to ensure that our TC responds to the PAHO/WHO Strategy for Technical Cooperation with Brazil and to the Brazilian government's policies for cooperation in health, since both are managed by different instances of the Foreign Ministry, especially the Department of Human Rights & Social Themes, the Brazilian Cooperation Agency (ABC) and the Ministry of Health's Office of International Affairs (AISA). The relationship is characterized by maintenance of a permanent dialogue with these instances, as we supply and receive information relating to international processes in health and diplomacy, health and trade, and health and regional integration agreements for development and global health protection.

### **d) Relationship with the United Nations System in Brazil**

This relationship is strategic and is part of our political and technical intervention in the United Nations Country Team (UNCT) and the various participation mechanisms that exist, starting from administration of our Organization's vision and mission as the specialized agency established by the United Nations to improve health, and from the priorities, modalities and focuses of the PAHO/WHO Strategy for Technical Cooperation with Brazil.

### **e) Relationship with regional integration processes in South America and other regions**

This relationship is strategic and technical. Cooperation with Mercosur is conducted in accordance with Technical Cooperation Agreement 48, which is being executed as a TC process. We will strengthen our relationship with ACTO by means of a Common Cooperation Strategy (CCS) and permanent dialogue with the ACTO Secretariat to formalize and build jointly executed TC processes.

With regard to the PALOP, we will continue with the processes of political and strategic negotiations in the context of the CPLP and triangulation with WHO via AFRO and AMRO to support cooperation by Brazil with these countries in the health sector, followed by a stage involving the elaboration of projects within the framework of TCC.

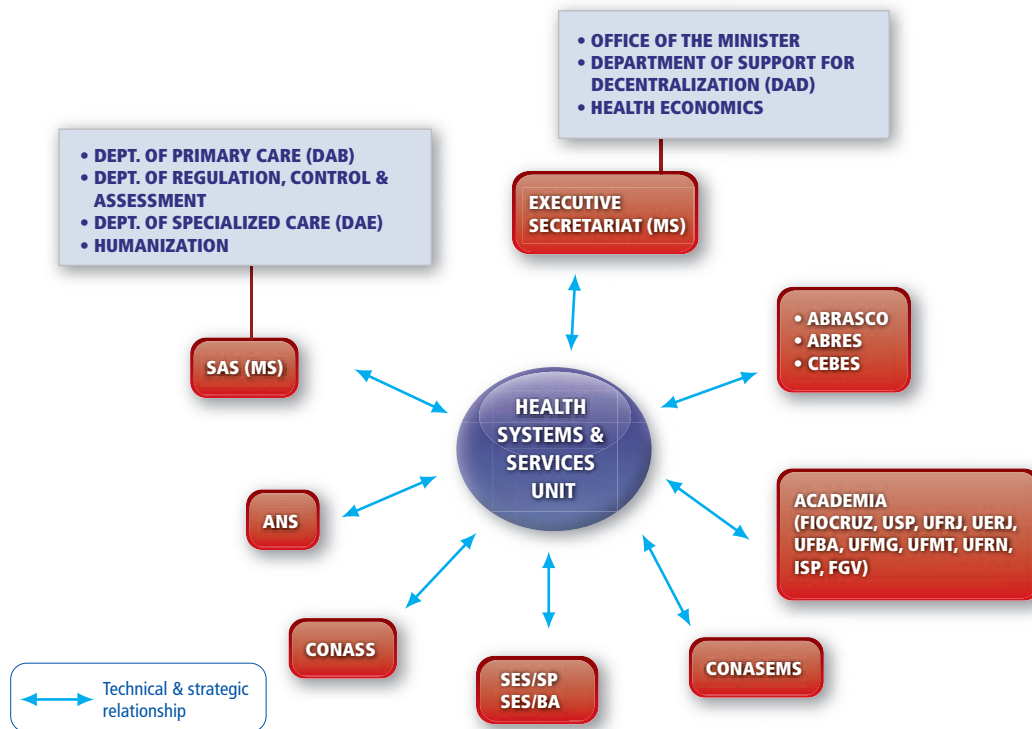
**f) Relationship with other institutions in the SUS**

This relationship is strategic and technical, considering our relations via Technical Cooperation Agreements with Fiocruz, Funasa, INCA, ANS and ANVISA, and permanent collaboration with universities via letters of agreement and with NGOs such as ABRASCO and AIDIS.

**g) Relationship with embassies and bilateral cooperation agencies**

Our relationship with embassies is strategic, especially with regard to regional integration processes and leadership and participation in the World Health Assembly and the PAHO Directing Council. Our relationship with bilateral cooperation agencies is technical, given that we execute voluntary contributions from the governments of the United States, United Kingdom and Japan, and that we chair the UN Expanded Theme Group on HIV/AIDS.

**II. The Health Systems & Services Technical Unit’s network of techno-strategic relationships**



### **a) Ministry of Health, Department of Healthcare (MS/SAS)**

Together with the Executive Secretariat, SAS is the Unit's main interlocutor in the Ministry of Health. The technical relationship is based on the implementation of two TCA:

- TCA 43, managed directly with the Office of the SAS Department Head and including initiatives taken under the National Humanization Policy.
- TCA 49, with DAB.

Besides the specific objects contemplated by the TCA, SAS is a highly relevant interlocutor on various themes of strategic importance to the Unit, such as mechanisms for financing health services, regulation, control and assessment, and intermediate- and high-complexity care.

### **b) Ministry of Health, Executive Secretariat**

The Executive Secretariat is this Unit's other main interlocutor alongside SAS. TC activities are articulated by three TCA:

- TCA 50, covering themes of national strategic relevance such as operationalizing and implementing the "More Health" Program and organizing healthcare in border areas.
- TCA 39, with DAD, covering implementation of the Pact.
- TCA 45, covering themes related to health economics.

With regard to strategic themes the relationship with the Executive Secretariat is particularly important because it deals with top priorities for the Ministry of Health such as the proposed new networks (TEIAS) and discussion of the Ministry's institutional and organizational development strategies.

### **c) National Supplementary Health Agency (ANS)**

TC activities with ANS are embodied by implementation of TCA 42, which covers an articulated work plan geared to institutional capacity building and increased integration between ANS and other SUS players.

From the strategic standpoint the relationship with ANS is important to this Technical Unit because as the supplementary health regulator it plays a key role in the Brazilian healthcare system, especially in metropolitan areas where large segments of the population are affiliated to private health plans.

#### **d) São Paulo (SP) & Bahia (BA) State Departments of Health**

The SP and BA State Departments of Health have expressed interest in the theme Essential Functions of Public Health (FESP) and formally requested authorization from the Ministry of Health's Executive Secretariat to sign a TCA with PAHO/WHO covering a work plan. Both states stand out in the field of Brazilian public health, not only for their size and large populations but also because they are developing processes to enhance decentralization mechanisms.

From the strategic standpoint TC activities with these states are particularly relevant as they have the potential to become “laboratories” for experimenting with practices and instruments of innovation in the management of health systems and services.

#### **e) CONASS & CONASEMS**

These National Councils are authoritative and competent interlocutors to represent the principal issues relating to SUS management at the state and municipal levels respectively.

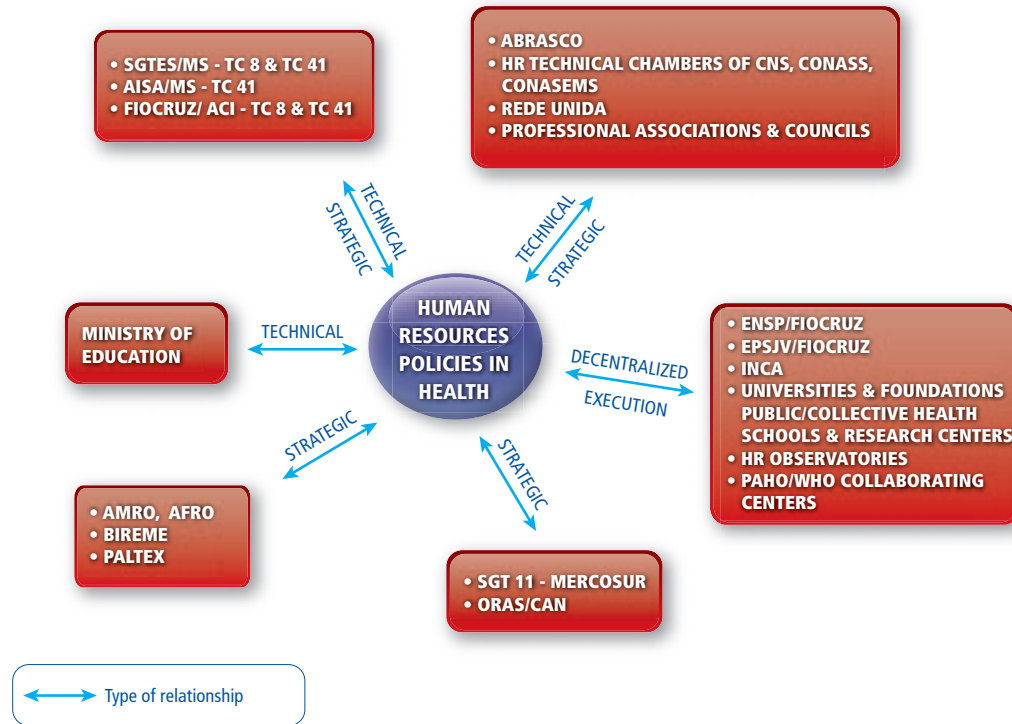
The Technical Unit maintains TC relations with these institutions to offer support and institutional backing, embodied in joint organization or participation in events, elaboration of documents, discussion of relevant themes, etc. A key focus is cooperation with CONASS on capacity building in Essential Functions of Public Health (FESP).

#### **f) Scientific associations & academic centers**

The Technical Unit's relationship with these institutions is fundamental for several reasons. The first is that the relationship guarantees the coherence of our TC activities and their alignment with Brazilian scientific production in the field of public health. Secondly, the availability and technical excellence of these institutions constitute a solid foundation on which to build partnerships for the development of technical instruments and tools or other innovative and up-to-date intellectual products for effective management of the SUS.



### III. The Human Resources Policies in Health Technical Unit's network of techno-strategic relationships



The network contemplates a large number of institutions involved in national coordination and execution of decentralized projects, with funding being provided under TCA 08 and TCA 41.

#### a) Management of cooperation in the context of TCA 08

The Ministry of Health's Department of Health Labor & Education Management (SGTES/MS) is the Unit's interlocutor for the execution of TCA 08, which covers the provision of support for the national policy of health labor and education management.

The relationship has several aspects relating to the various sectors covered by the TCA 08 work plan, as follows:

- Support for implementation of PRO-SAÚDE, a national program of incentives for curriculum reorientation to emphasize primary care, based on letters of agreement with

schools of medicine, nursing and dentistry. The number of schools will increase from 89 to 140 in 2008-2009 and other health professions will be included.

- Support for implementation of TELESSAÚDE, a national program of health telematics with 10 reference centers covered by letters of agreement in the current stage (pilot).
- Strengthening and expansion of Redes Colaborativas (collaborative networks), a national program of incentives for the development of information technology, education and labor management in health, comprising projects (32 letters of agreement) with health education and research centers hosting network workstations.
- Support for the formulation and oversight of national policies and incentives for state and municipal policies in health regulation and labor management, provided through support for the activities of the national commissions of the SUS/PROGESUS Labor Management & Education Qualification & Structuring Program, the SUS Permanent National Negotiation Panel, the SUS Decasualization Program and the MERCOSUR Permanent Labor Forum.
- Technical and managerial capacity building in health, involving letters of agreement with educational institutions to conduct decentralized training, specialization and master's degree courses in the context of agreements between the Ministry and other SUS agencies. The number of training projects currently in progress is 70.

In addition to the specific projects comprised in each of the above-mentioned national programs, TCA 08 also supports their national and decentralized coordination under letters of agreement drawn up specifically for this purpose.

The coordination of TCA 08 also requires TC activities conducted directly in respect of shared management with SGTES/MS with other units of the Ministry of Health (SAS, SVS, ANVISA, INCA, ENSP/FIOCRUZ, etc); other instances of the SUS (such as the Technical Chambers of CNS, CONASS and CONASEMS); the Ministry of Education, universities and their supporting foundations; public or collective health schools and centers; HR observatories; and professional associations (ABRASCO, Rede Unida, ABEM, ABEn, CEBES, etc).

In the internal sphere, cooperation requirements under TCA 08 include practically all the Technical Units in Brazil as well as BIREME and several technical units at Headquarters. The interface between TCA 08 and TCA 41 also requires articulation with other Country Offices in the region and, as programmed in the Biennial Work Plan 08-09, with the PALOP via AFRO.

## **b) Management of cooperation in the context of TCA 41**

This TCA covers the International Health Cooperation Program, which is designed to strengthen cooperation between Brazil and other WHO member-states, especially South America and the PALOP, within the framework of south-south cooperation and triangulation by PAHO/WHO.

The interlocutor in the Ministry of Health is Fundação Oswaldo Cruz, via its Office of International Cooperation (ACI/FIOCRUZ) and the Ministry of Health's Office of International Health Affairs (AISA/MS). The first SA, designed to support projects in the HR component, includes SGTES/MS in the Programming Committee, which is the coordinating instance for TCA 41.

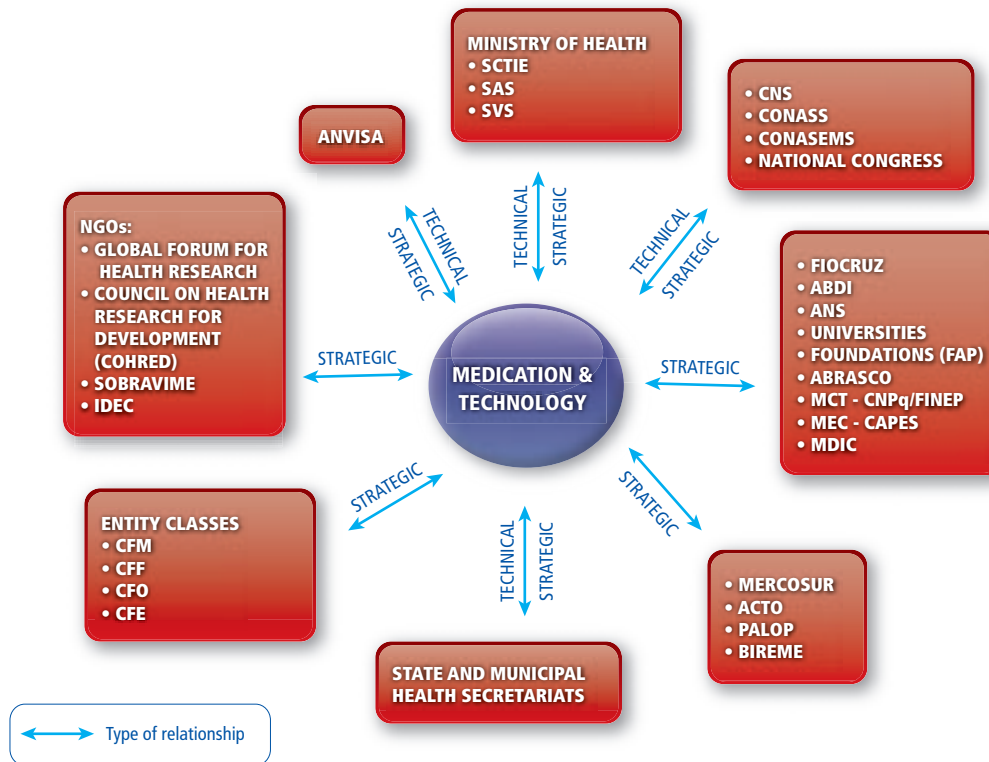
The first SA to TCA 41 has a budget of R\$14 million, already transferred to PAHO/WHO by MS, for projects indicated in the work plan and grouped into the following components:

- Support for the Program of Advanced Qualification in Intersectoral Health Management.
- Support for the mobilization of national collaborative networks for international cooperation.
- Support for the constitution of international consortia of international technical cooperation networks for the development of human resources in health.

Twenty projects distributed in these components have been approved and are currently being executed. Their technical coordination is shared between the Technical Units of PAHO/WHO Brazil and the national counterparts responsible for these international cooperation initiatives (ENSP, EPSJV, ACI, ICICT) and Escola de Governo em Saúde/Núcleo Federal (EGS/NF), all techno-scientific units of FIOCRUZ and NESCON/UFMG. Execution of these projects includes articulation and participation by institutions in several countries of the region mobilized by the respective PAHO/WHO Country Offices, and the support and orientation of PAHO/WHO's regional programs.

Cooperation with the PALOP is already part of some projects covered by 1<sup>st</sup> SA/TCA 41 and will be extended and intensified during 2008-2009 with a new SA and formalization of cooperation protocols between WHO's regional offices (AMRO and AFRO) and intergovernmental entities PALOP and CPLP.

#### IV. The Medication & Technology Technical Unit's network of techno-strategic relationships



##### a) Ministry of Health (MS: SCTIE, SAS, SVS, SGEF, SGTES) – TCA 24, TCA 47, TCA 45/4SA

Technical and strategic relationship via support for policies covering science, technology and innovation, medication and pharmaceutical assistance, and management of the industrial complex and innovation in health; formulation and implementation of policies for primary and specialized care, observing the principles of the SUS; strengthening and expansion of epidemiological surveillance, including national disease prevention and control programs; formulation and implementation of the SUS's policy for democratic participatory management and strengthening of social participation; training and qualification of health workers and professional regulation in the SUS.

##### b) ANVISA – TCA 37

Strategic relationship involving cooperation and technical assistance to facilitate the implementation of actions to reorganize the National Health Surveillance System under the

aegis of TCA 37, through projects relating to the protection and defense of collective health developed by various areas of ANVISA.

**c) Empresa Brasileira de Hemoderivados e Biotecnologia (Hemobrás) – TCA 51**

Technical and strategic cooperation in support of upgrades to the Brazilian National Blood Products Policy, which promotes joint activities in basic research, applied research and human resources (management and training). The focus for this partnership is on activities intrinsic to the production of blood products and to production of biological products obtained by biotechnology, including reagents in the area of hemotherapy.

**d) National Health Council (CNS), National Council of State Health Secretaries (CONASS) & National Council of Municipal Health Secretaries (CONASEMS) – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support: formulation and control of execution of the national health policy in the federal sphere, and criteria for the definition of standards and parameters of care in the field of medication and technology; normative processes in the SUS, analyzing and deliberating on medication and technology issues via resolutions to be adopted by the Ministry of Health; promotion of universal and equitable access to medication and technology in health services, so as to assure the integrality of actions geared to health system enhancement, from prevention to rehabilitation, focusing on information exchange and technical cooperation.

**e) State Health Departments & Municipal Health Departments – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support the process of decentralizing actions for health promotion, prevention and rehabilitation, and production and use of scientific and technological knowledge, assuring universal and equitable access to services, especially medication and technology.

**f) National Health Agency (ANS) – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support the promotion and defense of the public interest in supplementary healthcare and regulation of operators, including issues in relations with providers and consumers of medication and technology, contributing to the development of health actions in Brazil.

### **g) National Congress – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support activities geared to supplying the needs of the population via discussion and approval of proposals for the economic and social areas, especially in the field of policies for medication, pharmaceutical assistance and technology, as well as proper use of tax revenue by central government.

### **h) Ministry of Education (MEC); Ministry of Science & Technology (MCT); Ministry of Development, Industry & Trade (MDIC); National Council for Scientific & Technological Development (CNPq); research foundations at federal, state, municipal levels and private universities; ABRASCO; Ministry of Education Faculty Development Program (CAPES); National Technology & Innovation Investment Agency (FINEP); FIOCRUZ; Brazilian Industrial Development Agency (ABDI) – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support: decentralized implementation of the National Agenda for Health Research so as to produce knowledge in accordance with the priorities of the SUS; decentralized implementation of the National Policy for Science, Technology & Innovation in Health (ST&I/H), strengthening state health research systems in all 27 states of Brazil; training of researchers; south-south cooperation between Brazil and other developing countries (Amazon countries and PALOP) by supporting the training of researchers in priority areas for the countries involved; the creation of national health research networks, development of multicentric research and funding for S&T research; public-private partnerships for the development of products prioritized by the SUS; implementation of the Pan Amazon ST&I/H Network and triangulation of technical cooperation with African countries in ST&I/H (HR, education and training, strengthening of research institutions and graduate programs in Amazon countries and PALOP); national and regional development of technology, facilitating access to essential medication by other countries in the region. Strategic relationship with key players for implementation of Brazil's Industrial, Technological & Trade Policy (PITCE). This relationship is crucial to support the implementation of the National Policy for Science, Technology & Innovation in Health and the National Biotechnology Policy, particularly with regard to strengthening the national health-related production complex in biotechnology, pharmaceuticals and medical and hospital equipment.

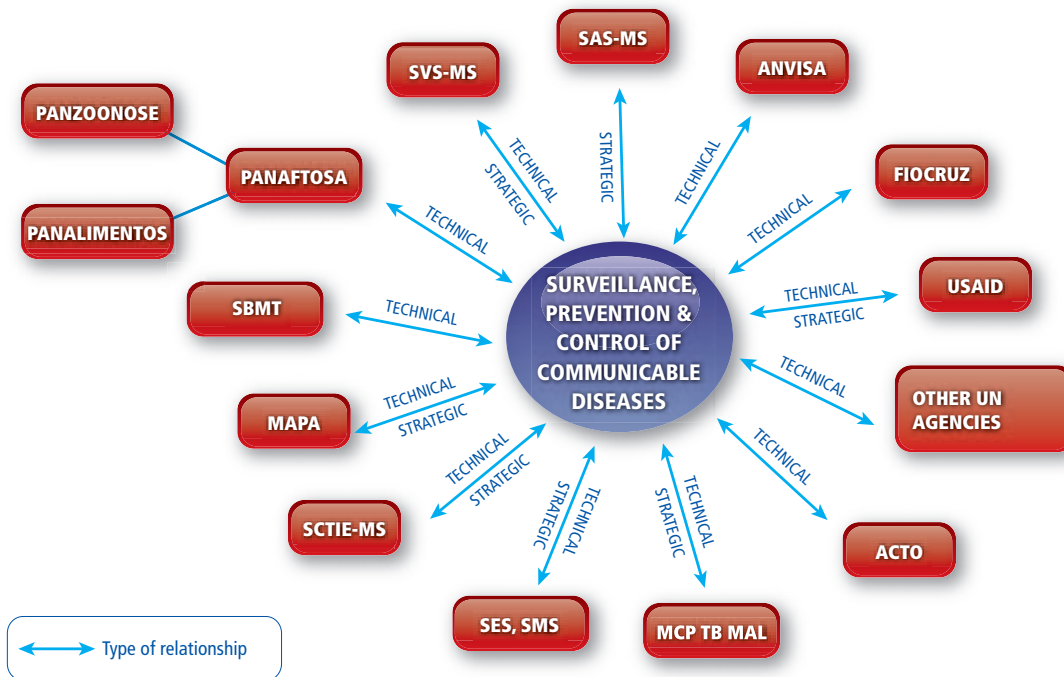
**i) Global Forum for Health Research, Council on Health Research for Development, Brazilian Society for Drug Surveillance (SOBRAVIME), Brazilian Consumer Association (IDEC), MERCOSUR, ACTO, BIREME – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to align global, regional, subregional and national priorities in health research and strategies in the field of ST&I/H; contribute via analysis and interventions to the construction of medication policy in accordance with the guidelines of WHO, PAHO and networks for the promotion of rational medical drug use on all continents; support the promotion of consumer rights, consumer education and awareness raising, defense of consumer rights and ethics in consumer relations, with political and economic independence; support the process of regional economic integration aiming at the creation of a common market and its basic goals as stated in Art. 1 of the Treaty of Asunción; adopt a common external tariff (CET); support macroeconomic policy coordination; support free trade in services and free circulation of labor and capital; implement the Pan Amazon ST&I/H Network; support the implementation of the thematic Virtual Health Library (BVS) of the Pan Amazon ST&I/H Network as well as the national ST&I/H BVSs coordinated by the Ministry of Health's Department of Science & Technology (DECIT).

**j) Federal Council of Medicine (CFM), Federal Council of Pharmacy (CFF), Federal Council of Dentistry (CFO), Federal Council of Nursing (CFE), Federal Council of Nutrition, Federal Council of Physical Therapy – TCA 24, TCA 37, TCA 45/4SA, TCA 47, TCA 51**

Strategic relationship to support promotion of the rational use of medication as an integral part of public policy in Brazil, observing its multiprofessional and intersectoral characteristics in accordance with the resolutions of the National Committee for Promotion of the Rational Use of Medication.

## V. The Surveillance, Prevention & Control of Communicable Diseases Technical Unit's network of techno-strategic relationships



### a) Relationship with state health departments

This Technical Unit promotes technical/strategic cooperation with the Ministry of Health's Department of Health Surveillance (SVS/MS), in actions of disease surveillance, prevention and control including national coordination of relevant programs such as prevention and control of communicable diseases and AIDS, dengue fever, malaria, viral hepatitis, leprosy and tuberculosis, among others, as well as investigation of and response to outbreaks of nationally relevant diseases. The Unit also provides technical support to the National Immunization Program (PNI), the national network of public health laboratories and environmental health surveillance activities, in addition to strengthening national animal health and food-transmitted disease prevention programs.

Another important area in which TC by this Unit takes place is the establishment of systems for information and analysis enabling the national public health system to be monitored and for use in formulating, implementing and evaluating actions to prevent control of diseases and risks to health, setting priorities and organizing health services and actions geared to optimization of the SUS.



TCA are an important financial support for the development of technical/strategic cooperation with SVS. In our case they comprise TCA 11 (reduction of *Aedes aegypti* breeding and incidence of dengue fever), TCA 32 (control of tuberculosis), TCA 35 (technical assistance for planning, development and evaluation of actions and projects in the Epidemiological & Environmental Health Surveillance Program).

#### **b) SES, SMS**

This relationship is technical and strategic. It focuses on border states and municipalities, mainly for cross-border animal disease control (e.g. foot-and-mouth disease) and veterinary public health.

#### **c) Relationship with UN agencies and other international organizations (FAO, IICA) and PAHO/WHO Collaborating Centers (Panaftosa, Panalimentos, Panzoonoses)**

Support and technical cooperation with regard to regional and subregional priorities in zoonoses, animal health and food safety and innocuousness.

#### **d) Relationship with the Ministry of Agriculture & Supply**

Technical and strategic relationship, mainly with the Department of Agricultural Defense (zoonoses in production animals and food safety via the national animal product inspection service) and the Department for International Relations in Agribusiness, specifically with regard to the Codex Alimentarius.

#### **e) Relationship with ANVISA**

Technical relationship based on support and cooperation with activities executed, such as courses and other technical and scientific events, research on disease outbreaks and creation of national networks on food innocuousness. Financial execution is covered by TCA 37 (Antimicrobial Resistance, Control of Hospital-Acquired Infections & Patient Safety).

#### **f) Relationship with CCM (Country Coordination Mechanism – Global Fund to Fight AIDS, Tuberculosis & Malaria)**

Support for the presentation of national proposals to fund contributions to the fight against AIDS, tuberculosis and malaria, identifying the specific priorities of each program and agreeing

a strategy based on the strengths of the various stakeholders, as well as identifying available sources of funding to operationalize the strategy based on existing support.

#### **g) Relationship with ACTO**

Technical assistance for ACTO in developing regional initiatives to monitor, control and provide care for communicable diseases.

#### **h) Relationship with USAID**

Technical support for:

- Project involving technical and financial cooperation to strengthen tuberculosis control activities under the DOTS Strategy, with priority for expansion of DOTS in Rio de Janeiro and São Paulo, Surveillance of Antituberculosis Drug Resistance in six states of Brazil, and Supervised Treatment of patients with TB/HIV in Rio de Janeiro and São Paulo.
- Project to control malaria for RAVREDA. USAID is the funding agency for RAVREDA (Amazon Network for the Surveillance of Antimalarial Drug Resistance). Other partners are also part of RAVREDA, in which PAHO/WHO coordinates and is responsible for technical assistance to countries together with CDC, USP (United States Pharmacopeia), MSH (Management Sciences for Health) and Links Media.

#### **i) Relationship with FIOCRUZ**

Several of FIOCRUZ's departments are PAHO and WHO Collaborating Centers thanks to its strong capabilities in research on communicable diseases. The Unit works with them in several specific areas via WHO/TDR projects and TCA 35.

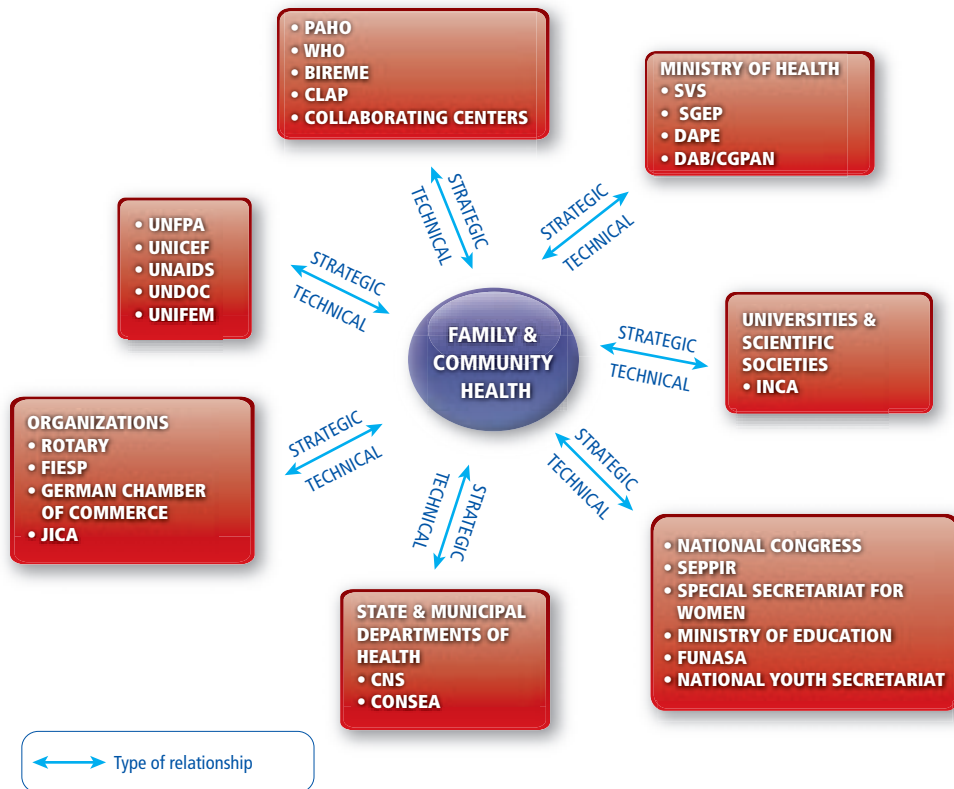
#### **j) Relationship with Brazilian Tropical Medicine Society (SBMT)**

The main focus for the relationship with SBMT is technical support for national and international events organized by the Society, especially its annual conference.

### k) Relationship with Ministry of Health’s Department of Science, Technology & Strategic Inputs (SCTIE/MS)

The Unit participates in aspects of technical assistance with the formulation, implementation and evaluation of the National Policy for ST&I/H in respect of communicable disease control, including technical cooperation in vaccines, immunobiological products and other related inputs, as an integral part of the National Health Policy.

## VI. The Family & Community Health Technical Unit’s network of techno-strategic relationships



### a) Relationship with Ministry of Health

This relationship is the hub for cooperation via PAHO/WHO’s technical component, local partnerships in Brazil and support at the regional and global levels. The Unit works with the following sectors and departments of the Ministry:

- The Department of Strategic & Programmatic Actions (DAPE), responsible for most lifecycle programs (children, adolescents, the elderly, men and women), and programs relating to care for the disabled, mental health and prison health. For all these programs we operate under a Supplementary Agreement to TCA 43, drafted directly with us and defining all the actions for each program as well as the type of support required from PAHO/WHO in the sphere of technical cooperation.
- The Department of Primary Care's Office of Food & Nutrition Policy (CGPAN), responsible for actions relating to nutrition, such as promotion of a healthy diet, prevention and control of food-related disease, and food and nutrition surveillance. Technical cooperation by PAHO/WHO is provided under the aegis of TCA 49.

#### **b) Relationship with state and municipal departments of health**

The Unit's relationship with state and municipal departments of health may be technical for specific issues but it is much more strategic with regard to cooperation on decentralization in the tripartite joint management commission and negotiation of agreements. The Country Office decentralizes TC via TCA with the states. It is above all through this local cooperation, which is in turn aligned with national policies, that our work in TC is able to develop innovative instruments and proposals, and creative projects capable of improving the quality of life for the overall population. Examples include an interagency project on human safety in a city in São Paulo State, and the future International Center for Training & Knowledge Management in Adolescent Health for Latin America and the PALOP.

#### **c) Relationship with universities and scientific societies**

Largely technical but also political in situations where these segments have significant potential to influence political decisions. Partnering with academia is highly important to the process of building new knowledge bases and gathering evidence on health and diseases. The Unit therefore partners with universities in various parts of Brazil on themes such as child and adolescent health.

#### **d) Relationship with the UN system**

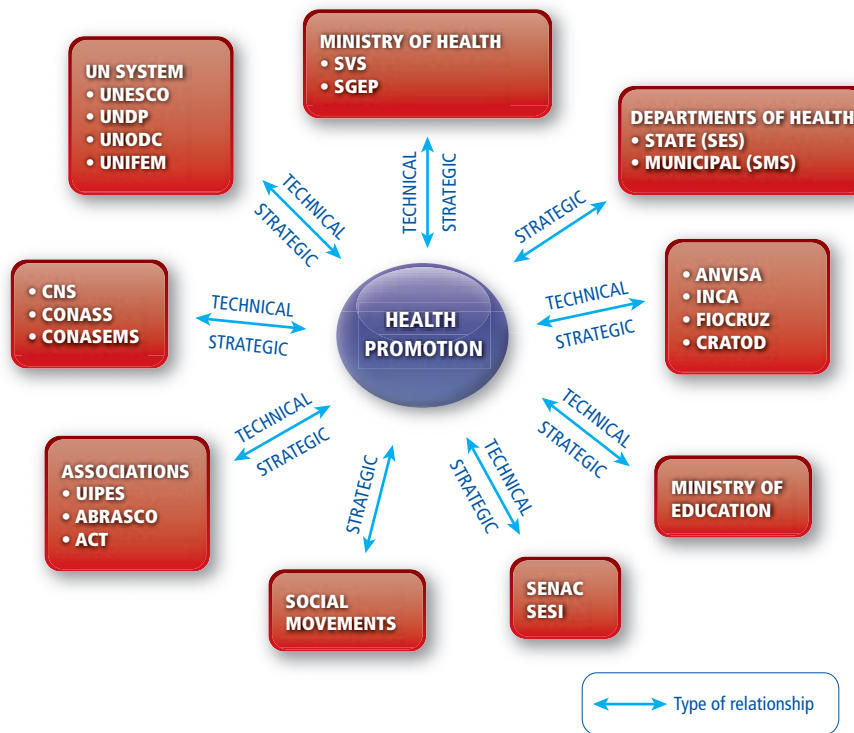
The relationship with the UN system is technical in the technical groups (TG) on gender and race and HIV/AIDS, but includes a significant strategic component insofar as it involves advocacy for PAHO/WHO's positions in the interagency context. This Unit's participation in TG meetings is intense, especially in formulating joint proposals such as the human safety project for a city in São Paulo State, in which four UN agencies are involved (PAHO/WHO,

UNFPA, UNICEF and UNESCO). The links in gender and race are among the strongest, because of the importance of Brazilian groups in this sector.

**e) Relationships with other organizations**

Organizations such as Rotary, FIESP, the German Chamber of Commerce in Brazil, bilateral cooperation with JICA and NGOs are a strategic focus involving partnerships at different levels. This is evidenced by the interest of these partners in supporting the adolescent care training center in São Paulo as well as other initiatives. For example, JICA is funding the human safety project, and other organizations are strongly interested in supporting specific actions.

**VII. The Health Promotion Technical Unit’s network of techno-strategic relationships**



**a) Strategic relationship with Ministry of Health, SVS, SGEP**

This relationship is technical as well as strategic. It is grounded in application of policy and programmatic lines with counterparties who are strategically important both for the role they

play in the SUS and in terms of the execution of projects, programs and TCA. TCA 44 and TCA 35 are part of this work. The counterparties give the Unit meaning because they are responsible for health promotion in Brazil. SVS has the national program, while SGEP is in charge of everything that relates to community participation, popular education and social control.

#### **b) Relationship with departments of health**

This relationship is strategic and aims to prioritize certain states and cities where the main TC programs are carried out, including Faces, Voices & Places (FVP), Healthy Cities and Tobacco Control, setting an example to other states and cities. Mutually beneficial cooperation agreements have been established with some of the states, intensifying the work and expected to produce clearly specified results.

#### **c) Relationship with decentralized institutions: ANVISA, INCA, CRATOD, FIOCRUZ**

This relationship is strategic and technical, mainly because of the institutions' strategic importance to public health in Brazil. Their clearly defined functions and vital importance are exemplified by ANVISA, the Ministry of Health's regulator and normative body, with a key role in tobacco control including regulation of aspects of sales, advertising, labeling and product composition. PAHO/WHO's TC with all these institutions includes activities, projects and letters of agreement in their respective fields. INCA is a Collaborating Center in the area of tobacco. CLAVES (FIOCRUZ) has begun the process of joining the group of Collaborating Centers. CRATOD is the key institution for execution of the Bloomberg demonstration project in the city of São Paulo.

#### **d) Relationship with Ministry of Education**

This relationship is basically strategic, focusing on a project to promote health in schools. Some activities are executed jointly with MS to strengthen this component.

#### **e) Relationship with private-sector institutions: SESI, SENAC**

This relationship is strategic and technical, since the institutions in question are strategic to the private sector in the areas of industry (SESI) and commerce (SENAC). We have worked with SESI for a long time, focusing on research and several important publications. It has just been named a Collaborating Center in the health field precisely because of its experience in working with industry.

#### **f) Relationship with social movements**

Because social participation is a strategic component of health promotion, we work with social movements and other civil society groups to promote projects designed to help them organize, increase their empowerment and, above all, raise awareness of health and citizenship issues. Several initiatives support the achievement of this objective, focusing mainly on improving the health of indigenous communities, blacks, gypsies, GLBT, slum dwellers and vulnerable communities, among others. These activities are conducted under the aegis of TCA 44.

#### **g) Relationship with academic institutions, associations & NGOs, such as IUHPE, ABRASCO, ACT, CEPEDOC**

We have technical and strategic relationships with these institutions, which bring together professionals from various sectors of public health. ABRASCO is the largest network of professionals in collective health. IUHPE's members are committed to promoting health and health education. ACT plays a key role in promotion and advocacy relating to tobacco control and to the Ministry of Health's important program in this sector. CEPEDOC, which has just been named a PAHO/WHO Collaborating Center for the promotion of healthy cities and health promotion, has done important work in support of PAHO/WHO's initiatives and this Unit in particular.

#### **h) Relationship with main councils: CNS, CONASS, CONASEMS**

Each of these councils corresponds to a tier of government and the relationship with all three is strategic. However, our work with them also involves some technical projects, mainly relating to motivation and advocacy. Examples include priority projects in tobacco and violence control, Healthy Cities, Health Promoting Schools and FVP. CNS enables civil society organizations to put social control into practice, converting the community into a manager of the system. Our cooperation with CNS takes place under TCA 23.

#### **i) Relationship with different agencies in the UN system**

An important task of the Unit has been to foster the relationship with other UN agencies, especially to promote synergies and complementarities in lines of action or concrete projects. We have just finalized a project with UNDP to prevent gun violence. This project led to the creation of a theme group on violence. Our relationship with UNESCO includes mutual support in school health and violence. The same applies to UNODC and UNIFEM.

## VIII. The Health & Environment Technical Unit's network of techno-strategic relationships



### a) In the field of environmental and occupational health

The Ministry of Health's key environmental health activities are conducted by the Department of Health Surveillance (SVS), under the responsibility of technical staff who specialize in environmental and occupational health. They comprise the production, integration, processing and interpretation of information to produce knowledge of existing health problems linked to environmental factors and to support decision making and execution of activities related to promotion, prevention, control and evaluation.

In 2005 the MS introduced operating rules for the National Environmental Health Surveillance Subsystem. Its functions include coordinating, evaluating, planning, monitoring, inspecting and overseeing surveillance activities related to disease and risks to health from water for human consumption, air and soil contamination, natural disasters, environmental contaminants and chemical substances, accidents with hazardous products, effects of physical factors and workplace conditions.



This work involves technical cooperation with several universities that have experience in the theme, such as the University of São Paulo (USP), the Federal Universities of Bahia (UFBA), Minas Gerais (UFMG), Rio de Janeiro (UFRJ) and Viçosa (UFV), the University of Brasília and the University of Campinas (Unicamp), among others.

Environmental health surveillance activities are conducted in articulation with several sectors of the MS, such as the Departments of Toxicology (GGTOX/ANVISA) and Technology in Health Services (GGTES/ANVISA), with CESTH and ENSP at FIOCRUZ, and with networks and associations such as RENACIAT, ABRACIT and the Brazilian Toxicology Society (SBTOX).

In occupational health, PAHO/WHO's cooperation with the Ministry of Health is allied with the efforts of local associations and unions, as well as other international cooperation agencies such as ILO, and other ministries such as Labor and Social Security.

The strategic alliance with the MS is strengthened by TCA 35, signed with SVS, TCA 37 with ANVISA and TCA 38 with FUNASA, for the implementation of environmental and occupational health programs.

#### **b) In the field of basic and environmental sanitation**

The mission of the Ministry for Cities, created in January 2003, is to formulate and implement the government's urban development policy and sectoral policies for housing, environmental sanitation, mass transit and urban traffic, especially in metropolitan areas. Decree 14,445, signed in January 2007, establishes guidelines for the national basic sanitation policy.

The main activities of the Ministry for Cities in the sphere of information are the National Sanitation System (SNIS) and the National Basic Sanitation Survey (PNSB). Work began in 2004 on designing and organizing the PNSB, which is to be conducted in 2008 by the Ministry for Cities, IBGE and the MS (SVS and ANVISA).

The Department of Public Health Engineering and FUNASA assess the impact of sanitation actions on health with the participation of PAHO/WHO and universities. Other TC activities include programs of rural sanitation, sanitation in small localities and sanitation in indigenous areas.

### **c) In the field of the environment**

The Ministry of the Environment (MMA) is responsible for formulating and implementing national policies for the environment and water resources; preservation, conservation and sustainable use of ecosystems, biodiversity and forests; and integration of the environment and production. It set up a Department of Environmental Quality & Climate Change in 2007. Besides national policies, it is also responsible for environmental policies and programs for Legal Amazonia, ecological and economic zoning and proposing strategies, mechanisms and economic and social instruments for enhancing environmental quality and sustainable use of natural resources. It is also responsible for managing waste that is hazardous to human health and the environment, environmental impact assessment and licensing, monitoring the quality of the environment and land use and integrated management of the coastal and marine environments.

### **d) In the field of risk assessment**

This activity focuses on risk assessment in contaminated locations, involving cooperation with CGVAM/SVS/MS and universities with renowned expertise in the field, such as UFRJ.

Another area of work is risk assessment relating to chemicals registered in Brazil, especially agrochemicals. PAHO/WHO provides support to ANVISA's toxicology sector.

### **e) In the field of natural disasters and accidents with hazardous products**

In this field the MMA is responsible for coordinating the National Plan for Prevention, Preparation & Rapid Response to Environmental Emergencies (P2R2). The plan has been under development since early 2003 to coordinate efforts by states, municipalities and other institutions to set up a rapid response and prevention system to reduce the impact of accidents.

Through its emergency operations sector CETESB has been the only WHO Collaborating Center for preparation for disasters caused by accidents with hazardous chemicals since 1992. In this capacity it is responsible for transferring the technology acquired over time to other countries, especially in Latin America.

PAHO/WHO works with the National Civil Defense Secretariat to support the training of technicians in SUMA/LSS and with the MRE as a member of the Interministerial Group on International Humanitarian Assistance. It works with SAMU at the national and state levels

to train personnel to respond to chemical emergencies and put in place multidisciplinary and multi-institutional action plans.

#### **f) In intersectoral articulation**

PAHO/WHO participates in various public policy evaluation forums, especially CONCIDADES, CISAMA, the Intersectoral Occupational Health Commission (CIST), CNS, CONAMA, the National Chemical Safety Commission (CONASQ), in support of CONASS and CONASEMS, and non-governmental organizations such as ABRASCO, ASSEMAE and ABES. PAHO/WHO also collaborated on preparation of the Brazilian Report on the MDG (goals 9, 10 and 11) together with IPEA, the Ministry for Cities, the MMA and MS, IBGE, FUNASA, UNICEF, UNDP and UNEP.

PAHO/WHO also supports region-wide activities by MERCOSUR (e.g. the child environmental health surveillance system) and ACTO (environmental health and climate change surveillance in the Amazon region). It also supports the training of technicians from PALOP in health, development and disaster recovery policies.

PAHO/WHO partners with a number of Collaborating Centers to strengthen support for environmental and occupational health in Brazil, including CEPEDOC, SESI, CETESB, FUNDACENTRO and CNEN, and with BIREME as a PAHO/WHO Specialized Center.

## IX. The Information & Knowledge Management Technical Unit's network of techno-strategic relationships



The Unit's relationship with the MS is technical, especially with the Executive Secretariat and SVS. Its work themes relate to health information systems, analysis of the health situation and chronic non-communicable disease prevention and care. These activities are performed under TCA 35/SA5.

TCA 15 is under review to orient some activities that favor training in strategic analysis of health information. A new SA is being prepared to favor reorientation of the health situation room; this activity involves collaboration with the Executive Secretariat and DATASUS. In first-half 2008 Fundação Getúlio Vargas (FGV) is to deliver reports to SE/MS and PAHO/WHO on optimizing the information resources available from DATASUS and their integration with platforms that support health analysis.

RIPSA (TCA 14) plays a key role as a formally constituted network of 30 national institutions linked to the production, analysis and diffusion of health information. Management of RIPSA entails a strategic relationship between PAHO/WHO and the Ministry of Health's Executive

Secretariat/MS via DATASUS. The network's member institutions work together to produce the outcomes agreed in its annual plan, which is approved and reviewed semiannually by its central office (OTI). The Department of Health Surveillance (SVS) is a key partner because of its capabilities in health information analysis. IBGE, the national bureau of statistics, is another linchpin of the network. RIPSA's Indicator Management Committees (CGI) and Interdisciplinary Thematic Committees (CTI) are important technical bodies whose members include representatives of various institutions and academia.

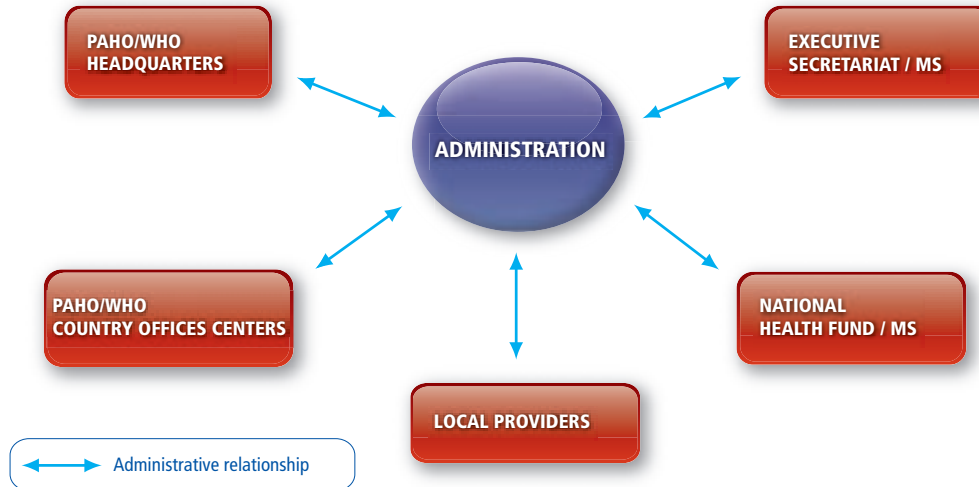
RIPSA's production is designed to contribute to the national health policy and management of the SUS, via a range of indicators and core data (IDB) and health situation analyses available as a database on the internet as well as in documents and specific publications. RIPSA promotes similar initiatives in the states (Ripsa no Estado) in collaboration with CONASS and CONASEMS. BVS-RIPSA is under development with support from DATASUS, FIOCRUZ and BIREME, as an instrument of national and international cooperation. RIPSA supports monitoring of the National Health Plan and the SUS planning system (PlanejaSUS) conducted by the Planning Subsecretariat of the Ministry of Health's Executive Secretariat (SPO/SE/MS), in accordance with a specific TCA (TCA 15).

The technical relationship with BIREME (which is part of PAHO/WHO and covered by TCA 12) and universities is geared to the development and use of technology to make available the health information that is constantly produced and updated by institutions with which PAHO/WHO partners.

A new TCA is currently under development with INCA to strengthen the diffusion of national policies for integral cancer care and the management of programs, research and regional integration activities focusing on cancer prevention.

The relationship with the UN system is strategic, within the context of the group of agencies whose function is to cooperate with the effort to achieve the MDG at the national, state and municipal levels.

## X. The Administrative Unit's network of strategic relationships



Following this description of the different networks of relationships, it is necessary to develop a process of strategic planning that will give political and technical visibility to our operational planning, as described below.

### 6.1.2 Operational planning

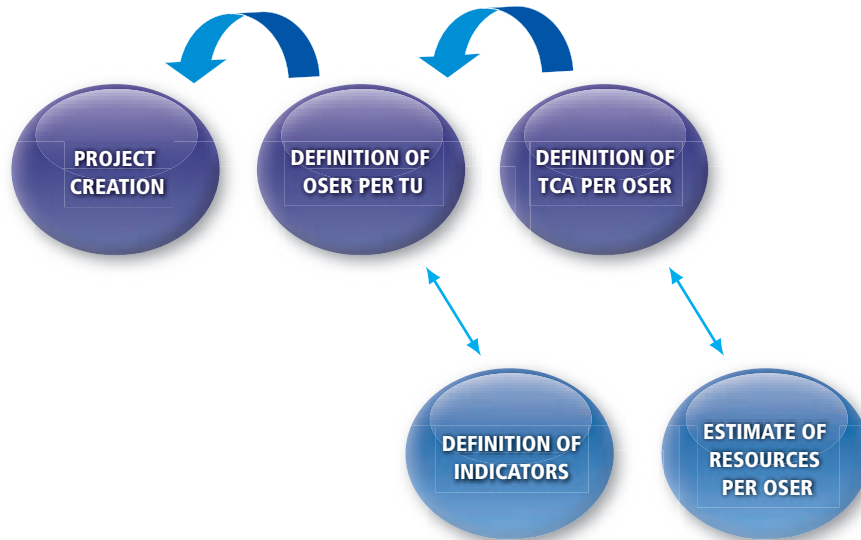
The PAHO/WHO Brazil Country Office has an operational planning process aligned with the Organization's results-based planning framework and based on the Strategic Plan 2008-2012, the Budget by Programs 2008-2009 and Biennial Work Plans (BWP) to support the programming, control and evaluation defined in AMPES. This assures alignment of TC with the goals of the Ministry of Health's "More Health" Program, PAHO's regional results and WHO's global objectives.

In this context, to reflect the coherence of TC programming, control and evaluation in its operational planning, PAHO/WHO Brazil is organized in terms of four projects based on Office-Specific Expected Results (OSER), each of which is linked to one or more regional indicators related to the country's priorities.<sup>5</sup> These indicators serve as a system of metrics for the monitoring and evaluation of TC activities as well as the integral development of effective TC based on concrete results.

<sup>5</sup> Defined in the document "Mais Saúde: direito de todos 2008-2011".

Once the projects were created, each Technical Unit (TU) of PAHO/WHO Brazil defined its OSER, indicators and activities for the period 2008-2009.<sup>6</sup> The OSER are linked to Technical Cooperation Agreements (TCA), which contribute to the results the activities programmed are expected to achieve. The next chart shows the process of project creation and definition of OSER and TCA.

### Project Creation with Linkages to OSER & TCA

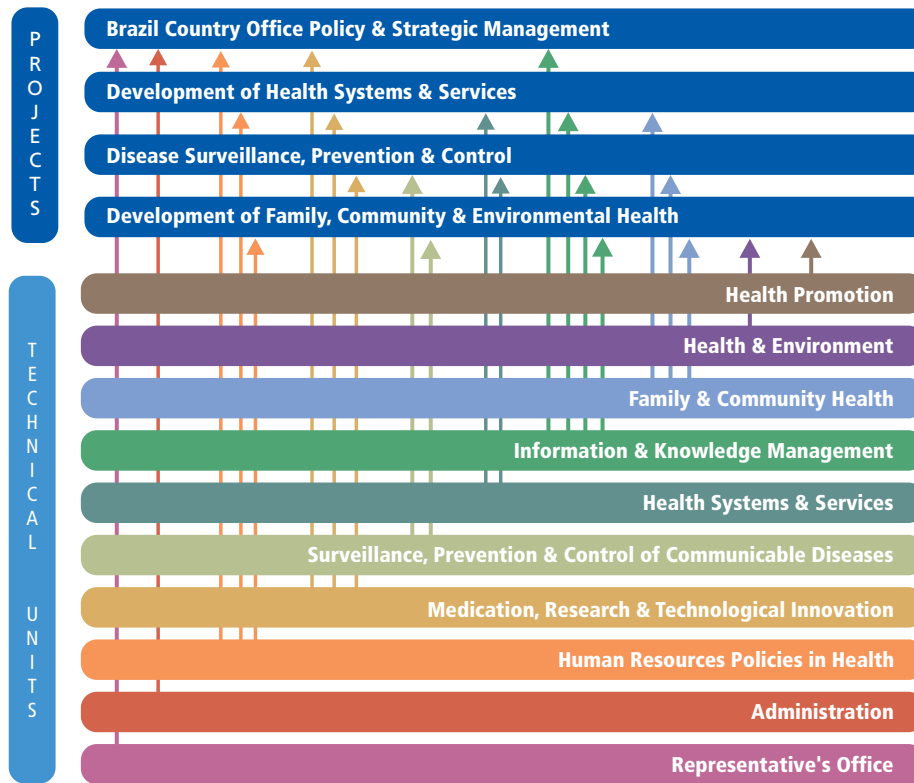


The aim of project creation and linkages with Technical Units is to assure interprogrammatic results and a shared organizational mission. This is effected by defining OSER for each TU and their location in projects according to thematic relevance. TU staff thereby maintain their identities and work interprogrammatically so that the project to which they are allocated achieves success at the end of the two-year period.

The matrix below illustrates TU distribution by projects. The vertical arrows indicate the projects to which each TU contributes based on the definition and location of the OSER under its responsibility.

<sup>6</sup> As described in the document “Plano de Trabalho Bianual da OPAS/OMS no Brasil 2008-2009”.

## Internal relations



## Results-based management

Results-based management is a key factor for the Organization's success and effective execution of the agreements or undertakings it enters into with partners and staff. Thus the monitoring of PAHO/WHO's results helps assure product elaboration and finalization to achieve the results and impacts on society expected by the Organization.

In this context control relates to the definition of qualitative, quantitative and economic and financial performance parameters and indicators for the construction of measurement models and methods for evaluating and decision making that enable changes to be made and corrective action to be taken. It also includes the identification of external performance standards as excellence benchmarks.



PAHO/WHO uses the following instruments to control performance semiannually and annually and evaluate it biennially:

## **I. Organizational review and control instruments**

### **a) Indicators of OSER**

- Specific for each Region-Wide Expected Result (RER).
- Set by Technical Unit Chiefs.
- Evaluated every two years on the basis of technical and financial reports.

### **b) Milestones**

- Specific for each Office-Specific Expected Result (OSER).
- Set for each semiannual period.
- Orient semiannual evaluation, showing progress toward achievement of expected results.
- Support semiannual review based on reports called for by Semiannual Work Plan.

### **c) Logical matrix indicators**

- Specific for each expected result defined in logical matrix of projects, especially TCA and special projects.
- Set annually.
- Orient semiannual and annual evaluation of projects.

### **d) Work Plans**

- Integral part of the Supplementary Agreement (SA), elaborated jointly by technical staff of PAHO/WHO and counterparties.
- Contain details of activity tasks and budget for execution period defined.
- Costs of each activity linked to PAHO/WHO execution instruments with respective execution periods and targets.
- Each action defined is linked to PAHO/WHO's technical participation, considering the Strategy for Technical Cooperation with Brazil and the position of the results/activities in the logical matrix.

## II. Organizational evaluation instruments

### a) TCA technical report

- Semiannual document produced by the technical staff responsible for the TCA and containing a technical analysis of TCA work-in-progress.

### b) TCA annual report

- Defined by guidelines on TCA elaboration, approved by PAHO Headquarters and the Ministry of Health's Executive Secretariat.
- Produced by technical staff, presenting an executive summary of the overall TC process.
- Signed by a representative of the Ministry of Health (MS), two representatives of PAHO/WHO and a representative of the Department of Scientific, Technical & Technological Cooperation at the Foreign Ministry (MRE). AISA is responsible for secretarial assistance.

### c) Biennial evaluation report

- Technical evaluation of progress made toward achieving OSER and indicators for execution of the Biennial Work Plan 08-09.

## 6.2 Administration process

This process is grounded in the programming, control and evaluation of three programs:

### 6.2.1 Integral Human Resources Development Program

Following the political and technical reorientation of our TC via negotiation and approval of the Strategy for Technical Cooperation 2008-2012 and Biennial Work Plan 08-09, the most important task in the context of the Country Office Development Plan 2008-2009 for efficient, effective and transparent administration of our TC resources is undoubtedly the planned, controlled and participatory formulation and execution of the Integral Human Resources Development Program.

This program comprises the following elements:

### **a) Redefinition of post and assignment descriptions**

#### **International advisors**

Post descriptions for leaders of the following Technical Units have been revised and modified: Development of Health Systems & Services, Medication & Technology and Family & Community Health. They are now aligned more precisely with the respective TCA and SA in terms of managerial and technical responsibilities. The Medications post no longer has regional responsibilities but its duties in Brazil have been extended to include areas of cooperation relating to technological development in health. The Family & Community Health post focuses on child and adolescent health, as well as taking responsibility for TC in vaccination and control of HIV/AIDS. Managerial and technical responsibilities in respect of TCA are also defined.

The post has been created of Regional Advisor on Health & the Environment based in Brazil, with responsibilities and duties with regard to Brazil that include leading the new Health & Environment Technical Unit and managing and providing technical assistance to the respective TCA, with special attention to health and environment-related TC activities in the Amazon region.

The duties of the post of Epidemiologist are now fully aligned with the process of health information and knowledge management. Managerial and technical responsibilities in respect of TCA are also defined.

The duties of the post of Unit Chief for Surveillance, Prevention & Control of Communicable Diseases now focus on the area of communicable diseases. Managerial and technical responsibilities in respect of TCA are defined and duties associated with the control of non-communicable diseases, vaccination and HIV/AIDS have been transferred to other units.

The post of Unit Chief for Health Promotion now has four main duties: tobacco control, control of violence and traffic accidents as a public health issue, support for the Healthy Cities initiative, and health promotion via the Faces, Voices & Places Program. Managerial and technical responsibilities in respect of TCA are also defined.

The post of Unit Chief for Human Resources Policies in Health, besides continuing to involve responsibilities in TC with regard to HR training and development, also now supports the Representative in implementing the priority focus for TC defined in the Cooperation Strategy, which is to support the Brazilian government's south-south cooperation in health in a triangulated manner via WHO. Managerial and technical responsibilities in respect of TCA are also defined.

For overall support to the PAHO/WHO Representative in Brazil in developing and strengthening the planning process based on the Management Model and PAHO/WHO Institutional Development Plan, it is necessary to have a Program Officer whose duties and responsibilities cover four main areas: planning, programming and evaluation of programs and projects; organizational development; regional and subregional integration; and interagency coordination.

Annex 2 contains the post descriptions for the international posts and Program Officer mentioned above.

### National Advisors & Administrative Personnel

Evaluation of PPES 2007 and preparation of PPES 2008 entailed reorientation of the duties and responsibilities of national advisors to involve them more fully in the technical oversight of TCA and SA. This took into consideration the policy for implementing the TC Strategy 2008-2012, which recommends that national technical and administrative posts be funded by TCA/SA or resources transferred from regional and global programs.

The duties of national administrative personnel have also been redefined (Annex 3 and 4) based on the process of reengineering and strengthening of the Administrative Unit, which calls for the decentralization of information and administrative procedures to technical units, among other actions. On the other hand, they are now responsible for providing administrative support to the integral functioning of the technical unit to which they belong, developing the required linkages with the Administrative Unit and departments of the MS relating to the corresponding TCA/SA. They are also responsible for programming and controlling the information inserted in AMPES under the supervision of the respective Unit Chief.

The new duties are as follows:

- Coordinating the administrative procedures that support the Unit's TC activities and execution of the work plan and semiannual programming, including management

of requests for cooperation by PAHO/WHO technical personnel from external counterparties to ensure compliance with the formalities and deadlines required by internal administrative procedures, and oversight of internal execution of administrative processes by the Unit with Administration.

- Analyzing administrative matters and quantifying the volume of proposed operations under TCA and SA with the Unit and external counterparties for the preparation of detailed work plans and timetables for execution and funding transfers.
- Controlling on a monthly basis the Unit's budget execution, execution of SWP programming and the status of the obligations in place, adjusting AMPES when necessary or requesting that Administration close out unnecessary obligations.
- Monitoring delivery by contractors and suppliers of products and technical reports as and when specified in contracts.
- Monitoring and controlling accounts rendered in respect of courses and seminars, financial reporting in respect of letters of agreement, and local or international purchase orders in accordance with the deadlines and timetables laid down in documents signed with beneficiaries.
- Analyzing semiannually the financial reports issued by headquarters in respect of TCA and SA, checking divergences with Administration and submitting the reports to external counterparties.

### Administrative Unit personnel

The Brazil Country Office and PAHO/WHO Headquarters HR and Procurement have been working on a reengineering and capacity building proposal for this Unit since November 2007. The proposal is also supported by the 2006 internal audit and 2007 external audit reports. The goal is to assure the Unit's capacity to meet new demands requiring the management of funds that could exceed US\$350 million in the period 2008-2009, while handling the procedures to support contracting and procurement in respect of more than 90,000 financial and administrative operations.

The proposal is outlined in the chapter entitled "Program to Develop and Strengthen the Administrative Unit".

### Secretarial personnel and assistants

With the support of the Optimal Groups (OG), we reviewed the functions of these two groups and found strong similarities between them. We produced a description for each OG, in which the secretaries support TU technical consultants and assistants support the management of the TCA/SA for the Unit to which they belong (Annex 5).

## **b) PAHO/WHO Brazil Country Office Personnel Performance Assessment 2008-2009**

This section describes the process of performance programming, control and assessment for all personnel employed by the PAHO/WHO Brazil Country Office using the methodology and instruments established by the Organization for this purpose.

Performance objectives for all personnel in 2008 were drawn up in a participatory and mutually agreed manner in January and February 2008 on the basis of the 2007 Performance Assessment and within the framework of the Strategy for Technical Cooperation with Brazil 2008-2012, the Biennial Work Plan 08-09, and the Country Office Program for Integral Development of Human Resources 2008-2009.

In conclusion, it can be stated that performance objectives for the personnel employed by the Country Office are aligned with the priorities, focuses and modalities of the PAHO/WHO Strategy for Technical Cooperation with Brazil 2008-2012, the WHO's Global Objectives and PAHO's Regional Objectives, and the new post and assignment descriptions for Brazil Country Office personnel.

The mid-year review conducted in July involved participation by supervisees together with first- and second-level supervisors, with the aim of taking the collective measures that will assure the strategic alignment of our performance objectives with the global and regional objectives of our Organization and the health priorities of the SUS.

Below we present the work objectives of the PAHO/WHO Representative in Brazil, as fully agreed with the PAHO Director. This is an additional illustration of the process described above and details the Representative's responsibility for political and strategic direction of TC as well as for overall management of the Country Office's resources. The PPES for all other PWR-BRA personnel can be accessed online and are duly protected to assure the privacy required for this process. Only the Representative, the Administrator and the PPES responsible for the Personnel Sector are authorized to access these PPES.

### **PAHO/WHO Representative's work objectives**

- Assure the agreed political and technical positioning of PAHO/WHO's technical cooperation, extracting optimal benefits from the experience obtained in 2007 and taking into consideration a continuous reading of the political, social, economic and epidemiological situation in Brazil.

- Direct, control and evaluate the Country Office Development Plan 2008/2009 in its political, technical and administrative components, reporting on progress to Country Focus Support (CFS) and monitoring personnel performance in accordance with AMPES and PPES.
- Direct the Representation's participation in interagency coordination with the UN System, bilateral cooperation, embassies, multilateral lenders and international development agencies.
- Advocate for and support Brazil's participation in regional integration processes (MERCOSUR, ACTO, CPLP, UNASUR) and assure the implementation of joint decisions and programs.
- Promote technical cooperation among countries, assuring the continuity and documentation of the processes concerned.
- Direct the process of disseminating and updating the CCS, managing the activities involved in its implementation and assuring the alignment of resources and the programming, control and evaluation of BWP 08-09.
- Organize visits to Brazil by the WHO Director-General and the PAHO Director.
- Prepare confidential reports for the Director on the political, economic, social and epidemiological situation insofar as it affects PAHO/WHO technical cooperation in Brazil, as well as integration with other countries via MERCOSUR and ACTO.
- Orient and support the Brazilian authorities in their participation in the Governing Bodies of PAHO and WHO and in subregional processes.
- Represent PAHO and WHO to the Ministry of Foreign Affairs and Diplomatic Corps, among other agencies, Brazilian organizations and international organizations with country offices in Brazil.
- Assure proper coordination with global, regional and subregional technical and administrative units, Collaborating Centers and INAR, mobilizing them to achieve the BWP.

### **c) Personnel training and development in 2008**

Relations between the Organization and its staff are geared to assuring continuous learning and development for both. This goal is embodied in the systems for managing staff performance, compensation and recognition in accordance with the Country Office's professional training and development plan. In addition, investing in human resources to raise awareness of their personal mission and enable them to contribute to the fulfillment of the Organization's mission facilitates alignment of individual and organizational goals while also providing an excellent opportunity to increase the level of satisfaction and assure the development of the Organization.

The training and development plan is planned and conducted in accordance with three key priorities set in the PAHO/WHO Institutional Development Plan:

- Language training in Portuguese, English and Spanish.
- Training in the use of information and communications technology related to PAHO/WHO's performance profile.
- Continuing education for personnel who participate in the program to develop, strengthen and decentralize the administration of PAHO/WHO.

The goals of the training and development plan for 2008 are as follows:

- Searching for and processing relevant information.
- Using information technology.
- Continuous enhancement of professional competencies.
- Refresher courses in relevant subjects.
- Basic safety and security procedures.
- Optimal use and distribution of work time.
- Occupational health.
- Negotiation and conflict management.
- Language training.

Annex 6 sets out the training and development plan for 2008 in detail.

### **6.2.2 Program to develop and strengthen administration**

The program has three main lines of work: organization and integration of administrative processes on procurement, contracting, budgeting and finance, and letters of agreement; administrative and financial decentralization of support to Technical Units; and development of continuing education in the use of processes and instruments for administrative and financial support to the Country Office.

### **6.2.3 Program to develop IT and other technology**

The aim of this program is to provide support for administrative and financial processes by developing systematized computerized programs that assure automated management of most processes.



The efficient and effective management of information requires the implementation of advanced information systems for decision making support. It also entails enhanced management of technology, infrastructure and management information systems, as well as the development of a knowledge database.

Managing information resources properly also requires continuous monitoring of development for the various areas of the Organization. A key aspect worth emphasizing is that any development process affecting the elaboration of administrative and financial procedures must be fully aligned with the Global Management System, which begins to be implemented globally in 2008 by the World Health Organization.

Points deserving of emphasis:

- Design a plan for the development of the PAHO/WHO Brazil Country Office's Information & Knowledge Management Technical Unit to guarantee operation of the local network and PAHO/WHO standard applications, such as the operating system, communications system, planning and financial programs, and specific programs in compliance with the relevant norms.
- Develop an investment plan to maintain in good condition and update the PAHO/WHO Brazil Country Office's IT equipment.
- Automate the procedures executed manually by personnel of the PAHO/WHO Brazil Country Office where such procedures are complementary to the standardized applications of AMPES/OMIS.

#### **6.2.4 Program to control costs and reduce expenses**

This program contributes directly to savings in controllable costs for logistical support and indirectly to the "Green PAHO" initiative.

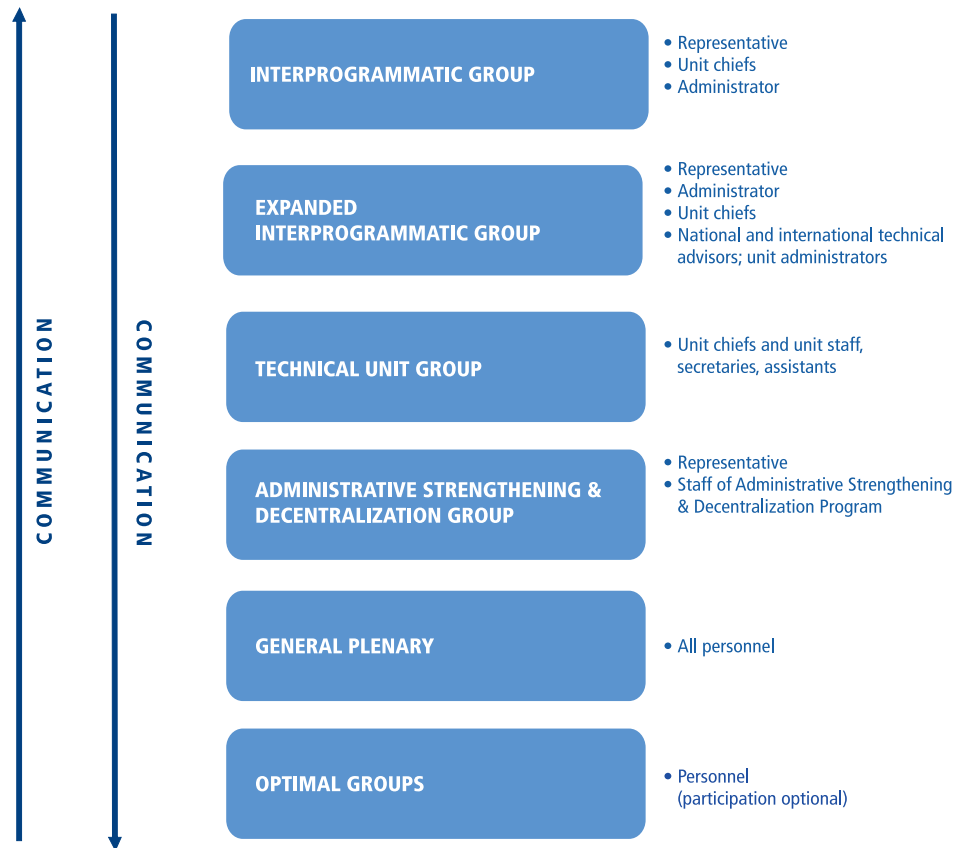
A cost control system will be implemented to allocate expenditure by cost center/technical unit and reduce operating expenses via effective local implementation policies, based on criteria for efficient use of physical resources, energy savings and materials recycling.

## 7. Dynamics of Participation, Communication & Organizational Development

PAHO/WHO in Brazil is characterized by planned, organized and participatory management. Thus the creation of spaces for dialogue, communication and an exchange of experience in the PAHO/WHO Brazil Country Office enables staff to strengthen interprogrammatic work and teamwork, while also helping to make it a place of learning and knowledge management.

The Coordination & Communication Mechanism 2008-2009 aims to enable the Brazil Country Office to function as a living organism and to ensure that this is reflected in management attitudes and styles. Staff are encouraged to participate so that they feel part of the organizational totality, in redesigning vital work processes to enhance operating agility, in mechanisms of interaction to maximize synergy and integrate areas, in constant adaptation of the structural design, in the management of the interfaces between hierarchical levels of the Organization, in increasing learning about joint work, in the collegiate decision making model that provides for the democratization of information and participation, and in administrative and operational autonomy for the role of every individual in the Organization.

## PAHO/WHO Brazil Country Office Coordination & Communication Mechanism 2008-2009



The figure above shows the different levels of participation comprised in the Coordination and Communication Mechanism proposed for the period 2008-2009. These levels are described in detail below.

### a) Interprogrammatic Group

- Members: Representative, unit chiefs, Administrator, Program Officer.
- Periodicity: monthly.
- Objective: discuss political, strategic and technical issues conditioning TC; develop and strengthen interprogrammatic coordination.
- Main outcomes: support for elaboration of the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012, the Development Plan 2008-2009, the Biennial Work Plan 2008-2009 and the Management Model 2008-2012.

- General agenda:
  1. Report on the previous meeting's undertakings – Representative.
  2. Report on the process of strengthening and decentralizing administration – Administrator.
  3. Report on TCA and analysis of products – unit chiefs.
  4. Monitoring of Semiannual Work Plan execution – unit chiefs.
  5. Monitoring of special project execution – special project leaders.
  6. Other matters.

## **b) Expanded Interprogrammatic Group**

- Members: Representative, unit chiefs, Administrator, Program Officer, national and international advisors, unit administrators.
- Periodicity: monthly.
- Objective: develop and strengthen interprogrammatic coordination, monitor BWP and Country Office Development Plan execution.
- Main outcomes: sharing of information from headquarters, supervision and development of the Semiannual Work Plan proposed for first-half 2008, presentation and discussion of TC themes (dengue, HIV/AIDS etc), review of progress made in information and knowledge management process.

## **c) Technical Unit Group**

- Members: unit chiefs, national and international advisors, unit administrators, secretaries, administrative assistants.
- Periodicity: as decided by each TU.
- Objective: discuss relevant technical and administrative issues internal to the Unit and propose improvements to team work.
- Main outcomes: increased participation and knowledge for all categories of PAHO/WHO personnel engaged in TC processes.

## **d) Administrative Strengthening & Decentralization Group**

- Members: Representative, Administrator, staff responsible for procurement, budgeting, finance, contracts, personnel and IT; unit administrators; Training Program Head.
- Periodicity: monthly.

- Objective: program, control and evaluate execution of the Administrative Strengthening & Decentralization Program.

### **e) General Plenary**

- Members: all Country Office personnel.
- Periodicity: bimonthly.
- Objective: present results for relevant political, strategic and technical themes in the period and monitor progress made in Optimal Groups, TU team work and knowledge management.
- Main outcomes: diffusion of information and increased participation in the TC processes executed by the Country Office.
- General agenda:
  1. Reports – Representative.
  2. Presentation on best practice in teamwork – TU.
  3. Training Plan 2008 – staff responsible for Training Plan.
  4. Presentation on activities of Extended Knowledge Management Group – Information & Knowledge Management Unit.
  5. Break.
  6. OG presentation.
  7. Presentation on relevant topic – guest speaker.
  8. Brunch.

### **f) Optimal Groups**

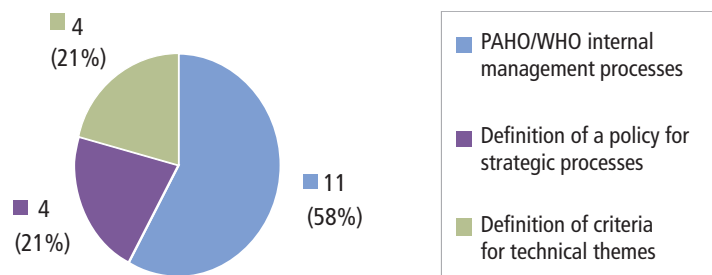
The Optimal Groups (OG) initiative is inspired by the idea of “Learning by doing” and is being utilized by several Country Offices. The version adopted by the Brazil Country Office is based on the one used in Ecuador by Edmundo Granda and Diego Victoria, with theoretical input from Adrien Payette and Jaime Borja of the University of Québec and adaptation to the needs of PAHO/WHO. The main aim is to promote analysis and propose solutions to problem situations, using daily praxis as a learning opportunity and placing special emphasis on communication among participants. It also aims to help PWR/BRA raise its production capacity, strengthen communication, reinforce institutional values and drive the development of core competencies and management skills. To support application of the OG approach in Brazil, an Optimal Group Implementation & Monitoring Group (GIM-GO) was set up and produced a document with guidelines on the formation, development and implementation of OG in accordance with the needs of the Country Office (Annex 7).

The page dedicated to OG on the PAHO/WHO Brazil intranet (<http://intranet/default.aspx>) is constantly updated and provides access to all the documentation necessary to set up an OG and monitor the development and results of existing OG. The status of OG in the Brazil Country Office is outlined in Annex 8.



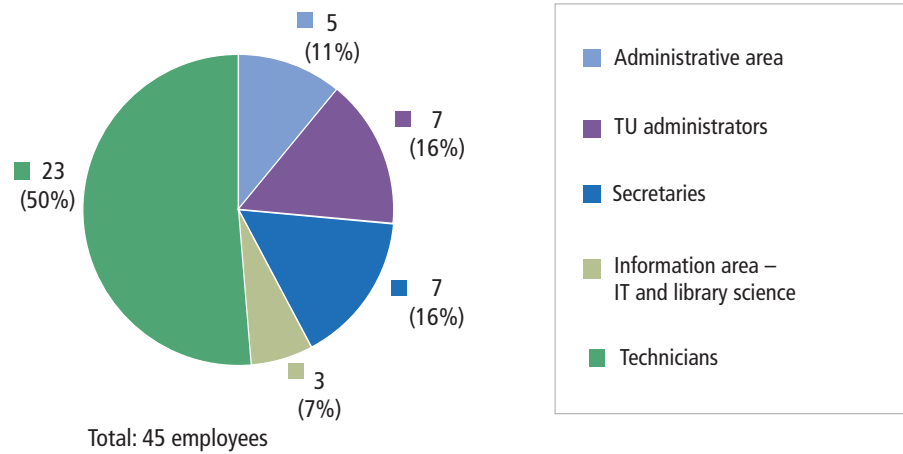
Since the methodology was applied in April 2007, until July 2008, **20 Optimal Groups** have been set up. They are working on themes related to the internal management processes of the PAHO/WHO Brazil Country Office, the definition of a policy for strategic processes and the definition of criteria for technical themes.

**Figure 1: Classification of themes discussed by the 20 OG formed by PAHO/WHO Brazil**



Forty-five employees in different categories participated in the 20 Optimal Groups set up by the PAHO/WHO Brazil Country Office.

**Figure 2: Employees participating in OG, by category**



The following are the main products elaborated by the OG and implemented to date:

- a. Guidelines for TC elaboration and management.
- b. Directives:
  - 04/07: internal signoff flow.
  - 05/07: distribution of internal correspondence.
  - 02/08 and 04/08: duties of TU administrators.
  - 05/08: duties of secretaries and administrative assistants.
  - Contribution to Directive 13/08: local committee and decentralization of administration.
- c. Definition of PAHO/WHO's stance on Collaborating Centers.
- d. Increased interactivity in General Plenary.

## 8. Core Competencies: Information & Knowledge Management

PAHO/WHO Brazil's intellectual capital is highly diversified, with a staff comprising specialists in several disciplines and a range of nationalities and experience to conduct TC activities in eight Technical Units. This is the intellectual capital of PAHO/WHO Brazil, its intangible assets. The various activities conducted by the staff of PAHO/WHO Brazil and their interactions in networking with institutions in Brazil and worldwide provide permanent access to information and knowledge, which can and should be shared so that TC activities are strengthened. It should be borne in mind that PAHO/WHO Brazil receives hundreds of reports on TC activities, many of them of significant technical value. This material needs to be systematized in order to contribute to the Organization's TC capabilities and their diffusion throughout the region.

All these factors contribute to the development of information and knowledge management, which supports technical cooperation decisions. The exercise of knowledge management (organizational intelligence), via cataloguing and dissemination of the knowledge generated, mapping and catalyzing of existing knowledge, competencies and human resources, learning and using the knowledge acquired, and implementing focused organizational actions, are the Organization's responsibility by means of its Information & Knowledge Management Unit. This TU plays a core role in facilitating the dissemination of a "knowledge management culture" to other areas of PAHO/WHO.

It also aims to assist the formation of more effective people and autonomous teams by fostering personal, professional, managerial and community development to address the challenges faced by the organization, as a requirement of the knowledge era.

The Information & Knowledge Management Unit focuses on three kinds of work that permanently converge:

- Information management: pursues access to and availability of information linked to the development of KMS/WDC, BVS-BIREME and RIPSAs, and access to TC reports, among others. Also facilitates access to primary documents, databases and indicators



for health situation rooms, human resources observatories and knowledge networks.<sup>7</sup> Access to information is to be facilitated by an online platform enabling it to be managed, organized, delivered, stored and retrieved via the intranet.

- Knowledge management: promotes participation and interprogrammatic discussion for knowledge sharing and generation. The creation of Optimal Groups with representatives of each technical unit is desirable to guarantee participation by all units.
- The third focus is application of the new knowledge acquired individually and collectively, defining the proposal for managing the information and knowledge linked to technical cooperation decisions.

The intranet is used to disseminate the information and knowledge generated within the Organization. The intranet is a facility for storing, retrieving and using the technical, administrative and institutional information produced by the PAHO/WHO Brazil Country Office. Online dissemination to the outside world of the institutional work and TC activities of PAHO/WHO Brazil is done via the institutional web portal, which is also used for monthly information updates in newsletters sent to key players in the field of public health and public policy and to international cooperation partners who are part of a database developed for the management of institutional communication processes.

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7 The various networks in operation via the PAHO/WHO Representation in Brazil include RAVREDA, Toxicology, RIPSAs, EVIPNET, the Pan Amazon Network for Science, Technology & Innovation in Health and the technical units' relationship networks, among others.

## 9. Decentralization of Technical Cooperation

The process of decentralizing PAHO/WHO's technical cooperation in Brazil takes place within the framework of the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil 2008-2012 and consists of a modality of cooperation that aims to build the capacity of state and municipal instances as well as civil society to develop policies geared to the promotion and pursuit of health priorities.<sup>8</sup>

Also referenced to a study carried out in 2007 by Florentino García Scarponi,<sup>9</sup> the decentralization of PAHO/WHO's technical cooperation in Brazil complies with a historical process of formal agreements embodied in the Technical Cooperation Agreements (TCA) signed with the Brazilian government and in explicit policies of the Brazilian government.<sup>10</sup>

### Background

- Decentralized experiences in technical cooperation in Brazil before the creation of SUS: PAHO/WHO offices in different states.
- 1988-2000: decentralized TC projects in specific states and cities, mostly at the request of senior Ministry of Health officials.
- 2000-2007: development of a process to decentralize TC as a means of facilitating the management of TCA and other agreements. The decentralized modalities of TC executed in the period and still in progress revolve around "letters of agreement". In these agreements PAHO/WHO identifies a partner with recognized experience and technical prestige in Brazil and abroad, and with institutional managerial capacity and mechanisms that assure the transparency of administrative and financial processes. Thus the technical agreements in question constitute a formal administrative and legal act designed to obtain mutually agreed and explicit results.

8 Biennial Work Plan 2008-2009 (p. 16).

9 Antecedentes, situação e perspectivas da descentralização da cooperação técnica da OPAS/OMS no Brasil (2007).

10 PAHO/WHO Strategy for Technical Cooperation with the Federative Republic of Brazil 2008-2012.

Letters of agreement are mostly signed with universities, research centers, nonprofit foundations and state and municipal governments. The PAHO/WHO Country Office provides technical oversight of execution, but technical and administrative responsibility is decentralized to the institutions that sign them.

On the other hand, PAHO/WHO has Technical Cooperation Agreements (TCA) and Supplementary Agreements (SA) with institutions outside Brasília. Some do not expire until 2012. Examples include TCA with the São Paulo State Department of Health, the National Supplementary Health Agency (ANSS) and FIOCRUZ.

To execute these decentralized TCA and SA, PAHO/WHO has signed letters of agreement with institutions such as Fundação para o Desenvolvimento Científico e Tecnológico (FIOTEC), for example.

- 2008-2012: Given the above, and within the decentralized TC framework indicated by the PAHO/WHO Strategy for Technical Cooperation with Brazil described earlier, the processes and procedures announced will be maintained and at the same time the mechanisms for control and supervision will be enhanced.

On the other hand, with reference to the UNDAF as the programmatic framework for the UN System in Brazil, the Organization will execute decentralized intersectoral and interagency projects funded by contributions from foreign governments, such as the recently approved Human Security Against Violence Project funded by the Japanese government, with execution to be decentralized to the city of São Paulo, and the UN System in Brazil's Project for Integral Cooperation Against HIV/AIDS, with execution to be decentralized to the states of the Amazon region and Bahia.

PAHO/WHO recently launched Faces, Voices & Places, an initiative presented and approved at the last Pan American Sanitary Conference by the Ministers of Health of the Americas. The purpose of this initiative is to combat inequality and social exclusion in health, supporting local development processes that contribute to the MDG, most of them health-related.

Faces, Voices & Places is prioritized in the PAHO/WHO Strategy for Technical Cooperation with Brazil and has resources programmed in the PAHO/WHO Biennial Work Plan. The initiative will be executed jointly with the Ministry of Health and the National Council of Municipal Health Secretaries (CONASEMS), as a mechanism to articulate municipal departments of health. Its execution will require a decentralized modality of technical cooperation.

## 10. References

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




# Annexes

1. Status of Technical Cooperation Agreements (TCA)
2. Job descriptions of the international posts and the Program Officer
3. Directive 02/08
4. Directive 04/08
5. Directive 05/08
6. PAHO/WHO Brazil Training Plan 2008
7. Strategy for Implementing Optimal Groups at PAHO/WHO Brazil
8. Status of Optimal Groups in 2008

## ANNEX 1

### STATUS OF TECHNICAL COOPERATION AGREEMENTS (TCA)

#### Legend:

	TCA with reorientation process completed
	TCA with reorientation process in progress
	TCA for which reorientation is unnecessary
	New TCA – in execution
	New TCA – pending approval by headquarters
	New TCA – pending approval by parties

Updated Sep. 4, 2008

TCA	TITLE	PARTNER	STATUS	FOCAL POINT
TCA 08	Human Resources in Health	SGTES - MS	• TCA reoriented since Nov. 28, 2007	Dr. Paranaguá
TCA 11	Eradication of Aedes Aegypti	SVS - MS	• TCA reoriented since Feb. 6, 2008	Dr. Figueroa
TCA 14	Interagency Health Information Network	SE - MS	• TCA reoriented since Apr. 2, 2008	Dr. Moya
TCA 23	Promotion, Enhancement & Diffusion of Activities of National Health Council (CNS)	SE - MS CNS	• TCA reoriented since Feb. 11, 2008	Dr. Bergonzoli
TCA 32	Prevention & Control of Tuberculosis	SVS - MS	• TCA reoriented since Mar. 28, 2008	Dr. Rodríguez
TCA 35	Epidemiological & Environmental Surveillance	SVS - MS	• TCA reoriented since Jan. 3, 2008	Dr. Figueroa
TCA 39	Qualification of Decentralized Management of the SUS	SE/DAD - MS	• TCA reoriented since Sep. 26, 2007	Dr. Tasca
TCA 41	International Health	SGTES - MS	• TCA reoriented since Nov. 28, 2007	Dr. Paranaguá
TCA 42	Qualification of Supplementary Health	MS - CNS	• TCA reoriented since Nov. 20, 2007	Dr. Tasca
TCA 43	Development & Organization of Health Service Systems	SAS - MS	• TCA reoriented since Jan. 5, 2008	Dr. Tasca

TCA 44	Policy for Strategic & Participatory Management of the SUS	SGP - MS	• TCA reoriented since Mar. 5, 2007	Dr. Bergonzoli
TCA 45	Health Economics	SE - MS	• TCA reoriented since Jan. 5, 2008	Dr. Tasca
TCA 48	National Health Coordination MERCOSUR	AISA - MS	• TCA reoriented since Oct. 15, 2007	Eng. Victoria
TCA 49	Family Health, Diet & Nutrition	SAS - MS	• TCA reoriented since Jan. 25, 2008	Dr. Tasca Dr. Codina
TCA 50	Quality of the National Health System (SUS)	SE - MS	• TCA reoriented since Dec. 17, 2007	Dr. Tasca
TCA 37	Reorganization of National Health Surveillance System	ANVISA	• TCA reoriented since Apr. 24, 2008	Dra. Pons
TCA 38	Public Health Engineering & HR Training	FUNASA	• TCA reoriented since May 5, 2008	Dr. Corvalán
TCA 24	Pharmaceutical Assistance for the Organization of Events	SCTIE - MS	• TCA reoriented since Jun. 1, 2008	Dra. Pons
TCA 47	Development of a Health Technology Management System	SCTIE - MS	• TCA reoriented since Jun. 1, 2008	Dra. Pons
TCA 33	Health Surveillance Actions for the SUS in São Paulo	SES/SP	<ul style="list-style-type: none"> <li>• TCA reorientation in progress since Aug. 1, 2008, owing to interest of São Paulo State Department of Health (SES/SP) in signing new Supplementary Agreement (SA).</li> <li>• SE/MS approved new SA on Aug. 21, 2008</li> <li>• Awaiting comments from Medication &amp; Technology Unit and Health Systems &amp; Services Unit as to whether to cancel or continue with this TCA</li> </ul>	Dra. Pons Dr. Tasca
TCA 15	Strategic Restructuring and Improvements to Management of Ministry of Health	SE/DIPE - MS	• TCA reorientation in progress since Apr. 2, 2008	Dr. Moya
TCA 51	National Blood Policy	HEMOBRÁS	• TCA reorientation in progress since Apr. 4, 2008 (pending delivery of Workplan 2008)	Dra. Pons
TCA 12	Virtual Health Library	SE/SAA - MS	• TCA reorientation in progress since Jun. 30, 2008	BIREME (Dr. Moya)
TCA 27	HR Development & Training in Health – PALTEX	MS	• TCA without financial resources; no reorientation required	Dr. Paranaguá
TCA 34	National Immunization Program	SVS - MS	• TCA for purchasing; no reorientation required	Dr. Figueroa
TCA 36	Pharmaceutical Assistance to the SUS	SCTIE - MS	• TCA for purchasing; no reorientation required	Dr. Rerat Dr. Figueroa
TCA 40	Epidemiological Surveillance – Prevention & Control	SVS - MS	• TCA for purchasing; no reorientation required	Dr. Figueroa




TCA 52	Strategic Planning for the SUS in São Paulo	SES-SP	<ul style="list-style-type: none"> <li>• SES/SP requested authorization from SE/MS on Mar.5, 2008</li> <li>• SE/MS approved request for TCA between SES/SP and PAHO/WHO on Mar. 31, 2008</li> <li>• Sent to headquarters for analysis on Apr. 8, 2008</li> <li>• Approved by headquarters on Jun. 6, 2008</li> <li>• Signed by the parties on Jun. 18, 2008, and published in Official Gazette (DOU) on Jun. 19, 2008</li> <li>• Total funding for 1st SA transferred by SES/SP on Jul. 4, 2008</li> <li>• TCA in execution</li> </ul>	Dr. Tasca
TCA 53	Decentralized Technical Cooperation with Bahia State Department of Health (SESAB)	SESAB	<ul style="list-style-type: none"> <li>• SESAB formally requested authorization from SE/MS</li> <li>• Approved by SE/MS on Aug. 13, 2008</li> <li>• Text of instruments modified by PWR-BRA Representative's Office on Aug. 20, 2007</li> <li>• Text of instruments modified by DIPE/SE/MS on Aug. 28, 2008</li> <li>• Text of instruments approved by SESAB on Sep. 3, 2008</li> <li>• Sent to headquarters for analysis on Sep. 4, 2008</li> <li>• Awaiting approval from headquarters</li> </ul>	Dr. Tasca
TCA 54	Support for implementation of National Cancer Care Policy	INCA	<ul style="list-style-type: none"> <li>• In final phase of logical framework approval</li> <li>• Awaiting approval from SE/MS and remittance of instruments by FNS/MS</li> </ul>	Dr. Moya
TCA 55	Institutional capacity building for AISA	AISA - MS	<ul style="list-style-type: none"> <li>• Work in progress on logical framework since May 15, 2008</li> </ul>	Eng. Victoria
TCA 56	Strengthening, developing and qualifying health management and healthcare in Rio de Janeiro State	SES-RJ	<ul style="list-style-type: none"> <li>• Logical matrix RE defined since Nov. 8, 2007</li> <li>• Awaiting response from SES-RJ since Nov. 8, 2007</li> </ul>	Dr. Codina
TCA 57	Support for implementation of National Health Promotion Policy	SVS - MS	<ul style="list-style-type: none"> <li>• Awaiting remittance of new proposal for logical framework for technical analysis by PAHO/WHO since Sep. 24, 2007</li> </ul>	Dr. Bergonzoli

## ANNEX 2

### JOB DESCRIPTIONS OF THE INTERNATIONAL POSTS AND THE PROGRAM OFFICER

#### COORDINATION OF THE TU FOR FAMILY & COMMUNITY HEALTH

		<b>World Health Organization/Organización Mundial de la Salud</b> <b>Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b>		
<b>JOB DESCRIPTION</b>				
<b>PART A</b>				
<b>1 Job Identification</b>		Duration: <input type="checkbox"/> Limited <input checked="" type="checkbox"/> Regular		
<b>Title</b>	<b>Category</b>	<b>Post/Assignment Number</b>	<b>Grade</b>	<b>Duty Station</b>
Advisor on Family and Community Health	PRFP	.5693	P.4	Brasilia, Brazil
<b>First Level Supervision</b>	PAHO/WHO Representative		<b>Second Level Supervision</b>	Area Manager, FCH
<b>Signature:</b> ▶	<b>Date:</b>	<b>Signature:</b> ▶	<b>Date:</b>	
<b>2 Objective/Overview of the Program</b>				
<p>FCH promotes, coordinates and implements technical cooperation activities at the country level, emphasizing the central role of family and community to foster a culture of health promotion and protection where health becomes a social value. It focuses on the development and implementation of maternal, perinatal and sexual reproductive health programs including HIV/AIDS-STI. Supports the country, in collaboration with national and international partners, in identifying, developing, implementing and evaluating evidence-based approaches, which are mutually reinforcing and cover the whole spectrum of the life course from critical maternal and child survival actions to healthy growth and development into adulthood. Involve technical cooperation/guidance in the design and development of research activities, policy, inter-sectoral programs and projects for family health in a primary health care context, and taking into consideration prevailing health situations, as well as socio-economic conditions.</p>				
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, advisor, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence, nature and purpose of contact within and outside the Organization.</i>				
<p>Within the policy framework of PAHO/WHO, the incumbent will work in the development and implementation of technical cooperation in areas of family and community health. He/she will plan and develop technical cooperation in coordination with the PWR, based on the analysis of the health situation in the country and the priority given to lines of action; and will establish a link with health system development and the Millennium Development Goals through technical cooperation, giving priority to interventions aimed at extending social protection in health and reaching the MDGs. The Advisor collaborates in the organization and administration of family health programs within primary health care, with particular emphasis in the reorientation of the health care models and the reorganization of regional services network. Within the office, the incumbent has direct contact with the technical and administrative personnel of the Organization as well as with the office of the Representative. Externally he/she is in contact with the Ministry of Health and other public sector entities (i.e. Education, Agriculture, Secretary of the Commission Against Hunger, NGOs, universities, prefectures, municipalities, external cooperation agencies) to coordinate activities and resources to provide guidance and technical assistance.</p>				
<b>4 Summary of Responsibilities</b>				
<p>Under the direct supervision of the PAHO/WHO Representative and the technical guidance of the Area Manager of Family and Community Health (FCH), in coordination with the FCH Technical Units and Centers</p> <p>a) Support national authorities in the development of strategic actions to improve women's, maternal, perinatal, infant, child and adolescent health and their access to health care taking into consideration the multi-ethnic diversity and inequities in health of the country;</p> <p>b) Advise in the preparation and revision of national and local level plans of actions; provide technical assistance to promote integrated child, adolescent, mother (Maternal Health and Mortality reduction) and woman's health strategies and activities within national programs and with intercultural adaptation of the care services; advise Ministries of Health, public, private and university sector organizations to introduce and strengthen child, adolescent and women's policies for preventive care and to reach the MDG's;</p> <p>c) Collaborate in the design, implementation and evaluation of integrated health care models based on Primary Health Care (PHC) strategies, prevention and promotion of health, development of evidence-based, inter-sectoral policies and plans; especially related to maternal child health and sexual-reproductive health;</p> <p>d) Develop health policies, action plans and projects that: promote healthy lifestyles and the prevention of risks for family health during the life course; strengthen the gender approach, food and nutrition, physical activity, maternal nutrition, early neonatal stimulation, diet and micronutrients, responsible sexual behavior and reproductive health, the prevention of HIV/AIDS-STI, and mental health</p>				
<b>Continued.../...</b>				
<b>Description and Classification approval</b>				
<b>Signature</b>	_____	<b>Date</b>	_____	
<b>Title</b>	<b>Unit Chief, HRM/CL</b>			

## COORDINATION OF THE TU FOR FAMILY & COMMUNITY HEALTH

PART B	Post/Assignment: .5693
<b>RECRUITMENT PROFILE</b> (minimal level needed for effective completion of the job) <b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<b>5</b>	<b>Key Behavioral Competencies</b> <i>(List and describe, in order of priority, five to seven essential competencies to perform the job).</i> <p><b>Intrainstitutional Action – (L4):</b> Leads team efforts toward full understanding of the policies the organization must operate within as well as the Standard of Conduct for the International Civil Service. Leads employees and co-workers toward operating in a fair, consistent and equitable manner, and displays such behavior by example.</p> <p><b>Performance Management – (L4):</b> Plans and takes concrete steps on one’s own initiative to improve job performance and required competencies. Learns from one’s mistakes, adjusts goals and courses of action to meet changing needs. Conducts evaluation meetings with subordinates at the times stipulated, using the Organization’s instruments and others specific to the area. Consistently motivates the staff members to improve their abilities, gives them tasks and activities that represent a challenge to them.</p> <p><b>Leadership – (L4):</b> Uses complex strategies to promote team morale and productivity. Obtains needed personnel, resources and information for the team. Makes sure the practical needs of the team are met.</p> <p><b>Devising the budget for interventions and cost optimization – (L4):</b> Demonstrates initiative and managerial capacity in obtaining alternative sources of financing and in mobilizing extrabudgetary resources for interventions. Acquires adequate funding, based upon the resources allocated in intervention plans.</p> <p><b>Thinking, planning and the strategic management of technical cooperation interventions – (L4):</b> Selects priority ideas for executing the interventions after anticipating their potential problems and solutions. Participates in the preparation of strategic plans, providing input about their impact, quality, critical points, and risks.</p> <p><b>Knowledge Management – (L3):</b> Shares knowledge and information appropriately and participates in activities to facilitate sharing. Develops tools and protocols for creation, integration and dissemination of knowledge. Researches opportunities, methods and approaches for delivering value through improved knowledge.</p>
<b>6</b>	<b>Technical Expertise</b> <i>(List and describe, in order of priority, the abilities required to perform the job).</i> <ul style="list-style-type: none"> <li>– First-hand knowledge of family health programs and the organization of country health systems and key development issues.</li> <li>– Familiarity with the clinical aspects and essential interventions to support the healthy growth and development of all members of a family.</li> <li>– Technical expertise in formulating and developing tools for monitoring and evaluating family and reproductive health strategies.</li> <li>– Theoretical and practical knowledge of the interdisciplinary functions of primary health care, family health, health promotion and social participation.</li> <li>– Ability in the development of mechanisms, methodologies and instruments for the evaluation, certification and accreditation of basic health care and family health models.</li> <li>– Ability to organize, manage and implement research programs.</li> <li>– Ability to establish and maintain good working relationship at national and international level. It requires experience in the development policies, and the ability to negotiate and coordinate with all relevant sectors of government, the private sector, international agencies, organized community groups and PAHO</li> <li>– Ability in the development and advocacy of public policies that support the central role of the family and the community in the national and regional health agendas, and in enabling organized social participation at the community level.</li> <li>– Use of epidemiological methods and tools of statistical analysis to monitor and evaluate family health programs, applicability of new technologies and sanitary interventions with emphasis in primary health care.</li> </ul>
<b>7</b>	<b>Education (Qualifications)</b> <p><b>Essential:</b> A University degree in medicine or health science with postgraduate degree at the Master’s level in a health related profession with specialization in family health or public health.</p> <p><b>Desirable:</b></p>
<b>8</b>	<b>Experience</b> <p><b>Essential:</b> Nine years of combined national and international experience in managing inter-sectoral health or social projects and programs in the area of family health.</p> <p><b>Desirable:</b></p>
<b>9</b>	<b>Languages</b> <p>Very good knowledge of Portuguese or Spanish with a working knowledge of the other language. Knowledge of French and/or Portuguese would be an asset.</p>
<b>10</b>	<b>IT Skills</b> <p>Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project would be an asset.</p>


## COORDINATION OF THE TU FOR FAMILY & COMMUNITY HEALTH

### Continuation of Summary of Responsibilities

Continued /...

- e) Work in collaboration with UN Agencies, partners community, NGOs, civil society, universities, other international organizations and private sector to mobilize resources (financial and non-financial);
- f) Coordinate and support the implementation of activities promoted by related PAHO specialized centers, mainly the Latin American Center for Perinatology Woman and Reproductive Health (CLAP/WR), and strengthen training in the areas of perinatology, reproductive health, maternal and child health and nutrition;
- g) Promote and undertake key actions that favor the implementation of community family health policies, taking into consideration existing legislation;
- h) Provide technical cooperation for the planning, supervision, follow-up, and evaluation of integrated health interventions, with special emphasis on the prevention and care of prevailing diseases of mothers, newborns, children, adolescents and women; developing inter sectoral actions and stimulating institutional and community alliances;
- i) Cooperate with the Country Office Staff in: supporting and developing health policies, action plans and projects; increasing equitable access to health care for mothers, newborns, children, adolescent and women; identifying inequities in care and causes of exclusion in health for best options to expand social protection in health these populations;
- j) Cooperate in the design, implementation and monitoring of healthy environments and settings at the family and community levels (i.e. schools, universities, and others) favoring the promotion of healthy lifestyles including those relating to food and physical activity;
- k) Promote and support research that will contribute to the achievement of the objectives and goals of the Family and Community Health Area;
- l) Promote the formulation and execution of plans, policies, and projects of prevention and control of cervical and breast cancer, within the framework of sexual and reproductive health;
- m) Perform other tasks and activities assigned by the PAHO/WHO Representative

## COORDINATION OF THE TU FOR HEALTH & ENVIRONMENT

	<b>World Health Organization/Organización Mundial de la Salud Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b>			
<b>JOB DESCRIPTION</b>				
<b>PART A</b>				
<b>1 Job Identification</b>			<b>Duration:</b> <input type="checkbox"/> Limited <input checked="" type="checkbox"/> Regular SDE-PHE-010-PR	
<b>Title</b>	<b>Category</b>	<b>Post/Assignment Number</b>	<b>Grade</b>	<b>Duty Station</b>
Senior Advisor on Sustainable Development and Environmental Health	PRFP	.3035	P.5	Brasilia, Brazil
<b>First Level Supervision</b>	PAHO/WHO Representative		<b>Second Level Supervision</b>	Area Manager, Sustainable Development and Environmental Health, SDE
<b>Signature:</b> ▶	<b>Date:</b>	<b>Signature:</b> ▶	<b>Date:</b>	
<b>2 Objective/Overview of the Program</b>				
Advise and support national, state and local authorities in the development, implementation and evaluation of public policies, plans, programs and projects aimed at fostering the interrelation between health and sustainable development, in the context of Human Security and Protection, the Essential Public Health Functions, the Health for All objectives, the Determinants of Health and the Millennium Development Goals.				
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, advisor, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence, nature and purpose of contact within and outside the Organization.</i>				
This is a highly complex SDE Regional post, located at the PWR Brazil due to the capacity of the Brazilian government and its specialized institutions to generate inter-countries, sub-regional and global cooperation in the field of sustainable development and environmental health. Therefore, the incumbent plays a special role in the coordination, facilitation and support of technical cooperation actions in such expanded geopolitical framework. He/she performs a link role between the Brazilian and other sub-regional PWRs, and SDE Area and WHO related programs; must work in close coordination with SDE's unit chiefs, team leaders and regional advisors at Headquarters and the Field.				
<b>4 Summary of Responsibilities</b>				
Under the general supervision of the PAHO/WHO Representative, and the direct supervision of the Area Manager, Sustainable Development and Environmental Health Area (SDE), the technical guidance of the Unit Chief, Risk Assessment and Management (SDE/RA), and Health Determinants and Social Policy (DS), the incumbent is responsible for, but not necessarily limited to, the following assigned duties:				
a) Plan, organize, coordinate and evaluate technical cooperation actions in the field of Environmental and Worker's Health Risk Assessment and management, including leading the team on occupational and environmental health; b) Promote, organize and support technical cooperation networks involving SDE and other PAHO/WHO staff as well as other international organizations and collaborating centers, to foster the elaboration and implementation of the occupational and environmental health risk assessment and management methodologies; c) Cooperate with national authorities in the strengthening of institutions related to environmental health, sustainable development, health determinants and health risks assessment, with special emphasis on the newly established Environmental Health and Health Workers Department in the Ministry of Health of Brazil. To promote and support the networking of these institutions with related sub-regional and global entities sharing associated fields of technical cooperation; d) Cooperate sub-regional (MERCOSUR) and inter-country environmental health technical cooperation programs and projects, including those derived from the Amazonian Cooperation Treaty (OTCA); e) Support, in the context of WHO and PAHO intra-institutional joint activities, sub-regional and global research and technical cooperation activities related to Climate Change and Environmental health; f) Cooperate with WHO, the Brazilian Government and FIOCRUZ, in providing technical cooperation, in the area of environmental health, to the African-Portuguese speaking countries;				
<b>Continued.../...</b>				
<b>Description and Classification approval</b>				
<b>Signature</b> _____ <b>Title</b> <b>Area Manager, HRM</b>		<b>Date</b> _____		

## COORDINATION OF THE TU FOR HEALTH & ENVIRONMENT

PART B	Post/Assignment: :3035
<b>RECRUITMENT PROFILE</b> (minimal level needed for effective completion of the job) <b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<b>5</b>	<b>Key Behavioral Competencies</b> <i>(List and describe, in order of priority, five to seven essential competencies to perform the job).</i>
<p><b>Intra-institutional Action – (L05):</b> Displays, through leadership and decisions, understanding of the political systems and underlying drivers. Plans and evaluates both unit and individual results to achieve the PAHO's mission. Requires that projects be grounded in scientific evidence and that they be consistent with PAHO's vision, mission and values, and appropriate for the setting in which they will be carried out. Demonstrates a full commitment to the mission and values of the Organization by aligning the area of work with the strategic direction of the Organization. Behaves consistently in accordance with the Code of Ethics of the Organization.</p> <p><b>Information Management – (L04):</b> Processes and analyzes the data objectively, presenting it clearly and equitably. Leads the effort to acquire relevant and selected information that facilitates the achievement of organizational results. Evaluates/leads the evaluation of information systems on the basis of its advantages/disadvantages for processing information relevant to the area of work.</p> <p><b>Analysis, Synthesis, and Forecasting – (L05):</b> Leads one's area toward a culture of decision-making that is based upon objective analysis of situational evidence and application of previously acquired knowledge. Provides oversight in the verification process that targets how area of work takes action in situations that will require future intervention, based on ongoing analysis. Presents solutions evaluating the advantages and disadvantages of each option. Is capable of anticipating the implications of analyze situations for two years or more.</p> <p><b>Teamwork – (L05):</b> Develops a high performing team in one's operational area and also encourages teamwork across the Organization. Establishes and models the standard for teams and teamwork. Provides significant contributions when participating in internal and external work teams. Initiates and leads mutually beneficial productive interpersonal relationships based on trust, both inside and outside the Organization.</p> <p><b>Knowledge Management – (L04):</b> Supports and develops networked and community working. Identifies, develops and nurtures networks and communities. Identifies and builds on working networks that enable knowledge and information flow. Designs and implements knowledge and information services. Enables utilization of knowledge and information sources. Delivers relevant knowledge and information in most appropriate form. Participates in and learns from networked and community approaches.</p> <p><b>Thinking, planning and the strategic management of technical cooperation interventions – (L05):</b> Evaluates the ideas for interventions in terms of their potential for change and transformation before deciding to execute them. Follows the Organization's strategy in executing technical cooperation interventions in order to generate expected results.</p> <p><b>External Action – (L05):</b> Develops and maintains mutually beneficial working productive partnerships. In the area under one's charge, monitors all activities, using transparency in the execution of all processes. Verifies that the conditions and deadlines set for turning in the product are met, and can objectively report on the results. Leverages external actors to actors to accomplish strategic goals.</p>	
<b>6</b>	<b>Technical Expertise</b> <i>(List and describe, in order of priority, the abilities required to perform the job).</i>
<ul style="list-style-type: none"> <li>– Extensive progressive experience at a senior decision-making level, in providing technical cooperation in projects and activities for sustainable development, management or evaluation of environmental health programs in developing countries of the Region.</li> <li>– Technical cooperation experience in local and social development programs, including those involving more than one country.</li> <li>– Extensive experience in senior, progressively responsible positions in the management of a large public or private administration of administrative matters requiring sensitive negotiation and high level intervention and in organizational development. Management of health administration and knowledge of international legislation. Resourcefulness, initiative, highly developed judgment and interpersonal skills to deal with difficult situations and sensitive areas.</li> </ul>	
<b>7</b>	<b>Education (Qualifications)</b>
<p><b>Essential:</b> A university degree in health, social or environmental sciences, and a post graduate degree at the master's level in public health, or one of the health risk assessment related fields.</p> <p><b>Desirable:</b> A doctorate degree would be an asset.</p>	
<b>8</b>	<b>Experience</b>
<p><b>Essential:</b> Thirteen years of combined national and international experience at the senior academic or executive levels in Public Health with responsibility over programs and issues cutting across institutional and geographical boundaries. Also, experience in the definition, development, management or assessment of broad technical cooperation policies and strategies to promote and improve public health concerns at the international level.</p>	
<b>9</b>	<b>Languages</b>
<p>Very good knowledge of English or Spanish with a working knowledge of the other language. Knowledge of Portuguese and/or French would be an asset.</p>	
<b>10</b>	<b>IT Skills</b>
<p>Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project would be an asset.</p>	

## COORDINATION OF THE TU FOR HEALTH & ENVIRONMENT


Continuation of Summary of Responsibilities

Post/Assignment, .3035

Continued /...

- g) Support the strengthening of prevention in environmental health, through “human resources development” and the creation of knowledge through research on health and environment priority subjects;
- h) Participate in the training of SDE’s Headquarters and field professional staff in the use of risk assessment and management methodologies;
- i) Participate in and support the work of the Committee of basic Health Indicators;
- j) Collaborate with SDE in other activities related to risk assessment, healthy settings, road safety, human security and other programs and projects under SDE responsibility;
- k) Perform other duties as assigned.

## COORDINATION OF THE TU FOR COMMUNICABLE DISEASE SURVEILLANCE, PREVENTION & CONTROL


	<p><b>World Health Organization/Organización Mundial de la Salud</b> <b>Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b></p> <p><b>DESCRIPTION FOR PROFESSIONAL POSTS</b></p>		
<b>PART A</b>			
<b>1 Post Identification</b>			
<b>Post Title</b>	<b>Post Number</b>	<b>Grade</b>	<b>Official Station</b>
ADVISOR ON COMMUNICABLE DISEASES	.3206	P.4	Brasilia, Brazil
<b>First Level Supervisor</b>	Dr. Antonio Horacio Toro <i>PAHO/WHO Representative, Brazil</i>	<b>Second Level Supervisor</b>	Dr. John Ehrenberg <i>Unit Chief, Communicable Diseases</i>
<b>Signature:</b> ▶		<b>Signature:</b> ▶	
<b>Date:</b> 28 October 2005			
<b>2 Objective/Overview of the Program</b>			
[Promotes, coordinates, and implements technical cooperation activities that are technically sound and appropriate for the culture and society directed to the prevention, control, and elimination of communicable diseases and strives to achieve sustainable impact through strengthened country capacity and effective inter-country collaboration.]			
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, adviser, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence in decision making, and nature and purpose of contact within and outside the Organization.</i>			
[Reports to the PAHO/WHO Representative, Brazil, with the technical guidance and the general supervision of the Chief of Communicable Diseases Unit. The post serves as an advisor located at country level within the technical Unit responsible for communicable diseases of the Area of Disease Prevention and Control.]			
<b>4 Summary of Responsibilities and Expected Results</b>			
The incumbent is responsible for, but not necessarily limited to, the following:			
a) Provide technical cooperation to the Ministry of Health and other institutions of the national health system on treatment schemes, diagnosis, patient management, identification of risk factors, methods and technologies of control of communicable diseases; technical cooperation activities relate particularly to communicable diseases such as malaria, dengue, diarrheal diseases, acute respiratory diseases, immunopreventable diseases, tuberculosis, and leprosy;			
b) Assist in the development and implementation of prevention programs and health services for the control of communicable diseases with emphasis in the strengthening of local health services to carry out program activities;			
c) Develop standards, guidelines, and procedures for the organization, operation, and evaluation of program activities; optimize the use of the country's health systems and related socioeconomic infrastructure; implement the strategy of primary health care;			
d) Collaborate in the application of epidemiological concepts, principles, and methods to the planning, programming, administration, and evaluation of disease surveillance, prevention, and control programs;			
e) Participate in the elaboration of pandemic influenza preparedness plans and in the implementation of the International Health Regulations;			
f) Cooperate in the development and strengthening of human resources in communicable diseases at all levels of the health services, and cooperate in their continuing education;			
g) Provide technical advice for the management of information systems to ensure availability of core data country files and other information on health services;			
h) Disseminate appropriate and relevant scientific and technical information;			
i) Promote and coordinate research on communicable diseases at all levels of the health system and in teaching institutions;			
j) Assist in the development of national systems of information and epidemiological surveillance of communicable diseases;			
k) Assist in the development and strengthening of laboratory activities in support of communicable disease control;			
l) Participate in obtaining extrabudgetary funds by assisting national authorities in the preparation of communicable and non communicable diseases control project proposals for the appropriate national, bilateral and international financial agencies for research and for health services capacity building;			
m) Promote the collaboration between the Ministry of Health and the academic sector to strengthen the MOH's capacity to monitor programmatic progress and impact of public health interventions;			
n) Assist the PWR in preparing the annual work program and budget;			
o) Perform other duties as assigned.			
<b>Description and Classification approved</b>			
<b>Signature</b>	X _____		
<b>Title</b> ▶		<b>Date:</b> _____	



## COORDINATION OF THE TU FOR COMMUNICABLE DISEASE SURVEILLANCE, PREVENTION & CONTROL

PART B	Post: .3206
<b>RECRUITMENT PROFILE</b>	
<b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<p><b>1) Core Competencies:</b> [</p> <ul style="list-style-type: none"> <li>• <i>Intra-institutional action:</i> Ensures that scientific evidence, the values of the Organization and the setting in which projects are carried out are the drivers of technical work.</li> <li>• <i>Communication:</i> Communicates effectively in speaking, reading, writing and comprehension using conventional or electronic media. Proactively engages in productive dialogue.</li> <li>• <i>Information management:</i> Searches for, obtains and processes relevant information, and verifies that it is disseminated to achieve organizational results. Keeps abreast of latest technologies for processing information relevant to one's work.</li> <li>• <i>Analysis, synthesis and forecasting:</i> Objectively analyzes situations and, based on evidence and knowledge, suggests action to improve implementation.</li> <li>• <i>Performance management:</i> Displays initiative to improve job performance and required competencies.</li> <li>• <i>Teamwork:</i> Encourages team members and supports the decisions of one's team, even when they may not fully coincide with own personal opinion or proposal. Builds and maintains mutually beneficial productive interpersonal relations based on trust, inside and outside the Organization.</li> <li>• <i>Continuous learning:</i> Takes steps on own initiative to keep abreast of most recent trends in knowledge in area of work. Looks for opportunities to share knowledge, sources of learning, with colleagues across the Organization.</li> <li>• <i>Accountability:</i> Identifies, in collaboration with management, specific activities and jobs that required defined accountability. Accepts responsibility for own work and results, as well as for any deviations from them. ]</li> </ul> <p><b>2) Technical Area Competencies:</b></p> <ul style="list-style-type: none"> <li>• <i>Inter-institutional and intersectoral action:</i> Generates intervention proposals focused on needs of users and intersectoral partners. Effectively identifies, analyzes and suggest opportunities of participation.</li> <li>• <i>Knowledge management:</i> Systematically seeks and proposes the dissemination of knowledge as evidence, lessons learned and good practices.</li> <li>• <i>Devising the budget for interventions and cost optimization:</i> Provides necessary information to ensure that interventions include optimal allocation of resources, and works with transparency and institutional ethics.</li> <li>• <i>Thinking, planning and strategic management of technical cooperation interventions:</i> Facilitates systematic analysis of institutional and political trends to identify risks and benefits of the different options for health initiatives.</li> <li>• <i>Evaluation of technical cooperation interventions:</i> Proposes criteria for evaluating interventions at the process, management and outcome levels, and processes the results of evaluations into systematized information for decision making.</li> </ul> <p><b>3) Education (Qualifications):</b> [An M.D. degree in a health related profession and a Master's degree in epidemiology or public health. A doctoral or postgraduate degree in a health related discipline would be an asset. ]</p> <p><b>4) Experience :</b> [Nine years of combined national and international experience (minimum of 3 years) working in epidemiology and disease prevention and control programs and in the administration of health services related to communicable diseases. Practical experience in the operational aspects of prevention and control programs and managerial experience would be an asset. ]</p> <p><b>5) Language :</b> [Very good knowledge of Spanish or English with a working knowledge of the other language. Knowledge of Portuguese or French would be an asset. ]</p> <p><b>6) IT Skills:</b> Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project will be an asset.</p>	

## COORDINATION OF THE TU FOR MEDICATION & TECHNOLOGY

	<p><b>World Health Organization/Organización Mundial de la Salud</b>  <b>Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b></p> <p><b>DESCRIPTION FOR PROFESSIONAL POSTS</b></p>		
<b>PART A</b>			
<b>1 Post Identification</b>			
<b>Post Title</b>	<b>Post Number</b>	<b>Grade</b>	<b>Official Station</b>
Advisor in Medicines, Vaccines and Health Technologies	4.3957	P4	Brasília, Brazil
<b>First Level Supervisor</b>	PAHO/WHO Representative Brazil	<b>Second Level Supervisor</b>	Area Manager, THS, PAHO Washington
Signature: ▶ _____		Signature: ▶ _____	
Date: _____			
<b>2 Objective/Overview of the Program</b>			
<p>The primary objective of the work program of the Essential Medicines, Vaccines and Health Technologies Unit (EV) Unit, Area of Technology and Health Services Delivery (THS) is the strengthening of national and regional capacities to develop policies, norms and strategies to improve accessibility, innovation, production, rational use, and regulation of essential medicines, vaccines, and laboratory and blood transfusion services of quality and other health technologies.</p>			
<b>3 Organizational Context</b>			
<p><i>(Describe the work environment, the role of the individual within the team –team member, specialist, adviser, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence in decision making, and nature and purpose of contact within and outside the Organization.</i></p> <p>Located at the PAHO Country Office in Brasília, Brazil, under the direct supervision of the PAHO/WHO Representative in Brazil, the incumbent coordinates the implementation of the PAHO program of work in Medicines, Vaccines and Health in accordance with the regional program of work, strategic orientations provided through Resolutions of the PAHO Governing Bodies, and Country Cooperation Strategy 2008 - 2012. The incumbent will be a team member: coordinating the Technical Unit of Medicines and Health Technologies within the PWR and participating in the PWR Inter-programmatic Group; supporting the sub-regional program of work in MERCOSUR; participating in the regional program of work in Medicines and Health Technologies. .</p>			
<b>4 Summary of Responsibilities and Expected Results</b>			
<ol style="list-style-type: none"> <li>1. Adapting and integrating global and regional strategic orientations in medicines, vaccines and health technologies into the national program of work. Providing technical cooperation to National Authorities (Ministry of Health, ANVISA, FIOCRUZ), States and Municipalities, in the development of policies favoring access and rational use of medicines, vaccines and health technologies focusing on the development of policy, norms, and regulatory capacity, supporting the strengthening and decentralization of pharmaceutical services.</li> <li>2. Supporting the implementation of National Policy in Health Technology Management, the establishment of national networks in health technology assessment and processes determining the selection, incorporation and management of health technologies within the Unified Health System (SUS).</li> <li>3. Strengthening national capacity in science, technology and innovation, evaluation of national capacity, the definition of priorities, the development of policy and the regulatory framework guiding technological innovation and the development of the health industrial complex at the national level, taking into consideration the global context.</li> <li>4. Linking the national program of work with the sub-regional, regional and global work program in Medicines and Health Technologies, supporting national authorities in bilateral and multi-lateral technical cooperation initiatives.</li> <li>5. Managing and coordinating activities of the unit of essential medicines and health technologies within the PAHO Representation in Brazil, guiding the technical work program coherent with Directives of the PAHO Governing Bodies, the Country Cooperation Strategy 2008 – 2012, and orientations of the cooperation agreements with the Ministry of Health Brazil.</li> <li>6. Planning, programming, implementing, monitoring and evaluating the development of the technical cooperation program of work in medicines and health technologies, coherent with the programmatic orientations within the Biennial Programs of Work.</li> </ol>			
<b>Description and Classification approved</b>			
Signature Title ▶ X _____		Date: _____	

## COORDINATION OF THE TU FOR MEDICATION & TECHNOLOGY

PART B	Post :
<b>RECRUITMENT PROFILE</b>	
<b><u>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</u></b>	
<b>Core Competencies:</b>	
<ol style="list-style-type: none"> <li>1. Intra-institutional Action: linking the program of work with common areas of work within the PWR Inter-programmatic Working Group with focus on developing strategies to improve access, innovation and regulation of health technologies used in priority disease areas; establishing coordination mechanisms with technical, administrative and program management areas at all levels within the Organization.</li> <li>2. Communication and Information Management: ensuring effective communication with national, sub-regional and regional stakeholders on the development and implementation of the program of work, and utilizing effective information management methodologies to assess performance, communicate and direct the program of work</li> <li>3. Analysis, Synthesis and Forecasting: to develop an integrated work program, based on evidence and coherent analysis, reporting progress and results clearly and concisely, permitting effective decision making in the development and implementation of future strategies.</li> <li>4. Teamwork: ensuring the development and implementation of program of work through the Coordination of the Unit of Medicines and Health Technologies, PAHO Brazil, and through effective teamwork at all levels of the organization, with active participation from multiple disciplines, and input from key external partners.</li> </ol>	
<b>1) Technical Area Competencies:</b>	
<ol style="list-style-type: none"> <li>1. Inter-institutional and Inter-sectoral Action: developing strategies and activities that bring together multiple stakeholders in partnership to promote access, innovation and regulation of medicines, vaccines and health technologies in Brazil, and to maximize the impact of networks, institutions and agencies working in the area of technological innovation at the national and international level.</li> <li>2. Knowledge Management: implementing the work program through the development of networks and partnerships, facilitating information exchange, using all available communication tools and methods that will lead to synergies in interventions.</li> <li>3. Thinking, Planning and Strategic Management of Technical Cooperation Interventions: in identifying priority needs within the program of work coherent with the CCS 2008 - 2012, recognizing existing capacity within country and the Region, availing of existing resources through Technical Cooperation Agreements, to develop and implement strategic interventions that will maximize impact in the area of access, innovation, regulation and use of medicines and health technologies.</li> <li>4. Evaluation of Technical Cooperation Interventions: using objective methodologies assessing technical cooperation interventions, with input from national authorities and partners when necessary, which will guide the development of the, improve national capacity, and strengthen the response of the PAHO in key areas of medicines and health technology management.</li> </ol>	
<b>2) Functional Competencies:</b>	
<ol style="list-style-type: none"> <li>1. External Action: Coordinates, establishes and maintains identifiable results oriented productive relationships with key actors within the Organization, Brazil, MERCOSUR and other partners involved in the development of the work program, monitoring activities, ensuring product delivery and reporting when required.</li> <li>2. Devising the Budget for Interventions and Cost Optimization: ensuring coherency in budget programming and implementation with multiple budget lines, by program of work, and assigning finances and resources to strategic interventions through effective planning processes.</li> </ol>	
<b>3. Education (Qualifications):</b>	
<p>A basic degree from a recognized university in a health related area focusing on technical and social determinants of access and use of medicines and/or health technologies, with a master's degree or doctorate in pharmaceutical sciences, pharmacoconomics, or public policy specializing in medicines, vaccines or health technologies covering areas of policy development; regulation and use; financing; innovation and public health, production and quality evaluation; and service delivery.</p>	

**COORDINATION OF THE TU FOR MEDICATION & TECHNOLOGY**

PART B	Post :
<b>RECRUITMENT PROFILE</b>	
<b><u>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</u></b>	
<b>7. Experience :</b>	
Seven years of national experience in the administration of programs and projects related to medicines, vaccines and health technology policy and regulation, pharmacoconomics, procurement and supply management, production and quality control, or service delivery.	
Two years of international experience in providing technical assistance to countries in the development, management, operation, or evaluation of programs or projects in medicines, vaccines and health technologies.	
<b>8. Language :</b>	
Very good knowledge of Portuguese or Spanish and a working knowledge of English.	
<b>9. IT Skills :</b>	
Ability to effectively use a computer and utilize software programs such as Microsoft, Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs is an advantage	

## COORDINATION OF THE TU FOR INFORMATION & KNOWLEDGE MANAGEMENT

World Health Organization/ <i>Organización Mundial de la Salud</i> Pan American Sanitary Bureau/ <i>Oficina Sanitaria Panamericana</i>		POST DESCRIPTION/DESCRIPCIÓN DEL PUESTO For use by Personnel only/ Para uso exclusivo de Personal	
1	Post title/ <i>Título del puesto</i> EPIDEMIOLOGIST	Class Title/ <i>Clasificación</i>	
2	Location/ <i>Ubicación</i> a) Organizational Component/ <i>Componente Orgánico</i> PAHO/WHO Representation, Brazil b) Program, Office, Department/ <i>Programa, Oficina, Departamento</i> Health Analysis and Information Systems (AIS) c) Official Station/ <i>Lugar de destino</i> Brasilia, Brazil	CCOG/CCGO	Grade approved/ <i>Grado aprobado</i> P.4
3	Post Number/ <i>Número del Puesto</i> 4.5004	4	Grade Proposed/ <i>Grado Propuesto</i>
5	What are the <u>minimum</u> knowledge requirements of the post? (These may not necessarily be equivalent to those of the present incumbent, if there is one)/ <i>Cuáles son los conocimientos <u>mínimos</u> necesarios para el cargo? (Estos no deben necesariamente ser equivalentes a los del actual titular, si hay uno)</i> a) Education required: <u>Level</u> and <u>field of study</u> / <i>Estudios necesarios: Nivel y especialización</i> A university degree in a health related profession and a Master's degree or an advanced degree in epidemiology. A Ph.D. degree in Epidemiology would be an asset.  b) <u>Years</u> and <u>type</u> of practical experience required/ <i>Años y tipo de experiencia práctica necesaria</i> 1) <u>At the national level</u> / <i>A nivel nacional</i> Seven years of national experience in activities related to the application of epidemiological principles and methods to disease surveillance, environmental epidemiology, training and/or research, policies development and analysis.  2) <u>At the international level</u> / <i>A nivel internacional</i> Two years of international experience in activities related to the application of epidemiological principles and methods to disease surveillance, environmental epidemiology, training and/or research policies development and analysis.  c) Language(s) proficiency required/ <i>Conocimientos lingüísticos necesarios</i>  Very good knowledge of Spanish with a working knowledge of English.		
6	Work role and skills required: What does the post require the incumbent to do? (Describe the analysis, interpretation, adaptation, innovation, planning, coordinating and directing that the post requires)/ <i>Funciones y conocimientos necesarios: ¿Qué necesita hacer el titular de este cargo? (Describe las actividades de análisis, interpretación, adaptación, innovación, planificación, coordinación y dirección que exige el cargo)</i>  Must exercise independent judgment and initiative in providing technical cooperation in epidemiology in developing new approaches for the uses of the principles and methods of epidemiology for: <ul style="list-style-type: none"> <li>▪ the analysis of the health situation and assessment of political and economical situation related to health;</li> <li>▪ the improvement and decentralization of epidemiological programs;</li> <li>▪ health impact assessment including environmental health programs and indicators.</li> </ul>		
7	What subject areas or fields of work does the post cover and to what degree is specialization in them required?/ <i>¿Qué disciplinas o campos de trabajo comprende el cargo y qué grado de especialización se requiere en ellos?</i>  Excellent knowledge of the principles and recent developments in epidemiology, surveillance and biostatistics. Demonstrated ability in the application of epidemiological techniques and procedures for analyzing the health situation and conditions affecting the health of the population, determining factors which influence the magnitude of these conditions and applying and evaluating selected interventions designed to reduce the magnitude of these conditions.		

## COORDINATION OF THE TU FOR INFORMATION & KNOWLEDGE MANAGEMENT

8 Summarize the duties and responsibilities of the post and indicate the percentage of time spent on each/Resuma los deberes y responsabilidades del puesto e indique el porcentaje de tiempo dedicado a cada uno
Duties/Deberes
<p>Under the direct supervision of the PAHO/WHO Representative in Brazil and the technical guidance and support of the Area Manager, AIS, the incumbent will provide the country with technical cooperation regarding the uses of epidemiology principles and methods as applied to the areas of health situation analysis, planning health services, and evaluation of health programs and services. Specifically, the incumbent will be responsible for, but not necessarily limited to, the following assigned duties:</p> <ul style="list-style-type: none"> <li>a) Strengthening national epidemiological capability by:           <ul style="list-style-type: none"> <li>i) Providing technical assistance and support to improve the organization and functioning of public health and vital statistics on public health surveillance activities at all levels;</li> <li>ii) Assisting in the surveillance of established health problems and evaluation of new ones, identification of risk factors influencing the distribution of those problems and evaluation of control methods and technologies;</li> <li>iii) Providing technical assistance and support in applying epidemiological methods for the identification of environmental risk factors and their effects in human health;</li> <li>iv) Assisting in applying epidemiological concepts, principles and methods to planning, administration and evaluation of programs and health care services;</li> <li>v) Assisting in developing and strengthening national epidemiological training for all levels of health care personnel involved in disease control, health care services delivery, health care planning and health situation analysis by helping countries to identify training needs in epidemiology and formulate training activities to meet those needs;</li> <li>vi) Disseminating technical information on health trends in the Region and the country, new advances in health research, epidemiology of diseases/conditions of public health importance and epidemiology training opportunities;</li> <li>vii) Stimulating and strengthening epidemiological research by assisting in identifying research priorities and institutions in the field of epidemiology and promoting health analysis studies;</li> <li>viii) Identifying and mobilizing national human and material resources in epidemiology for the solution of health problems.</li> </ul> </li> <li>b) Providing technical assistance and analytical skills to the country and the PWR's Office for the process of analyzing the health situation, estimating the magnitude of health problems, evaluating and selecting appropriate technologies for specific interventions and ongoing assessment of health trends and analyzing political and economical aspects related to health and equity;</li> <li>c) Performing activities related to the utilization and implementation of the Family of the International classification of Diseases;</li> <li>d) Preparing strategies and coordinating epidemiological activities related to           <ul style="list-style-type: none"> <li>i) Adverse effects on human health caused by environmental risks;</li> <li>ii) Collaboration in the planning, coordination and execution of national programs and research projects related to environmental health problems</li> <li>iii) Development of health and environmental data for analytical methodologies</li> <li>iv) Use of Geographic Information Systems (GIS) in environmental health studies</li> </ul> </li> <li>e) Providing technical assistance in epidemiology to priority health programs identified through analyses of the health situation and defined by PAHO's overall program of technical cooperation;</li> <li>f) Providing technical assistance for the promotion and development of science and technology following activities proposed by SHA and agreed with the PWR office;</li> <li>g) Performing other related duties as assigned.</li> </ul>

## COORDINATION OF THE TU FOR INFORMATION & KNOWLEDGE MANAGEMENT

4.5004


<p><b>9</b> Describe the control exercised by the <u>supervisor</u> in planning, guiding and reviewing the incumbent's work/<i>Describe el control ejercido por el <u>supervisor</u> en la planificación, guía y revisión del trabajo del titular</i></p> <p>Excellent knowledge of the principles and recent developments in epidemiology, surveillance and biostatistics. Demonstrated ability in the application of epidemiological techniques and procedures for analyzing the health situation and conditions affecting the health of the population, determining factors which influence the magnitude of these conditions and applying and evaluating selected interventions designed to reduce the magnitude of these conditions.</p>																									
<p><b>10</b> State which regulations, manuals, precedents, policies or other <u>guidelines</u> apply to the incumbent's work and to what extent the incumbent is <u>permitted</u> to interpret and deviate from them, or to establish new ones/<i>Indique cuáles reglamentos, manuales, precedentes, políticas u otras <u>pautas</u> se aplican al trabajo del titular y hasta qué punto se le <u>permite</u> a éste interpretar las existentes, desviarse de ellas o establecer otras nuevas.</i></p> <p>The incumbent must interpret policy guidelines, stated objectives, and approved work plans in order to identify specific needed actions, as well as to initiate the necessary steps to carry them out. Deviations from the approved plan of work are discussed beforehand with the supervisor.</p>																									
<p><b>11</b> With whom (give title only) and for what <u>purpose</u> is the incumbent required to have contacts in the post? (Describe the <u>most typical</u>, not the most unusual contacts.)/<i>Con <u>quién</u> (indique solo el título) debe el titular mantener relaciones de trabajo y para qué <u>fin</u>? (Indique sólo los <u>más comunes</u> y no los menos frecuentes)</i></p> <table border="1"> <thead> <tr> <th colspan="2">Title/Título</th> <th>Purpose/Finalidad</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Inside the Organization/ Dentro de la Organización</td> <td>PWR</td> <td>To receive first level supervision and guidance</td> </tr> <tr> <td>PWR and AIS</td> <td>To receive technical supervision and review and discuss the program and progress of work. To receive second level supervision.</td> </tr> <tr> <td>Area Manager, AIS</td> <td>To receive general guidance.</td> </tr> <tr> <td>PWR and SHA</td> <td>Promotion, coordination and execution of activities.</td> </tr> <tr> <th colspan="2">Title &amp; Org./Título y Org.</th> <th>Purpose/Finalidad</th> </tr> <tr> <td rowspan="2">Outside the Organization/ Fuera de la Organización</td> <td>National health care institutions</td> <td>Promotion and coordination of SHA activities.</td> </tr> <tr> <td>Government of Brazil Ministry of Health</td> <td>Coordination of activities and technical cooperation. Coordination of collaborative activities (Plan of Action, national immunization programs and the other programs).</td> </tr> </tbody> </table>						Title/Título		Purpose/Finalidad	Inside the Organization/ Dentro de la Organización	PWR	To receive first level supervision and guidance	PWR and AIS	To receive technical supervision and review and discuss the program and progress of work. To receive second level supervision.	Area Manager, AIS	To receive general guidance.	PWR and SHA	Promotion, coordination and execution of activities.	Title & Org./Título y Org.		Purpose/Finalidad	Outside the Organization/ Fuera de la Organización	National health care institutions	Promotion and coordination of SHA activities.	Government of Brazil Ministry of Health	Coordination of activities and technical cooperation. Coordination of collaborative activities (Plan of Action, national immunization programs and the other programs).
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<p><b>12</b> <i>Staff supervised by incumbent/Funcionarios bajo supervisión del titular</i></p> <p>a) Professional posts <u>directly</u> supervised by the incumbent/<i>Puestos profesionales <u>directamente</u> supervisados por el titular</i></p> <table border="1"> <thead> <tr> <th>Post title/Título del puesto</th> <th>Post No./ No. puesto</th> <th>Grade/Grado</th> <th>Post No./No. puesto</th> <th>Post No./ No. puesto</th> <th>Grade/Grado</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Post title/Título del puesto	Post No./ No. puesto	Grade/Grado	Post No./No. puesto	Post No./ No. puesto	Grade/Grado														
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<p>b) Total professional posts supervised (directly and indirectly)/<i>Total de puestos profesionales supervisados (directa o indirectamente) ▶</i></p>			<p>c) Total general services posts supervised/<i>Total de puestos de servicios generales supervisados ▶</i></p>																						
<p>d) Post title of incumbent's supervisor/<i>Título del Puesto del supervisor inmediato ▶ PAHO/WHO Representative, Brazil</i></p>			<p>Grade/Grado ▶ P.6 Post No./ No. del Puesto ▶ .5617</p>																						

## COORDINATION OF THE TU FOR INFORMATION & KNOWLEDGE MANAGEMENT

4.5004	
<b>13</b>	Describe the most <u>important</u> types of <u>decisions</u> the incumbent is <u>authorized to take</u> and why they are important/ <i>Describe las decisiones <u>más importantes</u> que el titular <u>está autorizado para adoptar</u> y por qué son importantes.</i>
<p>The incumbent is required to make technical decisions in areas of competence as well as in the implementation, evaluation, and administration of technical cooperation activities, including budgetary control of assigned funds.</p>	
<b>14</b>	Describe the most <u>important</u> types of <u>proposals</u> expected of the incumbent and why they are important/ <i>Indique los tipos <u>más importantes</u> de <u>propuestas</u> que se espera recibir del titular y por qué son importantes.</i>
<p>Proposals are made on the design, development, and evaluation of activities for service, training, and research in the area of expertise. If accepted, proposals could affect the quality and degree to which the Organization accomplishes its technical cooperation commitments and objectives in the country of assignment.</p>	
<b>15</b>	Describe the most <u>damaging</u> involuntary errors that could be made in the work and the <u>effects</u> that would result/ <i>Indique los errores involuntarios <u>más perjudiciales</u> que se podrían cometer en el trabajo y sus <u>consecuencias</u>.</i>
<p>Errors of judgment or in the analysis and interpretation of project needs, incorrect technical advice, etc., could cause damage to the Organization's as well as the government's program in terms of time, money, and quality.</p>	
Extra space for replies (Indicate relevant section #) / Espacio adicional para respuestas (Indique # de la sección correspondiente)	
<b>16</b>	Certified correct/ <i>Certifico que lo anterior es correcto</i>
<p>a) Signature/ Firma <input checked="" type="checkbox"/> _____ Title/Título <input type="checkbox"/> _____ Supervisor/Supervisor</p>	<p>Date/Fecha _____</p>
<p>b) Signature/ Firma <input checked="" type="checkbox"/> _____ Title/Título <input type="checkbox"/> _____ Supervisor/Supervisor</p>	<p>Date/Fecha _____</p>
<p>c) Signature/ Firma <input checked="" type="checkbox"/> _____ Title/Título <input type="checkbox"/> _____ Supervisor/Supervisor Director or Designated Representative/ Director o su Representante Designado</p>	<p>Date/Fecha _____</p>
<b>17</b>	Description and Classification approved/ <i>Descripción y Clasificación aprobada</i>
<p>Signature/ Firma <input checked="" type="checkbox"/> _____ Philip MacMillan</p> <p>Title/Título <input type="checkbox"/> Area Manager, HRM/ Gestión de Recursos Humanos</p> <p>Date/Fecha <input type="checkbox"/> _____</p>	




## COORDINATION OF THE TU FOR HUMAN RESOURCES POLICIES IN HEALTH

	<p><b>Pan American Health Organization</b>  <b>Organización Panamericana de la Salud</b></p> <p><b>NATIONAL PROFESSIONAL OFFICER</b>  <b>POST DESCRIPTION</b></p>		
<b>PART A</b>			
<b>1 Post Identification</b>			
<i>Post Title</i>	<i>Post Number</i>	<i>Grade</i>	<i>Official Station</i>
ADVISOR ON HUMAN RESOURCES	7546	NO-D	Brasilia, Brazil
<i>First Level Supervisor</i>		<i>Second Level Supervisor</i>	
PAHO/WHO Representative, Brazil		Area Manager, HSS	
Signature: ▶ _____		Signature: ▶ _____	
Date : _____			
<b>2 Objective/Overview of the Program</b>			
<p>The Health Systems Strengthening Area promotes, coordinates and implements technical cooperation activities aimed at strengthening national capabilities to develop policies, plans and programs contributing to ensure that human resources, institutions, systems and organizational capacities existing in the countries are equitable, effective, efficient and sustainable for the achievement of health for all. The International Health Program (IHP) was developed to share with other countries the experiences of the Brazilian Health System. By combining the know-how and resources of the Ministry of Health and “Fundação Oswaldo Cruz” (FIOCRUZ) the IHP will be helpful to reach the Millennium Development Goals as well as the PAHO-WHO’s expected results of areas of work.</p>			
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, adviser, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence in decision making, and nature and purpose of contact within and outside the Organization.</i>			
<p>Under the direct supervision of the PAHO-WHO Representative, and the general and technical guidance of the Area Manager, HSS, the incumbent participates as a member of a multidisciplinary group of professionals and support staff which provides technical cooperation to countries in the areas of international health and human Resources for health development into the scope to Term of Agreement 41 signed by PAHO/WHO, Ministry of Health of Brazil and Fundação Oswaldo Cruz (FIOCRUZ); providing technical advice to Member States of the region and Portuguese speaking countries. The work is done in accordance with the strategies of HSS and in coordination and close collaboration with FIOCRUZ and all relevant stakeholders, including both internal and external. Some relevant stakeholders include governments; NGO’s, community/users representatives, professional associations, universities, multilateral and bilateral agencies, donors/foundations, etc.</p>			
<b>4 Summary of Responsibilities and Expected Results</b>			
<p>The incumbent is responsible for, but not necessarily limited to, the following duties:</p> <ul style="list-style-type: none"> <li>a) Guide, design and assist in the implementation of in-country and inter-country working plan in the framework of the International Health Program of Brazil for strengthen national capacities in the planning and management of networks for Human Resources Development, making optimal use of existing associations of health institutions;</li> <li>b) Lead and coordinate in close relation with the PWR’s and the focal point of human resources in the countries under responsibility the formulation, execution and evaluation of activities related to the International Health Program. Be actively involved and develop common strategies with other professionals of PWR Offices and counterparts on all aspects related to human resources and research; manage with transparency and effectiveness the financial resources under his/her responsibility, including extra budgetary resources;</li> <li>c) Promote and provide orientations and technical expertise for the participatory development of Human Resources for Health policies and regulations through the active collaboration of relevant institutional stakeholders in each country of the Region and Portuguese speaking countries, and design strategies and mechanisms for active networking between the national authorities, facilitating the exchange of data, knowledge, experiences, expertise, systems, methods and instruments;</li> <li>d) Provide direct technical advice to senior policy makers of the ministries of health, labor and education and specialized institutions of the health system; promote inter-sector relations and organize inter-country policy and technical dialogues;</li> <li>e) Develop relationships with and engage the financial and technical cooperation agencies active in the countries of the Region in the development of an integrated inter-agency plan of work consistent with the plan of work of the International Health Program of Brazil;</li> <li>f) Provide technical assistance and orientation to the institutions or instances responsible for the development of agreements linked to integration processes;</li> <li>g) Promote, support and monitor the activities of the Program in International Health.</li> <li>h) Perform other related duties, as assigned</li> </ul>			
<b>Description and Classification approved</b>			
Signature	X _____	Date:	_____
Title ▶	Unit Chief, HRM/CL		

## COORDINATION OF THE TU FOR HUMAN RESOURCES POLICIES IN HEALTH

PART B	RECRUITMENT PROFILE
<p><b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b></p>	
<p><b>1) Core Competencies:</b></p> <ul style="list-style-type: none"> <li>- <i>Intra-institutional</i>: Displays, through decisions and behavior, understanding of PAHO's values and mission.; Always ensures that scientific evidence, the values of the Organization, and the setting in which projects will be carried out are the drivers in one's technical work.</li> <li>- <i>Communication</i>: Establishes and proactively engages in productive dialogues in one's work inside and outside the Organization, and assists in the building of consensus.</li> <li>- <i>Information Management</i>: Searches for, obtains, and processes relevant information as an essential part of one's work.</li> <li>- <i>Continuous Learning</i>: Takes concrete steps on one's own initiative to keep up-to-date on the most recent trends in knowledge in one's area of work  </li> </ul>	
<p><b>2) Technical Area Competencies:</b></p> <ul style="list-style-type: none"> <li>- <i>Interinstitutional and Intersectoral action</i>: Provides support through technical expertise, and offering advice to people inside and outside the Organization. Persuades others to establish priorities and formulate policies that are consistent with the population's needs and the Organization's mission.</li> <li>- <i>Information Management</i>: Systematically seeks and proposes the dissemination of knowledge that can serve as evidence, lessons learned, and good practices in one's post and area of work.</li> <li>- <i>Devising the Budget for Interventions and Cost Optimization</i>: Provides the necessary information to ensure that intervention plans include the optimal allocation of financial resources, guaranteeing that the activities are executed and the results achieved.</li> <li>- <i>Thinking, Planning, and the Strategic Management of Technical Cooperation Interventions</i>: Provides information and situation analysis on the impact, quality, critical points, and risks to consider in the preparation of strategic plans.</li> <li>- <i>Evaluation of Technical Cooperation Interventions</i>: Provides identifiable support through information, proposals, and actions to execute intervention evaluation plans at the process, management, and outcome level.  </li> </ul>	
<p><b>3) Functional Competencies:</b></p> <ul style="list-style-type: none"> <li>- Excellent knowledge of Human Resources Development at national, regional and global levels, and international health policy development and issues related to the implementation of international programs;</li> <li>- extensive knowledge of public health aspects of research and public health policies;</li> <li>- demonstrated ability to work in multicultural, multilingual and multi-disciplinary settings; leadership and team-building capabilities; knowledge of international and bilateral organizations, specifically for mobilization of resources; and skills in leading multi country project activities  </li> </ul>	
<p><b>4) Education (Qualifications):</b></p> <p>A university degree in one of the health or social/behavioral sciences. A postgraduate degree at the Master's level in public health, business administration, economics, management, political science, health administration, or a related field, would be an asset </p>	
<p><b>5) Experience :</b></p> <p> Nine years of combined national and international experience in health or social policy making, human resource analysis, health administration, or development activities. Experience should include at least three years in a senior policy, advisory, managerial or decision making capacity in the public or education sector.  </p>	
<p><b>6) Language :</b></p> <p> Very good knowledge of Portuguese or English with a working knowledge of the other language. Knowledge of Spanish and/or French would be an asset  </p>	
<p><b>7) IT Skills :</b></p> <p> Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project would be an asset.  </p>	


## COORDINATION OF THE TU FOR HEALTH PROMOTION

	<b>World Health Organization/Organización Mundial de la Salud Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b>			
<b>JOB DESCRIPTION</b>				
<b>PART A</b>				
<b>1 Job Identification</b>		Duration: <input type="checkbox"/> Limited _____ <input type="checkbox"/> Regular _____		
<b>Title</b>	<b>Category</b>	<b>Post/Assignment Number</b>	<b>Grade</b>	<b>Duty Station</b>
Advisor, Environmental Health, Promotion and Protection	PRFP	.5580	P.4	Brasilia, Brazil
<b>First Level Supervision</b>	PAHO/WHO Representative	<b>Second Level Supervision</b>		Manager, Sustainable Development and Environmental Health, (SDE)
<b>Signature:</b> ▶ _____	<b>Date:</b> _____	<b>Signature:</b> ▶ _____	<b>Date:</b> _____	
<b>2 Objective/Overview of the Program</b>				
Advise and support national, departmental and local authorities in the development, implementation and evaluation of public policies, plans and programs aimed at fostering the interrelation between health and sustainable development in the context of Human Security public policies, the Millennium Development Goals, the Essential Public Health Functions, the Health for All objectives and the WHO Commission on Social Determinants of Health.				
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, advisor, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence, nature and purpose of contact within and outside the Organization.</i>				
The incumbent will advise, plan, and develop technical cooperation programs on environmental health and promote partnerships and alliances in health promotion and protection, based on the complexity of the program. The successful achievement of the program objectives requires close coordination with the supervisors and regional advisors of SDE at Headquarters and the Field, as well as with national and international collaborating centers and other national and international agencies and non governmental organizations.				
<b>4 Summary of Responsibilities</b>				
Under the direct supervision or the PAHO/WHO Country Representative, and the technical guidance of the Manager, Sustainable Development and Environmental Health Area (SDE), the incumbent is responsible for, but not necessarily limited to, the following assigned duties:				
a) Cooperate in the strengthening of national institutions involved in sustainable development and environmental health, including the planning and development of their human resources, the research and development of appropriate technologies, the networking with peer institutions and the coordination of technical cooperation activities with other national and international agencies; b) Cooperate in the planning, development and monitoring of health promotion programs and projects related to healthy settings such as healthy cities, healthy housing and health promoting schools, applying health promotion and local development strategies, concepts and techniques; c) Advise and collaborate in the planning, development and monitoring plans, programs and projects related to basic sanitation for health: water supply, sanitation and solid waste management; d) Promote, assist and coordinate programs with public and private organizations responsible for worker’s health, such as Ministry of Health, Ministry of Labor, Universities and nongovernmental agencies, to determine occupational risks, including those of agricultural activities related to pesticides, and to foster the extension of occupational health services to un-served populations; e) Support the establishment of programs related to the regulation and control of toxic substances and hazardous wastes that present risks to health and the environment, including those produced in hospitals and other health care centers; f) Promote and advise national authorities in the evaluation and solution of environmental pollution problems due to urbanization, industrialization and agricultural activities with special attention to biological and chemical pollution, as well as in the formulation of plans and programs for their prevention and control; g) Collaborate with SDE in other activities related to risk assessment, healthy settings, violence, road safety, human security and other programs and projects under SDE responsibility; h) Perform other duties as assigned.				
<b>Description and Classification approval</b>				
<b>Signature</b> _____ <b>Title</b>		<b>Date</b> _____		
HR Advisor, HRM/CR				

## COORDINATION OF THE TU FOR HEALTH PROMOTION

PART B	Post/Assignment: .5580
<b>RECRUITMENT PROFILE</b> (minimal level needed for effective completion of the job) <b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<b>5</b>	<b>Key Behavioral Competencies</b> <i>(List and describe, in order of priority, five to seven essential competencies to perform the job).</i> <p><b>Intrastitutional Action - (L04):</b> Leads team efforts toward full understanding of the policies the organization must operate within as well as the Standard of Conduct for the International Civil Service. Leads employees and co-workers toward operating in a fair, consistent and equitable manner, and displays such behavior by example.</p> <p><b>Performance Management - (L04):</b> Plans and takes concrete steps on one's own initiative to improve job performance and required competencies. Learns from one's mistakes, adjusts goals and courses of action to meet changing needs. Conducts evaluation meetings with subordinates at the times stipulated, using the Organization's instruments and others specific to the area. Consistently motivates the staff members to improve their abilities, gives them tasks and activities that represent a challenge to them.</p> <p><b>Leadership - (L04):</b> Uses complex strategies to promote team morale and productivity. Obtains needed personnel, resources and information for the team. Makes sure the practical needs of the team are met.</p> <p><b>Devising the budget for interventions and cost optimization - (L04):</b> Demonstrates initiative and managerial capacity in obtaining alternative sources of financing and in mobilizing extrabudgetary resources for interventions. Acquires adequate funding, based upon the resources allocated in intervention plans.</p> <p><b>Thinking, planning and the strategic management of technical cooperation interventions - (L04):</b> Selects priority ideas for executing the interventions after anticipating their potential problems and solutions. Participates in the preparation of strategic plans, providing input about their impact, quality, critical points, and risks.</p> <p><b>Evaluation of technical cooperation interventions - (L04):</b> Evaluates criteria for the interventions at the process, management, and outcome level, in addition to technical cooperation evaluation plans, in keeping with the PAHO's strategic direction.</p> <p><b>Resource Mobilization - (L04):</b> Works in an objective manner to obtain and apportion resources (financial and non-financial) according to need. Supports and advises technical areas to enable best use of resources are aligned with the mission and vision of the Organization. Is able to work in a multicultural environment. Is flexible and has the ability to work well under pressure. Is able to give feedback to partners within and outside the organization about the use of the resources and the results acquired.</p>
<b>6</b>	<b>Technical Expertise</b> <i>(List and describe, in order of priority, the abilities required to perform the job).</i> <p>a. Technical expertise in formulating and developing tools to analyze social determinants of health and their influence and impact on policies and programs for national health development; identifying inequities and making recommendations to address these; monitoring and evaluating health promotion strategies.</p> <p>b. Practical experience in providing technical cooperation in projects and activities for sustainable development, management or evaluation of environmental health programs in developing countries of the Region.</p> <p>c. Technical cooperation experience in local and social development programs including those involving more than one country.</p> <p>d. Managerial experience in public health management institutions.</p> <p>e. Strong professional writing skills in English and Spanish, including the development of reports, oral presentations, and technical/persuasive documents for consideration at the highest levels of the Organization.</p>
<b>7</b>	<b>Education (Qualifications)</b> <b>Essential:</b> A bachelor's degree in science, sanitary engineering, biology, medical, social, or environmental sciences, and a post graduate degree at the master's level in public health, or a related field from a recognized university. <b>Desirable:</b>
<b>8</b>	<b>Experience</b> <b>Essential:</b> Nine years of combined national and international experience in technical cooperation in institutions concerned with public health management or evaluation of environmental health programs, and sustainable development programs. <b>Desirable:</b>
<b>9</b>	<b>Languages</b> Very good knowledge of English or Spanish with working knowledge of the other language. Knowledge of French and/or Portuguese would be an asset.
<b>10</b>	<b>IT Skills</b> Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook, and electronic sources in research activities. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project would be an asset.

**COORDINATION OF THE TU FOR DEVELOPMENT OF HEALTH SYSTEMS & SERVICES**

		<b>World Health Organization/Organización Mundial de la Salud Pan American Sanitary Bureau/Oficina Sanitaria Panamericana</b>		
<b>JOB DESCRIPTION</b>				
<b>PART A</b>				
<b>1 Job Identification</b>		Duration: <input type="checkbox"/> Limited _____ <input type="checkbox"/> Regular _____		
<i>Title</i>	<i>Category</i>	<i>Post/Assignment Number</i>	<i>Grade</i>	<i>Duty Station</i>
Advisor on Health Systems and Services	PRFP	.5002	P.4	Brasilia, Brazil
<i>First Level Supervision</i>	PAHO/WHO Representative		<i>Second Level Supervision</i>	Area Manager, Health Systems Strengthening, (HSS)
<i>Signature:</i> ▶	<i>Date:</i>	<i>Signature:</i> ▶	<i>Date:</i>	
<b>2 Objective/Overview of the Program</b>				
<p>Improve the capabilities of the country for the strengthening of their health systems and policies, centered on population's health, the strengthening of the steering role of the State with regard to health, the extension of the social health protection and the improvement of the performance of the Essential Public Health Functions. Strengthen national capabilities in the development, execution, and evaluation of public health policies and in the formulation of national objectives; in economic and financial analysis; as well as in the development and effective utilization of economic and social management tools. Strengthen national organizations in the development of public health policies, legal instruments for the performance of the Essential Public Health Functions and adequate development and operation of health care systems and services based in the renewed Primary Health Care strategy.</p>				
<b>3 Organizational Context</b> <small>(Describe the work environment, the role of the individual within the team –team member, specialist, advisor, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence, nature and purpose of contact within and outside the Organization.</small>				
<p>The incumbent participates as a member of a multidisciplinary group of professionals and support staff, providing technical cooperation to the country in the areas of health policies, health system and health services delivery, and other specific programs. The incumbent also adheres to the guidelines of PAHO/WHO's General Program of Work; Medium-Term Program; PAHO's Strategic Plan, Program Budget and Biennial Workplan (BWP); policy orientations; mandates from the Governing Bodies; manuals; strategies and other directives regarding the technical cooperation. The incumbent will also work in close coordination with the different programs and projects of the PWR and with the agencies of the United Nation System in the country within the UNCT frame.</p>				
<b>4 Summary of Responsibilities</b>				
<p>Under the technical guidance and second level supervision of the Area Manager, Health Systems Strengthening, (HSS), and the direct supervision of the PAHO/WHO Representative, the incumbent is responsible for, but not necessarily limited to, the following assigned duties:</p> <ul style="list-style-type: none"> <li>a) Participate in the development, implementation and evaluation of policies and technical cooperation programs in the areas of health services organization and management health policies and systems development;</li> <li>b) Collaborate in the strengthening of institutional capacities of the National health Authority in order to improve health sector governance, health policy definition, regulation, financing and alignment and harmonization of the international cooperation;</li> <li>c) Collaborate in the organization and functioning and management of health systems and services and their units with an emphasis on the reorganization of the health sector and local health systems, including the following activities:             <ul style="list-style-type: none"> <li>i) identify managerial and structural problems in health systems and services in the framework of extension of social protection in health;</li> <li>ii) collaborate in identifying solutions through the application of current health knowledge, experience and technologies; support their introduction and transfer;</li> <li>iii) participate and advise on health services models and designs and human resources development;</li> <li>iv) implement and advise on improvement of health communications, information and control systems;</li> <li>v) design and recommend policies, methods and systems for the development and operation of health care systems and services based in the renewed Primary Health Care strategy.</li> </ul> </li> <li>d) Contribute in the development of social participation mechanisms for the development and management of primary health care systems. Advice national authorities in the development of new services including aspects related to social participation;</li> </ul>				
<b>Continue...</b>				
<b>Description and Classification approval</b>				
<i>Signature</i>	_____	<i>Date</i>	_____	
<i>Title</i>	Unit Chief, HRM/CL			

## COORDINATION OF THE TU FOR DEVELOPMENT OF HEALTH SYSTEMS & SERVICES


PART B	Post/Assignment: .5002
<b>RECRUITMENT PROFILE</b> (minimal level needed for effective completion of the job) <b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<b>5</b>	<b>Key Behavioral Competencies</b> <i>(List and describe, in order of priority, five to seven essential competencies to perform the job).</i>
	<p><b>Intra-institutional Action – (L04):</b> Leads team efforts toward full understanding of the policies the organization must operate within as well as the Standard of Conduct for the International Civil Service. Leads employees and co-workers toward operating in a fair, consistent and equitable manner, and displays such behavior by example. Behaves consistently in accordance with the Code of Ethics of the Organization.</p> <p><b>Performance Management – (L04):</b> Plans and takes concrete steps on one's own initiative to improve job performance and required competencies. Learns from one's mistakes, adjusts goals and courses of action to meet changing needs. Conducts evaluation meetings with subordinates at the times stipulated, using the Organization's instruments and others specific to the area. Consistently motivates the staff members to improve their abilities, gives them tasks and activities that represent a challenge to them.</p> <p><b>Teamwork – (L04):</b> Embraces and leads consensual decision-making, that is, leading the fulfillment of team decisions, even when they may not fully coincide with one's own opinions or proposals. Knows how to manage difficult team situations and promotes consensus building. Takes responsibility for the team's successes and failures.</p> <p><b>Devising the budget for interventions and cost optimization – (L04):</b> Demonstrates initiative and managerial capacity in obtaining alternative sources of financing and in mobilizing extrabudgetary resources for interventions. Acquires adequate funding, based upon the resources allocated in intervention plans.</p> <p><b>Thinking, planning and the strategic management of technical cooperation interventions – (L04):</b> Selects priority ideas for executing the interventions after anticipating their potential problems and solutions. Participates in the preparation of strategic plans, providing input about their impact, quality, critical points, and risks.</p> <p><b>Evaluation of technical cooperation interventions – (L04):</b> Evaluates criteria for the interventions at the process, management, and outcome level, in addition to technical cooperation evaluation plans, in keeping with the PAHO's strategic direction.</p> <p><b>Leadership – (L04):</b> Uses complex strategies to promote team morale and productivity. Obtains needed personnel, resources and information for the team. Makes sure the practical needs of the team are met.</p>
<b>6</b>	<b>Technical Expertise</b> <i>(List and describe, in order of priority, the abilities required to perform the job).</i>
	<ul style="list-style-type: none"> <li>– Ability in the formulation of technical cooperation interventions and in the development of criteria for evaluating program interventions. Collaborates in the execution of evaluation plans, using the results as input for present and future decision-making.</li> <li>– Possesses knowledge and skills in the areas of organization, management (including planning, organization, staging, directing and controlling) and provision of primary health care management, integrated health care delivery systems and emergency care services. Also, competencies in quality assurance and continuous quality improvement methods for health care services.</li> <li>– Ability in management of health systems/services research, as well as teaching in the area of public health.</li> <li>– Knowledge and skills in policy and project formulation, leadership and regulatory functions, financing and Extension of Social Protection in Health, Essential Public Health Functions and Services, purchasing of services, teaching and operations research in primary care services, is also desirable.</li> </ul>
<b>7</b>	<b>Education (Qualifications)</b>
	<p><b>Essential:</b> A bachelor's degree in one of the health sciences, with a Master's degree from a recognized university in public health, health systems/services administration, health economy, management or other fields related with public health.</p> <p><b>Desirable:</b></p>
<b>8</b>	<b>Experience</b>
	<p><b>Essential:</b> Nine years of combined national and international of experience in the implementation and evaluation of health systems/services plans, projects and programs including managerial and administrative responsibilities within the primary health care network at the local and national level. Of these, two years of participation in international technical cooperation projects and activities in health systems/services development and organization or in other health related international outreaches.</p> <p><b>Desirable:</b></p>
<b>9</b>	<b>Languages</b>
	<p>Very good knowledge of Portuguese or English with a working knowledge of the other language. Knowledge of Spanish and/or French would be an asset.</p>
<b>10</b>	<b>IT Skills</b>
	<p>Demonstrated ability to effectively use a computer and utilize software programs such as Microsoft Office Word, Excel, PowerPoint and Outlook. Other IT skills and knowledge of other software programs such as Visio, Microsoft SharePoint and Project would be an asset.</p>

## COORDINATION OF THE TU FOR DEVELOPMENT OF HEALTH SYSTEMS & SERVICES

### Continuation of Summary of Responsibilities

- e) Participate in the implementation and update the national policies and plans for the development of health services and systems; including standards, objectives, strategies and operational methodologies based on the Primary Health Care strategy;
- f) Participate in the analysis, planning and evaluation of complementary strategies among components of the national Public Health System, which support public and private health services;
- g) Collaborate in the development of the social security system and other institutional and non-governmental sectors in the context of national health policies and plans to extend the social protection in health;
- h) Contribute in the implementation of plans of action for the development of health systems at local level in the country;
- i) Cooperate in the development of alternative designs for the health system and health services delivery networks within the strategic and programmatic orientations of the Organization to match / adapt to the country priorities, with an emphasis on health policies, including aspects of health sector reform and modernization of the health sector and traditional and alternative health care practices; in order to provide quality and equitable services;
- j) Provide cooperation for human resources development in the areas of planning, training and utilization, in particular the development of massive training of health professionals and training in health personnel management to support the reform and modernization of the sector;
- k) Provide technical cooperation to national institutions responsible for the training of health personnel in the provision of effective services, the undertaking of research, and the improvement of horizontal cooperation;
- l) Provide technical support to hospitals in their development as integrated health services networks and resources of primary health care systems;
- m) Analyze health systems, identify various possible scenarios for the future development of services and participate in the development of in service training processes;
- n) Prepare and coordinate operational programs in the various aspects of implementing health services and hospital administration processes;
- o) Collaborate in the preparation of the Representation's biennial program budget (BPB) and the execution of international cooperation, including the analysis of political, technical and socioeconomic realities;
- p) Cooperate with WHO, PAHO regional and field Offices, PAHO/WHO Collaborating Centers, international cooperation agencies, intergovernmental and nongovernmental organizations, private sector, and other relevant stakeholders, in order to develop alliances and networks that favor access to quality primary care services, particularly for those most in need.
- q) Participate in the development of team efforts with international consultants and national personnel in response to a variety of needs, settings and scenarios;
- r) Prepare regular reports papers and projects on the development of national health systems;
- s) Perform other related duties, as assigned by the PAHO/WHO Representative.

## PROGRAM OFFICER

		World Health Organization/ <i>Organización Mundial de la Salud</i> Pan American Sanitary Bureau/ <i>Oficina Sanitaria Panamericana</i>		
		<i>National Professional Officer</i> <i>Post Description</i>		
<b>PART A</b>				
<b>1 Job Identification</b>		Duration: <input type="checkbox"/> Limited _____ <input checked="" type="checkbox"/> Regular _____		
<i>Title</i>	<i>Category</i>	<i>Post/Assignment Number</i>	<i>Grade</i>	<i>Duty Station</i>
Program Officer of the PAHO/WHO Representative in Brazil	NO		NO-D	Brasília, Brazil
<i>First Level Supervision</i>	PWR-BRA	<i>Second Level Supervision</i>	PBR	
<i>Signature:</i> ▶	<i>Date:</i>	<i>Signature:</i> ▶	<i>Date:</i>	
<b>2 Objective/Overview of the Program</b>				
<p>Support the PWR-BRA in order to guarantee that the presence of the Organization and its technical cooperation program in the country provide relevant and adequate support to the health national development process. Accompany and support the alignment of the national, regional, and global agendas. Support the Representative in its management function of the PAHO/WHO-BRA as a basic organizational unit for the technical cooperation in Brazil, so that the utilization of the resources at all levels is given in the best way to serve the country.</p>				
<b>3 Organizational Context</b> <i>(Describe the work environment, the role of the individual within the team –team member, specialist, advisor, facilitator, coordinator/manager, representative, expert, authority in the field, etc.) available guidelines and degree of independence, nature and purpose of contact within and outside the Organization.</i>				
<p>Under the direct supervision of the PWR-BRA, the candidate will support him in his political and strategic actions for the conduction, development and evaluation of the technical cooperation and will act along with a multidisciplinary and interprogrammatic team of professionals. The job will be carried out in accordance with the strategies of the Organization and all the internal and external actors involved, including Headquarters and other PAHO/WHO Representations, governments and United Nations agencies, among others.</p>				
<b>4 Summary of Responsibilities</b>				



## PROGRAM OFFICER

The candidate will be responsible for, but not necessarily limited to, the following activities:

<b>I. Programs and Projects planning, programming and evaluation responsibilities</b>	
1.	Support technically the Representative on the coordination of the planning process to ensure that the Representation's work remains relevant to the country and partners.
2.	Support technically the Representative on the coordination of the process of programming, control and evaluation of the PAHO/WHO Work Plan 2008/2009 and 2010/2011 and the updating of the Cooperation Strategy (CCS) 2008-2012.
3.	Support technically the Representative on the coordination and monitoring of the reorientation, redimensioning and alignment of the process and resources of the Technical Cooperation Agreements in face of the PAHO/WHO Technical Cooperation Strategy 2008/2012.
4.	Support technically the Representative in the elaboration, analysis, approval and monitoring of projects for the resources mobilization through direct work and orientation to the international and national advisors and the different counterparts (including the monitoring and management control of the Technical Cooperation Agreements).
5.	Support the project cycle (Identification, design, piloting, negotiation, execution and evaluation of projects), in order to improve the effectiveness and efficiency of all projects executed, regardless of the source of funds, and contribute to the organizational learning through conduction of the Administrative Professionals of the Representation's Technical Units in sharing lessons learned from the planning and program budgeted processes a project cycle.
<b>II. Organizational development responsibilities</b>	
6.	Support technically the Representative to facilitate, control and evaluate the teamwork processes of the PWR, especially by the follow-up and the development of the <b>Theme Groups</b> , the <b>Interprogrammatic Group</b> and the <b>Optimal Groups</b> methodology
7.	Manage the strategic information in order to support the political management of the Representative. Elaborate political and technical reports and monitor, control and evaluate the management model of the Representation 2008-2009 and 2010-2011.
8.	Support the Representative and the Coordinator of the Information and Knowledge Management Technical Unit by creating a Center of Information and Knowledge Management, in articulation with the different Technical Units of the Office, SUS ( <i>Sistema Único de Saúde</i> ) counterparts, Bireme, PAHO Headquarters and WHO Headquarters in order to generate a management process of the interprogrammatic knowledge and an evolutionary process of technical cooperation based on the knowledge.
9.	Support the Representative to manage the Representation Development Plan by monitoring and controlling its implementation.
10.	Support the Representative to manage the Strategic Relationship Matrix of the Technical Units of the Representation by monitoring and controlling its process.
<b>III. Regional and Sub Regional Integration processes responsibilities</b>	
11.	Accompany and support technically the Representative in the process of the PAHO/WHO South-South Cooperation, related to the coordination of the TC 41(International Health) and the elaboration and monitoring of the "Technical Cooperation Among Countries"(TCC).
11.	Support technically the Representative to facilitate the monitoring and evaluation regional integration processes, with emphasis in <b>MERCOSUR</b> , <b>borders</b> with 10 countries (mainly in the International Sanitary Regalement, services and health border) and the <b>Amazon Cooperation Treaty Organization (ACTO)</b> .
<b>IV. Interagency coordination processes responsibilities</b>	
12.	Accompany and support technically the Representative in the UN Reform process in Brazil, related to the contribution to the national development process focused on the reduction of inequalities through the outcomes of CCA/UNDAF that were developed to articulate a coherent vision and strategy that allows an unified approach towards common development goals. Support the Representative in monitoring the staff participation in the theme groups of the UN System.
13.	Accompany and support technically the Representative in the technical cooperation with the International Unit (AISA) of the Ministry of Health in its institutional development process.

## PROGRAM OFFICER

Description and Classification approval	
Signature _____ Title _____	Date _____
Unit Chief, HRM/CL	
<b>PART B</b>	<b>Post/Assignment:</b>
<b>RECRUITMENT PROFILE</b> (minimal level needed for effective completion of the job) <b>PAHO VALUES: Equity, Excellence, Solidarity, Respect, Integrity.</b>	
<b>5</b>	<b>Key Behavioral Competencies</b> <i>(List and describe, in order of priority, five to seven essential competencies to perform the job).</i>
<ul style="list-style-type: none"> <li>- Intra-institutional: act in accordance with the values and mission of PAHO/WHO; always ensure that the scientific evidence, the values of the Organization and the scope of action of the projects are directed to the technical work.</li> <li>- New communication technologies: establish proactive and productive dialogues in the work, inside and outside of the Organization, seeking the consensus and using the facilities of the new communication technologies.</li> <li>- Information management: research, obtain and process relevant information as an essential part of the work.</li> <li>- Continuous learning: have own initiative to be kept up-to-date with the most recent knowledge in your area of work.</li> </ul>	
<b>6</b>	<b>Technical Expertise</b> <i>(List and describe, in order of priority, the abilities required to perform the job).</i>
<ul style="list-style-type: none"> <li>- Intra and interinstitutional actions: support the actions of the Representative turned to the priorities and policies in accordance with the needs of the population and with the mission of the Organization.</li> <li>- Information management: act, systematically, in the dissemination of the knowledge that can serve as evidence, lessons learned and good practices in the area of work.</li> <li>- Analyze, plan and provide strategic management for the technical cooperation interventions: support the preparation of strategic plans of the Representative, providing information and situation analysis on impact, quality, critical aspects and risks to be considered.</li> <li>- Evaluate the technical cooperation interventions: provide systematized information and actions proposals of planning, monitoring, control and evaluation that facilitate the Representative to perform management processes and make political-strategic decisions.</li> </ul> <p><b>Functional Expertise:</b></p> <ul style="list-style-type: none"> <li>- Excellent knowledge of the Organization processes turned to the planning, monitoring, evaluation and control of the technical cooperation actions programmed on national, regional and global levels.</li> <li>- Good knowledge of public health and health policies aspects.</li> <li>- Ability in the multicultural, multilingual, multidisciplinary work, aiming for support the Representative in the leadership, the knowledge of the international context and the action in multicountry projects.</li> </ul>	
<b>7</b>	<b>Education (Qualifications)</b>
Graduation in Health Sciences. Specialization/Master's degree in the area of public health, Knowledge and Information Management or related fields, with ability in team working and in planning, monitoring, evaluation and control of the technical cooperation processes.	
<b>8</b>	<b>Experience</b>
Ten years of progressive work in international organizations in the area of public health, with experience in team working, management, planning, programming, monitoring and evaluation of technical cooperation and information management and knowledge and the development of institutional and organizational processes.	
<b>9</b>	<b>Languages</b>
Very good knowledge of English or Portuguese with a working knowledge of other language. Knowledge of Spanish and/or French would be asset.	
<b>10</b>	<b>IT Skills</b>
Prove ability in the effective use of the computer and utilization of software as Microsoft Office Word, Excel, PowerPoint, Outlook, SharePoint. Management of Intranet and Internet and other tools as Visio is desirable.	

## ANNEX 3

### DIRECTIVE 02/08

#### CONSIDERING:

The need to align the human resources of the Country Office for execution of the PAHO/WHO Strategy for Co-operation with Brazil 2008-2012 and the Biennial Work Plan 2008-2009,

#### PWR/BRA RESOLVES:

To define new functions for administrative NAPs, as follows:

1. Coordinate administrative procedures that support the Technical Unit's technical co-operation activities for execution of the Work Plan and Semiannual Programming, overseeing management of co-operation requests by technicians of PAHO/WHO and external counterparts to assure compliance with the formalities and lead times required by internal administrative procedures, and overseeing internal execution of the Technical Unit's administrative processes by the Units of the Administration.
2. Analyze administrative matters and quantify the volume of operations arising from TC and TA proposals in the Technical Unit and external counterparts for the preparation of detailed Work Plans and timetables for execution and transfers of funds.
3. Maintain monthly control of the Technical Unit's budget execution, execution of PTS programming and the status of obligations in force, making adjustments to the AMPES system as required, or requesting clearance of unnecessary obligations by the Units of the Administration.
4. Monitor contractors' deliveries of products of contracts and technical reports within deadlines specified in documents.
5. Monitor and control accounts rendered for Courses and Seminars and financial reports relating to local and international Letters of Agreement and Purchase Orders to audit compliance with deadlines set in documents signed with beneficiaries.
6. Analyze semiannually the TC/TA financial reports issued by central office, consulting the Units of the Administration on any divergences and submitting them to external counterparts.

## **ANNEX 4**

### **DIRECTIVE 04/08**

#### **CONSIDERING:**

The need to align the human resources of the Country Office for execution of the PAHO/WHO Strategy for Co-operation with Brazil 2008-2012 and the Biennial Work Plan 2008-2009, the process of decentralization of the administration of the PAHO/WHO Country Office in Brazil and Directive 02/08, dated February 7, 2008,

#### **PWR/BRA RESOLVES:**

To detail the functions of Technical Unit Administrators relating to PTB/AMPES 08-09, as follows:

1. Under the supervision of the Representative's Office, the Administration of PWR/BRA and the TU Coordinator:
  - a. Align administrative procedures with the PTB/AMPES 08-09 planning, programming, monitoring and assessment process.
  - b. Inform and analyze administrative execution jointly with the TU Coordinator, so as to maintain the logic of PTB/AMPES 08-09 programming, monitoring and assessment.
  - c. Maintain constant adjustment of programmed, financed and executed financial resources, and oversee the opening, location and distribution of budget lines defined by the Technical Units.
  - d. Oversee efficient execution of budget lines shared by different Technical Units.
2. Participate in training and continued education activities relating to PTB/AMPES 08-09.
3. Keep the Representative's Office, the Administration of PWR/BRA and TU Coordinators informed of updates to PTB/AMPES 08-09.

## ANNEX 5

### DIRECTIVE 05/08

#### CONSIDERING:

The need to align the human resources of the Country Office for execution of the PAHO/WHO Strategy for Co-operation with Brazil 2008-2012 and the Biennial Work Plan 2008-2009, the new PWR/BRA Management Model 2008-2009 and the PWR/BRA Institutional Development Plan 2008-2009,

#### PWR/BRA RESOLVES:

Definir novas funções para os Secretários e Assistentes Administrativos, conforme abaixo:

1. Secretaries (under the TU Coordinator's supervision):
  - a. Provide assistance to the activities of the Technical Unit (TU) in the secretarial sphere.
  - b. Prepare and constantly update the TU consultants' agenda.
  - c. Organize domestic and international travel by TU consultants, preparing travel authorizations, per diem payments, hotel reservations, requests for security clearance, transport, visas etc.
  - d. Provide secretarial services such as placing, answering and filtering telephone calls (domestic and international), dispatching correspondence, controlling requests for office supplies, and managing relations with counterparts, Central Office, Centers, PWRs, visitors, meeting participants etc.
  - e. Draft and translate correspondence (letters, e-mails, faxes and memoranda) in Portuguese, Spanish and/or English.
  - f. Coordinate and support the preparation of national and international events under the TU's responsibility, and provide support during such events.
  - g. Organize and constantly update the TU's document archive.
  - h. Prepare supporting documentation for internal and external meetings of TU consultants.
  - i. Perform similar tasks as requested by the supervisor.

2. Administrative Assistants (under the TU Coordinator's supervision):
  - a. Provide administrative support for the performance of tasks and activities required by PTB 2008-2009 (extra-budget resources/TC and regular).
  - b. Take all pertinent action required by requests entailing execution of extra-budget and regular funds (collective travel, support for Courses and Seminars, Letters of Agreement, service contracts etc).
  - c. Support domestic and international travel by participants in meetings financed by TC/TA and by regular funds, preparing travel authorizations and per diem payments.
  - d. Update the spreadsheets used to monitor the administrative instruments of technical co-operation financed with extra-budget and regular funds.
  - e. Itemize and include in the OMIS financial support for Courses and Seminars, Contracts, Letters of Agreement, Purchase Orders and Research Material, including the drafting of amendments and forms pertaining to each instrument.
  - f. Organize and constantly update the archive of documents pertaining to the administrative instruments for Co-operation Agreements.
  - g. Digitize and copy documents. Collect signatures. Prepare Payment Certificates.
  - h. Perform related tasks as required by supervisor.

In compliance with this Directive, personnel belonging to the categories listed above must redefine their SPADs 2008 jointly with the respective first-level supervisor.

This Directive will be reviewed by PWR at the end of first-half 2008, at which time the need to make adjustments or changes will be analyzed.

## ANNEX 6

### PAHO/WHO BRAZIL TRAINING PLAN 2008

#### OVERVIEW OF THE COUNTRY OFFICE'S PLAN FOR LEARNING & PROFESSIONAL DEVELOPMENT

POSTS	PARTICIPANTS	COMPETENCIES TO BE STRENGTHENED/ DEVELOPED	CONTENT (LEARNING & DEVELOPMENT THEMES)	MODES OF LEARNING & DEVELOPMENT	PROVIDERS (INTERNAL/ EXTERNAL)	DATE	COST/ SOURCE OF FUNDING
National & international professional posts	Personnel in both categories	Information management	Seeks and processes relevant information	Virtual Health Library	Claudia Guzzo (BIREME) & PWR Brazil	Feb. 14-15	US\$100 (PWR Brazil)
All Country Office posts	All posts	Continuous learning	Demonstrates continuous improvement in professional attitudes	Presentation on health situation in the Americas – past, present and future	Carlyle Guerra de Macedo	Feb. 22	No cost
National professional posts	Administrative NAPs	Management of information & administrative processes	Seeks and processes relevant information to achieve results	BWP 08-09/ AMPES (via Elluminate & working groups)	WDC & PWR Brazil (Guillermo Gopceovich & Luciana Chagas)	Feb. 28-Mar. 6	No cost
National professional posts	Administrative NAPs	Continuous learning	Demonstrates continuous improvement in professional attitudes	Standards for purchasing and contracts	Mission from WDC Purchasing (F. Petizon, P. Ramos, A. Deacon)	Apr. 1-4	No cost
All Country Office posts	All personnel	Continuous learning	Demonstrates continuous improvement in professional attitudes	Presentation on climate change in context of World Health Day	Carlos Corvalán	Apr. 4	US\$100 (PWR Brazil)
All Country Office posts	Technical advisors & administrative NAPs	Continuous learning	Demonstrates continuous improvement in professional attitudes	Project management: logical framework	Luciana Chagas	Apr. 25	US\$100 (PWR Brazil)
All Country Office posts	All personnel	Continuous learning	Demonstrates continuous improvement in professional attitudes	Presentation on International Sanitary Regulation	Rubén Figueroa	May	No cost

POSTS	PARTICIPANTS	COMPETENCIES TO BE STRENGTHENED/ DEVELOPED	CONTENT (LEARNING & DEVELOPMENT THEMES)	MODES OF LEARNING & DEVELOPMENT	PROVIDERS (INTERNAL/ EXTERNAL)	DATE	COST/ SOURCE OF FUNDING
National professional posts	Administrative NAPs	Continuous learning	Demonstrates continuous improvement in professional attitudes	HDM management model	Glória Morales (WDC)	May 5-9	No cost
National professional posts	Administrative NAPs	Management of information & administrative processes	Seeks and processes relevant information to achieve results	Training in AMPES	Roman Sotela (WDC)	Jun. 8-12	US\$2,655 (PWR Brazil)
All Country Office posts	Érika Cristina da Cunha, Kátia Silva,  Myrza Horst,  Douglas Melgaço,  Jean Pierre Granados, Thaíza Rocha, Poliana Mendes, William Rodrigues	Continuing education	Basic safety/security procedures	Course in firefighting and first aid	Academia do Corpo de Bombeiros (Fire Brigade)	Jun. 17-19	No cost
National & international professional posts	Personnel in both categories	Information management	Seeks and processes relevant information	Training in use of Tab Win and Terra Cluster	Claudia Rizo (Datusus)	Jun. 16-20	US\$800 (US\$400  PWR Brazil;  US\$400 WDC)
All Country Office posts	All personnel	Continuing education	Basic safety/security procedures	Training in security: MOSS, building evacuation, calling tree, security clearance	Guillermo Gopceovich	Jun. 16	US\$100 (PWR Brazil)
All Country Office posts	All personnel	Continuous learning	Demonstrates continuous improvement in professional attitudes	Presentation on international technical cooperation	Rodrigo Pires (UnB)	Jun. 27	No cost
All Country Office posts	Personnel classified as speaking basic-level English (15 people)	Communication	Converses with coworkers in the local language on work-related topics without difficulty	English course – basic	Brasas	Feb. 19- May 29	US\$5,200  (US\$2,600 PWR Brazil; US\$2,600 WDC)



POSTS	PARTICIPANTS	COMPETENCIES TO BE STRENGTHENED/ DEVELOPED	CONTENT (LEARNING & DEVELOPMENT THEMES)	MODES OF LEARNING & DEVELOPMENT	PROVIDERS (INTERNAL/ EXTERNAL)	DATE	COST/ SOURCE OF FUNDING
All Country Office posts	Personnel classified as speaking intermediate-level English (16 people)	Communication	Converses with coworkers in the local language on work-related topics without difficulty	English course – intermediate	Brasas	Jun. 5 –Sep. 16	US\$8,400 (US\$4,200 PWR Brazil; US\$4,200 WDC)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Excel – basic	Leandro Freitas	Jul. 29- Aug. 7	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Excel – intermediate	Leandro Freitas	Sep. 2-11	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Excel –advanced	Leandro Freitas	Oct. 28- Nov. 6	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Word – basic	Leandro Freitas	Aug. 19-28	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Word –intermediate	Leandro Freitas	Sep. 23- Oct. 2	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in Word –advanced	Leandro Freitas	Nov. 11-20	US\$100 (PWR Brazil)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course in PowerPoint	Leandro Freitas	Oct. 14-23	US\$100 (PWR Brazil)
International posts occupied by professionals who arrive in Brazil with local language difficulties	International personnel (3 people)	Communication	Converses with coworkers in the local language on work-related topics without difficulty	Portuguese course	Positive Idiomas or other institution (Rosetta Stone – purchase of licenses)	Whenever an international professional arrives	US\$5,000 (US\$2,500 PWR Brazil; US\$2,500 WDC)
National & international professional posts	Personnel in both categories	Information management	Makes optimal use of information technology	Course on SharePoint	Alex Rodrigues & Ana Thaysa Cinelli	September	US\$100 (PWR Brazil)

POSTS	PARTICIPANTS	COMPETENCIES TO BE STRENGTHENED/ DEVELOPED	CONTENT (LEARNING & DEVELOPMENT THEMES)	MODES OF LEARNING & DEVELOPMENT	PROVIDERS (INTERNAL/ EXTERNAL)	DATE	COST/ SOURCE OF FUNDING
All Country Office posts	All personnel	Continuing education	Makes optimal use of work time	Planning tasks & optimizing time	Guillermo Gopceovich	September	US\$100 (PWR Brazil)
All Country Office posts	All personnel	Information management	Makes optimal use of information technology	Course on health information sources: hands-on workshop	Fernanda Nahuz	October	US\$100 (PWR Brazil)
All Country Office posts	All personnel	Continuing education	Updates on relevant subjects	Presentation on difference between generic drugs & similar drugs	Orenzio Soler	October	US\$100 (PWR Brazil)
All Country Office posts	All personnel & families	Continuing education	Basic security procedures	Security for UN personnel. Specifically for families of Country Office staff	Manuel Romão (UN Security Officer in Brazil)	November	US\$300 (PWR Brazil)
All Country Office posts	All personnel	Continuous learning	Demonstrates continuous improvement in professional attitudes	Presentation on environmental conservation (waste recycling, selective collection)	Cleuber Fortes, Luciana Chagas & Mara Oliveira	November	US\$100 (PWR Brazil)
All Country Office posts	All personnel	Continuous learning	Demonstrates continuous improvement in professional attitudes	Negotiation & conflict management	Outside provider	November	US\$5,000 (US\$2,500 PWR Brazil; US\$2,500 WDC)
All Country Office posts	All personnel	Continuing education	Occupational health	Workplace ergonomics: relaxation techniques	Outside provider	November	US\$2,000 (US\$1,000 PWR Brazil; US\$1,000 WDC)
Support, administrative, secretarial and national professional posts	National administrative, secretarial professionals, and administrative assistants	Management of information & administrative processes	Seeks and processes relevant information to achieve results	Update on administrative procedures	Ângela Fagundes, Lúcia Silgueiro, Erivaldo Rodrigues & Jusselen Almeida	Semiannual	US\$300 (PWR Brazil)

POSTS	PARTICIPANTS	COMPETENCIES TO BE STRENGTHENED/ DEVELOPED	CONTENT (LEARNING & DEVELOPMENT THEMES)	MODES OF LEARNING & DEVELOPMENT	PROVIDERS (INTERNAL/ EXTERNAL)	DATE	COST/ SOURCE OF FUNDING
All Country Office posts	All personnel	Continuing education	Basic security procedures	Basic & advanced online course in security	Individual	Online	No cost
National & international professional posts	Personnel in both categories	Continuing education	Update on themes of specialty	Technical competencies updating program	Outside provider as requested	Dates to be scheduled	US\$2,800 (US\$1,400 PWR Brazil; US\$1,400 WDC)

### PAHO/WHO BRAZIL TRAINING PLAN 2008

TOTAL COST	
BRAZIL COUNTRY OFFICE:	US\$ 17,500
HEADQUARTERS:	US\$ 15,600
GRAND TOTAL:	US\$ 33,100

## ANNEX 7

### STRATEGY FOR IMPLEMENTING OPTIMAL GROUPS AT PAHO/WHO BRAZIL

#### 1. Introduction

The mission of the Optimal Group Implementation & Monitoring Group (OG-IMG) is to support the application of the Optimal Group (OG) methodology at the PAHO/WHO Brazil Country Office. To facilitate comprehension of the practical application of this methodology, OG-IMG has produced the present document outlining the formation, development and implementation of these groups. The aim is to help PAHO/WHO Brazil raise production capacity, strengthen communication, foster learning by staff, reinforce institutional values and drive the development of core and management competencies.

In order for OGs to be successful, their members must be willing to learn from each other and use this learning to improve their daily practice. Participation by all in the search for a solution to a given problem-situation can deepen the commitment to make improvements viable and effective. The following are also preconditions for success: a) support from PWR/BRA; b) learning attitude; c) climate of trust; d) time for reflection.

#### 2. Stages in setting up an OG

*“A group is a psychological space produced by the interaction of three or more people brought face to face in the pursuit, definition and achievement of a common purpose or goal — the interaction of each of these people with the common purpose or goal and the interaction of these people with each other”.<sup>1</sup>*

The first requirement when setting up an Optimal Group is the perception of a shared objective among the people who wish to achieve concrete results in order to reach a desired situation.<sup>2</sup> For this to happen, a problem-situation must be identified clearly. In the case of PAHO/WHO Brazil, the problem-situation may originate in the Representative’s Office or in the technical, administrative or support areas.

The problem-situation must be formalized by filling out a form provided for this purpose (Annex 1) and returning it to the Coordinator of OG-IMG, who discusses the relevance of an OG on the topic and authorizes the start of work. In addition, OG-IMG decides whether the OG should have a general

1 Saint-Arnaud, Yves. Les presses de l’Université de Montréal, 1978.

2 Saint-Arnaud, Yves. Borja, Jaime. El trabajo en equipo y el grupo óptimo. 1995

or specific conformation: the problem is defined as general when it relates to a situation that directly involves the whole of PAHO/WHO Brazil, and specific when it relates to a particular theme in the field of knowledge or to a particular practice of PAHO/WHO Brazil. In both cases, both the problem-situation and the proposed solution(s) are reviewed by PWR/BRA and OG-IMG.

Once the modality (general or specific) and theme have been approved, the OG is announced on the intranet with information about its goal and composition.

A **general OG** is open to voluntary participation. Participation may happen in two ways:

- 1) People may volunteer to participate in response to the posting of information on the problem-situation; or
- 2) They may be selected jointly by PWR/BRA and OG-IMG, with other people being allowed to join if they wish. In the second case, participants are selected: a) by direct selection of names; b) by selection of the professional categories to participate in the OG (it then being up to each category to choose their representatives); or c) by definition of the knowledge required based on the topic, theme or function that is the focus for the OG. It is also possible for the OG after it has been set up to include a specific person with important contributions to make to the discussion.

In the case of a general OG, PWR/BRA and OG-IMG jointly define the problem and specify members of the group considered fundamental for it to accomplish its mission.

A **specific OG** can be set up in response to a request by one or more members of staff but the members must be chosen by the area in question. The procedure is similar and is followed by publication of the results and implementation of an execution plan.

For both general and specific OGs, every member presents proposals to solve the problem that has been described to the entire group. A consensus is reached and the agreed proposal is submitted to the Representative for a final decision, which is then made known to all PAHO/WHO Brazil personnel.

The Representative's final decision may be approval, rejection, postponement of application until a more appropriate time, a request for the OG to discuss and present new proposals, or a request to form a new group. Where administrative matters are concerned, the OG submits its proposal to the Administrator (preferably before doing so to the Representative).

The next step is implementation of the action plan. The OG may be asked to do so itself as a continuation of its proceedings or a new OG may be set up for this purpose.

## Comments

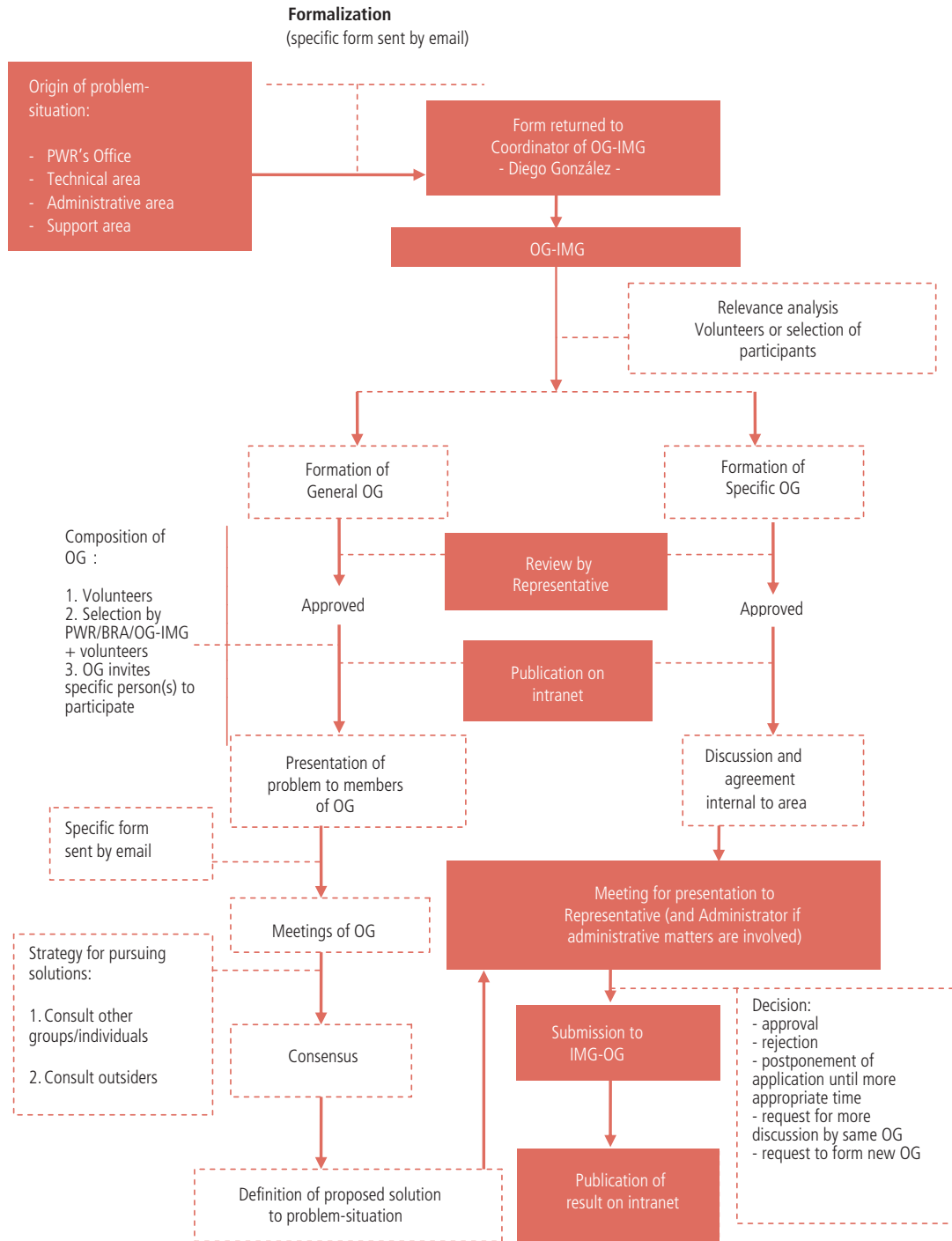
### 1. Duties of OG facilitators:

- Formalization of the OG by returning the appropriate form to the Coordinator of the Optimal Groups Implementation & Monitoring Group (OG-IMG), Diego González.
- Convening of other group members for discussions.
- Presentation of the problem to be discussed as clearly as possible, explaining what is expected of the OG.
- Suggesting names of additional members or consultants to clarify specific topics.
- Suggesting a solution to the problem, which must remain open to criticism or, if the entire group agrees, elimination.
- Elaborating a proposal to be submitted by the OG to the Representative.
- Making adjustments to the proposal, if so instructed by the Representative.
- Sending the final draft of the proposal approved by the Representative to OG-IMG for publication on the intranet.

### 2. If the group is unable to reach a consensus on a proposal to the problem-situation, one of the following three possible courses of action is chosen by PWR/BRA:

- a) Resumption of discussions by the same OG, for a fresh attempt to reach a consensus.
- b) Formation of another OG with external support, to be defined by OG-IMG and PWR/BRA.
- c) Discussion and definition by PWR/BRA.

## Flow chart showing how OGs are set up and operate at PAHO/WHO Brazil



## ANNEX 1: Form to request formation of OG and describe problem-situation to OG-IMG

PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION  
BRAZIL COUNTRY OFFICE

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Optimal Group to discuss and propose solutions to  
"XXXXXXXX XXXXXX XXXXXXXXXXXXXXXXXXXX"

Date:

Members of Optimal Group (OG):

- Facilitator:
  - Preliminary list of proposed participants:
- 

1. Theme
2. Current situation (preliminary version)
3. Identification of problem-situation
4. Help expected from OG consultants



## ANNEX 2: Form to describe problem-situation to formed OG

PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION  
BRAZIL COUNTRY OFFICE

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Optimal Group to discuss and propose solutions to  
"XXXXXXXX XXXXXX XXXXXXXXXXXXXXXXXXXX"

Date of 1st meeting:

Proposed venue of 1st meeting:

Members of Optimal Group (OG):

- Facilitator:

- Participants:

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5. Theme

6. Current situation

7. Identification of problem-situation

8. Help expected from OG consultants

## ANNEX 8

### STATUS OF OPTIMAL GROUPS IN 2008

Legend:

	OG finalized and reviewed by PWR/BRA
	OG in progress
	OG being formed

Updated Jun. 24, 2008

OG	PARTICIPANTS	THEME	CURRENT STATUS
OG- Management of Technical Cooperation Agreements	Éji Pons Guillermo Gopcevich Luciana Chagas Paula Villas-Bôas William Rodrigues	Orient processes of elaboration and management of Technical Cooperation Agreements signed by PAHO/WHO and Ministry of Health (MS), defining criteria and procedures that permit alignment of efforts undertaken by various national and international entities and institutions responsible for conducting the technical, scientific, operational and administrative activities involved in TC in specific areas of health.	Proposal presented and discussed with Interprogrammatic Group and Representative. Final document approved by PAHO Headquarters and Ministry of Health's Executive Secretariat.
OG-Signatures	Adriana Trevizan Elânia Castro James Fitzgerald Luciana Chagas Lúcia Silgueiro William Rodrigues	Present a proposal to resolve operational bottlenecks created by the large volume of requests sent by counterparties, associated with the short time for analysis and signature of all documents by the Representative.	Final proposal presented and discussed with Representative. OG produced document justifying change in administrative procedures, for discussion with corresponding areas at Headquarters.
OG-Local Committee for Reviewing Contracts, Purchases & Letters of Agree- ment	Ângela Fagundes Fernando Rocabado Glauceane Oliveira Guillermo Gopcevich Lucia Silgueiro Luciana Chagas Paula Villas-Bôas Rubén Figueroa	Analyze and identify difficulties and alternatives to improve the job descriptions, purpose, procedures and composition of the Local Committee for Reviewing Contracts, Purchases & Letters of Agreement.	Final proposal presented and discussed with the Representative. Directive forwarded with the actions proposed.
OG- Correspondence	Alessandra Soroa Luciana Chagas Susana Damasceno William Rodrigues	Orient the processing of PAHO/WHO Brazil inbound and outbound correspondence and the management of information.	Final proposal presented and discussed with the Representative. Directive forwarded with definition of actions proposed.

OG	PARTICIPANTS	THEME	CURRENT STATUS
OG-Duties of Administrative NAPs	Cleuber Fortes Glauciane Oliveira Luciana Brant Myrza Horst Paula Villas-Bôas Rita Telles Sabrina Baiôcco William Rodrigues	Discuss and propose duties of administrative NAPs, assistants and secretaries.	Final proposal presented and discussed with the Representative. Directive forwarded with definition of actions proposed.
OG-Hours of Representative's Office	Alessandra Soroa Guillermo Gopceovich Luciana Chagas Susana Damasceno William Rodrigues Véra Vasconcellos	Discuss the working hours of the Representative's Office with the aim of enabling it to remain open from 8 a.m. to 7 p.m.	Final proposal presented and discussed with the Representative.
OG-Administrative Processes	Cleuber Fortes Glauciane Oliveira Luciana Brant Myrza Horst Paula Villas-Bôas Rita Telles Sabrina Baiôcco William Rodrigues	Discuss and propose solutions to administrative processes.	Final proposal presented and discussed by William with the Representative. Meeting with the OG suggested to reach a final definition.
OG-General Plenary	Diego González Douglas Melgaço Luciana Chagas Paola Marchesini Sabrina Baiôcco	Propose solutions to make better use of this space for interaction among PAHO/WHO Brazil personnel	Final proposal presented and discussed with the Representative.
OG-Collaborating Centers	Diego González Éji Pons Leda Oliveira Mara Oliveira William Rodrigues	Collect information about Collaborating Centers and develop a proposal for PAHO/WHO Brazil positioning on the subject	Final proposal presented and discussed with the Representative. Pending: discuss with the Representative PAHO/WHO Brazil's role in working with Collaborating Centers.
OG-Media	Adriana Marques José Moya Leandro Freitas Susana Damasceno	Propose a policy for PAHO/WHO Brazil covering relations with the national and international media	Final proposal presented and discussed with the Representative.
OG-Representative's Connectivity	Alessandra Soroa Alex Rodrigues Elânia Castro Leandro Freitas Luciana Chagas William Rodrigues	Propose ways of guaranteeing 24x7 availability of the data network and related services to the Representative.	Final proposal presented and discussed with the Representative.

OG	PARTICIPANTS	THEME	CURRENT STATUS
OG- Correspondence & Filing	Alessandra Soroa Angélica Castro Elânia Castro Leandro Freitas Nykolay Mendes	Discuss and propose solutions to current problems.	Several meetings have been held and next week the OG will present an intermediate proposal to the PWR/BRA.
OG- Humanitarian Aid	Ângela Fagundes Elânia Castro Guillermo Gopceovich Mara Oliveira Mauro Elkhoury Myrza Horst	Propose criteria, define responsibilities and establish internal directives for PAHO's activities in support of the Interministerial Working Group's requests to provide humanitarian aid.	Fourth meeting held.
OG-Translation	William Rodrigues Cristina Junqueira Alessandra Soroa Cleuber Fortes Fernanda Nahuz Helen Rigaud	Propose solutions to the problem of translating PAHO/WHO Brazil publications.	Fifth meeting held
OG-Policy and procedures for dissemination of TCA products	Alex Rodrigues Diego González Glauciane Oliveira José Moya Leandro Freitas Luciana Chagas Myrza Horst Renato Tasca Rosa Silvestre	Propose procedures for analyzing, valorizing (identifying, selection, adapting) and disseminating TC products.	Preliminary proposal drafted and presented at first meeting, held on May 16. The OG is currently developing a proposal for the reengineering of the process of producing TC products, for presentation at the meeting to evaluate the first half, on July 4, with finalization of the OG's work.
OG-Publications Policy	Éji Pons Fernanda Nahuz Luciana Chagas Priscila Andrade Roberta Caixeta	Propose a Publications Policy for PAHO/WHO Brazil based on international standards and generally accepted practices for the presentation of documents in Brazil.	First meeting held.
OG-Support for Pan Amazon ST&I/H Network	Diego González Diego Victoria Luciana Chagas Priscila Andrade Roberto Montoya	Support the development of the Network by sharing experiences and aligning methodological concepts.	First meeting held.
OG-Policy for TCC	José Paranaguá Luciana Chagas Luis Codina Mauro Elkhoury Rosa Silvestre	Support the definition of a policy for TCC at PAHO/WHO Brazil.	First meeting held.

OG	PARTICIPANTS	THEME	CURRENT STATUS
OG-HPV	Brendan Flannery José Moya José Peña Luis Codina Micheline Meiners	Discuss PAHO/WHO Brazil position on HPV vaccine.	First meeting scheduled.
OG-Events held at PAHO/WHO Brazil	Ângela Fagundes Angélica Castro Elânia Castro Kátia Souza Paula Villas-Bôas William Rodrigues	Identify possible solutions to support the holding of priority events on TC and interagency cooperation, assuring high quality in the services provided and efficient use of PAHO/WHO Brazil resources.	First meeting held.
OG-Review of Administrative Procedures	TU Administrators Administrative personnel Guillermo Gopceovich	Define and propose procedures and workflows for administrative instruments.	Five meetings held.