



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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METHODOLOGY FOR FORMULATION OF THE PASB STRATEGIC PLAN 2008-2012 AND A PROPOSED HEALTH AGENDA FOR THE AMERICAS 2008-2017

In September 2007, the Pan American Sanitary Bureau must present to its highest Governing Body, the Pan American Sanitary Conference, a Strategic Plan for the period 2008-2012. This document sets out a methodology for development of this Plan; in addition, a new 10-year planning instrument, the “Health Agenda for the Americas 2008-2017”, is proposed. The Agenda would set strategic health goals in the Region for both Member States and the Secretariat. The Strategic Plan would subsequently define the next level of objective: regionwide expected results (RERs) that reflect the commitments of the Secretariat.

With this new modality in mind, this document sets out a proposed methodology for ensuring that the Agenda and Strategic Plan are developed on a participatory basis, including inputs from PAHO’s Member States and staff throughout the Region. The Secretariat’s goal is to formulate a collective vision for addressing health gaps among and within individual countries. The strategic principles set out in the document lay the foundation for this process, and will guide the Secretariat during the next 18 months of development and refinement.

The proposed contents of the new Health Agenda for the Americas are: situation analysis and strategic goals. The contents of the Strategic Plan would be: the regionwide expected results, implementation strategy, resource strategy, and monitoring and evaluation. For each of these elements, the document proposes key tasks, responsible parties, and deadlines. A communication strategy will also be developed. Lastly, schedules for revision and approval of the Agenda and Strategic Plan are presented.

The Subcommittee on Planning and Programming is requested to review this document and provide comments to the Secretariat. More specifically, the Secretariat requests the Subcommittee’s recommendation on the creation of the new Health Agenda for the Americas and other related changes to the planning process.

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A. Background

1. The existence since 1979 of a subcommittee of the Executive Committee on planning and programming is indicative of the importance that the Member States have placed on planning in the Pan American Health Organization (PAHO). It is now the established practice that medium-term plans are submitted to the Pan American Sanitary Conference (PASC) for approval. The four-year period covered by these plans was changed to five years for the current plan. The continued emphasis on planning within the Region is reflected in the recommendations of the Working Group on Streamlining the Governance Mechanisms of PAHO (see Document SPP40/6).

2. The Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 (Document CSP26/10) presented several innovations. The planning process was highly participatory and the use of anticipatory methods improved strategic thinking throughout the Secretariat. The clarification of the Secretariat's vision, mission, and values focused and oriented the final product. The current Strategic Plan 2003-2007 goes beyond strategies for technical programs by providing direction for the organizational development that is necessary for its effective implementation.

3. The Midterm Assessment of the Implementation of the Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 (Document CD46/8) was endorsed by the 46th Directing Council in September 2005 (Resolution CD46.R7); the key recommendations that should influence the development of the next Strategic Plan were as follows:

- The categories of the existing Framework for Technical Cooperation should be used to determine the strategic priorities. This Framework classifies areas of work and expected results into three categories: Addressing the Unfinished Agenda, Facing Challenges, and Protecting Achievements.
- There should be clear accountability for achievement of objectives.
- Data must be available to measure achievements: the Strategic Plan will use objectives and indicators for which data are already available at the start of the planning period. All objectives/indicators will contain baselines and targets.
- In order to ensure that the next Strategic Plan is realistic and achievable, it should include resource strategies, i.e. an analysis of funding sources and levels needed to meet strategic objectives.
- To ensure that PAHO leverages its limited resources and achieves the greatest impact in the health sector, the Organization's strategic objectives should be

elaborated in light of the activities of other players in the health sector in the Americas.

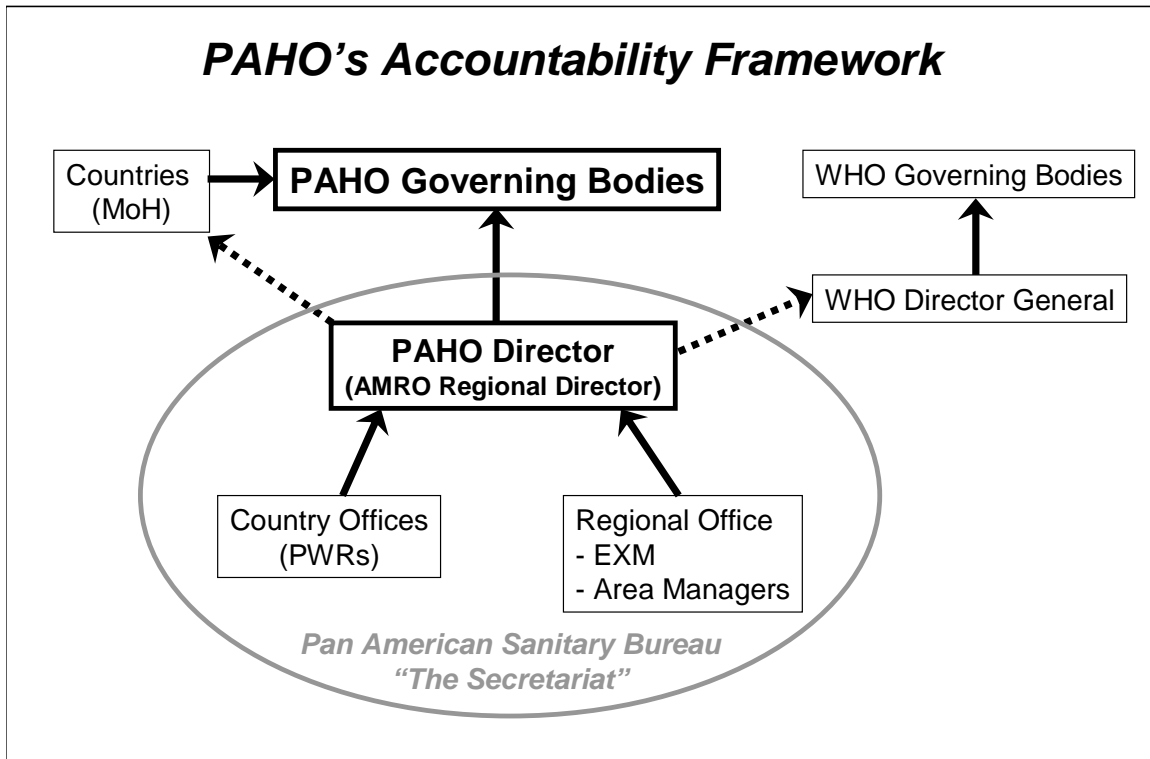
4. In accordance with Resolution CE136.R3, adopted by the Executive Committee at its 136th session in June 2005, the next Strategic Plan for the work of the Pan American Sanitary Bureau should take into account the findings of the report and recommendations of the Working Group on PAHO in the 21st Century, the institutional changes within the Pan American Sanitary Bureau (PASB), and the recommendations of the Special Report of the External Auditor.

B. Strategic Planning Principles

B.i. Accountability

5. The Pan American Sanitary Bureau, or Secretariat, is first and foremost accountable to its Member States. This relationship is formalized through the appointment of a Director of the PASB to implement the priorities and programs of the Organization. The Governing Bodies determine what those priorities and programs should be. The Pan American Sanitary Conference is the supreme governing authority of the Organization, as set out in the Constitution of the Pan American Health Organization. Thus, in terms of the strategic planning and reporting of programmatic results, the Secretariat (in the person of the Director) remains accountable to the Pan American Sanitary Conference, to which timely updates and reports on the achievement of goals and expected results will be reported.

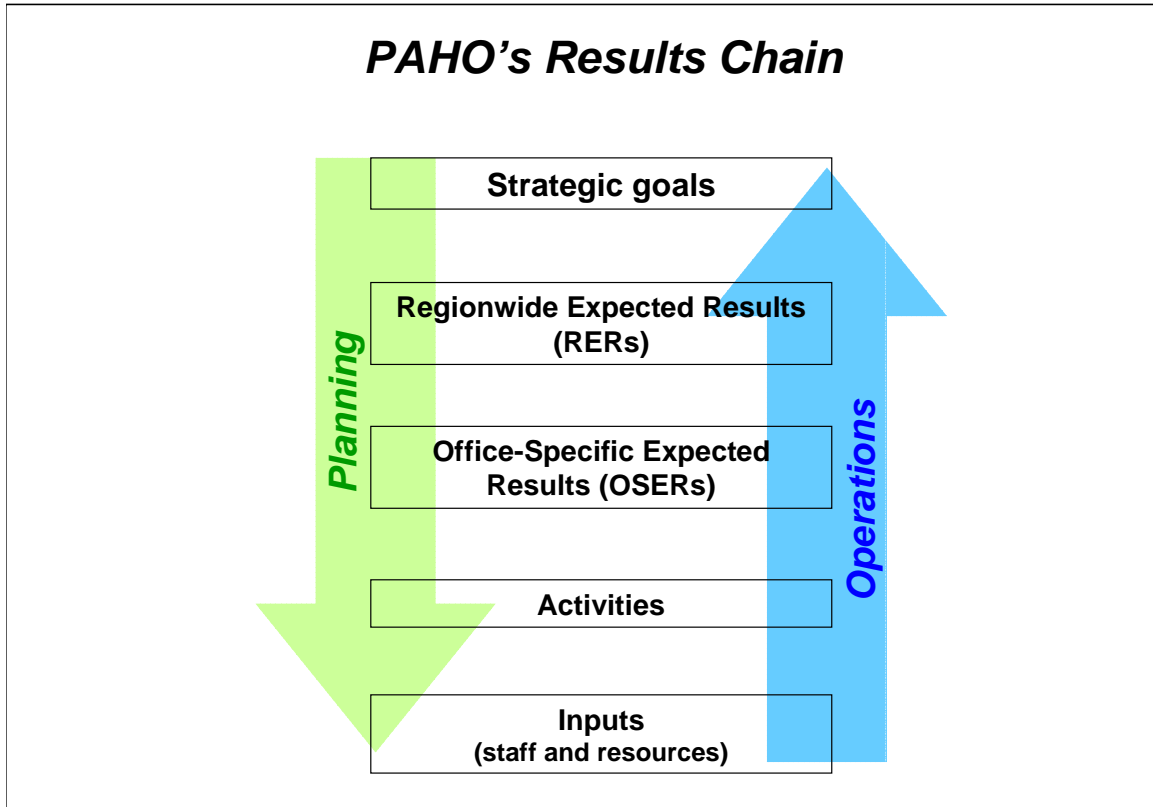
6. In the interest of clarity, the following diagram depicts key accountability relationships.



B.ii. Results-based Planning and Management

8. The principles of results-based planning and management will be used in the development of the proposed Health Agenda for the Americas and the Strategic Plan. Accordingly, the formulation of strategic goals in the Agenda will focus on the expected overall health development impact in the countries by the end of the period. Clearly, the development of strategic goals will require significant input and affirmation from Member States. The achievement of the goals will be the results of the combined actions of countries, the Secretariat, and a variety of other players in the health sector.

9. The next level of objectives will be set out in the Strategic Plan: Regionwide Expected Results (RERs). RERs will focus on areas within the Secretariat's manageable interests. They will be set out in concise, measurable terms, with explicit causal relationships between the RERs and strategic goals. RERs will also be defined through SMART (specific, measurable, achievable, realistic, and timely) indicators, so that PAHO can be held accountable for its contribution to impact-level health goals in the Americas.



B.iii. Maximizing Participation

10. The planning process will seek to maximize staff and stakeholder participation and ownership. Consultations will be held as widely as possible and structured in a manner that will facilitate a bottom-up planning process and enable the Organization to benefit from the views and experiences of a wide cross section of individuals and organizations. In this regard:

- A special Steering Group is being proposed (see below).
- Consultations will be organized, largely through existing meetings and electronic communications to minimize costs.
- Staff will be encouraged to make individual contributions.

11. The planning process is designed to foster a sense of ownership of and commitment to the Health Agenda for the Americas and the Strategic Plan in the people responsible for their implementation. The result should be an Agenda and a Plan which reflect the views, concerns, and aspirations of the stakeholders and staff of the Organization, appropriately distilled and analyzed by Executive Management.

B.iv. Country Focus

12. The Agenda and Plan will be country-focused, in keeping with the orientations contained in Document CD46/19 Country-focused Cooperation and National Health Development. The strategic goals will highlight collective issues and represent the regional health agenda. A major focus will be to plan the utilization of the Organization's resources to achieve a direct positive impact on the health situation in Member States. In the planning process, existing Country Cooperation Strategies (CCS), will be analyzed and used as inputs to ensure that the needs of countries are identified and prioritized. At the same time, care will be taken to maintain PAHO's multinational perspective, since the Organization's greatest impact is often on health issues that cross borders and regions. The Agenda and the Plan will thus compose a collective vision for addressing health gaps among and within individual countries.

B.v. Operational Relevance

13. The Health Agenda for the Americas and Strategic Plan will be operationally relevant for countries and for the PASB's staff. The Secretariat hopes that Member States will find the strategic goals a useful framework for their own health development plans. For the Secretariat, the expected results contained in the Strategic Plan will be directly linked to program and budgets for the respective planning period, enabling regular monitoring of performance and ease of reporting through aggregation of data in the AMPES (planning and reporting) system.

C. The Planning Environment

14. This section highlights factors and issues in PAHO's environment to be addressed in the planning process in 2006 and 2007.

C.i. World Health Organization

15. PAHO's relationship with WHO has enabled the Region to participate in health development worldwide, an essential modality due to the increased global dimensions of public health. The synergies and complementarity between the two organizations have increased in recent years, allowing PAHO to leverage broad international resources for the benefit of its Member States.

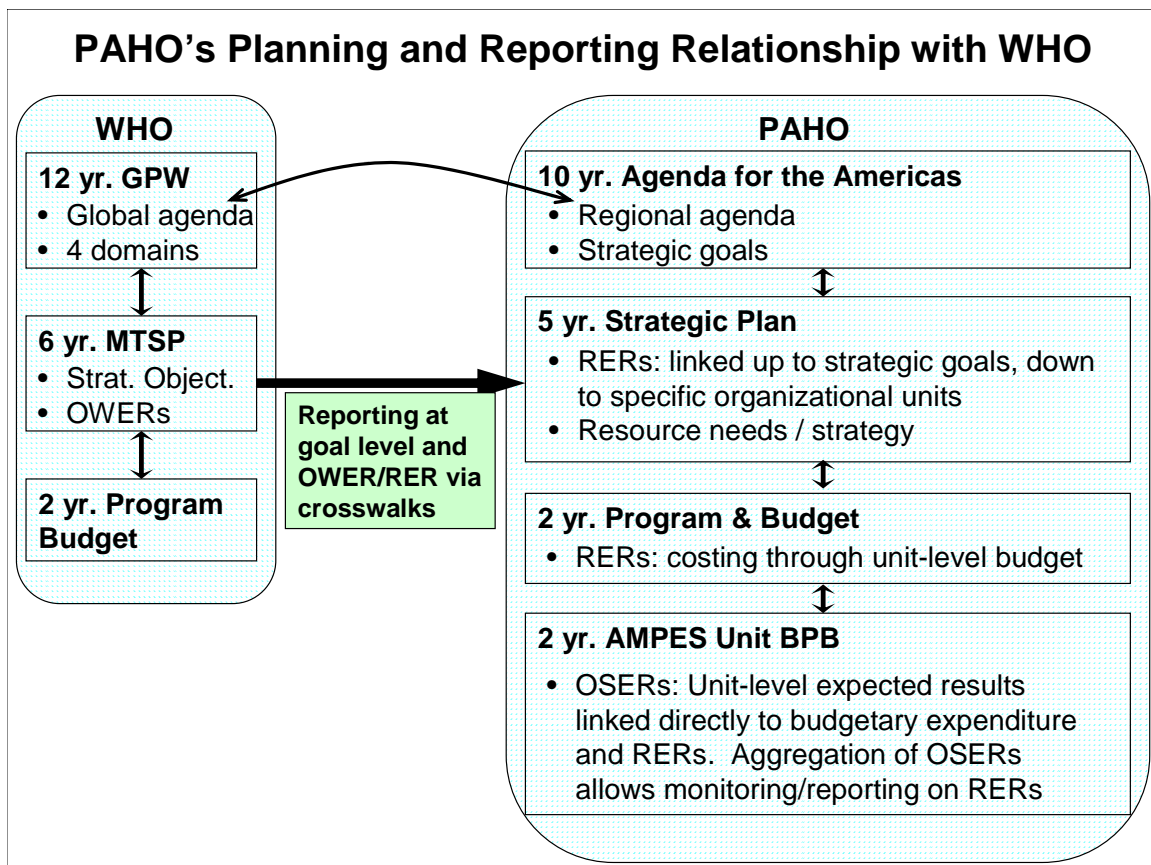
16. At the same time, PAHO's relationship with WHO has broad implications for strategic planning, programmatic implementation, and managerial functions and systems, such as the Global Management System now being developed by WHO. The following contextual points should be borne in mind:

- Movement on the part of PAHO towards greater alignment with WHO has had significant implications for financial and programmatic planning and reporting.
- WHO's Eleventh General Program of Work (GPW) 2006-2015 differs from past programs in that it does not contain specific objectives or results for the Secretariat's work; instead it contains broad orientations. It nonetheless provides an analysis of the global health situation, defines four domains of the global health agenda, and calls for collective action. The GPW will inform PAHO's definition of the Health Agenda for the Americas.
- In keeping with the implementation of results-based management, WHO is for the first time preparing a medium-term strategic plan (MTSP) for 2008-2013 that will set out WHO's strategic objectives and organization-wide expected results (OWERs). PAHO's own Strategic Plan will need to take into account OWERs in the development of the Region's own regionwide expected results (RERs).

17. The Secretariat seeks to harmonize the programs and objectives of PAHO and WHO, while at the same time maintaining the vital regional specificity that allows PAHO to address its Member States concerns and priorities. Maintaining PAHO's added value to its Member States as the health organization of the inter-American system, as well as the Regional Office of the World Health Organization, is integral to our Constitution.

The Way Forward: Working with WHO at the Strategic Level

18. PAHO must contribute to the global health agenda. WHO is in the process of defining this agenda through the General Program of Work and the Medium-Term Strategic Plan. PAHO's strategic goals will contribute to WHO's strategic objectives, but will be driven by the regional health agenda (to be defined in the proposed Health Agenda for the Americas). In order to facilitate reporting at the goal and expected-result levels, "crosswalks" would be developed by the Secretariat's Planning Unit. Thus the need for double reporting by the PASB's technical units (as currently exists) would be eliminated. A graphic representation of this relationship follows:



19. The benefits of this approach are that it:

- Ensures PAHO's contribution to WHO at the strategic level, without losing PAHO's flexibility to define its priorities and operations to meet region-specific needs (e.g. veterinary health, rabies, food safety, and health promotion).
- Allows for programmatic creativity and innovation that can benefit the global Organization.
- Allows sufficient time for consultation and input from countries and PAHO/WHO Representatives (PWRs).
- Provides for bottom-up, country-focused development of regionwide expected results, enabling direct linkage to operational results.
- Reduces planning and reporting demands on technical areas by eliminating duplication.

C.ii. External Environment

20. PAHO's external environment can be divided into four main categories: closely related organizations—the Organization of American States and WHO (discussed above); multilateral partners, including other United Nations bodies and the international financing institutions; and subregional bodies. The strategies and programs of all these organizations must be taken into account in the PASB's strategic planning process. The issues laid out below are intended as a catalyst for further exploration and discussion.

Organization of American States (OAS)

21. It will be important to ensure that the Health Agenda for the Americas and Strategic Plan incorporates the mandates of the Summit of the Americas. Over the years, health-related objectives have been enunciated by this forum, and PAHO has been given direct responsibility for coordinating the implementation of several of these objectives. Building on this thrust, joint plans of action will be developed with the OAS, and its respective specialized bodies, such as: the Inter-American Institute for Cooperation on Agriculture, Inter-American Commission of Women, Inter-American Commission on Human Rights, and Inter-American Drug Abuse Control Commission (joint technical publications).

United Nations (UN)

22. At the multinational level, the Development Goals of the Millennium Declaration (MDGs) are the highest-level UN goals to which PAHO contributes. The strategic goals will make explicit the contribution of PAHO's programs to the achievement of those goals.

23. Reviews of the strategic frameworks of the UN agencies and of the available United Nations Development Assistance Frameworks (UNDAFs) for countries in the Region will help ensure consistency and complementarity with the ongoing efforts of our UN partners.

Subregional Bodies

24. The Regional Program Budget Policy formalized PAHO's support for the health agenda of the subregional integration processes. The Agenda and Plan will respond to the priorities and needs of the subregions. Subregional health plans will be developed and ongoing dialogue commenced with the subregional health entities to ensure implementation of those plans and to formulate required technical cooperation.

Financing Institutions and Global Partnerships

25. Given that the largest financial contributors in the public health sector today are the multilateral financing institutions and new global partnerships (e.g. the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Global Alliance for Vaccines and Immunization), PAHO's leadership and technical expertise must help guide their investments. The Agenda will include strategies and guidelines for PAHO's leverage of its own limited resources through cooperative agreements and joint programs.

C.iii. Internal Environment

26. In the analytical phase, the strategic planning process will take advantage of the numerous surveys and analyses that have been undertaken within the current Roadmap Initiatives. The definition of the Secretariat's corporate response will be influenced by the recommendations of the Roadmap teams, including those on the reorientation of the regional public health plans, the resource mobilization strategy, communication strategy, and the human resource strategy. Further, the analysis of the internal environment will take into consideration the actions included in the Results-based Management: Plan of Action for the Pan American Sanitary Bureau (see Document SPP40/9).

D. New Planning Instruments

D.i. A Proposed Health Agenda for the Americas

27. The Secretariat would like to propose a new long-term planning instrument, the "Health Agenda for the Americas" (or the Agenda). This instrument would set PAHO's strategic goals for a 10 year period. The Agenda would be:

- **A high-level strategy for addressing health needs in the Americas.** It would be based on an assessment of the health situation today and likely developments during the planning period. The Agenda would be PAHO's highest-level planning document.
- **For all of PAHO**, including Member States. The strategic goals would set targets that Member States and the Secretariat would work together to achieve. While the Agenda could be **compared** to the WHO Global Program of Work in its scope, the Agenda will include strategic goals.
- **A 10-year plan**, i.e. two Strategic Plans and five Program Budgets. Strategic goals set in the Agenda would remain in force for the full 10 years, unless modified in an approved PAHO Governing Bodies document. The strategic goals would include indicators to measure achievement.

28. The development and implementation of the Agenda would achieve these objectives:

- Provide for long-term programmatic implementation on a time-horizon that will allow for achievement of measurable impact. Many of PAHO's programs at the country and regional level are designed to have an impact several years after the program's start. This is the nature of most of the work conducted in the health development sector; the new Agenda planning tool would recognize this reality, and establish goals accordingly.
- Maintain programmatic consistency over a longer period. The strategic goals would be tied to institutional needs and priorities, not to each Director's five-year term-of-office.
- Bring PAHO in line with standard planning practice among United Nations organizations. (Note: the Joint Inspection Unit report also recommends establishment of a long-term plan.)

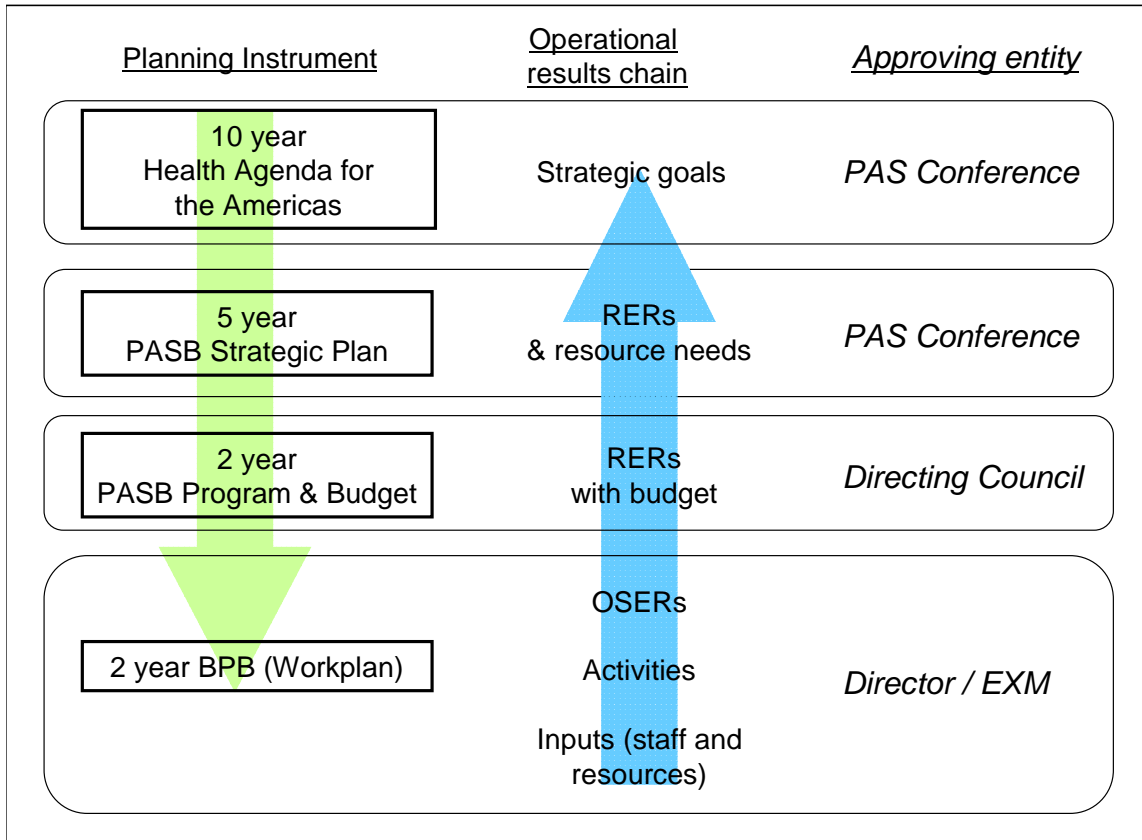
29. The use of a 10-year planning instrument is not new in PAHO. The previous instrument, called the *PAHO Ten-Year Health Plan for the Americas*, was last used in the period 1973 to 1982. The development of the PASB Strategic Plan was, at the time, felt to be a sufficient substitute for the long-term strategic planning instrument. Experience has shown that in fact a long-term plan is a useful and necessary planning tool to guide the Organization's work.

D.ii. A Revised Strategic Plan

30. If developed and adopted, the Health Agenda for the Americas would necessarily have implications for the Strategic Plan. Starting with 2008-2012, the Strategic Plan would change in the following ways:

- Since the Agenda would contain strategic goals, those would no longer appear in the Strategic Plan. Instead, the Strategic Plan would translate the PAHO-wide strategic goals down to Secretariat-level regionwide expected results. Thus, while the Agenda would set out goals for the Member States and the Secretariat, the Strategic Plan would apply only to the Secretariat.
- Regionwide expected results would be fully elaborated in the Strategic Plan (previously this was done in the Program Budget), including indicators and resource estimates. (See full proposal below.)
- The mid-Agenda period Strategic Plan (e.g. in the 2008-2017 cycle, the 2013-2017 Strategic Plan) would provide an opportunity not only to develop new or revised RERs, but also present any modifications to the strategic goals that may become necessary due to a changing health situation or other concern among Member States or the Secretariat.

31. The following diagram depicts the relationship between planning instruments and operational results under the proposed scenario:



E. Content Development

32. This section proposes the establishment of a steering group to guide and assist the development of the proposed Health Agenda for the Americas 2008-2017 and the Strategic Plan 2008-2012. Next, steps are proposed for preparation of the new Agenda and the next Plan, including which parties will perform each step and relevant deadlines.

A Steering Group

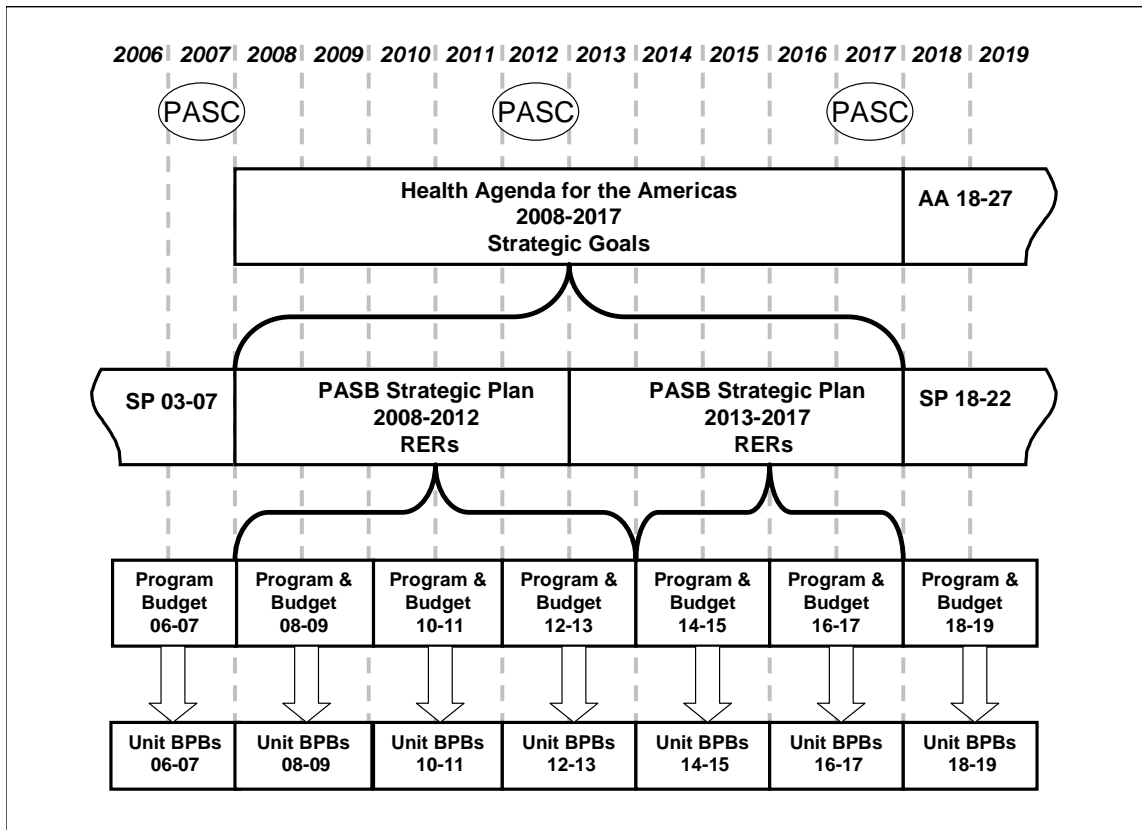
33. A Steering Group is proposed, to include four Member State representatives, two PWRs, two Regional Headquarters Area Managers, and one member of Executive Management (EXM). The governments' representatives should be elected members of the Subcommittee on Planning and Programming (SPP), ensuring appropriate geographical representation. The Steering Group would agree to help develop the Agenda and the Strategic Plan, provide feedback to the Bureau's Planning Unit at all

stages of the planning process, and consult periodically with wider peer groups as needed. The Subcommittee members would choose the government representatives, while the Director would appoint the remaining members of the Steering Group. Available means of communication and remote access will be used to minimize costs.

Aligning Planning Instruments

34. There currently exists a situation where every 10 years a program and budget is “split” across two strategic planning periods (see the diagram below the following paragraph). The Joint Inspection Unit’s Report (Document CD46/23, Add. I) suggests extending the period covered by the Strategic Plan from five to six years in order to address this very problem. While this suggestion is consistent with WHO’s new six-year MTSP and would facilitate planning and reporting tasks by allowing each Strategic Plan to cover exactly three biennial program and budget cycles, it is impractical owing to the cycle of the Pan American Sanitary Conference, which meets every five years and approves the Strategic Plan. While this is not a constitutional stipulation, the Secretariat does not recommend changing the practice without full consideration by Member States. This modality would also apply to the proposed Health Agenda for the Americas, which would be also be approved by the PASC.

35. The proposed solution to the program and budget versus strategic planning periods is to designate RERs in programs and budgets as depicted in the diagram below.



36. Thus each program and budget (and therefore Unit-level BPB, as included in the AMPES system) is clearly linked to the RERs in a Strategic Plan, which in turn links to the strategic goals established in the Agenda. The consequence of this proposal is that the RERs contained in Strategic Plans will de facto cover alternating four- and six-year periods. Governing Bodies would need to acknowledge and accept this modality when they consider planning and reporting documents.

E.i. Health Agenda for the Americas

37. The following section lists each major element of the Health Agenda for the Americas, the entity responsible for its development, and significant dates.

Situation Analysis

Task

38. Perform initial situation analysis of the external and internal environment, to be revised as needed during 2006, to include:

- The health situation in the Americas.
- Progress against Strategic Plan 2003-2007 and continued relevance of objectives contained therein.
- External environmental factors that impact health development and PAHO's work.
- Internal factors, including PAHO in the 21st Century and Roadmap Initiatives.

Responsible Parties

39. The Planning Unit and the Health Analysis and Information Systems Unit will perform most of the research needed. The Steering Group will be asked to review the analysis.

Deadlines

40. Completion: 30 May 2006.

Strategic Goals

Task

41. Develop draft PAHO strategic goals, based on:

- Existing mission and vision statements, and PAHO's Basic Documents.
- The situation analysis.
- Priorities set at the regional and country levels.
- Interventions by main stakeholders in the health sector.
- PAHO interventions that are likely to have the greatest impact.
- PAHO's normative functions.

42. PAHO's goals should be the collective aspirations of its Member States. The goals will also take into account WHO's strategic objectives for the period 2008-2013 and other global and regional priorities.

Responsible Parties

43. The Planning Unit in consultation with the Steering Group.

Deadlines

44. Strategic goals completion: 1 August 2006.

Review at the Executive Committee: September 2006.

E.ii. Strategic Plan

45. The following section lists each major element of the Strategic Plan, the entity responsible for its development, and significant dates.

Regionwide Expected Results

Task

46. Develop RERs, including indicators and resource requirements. RERs show the programmatic substance of strategic goals, and represent PAHO's contract with its Member States: once approved, monitoring and reporting against RERs will form the core of the Secretariat's reporting responsibilities to Governing Bodies for the entire planning period (notwithstanding periodic adjustments as mutually agreed-upon).

Responsible Parties

47. Planning Unit with RER Coordinators.

Deadlines

- Draft RERs completion: 15 October 2006.
- Consideration at Annual Managers Meeting: November 2006.
- Revision/final approval by Executive Management: December 2006.
- Review by Steering Group: December 2006.

Implementation Strategy

Task

48. Develop a strategy to ensure programmatic implementation of strategic goals and RERs.

Responsible Parties

49. Planning Unit with the Steering Group.

Deadlines

50. Completion: 30 December 2006.

Resource Strategy

Task

51. Develop a high-level resource strategy, including:

- Cost estimates to reach RERs
- Projected funding sources (regular and voluntary)
- Strategy to address projected shortfalls.

Responsible Parties

52. Planning Unit and Resource Mobilization Unit.

Deadlines

53. Completion: 15 January 2007.

Monitoring and Evaluation

Task

54. Determine how implementation of the strategic goals and RERs will be monitored on an ongoing basis and periodically evaluated. This system will use existing information system tools (notably AMPES) wherever possible, with a view to streamlining reporting requirements. The system will aim to accommodate the needs of PAHO's stakeholders, and should thus become more analytical and widely available.

Note: This section refers to the monitoring and evaluation of programmatic performance; financial tracking systems are already in place.

Responsible Parties

55. Planning Unit with Steering Group.

Deadlines

56. Completion: 15 January 2007.

F. Communication Strategy

57. The communication strategy to be developed will cover the entire development and implementation period of the Agenda and the Strategic Plan. The objective of the strategy is to inform all stakeholders (Member States, Governing Bodies, staff and external partners) of their roles and inputs in the planning and implementation processes, and to encourage their fullest participation. The strategy must also inform on the consultation processes and provide feedback to participants/stakeholders. In the implementation period, the communication strategy will provide timely and relevant feedback on the successes and issues arising through monitoring of implementation. The strategy will utilize all existing communication mechanisms and information systems of the Organization:

- CCS consultative process
- Annual consultations with countries
- PAHO newsletter
- Internet web site
- Intranet
- Others as appropriate

G. Health Agenda for the Americas and Strategic Plan Review and Approval

58. The following table shows the timing of submissions to the Governing Bodies for review, endorsement, and approval.

<i>Action</i>	<i>Date</i>	<i>Result</i>
1st draft Health Agenda for the Americas (situation analysis and strategic goals) submitted to the Executive Committee	September 2006	Comments received by the Secretariat
2nd draft Agenda and 1st draft Strategic Plan submitted to the Subcommittee on Program, Budget, and Administration	March 2007	Comments received by the Secretariat
3rd draft Agenda and 2nd draft Strategic Plan submitted to the Executive Committee	June 2007	Endorsement for approval by the PASC
Final Agenda and Strategic Plan submitted to the Pan American Sanitary Conference	September 2007	Approval

H. Action by the Subcommittee on Planning and Programming

59. The Subcommittee is requested to:

- Review this document and provide overall comments to the Secretariat.
- Recommend that the following proposals, as presented above, should be endorsed by the Executive Committee:
 - Develop a Health Agenda for the Americas 2008-2017.
 - Include regionwide expected results in the Strategic Plan.
 - Link each program and budget to a Strategic Plan in order avoid splitting across planning periods.
- Approve the proposed Steering Group and its responsibilities and schedule

- - -