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PROGRAM AND BUDGET 2008-2009 END-OF-BIENNIUM ASSESSMENT/ INTERIM PAHO STRATEGIC PLAN 2008-2012 PROGRESS REPORT

TABLE OF CONTENTS

Page

TABLE OF CONTENTS (*cont*.)

Page

PROGRAM AND BUDGET 2008-2009 END-OF-BIENNIUM ASSESSMENT/ INTERIM STRATEGIC PLAN 2008-2012 PROGRESS REPORT

I. EXECUTIVE SUMMARY

1. This report serves to inform the Governing Bodies on the progress of the implementation of the Strategic Plan 2008-2012. The report presents the Program and Budget 2008-2009 end-of-biennium assessment. The report relies on information provided by the Performance Monitoring and Assessment (PMA) process conducted across the Pan American Sanitary Bureau (PASB) at the end of the 2008-2009 biennium. It consists of programmatic and budgetary implementation analyses by Strategic Objectives (SOs) and by the different levels of the Organization. Information on the PASB's resource mobilization efforts to cover the funding gap of the 2008-2009 Program and Budget, and an analysis of prioritization of SO are also provided.

2. At the end of the first period of implementation of the Strategic Plan (2008-2009 biennium), the Organization is in good stead to achieve future targets. The assessment shows that 12 SOs were "on track" and 4 "at risk". Of the 88 RERs, 76% were "on track" and 24% "at risk". Most of the RERs "at risk" are related to high-level policy and macro interventions to scale-up and sustain achievements requiring continued political commitment by Member States. Of 324 RER indicator targets, 85% were achieved, 13% were not achieved and 2% were not applicable or assessed.

3. The approved Program and Budget was $626 million[1], of which $559 million (89%) were available for the biennium. The available funds were equally distributed between Regular Budget (RB) and Other Sources (OS); however there were differences in the distribution within each of the 16 SOs. Furthermore, the allocation of RB resources among organizational levels followed the Regional Program Budget Policy (RPBP). This policy also guided the distribution of OS funds.

4. At the end of the biennium 94% ($525 million) of funds available were implemented, which represents a significant increase compared to the average implementation rate of the last two biennia (79%). The implementation by SO was 90% or above with the exception of SO4 and SO10 which had 85%. An implementation rate above 75% was considered acceptable, according to the methodology adopted to assess the Strategic Plan.

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

5. Of the $626 million approved Program and Budget, $279 million was from regular budget. The difference, $347 million was the initial funding gap. By the end of the biennium, the Organization was able to mobilize $281 million, reducing the funding gap to $66 million (19%).

6. An analysis of the extent to which the allocation of resources was guided by the programmatic priority assigned to SOs 1 to 14 is included in the report (pages 32-34). Most of the allocations of the resources correspond to the priority assigned to the SOs.

7. There were several conclusions and recommendations identified in the end of biennium assessment; the main one being the need to strengthen ongoing monitoring of the Strategic Plan and its components.

II. INTRODUCTION

8. PAHO's Strategic Plan 2008-2012 was approved by the 27th Pan American Sanitary Conference in October 2007 (Resolution CSP27.R4). This Strategic Plan was amended to align it with the revised version of WHO's Medium-term Strategic Plan 2008-2013, including programme budget 2010-2011, as approved in the 62nd World Health Assembly (Resolution WHA62.11 [2009]). The amended version of PAHO's Strategic Plan 2008-2012 was approved by the 49th Directing Council in September 2009 (Resolution CD49.R3). It included changes to the Region-wide Expected Results (RERs) and the RER indicators to facilitate their monitoring and assessment.

9. As established in the Strategic Plan 2008-2012, the Pan American Sanitary Bureau (PASB) is required to present progress reports to the Governing Bodies on the Plan's implementation every two years. This report covers the Program and Budget 2008-2009 End-of-Biennium Assessment and the Interim Strategic Plan 2008-2012 Progress Report.

10. The report relies on information provided by the Performance Monitoring and Assessment (PMA) process conducted across the PASB at the end of the 2008-2009 biennium. It consists of programmatic and budgetary implementation analyses of the Organization's performance, including an analysis by organizational level (country, subregional and regional entities) and by Strategic Objective (SO). Information on the PASB's resource mobilization efforts to cover the funding gap of the 2008-2009 Program and Budget, and an analysis of prioritization of SOs are also provided.

11. Of note, the report is based on the original version of the Strategic Plan 2008-2012 (approved in 2007). This was done because the implementation of the 2008-2009 Biennium Workplans was well advanced by the time the amended version of

the Strategic Plan 2008-2012 was approved. However, reference is made of the modified indicators, as necessary.

12. The report is comprised of five sections: I, II and III cover the executive summary, introduction and methodology, respectively; section IV includes the corporate analysis of the programmatic and budgetary performance and progress reports of each SO; and section V includes the main conclusions and recommendations of the assessment.

III. METHODOLOGY

13. This report reflects the assessment conducted by the 81 PASB entity managers and the Strategic Objective teams according to the progress toward the achievement of the 16 SOs, 88 RERs, and the 324 RER indicator targets, at the end of the 2008-2009 biennium. The assessment includes both quantitative and qualitative methods, described below.

14. First, the achievement of the targets of the RER indicators for the year 2009 is evaluated based on the information provided by the entity managers. This part of the methodology is quantitative—the target was either met or not—and the entity managers are accountable for the achievement of the results under their responsibility and for the information they provide. For the indicators of the type "number of countries…" the reports of the country entity managers are aggregated to find out whether the number of countries required to meet the target of the RER indicator was achieved.

15. Subsequently, a qualitative analysis of the RERs is undertaken and, finally, on the basis of this information, a qualitative analysis of the SOs is done. In both cases the number of targets of the RER indicators that were achieved is addressed.

16. The following rating criteria have been applied for the programmatic and budgetary monitoring of the RERs and SOs:

- 90-100% implementation rate = Green, or “on track”: no impediments or risks are expected to significantly affect progress.
- 75-89% implementation rate = Yellow, or “at risk”: progress is in jeopardy and action is required to overcome delays, impediments, and risks.
- <75% implementation rate = Red, or “in trouble”: progress is in serious jeopardy due to impediments or risks that could preclude reaching targets.

17. A rate of 75% and above for programmatic or budgetary implementation is considered an acceptable performance at the end of the planning period, as established in the Strategic Plan 2008-2012.

18. A brief description of the methodology used in each component of the report is included below.

Programmatic Assessment

19. Analysis by SO - Progress towards the achievement of the Strategic Objectives (SOs), set for the end of the Strategic Plan, is assessed by SO Facilitators. The Facilitators analyze the aggregated level of achievement of the respective RERs and factors contributing to the progress or hindrance of the SO achievement (qualitative assessment), taking in consideration the RER indicators targets achieved (quantitative assessment). The SO Facilitator rates the status of the SO at the end of the biennium and determines whether it is "on track", "at risk" or "in trouble" for being achieved by 2013.

20. Analysis by RER—the assessment of RERs is done by the RER Facilitators. They assess the level of achievement of the RER indicators targets (quantitative assessment) and factors contributing to the progress or hindrance of the RER achievement (qualitative assessment). The RER Facilitator rates the status of the RER at the end of the biennium and in regards to its achievement by 2013, determining whether it is "on track", "at risk" or "in trouble.

21. Analysis by RER indicators targets—achievement of the RER indicators is measured by the attainment of their respective targets set for each biennium; as such they are either achieved or not achieved.

Budgetary Assessment

22. *Budgetary implementation* - is assessed for the Organization as a whole, by organizational level (Country, Subregional and Regional entities), and by SO. The budgetary implementation rate is obtained by dividing expenditures over the total amount of funds available for the biennium.

23. *Mobilization of resources* - the Program and Budget establishes the estimated amount of funds required for each SO at the beginning of the biennium. During the biennium, the PASB mobilizes resources to fill the funding gap of each SO. In line with Results-based Management (RBM), each entity plans the cost of its biennial workplan (regardless the source of funds) according to the estimated amount of resources required to achieve its expected results and outputs during that biennium. At any point in the biennium, the difference between the original estimate and the current available resources from any source to fulfill the program is the funding gap. The report includes an analysis of the status of the funding gap.

IV. PROGRAMMATIC AND BUDGETARY PERFORMANCE

(A) Overview of Public Health in the Region

24. The analysis below is presented within the framework of the eight areas of action of the Health Agenda for the Americas 2008-2017.

(a) Major achievements during the biennium, 2008-2009

STRENGTHENING THE NATIONAL HEALTH AUTHORITY

25. The Heads of State and Government of the countries of the Americas gathered at the Fifth Summit of the Americas (Trinidad and Tobago, April 2009) endorsed the declarations of their Ministers of Health and the resolutions of the Governing Bodies of PAHO and WHO. The commitments adopted at the Summit cover the areas of food security, social protection and comprehensive quality health services, newborn health, communicable diseases, chronic diseases (including diet and physical activity), illicit drug use, the renewal of primary health care, the role of nutrition in health and development, implementation of the International Health Regulations, HIV/AIDS, care of older persons, natural disaster preparedness, urban planning, climate change, violence prevention, and the creation of safe, healthy, and sustainable environments and communities.

26. The intersectoral leadership of the national health authorities made it possible to advance toward achieving the Millennium Development Goals (MDGs) in the Region, in terms of average indicators; however, the challenge of reducing inequalities in the achievement of these goals within and between the countries still remains. The Faces, Voices and Places initiative has helped some Member States target comprehensive technical cooperation actions to the most vulnerable municipios, so that they may advance toward achievement of the MDGs for 2015.

27. Sector leadership laid out important guidelines in the area of equity. In 2009, the Plan of Action for implementing the Gender Equality Policy, adopted by the Directing Council and the Member States in 2005, was set into motion. Current focuses include working toward the integration of gender, ethnic perspectives, cultural diversity, and a human rights approach into the health policies and programs of various Member States. This includes the integration of gender indicators into national policies and plans.

28. The PASB assisted the national health authorities in assessing the performance of health information systems in line with WHO/PAHO standards. Every country in the Region has integrated the orientations of the Regional Plan of Action for Strengthening Vital and Health Statistics (CD48.R6 [2008]) into their programs. Special attention has

been given to improving health statistics at the subnational level to facilitate the analysis of health inequalities. The Bureau set up the Regional Health Observatory with the purpose of facilitating access by national health authorities to all health data, statistics, and information on the Region of the Americas to support decision-making.

TACKLING HEALTH DETERMINANTS

29. In response to the world food crisis of 2007-2008, the United Nations' Regional Directors created the Pan American Alliance for Nutrition and Development (July 2008, PAHO/WHO). The purpose of the Alliance is to propose and conduct, in conjunction with the Member States, comprehensive, coordinated, and sustainable intersectoral programs within the framework of human rights, with a gender and intercultural approach. In so doing the Alliance helps accelerate the process toward achieving the MDGs. The Alliance focuses on impoverished urban centers, rural populations, and indigenous peoples, where inequity is most concentrated.

30. The Member States have promoted the development of healthy spaces in schools, municipalities, and workplaces, and the development of healthy homes. This strategy is based mainly on community empowerment through information and education programs. PAHO/WHO cooperation with the countries focuses on health determinants, equity, and intersectoral action. The commitments and subsequent actions of the First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean (Mexico, 2008) are examples of intersectoral action to define joint public policies for health and education.

31. During this period, five Member States ratified the WHO Framework Convention on Tobacco Control, bringing the total to 27 in the Region. Eleven Member States now require pictorial health warnings on tobacco product packaging; six countries have implemented bans on smoking in enclosed public spaces and workplaces; and two have completely banned tobacco advertising, promotion, and sponsorship.

32. During the Fifth Summit of the Americas, the heads of State made a commitment to providing workers with safe and healthy work environments. The WHO Member States approved the Global Plan of Action on Workers' Health (WHO, 2008–2017). The Member States are implementing the Americas Silicosis Initiative, which has facilitated national policy-making geared to the elimination of this condition. The Regional Observatory of Human Resources in Health facilitates monitoring of the health and safety conditions of health care workers.

33. Twenty-nine countries have completed the evaluation of mental health systems, using the WHO methodology and standardized instrument. The Governing Bodies have adopted resolution CD49.R17 (2009) on the Strategy and Plan of Action on Mental Health.

INCREASING SOCIAL PROTECTION AND ACCESS TO QUALITY HEALTH SERVICES

34. The operational framework for the Social Protection Network in Health was approved at the 10th Ibero-American Conference of Ministers of Health in 2008. The Inter-American Social Protection Network was launched at the Fifth Summit of the Americas. PAHO/WHO has continued to support the countries' efforts toward formulating and implementing policies for social protection in health to fight exclusion, improve equitable access to health goods, services, and technologies, and establish health as a universal right. Some of these policies have sought to give protection to specific population groups, such as the system that provides free obstetric services to pregnant women in Haiti.

35. The Integrated Health Services Delivery Networks Policy (Resolution CD49.R22 of October 2009) operationalized the renewed primary health care (PHC) approach at the health services level. PAHO has managed to consolidate the support of key partners for this initiative, including the Brazilian Ministry of Health, the German Agency for Technical Cooperation, the Health and Social Care Consortium, the Antioquia Hospitals Cooperative, the U.S. Agency for International Development, and the Spanish Agency for International Cooperation.

36. The Region has made progress toward universal access schemes with emphasis on vulnerable groups. Several examples follow. In July 2007, Bolivia passed the bill establishing Universal Health Insurance, which provides comprehensive coverage for the entire population until the age of 21. In March 2009, Peru enacted the Framework Law for Universal Insurance, which places all insurance plans currently available in the country under a single system for social protection in health. In 2007, Uruguay passed a bill creating the National Integrated Health System and the National Health Fund, and, in the 2008-2009 biennium, worked on drafting a Comprehensive Health Care Plan. In Chile, nine health conditions were added to the Plan for Universal Access with Explicit Guarantees between 2008 and 2009, thus expanding the plan, which is universal and obligatory for insurers, to 65 of the 80 health conditions defined.

37. The Southern Common Market (MERCOSUR), Central America, the Andean Community, and the Caribbean Community either have a pharmaceutical policy in place or are in the process of adopting one. In 2007, 22 countries had an official pharmaceutical policy in place. Between 2008 and 2009, one country, Panama, approved its first National Pharmaceutical Policy, and two countries, Ecuador and Paraguay, began reviewing their pharmaceutical policies. The Region has seen progress in the promotion and use of generic medicines: 23 countries reported having provisions to ensure the prescription of medicines using the generic name, and 27 have provisions to ensure substitution of a product with a generic medicine in the public sector.

38. The Regional Revolving Fund for Strategic Public Health Supplies (PAHO Strategic Fund), with 22 participating Member States, has supported its members in ensuring access to strategic public health supplies and medicines. In promoting access to HIV/AIDS Antiretrovirals, the Strategic Fund achieved 21% regional price reduction for the basket of core medicines, compared with reference prices published by the Clinton Foundation. PAHO established a working group, including representatives of Member States, in order to move forward with the establishment of regional medicines price database to complement those already existing in some countries such as Brasil and Colombia, as well as in Central America, the Andean Subregion, and MERCOSUR.

39. The Member States have begun assessing the essential functions for the regulation of pharmaceutical products. Regulatory agencies have been assessed in five countries. A process for recognizing PAHO's reference regulatory agencies is under way. The cooperation program is being linked with work being developed through the Pan American Network for Drug Regulatory Harmonization.

40. Resolution CD48.R7 (2008) on improving blood availability and transfusion safety in the Americas has allowed the Ministries of Health to focus their actions on organizing and planning national blood systems and on setting up community networks trained to promote voluntary blood donation. External serological testing to detect blood-borne infections has continued, with support from the Spanish Agency for International Cooperation, the Andalusia Transfusion Center, the São Paulo Blood Center, and the United Kingdom External Quality Assessment Scheme. In terms of blood availability, there has been seen a significant increase in blood donation rates per 10,000 population. No country in the Region now has a rate below 10.

DIMINISHING HEALTH INEQUALITIES WITHIN AND AMONG COUNTRIES

41. In 2009, 33.7 million people were immunized during Vaccination Week in the Americas. The last case of rubella transmission occurred in February 2009. Each year, 174,000 deaths from immunopreventable disease are prevented in children under 5, and it is estimated that several thousand more cases and deaths may be avoided thanks to the universal use of new vaccines (the rotavirus and the conjugated pneumococcal vaccine). Member States have defined vaccination as a public good and established budget allotments that ensure the financial sustainability of the Revolving Fund for Vaccine Procurement. Immunization coverage with DPT 3+Hib3 in children aged <1 year has remained higher than 91% in the Region. However, it is estimated that 44% of municipios in Latin America and the Caribbean have coverage lower than 95%, using DPT3 coverage as the indicator. The challenge for the 2010-2011 Biennium is to target interventions for poor performing municipios. Among other achievements, 35 countries are using the seasonal flu vaccine in the public sector. In 2009, the regional plan for vaccination against pandemic influenza A(H1N1) was implemented. As of April 2010, 23

countries in the Region reported having begun the vaccination of at-risk groups, with 170 million of doses of H1N1 vaccine deployed to cover at-risk populations identified by the Ministries of Health.

42. The percentage of pregnant women who have undergone HIV/AIDS screening has increased from 19% in 2004 to 46% in 2008. Likewise, prophylactic treatment of HIV-positive mothers was administered in more than half of the cases detected, up from just one-third in 2004. Two factors that have contributed to these achievements are the establishment of a Regional Information System based on HIV and STI surveillance and a multisectoral, interagency approach to technical cooperation and resource mobilization at the subregional and national level.

43. The Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (CD48/R10 [2008]) has been implemented. Countries with a high prevalence of cervical cancer have strengthened their national programs with a focus on prevention and actions integrated with other primary health care programs, including sexual and reproductive health and adolescent health programs. An estimated 27,500 deaths from cervical cancer occur each year, representing an economic loss of approximately US$3.3 million.

44. The adoption of resolution CD49.R19 (2009) renewed the commitment of the Member States to eliminating or reducing neglected diseases and other poverty-related infections by 2015. In a joint effort with the Inter-American Development Bank (IDB) and the Global Network for Neglected Tropical Diseases, a trust fund was created as an innovative model combining public, private, and philanthropic resources to support cost-effective efforts in this field. Eradication of onchocerciasis, dog-transmitted human rabies, and malaria is possible in certain areas. The elimination of neonatal tetanus, Chagas' disease, congenital syphilis, lymphatic filariasis, trachoma, and leprosy is also within reach. In the case of Chagas' disease, interruption of transmission through vector elimination has been achieved in nine countries, and blood bank screening is conducted in 18 Member States. Diseases requiring greater attention include schistosomiasis. Approximately 25 million people in the Region are at risk. Control of other helminthiases requires force the deparasitation of approximately 26 million at-risk school-age children in Latin America and the Caribbean every year.

45. At present, 19 PAHO Members States and Puerto Rico generate sub-national health indicators to monitor health inequalities.

REDUCING THE RISK AND BURDEN OF DISEASE

46. Nineteen countries have adopted the Integrated Strategy for Dengue Prevention and Control and implemented plans for outbreak response and control. Ten (10) countries

have conducted an external assessment of the strategies implemented, with PAHO/WHO support. Community participation and health education have played a key role in the control of epidemics. Communication measures designed to change behaviors in the population were implemented with positive results. The Dengue Laboratory Network of the Americas was created. Personnel from the countries received training in epidemiology, clinical care, entomology, laboratory work, and mass communication.

47. The malaria disease burden has decreased by 53% in the Americas since 2000. This reduction has been reported in 18 of the 21 countries of the Region in which malaria is endemic. More than 200 million people remain at risk of contracting the disease, and the achievement of the targets is under threat from natural disasters and issues connected to the social determinants of health.

48. For Yellow Fever prevention and control, enzootic countries, including all those in South America (except Chile) and Trinidad and Tobago, now routinely employ the recommended mechanisms for epidemiological surveillance in humans and primates and for post-vaccination event surveillance. These same countries have implemented plans for the universal vaccination of adults and have introduced the yellow fever vaccine into routine child immunization regimens, at least in areas where the disease is enzootic. Despite significant progress, the risk of the re-urbanization of yellow fever remains, given the widespread presence of *Aedes aegypti*, often with high infestation rates in densely populated urban centers.

49. Twenty six out of 34 countries have reached the goal of detecting 70% of tuberculosis (TB) cases and curing 85% of them. The activities implemented are part of the “STOP TB Strategy” and the Regional Plan for Tuberculosis Control, which target highly vulnerable populations.

50. Since the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health went into effect in 2006 (document CD47/17, Rev. 1), all the Member States have made progress in establishing or strengthening their national programs to fight chronic diseases through implementation of their plans. For instance, 24 countries in Latin America and the Caribbean established a national focal point in their respective Ministries of Health, trained personnel, and created intersectoral associations. Ten countries are implementing national policies aimed at promoting a healthy diet and physical activity, 19 countries have applied integrated primary health care strategies improve the quality of care for people living with chronic diseases. Ten countries are implementing multisectoral interventions to promote the reduction of chronic disease risk factors.

51. The Region of the Americas is the only one with a specific program for the monitoring and containment of antimicrobial resistance, reflecting the concern of its Member States about ascertaining and preserving the effectiveness of antimicrobial drugs for the clinical treatment and control of infectious diseases. During the biennium 2008–2009, the Latin American Network for Surveillance of Resistance to Antimicrobial Drugs consolidated its operations. The Network is composed of 19 countries, which provide yearly data on the resistance of isolated microorganisms. An external quality control program, coordinated by the National Institute of Infectious Diseases and the "Dr. Carlos G Malbrán" National Laboratories and Health Institutes Administration of Argentina, monitors the quality of laboratory results through periodic investigations. Annual reports on the Network have provided hard data on the upswing in the prevalence of resistance among community-acquired and nosocomial pathogens.

STRENGTHENING THE MANAGEMENT AND DEVELOPMENT OF HEALTH WORKERS

52. Human resources plans that help strengthen PHC-based health systems are being developed in the Region. Important changes have been made in the training and education of health personnel, with an intersectoral health–education approach. Health personnel migration has been added to the agenda of many countries through discussion of the WHO Code of Practice on the International Recruitment of Health Personnel.

53. One achievement in the field of health worker development has been the Virtual Public Health Campus (VCPH) initiative, which gradually integrated the concepts of continuing education and learning networks. The VCPH is now the Organization's main line of action for promoting and supporting the countries of the Region in the development of policies and learning plans, the design of continuing education systems and learning networks, and the production and exchange of open educational resources. The Campus facilitates the creation of platforms for cooperation between the health authority and academic institutions to implement the learning plan. The VCPH orchestrates the intensive use of information and communication technologies and the concept of distance learning.

HARNESSING KNOWLEDGE, SCIENCE, AND TECHNOLOGY

54. In October 2009, after a broad consultation with the countries, the Directing Council approved the Health Research Policy (document CD 49/10). EVIPNet (Evidence-Informed Policy Network) teams were established in four countries and were trained in research project management, the preparation of policy briefs, and deliberative dialoguing.

55. In 2008, the WHO adopted the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA) through Resolution WHA61.21. PAHO approved the *Global Strategy on Public Health, Innovation and Intellectual Property: a Regional Perspective* (CD48.R15). In November of the same year, PAHO organized the 1st International Seminar on Access to High Cost and Limited Sourced Medicines resulting in a reference publication for the Region. Argentina, Brazil, Uruguay and Central American countries have developed or are developing strategies to address this priority issue. In March 2009, the first Pan American seminar on Economic Regulation of Pharmaceutical products and medicines was convened with the participation of 13 PAHO Member States resulting in the establishment of ECONMED, a platform for knowledge exchange. To date, roughly 200 public health officials from 30 countries in the Region participate in ECONMED. More than 70 representatives from the Ministries of Health have been trained in the public health perspective and management of intellectual property rights and trade. Training courses and capacity building exercises, in collaboration with other UN agencies and stakeholders, have been organized in the Caribbean, in Central America and in the Southern Cone.

56. In the field of neglected tropical diseases, gaps in and tools for the diagnosis and follow-up of Chagas' disease are being identified. A pilot study on health innovation capacities, which is under way in three Latin American countries, will permit the construction of a framework for innovation capacities that can be extended to the rest of the Region.

57. As per Resolution WHA60.29 (2007) on health technology assessment, efforts in the Caribbean countries are being directed at strengthening technological management and clinical engineering. In association with the American College of Clinical Engineering, a team of 18 clinical engineers from Caribbean nations joined "INFRACARIB", an information exchange network focusing on the physical infrastructure and technology of health services. Barbados Community College (BCC), with support from the University of Vermont has applied two distance learning modules on medical equipment and technology management, including the training of trainers. In 2010 the transfer of the infrastructure of the distance learning course to the BCC will be completed and complemented by an on-site course to be held at the BCC.

58. A plan of action to improve diagnostic imaging and radiation therapy services in the Caribbean was also developed. Following the recommendations of the Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), the Subregional Plan for Cancer Prevention and Control, which has an oncologic radiology and radiation therapy component, was implemented. Twenty-two countries in Latin America and the Caribbean take part in a postal dosimetry service for the calibration of radiation therapy units, with production of over 150 units per year. In the normative field, PASB took part in the development of new international basic safety standards for

protection against ionizing radiation and the safety of radiation sources. A plan is being developed to update nuclear and radiological emergency preparedness and response.

STRENGTHENING HEALTH SECURITY

59. By early 2009, all countries and territories of the Region had developed their plan of action for a potential avian flu (H5N1) pandemic, with technical cooperation from PASB. When the 2009 H1N1 pandemic struck in April 2009, the regional response mechanism was immediately activated in coordination with WHO. Eighteen countries of the Region received direct technical support from 80 regional and global experts deployed by the Global Outbreak Alert and Response Network (GOARN). Equipment, laboratory materials, and other outbreak response supplies required for appropriately managing the emergency manner were donated to affected countries. Pandemic preparedness activities need to remain part of the routine of epidemic alert and response systems in all countries.

60. The pandemic tested implementation of the International Health Regulations (IHR) in the countries of the Region. Countries made use of their basic epidemiological surveillance, alert and response capabilities. Thirty four of 35 countries completed their assessment of these capabilities. By December 2009, 28 countries had developed IHR action plans, and every country had a National Influenza Pandemic Preparedness Plan (NIPPP). Twenty eight National Influenza Centers (CNI) were designated for virological surveillance in the Region. IHR National Focal Points (NFP) played a key role in conducting surveillance, both within countries and with other countries, and WHO. Other integrated response measures were also put to the test, such as medical care, virological diagnosis, infection control, epidemiological research, deployment of rapid response teams, risk communication, and the application of point-of-entry contingency plans.

61. In 2008, the report *Climate Change and Human Health – Risks and Responses* was published by WHO in response to the impact of climate change on health security. In the context of World Health Day 2008, the Regional Framework Plan to Protect Human Health from Climate Change was implemented. A plan was drafted with MERCOSUR. The Brazilian Observatory on Climate and Health was established. The DDT-free malaria control project (DDT UNEP GEF/PAHO) applies primary health care and primary environmental care strategies. The project is being conducted in eight countries of the Region. PAHO joined the Caribbean Institute of Environmental Health and the Eastern Caribbean countries in a collaborative project on sustainable development and environmental health for the period 2008–2012.

(b) Main challenges during the biennium, 2008-2009

Impact of the economic crisis on the health sector

62. The 2007-2009 global financial crisis led to a reduction in economic activity in Latin America and the Caribbean; in 2008 it produced a reacceleration of economic growth and, in 2009, a roughly 2.5% reduction in the regional economy. In 2009, per capita income in the Region was reduced 10% compared with 2008 levels and was the first drop in income after the long period of economic growth that began in the late 1990s. Recovery is predicted for 2010, with economic growth of approximately 3% (according to the IMF). This level of growth is still not sufficient to permit the recovery of per capita income in the Region to the levels reached in late 2008.

63. The impact of the crisis varies significantly from country to country. It depends largely on the degree of diversification of each economy, the relative importance of raw material exports, income form tourism and remittances, foreign investment flows, and the level of public debt. While in some countries the impact of the crisis was limited to a deceleration in economic growth, in others it led to severe reduction in the economy. Several of the countries most affected by the global financial crisis will require at least five years (until 2013) for per capita income to recover to 2008 levels.

64. According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the economic crisis increased the number of poor in Latin America from 180 million in 2008 to 189 million in 2009; accounting for 34.1% of the total population. Between 2008 and 2009, the number of people living in extreme poverty increased from 71 to 76 million—13.7% of the population (ECLAC)[2]. The majority of the poor reside in urban areas, but extreme poverty is higher in rural areas and affects the indigenous population to a greater extent.

65. Until 2007, encouraging progress toward the first MDG was made at the regional level. The consequences of the economic crisis will endanger this progress, let alone what remains to be done. The economic crisis affected the improvement of MDG indicators. The crisis in itself will not change the objectives already achieved by developed countries but will certainly impose a huge obstacle toward achieving goals in poorer nations.

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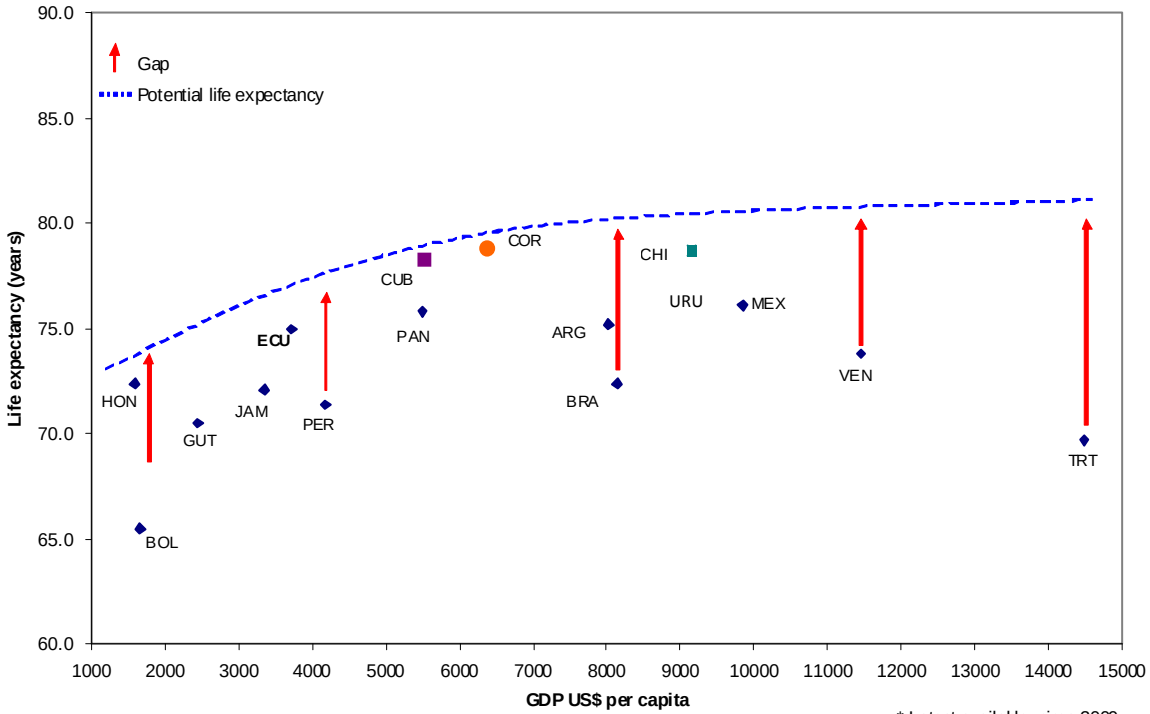
[2] ECLAC defines the extreme poor as those with an income under the necessary to meet the minimum daily caloric requirements of an individual. The poor are those with an income below 1.75 times the extreme poverty line in rural areas and 2 times in urban areas. For further information on poverty, including the concepts of health adjusted poverty lines; see Compendium on Best Practices in the Measurement of Poverty; Report of the Rio Group; ECLAC-IBGE: 2007; http://www.eclac.org/publicaciones/xml/3/26593/rio_group_compendium.pdf or http://unstats.un.org/unsd/methods/citygroup/rio.htm.

66. An analysis of the relationship between per capita income and life expectancy at birth shows that health achievements, as measured by life expectancy, do not correspond to a country's level of economic development, as measured by the gross domestic product (GDP) per capita. This would indicate that the majority of countries in the Region would be below their human development potential. The gaps between observed and potential life expectancy based on the per capita GDP (see Figure 1) are explained by differences in income distribution, lack of harmonization and integration of social policies; and deficiencies in the organization of national health systems.

67. The recent economic crisis has affected the social determinants of health, and could prolong the delay in reducing gaps between social development potential and the economic progress of the countries (Figure 1).

Figure 1. Latin America: Life Expectancy Gaps*



Source: World Bank; WHO Life Tables; ECLAC, Social Indicators; PAHO, Core Base Indicators 2009

* Latest available, circa 2009

68. Partnerships with other social and economic sectors must be implemented to achieve the integration and harmonization of social policies, and the fiscal reforms required for changes in national health care systems that will allow universal population coverage.

Pandemic (H1N1) 2009

69. The Pandemic (H1N1) 2009 tested the response capacity of the Member States and the United Nations system, as well as the Inter-American health System.

70. In the beginning, clinicians identified a very serious form of primary viral pneumonia, characterized by rapid progression and often fatal outcomes, that did not correspond to the usual morbidity observed with the seasonal flu. Although cases were relatively infrequent, they placed a heavy burden on intensive care units.

71. On 23 April, 2009, PAHO activated its alert and response mechanisms, such as deployment of rapid response teams and activation of the Emergency Operations Center (EOC) at PAHO Headquarters. Under the coordination of the WHO Global Outbreak Alert and Response Network, PAHO sent intersectoral delegations—comprised of experts in epidemiological surveillance, laboratory diagnosis, clinical management, infection control, emergency response, and risk communication—to most of the countries. PAHO also coordinated donations and purchases made for countries. These purchases included laboratory materials and reagents, 50,000 sets of personal protective equipment, and more than 589,000 courses of oseltamivir.

72. The H1N1 virus spread quickly. On 29 April 2009, WHO reported laboratory-confirmed cases in nine countries. Some six weeks later, on 11 June, cases were reported in 74 countries and territories in more than two WHO regions. This worldwide spread led WHO to raise the pandemic threat level and, finally, to announce that a full-blown pandemic was in progress. By 1 July, infections had been confirmed in 120 countries and territories. To date, 17,919 deaths have been reported worldwide, 8,316 of which occurred in the Region of the Americas. The etiologic agent was a novel virus that differed in genetic and antigenic characteristics from other influenza viruses circulating in the population. Epidemiological information provided by Canada, Mexico, and the United States showed that the spread was person-to-person. Clinical information, particularly from Mexico, showed that the virus was also capable of causing a severe form of the disease often leading to death.

73. In some countries, the epidemic overwhelmed the emergency services and in some cases, exceeded the capacity of health facilities to provide care. The demand for hospital beds, particularly for adults, also increased significantly, leading to a scarcity of both intensive care and general inpatient beds. The existence of specific plans helped with the implementation of triage measures, thus reducing the burden of patient care. These measures were most effective when they had been programmed and subjected to testing and simulations prior to the pandemic.

74. In collaboration with the Pan American Association for Infectious Diseases, recommendations were formulated for the clinical management of severe cases. PAHO supported Latin American and Caribbean countries in the introduction of the pandemic influenza vaccine. PAHO also performed a key function in disseminating the data available in the first weeks of the pandemic by producing and translating recommendations, preparing a weekly report on surveillance of the progression of the pandemic, and holding daily virtual meetings with the ministries of health and partners to disseminate the most recent information and data. Concurrently, initiatives designed to mitigate the effects of the current pandemic were continued. Integrated strategies for strengthening national response capabilities, the development of planning tools, and the implementation of simulations with the active participation of national and subnational governments—allowing governments to adapt these initiatives to their needs—will continue to be promoted through technical cooperation.

75. In May 2009, a Spanish-language learning program on influenza A(H1N1) was held by the Virtual Campus of Public Health, 399 on-line participants were registered, 173 of whom received a certificate of completion. In August 2009, the English version of the course was published; 1,788 participants have enrolled to date.

Disasters and emergencies

76. In 2008, approximately 48 natural events were reported as disasters. These impacted millions of persons and caused more than 800 deaths. Sixteen named storms formed in the Atlantic in 2008; eight of these became hurricanes, five of which became major hurricanes. Of these, Hanna caused the most damage to life and property in Haiti, aggravating the poverty and poor health conditions in that country, and leaving some 200,000 persons in Gonaives without a hospital emergency room in which to seek medical care. Cuba was struck four times by hurricanes in a short time period and sustained massive damage to agricultural lands, buildings and infrastructure. The government evacuated more than 2 million people with little loss of life. Volcanic eruptions in Ecuador and Colombia prompted the evacuation of thousands of persons. Widespread flooding in Bolivia affected some 55,000 families. Heavy rainfall and flooding affected nearly 1.8 million people and six hospitals in the coastal provinces of Ecuador.

77. The early arrival of Tropical Storms Alma and Arthur caused heavy rainfall in most of Central America. In the low-lying and coastal areas of Belize, 10 inches of rain in 36 hours affected more than 10,000 people. Inaccessible roads hampered the delivery of essential food supplies and medical care. In Guatemala, three days of intense rain caused severe flooding and landslides isolating Zacapa for several days, making relief operations much more complicated. Tropical Storm Gustav caused extensive flooding in Jamaica resulting in loss of property, crops and livelihood in 160 communities. The Dominican

Republic also sustained agricultural damage and some infrastructure loss. The only hospital in Grand Turk Island of the Turks and Caicos Islands was significantly damaged. The island sustained extensive flooding.

78. Although the 2009 hurricane season was relatively quiet and provided a much-needed break for most of the Region, Hurricane Ida stormed through Central America causing heavy rains resulting in flooding and landslides. The hardest hit countries included El Salvador, Nicaragua and Mexico. A 6.2 earthquake struck Costa Rica in early January, affecting more than 125,000 people. Colombia's Telembi and Mira rivers overflowed as a result and caused widespread flooding in the coastal municipalities of the Nariño department. In Guatemala a dramatic increase in the number of hospital admissions of children under 5 years of age with severe acute malnutrition occurred, resulting in approximately 25 deaths reported. More than 410,000 families were found to be at high or very high risk of food and nutritional insecurity as a consequence of El Niño Phenomenon. The dry ecosystem of El Chaco in Southeast Bolivia and the Andean Plateau were also affected by El Niño.

79. The pandemic (H1N1) 2009 was a unique public health event because it affected all countries of the Americas almost simultaneously, demanding an unprecedented response.

80. In response to these emergencies, PAHO/WHO provided technical and logistical support to the Ministries of Health of the affected countries to assess damage and health risks. Several field specialists were deployed to support to support relief operations together with the Ministry of Health and other national entities. Equipment and supplies were also acquired to support vector control activities to prevent possible outbreaks. The Pandemic (H1N1) 2009 required the rapid mobilization and deployment of PAHO's human and organizational resources under highly demanding conditions. PAHO's regional and country offices, and centers provided key support during the emergency. PAHO headquarters convened its Disaster Task Force and hosted special briefings for the OAS and other agencies that support humanitarian relief.

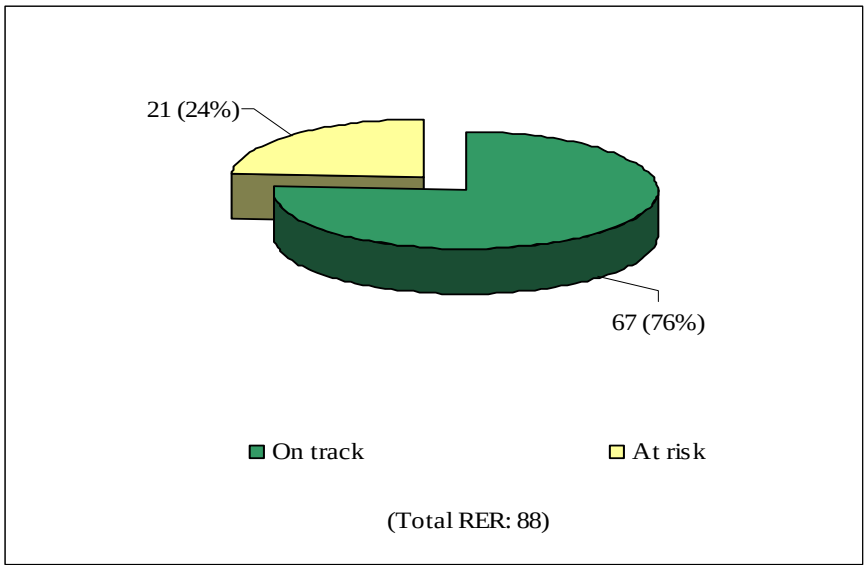
(B) Programmatic Assessment

81. ***Progress towards the achievement of the SOs*** **-** At the end of the first period of implementation of the Strategic Plan (2008-2009 biennium), 12 (75%) of the 16 SOs were "on track" and 4 (25%) were "at risk", as per assessment of SO Facilitators. There was no SO rated "in trouble" (red). The SOs rated "on track" and "at risk" are listed below.

Strategic Objectives "on track":		**Strategic Objectives "at risk":**	
SO1	Communicable diseases	SO2	HIV/AIDS, TB and Malaria
SO4	Maternal, child, adolescent and elderly health	SO3	Chronic noncommunicable diseases (CNCD)
SO5	Emergencies and disasters	SO9	Nutrition, food safety and food security
S0 6	Health promotion and risk factors	SO11	Health systems leadership and governance
SO7	Social and economic determinants of health		
SO8	Healthier environment		
SO10	Health services		
SO12	Medical products and technologies		
SO13	Human resources for health		
SO14	Social protection and financing		
SO15	PAHO/WHO leadership and governance		
SO16	Flexible and learning Organization		

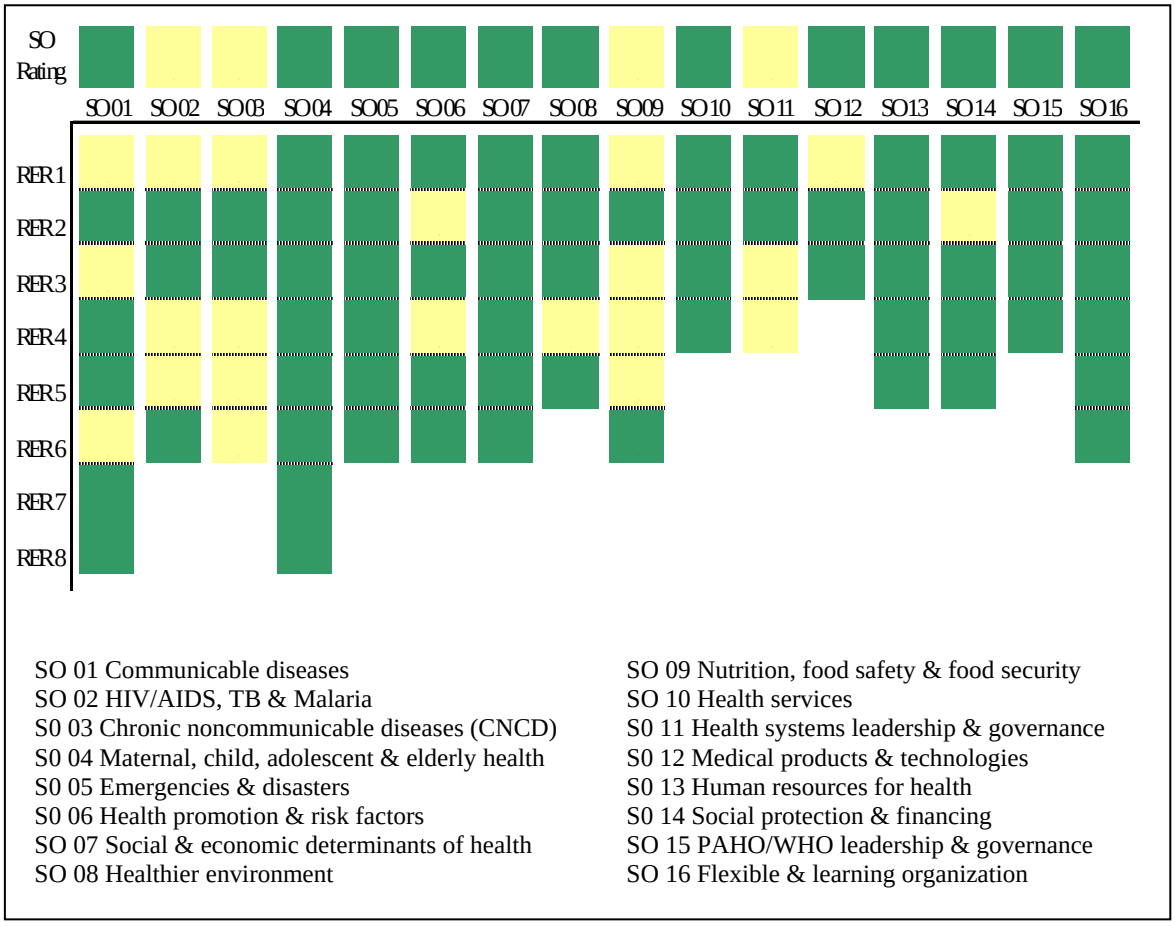
82. ***Progress towards the achievement of the RERs*** – Out of 88 RERs, 67 (76%) were "on track" (green) and 21 (24%) were "at risk" (yellow); none was assessed "in trouble" (Figure 2).

Figure 2. Progress towards the Achievement of RERs, End-of-Biennium, 2008-2009



83. Figure 3 displays the rating of SOs and their respective RERs. The RERs "at risk" are concentrated in SO1, SO2, SO3, SO9 and SO11.

Figure 3. Progress towards the Achievement of SOs and RERs, End-of-Biennium, 2008-2009



84. As shown in Table 1, most of the RERs "at risk" are related to high-level policy and macro interventions to scale-up and sustain achievements, requiring continued political commitment of Member States and advocacy from the Secretariat to raise their priority within the national agenda. Some of these RERs also include new commitments which require additional effort and resources from within and beyond the health sector. These considerations should inform the planning of future biennia.

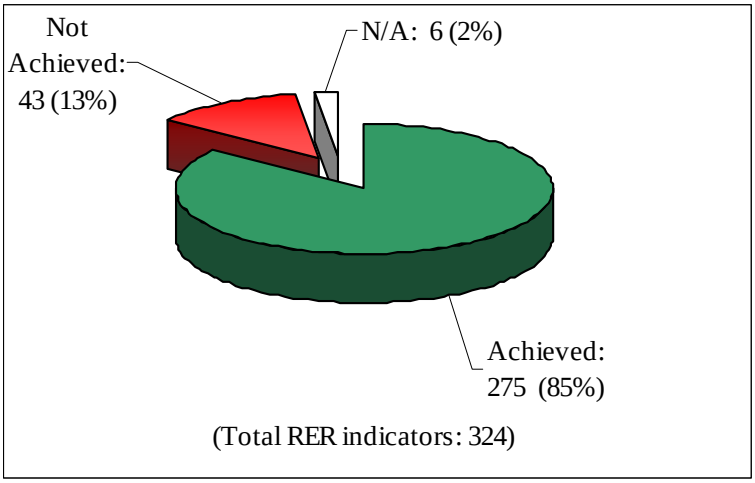
Table 1. RERs "At Risk"

Strategic Objectives	RER No.	"At Risk" Region-wide Expected Results[3]
SO1 - Communicable diseases	1.1	Equitable access to vaccines of assured quality and strengthened Immunization services.
	1.3	Prevention, control and elimination of neglected diseases communicable diseases.
	1.6	International health regulations and epidemic alert and response
SO2 – HIV/AIDS, TB and malaria	2.1	Prevention, treatment and care of HIV/AIDS, TB and malaria
	2.4	Surveillance, monitoring and evaluation systems for HIV/AIDS, TB and malaria.
	2.5	Sustained political commitment, resources mobilization and partnerships for HIV/AIDS, TB and malaria.
SO3 - Chronic noncommunicable diseases (CNCD)	3.1	Increased political, financial and technical commitment for CNCD conditions.
	3.4	Improved evidence on the cost-effectiveness of interventions for CNCD conditions.
	3.5	Multisectoral population-wide programs for mental health, road safety and prevention of CNCD conditions.
	3.6	Integrated prevention and management of CNCD conditions.
S06 - Health promotion and risk factors	6.2	Strengthened surveillance of risk factors.
	6.4	Policies and plans for the prevention of alcohol, drugs and other substance abuse.
SO8 - Healthier environment	8.4	Guidance, tools and initiatives created to support health sector to influence policies in priority sectors.
SO9 - Nutrition, food safety and food security	9.1	Partnerships, alliances and intersectoral actions to increase investment in nutrition and food safety and security.
	9.3	Surveillance, monitoring and evaluation of food security, nutrition and policy options.
	9.4	Development, strengthening and implementation of plans and programs for improving nutrition through the life-course.
	9.5	Strengthened surveillance, prevention and control of zoonotic and non-zoonotic food-borne diseases.
SO11 - Health systems leadership and governance	11.3	Increased access and utilization of health information, knowledge and scientific evidence for decision-making.
	11.4	Generation of and transfer of knowledge and public health research.
SO12 - Medical products and technologies	12.1	Development and monitoring of national policies on access, quality and rational use of essential public health supplies.
SO14 - Social protection and financing	14.2	Assessment of household capacity to meet health expenditure through the social protection system.

[3] Short titles for RERs are used for ease of reference. The full description of the RER is included in the SO reports (section E).

85. ***Status of RER indicators*** **-** The assessment of RER indicator targets shows that of a total of 324 RER indicators, 275 (85%) targets were achieved, 43 (13%) were not achieved and 6 (2%) were not assessed (N/A), either because they were not applicable, deleted or significantly modified early in the biennium (Figure 4). It should be noted that considerable progress was made in many of the non achieved indicators. However, the methodology only considers those that fully met their target as achieved; there is no partial achievement. Nonetheless, comments on the progress on those indicators targets are included in each SO progress report.

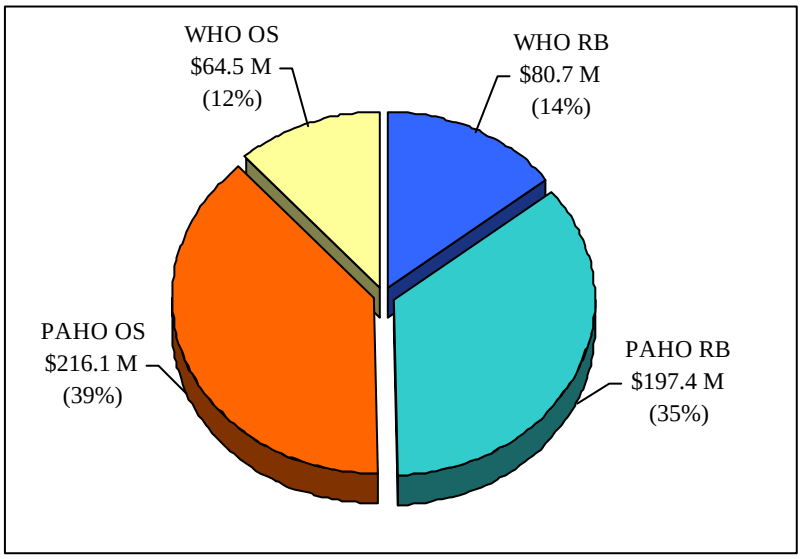
Figure 4. Achievement of RER Indicator Targets, End-of-Biennium, 2008-2009



(C) Budgetary Assessment and Resource Mobilization

86. ***Budget overview*** **-** The approved Program and Budget was $626 million, of which $559 million (89%) were available for the biennium. As shown in Figure 5, the distribution of funds available was 49% RB (35% PAHO and 14% from WHO) and 51% OS (39% PAHO and 12% WHO).

Figure 5. Funds Available for the Biennium, 2008-2009, by Source



87. Table 2 shows the distribution of funds available by Organizational level. It is noted that the distribution of funds available by Organizational level (as % of the total funds available for the biennium) complied with the Regional Program Budget Policy (RPBP)[4]. While the Policy applies only to RB funds, it also guided the allocation of OS funds. The analysis of available funds by source and SO is covered in the resource mobilization section.

[4] The RPBP stipulated the following distribution of RB funds: Country 39.0%, Subregional 6.7% and Regional 54.3% for the 2008-2009 biennium.

Table 2. Budget overview by Organizational level, biennium 2008-2009

Organizational Level	Approved Program and Budget 2008-2009 (US$ thousand)	Funds available for the biennium (US$ thousand)	Funds available for the biennium (as % of PB 08-09)	Distribution of funds available (as % of total funds available)
Country	247,537	223,933	90	40
Subregional	44,594	29,852	67	5
Regional	333,936	304,955	91	55
Total	626,067	558,740	89	100

88. ***Overall budgetary implementation*** - The total budgetary implementation was $525 million (94% of $559 million available for the biennium) (Table 3). This is a significant increase compared to the average implementation rate of the last two biennia (79%). The implementation by organizational levels was consistently above 90%.

89. The high implementation rate of OS (89%) compared to the historical average (69%) reflects the improved programming of resources needed for the biennium, regardless of the availability of funds for the life of projects, thus allowing funds from "other sources", mainly voluntary contributions, to be aligned with the biennial planning cycle.

Table 3. Budgetary implementation by organizational levels and source of funds, end-of-biennium, 2008-2009

Organizational Level	Funds available for the biennium (US$ thousand)			Expenditure (US$ thousand)			Implementation rate (%)		
	Regular Budget	Other Sources	Total	Regular Budget	Other Sources	Total	Regular Budget	Other Sources	Total
Country	103,965	119,968	223,933	103,241	103,935	207,176	99	87	93
Subregional	15,276	14,576	29,852	15,116	13,428	28,544	99	92	96
Regional	158,823	146,132	304,955	157,672	131,606	289,278	99	90	95
Total	278,064	280,676	558,740	276,029	248,969	524,998	99	89	94

Note: The figures do not include funds from government-financed internal projects, the Revolving Fund, the Strategic Fund or any other funds that are not directly funding the Strategic Plan.

90. ***Resource mobilization*** - Of the $626 million approved Program and Budget, $279 was expected from regular budget (PAHO and WHO). The difference, $347 million was the initial funding gap expected from other sources. During the biennium, the Organization was able to mobilize $281 million, reducing the funding gap from $347 million to $66 million (19%). Of the $281 million, PAHO mobilized 77% ($216 million) and WHO 23% ($64.5 million). It is noted that the available RB amount was reduced to $278 million due to the holdback applied by WHO. Table 4 shows the funding gap at the

beginning and at the end of the biennium and Figure 6 shows the progressive reduction of the funding gap during the biennium.

91. The main reasons for not closing the funding gap included: only one third ($64.5M of $197M) of the voluntary contributions expected from WHO received; a decline in support to international public health priorities through multilateral organizations, a trend that continues and will likely be felt deeper in the coming years; a general decline of funds focused on supporting technical cooperation in the Americas; an increase in bundling health issues into more general development programs; the ongoing trend of a growing group of organizations focused upon health; and funding that was anticipated from specific grants that did not materialize as partners changed focus or reallocated funds to other priorities. In addition, PAHO also focuses upon a broad spectrum of public health issues, including some which do not attract significant external funding from partners, such as non-communicable diseases, zoonotic diseases, elderly health and public health research, among others.

Figure 6. Status of the Funding Gap During the Biennium, 2008-2009

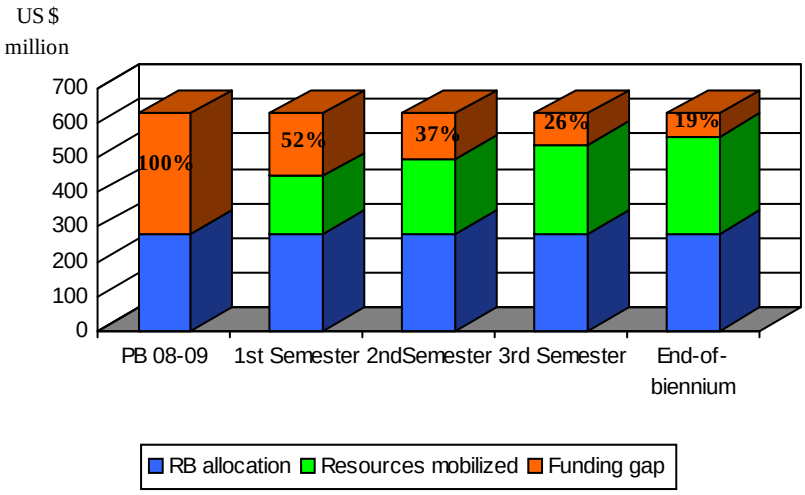


Table 4. Status of the funding gap, end-of-biennium, 2008-2009

Funding type	Beginning-of-Biennium (US$ thousand)	End-of-Biennium (US $ thousand)
Regular Budget	279,067	278,064
Resources mobilized*	0	280,676
Funding gap	347,000	66,327
Approved Program and Budget 2008-2009 (PB 2008-2009)	626,067	626,067

* The figures do not include funds from government-financed internal projects, the Revolving Fund, the Strategic Fund or any other funds that are not directly funding the Strategic Plan.

92. ***Budgetary assessment by SO*** - Figure 7 and Table 5 show the budget by SO, according to the approved Program and Budget, funds available for the biennium and expenditure. SO15 and SO16 (enabling functions) had the largest amount of funds available during the biennium, followed by SO1 (communicable diseases) and SO5 (emergencies and disasters). It should be noted that SO15 and SO16 reflect a traditional allocation of resources to support SOs 1-14. The source of funding varied by SO. On one extreme SO5 (emergencies and disasters) received over 90% of its resources from other sources, as a consequence of the various emergencies and disasters that affected the Region. SO1 (communicable diseases) and SO2 (HIV/AIDS, TB and Malaria) also received over 70% from other sources. On the other hand, SO14 (social protection and financing) received only 23% from other sources; SO15 and SO16 (enabling functions) received 25% and 28%, respectively, as expected.

93. All Strategic Objectives had an overall budgetary implementation rate of 90% or above, with the exception of SO4 and SO10, which had 85%. The implementation rate of RB for all SOs was consistently above 90%. While the majority of SOs implemented over 90% of funds from other sources, SO4 and SO8 were slightly below the 75% implementation rate target (see Table 5).

Figure 7. Budget Overview by Strategic Objective, 2008-2009

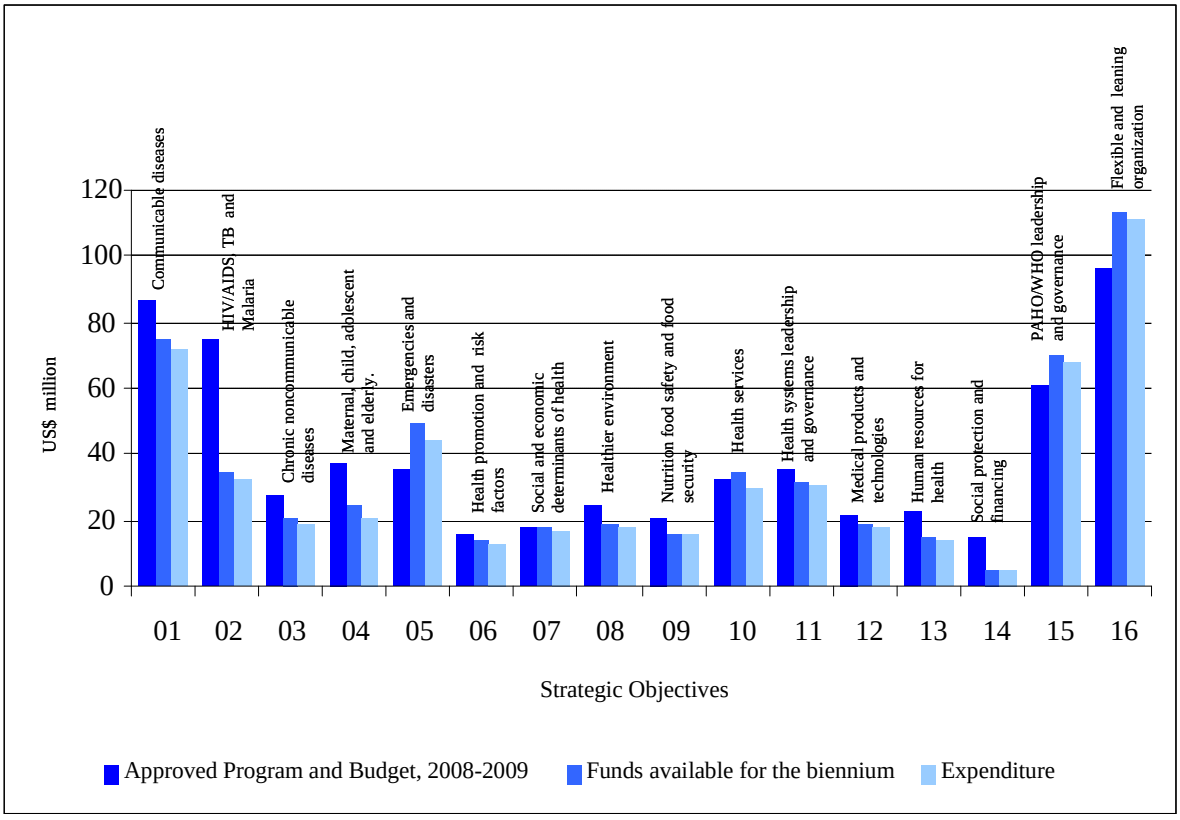


Table 5. Budget by SO and source of funding, end-of-biennium, 2008-2009

Strategic Objectives	Approved Program & Budget (PB 2008-2009)	Funds available for the biennium (US$ million)				Expenditure (US$ million)			Implementation rate (%)		
		RB*	OS**	Total	%	R*B	OS**	Total	RB*	OS**	Total
SO1 - Communicable diseases	86.6	21.5	53.5	75.1	87	21.5	50.3	71.8	100	94	96
SO2 - HIV/AIDS, TB and malaria	75.1	8.4	26.5	34.9	46	8.3	24.2	32.5	99	91	93
SO3 - Chronic noncommunicable diseases	28.0	12.8	8.2	21.0	75	11.8	7.0	18.8	92	85	90
SO4 - Maternal, child, adolescent and elderly health	37.2	11.7	13.1	24.7	67	11.5	9.6	21.1	99	73	85
SO5 - Emergencies and disasters	35.0	4.0	45.3	49.3	141	4.0	40.5	44.4	99	89	90
SO6 -Health promotion and risk factors	16.0	6.3	7.9	14.2	89	6.3	6.9	13.2	100	87	93
SO7- Social and economic determinants of health	17.4	7.3	10.2	17.5	100	7.2	9.3	16.5	99	91	95
SO8 -Healthier environment	25.0	13.2	5.9	19.1	76	13.1	4.2	17.4	99	72	91
SO9 - Nutrition food safety and food security	21.0	10.1	5.7	15.8	75	10.1	5.2	15.3	100	92	97
SO10 - Health services	32.0	12.9	21.5	34.4	107	12.6	16.5	29.1	98	77	85
SO11 - Health systems leadership and governance	35.0	18.1	13.0	31.1	89	18.1	12.1	30.2	100	93	97
SO12 - Medical products and technologies	22.0	5.9	13.3	19.2	87	5.8	11.4	17.2	99	86	90
SO13 - Human resources for health	23.0	8.8	6.0	14.8	64	8.8	4.8	13.6	100	79	92
SO14 - Social protection and financing	15.0	3.7	1.1	4.9	32	3.5	1.1	4.6	94	93	94
SO15 - PAHO/WHO leadership and governance	61.2	52.1	17.6	69.7	114	52.0	16.0	68.1	100	91	98
SO16 - Flexible and leaning organization	96.6	81.3	31.8	113.1	117	81.3	29.9	111.2	100.0	94	98
Total	626.1	278.1	280.7	558.7	89	276	249	525	99	89	94

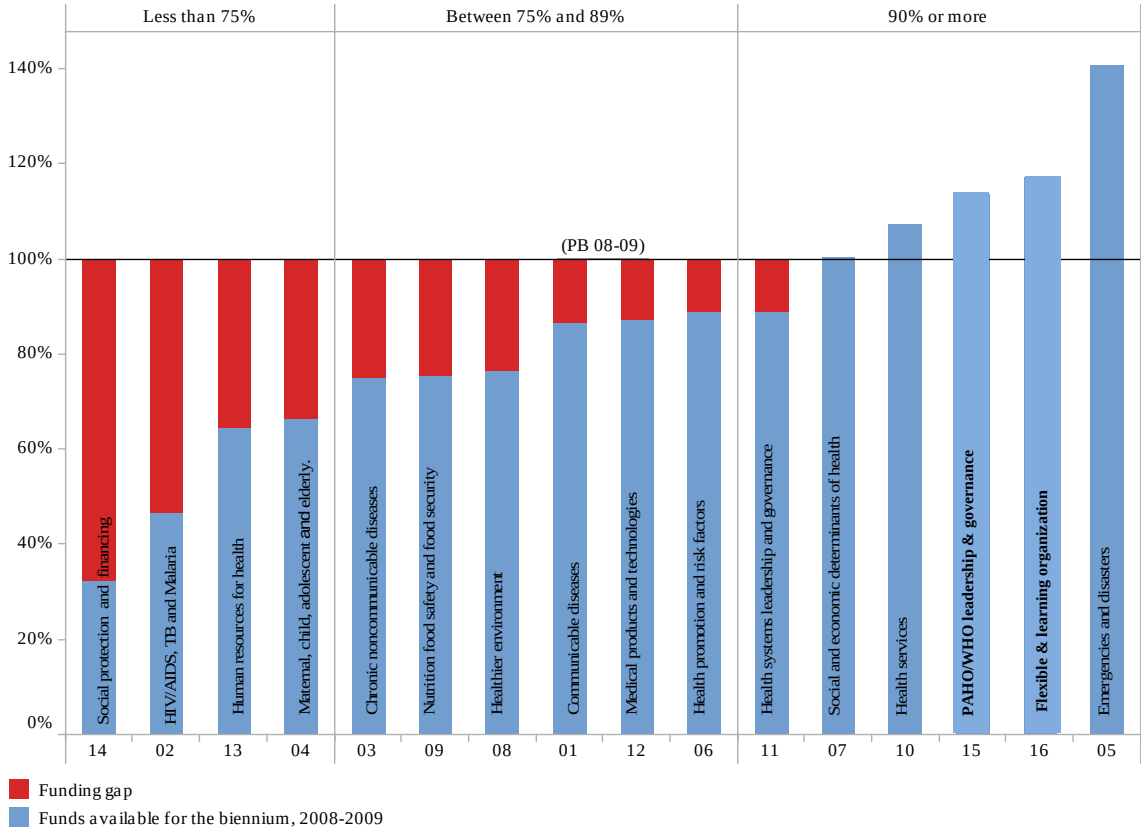
Note: The figures do not include funds from government-financed internal projects, the Revolving Fund, the Strategic Fund or any other funds that are not directly funding the Strategic Plan.

* Regular Budget.

**Other sources.

94. As shown in Figure 8, all SOs received at least 75% of their approved budget, with the exception of SO2, SO4, SO13 and SO14. The available resources for SO5, SO10, SO15 and SO16 exceeded their approved budget. It should be noted that some funds programmed in SO10 (health services) covered some activities related to SO13 and SO14. Table 5 contains the details for each SO.

Figure 8. Funds Available by SO as Percentage of their Approved Program and Budget, 2008-2009



(D) Analysis of the Prioritization of Strategic Objectives

95. The Strategic Plan ranked the SOs by programmatic priority (excluding SO 15 and SO16) to guide resource mobilization and allocation during the biennium. In order to analyze the extent to which this prioritization was addressed, following is a rank comparison between the programmatic priority ranking of SOs approved by the Governing Bodies, and the ranking of the SOs by funds available for the biennium.

96. The SOs were ranked according to their programmatic priority from 1 (higher priority) to 14 (lower priority), as approved in the Strategic Plan by using a modified *Delphi* methodology. They were also ranked from 1 to 14 according to the level of funds mobilized at the end of the biennium (1 being the SO with the highest coverage of its funding gap and 14 the lowest). The latter is a proxy for the effort assigned to mobilize the resources necessary to comply with the program. The difference between these rankings[5] indicates whether the effort to mobilize and allocate resources to the SOs reflects their assigned programmatic priority. This difference can indicate positive misalignment (mobilization/allocation of resources higher than the programmatic priority), acceptable alignment (both rankings coincide) or negative misalignment (mobilization/allocation of resources lower than programmatic priority).

97. Table 6 shows the difference between the programmatic priority and the funds available rankings. Figure 9 displays graphically the alignment between the programmatic and funds available rankings. A difference of 2 or less between the two rankings (the SOs located close to the 45 degree line) is considered to be acceptable alignment. For example SO7 has a programmatic priority ranking of 5 and a funding ranking of 3 (5-3 = 2 points difference), therefore it is located in the acceptable alignment area. When the difference is between 3 and 7 points, the SO is classified as having a negative misalignment (if the difference is negative) or a positive misalignment (if the difference is positive). A difference of 8 or more points would indicate a significant misalignment, which can be negative or positive. Using these criteria, SO7, SO8 and SO14 had an acceptable alignment; SO1, SO3 and SO13 had a negative misalignment; SOs 6, 9, 10, 11 and 12 a positive misalignment; and SO4 and SO2 had a significant negative misalignment, while SO5 had a significant positive misalignment.

98. The significant positive misalignment of SO5 (disasters and emergencies) is understandable because emergency relief funding is difficult to forecast. For 2010-2011 a special segment of the budget has been designed to separate the funding for emergency relief to avoid this distortion. The significant negative misalignment of SO2 (HIV/AIDS, TB and Malaria) and SO4 (Maternal, child, adolescent and elderly health) was mainly

[5] Rank differences are utilized when the values to produce the ranking are not directly comparable. This methodology is used by UNDP in the analysis of the Human Development Index and by trade and economic journals, such as The Economist.

due to a change in priority from two main partners after the Program and Budget 2008-2009 had been approved, thereby reducing considerably the level of mobilized resources compared to what was expected.

99. This is the first time that the Strategic Plan ranked the Strategic Objectives according to programmatic priority. The alignment of resources with the programmatic priorities will require a gradual and prolonged process that will address the following factors which limit the relocation of resources among SOs: 65% of RB funds are linked to fixed-term posts (FTP), the high level of professional expertise limits the transfer of personnel and the majority of voluntary contributions received by the Organization are earmarked (earmarked voluntary contributions).

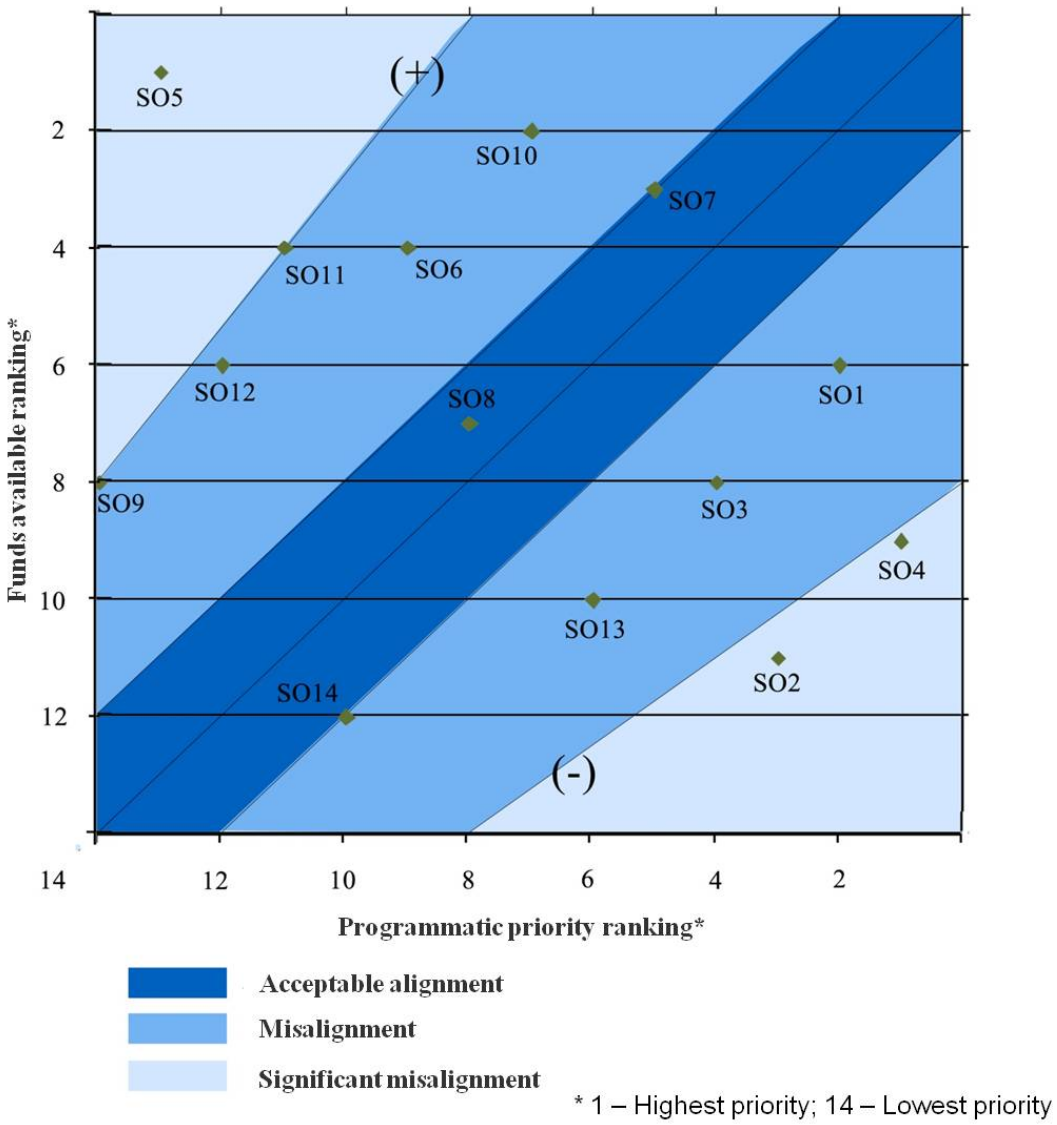
Table 6. Alignment of programmatic priority ranking with the allocation of funds available, 2008-2009

Strategic Objective	Programmatic priority ranking (a)	Funds available ranking (b)	Difference in rankings (a-b)	Alignment between both priorities*
SO4 Maternal, child, adolescent and elderly health	1	9	-8	Significant negative misalignment
SO1 Communicable diseases	2	6	-4	Negative misalignment
SO2 HIV/AIDS, TB and Malaria	3	11	-8	Significant negative misalignment
SO3 Chronic noncommunicable diseases	4	8	-4	Negative misalignment
SO7 Social and economic determinants of health	5	3	2	Acceptable alignment
SO13 Human resources for health	6	10	-4	Negative misalignment
SO10 Health services	7	2	5	Positive misalignment
SO8 Healthier environment	8	7	1	Acceptable alignment
SO6 Health promotion and risk factors	9	4	5	Positive misalignment
SO14 Social protection and financing	10	12	-2	Acceptable alignment
SO11 Health systems leadership and governance	11	4	7	Positive misalignment
SO12 Medical products and technologies	12	6	6	Positive misalignment
SO5 Emergencies and disasters	13	1	12	Significant positive misalignment
SO9 Nutrition food safety and food security	14	8	6	Positive misalignment

* Criteria:

- Acceptable alignment: +/- 2 points of difference in rakings
- Positive or negative misalignment: between +/- 3 to +/- 7 points difference
- Significant positive or negative misalignment: +/-8 or more points

Figure 9. Alignment of Programmatic Priority Ranking with the Allocation of Funds Available, 2008-2009



(E) Strategic Objectives Progress Reports

SO1: To reduce the health, social and economic burden of communicable diseases	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

100. The forecast for the achievement of the 2013 targets is encouraging for most of the indicators in SO1. The established targets for the immunization indicators are expected to be achieved; however, it would be necessary to strengthen the technical cooperation for operations in those Member States which have challenges at the municipal level. Resolution CD49.R9 (2009) renewed the commitment to eliminate the neglected diseases. The Pandemic (H1N1) 2009 tested the Region's preparedness and response capacity. The preparedness efforts for an eventual pandemic due to H5N1 proved to be very effective in responding to the 2009 pandemic. While the response was effective, the pandemic also revealed deficiencies in access and quality of health services. The pandemic also provided an opportunity to improve laboratory diagnostic in Member States, a key component of IHR.

101. It is important to guarantee the achievements gained in communicable disease research through more secure mobilization of financial resources. Significant progress is expected in the implementation of the International Health Regulations (IHR) by Member States in the next biennia; however, it will be very difficult to achieve 100% implementation. Thus, it is essential to continue encouraging the political commitment to implement these regulations in the countries. As the countries start implementing the current plans and strategies against influenza, the gaps and needs identified should be corrected. PAHO continues to support the regional response to dengue outbreaks and epidemics and considers it is of the utmost importance to strengthen and boost the Organization's capacity to alert and respond accordingly.

2008-2009 Assessment

102. In general, the RERs of SO1 indicate an adequate achievement (5 RERs satisfactorily on track (green) and 3 at risk (yellow). However, efforts need to be increased, particularly in improving vaccination coverage in some municipalities where it continues to be very low. Canine-transmitted rabies has declined in some countries. However, the reintroduction of the disease has occurred in countries that were previously free. The control of vector-borne transmission of Chagas, which, despite having not met

the target, its progress exceeded 90%. Although the implementation of the IHR has not been fully achieved, the assessment of core capacities was completed in 34 out of 35 Member States. The influenza pandemic required countries to finalize, update and activate their preparedness plans, and the Standard Operation Procedures (SOPs) are being implemented in several countries. The Integrated Management Strategy for dengue prevention and control (IMS-dengue) was expanded and reinforced with National Contingency Plans in response to dengue outbreaks in the Region.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/ Funds Available)
86,600,000	75,079,214	87%	71,775,774	96%

103. Of the total funds available for the biennium, $53.5M (71%) was from other sources.

104. At the end of the biennium, the SO had a funding gap of about $11 million. This indicates a relatively successful mobilization of resources. Substantial funding was mobilized for immunization and pandemic influenza. Although an important grant was obtained from the Gates Foundation (via the Sabin Institute) for neglected diseases, there is still a need for additional resources to properly address these diseases.

105. The main partners for this SO in 2008-2009 included US Centers for Disease Control and Prevention (US/CDC), United States Agency for International Development (USAID), Canadian International Development Agency (CIDA-Canada), Government of Spain, Sabin, Pan American Health and Education Foundation (PAHEF), Inter-American Development Bank (IDB) and United Nations Children's Fund (UNICEF).

LESSONS LEARNED

- For immunizations the progress has been relatively good, but not completely satisfactory, since municipalities persist with coverage below the ideal. Understanding the reasons why some people are not reached is important to tailor interventions. For example, rural populations are different from peri-urban marginalized communities and require different types of intervention. PAHO will need to follow more closely the generation of plans and strategies targeted to priority municipalities, with an approach to comprehensive nature and viewing immunization as part of the essential actions in the life course. The goal was to achieve the neonates tetanus elimination in Haiti, the only country still behind in this goal, and it could not

be achieved. The lessons learned include the need for more involvement on behalf of national authorities (MoH) in close coordination with partners (PAHO, UNICEF, CIDA).

- Interventions to eliminate measles, rubella, and congenital rubella syndrome (CRS) have resulted in many lessons currently being shared with other Regions including the vaccination beyond childhood, the importance of political support, the development of social communication strategies targeting nontraditional groups, the value of alliances to respond to crisis situations, among others.
- The preparedness efforts for H5N1 proved to be very effective in responding to the Pandemic (H1N1) 2009. The pandemic also revealed areas requiring strengthening in the health system to better prepare Member States for implementing IHR and thereby responding more effectively to future events.
- While the Integrated Management Strategy for dengue (IMS-dengue) has proven effective incorporating the keys areas that have a crucial impact on dengue prevention and control, greater intra and extrasectoral efforts for their sustainability become necessary in order to improve the current response to outbreaks.
- The political commitment of Member States to eliminate the neglected diseases reaffirmed through Resolution CD49.R9 (2009) and the efforts undertaken to mobilize resources, through the Trust Fund with the Inter-American Development Bank and the Sabin Institute, represent a great opportunity to implement elimination initiatives at the national and subnational levels.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 1.1: Member States supported through technical cooperation to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies; strengthen immunization services; and integrate other essential family and child health interventions with immunization	**At Risk**

RER Assessment: Three of the six indicator targets achieved and significant progress in the other three.

Progress has been good in general, but not completely satisfactory, since municipalities persist with coverage below the ideal. PAHO will need to follow more closely the generation of plans and strategies targeted to priority municipalities and areas, with a comprehensive approach and viewing immunization as part of the essential actions in the life course. The advances in the components of epidemiological surveillance of new vaccines, evidence-based decision-making, and support for the generation of laws, has seen significant progress and the Member States have carried out good work in this regard.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.1.1	Number of countries achieving more than 95% vaccination coverage at national level (DPT3 as a tracer)	17	20	NO	18 countries achieved the target; 26 countries reported DTP3 >=90%. The regional average for DTP3 coverage average has remained at 93%. However, country levels have fluctuated. The main challenge remains to reach and sustain the 95% immunization coverage level. Maintaining the immunization program high in the national health agenda; systematically monitoring performance at the local level to quickly adjust the strategies as needed; and ensuring funds, not only for vaccines, but for program operations are key elements to meet targets.
1.1.2	Proportion of municipalities with vaccination coverage level less than 95% in Latin America and the Caribbean (DPT3 as a tracer)	38% (5,729)	35% (5,277)	NO	According to the most recent (2008) data available, 44% of the municipalities reported DTP3 coverage levels <95% (this does not take into consideration municipal population size). It should be noted that this also reflects the adjustment made in the methodology used by WHO and UNICEF for the 2008 report. Several challenges remain, including strengthening local immunization program management, maintaining and strengthening regular quality supervision and being able to accurately and timely monitor coverage data at the municipal level. National and local plans of action are important to target areas where pockets of unvaccinated individual remain.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved ?	Comments on progress
1.1.3	Number of countries supported to make evidence-based decisions for the introduction of new and underutilized vaccines	9	10	YES	The use of evidence to make informed decision was actively promoted, particularly through ProVac activities. *This indicator was deleted in the amended Strategic Plan (SP).*
1.1.4	Number of essential child and family health interventions integrated with immunization, for which guidelines on common program management are available	4	6	YES	The indicator was met with diverse interventions that were integrated with Vaccination Week of the Americas (VWA). VWA provides an excellent platform for integration of other preventive health interventions to be delivered jointly with VWA campaigns. This will continue to be promoted and strategies should be standardized and disseminated to maximize the impact in the Region. *This indicator was deleted in the amended SP*.
1.1.5	Number of countries that have established either legislation or a specified national budget line in order to ensure sustainable financing of immunization	30	32	NO	Neither El Salvador nor Guatemala was able to promulgate immunization legislation during the biennium. Draft legislation is under review in both countries. *This indicator was deleted in the amended SP*.
1.1.6	Number of countries that have included the new vaccines (RV, NEUMO, INF, YF, HPV) in their national epidemiological surveillance system	0	5	YES	Exceeded: 15 countries. *This indicator was modified in the amended SP*.

RER 1.2: Member States supported through technical cooperation to maintain measles elimination and polio eradication; and achieve rubella, congenital rubella syndrome (CRS) and neonatal tetanus elimination	**On Tack**

RER Assessment: Four of five indicator targets achieved.

All targets established for the RER indicators were met except for the elimination of neonatal tetanus in Haiti (1.2.5). The effort should be maintained, both by PAHO and in the countries, to continue the progress towards these targets.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.2.1	Number of countries using oral polio vaccine (OPV) according to an internationally agreed timeline and process for cessation of its routine use	35	35	YES	Some countries are moving towards using IPV (inactivated polio vaccine) to avoid the rare occurrence of OPV-associated paralysis. Continuous PAHO support to the global eradication of polio and monitoring the situation, as well as maintaining high polio coverage levels at all levels will help making recommendations regarding the use of OPV/IPV. *This indicator was modified in the amended SP.*
1.2.2	Percentage of final country reports or updates on polio containment certified by the Regional Commission for the Americas	100%	100%	YES	In 2010 the commission should finalize the approval of country laboratory inventories, or phase 1, of polio laboratory containment. *This indicator was deleted in the amended SP.*
1.2.3	Number of countries with sustained surveillance of acute flaccid paralysis	39/39	39/39	YES	*This indicator was deleted in the amended SP.*
1.2.4	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination	36/39	39/39	YES	As endemic measles and rubella virus continues to circulate in other regions of the world, the Americas are under constant threat of importations and must remain vigilant to rapidly detect and respond to importations.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.2.5	Number of countries achieving neonatal tetanus (NNT) elimination	38/39	39/39	NO	The goal was to achieve NNT elimination in Haiti, the only country pending, and it was not possible during the biennium. There is need for more involvement on behalf of national authorities (MoH) in close coordination with partners (PAHO, UNICEF, CIDA, etc). *This indicator was eliminated in the amended SP.*

RER 1.3: Member States supported through technical cooperation to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases	**At Risk**

RER Assessment: Two indicator targets achieved and significant progress in the other two.

Significant progress was observed in the implementation of the International Health Regulations (IHR) although the target was not fully achieved. The components of laboratory quality control and strengthening of capacities for the detection and control of outbreaks are essential for adequate implementation of the IHR.

It is expected that by 2013 significant progress will have been made in the achievement of the indicators; however, it is very difficult to obtain full implementation of the core capacities for IHR in 100% of the countries. It is important to maintain the political commitment, focusing on the countries that are yet to initiate the assessments and to maintain laboratory quality control programs and training in the detection and control of outbreaks.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.3.1	Number of countries maintaining dracunculiasis eradication certification	40	40	YES	*This indicator was eliminated in the amended SP.*
1.3.2	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities	0/25	5/25	YES	*This indicator was modified in the amended SP with the goal of achieving the elimination of leprosy at the first subnational level.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.3.3	Population at risk (in millions) of lymphatic filariasis in four endemic countries receiving mass drug administration (MDA) or preventive chemotherapy	2.4	4.7	YES	Following WHO estimates review (in 2008), the target was reduced to 3.2 million. An estimated 3.4 million people were treated at the end of 2009. Hence the new target was exceeded. This was achieved trough the implementation and scale-up of MDA in Haiti, Guyana and Brazil. *This indicator was deleted in the amended SP.*
1.3.4	Coverage of at-risk school-age children in endemic countries with regular treatment against schistosomiasis and soil-transmitted helminthiasis (STH)	38%	50%	YES	The original WHO baseline population (denominator) was 110 million school-age children (SAC) at risk of morbidity from STH; the entire population of SAC in the Region. This figure was modified downward by PAHO to 26.3 million SAC, to reflect only the number of SAC who lack access to basic sanitation in the Region, a more realistic risk estimate for this Region. According to data provided by national programs, NGOs and faith groups, bilaterals and other partners, an estimated 25.4 MILLION SAC in 11 of 35 countries were dewormed of STH in 2009. This represents 97% of the 26.3 million SAC considered at direct risk of morbidity from STH in the Region. *This RER indicator was combined into indicator 1.3.5 in the amended SP.*
1.3.5	Number of countries in Latin America and the Caribbean that have eliminated human rabies transmitted by dogs	11/21	12/21	NO	The target was to achieve an additional country during the biennium based on a baseline of 11 (Argentina, Belize, Chile, Colombia, Costa Rica, Guyana, Honduras, Nicaragua, Panama, Suriname and Uruguay). However, Argentina, Colombia, and Honduras registered the reemergence of cases of dog-transmitted human rabies. It is expected that Argentina, Colombia, Peru and Paraguay certify the achievement of the target before June 2010.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.3.6	Number of countries in Latin America and the Caribbean that maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases (e.g. avian flu and bovine spongiform encephalopathy)	10/33	13/33	YES	There are still countries that require greater focus in priority municipalities.
1.3.7	Number of countries with Domiciliary Infestation Index by *T.* infestans (Southern Cone) and *R.* prolixus (Central America) under 1%	3/21	11/21	NO	9 countries achieved the target.
1.3.8	Number of countries with total Chagas screening of blood banks to prevent transmission by transfusion	14/21	20/21	NO	18 countries achieved the target. *This indicator was eliminated in the amended SP.*
1.3.9	Number of onchocerciasis-endemic countries with foci where transmission has been declared interrupted and which are undergoing a 3-year post-transmission interruption surveillance period	1/13	2/13	YES	Exceeded: 7 countries. *This RER indicator was deleted in the amended SP.*

RER 1.4: Member States supported through technical cooperation to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system	**On Track**

RER Assessment: Four of four indicator targets achieved.

There has been significant progress in the achievement of the goals related to improvement of the surveillance systems; however, the indicators of the goals are not sufficiently precise and specific so as to adequately objectify such progress.

The influenza pandemic showed deficiencies in the systems that should be addressed in the next biennium. Among the most important challenges is disseminating the surveillance guide for all the priority communicable diseases and improving the quality of the existing surveillance, which will require the establishment of a methodological evaluation proposal of the surveillance systems.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.4.1	Number of countries with enhanced surveillance for communicable diseases of public health importance, according to PAHO/WHO assessment guidelines	13/39	15/39	YES	Despite the progress registered in the operation of the surveillance systems in several countries of the Region, the pandemic showed the need to continue strengthening the activities of early warning, research, and response to outbreaks; especially at the subnational levels and in border areas.
1.4.2	Number of countries adapting generic surveillance and communicable disease monitoring tools or protocols to specific country situations	2/35	15/35	YES	Exceeded: 17 countries. *This indicator was eliminated in the amended SP.*
1.4.3	Number of countries that submit the joint reporting forms on immunization surveillance and monitoring to the PASB, in accordance with established timelines	15/35	18/35	YES	Routine and timely immunization reporting remains a challenge giving the many competing priorities and, in some countries, the delays in generating the data, particularly consolidating coverage data from all the local levels. Another challenge is keeping proper track of data changes.
1.4.4	Number of countries routinely implementing antimicrobial resistance (AMR) surveillance and interventions for AMR containment	14/35	17/35	YES	

RER 1.5: New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed, validated, available, and accessible	**On Track**

RER Assessment: Three of three indicator targets achieved.

Significant progress was made in the indicators of this RER, despite the cancellation of activities due to the pandemic and the lack of human resources. There has been progress in original approaches for disease control in areas with problems to meet the targets, such as the Gran Chaco region. Systematic reviews establish an excellent starting point to define an agenda of research needs and priorities of the neglected diseases for the elimination plan of such diseases.

Although significant progress has been achieved with regard to research topics in the Region, there is a great challenge with regard to personnel and financing to sustain the gains achieved to date. In the biennium 2008-2009, 90% of the funds were raised through TDR. In addition, it is necessary to increase advocacy for research both at the internal and external levels of the Organization, and to improve coordination with other areas and units of the Organization that promote research and training in communicable diseases.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.5.1	Number of consensus reports published on subregional, regional or global research needs and priorities for a disease or type of intervention	0	3	YES	Exceeded - four systematic reviews were carried out on NTDs (Visceral Leishmaniasis, Onchocerciasis, Schistosomiasis and Lymphatic Filariasis. *This indicator was modified in the amended SP, to incorporate research.*
1.5.2	Number of new or improved interventions and implementation strategies whose effectiveness has been evaluated and validated	1	2	YES	*This indicator was eliminated in the amended SP.*
1.5.3	Number of countries which have developed their operational research capacity in partnership with regional and global scientific institutions	3/33	5/33	YES	*This indicator was deleted in the amended SP.*

RER 1.6: Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern	**At Risk**

RER Assessment: Two indicator targets achieved and significant progress in the other two.

Significant progress is observed in the implementation of the International Health Regulations (IHR) although the target was not fully achieved. The components of laboratory quality control and strengthening of capacities for the detection and control of outbreaks are essential for adequate implementation of the IHR.

It is expected that by 2013 significant progress will have been made in the achievement of the indicators; however, it is very difficult to obtain full implementation of the core capacities for IHR in 100% of the countries. It is important to maintain the political commitment, focusing on the countries that are yet to initiate the assessments and to maintain laboratory quality control programs and training in the detection and control of outbreaks.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.6.1	Number of countries that have completed the assessment of core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)	3/35	35/35	NO	34 of 35 achieved (97%) the target; not achieved in Haiti. *This indicator was modified in the amended SP. The new indicator will measure the implementation and scope of IHR basic skills in the countries.*
1.6.2	Number of countries that have developed national plans of action to meet minimum core capacity requirements for early warning and response in line with their obligations under the International Health Regulations	0/35	32/35	NO	28 countries (87%) have developed action plans designed to meet the minimum requirements of basic skills with regard to early warning and response, in accordance with the obligations arising from the IHR. *This indicator was eliminated in the amended SP.*
1.6.3	Number of countries whose national laboratory system is engaged in at least one internal or external quality-control program for communicable diseases	20/39	24/39	YES	*This indicator was eliminated in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.6.4	Number of countries participating in training programs focusing on the strengthening of early warning systems, public health laboratories or outbreak response capacities	38	38	YES	

RER 1.7: Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox)	**On Track**

RER Assessment: Three of four RER indicator targets achieved.

The pandemic (H1N1) 2009 has required countries to finalize, update and activate their National Influenza Pandemic Preparedness Plans. Standard Operating Procedures (SOPs) are being put in place but not always through formalized procedures. With the implementation of the current plans and strategies, gaps and needs have been identified. The correction of such gaps sets the strategy for next biennium, including the documentation of lessons learned and SOPs. In the case of dengue, Integrated Management Strategies have been established at the national and regional level and technical cooperation provided during outbreaks in the Region.

Technical cooperation until 2013 will follow three strategic lines to strengthen the countries' capacity to detect public health emergencies such as influenza. The first will focus on the implementation of sentinel surveillance that fully integrates virological and epidemiological data in such a way that it can guide public health action. The second line of action will target implementation of event surveillance through training of healthcare workers at the local level. Training on a nationwide enhanced surveillance modality will include the identification, reporting, and management of unusual events using the experience with influenza as the guiding principle for local-level capacity-building. Finally, the third line will aim to maintain and strengthen the enormous regional gains that have been accomplished in laboratory capacity for diagnosis of respiratory viruses. Technical cooperation on laboratory strengthening will now include the decentralization of diagnostic capacity.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.7.1	Number of countries that have national preparedness plans and standard operating procedures in place for pandemic influenza	22/35	28/35	YES	Verification of the establishment of national rapid response teams (RRT) within the countries National Influenza Pandemic Preparedness Plans (NIPPP) required the countries to send a complete list of members of this team. With the current pandemic (H1N1) 2009, national RRTs have been established, activated, and deployed for field investigations and response in 28 countries.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
1.7.2	Number of international support mechanisms established for surveillance, diagnosis and mass intervention (e.g. international laboratory surveillance networks and vaccine-stockpiling mechanisms for meningitis, hemorrhagic fevers, plague, yellow fever, influenza, smallpox)	5	6	YES	The means of verification for completion of this indicator was the creation of a plasma bank for hemorrhagic fevers in Bolivia which was achieved. *This RER indicator was deleted in the amended SP.*
1.7.3	Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious	22	25	NO	Support was provided in establishing National Influenza Centers (NIC) in Member States. Of the three target countries (Guatemala, Nicaragua and Bolivia), Guatemala and Nicaragua received the designation for NIC from WHO/HQ. Bolivia is pending submission of required documentation to WHO. *This RER indicator was deleted in the amended SP.*
1.7.4	Number of countries implementing interventions and strategies for dengue control (Communication for Behavior Impact [COMBI])	15	17	YES	Significant progress was achieved in the development of integrated management strategies for Dengue (EGI-Dengue) in countries of all subregions.

RER 1.8: Regional and subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern	**On Track**

RER Assessment: Four of four indicator targets achieved.

This RER reflects the warning and response capacity of the Organization, an essential requisite for the correct operation of the IHR, in response to the commitment assumed by the Secretariat. The progress achieved is more than satisfactory, with the implementation of the necessary capacities to operate 24/7. Furthermore, during the pandemic all the capacities of the Secretariat were put to the test—warning, capability to mobilize experts, and operation of the emergency management system, making it possible to respond to all the requests received.

Based on the current performance level, an adequate achievement of the targets is expected for the remainder of the Strategic Plan. However, there is need for increased coordination and participation of all entities. It will also be necessary to strengthen the capacities of human resources, mainly to ensure the sustainability of these important functions.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
1.8.1	Number of PASB entities (regional headquarters and country offices) with the global event management system in place to support coordination of risk assessment, communications and field operations	1/30	10/30	YES	*This indicator was eliminated in the amended SP.*
1.8.2	Number of countries with at least one participating partner institution in the Global Outbreak Alert and Response Network, and other relevant regional networks	26	30	YES	During the pandemic professionals from the different networks in the Regionwere mobilized. *This indicator was deleted in the amended SP.*
1.8.3	Proportion of requests for support from Member States during an emergency or epidemic, for which PASB mobilizes a comprehensive and coordinated international response (including disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks)	100%	100%	YES	Support missions have been carried out in response to the pandemic and outbreaks of dengue, yellow fever, and Chagas, among others.
1.8.4	Median time (in days) for verification of outbreaks of international importance, including laboratory confirmation of etiology	7 days	5 days	YES	In the 202 events registered the average response time observed for verification was 1.5 days. *This indicator was incorporated in 1.8.1 and 1.9.1 in the amended SP.*

SO2: To combat HIV/AIDS, tuberculosis and malaria	At Risk

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

106. Current efforts need to be maintained and strategically focused in order to achieve the desired targets in 2013. The SO has been revised and the indicators were decreased from 36 to 24 in the amended Strategic Plan.

2008-2009 Assessment

Main achievements during the biennium:

107. **HIV/AIDS** –Direct technical cooperation was provided to 26 countries in the Latin America and the Caribbean (LAC) region. National HIVDR (HIV Drug Resistance) Working Groups have been formed in 16 of these countries. By the end of 2009, 15 countries reported Early Warning Indicators for the prevention of drug resistance to PAHO/WHO and four developed national protocols for HIVDR monitoring or surveillance based on WHO guidelines. The work with most at risk groups has led to the development of the blueprint for health services directed at males who have sex with males (MSM). Work is in progress to attend to needs of transgender . The elimination initiative of Preventing Mother-to-Child Transmission (MTCT) of HIV and congenital syphilis has been endorsed by countries in the Caribbean and most in Latin America. Country plans and monitoring are taking place.

108. **Malaria -** The malaria objectives in the Region to reduce by 50% the disease in burden by 2010 (Roll Back Malaria) and by 75% by 2015 (UN Millennium Development Goals). Based on latest annual reports from the countries (2008), malaria morbidity in the Americas decreased by 53% compared to the rate in 2000. A decrease in malaria burden has been reported in 18 of the 21 endemic countries: seven of these countries report >75% case-reduction, achieving both Roll Back Malaria (RBM) and UN Millennium Development Goals (MDGs); five, >50% to <75% decrease in cases, which achieves the RBM goals; and six others, <50% reduction in cases, are still well on the way to attaining the Roll Back Malaria goals of 2010. Unfortunately, three countries report increases in total number of cases: Dominican Republic, Haiti, and Venezuela.

109. For countries in the Amazon, PAHO's collaboration with various partners and stakeholders in the Amazon Malaria Initiative (AMI)/Amazon Network for the

Surveillance of Anti-malarial Drug Resistance (RAVREDA), with financial support from USAID, facilitated strengthening of country capacities in drug resistance surveillance, drug policy implementation, vector management, epidemiologic stratification, supply chain management, and in engaging in South-to-South collaboration. Extension of AMI-RAVREDA efforts to Central America commenced in 2009.

110. **Tuberculosis -** The case detection rate of 70% pulmonary TB through positive TB smear test was reached by 21 countries. This accomplishment is due to the expansion of the Directly Observed Treatment, Short-course (DOTS) strategy, better achievement of TB/HIV collaboration activities, management framed in strategic national plans, a better mobilization of economic resources, and the permanent technical cooperation of PAHO at the national and regional levels. Although the indicator of successfully treating 85% of the notified cases has not been reached, it was improved in several countries. During the biennium, 12 countries mobilized economic resources from the Global Fund with approved projects that are in process of execution. Many countries updated their technical guidelines, which will need to be continuously updated according to new evidence, in addition to strengthening mechanisms of community participation and social mobilization.

Challenges affecting performance:

111. Progress in scientific evidence indicating the need for earlier treatment will affect the anti-retroviral treatment (ART) coverage indicator in all countries. The “moving targets” for some of the indicators (those based on modeled estimates) make monitoring progress for HIV especially challenging.

112. The possibility that middle- and upper-middle income countries will no longer be eligible for Global Fund grants may pose significant challenges for some national HIV programs and for the continuation of current interventions.

113. In the present context of declining malaria cases in the Region, the commitment of countries and various stakeholders is also in danger of diminishing – a vital mistake that happened during the previous era of malaria eradication. To address this, PAHO has been in the forefront in working with countries and various partners in strengthening advocacy for malaria at various levels of work – communities, countries, the Region, and globally. Also, PAHO has taken a pro-active approach in reviewing its current strategies for malaria through its ongoing efforts in developing and consolidating the Regional Strategic Plan for Malaria in the Americas 2011-2015.

114. The earthquake which affected Haiti in January 2010 is a potential setback to the joint proposal with the Dominican Republic to eliminate malaria from the Hispaniola

Island. Nevertheless, both countries, along with a number of other countries in the Region, have had proposals for financing accepted by the Global Fund.

115. While PAHO contributed to mobilizing the increased investment of the international community to national efforts against malaria, through technical collaborations in the development and subsequent approval of malaria proposals by the Global Fund and a number of other funding institutions, the actual budgetary support received by the Regional Malaria Program from WHO channels has decreased significantly. PAHO/WHO should advocate more strongly for the important role that they play in coordinating various efforts and to mobilize the necessary resources to fulfill this mandate.

116. The progress made by the TB programs is threatened by the insufficient integration of DOTS into the primary health care system in some countries and the increase of TB incidence, prevalence and mortality rates due to TB-HIV co-infection in countries where the HIV epidemic is important. The lack of political commitment and limited national budgets can also undermine the gains in TB prevention and control.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
75,090,000	34,857,420	46%	32,510,240	93%

- This Strategic Objective is highly dependent on funding from voluntary contributions. In fact, during 2008-2009, 76% ($26.5 million) of the total funds available for the biennium came from voluntary contributions.
- The budgetary allocation from the UNAIDS Unified Budget and Workplan (UBW) for the Region is decreasing in real terms and other voluntary contributions are uncertain.
- The work for SO2 has been supported by the Canadian International Development Agency (CIDA) and the Spanish Agency for International Cooperation and Development (Agencia Española de Cooperación Internacional para el Desarrollo - AECID). AECID funding is expected to continue in the next biennium.

LESSONS LEARNED

- Haiti is the country with the highest HIV burden and the largest gap in the Region to reach universal access for HIV prevention, care and treatment. There is a need for greater focus on effectively ensuring HIV prevention, treatment and care and related issues (such as sexual violence) in disaster preparedness. In other cases, political events, such as those that occurred in Honduras, demanded re-prioritization and re-planning of the technical cooperation and this may have also compromised previous advances in SO2 indicators.
- Latin America and the Caribbean has higher antiretroviral therapy (ART) coverage than other low- and middle- income regions (54%, compared to the global average of 42%). Of concern, the Regionthat experienced smallest overall increase in coverage between December 2007 and December 2008 (14%), less than half of the increase experienced globally (36%). There is a need to better identify the barriers that are preventing a sustained scale-up. Those barriers seem to include poor access to HIV testing and counseling, poor availability of HIV drugs in remote areas, and stigma and discrimination in health settings, among others. These barriers, however, can vary widely among countries and even within countries. Greater efforts need to be dedicated to better reach all people with HIV needing treatment.
- Although the elimination initiative of Preventing Mother-to-Child Transmission (MTCT) of HIV and congenital syphilis has been endorsed by countries, the care and surveillance of congenital syphilis has not been a priority. The data from syphilis are not sufficient to certify the elimination in any country. The next steps are monitoring the implementation of strategies to improve testing and treatment coverage at the primary care level and enhance surveillance. Ongoing advocacy for the elimination of congenital syphilis to be integrated as part of MTCT of HIV is also required.
- There is need to ensure sustained emphasis on the quality of DOTS and the Stop TB Strategy while expanding coverage.
- There is need for greater synergies between TB, HIV and Malaria with the other communicable diseases prevention initiatives in the countries.
- Devastating natural phenomena, such as the earthquake in Haiti, have generated an important setback in TB control. An integrated and well-coordinated response by all of the actors is required.
- Strengthening of human resource capacity for malaria among countries is an effort that requires adequate resources for both PAHO and country programs. PAHO is mandated and strategically positioned to collaborate in these efforts, but the diminishing budget for technical programs in WHO/PAHO undermines the capacity of the Organization to engage and deliver an effective and efficient response.
- Routine health information systems in countries must be further strengthened to facilitate monitoring of progress and impact of prevention and control efforts. Strong malaria surveillance capacities become even more important in areas where malaria elimination is deemed feasible.

- The emerging threat of anti-malarial drug and insecticide resistance continues to pose a serious threat to global efforts against malaria.
- In the three countries (Dominican Republic, Haiti, and Venezuela) which reported increased malaria cases, will require special efforts in resource mobilization, identification and appropriate bridging of existing gaps, and capacity building towards achievement and sustainability of desired results.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 2.1: Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations	**At Risk**

RER Assessment: Four of seven indicators achieved.

The main challenge remains access to treatment for HIV. While countries provide treatment for those diagnosed, the estimates of people with HIV keep changing, and the modifications of guidelines for treatment make the achievement even more difficult.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.1.1	Number of countries that have achieved the national universal access targets for HIV/AIDS	0	5	NO	In the amended SP this indicator was modified to deal with the complexity resulting from multiple universal access targets. It was broken down in two: one to monitor access to prevention and one to monitor access to treatment. The focus has been placed on prevention of Mother-to-Child Transmission (PMTCT) of HIV and achieving ART coverage over 80% for the estimated population in need of treatment.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.1.2	Number of countries implementing components of the Global Malaria Control Strategy, within the context of the Roll Back Malaria initiative and PAHO's Regional Plan for Malaria in the Americas 2006-2010, as part of their national programs	20	23	YES	
2.1.3	Number of countries detecting 70% of estimated cases of pulmonary tuberculosis through a positive TB smear test	13/27	21/27	YES	
2.1.4	Number of countries with a treatment success rate of 85% for tuberculosis cohort patients	10/27	21/27	NO	The reason this indicator target was not achieve is due to the fast expansion of DOTS, which caused a decrease its quality.
2.1.5	Number of countries that have achieved the regional target for elimination of congenital syphilis	1	10	NO	Most countries in the Regionhave developed plans and strategies to reduce congenital syphilis (CS) with different degrees of implementation. Some countries have also reported no cases in the last few years. The criteria for certification of CS elimination are being developed. *This indicator was modified in the amended SP and the target for 2009 was reduced to 7 and the 2011 target is 15.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.1.6	Number of countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with STIs diagnosed, treated and counseled at primary point-of-care sites)	5	7	YES	*This indicator was modified in the amended SP.*
2.1.7	Number of countries that have developed integrated/ coordinated policies on Tuberculosis	0/27	8/27	YES	*This indicator was deleted in the amended SP.*

RER 2.2: Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care	**On Track**

RER Assessment: Three of three targets achieved.

The indicators in this RER were an attempt to keep track of gender sensitivity in policies and plans for TB, malaria and HIV. They proved to be too restrictive: those for malaria and TB were cancelled, and for HIV they were reformulated to deal with policies and plans where gender is one of the characteristics used in the tracking (2.2.3).

For HIV, the indicators 2.2.1 and 2.2.3 were not considered useful to track the gender sensitivity of policies, guidelines and services because they were in reality an amalgamation of different indicators (existence of policies and guidelines, existence of monitoring services and gender sensitivity). It was considered that it would be more relevant to access gender sensitivity in the context of the overall evaluation of programs, policies and plans, and not as an isolated indicator.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.2.1	Number of countries with gender-sensitive policies and guidelines on HIV/AIDS	15	17	YES	*This indicator was modified in the amended SP.*
2.2.2	Number of countries with national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by HIV/AIDS, TB and MALARIA	3	7	YES	Target achieved for TB. *This indicator was deleted in the amended SP.*
2.2.3	Number of countries monitoring access to gender-sensitive health services for HIV/AIDS	3	10	YES	*This indicator was deleted in the amended SP.*

RER 2.3: Member States supported through technical cooperation to develop and implement policies and programs to improve equitable access to quality essential medicines, diagnostics and other commodities for the prevention and treatment of HIV, TB and malaria.	**On Track**

RER Assessment: Seven of seven indicator targets achieved.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.3.1	Number of countries implementing revised/updated diagnostic and treatment guidelines on TUBERCULOSIS	0/27	15/27	YES	While the indicator was achieved, new updated guidelines have been developed. Consequently, *the targets have been revised in the amended SP.*
2.3.2	Number of countries implementing revised/updated diagnostic and treatment guidelines on MALARIA	16/21	18/21	YES	*This RER indicator was deleted in the amended SP.*
2.3.3	Number of countries with high incidence of P. falciparum MALARIA using artemisinin-based combination therapy	6/13	8/13	YES	*This RER indicator was deleted in the amended SP.*
2.3.4	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS	27	29	YES	*This RER indicator was deleted in the amended SP.*
2.3.5	Number of malaria-endemic countries receiving support to increase access to affordable medicines for MALARIA	21/21	21/21	YES	*This RER indicator was deleted in the amended SP.*
2.3.6	Number of countries that participate in the Strategic Fund mechanism for affordable essential medicines for HIV/AIDS.	18	19	YES	
2.3.7	Number of countries implementing quality-assured HIV screening of all donated blood	32	35	YES	

RER 2.4: Regional and national surveillance, monitoring and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance	**At Risk**

RER Assessment: Eight of nine indicator targets achieved.

This RER refers to surveillance for HIV, TB, and malaria. The indicators on monitoring of financial allocation have been cancelled in the amended SP. The RER now refers only to surveillance, which remains a challenge.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
2.4.1	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation	27	30	YES	
2.4.2	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on TUBERCULOSIS using WHO/PAHO's standardized methodologies, including appropriate age and sex disaggregation	28	30	YES	
2.4.3	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on MALARIA using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation	21/21	21/21	YES	
2.4.4	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of TUBERCULOSIS, and the achievement of targets	27	30	YES	*This indicator was deleted in the amended SP.*
2.4.5	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of, and the achievement of targets for, TB/HIV co-infection	18	25	YES	*This indicator was deleted in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.4.6	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of MALARIA and the achievement of targets	21/21	21/21	YES	*This indicator was deleted in the amended SP.*
2.4.7	Number of countries reporting on surveillance and monitoring of HIV drug resistance, disaggregated by sex and age	0	10	YES	Exceeded: 20 countries.
2.4.8	Number of countries reporting on surveillance and monitoring of TUBERCULOSIS drug resistance, disaggregated by sex and age	14/27	19/27	YES	
2.4.9	Number of countries reporting on surveillance and monitoring of MALARIA drug resistance, disaggregated by sex and age	9/21	13/21	NO	11 countries achieved targets related to the indicator; 1 (Bolivia) completed the draft of the report; 1 (Venezuela) reported no progress due to limitations in resources

RER 2.5: Member States supported through technical cooperation to: (a) sustain political commitment and mobilization of resources through advocacy and nurturing of partnerships on HIV, malaria and tuberculosis at country and regional levels; (b) increase the engagement of communities and affected persons to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs	**At Risk**

RER Assessment: Eight of nine indicator targets achieved.

Sustaining funding requirements for HIV/AIDS represents a challenge.
These indicators have been reduced to four in the amended SP. The indicators modified or deleted are identified below.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.5.1	Number of countries with partnerships for HIV control	40	40	YES	
2.5.2	Number of countries with partnerships for TUBERCULOSIS control	5/27	8/27	YES	
2.5.3	Number of countries with partnerships for MALARIA control	21/21	21/21	YES	*The text of this indicator is modified in the amended SP* as follows: Number of countries with functional coordination mechanisms for malaria
2.5.4	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to HIV	12	15	YES	*This RER indicator was deleted in the amended SP.*
2.5.5	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to TUBERCULOSIS	14/27	17/27	YES	*This RER indicator was deleted the amended SP.*
2.5.6	Number of countries implementing strategies to ensure adequate resources and absorptive capacity for the response to MALARIA	13/21	17/21	NO	Achievement rate was 94% - 16 out of 17 countries achieved. *This RER indicator was deleted in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.5.7	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of HIV programs	40	40	YES	
2.5.8	Number of countries that have involved communities, academia, persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of TUBERCULOSIS programs	3/27	12/27	YES	*This indicator was deleted in the amended SP.*
2.5.9	Number of countries that have involved communities, academia. persons affected by the disease, civil society organizations, and the private sector in planning, design, implementation and evaluation of MALARIA programs	13/21	17/21	YES	*This indicator was deleted in the amended SP.*

RER: 2.6: New knowledge, intervention tools and strategies developed, validated, available, and accessible to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with Latin American and Caribbean countries increasingly involved in this research	**On Track**

RER Assessment: Five of five indicator targets achieved.

The indicators referring to peer-review publications have been deleted in the amended Strategic Plan.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.6.1	Number of new or improved interventions and implementation strategies for TUBERCULOSIS whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	1	2	YES	
2.6.2	Number of new or improved interventions and implementation strategies for MALARIA whose effectiveness has been determined and evidence made available t o appropriate institutions for policy decisions	0	1	YES	
2.6.3	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS for which the main author's institution is based in Latin America or the Caribbean	0	3	YES	*This indicator was deleted in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
2.6.4	Number of peer-reviewed publications arising from PAHO/WHO-supported research on MALARIA for which the main author's institution is based in Latin America or the Caribbean	0	2	YES	*This indicator was deleted in the amended SP.*
2.6.5	Number of peer-reviewed publications arising from PAHO/WHO-supported research on TB for which the main author's institution is based in Latin America or the Caribbean	0	2	YES	*This indicator was deleted in the amended SP.*

SO3: To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	At Risk

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

117. In order to achieve the SO targets in 2013, continuous efforts to increase the financial and political commitment are needed, as well as the implementation of programs with a multisectoral and integrated approach for the prevention of chronic diseases, violence, disabilities, mental disorders, and oral diseases.

2008-2009 Assessment

Main achievements during the biennium:

118. The approval of Resolution by the Directing Council in October 2008 CD48.R20, "Preventing Violence and Injury and Promoting Safety: A call for action in the Region" was an important milestone to improve the commitment of the ministries of health to violence and injury prevention. Annual meetings (2008 and 2009) were organized with all ministries of health focal points in the Regionto align the PAHO Strategic Objectives with countries' agendas. Support from PAHO/WHO Collaborating Centers (CC) was also sought. A virtual training program on violence and injury prevention is available for capacity building for MoH focal points. Countries which have made progress in this area include Brazil, Mexico, Panama, Paraguay and Uruguay.

119. The first Ministerial Meeting of the Americas on Violence and Injury Prevention, convened by the Mexican Minister of Health and the Pan American Health Organization in Merida, Mexico, 14 March 2008, adopted the Ministerial Declaration on Violence and Injury Prevention in the Americas, emphasizing the need for additional efforts to solve this serious public health/developmental problem.

Challenges affecting performance:

- Insufficient resources to adequately prevent and control chronic noncommunicable diseases (CNCDs) and their risk factors, including limited capacity and competencies at all levels.
- Limited multisectoral and integrated approaches to scale-up interventions to effectively address the CNCDs and their risk factors.

- Limited capacity to develop or strengthen evidence-based policies, legislation and strategies to address CNCDs and risk factors, including insufficient information on risk factors.
- Need to strengthen and consolidate national mental health programs, including financial and human resources.
- Need to increase priority of mental health and disabilities in the health agendas, including promotion and prevention among children and youth. Research in these areas also needs to be strengthened.
- Most of the current evidence of effective interventions for violence prevention is concentrated in high-income countries. This poses a challenge since it remains to be seen whether interventions effective in high-income country settings will be as effective in other countries.
- Sustainability of inter-sectoral approach in road safety remains a challenge.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
28,000,000	21,011,216	75%	18,810,239	90%

120. There was a $7 million gap in funding between the approved budget and the resources allocated. Although the implementation rate of 90% is satisfactory, the substantial effort of training and assigning staff to country programs should result in a higher level of implementation. It is expected that the budget for the coming biennia will be slightly increased, even though it is expected that it will still not match the burden these diseases represent on the health services. The main partners for this SO included Bloomberg, Government of Spain, PHCA, US/CDC and the World Diabetes Foundation (WDF).

LESSONS LEARNED

- Government changes as well as technical personnel rotation affected the performance. To address this challenge, there is a need to appoint fixed focal points in the ministries of health to guarantee the sustainability of the commitments and interventions.
- Many countries are using the Regional Strategy for Chronic Diseases to develop their national plan; there is need to develop program management implementation guidelines to continue building on this process.

- It is important to integrate chronic diseases and conditions in the primary health care services, and promote an integrated and multisectoral approach to tackle their risks factors and social determinants of health.
- The priority being accorded to CNCDs at country level is increasing. Most of the new coordinating units and focal points need training and tools to perform their functions. Disability prevention should be an integral part of prevention programs.
- Countries have established mental health programs; however, the implementation is ineffective and low, particularly in developing a community model for mental health. Normative and managerial capacities in mental health at health ministries also need to be strengthened.
- Countries lack the adequate capacity to collect, analyze and use information on mental health. Indicators for monitoring the implementation of disability and rehabilitation resolutions need to be developed.
- Until recently, most emphasis in the area of violence was placed on mitigating its effects by actions such as improving services to victims. Although this work needs to continue, there is a need to build both the evidence and the capacity of the health and other sectors to emphasize the primary prevention of violence.
- Further attention needs to be given on interventions to prevent violence among the youth.
- Greater attention needs to be given to strengthen the capacity of key stakeholders to adequately monitor and evaluate violence-related programs.
- Violence is intrinsically related to various other health-related areas, such as alcohol, HIV/AIDS, maternal mortality, among others. Greater effort must be made to promote policies and programs that recognize these links and address them in an integrated fashion.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 3.1: Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities	**At Risk**

RER Assessment: Six of six indicator targets achieved.

Political and financial commitment has significantly increased to address the chronic diseases epidemic at national, sub regional and regional levels although it still needs to increase to match the burden. Additional efforts need to be made in the areas of mental health, injuries, violence and disabilities.

While all RER indicator targets were achieved, the scope of RER has not been fully met. There is need to increase political and financial commitment to ensure the achievement of the RER in future biennia. The indicators were modified in the amended Strategic Plan to adequately measure the entire scope of the RER.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.1.1	Number of countries whose health ministries have a focal point or a unit for road safety and violence prevention with its own budget	9	14	YES	*This indicator has been modified in the amended SP.*
3.1.2	Number of countries whose health ministries have a unit for mental health and substance abuse with its own budget	24	28	YES	*This indicator has been modified in the amended SP.*
3.1.3	Number of countries whose health ministries have a unit or department for chronic noncommunicable conditions with its own budget	21	26	YES	*This indicator has been modified in the amended SP.*
3.1.4	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been undertaken	3	10	YES	*This indicator has been modified in the amended SP.*
3.1.5	Number of countries that have a unit or focal point in the health ministry (or equivalent) on disabilities prevention and rehabilitation	10	13	YES	*This indicator has been modified in the amended SP.*
3.1.6	Partners forum for prevention and control of chronic diseases established, including public, private sector and civil society	0	1	YES	*This indicator has been modified in the amended SP.*

RER 3.2: Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases	**On Track**

RER Assessment: Seven of seven indicator targets achieved (there is need to verify achievement of 3.2.4), including one exceeded.

Policies, strategies and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities and oral diseases are being rapidly developed and implemented. Monitoring systems for policies and laws are being strengthened.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.2.1	Number of countries that are implementing national plans to prevent violence and road traffic injuries	15	17	YES	Resolution of Directing Council (CD48/20 - "Preventing Violence and Injury and Promoting Safety: a call for action in the region") was an important milestone to strengthen the commitment of the Ministries of Health to the work on violence and injury prevention and to contribute to have national plans.
3.2.2	Number of countries that are implementing national plans for disability, including prevention, management and rehabilitation according to PAHO/WHO guidelines and Directing Council resolutions	5	8	YES	*This indicator has been modified in the new SP approved in September 2009*
3.2.3	Number of countries that are implementing a national mental health plan according to PAHO/WHO guidelines and Directing Council Resolutions	26	29	YES	
3.2.4	Number of countries that are implementing a national policy and plan for the prevention and control of chronic non-communicable conditions	15	32	YES	Exceeded: 33 countries. *This indicator was modified in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.2.5	Number of countries in the CARMEN network (an initiative for Integrated Prevention and Control of Non-communicable Diseases in the Americas)	22	27	YES	Exceeded: 29 countries are now Members of the CARMEN Network. *This indicator was modified in the amended SP.*
3.2.6	Number of countries that are implementing comprehensive national plans for the prevention of blindness and visual impairment	7	11	YES	Regional Plan approved at the 49th Directing Council in 2009.
3.2.7	Number of countries that are implementing comprehensive national plans for the prevention of oral diseases	27	29	YES	*This indicator was modified in the amended SP.*

RER 3.3: Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities	**On Track**
RER Assessment: Four of five indicator targets achieved and one not assessed. There are no anticipated risks to compromise the achievement of future targets.	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.3.1	Number of countries that have a published document containing a national compilation of data on mortality and morbidity from violence and road traffic injuries	12	16	YES	The Global Status Report and the Regional Status Report on Road Safety was completed with the input of 32 countries in the region.
3.3.2	Number of countries with information systems and official published reports on the incidence, prevalence and other disabilities indicators, per International Classification of Functioning, Disability and Health (ICF) criteria	8	10	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.3.3	Number of countries with national information systems and annual reports that include mental, neurological and substance abuse disorders	20	24	YES	
3.3.4	Number of countries with a national health reporting system and annual reports that include indicators of chronic, non-communicable conditions and their risk factors	15	28	YES	
3.3.5	Number of countries documenting the burden of hearing and visual impairment including blindness	8	10	N/A	*Not evaluated since this indicator was deleted at the beginning of the biennium.*

RER 3.4: Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health	**At Risk**

RER Assessment: Three of three indicator targets achieved.

Satisfactory progress has been made on cost-effective indicators for mental health, rehabilitation and oral health.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
3.4.1	Number of cost-effective interventions for the management of selected mental and neurological disorders (depression, psychosis, and epilepsy) prepared and made available	1	2	YES	
3.4.2	Number of countries with cost analysis studies on violence and road safety conducted and disseminated	8	10	YES	
3.4.3	Number of cost-effective oral health interventions with an estimate of their regional cost of implementation	4	6	YES	

RER 3.5: Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness	**At Risk**
RER Assessment: Four of four indicator targets achieved.	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.5.1	Number of countries implementing strategies recommended by PAHO/WHO for population wide prevention of disabilities, including hearing and visual impairment, and blindness	6	8	YES	
3.5.2	Number of countries implementing multisectoral population-wide programs to prevent violence and injuries and to promote road safety	13	15	YES	*This indicator was deleted in the amended SP.*
3.5.3	Number of countries implementing a national mental health plan that integrates mental health promotion, and the prevention of behavioral disorders and substance abuse	0	5	YES	
3.5.4	Number of countries implementing the Regional Strategy on an integrated approach to prevention and control of chronic diseases, including diet and physical activity	2	10	YES	

RER 3.6: Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities	**At Risk**

RER Assessment: Four of five indicator targets achieved, including one exceeded.

The indicators related to mental health, disability and rehabilitation were achieved and there is progress in the remaining indicators, although there are some problems or delays in some countries, or in a number of the milestones and targets initially expected for their linkage.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
3.6.1	Number of countries that apply the WHO Violence and Injury Prevention Guidelines in their health care services	12	15	NO	Although at the regional level WHO guidelines have been widely disseminated, it is unclear which countries had implemented them.
3.6.2	Number of countries that use the recommendations in The World Report on Disability and Rehabilitation and related PAHO/WHO resolutions, and have developed and implemented national guidelines, protocols and norms for disability prevention and care of those with disabilities.	5	9	YES	*This indicator was deleted in the amended SP.*
3.6.3	Number of countries with a systematic assessment of their mental health systems using WHO-AIMS (Assessment Instrument for Mental Health Systems)	8	12	YES	Exceeded with 15 countries. *This indicator was deleted in the amended SP.*
3.6.4	Number of countries implementing integrated primary health-care strategies recommended by WHO in the management of chronic non-communicable conditions	10	17	YES	
3.6.5	Number of countries with strengthened health-system services for the treatment of tobacco dependence as a result of using WHO's policy recommendations	6	12	YES	*This indicator has been modified in amended SP.*

SO4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	**On Track**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

121. The program is on track to achieve the RERs of SO4 in 2013. Countries should prioritize this Strategic Objective in the next biennium. Special emphasis will be placed on 'high-impact countries[6]"to achieve the SO4 targets and indicators in 2013.

2008-2009 Assessment

122. During this biennium it was possible to begin the dissemination process of the Evidence-based Neonatal Interventions (EBNI) with the continuum of care approach in the priority and high-impact countries with regard to MDG 4. Among the tools provided to the countries to collect subnational data was the "Profile of child and neonatal health with a view to achieve the MDG 4."

123. In four (Bolivia, Guyana, Honduras, Nicaragua) of the five priority countries expansion of the Integrated Management of Child Illnesses (IMCI) Strategy is in progress, linked with other multisectoral sectors in the country. Other countries are also expanding IMCI to vulnerable groups.

124. The regional plans to improve the health of adolescents and young adults, and to promote healthy aging were approved. The Health and Development Partnership was established, with the participation of agencies of the United Nations System.

[6] "High-impact countries" are the 10 countries with the highest child and maternal mortality rates in the region. These include the 5 key countries.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
37,190,000	24,742,913	67%	21,134,170	85%

- Of the total funds available for the biennium, $13M (54%) was from other sources.
- The SO was significantly underfunded, with only 67% of its approved budget for the biennium despite being ranked the #1 priority in the Strategic Plan. However, the implementation rate of the available funds was below average compared to other SOs.
- During the 2008-2009 biennium, SO4 received strong support from the Canadian International Development Agency (CIDA) and the Spanish Agency for International Cooperation and Development (Agencia Española de Cooperación Internacional para el Desarrollo -AECID). These contributions are expected to continue in the next biennium.

LESSONS LEARNED

125. The lessons learned during this biennium in pursuing the RER and indicators under this SO also apply to SO2 and SO9 (all under the same coordinator).

- The level of funding of the SO has not been consistent with the priority assigned in the Strategic Plan (SP).
- Integration of different programs and entities using a life-course approach for achieving the outcomes of the SP will be a substantial challenge for the next biennium.

126. MDGs 4 and 5 will require prioritization at the country level with strengthening of health services and primary health care.

- Early child development needs to be included in a Plan of Action for Child Health.
- Prevention of acute and chronic malnutrition should be a top priority for all partners and ministries of health. More attention should also be given to the health needs of the elderly.
- In light of the priority assigned to this SO, substantial efforts will be needed to mobilize the required level of resources as well as to increase the implementation rate.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 4.1: Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs)	**On Track**

RER Assessment: Three of three indicators were achieved.

The progress at the end of biennium indicates that the RER in on track to achieve its targets in 2013.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.1.1	Number of countries that have integrated national programs in maternal, neonatal, and child health	2	6	YES	*This indicator has been modified in the amended SP.*
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health	7	11	YES	
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging	11	15	YES	

RER 4.2: Member States supported through technical cooperation strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance an information system in sexual and reproductive health, and maternal, neonatal, child, adolescent and older adult health	**On Track**

RER Assessment: Three of three indicator targets were achieved.

The RER is on track to achieve its targets in 2013.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.2.1	Number of countries that implement information systems and surveillance systems to track sexual and reproductive health, maternal, neonatal and adolescent health, with information disaggregated by age, sex and ethnicity	11	15	YES	
4.2.2	Number of PASB systematic reviews on best practices, operational research, and standards of care	0	5	YES	
4.2.3	Number of centers of excellence responsible for operational research, service delivery, and training courses that strengthen national capacity	12	15	YES	

RER 4.3: Member States supported through technical cooperation to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods	**On Track**

RER Assessment: Two of two indicator targets were achieved.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.3.1	Numbers of countries that have implemented national strategies to ensure skilled care at birth, including prenatal, post-natal, and newborn care	10	12	YES	
4.3.2	Number of countries adapting and utilizing PAHO/WHO-endorsed technical and managerial norms and guidelines on integrated management of pregnancy and childbirth	5	9	YES	

RER 4.4: Member States supported through technical cooperation to improve neonatal health	**On Track**

RER Assessment: Two of two indicator targets achieved.

During this biennium, it was possible to begin the dissemination process of the INBE–Evidence-based Neonatal Interventions with the continuum of care approach in the priority and high-impact countries with regard to the MDG 4. Among the tools provided to the countries is the "Profile of child and neonatal health with a view to achieve the MDG 4" for the collection of subnational data. Despite the H1N1 epidemic that changed the focus of the actions of the staff of the ministries of health during several months in 2009, it is concluded that progress to achieve the 2013 targets is satisfactory. Results indicate that progress is on track to achieve the targets in 2013.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.4.1	Number of countries with neonatal strategies using the continuum of care approach, including the neonatal component of the Integrated Management of Childhood Illnesses (IMCI)	4	8	YES	
4.4.2	Number of guidelines and tools developed and disseminated to improve neonatal care and survival	4	6	YES	

RER 4.5: Member States supported through technical cooperation to improve child health and development, taking into consideration international agreements	**On Track**

RER Assessment: Two of two indicator targets achieved.

Substantial progress has been made to achieve indicators in target countries for 2013. Significant progress has been made in four (Bolivia, Guyana, Honduras, and Nicaragua) of the five priority countries, where considerable expansion of the IMCI strategy is underway, linked with other multisectoral sectors in the country. Colombia, Paraguay, Peru, and Ecuador are expanding to the most vulnerable areas, cross-cutting IMCI activities with indigenous populations, TB, Chagas, nutrition, and gender. In Paraguay, IMCI and congenital syphilis components will be integrated in 2010. In Nicaragua, Ecuador, the Dominican Republic, and Guyana, IMCI is being linked with HIV pediatric components. The community component of the IMCI strategy is linked within the context of renewal of primary health care, most notably in Paraguay, with the national strategy of Primary Health Units (Unidades de Atención Primaria de Salud) using IMCI as a framework for expansion. In Peru, Colombia, and Ecuador, the governments are allocating more financial and human resources for child health using national funds because of success and lessons learned with the IMCI strategy. Clinical and community facilitators have been trained to build local capacity and sustain actions. A South-South approach is being used to share experiences and resources among the countries, most notably between the nursing schools in Bolivia and Paraguay. Panama, Guatemala, El Salvador, and Belize (2013 target countries) continue to expand IMCI with technical cooperation and resources. New tools were developed to support country expansion (*Guía de Planificación Operacional, Guía de Población Indígena en el contexto de AIEPI Comunitario,* and *Guía de Capacitación para los Agentes Comunitarios de Salud* [with A (H1N1)]. Long-distance clinical IMCI training technologies [SMS and ICATT] were further field-tested in the Region and work with the Seventh Day Adventist Church continued). During the biennium, funding for this RER and MDG4 was limited. Future prospects are hopeful.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.5.1	Number of countries that have expanded geographical coverage of Integrated Management of Childhood Illness (IMCI) to more than 75% of targeted subnational entities in their health services	8	10	YES	
4.5.2	Number of countries implementing the WHO/PAHO Key Family Practices approach at the community level to strengthen primary health care	9	10	YES	

RER: 4.6: Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development	**On Track**

RER Assessment: Two of two indicator targets achieved.

The results are promising for the achievement of the 2013 targets. The achievements and focus should be maintained in the target countries in the next biennium. It is expected that with the new Regional Plan for Adolescent Health it will be possible to strengthen national plans and improve clinical management of the health services.

The support of the Norway-Sida Initiative, which funded the Regional Plan of Action, was instrumental in achieving the indicators.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.6.1	Number of countries with national programs in adolescent health and development	10	12	YES	
4.6.2	Number of countries implementing a comprehensive package of services in adolescent health and youth development (Integrated Management of Adolescent Needs [IMAN]).	3	10	YES	

RER 4.7: Member States supported through technical cooperation to implement the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to reproductive health services	**On Track**

RER Assessment: Two of two indicator targets achieved.

The results indicate that good progress is being made to achieve the targets in 2013.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.7.1	Number of countries that have reviewed public health policies related to reproductive health	7	10	YES	Exceeded: 13 countries
4.7.2	Number of countries that have adopted the WHO Global Strategy for Reproductive Health	5	8	YES	

RER 4.8: Member States supported through technical cooperation to increase advocacy for aging as a public health issue, and to maintain maximum functional capacity throughout the life course	**On Track**

RER Assessment: Two of two indicator targets achieved.

Achievement of the indicator targets in 2013 is expected. The approval of the Strategy and Plan of Action for Healthy Aging should become an important incentive for the countries. The indicators were merged into in the modified version of the Strategic Plan, to align the monitoring process with that of WHO.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
4.8.1	Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging	5	7	YES	*Indicator modified in the amended SP*.
4.8.2	Number of countries that have multisectoral programs for strengthening primary heath care capacity to address healthy aging	9	10	YES	*Indicator modified in the amended SP*.

SO5: To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

127. All RERs under this SO are on track to be achieved by 2013. This situation not only reflects the level of commitment put into the planning process, but also the capacity of the Organization to support countries in achieving a better level of preparedness. All indicator targets were achieved for the biennium 2008-2009, and at this pace, the 2013 goals will also be achieved. An important challenge for this SO is that Member States continuously change their priorities, rotate or renew their staff, face new priorities, or undergo important reorganizations in their ministries of health and other related institutions.

128. The SO5 was thoroughly planned and based on data obtained from the survey of Disaster Preparedness and Response Progress Report, carried out with the support of PED in 2006-2007. Further, small revisions were made to some indicators and other indicators not relevant to the Region were deleted in the last approved revision of the PAHO Strategic Plan. It is worth noting, though, that major disasters, such as the Haiti earthquake of January 12, 2010 and the Chile earthquake of February 27, 2010, could delay the achievement of certain targets in specific countries. In some circumstances, as the Organization staff and experts from the Region are assigned in response to these serious emergencies, delays in the established targets at regional level can occur.

2008-2009 Assessment

Main achievements during the biennium:

129. The major achievement was the coordinated response to the Pandemic (H1N1) 2009. This was possible thanks to the work performed by country offices, the different administrative areas of the Organization, Health Surveillance, Disease Prevention and Control (HSD), Emergency Preparedness and Disaster Relief (PED) and hundreds of staff that worked extra hours and sometimes exposed themselves to unknown risks. Other progress over the biennium in this SO has been in: establishing the hospital safety index as a measuring tool, implementation of the health cluster when needed, and the increase in disaster reduction alliances with new partnerships, including leadership of the multi-

agency group of UN agencies and NGOs that developed a model initiative on good donations (see www.saberdonar.org).

Challenges affecting performance:

130. The major challenge during this biennium was the response to the Pandemic (H1N1) 2009, the first pandemic as defined by the International Health Regulations. This response was further complicated by the fact that this pandemic began in this Region, and the consequences and severity were not known during the first weeks. The involvement of the entire Organization and the cooperation among countries of the Region assisted in making the response possible and allowed continuation of the implementation of the Strategic Plan.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
35,000,000	49,264,502	141%	44,403,494	90%

- The level of implementation is high (90%), especially if measured against the large amount of funds available and the limited amount of RB and full-time personnel assigned to disaster preparedness and response.
- Resource mobilization has been highly successful. SO5 had the highest resource mobilization in percentage to the approved budget (141%) and the second in total amount (US$41 million from other sources). This success is due to the high involvement of the international community in response operations and, in this biennium, the response to the pandemic. The interest of the partners in response operations more than preparedness and mitigation is a matter of concern. Response funds cannot be used to cover the core activities and staff.
- The main partners/donors in disaster preparedness and response at this time are: Canadian International Development Agency (CIDA), Office of US Foreign Disaster Assistance (OFDA), Spanish Agency for International Cooperation and Development (Agencia Española de Cooperación Internacional para el Desarrollo -AECID), European Aid Department of the European Commission (ECHO), US State Department, Swedish International Development Cooperation Agency (SIDA), Inter-American Development Bank (IDB), and World Bank (WB).

LESSONS LEARNED

- The Organization can only respond to large scale emergencies if all parts of the Organization, including technical, strategic and administrative entities, are involved in the operations.
- Maintaining high levels of efficient and rapid response will require an increasing Organization-wide involvement, the revision of regional response mechanisms and increasing financial support for emergencies preparedness.
- Recovery projects tend to last more than six months, so identifying available experts and cluster coordinators is a challenge. Country offices also need to receive additional training on cluster responsibilities and procedures.
- Even though post disasters reconstruction projects (such as health centers, hospitals, water systems) have been implemented successfully, the institutional and administrative mechanisms are not in place in PASB to facilitate their implementation. The Organization needs to decide the level of its involvement in post disaster reconstruction.
- During the last years, an increase in the involvement of the international community and financial partners towards response operations in detriment to preparedness and mitigation activities has been noted. This is a matter of concern, as disasters can only be mitigated with an investment in preparedness.
- Effective communications and partnerships with a wide range of actors are critical to achievements in disaster risk reduction and preparedness.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 5.1: RER Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels					**On Track**
RER Assessment: Four of four indicator targets achieved and exceeded. Even though the Region faced the beginning of a pandemic of unknown severity and, as a consequence, most of the PAHO and ministry of health human resources were allocated to respond to this emergency, the level of preparedness and mitigation in the Region continued to increase thanks to the quick mobilization of additional funding and recruitment of staff. All indicators were achieved during the 2008-2009 biennium and, at this pace, the 2013 RER indicators will be also achieved. Nevertheless, in order to reach the programmed targets, there is a need to improve the quality of the achievements as well as to incorporate new (even more challenging) countries to work with in the next two biennia.					
Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.1.1	Number of countries that have developed and evaluated disaster preparedness plans for the health sector	23	30	YES	Exceeded. 31 countries

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place	14	16	YES	Exceeded. 21 countries
5.1.3	Number of countries developing and implementing programs for reducing the vulnerability of health, water and sanitation infrastructures	9	20	YES	Exceeded. 21 countries
5.1.4	Number of countries that report having a health disaster program with full time staff and specific budget	10	11	YES	Exceeded. 13 countries

RER 5.2: Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises — **On Track**

RER Assessment: Four of four indicator targets achieved.

This biennium the Organization had to respond not only to traditional disasters such as hurricanes and floods, but also to epidemics that generate the declaration of national emergency, such as yellow fever in Paraguay and dengue in various countries in Central America. In addition, the Region experienced its first pandemic under the new International Health Regulations. This triggered, for the first time, a response that was not only multi-sector but involved all the countries and health institutions of the Region and the world. Collaboration took place at all levels of the Organization, not only from the technical units, but also from administrative and strategic areas. The Organization has responded to all Member States health needs as stated in the recent external evaluation. All indicators were achieved during the 2008-2009 biennium. This is not a traditional RER, as the achievement of indicator targets refers to ongoing activities, such as support during actual and future disasters and crises.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented	40%	65%	YES	*Indicator deleted in the amended SP*
5.2.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved	4	6	YES	
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place	50%	75%	YES	*Indicator deleted in the amended SP*
5.2.4	Proportion of emergencies where a response to emergencies is initiated within 24 hours of the request	100%	100%	YES	

RER 5.3: Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations	**On Track**

RER Assessment: Three of three indicator targets achieved.

In no other biennium has PAHO engaged so deeply in reconstruction with an approach that goes beyond the emergency area of work. Funds have been mobilized for the recovery of the health sector in all relevant events such as the Peruvian earthquake, Dominican Republic hurricanes, and Cuba hurricanes. Disaster Risk Reduction measures have been incorporated into new constructions and/or repairs of health facilities. All indicators were achieved during the 2008-2009 biennium. All projects have been implemented satisfactorily but at high institutional cost, as administrative and other implementation mechanisms are in the developmental phase.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.3.1	Proportion of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component	100%	100%	YES	
5.3.2	Proportion of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included	100%	100%	YES	
5.3.3	Proportion of countries in post-disaster transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition	100%	100%	YES	*Indicator deleted in the amended SP*

RER 5.4: RER Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation	**On Track**

RER Assessment: Three of three indicator targets achieved.

During this biennium, inter-programmatic activities increased as related to preparedness and risk reduction with areas such as Health Surveillance, Disease Prevention and Control (HDM), Sustainable Development and Environmental Health (SDE), Emergency Preparedness and Disaster Relief (PED), Health Systems based on Primary Health Care (HSS), and Gender, Diversity, and Human Rights (GDR). A specific plan of action has been developed between all these units and activities have been identified for the remainder of the Strategic Plan, for example: develop nuclear and radiological accident course; Regional Response Team in SDE; and develop a policy for emergency services with HSS. All indicators were achieved during the 2008-2009 biennium. There is no reason to believe that any of the indicators within this RER will no be achieved; however, this is probably the most challenging of all the expected results under SO5. For its proper implementation it requires a real will of cooperation and commitment to the goals of the Organization by all areas of work. This RER has inter-agency implications, resulting in additional activities and coordination mechanisms being established at regional and subregional levels, especially in the area of risk reduction.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.4.1.	Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies	90%	100%	YES	
5.4.2.	Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented	90%	100%	YES	*Indicator deleted in the amended SP*
5.4.3.	Proportion of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed	100%	100%	YES	

RER 5.5: Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies	**On Track**

RER Assessment: Four of four indicator targets achieved.

It was a challenge to achieve all indicators as this RER includes three technical topics not related to each other: food safety, chemical emergencies, and radiological emergencies, which are coordinated and monitored by three different areas of the PASB. In addition, low priority was given to this RER, as demonstrated by the small extra funds allocation, in particular to the food safety component. Also, many activities programmed for second semester 2009 were postponed for the next biennium due the influenza pandemic. Additional resources are needed to ensure that the 2013 targets in this RER are met. Previous progress and the interest of the countries indicate that both chemical and radiological emergencies preparedness will be met or surpassed by 2013.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.5.1.	Proportion of food-safety and environmental public health emergencies where a response is mounted	50%	60%	YES	
5.5.2.	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24	YES	
5.5.3.	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	28	29	YES	
5.5.4.	Number of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies	8	10	YES	*Indicator deleted in the amended SP*

RER 5.6: Effective communications issued, partnerships formed and coordination developed with organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels	**On Track**

RER Assessment: Three of three indicator targets achieved.

It is interesting to note the wide variety of agencies with whom partnerships were forged –from UN agencies (Cluster mechanism; post-disaster reports, etc.) to NGOs and regional bodies such as Caribbean Disaster Emergency Response Agency (CDERA), Centro de Coordinación de la Prevención de Desastres Naturales en América Central (CEPREDENAC) and Comité Andino para la Prevención y Atención de Desastres (CAPRADE). Academic institutions (e.g. CISMID—Center for Seismic Engineering and Disaster Mitigation and the University of the West Indies) and professional associations (e.g. the Caribbean chapter of the International Association of Structural Engineers) are also contributing increasingly to PAHO's annual plans of work. All indicators were achieved during the 2008-2009 biennium. Since the beginning of the current Strategic Plan, the projected indicators of this expected result have been met. During this same period, there have been no difficulties that would suggest that there would be any problem maintaining the same positive direction for the remainder of the Strategic Plan. In fact, an increase in partnerships with a variety of agencies and organizations outside the Region can be expected. This would improve the content and standardization of disaster communications and information at global level and increase awareness of the many products produced and achievements reached in the Americas.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
5.6.1.	Proportion of emergencies where the United Nations Health Cluster system is operational, if called upon	100%	100%	YES	
5.6.2.	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved	4	8	YES	Model initiative on good donations developed with partners.
5.6.3.	Proportion of disasters in which UN and country-originated reports include health information	100%	100%	YES	

SO6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	**On Track**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

131. The targets set for reducing risk in relation to alcohol, tobacco and noncommunicable diseases (NCDs) for 2013 should be met. Mainstreaming of Health Promotion has been initiated and institutionalized and the Global Fair on Healthy Municipalities in Buenos Aires proved an important strategy to promote Health in All Policies. Evidence-based tobacco control policies were implemented both at regional and sub-regional level. An additional five countries have committed to the WHO Framework Convention on Tobacco Control – WHO FCTC (Nicaragua, Colombia, Costa Rica, Suriname and Bahamas) and evidence-based tobacco control legislations in compliance with the WHO FCTC were approved in Bolivia, Colombia, Guatemala, Mexico, Panama, Trinidad and Tobago and Uruguay. Ten countries were supported through technical cooperation to develop activities aimed at reducing alcohol-related problems. Those countries (Argentina, Barbados, Bahamas, Brazil, Chile, Colombia, Costa Rica, Dominica, Jamaica, Mexico, Paraguay, Peru, Saint Kitts and Nevis, and Uruguay) that have recognized risk factor (RF) surveillance and included it as a government and ministry of health responsibility are presently most advanced in health promotion and NCD prevention in the Region. There is also renewed political will to address the promotion of safer sex. There is also renewed political will to address the promotion of safer sex. Changes in agendas of governments have opened spaces to move beyond programs based on abstinence-only approaches. There has been clear realization that the challenge of the AIDS epidemic will not be overcome unless there is a strong accent on prevention.

132. The Global Fair on Healthy Municipalities in Buenos Aires proved to be an important strategy to promote Health in all policies. It was also the first regional activity that took place in the process of preparing for the 2010 World Health Day.

133. A regional strategy on substance abuse to be discussed in 2010 at the Directing Council will also help the achievement of RER 6.4, which includes all psychoactive substances.

134. Given the economic crisis and the number and extent of recent natural disasters, countries might fail to see the relevance of addressing issues from an urban health perspective. It is also worth noting that approval of a global strategy on alcohol will eventually lead to a regional strategy on alcohol, requiring more human and financial resources at regional and country levels. A regional strategy on substance abuse will also require the allocation of resources for country activities. Human resources are lacking in most countries and thus technical cooperation is essential to the planning and implementation of activities and these require financial and human resources. With regard to tobacco use, the main risk is the lack of resources, since funds are mainly from other sources and most are earmarked (e.g. Bloomberg project: Brazil and Mexico).

2008-2009 Assessment

Main achievements during the biennium:

- Significant progress in reducing risk in relation to alcohol, tobacco and NCDs.
- Renewed political commitment in terms of promoting safe sexual behavior.
- Mainstreaming of health promotion initiated and institutionalized.
- The Global Fair on Healthy Municipalities held in Buenos Aires, an important strategy to promote Health in All Policies.

Challenges affecting performance:

- Lack of a global and regional strategy on alcohol.
- Need to strengthen coordination with WHO/HQ with regard to the Bloomberg funds on tobacco control.
- In spite of the fact that the majority of the countries of the Region are legally bound to the WHO FCTC (Resolution DC48/12 in 2008), tobacco is not always visibly included in national plans.
- Chronic disease surveillance is a new area of work for the majority of countries within the Region.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
16,000,000	14,220,998	89%	13,195,514	93%

135. Out of $14.2M available for the biennium, $7.9M (56%) was from other sources. The majority of funding for this SO continues to be from voluntary contributions, such as

Bloomberg and WHO/CDC. These funds are earmarked, which limits flexibility to provide technical cooperation to countries in some areas.

LESSONS LEARNED

- It is important to have "champions," such as country teams from Brazil, Chile or Bahamas, to showcase to other countries "how they did it" and further lead the process.
- In the coming biennium, special attention needs to be given to the importance of health information in the planning process and priority setting, and the role of health professionals in securing that information.
- Cooperation with other sectors is crucial to improve efficiency and avoid duplication.
- Political commitment at global, regional and country levels is necessary to increase the allocation of human and financial resources for the attainment of SO6. Competing interests from economic operators are an important force influencing decision-making at country level and can only be overcome by commitment and strong technical cooperation. In relation to substance abuse, a public health approach has not been promoted in the Region and has only started at the global level (a joint program of work between WHO and UNODC is an example). Therefore, taking a lead role and working with other international organizations will facilitate the achievement of SO and RER indicators by 2013.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 6.1: Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors	**On Track**

RER Assessment: Three of three indicator targets achieved, including one exceeded.

While countries have committed to strengthening their capacity for health promotion, establishing effective multi-sectoral and multi-disciplinary collaboration continues to be a challenge at country level and will be addressed in the next biennium. In the area of health promotion policies and resources, the target for 2009 was well surpassed and countries have clearly recognized the need to develop strong policies backed by the resources needed to implement them. More specifically, in healthy spaces like that of health-promoting schools, the countries have also surpassed the expected target and this will continue to be a priority in the next biennium. The area of urban health is still new and although countries have been given preliminary information, they have not yet seen this as a priority.

In 2009 there was a major global WHO conference on health promotion. In this Region, all countries were given an opportunity to contribute to and comment on background documents and the draft Call to Action. This helped to stimulate interest and commitment to the various aspects of health promotion.

There are a number of activities and strategies planned for 2010-2011 that will greatly help to advance these agendas. A number of courses are being developed for the virtual campus, which will allow all interested countries to develop skills and better prepare personnel with the needed tools to advance these health promotion strategies. The PAHO virtual library will be greatly expanded to include many more strategies, approaches and tools that will facilitate planning and implementation of concrete policies, initiatives and activities. With World Health Day 2010 focused on urban health and healthy living in urban settings, the area of urban health will have a great push.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.1.1	Number of countries that have health promotion policies and plans with resources	11	15	YES	Exceeded: 25 countries
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10	YES	
6.1.3	Number of countries that adopt the PAHO/WHO urban health conceptual framework	0	2	YES	It is worth noting that countries in the Regionare still conceptualizing this framework as it is a new theme for PAHO.

RER 6.2: Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination	**At Risk**

RER Assessment: One of four indicator targets achieved, two not achieved and one not assessed.

It can be concluded that PAHO technical cooperation continues to provide frameworks, tools and operational procedures for NCDs surveillance. A limited number of countries in the Region have secured resources for ongoing fulfillment of this RER.

There is an increase in the number of countries in the Region recognizing the importance of risk factor (RF) surveillance for non-communicable diseases program planning. Examples of successful RF surveillance systems at the country level are Brazil, Chile, Argentina, Colombia, and the Bahamas, which have resources (human and financial) assigned to surveillance and have performed more that one RF study.

Nevertheless, an increased awareness of the importance of RF surveillance in the Region is not matched in several countries by adequate securing of the human and financial resources needed to support RF surveillance. Emergencies like natural disasters or pandemic threats of H1N1 in the Region have influenced governments and ministries of health to shift resources to those emergencies.

The importance of RF surveillance is gaining recognition and more countries are using it in policy decisions and planning in support of the strategic objective, so it can be expected that 2013 targets will be met.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.2.1	Number of countries that have developed a functioning national surveillance system using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10	NO	8 of 10 countries achieved. Delayed in Paraguay and Trinidad and Tobago. Preparatory process is well advanced and risk factor studies in both countries will be performed in 2010.
6.2.2	Number of countries that have developed a functioning national surveillance system using school-based student health survey (Global School Health Survey) and are producing regular reports on major health risk factors in youth	11	15	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.2.3	Number of countries generating information on risk factors (through registers and population studies); to be included in the Regional Non-communicable Disease and Risk Factor information database (NCD INFO base)	0	15	N/A	Not Evaluated, *since this indicator was eliminated in the amended SP.*
6.2.4	Number of countries that have implemented (use and analyze) the standardized Basic Health Indicators for chronic diseases and risk factors together with other statistical information	0	8	NO	90% achieved with 7 of the 8 targeted countries.

RER 6.3: Member States supported through technical cooperation on evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing tobacco use and related problems — **On Track**

RER Assessment: Four of four indicator targets achieved**.**

On the whole, sound progress has been made towards preventing and reducing tobacco use in 2009, and given this sound and steady progress it is anticipated that the targets for 2013 will be met.

If the current political commitment from the countries is maintained, the targets for 2011 and 2013 will be achieved, even though scarce resources will be a challenge for the technical cooperation.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved ?	Comments on progress
6.3.1	Number of countries that have adopted smoking bans in health care and educational facilities consistent with the Framework Convention on Tobacco Control	4	10	YES	
6.3.2	Number of countries that have adopted bans on advertisement, promotion and sponsorship of tobacco products consistent with the Framework Convention on Tobacco Control	0	5	YES	
6.3.3	Number of countries with regulations on packaging and labeling of tobacco products consistent with the Framework Convention on Tobacco Control	8	21	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.3.4	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control	18	20	YES	

RER 6.4: Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing alcohol, drugs and other psycho-active substance use and related problems	**At Risk**

RER Assessment: One of one indicator targets not achieved.

The expected number of countries was supported through technical cooperation to develop a variety of activities aimed at reducing alcohol-related problems. However, some countries found political and human resources (HR) constraints, including limited political commitment from other sectors, to fully implement activities. Given that there is a lack of regional or global strategy on alcohol or substance abuse, the implementation of activities is considered significant.

There is pressure on governments from economic operators in relation to alcohol policy development, making it more difficult to pass new laws and develop national policies at country level, lack of capacity in ministries of health to deal with alcohol problems from a public health perspective, and limited human resources to deal with several areas of work. Some work on alcohol and substance abuse may have been linked to SO3, which deals with mental health/mental disorders.

A global strategy on alcohol will provide political support for country activities and help the achievement of the target in 2013. A regional strategy on substance abuse will provide new venues for technical cooperation and contribute to the achievement of the target. Achievement of 6.4 is likely given that a global alcohol strategy is expected to be approved by the World Health Assembly in 2010. This will increase political commitment at regional and country levels to work towards the achievement of the OWER and OSER.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.4.1	Number of countries that have implemented policies, plans, or programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use	11	13	NO	Political commitment and HR constraints prevented the achievement of the target.

RER 6.5: Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems	**On Track**

RER Assessment: Two of seven indicator targets achieved.

While there have been few policies developed in countries, they have proven significant and influential. There has been progress in opening public spaces for biking and in the reduction of direct marketing of food to children.

The growing concern with NCDs in the Region is due to the sky-rocketing health expenses (public and out-of-pocket) and the increasing media coverage of the health risk factors and health costs, at the national and international level. No less important are: (a) public health activity in this area that includes regional networks like Ciclovias, RAFA, 5-A-Day, surveillance, healthy cities, etc.; (b) the publication of a joint declaration of PAHO and the American Institute of Cancer Research, that identifies the public policies needed to achieve success in improving diet and physical activity goals at the population level.

The RER that refers to specific issues like reducing salt, sugar and fat in processed foods is gaining momentum because political interest is growing and the popular press is covering the problems with greater interest. The issues receiving less attention are food marketing to children and urban planning intervention, which positively impact public health. In connection to the former, there are national initiatives under way e.g. in Mexico, as part of its national compact with all sectors; in Brazil, which has developed complete legislation on marketing to children that is pending enactment; and in Chile, which is starting to implement measures to limit marketing to children as part of an anti-obesity campaign.

The prospects are encouraging as momentum grows and the leadership role of PAHO is becoming more relevant to the current diverse array of efforts by different sectors and organizations. The role of the Partners Forum in supporting public policies, and successful national and local interventions, is crucial.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.5.1	Number of countries that have developed national guidelines to promote healthy diet and physical activity including DPAS	8	10	YES	
6.5.2	Number of countries that have initiated or established rapid mass transportation systems in at least one of their major cities	7	10	N/A	*This indicator was deleted in the amended SP.*
6.5.3	Number of countries that have initiated or established programs on clean fuels in transport in at least one of their major cities	3	7	N/A	*This indicator was deleted in the amended SP*
6.5.4	Number of countries that have created pedestrian and bike-friendly environments, physical activity promotion programs and crime control initiatives, in at least one of their major cities	7	10	YES	Ten countries have adhered to the renovation of the built environment and 74 cities in the Regionhave pedestrian-friendly environments so the target has been met.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.5.5	Number of countries that have initiated policies to phase-out trans-fats and reached agreements with the food industry to reduce sugar, salt and fat in processed foods	4	7	NO	While the target was not met, it is worth noting that Brazil, Chile, Mexico, Canada and the US have initiated regulation policies setting an example in the region.
6.5.6	Number of countries that have initiated policies to eliminate direct marketing/publicity of food to children under 12 years old	2	7	NO	Marketing food to children does not receive much attention from countries in spite of its importance, and PAHO does not have the resources to create interest in it. In the next WHA 2010, the subject will be discussed for the first time in a public health forum. Leading countries in public health are now considering policies banning advertising of processed food with a high concentration of sugar and salt.
6.5.7	Number of countries that have initiated policies or programs to increase consumption of low fat dairy, fish and fruits and vegetables	5	7	YES	

RER 6.6: Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex	**On Track**

RER Assessment: One of one indicator targets achieved.

While progress is seen, the actions intended to promote safer sexual practices should be intensified given that about 45% of new HIV infections occur among people 15-24.

There has been a strong political will to further advance the prevention agenda. Changes in agendas of governments have opened spaces to move beyond programs based on abstinence-only approaches. There has been clear realization that the challenge of the AIDS epidemic will not be overcome unless there is a strong accent on prevention.

Promotion of safer sex is a permanent activity that has to be sustained over time, since new segments of the population grow and become sexually active. Therefore, achievements in this field are temporary and partial by definition.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
6.6.1	Number of countries that have implemented new or improved interventions at individual, family and community levels to promote safer sexual behaviors	5	7	YES	

SO7: To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

136. Based on the progress made in 2008-2009, the SO is on track. The approval of the Plan of Action for the Gender Equality Policy, the countries' willingness to utilize a human rights approach, the institutionalization of the cross-cutting priorities and the rapid response to working with Faces, Voices and Places at country level, will allow continuous progress to be made toward the achievement of the SO.

2008-2009 Assessment

Main achievements during the biennium:

- Commitment to recommendations of the Commission for Social Determinants of Health is evident at country level. PAHO carried out a consultation on the determinants with representatives of indigenous people from 20 countries to increase understanding and application for improving health. Specific framework for health systems based on the determinants of health has been developed in Costa Rica and a Commission on Social Determinants of Health has been established in Brazil.
- Countries have made significant efforts to produce and make available disaggregated data at subnational levels to facilitate the analysis of health disparities by geographic proxies.
- Teams from 15 countries were trained in production and analysis of disaggregated data by sex and ethnicity with a gender and cultural perspective.
- PAHO has supported countries in developing policies that include social determinants, equity, local development and intersectoral initiatives, and an e-learning course on social determinants of health was launched.
- PAHO’s technical cooperation placed importance on working at the subnational level, including municipalities, with special emphasis on the poorest and more vulnerable communities under the Faces, Voices and Places initiative, motivating inter-agency collaboration and commitment.
- In all countries targeted for 2009, human rights treaties and standards were disseminated and processed including the approval of four plans of action by PAHO

Member States that are based on international/regional human rights treaties and standards: mental health, active aging, gender equality policy implementation, and young people's health. The PASB continued the capacity building of staff at HQ and country offices using a new E-learning course on health and human rights law.

- The Gender Equality Policy has facilitated mainstreaming of gender in overall situation analysis, in health information systems, and in tools for measuring gender inequities.
- Capacity has been strengthened to include gender in health planning and programming within PASB, as well as in 20 countries.

Challenges affecting performance:

- Internal consistency, integrity, and other quality attributes are still a major issue in data disaggregated at the subnational level for analysis and monitoring of health inequalities in most countries.
- Integrating gender is still considered as an add-on as opposed to an efficient concept and strategy for efficiency to reach equity.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
17,400,000	17,466,448	100.4%	16,539,593	95%

137. Of the $17.47M, $10.17M (58%) was from voluntary contributions. The majority of funds came from WHO, Norway, Spain, and the European Union. With the support of Spanish funds, the Organization was able to reinforce an integrated technical cooperation at the national level directed to the poorest municipalities and train the local teams on health and local development through the PAHO virtual campus.

LESSONS LEARNED

- The consistent use of international human rights instruments at Governing Body meetings and capacity building activities in countries is contributing to a progressive strengthening and development in national and international law of the right to the highest attainable standard of health. One of the major lessons learned is that Member States are willing to comply with human rights treaty obligations in health. Success in this area requires "specificity" in approaches, mainly in health services (in countries) rather than at a theoretical level. The reform of policies and laws using international norms in very specific areas should always be the first objective, involving not only the ministries of health but also parliaments and the judiciary system.

- The need for better and more reliable information sources should be stressed, particularly more active focal points for issues related to SO7 and its components, especially 7.4.1 and 7.4.2.
- A decentralized, service-oriented approach with an emphasis on improving efficiency and equity is necessary for mainstreaming gender and ethnicity within PAHO.
- Inter-programmatic collaboration within PAHO is essential to advance mainstreaming at all levels.
- Having a solid gender/ethnicity evidence base, practical tools, and increased technical/analytical skills favor acceptance and are fundamental for monitoring, advocacy, and informed decision making: (a) There is a need to respond to the MDGs challenges within the framework of the social determinants of health. (b) There is also a need to work at the local level with mayors and the grassroot services utilizing a methodology that empowers community members. (c) There is need to develop a capacity building strategy for the teams that work at the local level, through PAHO's virtual campus. (d) A virtual basket of good practices for each one of the MDGs should be developed as a repository of experiences that in turn can motivate other communities to advance the MDGs. (e) A mayors' network should be created under the Faces, Voices and Places initiative as well as under the umbrella of the Healthy Municipalities network to share experiences and good practices.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 7.1: Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners	**On Track**

RER Assessment: Two of two indicator targets exceeded.

The RER indicator was met successfully and throughout 2008-2009 the importance of implementation through the Country Cooperation Strategy (CCS) as well as the strategies and the key policy recommendations of the Commission on the Social Determinants of Health were recognized.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
7.1.1	Number of countries that have implemented national strategies that address key policy recommendations of the Commission on the Social Determinants of Health	0	4	YES	Exceeded: 5 countries.
7.1.2	Number of countries whose PAHO/WHO Country Cooperation Strategy (CCS) documents include explicit strategies at the national and local level that address the social and economic determinants of health	0	5	YES	Exceeded: 6 countries.

RER 7.2: Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty reduction and sustainable development	**On Track**

RER Assessment: Three of three indicator targets achieved, including two exceeded.

The three RER indicators were fulfilled successfully and the implementation rate was 100%. Not only was the target met, but the number of countries committed to address social and economic determinants of health increased.

Special attention has been placed on the education and health alliance at the local level.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
7.2.1	Number of countries whose public policies target the determinants of health and social policy on an intersectoral and interprogrammatic basis	0	7	YES	Exceeded: 10 countries.
7.2.2	Number of subregional fora organized for relevant stakeholders on intersectoral actions to address determinants of health, social policies and achievement of the Millennium Development Goals	0	1	YES	
7.2.3	Number of countries which have implemented the Faces, Voices and Places initiative	6	12	YES	Exceeded: 17 countries.

RER 7.3: Social and economic data relevant to health collected collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability)	**On Track**

RER Assessment: Three of three indicator targets achieved.

Countries have made significant efforts to produce and make available disaggregated data at subnational levels to facilitate the analysis of health disparities by geographic proxies.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
7.3.1	Number of countries that produce health data of sufficient disaggregation and quality to assess and track health equity among key population groups	8	12	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
7.3.2	Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data	0	3	YES	*This Indicator was deleted in the amended SP*
7.3.3	Number of countries with at least one national program on health equity that uses disaggregated data	0	2	YES	*This Indicator was deleted in the amended SP*

RER 7.4: Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels	**On Track**

RER Assessment: Two of two indicator targets achieved.

Human rights treaties and standards were disseminated in more than 10 countries during 2008 and 2009. Close to 200 public health officials were trained on human rights and 1,200 PAHO employees received training. As a result, the Region now has national policies, plans or laws that protect the right to health and other related human rights. Specific examples include a national policy on access to medicines based on human rights obligations (Panama), a national mental health law based on human rights obligations (Argentina), a national policy on aging based on human rights obligations (Saint Kitts and Nevis), a national disability law based on human rights obligations (Dominican Republic), a national plan on HIV based on human rights obligations (El Salvador), and a subregional declaration based on human rights norms on access to vaccines, medicines, technologies and public goods (UNASUR, 2009). Efforts of some technical areas and teams have been outstanding at the HQ level, particularly in relation to Governing Body resolutions and technical documents based on human rights treaties and standards.

Developments in the 2008/2009 biennium have allowed the Secretariat and Member States to propose and discuss a technical document and proposed resolution on the application of human rights instruments in health for specific vulnerable groups, strengthening the recognition of the human right to the highest attainable standard of health, and other health-related human rights.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) human rights tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health	9	10	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
7.4.2	Number of countries using tools and technical guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies	8	12	YES	

RER 7.5: Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender-sensitive policies and programs	**On Track**

RER Assessment: Three of three indicator targets achieved.

Over the past biennium, PASB consolidated many of its initiatives on Gender and Ethnicity mainstreaming and focused on implementing PAHO's Gender Equality Policy. In 2009, the Plan of Action for implementing the Gender Equality Policy (2005) was approved by the Directing Council, giving PASB strong political support to move forward with the implementation of the Policy within the Organization and within Member States.

The office of Gender, Diversity, and Human Rights (GDR) has worked extensively with PASB entities, Member States, UN agencies and civil society members to support the integration of gender and ethnicity mainstreaming in PAHO and Member States' national programs, plans and policies. PASB started integrating gender and ethnicity in key tools and processes such as the Biannual Work Plan (BWP) and the operational manual and planning-related processes, in the Country Collaboration Strategies, and in the guidelines for developing Governing Body documents. Particularly, GDR focused on capacity-building in gender analysis and on integrating gender and ethnicity into the training tools, strategies and action plans of four specific technical areas.

At the country level, PASB provided support to countries for integrating gender and ethnicity in national health programs and policies (Country Collaboration Strategies) under the coordination of GDR. GDR also collaborated with Health Analysis to improve evidence on gender equality in health as well as capacity-building on integrating a gender perspective into the generation, analysis and utilization of health statistics within countries. GDR support contributed to a gender perspective being included in health plans and projects in seven countries, including five priority countries. Ethnicity has been included in the national plans of five countries (Mexico, Bolivia, Chile, Colombia, and El Salvador).

Through technical collaboration, strategic capacity-building and partnerships with regional networks, PASB will continue to support the integration of gender and ethnicity mainstreaming into the policies, plans, and programs of Member States. Within PASB entities, GDR will continue efforts to ensure that a gender and ethnic perspective are included and monitored in the strategies and plans of technical areas.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
7.5.1	Number of PAHO publications that contribute to building evidence on the impact of gender inequalities in health	8	12	YES	*This Indicator was modified in the amended SP*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
7.5.2	Number of tools and guidance documents developed by PASB for Member States on using gender analysis in health	0	2	YES	*This Indicator was modified in the amended SP*
7.5.3	Number of AMPES entities that address and incorporate gender perspectives, including mainstreaming, in the design and implementation of their programs	3	10	YES	*This Indicator was modified in the amended SP*

RER 7.6: Member States supported through technical cooperation to develop policies, plans and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples	**On Track**

RER Assessment: Three of three indicator targets achieved.

More countries than initially planned are implementing actions and interventions in the areas of ethnicity and indigenous people's health, which shows greater support by key stakeholders and ministries of health. Specifically, the following outcomes were achieved during the 2008-2009 biennium:

- Building capacity on Gender, Ethnicity and Health: Training modules and an e-learning course on gender and ethnicity mainstreaming is available on the virtual campus and is mandatory for all PAHO staff. This course and the handbook allow PAHO and Member States to better integrate ethnic approaches in the health sector and to understand ethnicity as a social determinant of health.
- Building capacity of country teams. Subregional capacity building workshops were carried out on ethnicity mainstreaming using the handbook for Central American countries in Guatemala and Andean Countries in Peru. Training participants included representatives from PAHO, the Ministry of Health, and civil society members (from Indigenous, Afro descendant, and Roma communities[7]) from 14 countries.
- Integrating Cultural Diversity in PAHO. GDR is preparing a document for the Governing Bodies to better support the integration of the Indigenous People Initiative, Cultural Diversity and Ethnicity into PAHO's technical cooperation strategy and the structural changes associated with this integration. The draft will be consulted with a Technical Advisory Group of experts and stakeholders from various diverse communities and a final version of this conceptual document will be presented to the Governing Bodies in 2011.
- Mainstreaming ethnicity in country plans and technical areas: Ethnicity has been included in the national plans of five countries (Mexico, Bolivia, Chile, Colombia, and El Salvador).

Through technical collaboration, strategic capacity-building and partnerships with regional networks, GDR will continue to support the integration of gender and ethnicity mainstreaming into the policies, plans, and program of Member States. Within PAHO entities, GDR will continue efforts to ensure a gender and ethnic perspective are included and monitored in the strategies and plans of technical areas.

[7] Minority populations of around one million who are present in some of the countries of the Region (Colombia, Central America). Formerly referred to as Gypsies, they adhere to cultural norms and practices and have formed advocacy groups to have their rights addressed in policies and information systems, including in health.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
7.6.1	Number of countries that implement policies, plans or programs to improve the health of indigenous peoples	3/21	5/21	YES	
7.6.2	Number of countries that collect data on the health of indigenous peoples within their health information systems	3/21	5/21	YES	.
7.6.3	Number of countries that integrate the intercultural approach in the development of national health systems and policies within the framework of PHC	0	3	YES	

SO8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	**On Track**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

138. SO8 which addresses workers' health, environmental risks and promoting healthier environments is on track. A greater alignment of the work at the global (WHO), regional (WDC) and country level has been achieved, although it is recognized that important work is still required for a closer alignment.

2008-2009 Assessment

Main achievements during the biennium:

- Greater collaboration with collaborating centers and centers of excellence.
- Greater commitment of governments toward the support of SO8 initiatives.
- Water and Safety Plan implemented following the Summit of the Americas held in Argentina in 2005.
- Workers' health incorporated in declaration and plan of action during the 2005 Summit.
- Support for global and regional advances on climate change following World Health Day in 2008.
- Sound SO8 global network and relationship in place, which facilitates implementation of this SO in an efficient manner.

Challenges affecting performance:

139. The main challenge for this SO in 2010-2011 will be the significant reduction in PAHO's regular budget, as well as the recent economic crisis and the natural disasters, which will affect the implementation of programs at country level.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
25,000,000	19,114,025	76%	17,353,836	91%

140. Out of the $19.1M available for the biennium, $5.9 M (31%) was from other sources. The majority of funding came from WHO, Spain, and DDT/GEF. Efforts have been made to secure resources in the area of climate change and urban health.

LESSONS LEARNED

- The participation of the network of collaborating centers and centers of excellence has been instrumental in achieving the targets this biennium.
- The emergencies created by new epidemics and pandemics together with the natural disasters have increased the demand for preventive interventions and research related to the area of workers' health and protection.
- Dialogue between the country level and the regional level needs to be strengthened to ensure more consistency and strategic thinking so that activities in countries are truly aligned with the RERs.
- Training on planning procedures should be provided so that countries link with RERs in a consistent manner.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 8.1: Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) disseminated	**On Track**

RER Assessment: Five of six indicator targets achieved, one not achieved and one deleted.

Significant progress in all indicators and the RER is on track to be achieved in 2013. Better alignment however, between activities and indicators are needed, as the numerous activities at times are not contributing to the RER in a measurable way.

Indicators 8.1.3 and 8.1.4 were merged into one indicator in the amended Strategic Plan.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year	2	4	YES	
8.1.2	Number of international environmental agreements whose implementation is supported by PASB	5	5	YES	
8.1.3	Number of countries implementing PAHO/WHO guidelines on chemical substances	11	15	YES	*This indicator was deleted in the amended SP.*
8.1.4	Number of countries implementing WHO guidelines on air quality	*7*	8	NO	*This indicator was deleted in the amended SP.*
8.1.5	Number of countries implementing WHO guidelines on drinking water	13	16	YES	
8.1.6	Number of countries implementing PAHO/WHO guidelines on recreational waters	1	5	YES	

RER 8.2: Member States supported through technical cooperation for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, older adults)	**On Track**

RER Assessment: Five of five indicator targets achieved, with three exceeded.

The countries have achieved their targets through the implementation of regional initiatives and national programs in workers' health. The participation of the network of collaborating centers and centers of excellence has been instrumental in achieving targets.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.2.1	Number of regional strategies for primary prevention of environmental health hazards under the health determinants and health promotion framework implemented in specific settings (work places, homes, schools, human settlements, health care settings and children's environmental health)	4	7	YES	This target was achieved through the work with Eco-clubs. The Regional Hand Washing, Sanitation and Health (PROMÁS) initiatives continue to infuse energy into the countries.
8.2.2	Number of countries where global or regional strategies for primary prevention of environmental health hazards are implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings)	10	14	YES	Exceeded: 16 countries

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.2.3	Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. Cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with PASB technical and logistics support	1	4	YES	Exceeded: 6 initiatives. the health and safety initiative for workers in the health sector; the coverage against Hepatitis B for workers in the health sector; the mercury removal in the medical instruments; the Silicosis eradication of the silicosis; and the elimination of the use of asbestos in the productive processes in Latin America.
8.2.4	Number of cost-effectiveness studies assessing primary prevention interventions in specific settings whose results have been disseminated	1	2	YES	*This indicator was deleted SP.*
8.2.5	Number of countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations	0	1	YES	Exceeded: 9 countries.

RER 8.3: Member States supported through technical cooperation to strengthen occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance	**On Track**

RER Assessment: Two of two indicator targets achieved

Mixed progress, but likely achievement of targets by 2013. This needs careful review to ensure achievement of increased target by 2013.

Interest in the protection of workers' health has significantly increased in the last two years. The emergencies created by epidemics and pandemics together with the natural disasters have increased the demand for preventive interventions and research related to the area of workers' health and protection.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance	10	15	YES	Exceeded: 21 countries.
8.3.2	Number of national organizations or collaborating or reference centers implementing PAHO/WHO-led initiatives at country level to reduce occupational risks	2	4	YES	

RER 8.4: Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health	**At Risk**

RER Assessment: Three of four indicator targets achieved.

During the biennium there was great progress in intersectoral work, especially related to health and environment. It is important that in the next biennium priorities be set in place jointly with countries.

There have been important achievements in intersectoral work, not only quantitative but also qualitative. The guides and tools for the health impact assessment should be defined following the priority needs of the countries.

The achievements obtained with the intersectoral work to date will allow the achievement of the goals of indicators 8.4.1 and 8.4.4. Indicator 8.4.2 will require special attention and effort in the remaining biennia.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.4.1	Number of regional, subregional and national initiatives implemented in other sectors that take health into account, using PASB technical and logistical support	2	3	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.4.2	Number of sector-specific guidelines and tools produced for health impact assessment	1	3	NO	Two countries achieved the target.
8.4.3	Number of non-health sectors with established networks and partnerships to drive change in support of health-related initiatives	1	3	YES	*This indicator was deleted in the amended SP.*
8.4.4	Number of regional or national events conducted with PASB's technical cooperation with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least one of three sectors	1	2	YES	

RER 8.5: Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns	**On Track**

RER Assessment: One of two indicator targets achieved; indicator 8.5.2 is not applicable for 2009.

A number of high-level fora have taken place contributing to increasing health-sector leadership related to this RER. The celebration of World Health Day 2010 on urban health also provides an opportunity to increase awareness. It is necessary to continue advocacy at all levels.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
8.5.1	Number of regular high-level fora on health and environment for regional policymakers and stakeholders supported by PASB	1	1	Y	
8.5.2	Number of current PASB five-year reports on environmental health available, including key health drivers and trends, and their implications	1	1	N/A	Not applicable for 2009 - the next publication is due in 2012.

SO9: To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	**At Risk**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

141. The financial crisis, the increase in food prices, and the increase in the number of people living in poverty and extreme poverty endanger the achievements of this SO by 2013.

142. Nutrition and food safety issues are high on the political agenda of the Member States. They recognize the need to address nutritional deficiencies to speed up the achievement of the Millennium Development Goals. There is also consensus in the Region on the importance of addressing the social determinants of health for which interprogrammatic and intersectoral interventions are proposed. The actions of the Pan American Alliance for Nutrition and Development will contribute to achieving this and other indicators of the Strategic Plan.

143. Coordination between ministries of health, agriculture and trade to improve food safety for national consumption and export remains a concern.

2008-2009 Assessment

Main achievements during the biennium:

144. This Strategic Objective was implemented satisfactorily, reaching 80% of the indicators.

- At least four more countries have developed intersectoral coordination mechanisms, including policies in food, nutrition, and/or food security. However, few advances were made in the creation of partnerships or mechanisms to increase the financing or investment in nutrition.
- Five countries developed guidelines to respond to nutritional deficiencies or to food-borne diseases. The greatest progress recorded was in the implementation of guidelines for food fortification with micronutrients and the five keys for safe food handling.
- 21 countries advanced in the implementation of the new WHO growth patterns, which exceeded what was planned by the Organization. Several countries undertook

important efforts to update or incorporate indicators on the nutritional status in their surveillance systems.

- The countries advanced toward the implementation of (a) the overall strategy for feeding the young child (seven countries); (b) the review of plans or national strategies for the prevention of micronutrient deficiencies, including the review of the supplementation programs and the implementation of new food fortification programs (five countries); (c) development of plans or programs for the prevention of diet-related chronic diseases (five countries); and (d) incorporation of nutritional interventions in the action plans for emergencies (five countries).
- Five countries set up guidelines for the prevention of food-borne diseases and surveillance systems of diseases transmitted by the same.
- The indicators related to the implementation of the Codex Alimentarius standards were achieved.
- During the 2008-2009 biennium, 28 events were organized (e-learning) in food safety through a virtual classroom for the online transmission of courses, with nearly 4,800 participants from 23 countries. As a result of this continuous effort, there have been nearly 10,000 participations since 2003, at less than US$ 2 per participant, on average.

Challenges affecting performance:

- There is political will in the Region to develop plans, programs, or strategies to promote food safety and to reduce malnutrition; however, the mechanisms to ensure the financial resources to make the plans or programs effectively and efficiently operational are yet to be established. These include the implementation of intersectoral and integrated interventions to address the health determinants; scaling-up evidence based and cost-effective interventions based on PHC; and strengthening social protection initiatives targeting maternal and child health).
- Countries should make efforts to develop and implement intersectoral and interprogrammatic policies and interventions, focused on the life course, rights, gender, and inter-culturalism.
- The management capacity of health workers to design, administer and evaluate programs and the technical capability to identify and implement evidence-based interventions should be strengthened, to assure the quality of service delivery and universal access.
- Nutritional interventions and food safety should be strengthened at the community level based on the principles of primary care and health promotion.
- Resources should be allocated to monitor and evaluate the implementation of the policies, plans, or programs and to ensure the use of the information in decision-making.
- It was observed that some proposed activities do not contribute to the achievement of the indicators. It will be necessary to strengthen the planning process to improve

coordination among the regional level, the country offices, the national counterparts and to evaluate the relevance of linkage to the indicators.
- Greater efforts are required in the incorporation of nutritional interventions into the management of HIV patients.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
21,000,000	15,812,130	75%	15,289,659	97%

- The voluntary contributions available for this Strategic Objective are limited: of the available funds $10.1M (64%) came from the regular budget.
- The implementation rate reflects the increasing importance of this Strategic Objective at country level.
- The Spanish Agency for International Cooperation and Development (Agencia Española de Cooperación Internacional para el Desarrollo -AECID) provided an important level of resources for this Strategic Objective, including support to the Pan American Alliance for Nutrition and Development. This contribution is expected to continue in the next biennium.
- It is expected that voluntary contributions will be available during 2010-2011 to continue funding key country activities under this Strategic Objective.

LESSONS LEARNED

- More efforts are needed to: implement intersectoral policies, update and implement norms and guidelines to address all forms of malnutrition, scale-up the implementation of the new growth standards, develop appropriate breastfeeding and complementary feeding practices, integrate interventions to prevent and control micronutrient deficiencies, and develop intersectoral approaches to improve access to adequate diet and food safety guidelines.
- WHO-GFN (WHO-Global Food-borne Infections Network) has proven to be an excellent platform for technical cooperation to improve integrated surveillance of food-borne diseases. PAHO needs to strengthen its role as technical secretariat using the WHO-GFN platform to facilitate the interaction of public health, animal health, and food sectors.
- The Codex FAO/WHO Trust Fund has allowed greater participation of the countries of the Region in Codex Alimentarius activities, within the framework of the Codex Alimentarius Committee for Latin America and the Caribbean (CCLAC) and with the cooperation of FAO and WHO.

- Financing of the Codex Trust Fund is still needed to ensure the participation of some countries of the Region. PAHO and the FAO Regional Office should make greater joint efforts to improve the efficiency of the national Codex committees and give them greater political visibility.
- The integration of nutrition and food safety is key to achieve greater impact in the reduction of malnutrition and diarrheal diseases in populations at risk.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 9.1: Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security	**At Risk**

RER Assessment: One of two indicator targets achieved.

The Region has advanced satisfactorily towards the achievement of this expected result. Bolivia and Peru have implemented intersectoral policies or strategies. Brazil, Honduras, Ecuador, Nicaragua, and Venezuela advanced towards law development and/or approval of nutrition, or nutrition and food security. Belize and Chile have implemented food safety policies under the umbrella of one coordinating agency. Most of the countries of the Regionare advancing on the implementation of coordination mechanisms between ministries of health and agriculture to enhance food safety for national consumption and export.

There is renewed interest by the governments and cooperation agencies, NGOs and academia to promote food security and prevent nutritional deficiencies; however, it is necessary to strengthen the intersectoral and interprogrammatic coordination mechanisms, propose and implement integrated intersectoral interventions, and establish systems that allow monitoring their implementation and evaluating the achievements.

Nutrition and food safety are issues that are present in the discourse and in the political agenda of the Region. All the Member States recognize the need to undertake intersectoral efforts to address the social determinants, and to reduce nutritional deficiencies to speed up the achievement of the Millennium Development Goals. However, the necessary financial and human resources are not being allocated to allow implementing and carrying out the programs effectively and efficiently; no mechanisms have been created to expand the nutritional interventions and achieve universal coverage. The financial crisis and the increase in food prices endanger the achievements reached to date.

It was observed that some proposed activities do not contribute to the achievement of the indicator therefore, it is necessary to strengthen the planning process and improve coordination among the regional level and country offices as well as the national counterparts. Also, it is necessary to evaluate the relevance of linking the indicators and promote actions that ensure the mobilization of resources or investment in nutrition. Given the scope of this indicator, advocacy and coordination should be at the highest political level of the country. The Pan American Alliance for Nutrition and Development constitutes an opportunity to advance in this RER.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.1.1	Number of countries that have coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security and nutrition	18	22	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.1.2	Number of countries that have included nutrition, food-safety and food-security activities in their sector-wide approaches, Poverty Reduction Strategy Papers or development policies, plans and budgets, including a mechanism for financing nutrition and food-safety activities	10	15	NO	*This indicator was modified in the amended SP.*

RER 9.2: Member States supported through technical cooperation to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic food-borne diseases, and to promote healthy dietary practices	**On Track**

RER Assessment: Two of two indicator targets achieved.

Four Central American countries and Ecuador received technical cooperation and have advanced in the review and adaptation of guides and standards for the implementation or strengthening of food fortification programs. Some of the programs however, do not have the resources to implement a national food control system and enforce regulations of fortified food. The technical staff of the Ministries of Health and/or of the food control and regulation offices is motivated to continue with the review and adaptation process of the Guides for the implementation of regulatory monitoring systems of fortified food and efforts should be intensified to mobilize national resources to allow the implementation of the control and regulation systems of the State.

The main challenges included: limited resources in the countries to achieve the implementation of the reviewed guides and standards, lack of technical and operational analytical capability of the food laboratories, and lack of financial resources at the national level to operate the regulatory monitoring systems of fortified food.

Guatemala and Venezuela carried out the adaptation and validation of a series of three manuals on WHO's 5 Keys for Food Safety. In these countries, contents and learning/teaching activities have been included in the primary school curriculum. This experience is being transferred to other countries in the Region.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.2.1.	Number of countries implementing nutrition and food safety norms, and guidelines according to global and regional mandates	15	20	YES	
9.2.2	Number of new norms, standards, guidelines, tools and training materials, produced by the PASB, for prevention and management of zoonotic and non-zoonotic foodborne diseases	0	1	YES	*This indicator was deleted in the amended SP.*

RER 9.3: Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify suitable policy options improved	**At Risk**

RER Assessment: Two of three indicator targets achieved, including one that was exceeded.

The most significant progress is the review, adaptation, and implementation of the new growth patterns that have been adopted by 21 countries. It should be noted that, although the implementation level varies from country to country, progress has been significant. Different efforts are being made in the Region to establish food security observatories, community nutritional status surveillance systems and/or to collect data on anthropometric indicators and hemoglobin through the Demographic and Family Health Surveys. Some countries implement, with certain regularity, the height census of school-age children while others have sentinel systems to monitor iodine deficiency. However, the frequency with which the information is collected, the necessary time for data analysis, and the publication of the same is untimely for decision-making.

Countries produce scientific information through different institutions; however the information is not generated annually and its dissemination and use in decision-making is limited. Country offices have limited human and financial resources to provide technical cooperation, promote research, or keep an up-to-date record of the research or the evaluations made in the country.

There are facilities to continue the implementation process of the new growth patterns and the national nutritional surveillance systems. The interest of technical staff and academia to implement the new growth patterns and to generate information on the nutritional situation for decision-making, and the joint effort of governments, banks and donors, bilateral cooperation agencies, and NGOs to reposition nutrition as the linchpin of development, provide opportunities to continue advancing towards the achievement of the RER

The main challenges included expanding the implementation of the new WHO growth patterns and mobilizing the political will and the allocation of resources to set up permanent and sustainable nutritional surveillance systems.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target achieved?	Comments on progress
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards	0	10	YES	Exceeded: 20 countries
9.3.2	Number of countries that have nationally representative surveillance data on one major form of malnutrition	12	15	NO	
9.3.3	Number of countries that produce and publish scientific evidence and information for public policy and programs on at least one of the following topics every year: 1) Nutritional deficiencies and risk factors in different population groups; 2) Social, economic and health determinants of food and nutrition insecurity; 3) Overweight and obesity in children and adolescents; and 4) Program effectiveness	11	15	YES	*Indicator modified in the amended SP.*

RER 9.4: Member States supported through technical cooperation for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations	**At Risk**

RER Assessment: Four of five indicator targets achieved, including one that was exceeded.

Countries advanced satisfactorily in (a) the implementation of the overall strategy of feeding the young child (seven countries); (b) the evaluation and implementation of new food fortification programs (five countries); (c) the implementation of programs or strategies for the prevention of diet-related chronic diseases (five countries); and (d) the implementation of nutritional interventions in the national plans for emergency management or disaster situations (five countries). It was not possible however, to incorporate the nutritional component within the package of interventions for the management of HIV patients; thus, the technical cooperation to the countries needs to be strengthened to allow incorporating the nutritional component in the management of HIV patients.

The main challenges included: the need to mobilize the political will and human and financial resources to expand the programs, improve the quality of service delivery, ensure universal access and increase care coverage; and develop or strengthen the management capacity of health workers to design, incorporate integrated interventions, and promote community-based interventions. The financial crisis, food costs, and the increase in the number of people living in poverty or extreme poverty also pose significant challenges.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.4.1	Number of countries that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding	5	12	YES	Exceeded: 14 countries.
9.4.2	Number of countries that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition	11	16	YES	
9.4.3	Number of countries that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases	11	16	YES	
9.4.4	Number of countries that have incorporated nutritional issues in their comprehensive response programs for HIV/AIDS and other epidemics	11	14	NO	
9.4.5	Number of countries that have strengthened national preparedness and response capacity for food and nutrition emergencies	11	16	YES	

RER 9.5: Zoonotic and non-zoonotic food-borne diseases, and foot-and-mouth disease surveillance, prevention and control systems strengthened and food hazard monitoring programs established	**At Risk**

RER Assessment: Two of three indicator targets achieved.

Progress has been satisfactory in the strengthening of the capacities in integrated epidemiological surveillance, detection, and research and response to food-borne disease (FBD) outbreaks. Networking has been crucial in strengthening the capacities in the surveillance systems of the Region. The Global Network of Food-Transmitted Infections (WHO-GFN) and PulseNet have also trained a community of technical personnel who are highly motivated in the work they perform in their respective countries. All the countries of the Region are part of WHO-GFN, sharing experiences and with external quality control in the diagnoses. The work carried out by the networks of WHO-GFN and Pulsenet has been key for Latin America and the Caribbean in strengthening (a) the collaboration between epidemiology and laboratory; (b) the implementation of programs of quality assurance of the diagnoses; (c) the improvement of the interface for use of SIRVETA (Regional Information System in Food-borne Diseases) which facilitates the work in determining the risk attributable to the dietary source of cases and food-borne disease outbreaks; (d) the work of the three reference centers of WHO-GFN (Malbran Institute) (Argentina), INCIENSA (Costa Rica), and CAREC (Trinidad and Tobago); and (e) the active participation of the countries in monitoring activities on the resistance to antimicrobial drugs, disease burden and assignment to the source. Seven studies have been carried out on the burden of acute gastroenteritis associated with FBD in six English-speaking Caribbean islands and in Chile (metropolitan region).

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.5.1	Number of countries with established operational and intersectoral collaboration for the surveillance, prevention and control of food-borne diseases	16	22	NO	5 of the 6 additional countries met the target.
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major food-borne disease	2	7	YES	*Indicator modified in the amended SP.*
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric Foot-and-mouth Disease Eradication Plan objectives	4/11	6/11	YES	

RER 9.6: Technical cooperation provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean	**On Track**

RER Assessment: Two target indicator achieved.

Pan American Sanitary Bureau has facilitated broader and more effective participation in the implementation of the Program of Work of the Codex Alimentarius Commission (CAC), its committees and task forces by means of the FAO/WHO Codex Trust Fund. The Codex Commission for Latin American and Caribbean (CCLAC) activities were also supported. A FAO/-PAHO/WHO Capacity building workshop on food safety was held prior to the 16th Meeting of the CCLAC in November 2008.

Food safety and food standards are critical for the Region. Codex food standards have significant implications for both health and the food trade, and thus also for social and economic development. It is important to continue with the work to increase countries' participation in the work of the CAC and in the setting of food safety standards in general.

The possible reduction of assistance from donor countries to the WHO/FAO trust fund may have affected the participation of countries in Codex.

During this biennium, several public health events, due to contaminated food with global or regional implications, were managed by PAHO/WHO (HSD/FOS) in accordance with the IHR framework. All countries of the Regionare linked to the FAO/WHO International Network of Food Safety Authorities (INFOSAN), which provides relevant information to the decision-making process in food safety events that impact public health within the IHR framework.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
9.6.1	Number of Latin American and Caribbean countries participating in relevant Codex Meetings	36/36	36/36	YES	
9.6.2	Number of countries that have built national systems for food safety and food-borne zoonoses with international links to emergency response systems	18	22	YES	*Indicator modified in the amended SP.*

SO10: To improve the organization, management and delivery of health services	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

145. According to progress in the RERs and achievement of indicator targets in 2008-2009, this SO is on track to achieve the targets set for 2013.

2008-2009 Assessment

Important advances were made during the biennium:

- Approval of Directing Council Resolution CD49.R22, Integrated Health Services Delivery Networks Based on Primary Health Care (PHC), in October 2009.
- Dissemination of the PHC strategy (more than 40,000 copies of the position paper have been widely circulated).
- Continued development of key operational aspects of PHC according to plan: integrated health care delivery networks; accreditation of first-level care providers; health facilities/services management and information systems, including the Support System for Decision-making on Productivity, Efficiency, Resources and Costs of Health Services (PERC); and emergency medical services.
- Positive results from inter-programmatic efforts in the areas of safe hospitals; management of H1N1 pandemic response; and a pharmaceutical service model based on primary health care (PHC).

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 08-09	Expenditure	Implementation Rate (Expenditure/Funds Available)
32,000,000	34,381,872	107%	29,122,178	85%

146. Of the total funds available for the biennium, $21.5M (63%) was from other sources. SO10 received generous funding in a timely and constant fashion from WHO, Spain and Canada, as well as through a bilateral agreement with USAID, thus allowing the implementation of programmed activities and tasks during the biennium.

147. Funds from SO10 also covered technical cooperation activities related to SO14 (social protection and health financing).

LESSONS LEARNED

- Inter-programmatic efforts are indispensable for strengthening of health systems based on PHC initiatives.
- It is necessary to forge alliances with other PASB technical areas and other partners to seek positive synergies for the goal of health systems based on PHC.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 10.1: Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups	**On Track**

RER Assessment: One of two indicator targets achieved.

Countries have made progress in the formulation of policies, legislation and plans incorporating primary health care as a driving principle to improve access to health services.

Ind. No	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
10.1.1	Number of countries that have implemented policies to increase access to basic health care services (PASB's initiatives on Primary Health Care renewal)	14	18	YES	
10.1.2	Number of countries that report progress in their quality improvement programs	11	19	NO	Due to limited human resources progress was delayed.

RER 10.2: Member States supported through technical cooperation to strengthen the organizational and managerial capacities of service delivery institutions and networks to improve their performance	**On Track**

RER Assessment: One of one indicator targets achieved.

With the collaboration of COHAN (Cooperativa de Hospitales de Antioquia) and PERC (Support System for Decision-making on Productivity, Efficiency, Resources and Costs of Health Services [Sistema de Soporte a la Toma de Decisiones sobre Productividad, Eficiencia, Recursos y Costos de los Servicios de Salud]), methodology and tools are being disseminated throughout the Region. Countries continue to express interest in having access to productive management methodologies and tools.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved ?	Comments on progress
10.2.1	Number of countries that have applied the PAHO health services Productive Management Methodology and its supporting tools	5	14	YES	

RER 10.3: Member States supported through technical cooperation for developing mechanisms and regulatory systems to ensure collaboration and synergies between public and non-public service delivery systems	**On Track**

RER Assessment: One of one indicator targets achieved.

Road map for technical cooperation under implementation in eight countries.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
10.3.1	Number of countries that have adopted PAHO's policy recommendations for integrating the health care delivery network, including public and nonpublic providers	3	12	YES	

RER 10.4 : Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care (PHC) approach	**On Track**

RER Assessment: One of one indicator targets achieved.

Positive synergies with GAVI initiatives towards health system strengthening have been established.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC	1	15	YES	7 case studies completed and 6 countries implementing GAVI-HSS.

SO11: To strengthen leadership, governance and the evidence base of health systems	At Risk

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

148. In general, most of the indicators were satisfactorily achieved. The most vulnerable are those related to health research because of the low priority awarded to it in national health programs and the lack of engagement with academia. The need for evidence-based decision-making is recognized.

2008-2009 Assessment

149. During the biennium, PAHO's contributions towards strengthening Leadership Governance and the Evidence Base of Health Systems included direct technical cooperation as well as increased utilization of the virtual campus in public health to foster the creation of knowledge networks and continuous distant learning programs. The implementation of the Essential Public Health Functions (EPHF) online course in 2009, with the participation of 63 participants from 16 countries is an example of successful technical cooperation.

150. The Organization continued monitoring health sector reform and assisted in updating 14 country health system profiles. The health system profiles serve as a valuable tool for decision making.

151. Under the PAHO Regional Plan of Action to Strengthen Health Information and Vital Statistics, 11 Member States' national health information systems were evaluated using the Health Metrics Network (HMN) tools and the Performance Routine Information System Management (PRISM) initiative. The evaluations were used to elaborate strategic plans to strengthen national health information systems.

152. More than 70% of the indicators were achieved with regard to the targets established for 2009. The three indicators associated with research and knowledge transfer have been reviewed to make them more specific and measurable, and one added in RER 11.3 for measurement of the MDGs.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
35,000,000	31,121,361	89%	30,188,042	97%

153. Of the total funds available for the biennium, $13M (42%) was from other sources. The funding for research and governance relies heavily on voluntary contributions from Canada and Spain.

LESSONS LEARNED

- Countries need to place more emphasis on health research and establish national ethics committees. The strengthening of the synergies between the ministries of health and academia is key to advancing the health research agenda in the Region.
- Health information systems continue to be an important priority in the Region. While progress has been made in strengthening health information systems, there is need to further integrate them in order to facilitate planning and decision-making.
- There is need to have clear methodology and guidelines for Health Situation Analyses (HSA) to measure inequalities and MDGs.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 11.1: Member States supported through technical cooperation to strengthen the capacity of the national health authority to perform its steering role; improving policy analysis, formulation, regulation, strategic planning, implementation of health system changes; and enhancing intersectoral and inter-institutional coordination at the national and local levels	**On Track**

RER Assessment: Four of four indicator targets achieved.

In general, the four indicators established for this RER are being achieved satisfactorily. However, the need continues to change the indicators and adjust them to allow clear and accurate verification of achievements, as well as the milestones towards the achievements.

Indicators 11.1.1 y 11.1.2 have been transferred to SO10 in the amended Strategic Plan.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
11.1.1	Number of countries that have assessed the performance of their national health systems as measured by a regionally agreed and validated tool	0	5	YES	*Indicator modified and transferred to SO 10 in the amended SP*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
11.1.2	Number of countries that show improvement in the performance of the steering role as measured by the assessment of Essential Public Health Functions	N/A	8	YES	*Indicator modified and transferred to SO 10 in the amended SP*
11.1.3	Number of countries with regulatory institutions or authorities that produce legal frameworks and regulations	4	8	YES	
11.1.4	Number of countries that have developed resourced medium or long-term sectoral plans or defined national health objectives	3	5	YES	

RER 11.2 : Member States supported through technical cooperation for improving health information systems at regional and national levels	**On Track**

RER Assessment: Three of three indicator targets achieved.

In general, achievements have been maintained. There is a basic data base that is updated at the regional level annually. The profiles of 42 countries are in preparation and will be available in electronic and printed formats. The plan of action to strengthen vital and health statistics is being implemented, with emphasis on the data of the International Classification of Diseases (ICD).

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved ?	Comments on progress
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of WHO/PAHO and the Health Metrics Network	3	7	YES	
11.2.2	Number of countries that have resourced plans to strengthen vital and health statistics, including the production of information and the use of the Family of International Classifications (FIC) in accordance with international standards established by PAHO/WHO and the Health Metrics Network	3	8	YES	*Indicator was deleted in the amended SP*
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that periodically produce and publish the basic health indicators at sub-national levels (first or second administrative levels)	18	22	YES	

RER 11.3: Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making	**At Risk**

RER Assessment: Three of five indicator targets achieved.

There is continued interest in the implementation of knowledge transfer activities. Technical assistance should be emphasized in order to strengthen the analytical capacity of the countries for health analysis, something that has not been achieved in all the countries of the Region. The need persists for methodologies and guides for the American Society for Information Science & Technology (ASIS), the measurement of inequalities and the MDGs, and by year end it is expected to have up-to-date protocols, procedures and processes for the technical programs with the latest available evidence. A specific indicator for the measurement of MDGs has been added.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
11.3.1	Number of countries that use the standardized basic health indicators and other available statistical information	5/33	8/33	YES	
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health measured by periodic updates of the country profiles	5/33	7/33	YES	
11.3.3	Number of countries that participate in Evidence Information Policy Network (EVIPNet)	8	12	NO	Steady progress has been made in several countries like Trinidad and Tobago and Paraguay towards implementing EVIPNet. The proposals for Brazil, Chile, Field Office United States Mexican Border (FO/USMB), Costa Rica are under development.
11.3.4	Number of countries with a public health sector strategy for updating protocols, procedures and processes of technical programs with the latest evidence	8	15	NO	*Indicator deleted in the amended SP*.
11.3.5	Number of countries that have access to essential scientific information and knowledge as measured by access to Virtual Health Libraries (VHL) at national and regional levels	10	15	YES	

RER 11.4: Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards	**At Risk**

RER Assessment: One of two indicator targets achieved.

Working with the new indicators and with the updated work model that standardizes data and gives countries ownership to manage the information they post will advance this RER. Not much emphasis is given by countries to research, and more alarming is the lack of support in establishing ethics committees or commissions.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
11.4.1	Number of countries that show improvement in the cluster indicator for Essential Public Health Function #10 (public health research)	0	5	NO	*This Indicator was modified in the amended SP*. At least 3 countries are working on the analysis and development of policies on health research and health research priorities.
11.4.2	Number of LAC countries with national commissions aimed at monitoring compliance with ethical standards in scientific research	14/36	20/36	NO	Three additional countries reported progress, for a total of 17.

SO12: To ensure improved access, quality and use of medical products and technologies	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

154. According to progress in the RERs and achievement of indicator targets in 2008-2009, this SO is on track to achieve the targets set for 2013.

2008-2009 Assessment

155. With resources from the European Union for prescription drugs in the Caribbean, significant targets were achieved with regard to prescription drug policies and in the identification of subregional regulatory mechanisms for prescription drugs.

156. The Global Strategy and Plan of Action in Public Health, Innovation and Intellectual Property was fully discussed in the Region and included the adoption of a resolution by the Directing Council in 2008 (CD48.R15, Public Health, Innovation and Intellectual Property: A Regional Perspective), as well as the development of a Regional Platform as a way of implementing the resolution.

157. The Pan American Network on Drug Regulatory Harmonization (PARF) has actively continued its operation and among its products is the validation of an evaluation guide for national regulatory authorities (NRA) to facilitate monitoring and evolution of the same in the performance of essential regulatory functions.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
22,000,000	19,180,095	87%	17,215,205	90%

158. Of the total funds available, $13.3M (69%) was from other sources. Important contributions were received from the European Union, especially for the Caribbean, as well as from CIDA-Canada, Spain, and WHO.

LESSONS LEARNED

- The intercountry and subregional cooperation that is being developed in support of the implementation of the SO is considered a critical success factor. At the subregional level, access to the use of medicines and health technologies is a priority. Access is an issue being prioritized by all of the subregional integration mechanisms, resulting in tangible results at the subregional level.
- There are problems being faced by middle-income countries with regard to the proliferation of all health technologies in the Region of the Americas, irrespective of category of health technology (medicines, biotechnologies, medical devices). The more programmatic approach to this general issue (as opposed to the approach by product category) is having a greater impact on the outcomes of PAHO technical cooperation.
- The RERs and their respective indicators have been simplified and they have been assigned to more specific subjects. For example: RER12.1 is assigned to policies and regulations for prescription drugs and technologies, RER12.2 to quality, and RER12.3 to rationalization. Each indicator will be assigned to prescription drugs and biological products, or to health technologies. It is expected that in the next biennium the countries can be linked more adequately and thereby facilitate monitoring and evaluation.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 12.1: Member States supported through technical cooperation for the development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies)	**At Risk**

RER Assessment: Three of four indicator targets achieved.

The complexity of some indicators should be highlighted since lack of specificity may lead to believe that the target has been achieved, when in fact they list a number of actions on different subjects included in the SO: medicines, herbal medicines, blood products, labs, and health technologies.

The RER was modified in the amended Strategic Plan: Member States supported through technical cooperation to promote and assure equitable access to medical products and health technologies, and the corresponding technological innovation.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
12.1.1	Number of countries that have developed or implemented policies and regulations for essential medical products and technologies	15/36	23/36	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
12.1.2	Number of countries that have designed or strengthened comprehensive national procurement and supply systems	20/36	21/36	YES	*Indicator modified in the amended SP to focus on medical products.*
12.1.3	Number of countries with 100% voluntary non-remunerated blood donations	5	8	YES	
12.1.4	Number of countries that have increased access to essential public health supplies (medicines, blood products, vaccines and technologies).	11	20	YES	*Indicator modified in the amended SP to focus on access.*

RER 12.2: Member States supported through technical cooperation to implement international norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies	**On Track**

RER Assessment: Two of two indicator targets achieved.

The proposed number of countries in the Strategic Plan has been achieved.

Changes were made to this RER to facilitate the linkage of the countries and the evaluation of the achievement of the milestones and the targets: Member States supported through technical cooperation to promote and assure the quality, safety, and efficacy of medical products and health technologies, since it is made clear that this assistance is for regulation and quality functions.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
12.2.1	Number of countries with integrated capacity for regulation of essential medical products and technologies, per application of WHO standard assessment	2	5	YES	
12.2.2	Number of countries that have adapted and implemented international norms, standards and guidelines on quality and safety of health products and technologies	3	7	YES	

RER 12.3: Member States supported through technical cooperation to implement evidence-based policies to promote scientifically sound and cost effective use of medical products and technologies by health workers and consumers	**On Track**

RER Assessment: Two of two indicator targets achieved.

With respect to the rational use and incorporation of health technologies, significant gains have been made at the regional and subregional levels that are not reflected at the country level. Since the number of countries required to reach the targets was low, there was no problem in achieving these two indicators.

The RER was modified in the amended SP as follows: Member States supported through technical cooperation to promote and guarantee the rational and effective use of cost-effective medical products and health technologies based on the best evidence available.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
12.3.1	Number of countries promoting sound and cost effective use of medical products and technologies	11/36	16/36	YES	*Indicator targets modified in the amended SP.*
12.3.2	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or reimbursement	30	31	YES	*Indicator modified in the amended SP.*

SO13: To ensure an available, competent, responsive and productive health workforce to improve health outcomes	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

159. In view of the progress made during the biennium, it is highly likely that the SO indicators and targets will be achieved in 2013.

2008-2009 Assessment

160. The regional Targets in Human Resources have served as a guide and incentive for action and their measurement is promoting the design and implementation of national human resource plans that contribute to the development of PHC-based health systems. There has been significant interest and commitment by the countries with regard to changes in the training and education of health workers. The expected results for migration of health workers are positive. This topic has been incorporated into the agenda of many countries, stirred by the discussion of the Code of Practice.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
23,000,000	14,811,737	64%	13,568,469	92%

161. Of the total funds available for the biennium, $6M (41%) was from voluntary contributions. The Human Resources Project relies on voluntary contributions, particularly from Brazil, Canada, and Spain. Thus, the eventual reduction of these contributions could endanger the achievements reached in this biennium. It is recommended to expand the search for donors to facilitate technical cooperation in some key areas, such as for the development of the Virtual Public Health Campus and the Leadership Program in International Health.

LESSONS LEARNED

- There is need to support countries in the development of human resources for health (HRH) operational plans to respond to health sector policies. This requires the development of more specific and precise instruments in areas such as planning and costing.
- Strengthening of intersectoral coordination in the development of HRH plans, especially with the economy, education and civil service sectors, is needed.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 13.1: Member States supported through technical cooperation to develop plans, policies and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the MDGs	**On Track**

RER Assessment: Two of five indicator targets achieved.

The Andean Area has developed a baseline for achieving the 20 Regional Goals. Seven countries of Central America and the Caribbean have completed a new round of core data sets in HRH. The network of Human Resources for Health Observatories was launched, linking seven countries.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.1.1	Number of countries with 10-year Action Plans for strengthening the health work force, with active participation from stakeholders and governments	12	16	NO	Progress achieved but the drafting of actions plans at the country level is pending. *Indicator modified in the amended SP.*
13.1.2	Number of countries that have a unit in the government responsible for the planning and preparation of policies for the development of human resources for health	4	12	NO	Evidence of progress in the development of health planning units to include HRH at country/territory level. *Indicator deleted in the amended SP.*
13.1.3	Number of countries that have established programs to increase the production of human resources for health with priority on strengthening Primary Health Care	7	11	YES	*Indicator deleted in the amended SP.*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.1.4	Number of countries with regulation mechanisms (quality control) for health education and professions	12	16	NO	Limited progress achieved. *Indicator deleted in the amended SP.*
13.1.5	Number of strategic alliances established by the PASB to implement the Toronto Call for Action	2	4	YES	*Indicator modified in the amended SP*

RER 13.2: Member States supported through technical cooperation to establish a set of core indicators and information systems on human resources for health at the national, subregional and regional levels	**On Track**

RER Assessment: Three of three indicator targets achieved.

Several countries have established a core data set, have developed a baseline of information, and indicators to monitor health workforces and handbook.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.2.1	Number of countries that have established a database to monitor situations and trends of the health workforce, updated at least every two years	10	18	YES	
13.2.2	Number of countries that participate in a regional indicators system on human resources for health (including indicators of geographical distribution, migration, labor relations and the development trends of health professionals)	0	10	YES	*Indicator deleted in the amended SP*
13.2.3	Number of countries with a national group participating in the network of Human Resources for Health Observatories	18	29	YES	

RER 13.3: Member States supported through technical cooperation to design and implement strategies and incentives to generate, attract and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering neglected populations	**On Track**

RER Assessment: One of the three indicator targets achieved.

Achievement of this objective is part of complex negotiation processes of a sensitive nature in the countries. The countries are continuously advancing in the development of careers in health and in the creation of incentives for the retention and better distribution of health personnel.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.3.1	Number of countries with recruitment and retention policies for health workers	6	15	NO	The delay in the drafting of policies concerning recruitment and retention policies for health workers delay as a result of the world financial crisis. *Indicator modified in amended SP*
13.3.2	Number of countries that have implemented incentive systems and strategies to achieve the geographical redistribution of its health workers to favor underserved areas	4	10	NO	*Indicator deleted in amended SP*
13.3.3	Number of countries that participate in the "Career Path for Health Workers" initiative, incorporating specific incentives for the improvement of competencies and a fair workforce distribution	4	8	YES	*Indicator deleted in amended SP*

RER 13.4: Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care	**On Track**

RER Assessment: Four of five indicator targets achieved.

Achievement of this expected result is part of a combination of progress in different areas. Many countries have begun to link service and education based on the corresponding education of the health staff; education towards PHC is rallying regional interest, and continuous education programs have been established aimed at health personnel. The positive changes in the Virtual Campus, education in international health, and leadership training of human resources are impact strategies on the road towards achieving the objective.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.4.1	Number of countries with joint planning mechanisms for training institutions and health services	4	15	NO	There are national discussions underway at country level but policies have yet to be concerted and implemented. *Indicator modified in amended SP.*
13.4.2	Number of countries that report curricular changes as a result of orienting pre- and post-graduate education to Primary Health Care	4	10	YES	*Indicator modified in amended SP*
13.4.3	Number of countries that have established continuous education systems to improve the competencies of health personnel	5	10	YES	*Indicator modified in amended SP*
13.4.4	Number of people that participate in the leadership program for international health	0	20	YES	The 2009 cohort has over 30 participants from more than 20 countries. *Indicator modified in amended SP*
13.4.5	Number of countries with active participation in virtual learning strategies	7	20	YES	*Indicator deleted in amended SP*

RER 13.5: Promotion of an increased understanding of, and cooperation to find solutions to, the international migration of health workers	**On Track**

RER Assessment: Three of three indicator targets achieved.

Progress has been made in the regional analysis of migration and the countries have committed national efforts to this end. The Code of Practice for Contracting International Health Personnel was discussed and supported. Regional integration processes have made strides in accrediting the international degrees of health professionals, indicating greater understanding in the Region regarding the migration of health personnel and positioning for action.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
13.5.1	Number of countries that analyze and monitor the dynamics of health worker migration	5	12	YES	
13.5.2	Number of countries that participate in bilateral or multilateral agreements that address health worker migration	4	10	YES	
13.5.3	Number of Subregions that develop formal agreements on systems that recognize the advanced degrees and certifications of health professions	1	2	YES	*Indicator deleted in amended SP.*

SO14: To extend social protection through fair, adequate and sustainable financing	On Track

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

162. In view of the progress made during the 2008-2009 biennium, the SO targets and indicators should be achieved in 2013.

2008-2009 Assessment

163. Eleven (11) Member States have institutionalized health economics and financing units in the Ministry of Health. Fifteen (15) countries made significant progress in the regular production of health satellite accounts and national health expenditure and financing studies contributing to the strengthening of the capacity of the Member States to improve the financing of the national health care system and of social protection programs. Funding for strengthening technical cooperation in these areas is needed.

164. The attainment of adequate and sustainable financing of national public health and public health care systems, and extension of social protection objectives and goals should be pursued, as established in the Strategic Plan.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
15,000,000	4,866,603	32%	4,576,758	94%

165. Of the total funds available, $1.14M (23%) was from other sources. It is important to note that many of the activities carried out under SO14 were covered with funds from SO10.

166. PAHO needs to mobilize resources from WHO and external sources, taking advantage of new initiatives, such as the Inter-American Social Protection Network (USAID).

LESSONS LEARNED

- Despite the fact that the financing of national health care systems to provide universal coverage is prominent in the social policy agenda in several countries of the Region, there is an increased awareness that the global economic recession could have a negative impact on recent gains in social sector investments, including health. Therefore, it is critical to take measures to protect such gains.
- There is a need to institutionalize the collection of information on expenditures and financing of health care systems and social protection systems or programs.
- Strengthening the countries capabilities to analyze the fiscal implications of advancing towards the achievement of health care systems of universal coverage and the extension of social protection in health programs and schemes is needed.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 14.1: Technical cooperation provided to the Member States to develop institutional capacities to improve the financing of the national health system and of social protection in health	**On Track**

RER Assessment: Four of four indicator targets achieved.

Twelve countries have consolidated health economics units/departments (UES/DES) as an integral part of ministries of health policy and planning divisions/departments. There have been significant increases in the demand for technical cooperation activities on health financing issues: adequacy, sustainability and fiscal implications of achieving universal access/coverage. There is growing momentum for social protection policies in countries and the Inter-American Social Protection Network was launched in September 2009. The World Food Program and other UN agencies, as well as PAHO, currently support nutritional components within social protection schemes. The Ibero-American Social Protection in Health Network is currently under development, with the Government of Chile assuming the Secretary role. It is critically important to seize this window of opportunity to advance social protection in health policies to achieve universal health insurance.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.1.1	Number of countries with institutional development plans to improve the performance of financing mechanisms	7	10	YES	
14.1.2	Number of countries with units of analysis in economic, financial and functional health expenditure	10	13	YES	*Indicator moved to 14.2 in amended SP*
14.1.3	Number of countries that have conducted characterization studies of social exclusion in health at national or sub-national levels using PAHO self assessment tool	11	13	YES	*Indicator consolidated with 14.1.4 and moved to RER 14.4 in amended SP*

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.1.4	Number of countries participating in the Observatory of Policies on Social Protection in Health established during the 9th Ibero-American Conference of Ministers of Health	0	5	YES	Exceeded: 10 countries actively participating in the Observatory. *Indicator consolidated with 14.1.3 and moved to 14.4 in amended SP*

RER 14.2: Member States supported through technical cooperation to assess household capacity to meet health expenditures through the social protection system	**At Risk**

RER Assessment: One of one indicator targets not achieved.

Only two of three country-case studies on catastrophic expenditures were completed. Limited financial resources and technical expertise limited the development of technical cooperation activities to assess the role of public health care and social protection systems in preventing households from incurring catastrophic health expenditures.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.2.1	Number of completed country studies applying the PAHO evaluation framework to assess household capacity to meet health expenditure through social protection systems	0	3	NO	Two of three achieved.

RER 14.3: Information on financing and health expenditures updated periodically and provided to Member States for social protection planning	**On Track**

RER Assessment: Four of five indicator targets achieved and one not assessed.

There are no anticipated risks to compromise the achievement of future biennia targets.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.3.1	Number of countries reporting up-to-date information on financing and health expenditure to the Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO	28/35	31/35	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.3.2	Number of countries that have institutionalized the periodic production of Health Accounts/National Health Accounts harmonized with the UN statistical system	13	16	NO	There is a need to improve coordination to better institutionalize the use of UN statistical standards.

RER 14.4: Member States supported through technical cooperation to support the development of insurance schemes and other mechanisms to expand social protection in health	**On Track**

RER Assessment: One of one indicator targets achieved.

Policy options to extend coverage/expand social health insurance schemes based on PAHO's principles/orientation on Extension of Social Protection in Health (ESPH), were defined by 10 countries (Aruba, Brazil, Chile, Ecuador, Haiti, Mexico, Paraguay, Peru, Uruguay, and Venezuela).

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target. Achieved?	Comments on progress
14.4.1	Number of countries with insurance schemes and other mechanisms to expand social protection in health	8	10	YES	

RER 14.5: Member States supported through technical cooperation to align and harmonize international health cooperation	**On Track**

RER Assessment: One of one indicator targets achieved.

The PASB has adapted a toolkit for country teams to build capacity on these topics. The overall assessment for the end of the biennium is positive (six countries, one more than the target). Quantitatively, the indicator has been achieved, but qualitatively further work should be performed, especially in key countries where the issues of harmonization and alignment are more relevant.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
14.5.1	Number of countries that show improvement in levels of harmonization and alignment of international health cooperation, as measured by internationally agreed standards and instruments	3	5	YES	

SO15: To provide leadership, strengthen governance and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	**On Track**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

167. The performance of the SO indicates it is on track to achieve the 2013 targets.

168. The leaders of the world are considering decisions to accelerate progress towards all the Millennium Development Goals (MDGs) by 2015 by strengthening the multilateral framework. This will provide special momentum for PAHO/WHO to enhance leadership and foster partnerships with external partners including United Nation agencies.

169. The health related initiatives sponsored by some Member States (the United States of America, Spain, and Canada, among others) in different international fora, such as the G-8 and G-20, as well as efforts at the country level, assure that the Region is well positioned to advance the regional and global health agendas.

2008-2009 Assessment

170. This SO is an enabling objective that facilitates the achievement of other SOs. It includes three major areas: leadership and governance, country presence for technical cooperation, and relationship with UN System.

171. PASB's major achievements on this SO include:

- 60% of PAHO Governing Body resolutions have a focus on policy and strategies.
- Partnerships with external stakeholders were expanded and strengthened.
- PAHO's engagement in the UN reform process at regional and country level was fostered and the Country Cooperation Strategy (CCS) and Subregional Cooperation Strategy (SCS) played a bigger role in defining PAHO's technical cooperation.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
61,210,000	69,676,767	114%	68,088,843	98%

172. The implementation was not 100% because some activities programmed for 2008-2009, and financed by voluntary contributions, were deferred to the 2010-2011 biennium.

173. Canada, Spain, and the United States have been the main bilateral partners in funding the PASB Biennial Work Plan. They will continue to support PASB during 2010-2011, but there is need to look for new partners, considering the old and new health challenges being faced in the Region.

LESSONS LEARNED

- In general, the performance of individual PASB entities contributing to this SO has been good. PASB has fostered institutional tools to promote leadership in the Organization and improve institutional accountability to its Governing Bodies. It needs to continue working to streamline these tools and incorporate best lessons learned.
- In regard to PAHO's engagement in the UN reform process, PASB needs to review its internal procedures to facilitate country offices' engagement at the operational level. PASB is fully engaged in this process at the global and regional level, but at the country level, it needs to improve its institutional presence on it.
- Concerning PAHO's country presence, PASB entities need to reinforce their work supporting country offices in implementing the Country Cooperation Strategy.
- Regarding the Subregional Cooperation Strategies, PASB needs to analyze PAHO's approach to the new integration processes in order to provide effective and coherent technical support.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 15.1: Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO's work to fulfill its mandate in advancing the global, regional, subregional and national health agendas	**On Track**

RER Assessment: Three of four indicator targets achieved.

Senior managers of all PASB entities have a strong commitment to the accomplishment of this Strategic Objective. There is a need to continue supporting recently appointed senior managers to address 2011 targets.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on health policy and strategies	40%	45%	YES	Expectation exceeded. 60%.
15.1.2	Percentage of all oversight projects completed which evaluate and improve processes for risk management, control and governance	0%	40%	NO	The Internal Oversight (IOS) office planned for 25 assignments, and completed 22 (88%). Broken down between internal audits and evaluations, IOS planned for 22 internal audits, and completed 17 (77%), while it planned for 3 evaluations and has completed 5 (full implementation – indeed, an excess).
15.1.3	Number of PASB entities implementing leadership and management initiatives (coordination and negotiation of technical cooperation with partners, advocacy for the PAHO/WHO mission, elaboration of CCSs and Biennial Workplans, and reports) on time and within budget	50/81	65/81	YES	
15.1.4	Percentage of Governing Bodies and Member States legal inquiries addressed within 10 working days	70%	90%	YES	

RER 15.2: Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners	**On Track**

RER Assessment: Three of five indicator targets achieved.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for defining the Organization's country presence and its respective Biennial Workplan	20/35	30/35	YES	
15.2.2	Number of countries where the CCS is used as a reference for harmonization of the cooperation in health with the UN Country Teams and other development partners	20/35	30/35	YES	
15.2.3	Number of countries where the contribution of the PASB to national health outcomes is evaluated by a joint (PASB, government and other stakeholders) assessment of the Biennial Workplan	10/35	23/35	YES	
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS)	0/4	1/4	YES	Andean subregion completed and the others are underway.
15.2.5	Number of PAHO/WHO country offices with adequate infrastructure and administrative support (including Minimum Operating Safety Standards [MOSS] compliance) to enable the effective provision of technical cooperation at country level	20/29	25/29	YES	

RER 15.3: Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas	**On Track**

RER Assessment: Five of five indicator targets achieved.

Despite the fact that the achievement of this RER depends on various external factors, the performance of PASB entities has been good.

With respect to the indicator related to the Forum for Public Health in the Americas, and according to the Executive Management of the PASB (EXM) recommendation, activities made in the framework of the Multipartner Dialogue for Health in the Americas are being considered.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
15.3.1	Proportion of trade agreements (multilateral and bilateral) in the Americas that reflect public health interests, as outlined in PAHO/WHO guidance	4%	10%	N/A	*Indicator was deleted in the amended SP.*
15.3.2	Number of countries where PAHO/WHO is leading or actively engaged in health and development partnerships (formal and informal), in the context of reforms of the United Nations system	20/33	25/33	YES	Countries continue to participate in UNDAF.
15.3.3	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas	0	10	YES	Agreements signed with AECID, NORAD, CIDA, USAID, CDC, BID. Under the Spain MDG Fund, PASB has signed 12 agreements for project implementation at country level.
15.3.4	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas 2008-2017	N/A	50%	YES	
15.3.5	Number of countries incorporating policy recommendations developed by the Forum for Public Health in the Americas	0	4	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
15.3.6	Number of countries requesting PAHO support for mobilizing technical and financial resources from external partners	10/33	20/33	YES	

RER 15.4: PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders	**On Track**

RER Assessment: Four of four indicator targets achieved.

Based on the achievement of the RER indicator targets for 2009, the RER is on track to attain the targets for 2013. PAHO has made significant progress and is on target for meeting its goal of being an authoritative source of public health information and knowledge by 2013, by aligning with WHO and following WHA resolutions; looking at synergies among and between various information sources and systems; promoting the development and adoption of policies (such as open access) that promote universal and free access to public health content; and encouraging the use of new tools and behaviors, including social media, web collaboration tools, and communities of practice methodologies.

This RER, with its indicators, was transferred to SO11.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
15.4.1	Number of hits to PAHO's web page	20 million	30 million	YES	*Indicator moved to SO 11 in the amended SP*
15.4.2	Number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the Country Cooperation Strategies	8	16	YES	*Indicator moved to SO 11 in amended SP.*
15.4.3	PAHO's Regional Information Platform created, integrating all the technical PASB health information systems and information from health and development partners	Core data and MAPIS	Integration of all technical information systems and of five strategic health and development partners	YES	*Indicator moved to SO 11 in amended SP*
15.4.4	Number of Communities of Practice established and in use in the PASB entities	2	10	YES	*Indicator moved to SO 11 in amended SP*

SO16: To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	**On Track**

PROGRAMMATIC ASSESSMENT

Progress towards the Achievement of the SO in 2013

174. Almost all of the RER indicators were accomplished this biennium. This provides an excellent start to meet the SO indicators and targets for 2013. Although many major challenges, such as Risk Management, Results-based Management (RBM), Corporate Management System (CMS), Business Process Analysis and Reengineering, lay ahead, many of the achievements in this biennium, as noted below, are beginning to establish the necessary foundation of SO16 for a successful implementation of the 2008-2013 Strategic Plan.

2008-2009 Assessment

175. A number of major accomplishments were completed under SO16 during the 2008-09 biennium. The following are highlighted to demonstrate the significance of these results in the implementation of the 2008-2013 Strategic Plan:

- Approval of the RBM Framework by the Executive Management of the PASB (EXM), including full implementation of the Planning and Performance Monitoring Assessment (PMA) components.
- Approval by the Directing Council of a 3.5 % increase in the Program and Budget for 2010-2011.
- Timely implementation of IPSAS on 1 January 2010, as one of the leaders in this area in the UN system.
- An unqualified audit result for the 2006-07 biennium.
- Human Resources (HR) plans approved and aligned with the Strategic Plan.
- A new improved Personnel Performance Evaluation System to be rolled out in 2010.
- Integrity and Conflict Management System (ICMS) mechanisms reducing the number of cases going to formal appeal.
- Human Resources Plan tool implemented to facilitate managerial staffing decisions.
- A five year Strategic Learning Plan framework developed and approved.
- A summary of all contractual/ employment mechanisms identifying benefits and responsibilities developed and available to the entire Organization.
- Update of the PAHO/ WHO e-manual.

BUDGETARY ASSESSMENT AND RESOURCE MOBILIZATION

Approved Program and Budget (PB 2008-2009)	Funds Available for the Biennium	Funds Available for the Biennium as % of PB 2008-2009	Expenditure	Implementation Rate (Expenditure/Funds Available)
96,577,000	113,132,383	117%	111,225,548	98%

176. Funding for the enabling functions continued to be limited to only the minimum operational requirements, with the emphasis on shifting funding away from HQ to the country offices.

LESSONS LEARNED

- The development of Results-based Management has progressed well in the Organization, having initiated the implementation of all its components, planning being the most advanced.
- The biggest challenge being faced in the consolidation of RBM is the change in organizational culture. There is still resistance to change, mostly due to limited information and training and subsequent lack of understanding of the scope and significance of RBM.
- Planning, Performance Monitoring and Assessment, based on the concept of a matrix-approach organization, require strengthening of the dialogue and negotiation among entity managers and Strategic Objectives facilitators-- a key process to consolidate RBM.
- The allocation of more resources to the Strategic Objectives according to their priority established in the Strategic Plan is a complex process for the following reasons: 65% of regular budget funds are linked to fixed-term posts and the majority of voluntary contributions received by the Organization are earmarked (linked to projects) and cannot be transferred among SOs.
- There is need to modernize the Organization’s information management system. The current system is obsolete and not integrated. It would be ideal to have an Enterprise Resource Planning (ERP) system. A committee has been established to analyze and formulate options to modernize the information management system, which will be presented to the Governing Bodies in 2010 for their consideration.

ASSESSMENT OF THE REGION-WIDE EXPECTED RESULTS

RER 16.1: PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results	**On Track**

RER Assessment: Six of six indicator targets achieved.

The progress achieved during the biennium for this RER is satisfactory and therefore it is expected to be fully achieved at the end of the Strategic Plan. All the targets programmed for 2013 are expected to be met if the Bureau continues to work at the rate it has during this 2008-2009 biennium. The implementation of Performance Monitoring and Assessment (PMA), one of the pillars of the results-based management framework, was consolidated during this biennium and it will continue to be strengthened in the coming years. This exercise highlights a fundamental change in the way PASB operates and also implies a cultural change. PMA is being recognized not only by the PASB entity managers as a useful exercise but also by the World Health Organization as a model that should be replicated in other regions.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target achieved?	Comments on progress
16.1.1	Results-based management strategy fully implemented	In progress	Approved by Governing Bodies	YES	*Indicator modified in amended SP to reflect the approval for the RBM framework by EXM, which was achieved.*
16.1.2	The PASB Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learned, are developed by all the levels of the Organization, and approved by the Governing Bodies	In progress	PB 10-11 developed with these character-istics	YES	
16.1.3	Percentage of progress towards the resource reallocation goals among the three PASB levels in 2011, per PAHO Regional Program Budget Policy	33%	67%	YES	
16.1.4	Number of PASB entities that achieve their expected results, are client-focused, and are country-focused as defined in CCSs, measured by evaluation of Biennial Workplans	N/A	20/81	YES	Exceeded: 50 entities.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.1.5	For each biennium, proportion of monitoring and assessment reports on Expected Results contained in the Strategic Plan and Program Budget submitted in a timely fashion, after a peer review	50%	80%	YES	
16.1.6	Proportion of Regional Public Health Plans developed and implemented by Member States and PASB, in accordance with PAHO established guidelines	N/A	100%	YES	*Indicator deleted in the amended SP.*

RER 16.2: Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources	**On Track**
RER Assessment: Six of six indicator targets achieved.	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.2.1	PASB compliance with International Public Sector Accounting Standards	International Public Sector Accounting Standards not implemented	International Public Sector Accounting Standards approved by Member States	YES	
16.2.2	Proportion of strategic objectives with expenditure levels meeting program budget targets	TBD at end-2007	50%	YES	
16.2.3	Proportion of Voluntary Contributions that are un-earmarked	5%	10%	YES	During 2008-2009, PASB mobilized almost $120 M of voluntary contributions from external partners (not including WHO funds) that used PAHO's SP as a strategic and operational framework.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.2.4	Percentage of PAHO Voluntary Contribution (earmarked and un-earmarked) funds returned to partners	1%	0.8%	YES	
16.2.5	Sound financial practices as evidenced by an unqualified audit opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	YES	
16.2.6	Number of PASB entities that have achieved coverage of 75% of the programmed resource gap in their Biennial Workplans	N/A	20/81	YES	Exceeded: 27 PASB entities.

RER 16.3: Human Resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the organization's plans, (b) effective and equitable performance and human resource management, (c) staff development and (d) ethical behavior	**On Track**

RER Assessment: Five of six indicator targets achieved.

The main achievements during 2008-2009 included:

- The Human Resources (HR) strategy was completed and approved by EXM.
- The HR planning tool was developed and implemented by Country Offices, Centers and HQ Areas, enabling EXM and Senior Managers to take appropriate staffing decisions in the cycle of the biennial workplan.
- The concept of staff well-being was clearly anchored in the overall HR strategy with the following main developments: Health, safety and well-being committee established, wellness day observed, and well-being webpage developed.
- The five-year Strategic Learning Plan of the Organization was developed and is being used as the framework to establish the office learning plans.
- The contract matrix summarizing the various contractual mechanisms was developed and distributed across the Organization.
- Significant progress was made to update the HR portion of the e-Manual, to further clarify HR processes and procedures and thus avoid potential conflicts, appeals and grievances.
- The selection committee framework has been revised and overhauled.
- A new HR tracking system was launched, in which all PAHO Personnel Authorization requests will be submitted and tracked.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.3.1	Proportion of PASB entities with approved human resources plans for a biennium, aligned with the corporate HR strategy	15%	50%	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.3.2	Proportion of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy	15%	50%	YES	
16.3.3	New recruitments reflect PAHO policy on gender balance and geographic representation	YES	YES	YES	
16.3.4	Human resources performance evaluation system utilized by all staff, and linked to Biennial Workplans, competency model and staff development plans	NO	YES	NO	The new performance evaluation system has been purchased, customized and is ready for implementation for January 2010; during the next biennium will be linked to competency model and staff development plan.
16.3.5	Less than one percent of the workforce have filed a formal grievance or been the subject of a formal disciplinary action	YES	YES	YES	
16.3.6	Number of queries received per year raising ethical concerns which reflect a higher level of awareness regarding ethical behavior	40	80	YES	

RER 16.4: Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB	**On Track**

RER Assessment: Three of three indicator targets achieved.

During the 2008-2009 biennium, the Organization continued to invest in high-quality services in user support, system uptime/availability, collaborative services, connectivity, telecommunications, system changes and extension, workstation desktop imaging and network services and IT-related expert guidance.

Progress was made in the following areas:

- A new phone system installed in HQ and voice over internet (VoIP) in eight country offices/centers, significantly decreasing long-distance phone costs in those countries.
- Continued enhancement of remote access services to country offices and Headquarters for business continuity purposes by completing the server virtualization project and ensuring that all countries had direct access to all applications from outside the office.
- Improvement to the AMPES and HRM PAS database.
- SharePoint 2007 released to the Organization, improving collaboration and workflows.
- A draft PAHO IT strategy prepared for discussion and finalization in 2010.

Overall, the Organization has made good progress achieving 100% of the 2008-2009 RER targets. In the case of ITS cost-effective information management strategies, policies and practices are in place to ensure effective resource management and IT service continuity.

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target achieved?	Comments on progress
16.4.1	Proportion of significant IT-related proposals, projects, and applications managed on a regular basis through portfolio management processes	0%	40%	YES	
16.4.2	Level of compliance with service level targets agreed for managed IT-related services	0%	50%	YES	
16.4.3	Number of PAHO country offices and centers using consistent, near real-time management information	36	36	YES	

RER 16.5: Managerial and administrative support services, including procurement, strengthened to enable the effective and efficient functioning of the Organization					**On Track**
RER Assessment: Five of five indicator targets achieved.					
Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target achieved?	Comments on progress
16.5.1	Level of user satisfaction with selected managerial and administrative services (including security, travel, transport, mail services, health services, cleaning and food services) as measured through surveys	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)	YES	
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies	0%	50%	YES	
16.5.3	Proportion of internal benchmarks met or exceeded for translation services	60%	70%	YES	
16.5.4	Percentage of development and implementation of a management system to measure and monitor compliance with procurement best practices, including targeted training, improved statistical reporting, expanded bidder lists, service level agreements and procedural improvements	10%	70%	YES	
16.5.5	Percentage of PASB internal requests for legal advice and services acted upon within 10 working days of receipt	70%	90%	YES	

RER 16.6 : PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff					**On Track**
RER Assessment: Three of four indicator targets achieved. There were improvements in the levels of safety and security for all staff. Corporate policy promulgation was also successful. However, while all areas predict success in the coming biennia, continual budget constraints make adequate funding levels a possible issue.					
Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target achieved?	Comments on progress
16.6.1	Corporate policies and staff performance reflect use of institutional development approaches: results-based management, knowledge-sharing, inter-programmatic teamwork, and gender/ethnic equity, among others	Baseline survey conducted	20% over baseline	YES	

Ind. No.	RER Indicator Text	Baseline 2007	Target 2009	Target Achieved?	Comments on progress
16.6.2	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis	100%	100%	NO	25 of the 29 approved MCIF projects are completed – 88% completion rate.
16.6.3	Proportion of HQ and Pan American Centers physical facilities that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance	65%	75%	YES	
16.6.4	Proportion of PASB regional and subregional entities that improve and maintain their physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their Biennial Workplans	75%	90%	YES	

V. CONCLUSIONS AND RECOMMENDATIONS

- The 2008-2009 end-of-biennium assessment was the first exercise covering a full biennium within the RBM framework. As expected, there are many lessons and experiences to adjust future cycles. There is need for ongoing training in RBM, planning, performance, monitoring and assessment (PMA), and the use of the PASB's management information system.
- As shown below, the Planning and PMA tools have contributed to improving the programmatic, budgetary and resource mobilization performance of the Organization compared with previous biennia.
- The progress achieved during the 2008-2009 biennium indicates that the Organization is in good stead to achieve the Strategic Plan targets in 2013. Of the 16 SOs, 12 were "on track" and 4 "at risk"; 67 (76%) of the 88 RER were "on track" and 21 (24%) "at risk", and 275 (85%) of the 324 RER indicator targets were achieved. Ongoing monitoring and assessment is key to direct interventions for those RER indicators lagging behind, particularly the "number of countries" type.
- The overall budgetary implementation for 2008-2009 was 94% ($525 M of $559 M). Both regular budget and other sources funds exceeded 90% implementation rate.
- The Organization was able to mobilize financial resources covering 81% of the initial funding gap ($281M of $347M).
- The exercise of monitoring and assessing the SOs, RER and indicator targets was conducted in a collective manner, similar to the planning process. This allowed the interaction and exchange of information at all levels of the Organization.
- Most of the indicator targets that were not achieved fall in the category of "number of countries". This is as expected since the achievement of those targets is dependent on individual countries' agendas, political support and emerging issues. There is need to consider the necessary risks and assumptions, and work closely with Member States to make the necessary interventions to address the planned targets.
- The quantitative methodology used for the assessment of RER indicator targets determines whether a target was achieved or not. However, in the case of "number of countries" type indicators, in some cases the target was not achieved due to a minimal number of countries that did not attain it (for example, RER indicator 1.6.1: "number of countries that have completed the assessment of core capacities for IHR .."., was not achieved because 1 of 35 countries did not meet the target). On the other hand, the indicator targets may be exceeded. In light of this, the qualitative assessment allows a complementary analysis which reflects the real progress and orients the reprogramming of targets for the next biennium.

- Progress has been made in the alignment of resources programmed for the biennium independently from the life of the project, resulting in improved management and implementation of funds from “other sources”.
- There is need for closer alignment between the mobilization and allocation of resources with the programmatic priorities identified by the Strategic Plan.
- The resource coordination and allocation was improved during the biennium. However, there is need to continue strengthening inter-programmatic coordination to ensure optimal utilization of available resources and more targeted resource mobilization.
- Performance monitoring and assessment of the Strategic Plan requires ongoing dialogue among all levels of the Organization, particularly within SO teams and country entities.

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