



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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

*Washington, D.C., USA, 20-22 March 2013*

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*Provisional Agenda Item 3.1*

SPBA7/2 (Eng.)  
2 March 2013  
ORIGINAL: ENGLISH

**DRAFT PROPOSED PAHO STRATEGIC PLAN 2014-2019  
Draft Outline**

*“Championing Health: Sustainable Development and Equity”*

### **Introductory Note for the SPBA**

1. In accordance with the roadmap for developing the Strategic Plan (SP) 2014-2019 and Program and Budget (PB) 2014-2015 of the Pan American Health Organization (PAHO), as approved by the 151st Session of the Executive Committee of PAHO in September 2012, the SP 2014-2019 is being developed in three phases, as per PAHO's Governing Bodies cycle for 2013, as follows:

- (a) *Phase 1:* Presenting an outline to the Seventh Session of the Subcommittee on Program, Budget, and Administration (SPBA7) in March 2013, taking into consideration the decisions made by the Executive Board of the World Health Organization (WHO) in January 2013 regarding WHO's draft 12th General Programme of Work (GPW) 2014-2019;
- (b) *Phase 2:* Drafting the SP 2014-2019 and submitting the document for consideration by the 152nd Session of the Executive Committee of PAHO in June 2013, by which point it will have been enriched by input from the final version of WHO's 12th GPW as well as WHO's PB 2014-2015, as approved by the World Health Assembly in May 2013; and
- (c) *Phase 3:* Presenting PAHO's final proposed SP 2014-2019 for approval by PAHO's 52nd Directing Council in September 2013.

2. To ensure the involvement of PAHO Member States and their ownership in the development of PAHO's SP 2014-2019, in addition to the mechanisms established by its Governing Bodies, PAHO's Executive Committee appointed a Member States Countries Consultative Group (CCG). This Group was assigned responsibility for providing strategic and technical input in the crafting of the SP 2014-2019 and its first Program and Budget 2014-2015.

3. In light of the ongoing dialogue with Member States regarding WHO's programmatic reform—particularly its 12th GPW and PB 2014-2015, as well as its influence on PAHO's planning frameworks and processes—this proposed outline is presented to the SPBA as a working document. As such, the document includes a description of the expected structure and content of the new SP 2014-2019. Some sections contain details and illustrative examples aimed at providing Member States with a clearer appreciation of key components of the anticipated document. To its benefit, this outline underwent review and received input from the CCG during its first virtual session on 19 February 2013. The aide-mémoire of this meeting, which summarizes the discussion held and recommendations made, is included in Annex B.

4. The Pan American Sanitary Bureau (PASB) will continue to develop the SP 2014-2019 with the full participation of PAHO Member States, as well as PASB staff from all levels, to ensure that a comprehensive document is submitted to the 152nd Session of the Executive Committee of PAHO in June 2013.

5. PASB welcomes input and recommendations from SPBA Member States on the proposed outline, which will enable it to move forward in developing the full Strategic Plan.

**PAHO STRATEGIC PLAN 2014-2019**

**Draft Outline**

*“Championing Health: Sustainable Development and Equity”*

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

**March 2013**

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## PAHO STRATEGIC PLAN 2014-2019

### **I. Foreword by the Director [TO BE COMPLETED]**

### **II. Executive Summary [TO BE COMPLETED]**

### **III. Introduction**

1. The Pan American Health Organization (PAHO) Strategic Plan (“the Plan”) is the Organization’s highest-level planning instrument, as approved by its Governing Bodies. The Plan sets out the Organization’s strategic direction, based on its Member States’ collective priorities, and the results to be achieved during the planning period. The Plan also establishes the commitment made by the Pan American Sanitary Bureau (PASB), thus serving as the basis for developing the biennial program and budgets to implement the Plan. The Plan is a product of collaboration and consultation with Member States, and contributions of staff from all levels of the PASB.

2. The PAHO Strategic Plan responds to both regional and global mandates. As such, the Plan’s strategic agenda represents a balance among PAHO’s programmatic alignment with WHO’s General Programme of Work (GPW), PAHO’s response to the regional priorities established in the Health Agenda for the Americas 2008-2017, other regional mandates set by PAHO Member States, and the collective national priorities identified in analyses of PAHO’s Country Cooperation Strategies (CCSs). It is noteworthy that both the development and implementation of the Plan is guided by PAHO’s vision, mission, values, and core functions. Furthermore, the Plan will lay down the framework for championing health, sustainable development, and equity. It will thereby seek to achieve universal health coverage and to incorporate determinants of health as an all-encompassing theme that cuts across all its components.

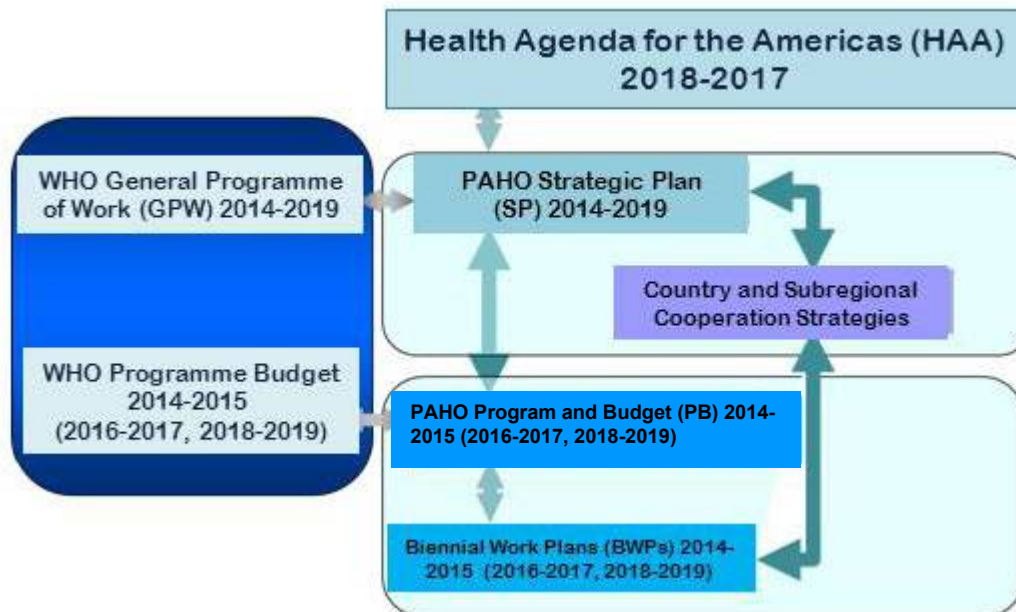
3. The new Strategic Plan (SP) 2014-2019 will enable PAHO to continue building on the public health gains achieved thus far in the Region of the Americas (“the Region”). It will also enable PAHO to guide interventions geared towards addressing both new and existing challenges affecting the Region. The SP 2014-2019 will continue to build on PAHO’s rich experiences as well as on lessons learned during previous planning periods. This Plan will be of use in the continual effort to increase the accountability, transparency, and effectiveness of PAHO’s work, in line with its Results-based Management (RBM) Framework and the new PAHO Budget Policy.

4. The PAHO SP 2014-2019 represents an important milestone in enhancing both the alignment and synchronization with WHO planning, programming and budgeting processes, given that—for the very first time—WHO’s GPW is being developed prior to PAHO’s Strategic Plan. The Plan will also benefit from input provided by the mid-term evaluation of the Health Agenda for the Americas that was conducted in 2012.

Furthermore, the SP 2014-2019 will be shaped by the vision of the new PASB Director, “Championing Health in the Americas: Sustainable Development and Equity”; the push towards achieving the Millennium Development Goals (MDGs); and health in the post-2015 development agenda. Other key inputs include a review of regional public health strategies and plans of action.

5. Figure 1 depicts the key elements of PAHO planning frameworks and their alignment with the Health Agenda for the Americas 2008-2017 as well as with WHO’s planning frameworks. Moreover, the Strategic Plan 2014-2019 will be implemented over the course of three consecutive Program and Budgets (2014-2015, 2016-2017, and 2018-2019). Increased alignment and harmonization between the Strategic Plan and the CCS will be an important aspect to take into consideration while formulating and implementing the Plan. The Biennial Work Plans (BWPs) are the operational plans developed by PASB entities to implement the Program and Budget, and by extension the PAHO Strategic Plan.

Figure 1: PAHO and WHO Planning Frameworks



#### **IV. Taking Stock and Moving Forward**

[UNDER DEVELOPMENT]

6. This section will include an analysis of the health situation in the Region and its relation to the current political, demographic, socioeconomic, and environmental issues. It will also summarize past, current, and future trends as well as the main gains in and challenges to public health in the Region. The purpose of this section is to provide a comprehensive analysis of the underlying and/or root causes affecting health and wellbeing in the Region. Special attention will be paid to determinants of health, disparities, and inequities, as well as to health-related human rights and gender issues. The analysis will be based on a review of key reference documents and regional intelligence. Key input for this section will be drawn from Health in the Americas 2012, the mid-term evaluation of the Health Agenda conducted in 2012, assessments of the PAHO Strategic Plan 2008-2013, analysis of the Country Cooperation Strategies (CCSs), and a review of regional health strategies and plans of action (both current and under development)—especially as they relate to resolutions passed by PAHO’s Governing Bodies.

7. The list below indicates how this section is broken down into subsections and provides some relevant details on the following:

- (a) political, demographic and socioeconomic landscape;
- (b) epidemiological outlook;
- (c) health system response;
- (d) regional public health challenges, including determinants of health, disparities, and inequities, as well as risk factors;
- (e) stakeholders’ analysis: analysis conducted by the stakeholders working in health and development in the Region, including their relevance to PAHO/WHO’s technical cooperation;
- (f) regional public health priorities for PAHO’s technical cooperation (TC), which should emerge from the analysis of the items above. In defining such priorities, it is important to take into consideration PAHO’s strategic positioning and value added, as well as the regional contribution to the global health agenda.



## **V. Lessons Learned from Previous Plans**

[UNDER DEVELOPMENT]

8. This section will examine the most relevant lessons learned from PAHO's 2008-2013 and previous strategic plans, as well as from program and budgets and other high-level planning instruments and processes—including WHO's GPW and PB. This should serve not only to document the lessons learned but most importantly to identify the best practices that should contribute to improving implementation of the Plan. As such, this section will devote some thought to areas in need of improvement and flexibility, so that the Strategic Plan can remain both relevant and responsive to the situation and priorities of the Region.

9. The new Strategic Plan will continue to build on PAHO's experience in implementing its RBM framework; maintaining accountability and transparency; implementing the regional budget policy; maintaining PAHO's country focus policy; aligning its planning and programming process with WHO's; and increasing process integration and simplifying all processes related to planning, programming, and performance monitoring and assessment. In addition, PAHO will continue to build and extend partnerships to support the implementation of the Plan, using a programmatic approach and advocating for a collective, coordinated response to the priorities of Member States as expressed in the Plan.

## **VI. Priority-setting Framework**

[UNDER DEVELOPMENT]

10. The PAHO Strategic Plan 2014-2019 will define priorities at the program area level, which will enable it to better guide resource allocation and better target resource mobilization. PAHO will develop a methodology that includes the necessary criteria and apply it while formulating both the Plan and its corresponding Program and Budgets. Such a methodology will be incorporated in the draft version of the document that will be presented to the Executive Committee in June 2013. The criteria developed for the PAHO Strategic Plan 2008-2013 and WHO's 12th GPW will provide initial input for this process.

## VII. Strategic Agenda

[UNDER DEVELOPMENT]

11. This section constitutes the core of the Strategic Plan. It sets out the Plan's strategic overview as well as the results chain used to assess PAHO's performance over the six-year period covered by the Plan. It outlines the strategic categories (which are the same as those in WHO's draft 12th GPW as presented to the WHO Executive Board in January 2013); these are comprised of program areas and outcomes, with modifications made to highlight various regional priorities proposed by the CCG (with the proposed modifications underlined for ease of reference). While the list of program areas may be reviewed and adjusted accordingly, adherence to the overall structure and scope of the WHO categories and program areas will allow PAHO to remain programmatically aligned with WHO (and to report accordingly), while giving flexibility to PAHO Member States to address regional specificities through modification of the category and program area titles, as well as development of region-tailored outcomes and outputs.

12. The Strategic Agenda will be structured into subsections by category, as follows:

- I. **Communicable diseases:** Reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, and vaccine-preventable diseases.
- II. **Noncommunicable diseases and risk factors:** Reducing the burden of chronic noncommunicable diseases, including heart disease, cancer, lung disease, diabetes, and mental health conditions, as well as disability and injuries, through health promotion and risk reduction—as well as the prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.
- III. **Tackling the determinants of health and promoting health throughout the life course:** Reducing morbidity and mortality and improving health during pregnancy, childbirth, the neonatal period, childhood, and adolescence; improving sexual and reproductive health; and promoting active and healthy aging—taking into account the need to address the determinants of health and internationally agreed-upon development goals, particularly health-related MDGs and health in the post-2015 development agenda.
- IV. **Health systems:** Strengthening health systems with a focus on organizing integrated service delivery; financing to achieve universal health coverage; strengthening human resources for health; strengthening health information systems; facilitating technology transfer; promoting access to affordable, quality, safe, and efficacious medical products; and promoting health systems research.

- V. **Preparedness, surveillance and response:** Supporting the preparedness, surveillance and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters to contribute to health security.
- VI. **Corporate services and enabling functions:** Fostering and implementing the organizational leadership and corporate services required to maintain PAHO's integrity and efficient functioning.

13. Table 1 includes the program areas proposed under each category. It is noteworthy that both the categories and program areas presented in this document are the same as those included in WHO's draft 12th GPW. These will be reviewed during the formulation of the PAHO SP 2014-2019 so that they reflect any Region-specific priorities.

**Table 1: Categories and proposed program areas**

<b>Categories</b>	<b>Program Areas</b>
<b>I. Communicable diseases</b>	<ul style="list-style-type: none"> <li>i. HIV/AIDS</li> <li>ii. Malaria</li> <li>iii. Tuberculosis</li> <li>iv. Neglected tropical diseases</li> <li>v. Vaccine-preventable diseases (<u>including maintenance of polio eradication</u>)</li> </ul>
<b>II. Noncommunicable diseases and risk factors</b>	<ul style="list-style-type: none"> <li>i. Noncommunicable diseases</li> <li>ii. Mental health</li> <li>iii. Violence and injuries</li> <li>iv. Disabilities and rehabilitation</li> <li>v. Nutrition</li> </ul>
<b>III. Tackling the determinants of health and promoting health throughout the life course</b>	<ul style="list-style-type: none"> <li>i. Reproductive, maternal, newborn, child, and adolescent health</li> <li>ii. Healthy aging</li> <li>iii. Gender, equity and human rights mainstreaming (<u>including intercultural aspects of health and marginalized populations</u>)</li> <li>iv. Health and the environment</li> <li>v. Social determinants of health (<u>including social and community participation</u>)</li> </ul>
<b>IV. Health systems</b>	<ul style="list-style-type: none"> <li>i. <u>Health governance and leadership, including national health policies, strategies and plans</u></li> <li>ii. <u>Integrated, people-centered health services (including human resources for health, management and financing models for health)</u></li> <li>iii. Access to medical products and strengthening regulatory capacity</li> <li>iv. <u>Health system information and evidence (including health research)</u></li> </ul>

Categories	Program Areas
<b>V. Preparedness, surveillance, and response</b>	i. Alert and response capacities ii. Epidemic- and pandemic-prone diseases iii. Emergency risk management and crisis management iv. Food safety
<b>VI. Corporate services and Enabling functions</b>	i. Leadership and governance ii. Strategic planning, resource coordination, and reporting iii. Strategic communications iv. Transparency, accountability, and risk management v. Management and administration

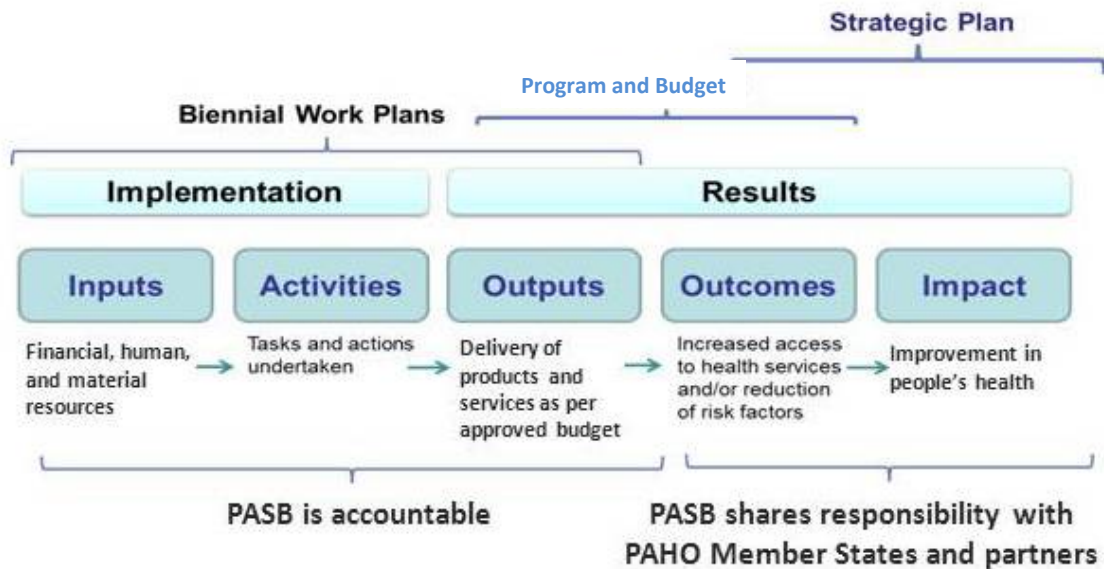
Note: Please see *SPBA Item 3.2, Draft Proposed PAHO Program and Budget 2014-2015, Draft Outline* for detail regarding budgeting for polio and outbreak and crisis response, which are separate budget segments per WHO budgeting practice.

## Results chain

14. This section sets out the results by which PAHO's performance can be judged over the period covered by the Strategic Plan 2014-2019.

15. Figure 2 outlines the results chain, including the relationship between the different levels and planning instruments—as well as the accountability and respective responsibilities of the PASB and PAHO Member States. It is noted that the Strategic Plan and the Program and Budget together cover the complete chain of results. The Strategic Plan, on the one hand, will contain impact and outcome results with their respective indicators; while on the other, the PB will outline the outputs that the PASB intends to deliver over a particular biennium—as well as the biennial outcome indicator targets. Annex A contains an illustrative example of the results chain that will be included in the PAHO Strategic Plan 2014-2019.

**Figure 2: PAHO/WHO Results Chain**



16. **Impacts** are long-term results at the highest level of the results chain, to which PAHO Member States and the PASB will both contribute. They reflect changes in the population's health. For these results, key measures are expressed in terms of increases in people's healthy life expectancy and overall wellbeing. Consequently, implementing the PAHO Strategic Plan will also contribute to both regional and global health and development. The impact-level results in the PAHO SP 2014-2019 will be the same as those defined in WHO's 12th GPW. However, the impact indicators may require some adaptation to make them Region-specific.

17. **Outcomes** are medium-term results to which PAHO Member States and the PASB will both contribute. They reflect changes in institutional capacity and/or in the reduction of health-related risks in the countries. Member States are responsible for achieving outcomes, in joint collaboration with the PASB and other PAHO partners. Progress made towards achieving outcomes will be measured in terms of changes made in terms of policies, practices, institutional capacities, service coverage, or access to services in the countries. Such outcomes contribute to PAHO's overall impact, to which the PASB and Member States both contribute. The outcomes and outcome indicators from WHO's 12th GPW will require adaptation to the Region, however. In addition, the PAHO SP 2014-2019 may contain other outcomes and outcome indicators that reflect specific issues of importance to the Region.

18. **Outputs** are short-term results that PASB commits to deliver over the course of a given biennium, with a budget approved for delivering them. Output delivery will be

measured by a defined set of output indicators. PASB will be accountable for output delivery, as defined in the respective PB. Outputs should influence institutional capacity and/or reduce health-related risks. In other words, PASB will contribute to achieving outcomes by delivering outputs over the course of a given PB. The outputs in PAHO's PB will be defined based on WHO's PB 2014-2015. However, they will require some adaptation as well as the incorporation of new outputs to ensure that they reflect a comprehensive set of outputs that are both relevant and specific to the Region, in line with those appearing in the corresponding PAHO Program and Budgets.

19. The overall performance of PAHO's SP 2014-2019 will be assessed using defined outcome indicators. Such an assessment will require monitoring and reporting by both PAHO Member States and PASB. Therefore, it is important that the most relevant and feasible outcome indicators be defined, taking into consideration both the availability of information and the capacity of Member States to report on them.

20. Monitoring and reporting on the SP 2014-2019 impact and outcomes will make use of PAHO's existing health information system (PAHO's Regional Core Health Data Initiative and Country Profiles). This may require strengthening and/or expanding the current data set, including making improvements in Member States' reporting.

21. It is important to define a set of relevant and comprehensive outcome indicators that are both relevant and comprehensive yet nonetheless minimum. To ensure this, indicators should be specific, measurable, achievable, realistic, and time-bound (SMART). They should have baseline information that will serve as a point of reference to assess progress and propose a target to be achieved by the end of 2019, in order to assess the performance of PAHO's SP 2014-2019. In addition, information should be available from existing reporting systems and not depend on complex and/or expensive processes (i.e. additional surveys or data-gathering) to assess progress. The use of tracer/proxy indicators will be encouraged.

## **VIII. Ensuring Efficient and Effective Implementation of the Plan**

[UNDER DEVELOPMENT]

22. This section will provide an analysis of the range of factors that may have a bearing on efficient, effective implementation of the Plan. Among other issues, the section will address the following:

- (a) *Strategies for Technical Cooperation:* This section will provide a summary of the strategies that PAHO will implement to achieve the results anticipated in the Plan. There will be significant space devoted to the modalities of PAHO/WHO's technical cooperation.

- (b) *Roles and responsibilities of PASB and PAHO Member States needed to successfully implement the Plan:* Emphasis will be placed on clarifying the joint actions necessary to achieve the Plan's outcomes and bring about the expected impacts.
- (c) *Funding the Strategic Plan:* A resource envelope will be estimated and included in the Strategic Plan. Its purpose is to provide Member States with a sense of the magnitude of the resource level required over the six-year period covered by the Plan, so as to enable achievement of the anticipated results. This will involve reviewing the amount of resources available to implement the PAHO Strategic Plan 2008-2013, including an analysis of existing trends of all funding sources (regular budget [RB] and voluntary contributions [VC], national voluntary contributions [NVCs], and funds from WHO). Implications of the new PAHO budget policy will be considered, as well as how to incorporate NVCs and deal with them in the context of funding the Plan's categories and outcomes. Special attention will be paid to PAHO's programmatic approach, as guided by this Plan, with a view to obtaining the necessary resources with sufficient flexibility to allow for achieving the Plan's anticipated outcomes.
- (d) *Risk management:* PASB will apply its Enterprise Risk Management methodology to identify the risks and mitigation measures required to ensure successful Plan implementation.

#### **IX. Monitoring and Reporting, Assessment, Accountability, and Transparency**

[UNDER DEVELOPMENT]

23. Performance monitoring and assessment (PMA) is an essential process in successful Plan implementation, in that it provides the information necessary to enable the informed revision of policies, strategies, and interventions. This process allows PAHO to identify and analyze impediments and risks encountered, lessons learned, and actions required to ensure achievement of results. The end-of-biennium program and budgets performance assessment will provide a comprehensive appraisal of PAHO's performance and will include an assessment of progress made towards achieving the stated outcomes. The end-of-biennium assessments will form the basis for informing Member States on progress made in implementing the Strategic Plan. Work will continue on defining both the PMA framework and process for the new PAHO Strategic Plan, including the level of PASB's accountability and its joint responsibility with Member States to monitor and report on both outcome- and impact-level results. The new PMA process will build upon the experiences and lessons learned from the PMA process as implemented over the course of the PAHO Strategic Plan 2008-2013.

#### **X. Acronyms and abbreviations [TO BE COMPLETED]**

Annexes

**Illustrative Examples of the Results Chain to be Included  
in the PAHO Strategic Plan 2014-2019**

**Category 4**

Health systems—Health systems based on primary health care, in support of universal health coverage

**Outcome**

4.1 All countries have comprehensive national health policies, strategies and/or plans.

**Outcome Indicator**

4.1.1 Number of countries that have a current health sector strategy with defined goals and targets.

**Baseline 2011: 30** (number of countries with health sector strategies or plans in place at the time of the mid-term evaluation of the Health Agenda for the Americas in 2012)

**Target 2019: 38** (all PAHO Member States, including associate Members)



**AIDE-MÉMOIRE:**  
**MEETING OF THE MEMBER STATES COUNTRIES CONSULTATIVE  
GROUP (CCG)—**  
**Process for Developing the PAHO Strategic Plan 2014-2019  
and Program and Budget 2014-2015**  
*19 February 2013 10:00 AM–12.30 PM,*  
*Room B, PAHO Headquarters Building and via Blackboard*

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**AGENDA**

- Opening Remarks: Dr. Carissa F. Etienne, PASB Director
- Background and update on the process: Dr. Víctor Raúl Cuba Oré, Ministry of Health of Peru, Chair of the CCG
- Overview of the proposed outline documents for the Subcommittee on Program, Budget, and Administration (SPBA): Mr. Rony Maza and Ms. Veronica Ortiz, Pan American Sanitary Bureau (PASB)/Planning, Budget, and Institutional Development (PBI)
- Discussion on draft outline documents for the SPBA: CCG Members
- Next Steps: Dr. Víctor Raúl Cuba Oré, Ministry of Health of Peru, CCG Chair

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**OBJECTIVES**

The meeting objectives were to:

- Provide an update on the process for developing the new PAHO Strategic Plan 2014-2019 and Program and Budget 2014-2015.
- Obtain input from CCG members on the proposed outline documents to be submitted to the SPBA.
- Agree on next steps and key dates.

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**PARTICIPANTS**

**Present:** The meeting was attended by delegates of Member States of the CCG and staff members in the accompanying PASB Support Groups. These include PAHO/WHO Representatives (PWRs) and focal points, the Director, the Deputy Director, and the Assistant Director of PASB, as well as members of the Technical Secretariat for the process. Delegates from the following Member States were in attendance at the meeting: Argentina, Barbados, Brazil, Canada, Chile, El Salvador, Mexico, Panama, Paraguay, Peru, and the United States of America.

**Absent:** Grenada (due to national elections in the country)

**Rapporteurs:** Donna-Lisa Peña, Rony Maza, and Veronica Ortiz

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## **DISCUSSION AND DECISIONS**

This was the first meeting of the CCG in the course of this process, in accordance with the schedule agreed upon by the members of the CCG.

Opening remarks were provided by the PASB Director. She noted that this event presented an unprecedented opportunity for a new PASB Director in allowing for innovative, forward-looking thinking on how to advance the Region's health and development agenda. This event has occurred at a critical time as countries are making their final push towards meeting the 2015 Millennium Development Goals. The Director further noted that the event provided an excellent opportunity to be strategic as the Region prepares for the post-2015 health and development agenda. The Director highlighted that this was a top priority for PASB this year and that she had committed the necessary resources to ensure completion of the process according to the roadmap approved by Member States.

### **Highlights and Decisions**

The following includes the main comments made and decisions reached at the meeting. In addition, the CCG members submitted written comments after the session, which are detailed in the section that contains additional comments at the end of this aide-mémoire.

#### **A. Outline of the Strategic Plan 2014–2019 and Program and Budget 2014–2015 for the Seventh Session of the Subcommittee**

There was general agreement among CCG members on the proposed outlines of the Strategic Plan and Program and Budget. The following comments and observations were made:

- (a) Consideration should be given to the specificities of the Region of the Americas. In this regard, the Strategic Plan and Program and Budget should better differentiate between the regional and global contexts.
- (b) Member States recognized the importance of maintaining a balance between programmatic harmonization with the Twelfth WHO General Program of Work (GPW) and the regional priorities as established in the Health Agenda for the Americas 2008–2017.
- (c) It was highlighted that there is a need to ensure that the determinants of health are reflected as a cross-cutting theme and made more explicit in the document. There are aspects of determinants of health that extend beyond the health sector. Additionally, the categories are in and of themselves consequences of determinants of health.

- (d) Knowledge management is not highlighted as an all-encompassing/cross-cutting theme; nor is its linkage with evidence, policy, science, and technology fully evident in the current organization of categories and program areas. *PASB clarified that knowledge management is covered in Category 4 (Health Systems) under Health Information Systems and Category 6 (Enabling Functions) under Strategic Communications.*
- (e) The current organization of the program areas does not address the specificities related to intercultural health issues and marginalized populations (including indigenous groups), which represent areas of specific focus and priority in the Region. These should be considered for inclusion in the program areas in the complete version of the Strategic Plan.
- (f) It was noted that the proposals for WHO's Twelfth GPW and PAHO's Strategic Plan 2014-2019 have a focus on disease management rather than on the well-being of the population.
- (g) In relation to health systems, flexibility was requested in the way programmatic areas are defined, so as to ensure federated states can reflect jurisdictional responsibilities regarding health.
- (h) PASB should continue with the preparation of the documents for seventh session of the SPBA, with consideration of the points above.

## **B. Comments by Category**

### Category 1 (Communicable Diseases)

- (a) There is a need to revisit the potential duplicity of neglected tropical diseases in two different categories: Category 1 (Communicable Diseases) and Category 5 (Epidemic and Pandemic-Prone Diseases). *Clarification was made that the scope and approach to these programmatic areas are different and agreement was reached that the details in the documents will clarify such ambiguities.*
- (b) Rather than speaking of neglected tropical diseases alone, it should be noted that there are a number of vulnerable population groups suffering from these diseases.

### Category 2 (Noncommunicable Diseases)

- (a) Workers' health and the associated risk factors, as well as access to health services, should also be addressed in the context of Noncommunicable Diseases.

Category 3 (Promoting Health throughout the Life Course)

- (a) Determinants of health should be given greater priority and be reflected in the title of Category 3. In this regard, Argentina's proposal to rename this category "*Tackling the Determinants of Health and Promoting Health throughout the Life Course*" was accepted by the other members of the CCG.
- (b) A specific question was asked on how determinants of health will be reflected in the Strategic Plan and Program and Budget. *In clarifying this point, PASB noted that this could be done at different levels of the results chain in both documents and that its programmatic and budgetary expression will be reflected in Category 3. Furthermore, when designing both the Strategic Plan and Program and Budget, determinants of health are to be considered as a cross-cutting theme.*
- (c) Social and community participation appear to be missing.
- (d) The populations addressed under health throughout the life course do not reflect the population of working age, for whom it is important to address the issue of occupational health.

Category 4 (Health Systems)

- (a) Human Resources for Health (HRH) as a programmatic area needs to be explicitly reflected in this Category—particularly given the specific focus on this topic in the Region.
- (b) Health research should be more specifically highlighted in this category.
- (c) Management and financing models for health require individual focus. Hence, they should be specifically addressed in this category.
- (d) There is a need to make explicit reference to governance and the steering role of the national health authorities.

Category 5 (Preparedness, Surveillance, and Response)

- (a) It was noted that Outbreak and Crisis Response (OCR) was included as a separate program area. Clarification was made that this was done primarily to avoid distorting implementation in the program areas, given both the nature of these topics and the enormity of funds available for them (neither of which can be anticipated).
- (b) Including polio eradication under Vaccine-Preventable Diseases (under Category 1) should be taken under consideration. *Clarification was made that*

*this was to be considered in the proposed outlines of both the Strategic Plan and Program and Budget, given the situation in the Region.*

Category 6 (Enabling Functions and Corporate Services)

- (a) Mentioned was made that Category 6 appears to be assigned a higher percentage of the budget than other categories. *In clarifying this point, PASB noted that Category 6 allocation should be compared against the total cumulative allocation to the various technical categories. The reason for this is that the functions listed under Category 6 will both support and contribute to implementing other categories. Additionally, it is important to recognize that the cost of maintaining a presence in the countries is included under Category 6.*

**C. Process and Timeline**

- (a) Due to Member States' preparing for the upcoming World Health Assembly, members of the CCG noted that it would not be feasible to attend a face-to-face meeting from 8 to 10 May 2013. With this in mind, the meeting has been rescheduled for 29 April to 1 May 2013.
- (b) In light of the above-mentioned change, CCG members requested that first drafts of the Strategic Plan and Program and Budget be distributed by mid-April 2013, well ahead of the face-to-face meeting. *PASB noted that it would be a challenge to have full drafts made available by mid-April.* Taking this into consideration, it was agreed upon that advance drafts would be submitted to the CCG for review by that deadline. All other dates as presented remain unchanged.

**FOLLOW-UP ACTIONS AND RESPONSIBILITIES**

- (a) Continued dialogue with WHO/Geneva on the refinement of to the category and accompanying program areas: Members of the CCG, particularly those in the WHO Executive Board.
- (b) Convene the face-to-face meeting of the CCG during the last week of April, with PAHO covering travel costs for the delegates of the 12 CCG Member States: PASB Technical Secretariat for the Process.
- (c) Conduct the relevant revisions to the Categories and Program Areas as per the recommendations of the CCG members: Group responsible at the PASB Group.

**ADDITIONAL COMMENTS**

As requested during the meeting, CCG members were asked to submit written comments on the outline of the Strategic Plan 2014-2019 and Program and Budget

2014-2015. This section summarizes additional recommendations submitted by CCG members (Argentina, El Salvador, and Paraguay) that were not discussed during the session.

- (a) With respect to the budget, a suggestion was made to provide an explanation of how resources are allocated within the categories. This will help to indicate the priority assigned to each program area. A further suggestion was made to submit this point for consideration by the CCG and other Member States. For example, it was noted, with concern, that in the case of WHO's Program Budget 2014-2015, the area of determinants of health was assigned less than 1 percent (0.07%) of the proposed program budget for Category 3, which does not reflect the level of priority that this area merited. In view of this, the CCG would like to ensure that the same does not occur in PAHO's Program and Budget 2014-2015.
- (b) A recommendation was made that Chapter 4 of PAHO's Strategic Plan 2014-2019 (Taking Stock and the Way Forward) should include a synthesis of the draft Environmental Health Strategy for the Americas.
- (c) The importance of determinants of health should also be reflected in Categories 1, 3, and 6.
- (d) For Category 1, a suggestion was made to explicitly include dengue in this category.
- (e) For Category 2, a suggestion was made that this category should explicitly include chronic renal diseases; prevention of alcohol, tobacco, and drug consumption; and promotion of physical activity.
- (f) For Category 3, a suggestion was made to rename the program area from "Health and the Environment" to "Environmental Health Strategy." This will expand the current focus from merely providing environmental health services to more broadly caring for the environment, thereby highlighting the relationship between a clean environment and healthy countries, cities, and neighborhoods.
- (g) For Category 4, consideration should be given to include the organization of pre-hospital emergency care under this category.