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PAHO RESULTS-BASED MANAGEMENT FRAMEWORK

Introduction

1.   The Pan American Health Organization (PAHO), including the Pan American Sanitary Bureau (PASB), has adopted Results-based Management (RBM). This document provides a progress report on the implementation of RBM in PAHO. The different elements of RBM are briefly described. The documents and instruments needed for implementation of RBM that have already been approved or are in the process of approval by PASB Executive Management are also described for the information of the Member States.

Basic Elements of RBM

2.   PAHO defines RBM as a management process in which:

- Programs are formulated around a set of predefined objectives and expected results.
- Expected results justify the resource requirements, which are derived from—and linked to—the outputs required to achieve such results.
- Actual performance in achieving results is measured objectively by performance indicators.
- PASB managers and staff are accountable for achieving results and are given the tools and resources they need to do so.

3.   Effective RBM requires PAHO to establish results to be achieved, with indicator targets to measure them. Such efforts will contribute to improved health in the Americas. Once these results are approved by the Member States, the Organization's work will focus on achieving the set targets. Because these results are corporate-level results, every

part of the Organization (PASB entities)[1] operating at the regional, subregional, or country level must work to achieve them.

4.   The adoption of RBM significantly changes the way PAHO operates. Rather than focusing on the management of inputs to achieve outputs (short-term results within the manageable interests of managers), as was done in the past, results under the RBM modality focus on the outcome level (medium-term results that directly benefit the population´s health). In PAHO's RBM, both the Member States and PASB are responsible for achieving the outcomes or Regionwide Expected Results (RERs).

RBM Framework

5.   PAHO's RBM framework has four interlinked components: (a) planning; (b) implementation, and performance monitoring and assessment; (c) independent evaluation and learning; and (d) accountability. The planning component has advanced most: it has been incorporated into the Strategic Plan 2008-2012 and into the Program and Budget for 2008-2009 and 2010-2011, as approved by the PAHO Governing Bodies. Progress has also been made in implementing a performance monitoring and assessment process. To launch the independent evaluation component in PAHO, the Internal Oversight and Evaluation Services Office has been established and resourced. The evaluation function continues to evolve. The accountability component will be consolidated during 2010-2011.

6.   The draft PAHO Results-based Management Framework document, explaining RBM in the context of PAHO, is included as Annex A.

Planning

7.   The following instruments are currently being implemented:

PAHO Strategic Plan 2008-2012

8.   The Strategic Plan 2008-2012, in line with the Health Agenda for the Americas, is the main framework defining the Organization's programs and strategies in response to the public health challenges in the Americas. The Plan also reflects the Organization's efforts to become more effective and accountable through the application of RBM in implementation, monitoring, and evaluation. To this end, the Strategic Plan 2008-2012 establishes the different levels of responsibility and accountability in PASB and Member States. For instance, the PASB is accountable for achieving the indicator targets of the

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[1] Entity is a generic term that designates a PASB managerial, programmatic and executing unit responsible for developing and implementing a biennial work plan and its associated budget.

RERs, and the Member States of PAHO are accountable for achieving the indicator targets of the Strategic Objectives (SOs).

9.   The 49th Directing Council approved an amended version of the Strategic Plan 2008-2012 in September 2009 (Resolution CD49.R3). This version included the incorporation of changes to some of the RERs and RER indicators to facilitate their monitoring and assessment.

PAHO Program and Budget

10.   The Strategic Plan is disaggregated into biennial program and budget periods. The 2008-2009 Program and Budget was the first of its kind to incorporate RBM. It has measurable indicators and targets for the biennium, and it is consistent with the Strategic Plan 2008-2012. The same methodology was used in developing the 2010-2011 Program and Budget.

Implementation, and Performance Monitoring and Assessment

Implementation

11.   PAHO's Program and Budget is implemented by the 69 PASB entities that work at the regional, subregional, and country levels. Each entity executes a biennial workplan that contributes to the achievement of the corporate results of the Program and Budget and Strategic Plan. The Biennial Workplan is executed through semiannual workplans, where the necessary interventions (tasks and subtasks) are detailed and programmed. All the entities utilized the RBM framework in the execution of their 2008-2009 biennial workplan.

12.   In order to facilitate the implementation of the PAHO Program and Budget and its biennial workplans, the PASB has developed several RBM instruments and policies, the full texts of which are included in the PASB's operational manual. Two policies (voluntary contributions and resource coordination) and one instrument (letters of agreement) are briefly described below.

-       *Voluntary Contributions*

13.   Voluntary contributions are resources that the Organization receives in addition to the regular PAHO budget (Member States' assessed contributions and miscellaneous income) and the WHO regular budget for the Region of the Americas. Voluntary contributions fall into two major categories: (a) unearmarked, which are more flexible funds, and (b) earmarked, which are less flexible funds. Both can be executed at the regional, subregional, or country levels of the Organization.

14.   Voluntary contributions should only be used to implement the Strategic Plan of PAHO, including its program and its respective biennial workplans. They should also contribute to achieving the Strategic Objectives (SOs), the Regionwide Expected Results and the Office-specific Expected Results (OSERs). PASB has prepared a policy to ensure that these resources are received and used for this purpose. This policy will also set up a review and approval process for voluntary contributions intended mainly to:

- ensure alignment of voluntary contributions with the PAHO Strategic Plan;
- improve the quality of the proposed projects for obtaining voluntary contributions;
- monitor and evaluate the use of voluntary contributions;
- improve the implementation of voluntary contributions;
- reduce the return of funds to cooperating partners;
- reduce the number of qualified audit reports;
- gather and systematize information on good practices and lessons learned;
- simplify administrative processes to ensure the effective and efficient execution of voluntary contributions;
- promote a participatory process within PAHO to facilitate the identification and solution of problems involving all the responsible parties;
- maintain and improve the Organization's good reputation with external partners.

- *Resource Coordination*

15.   Full implementation of the Strategic Plan requires the flexibility to move resources from one entity to another or from one SO to another. In this way, resources from an entity or an SO that has already met its needs and is unlikely to use its resources can be transferred to entities or SOs that are more likely to need and use them. RBM breaks out of the traditional approach where resources were allocated to an entity and could only be used by that entity. According to RBM planning, all entities, through the execution of their tasks and the use of the required resources, contribute to the achievement of the corporate regional results established in the PAHO Strategic Plan. Thus, independently of their source, all resources contribute to the same RERs. This new way of working will require that mechanisms be set up for monitoring the utilization of resources, achieving goals, and advising on likely transfers between entities and SOs, ensuring that fiduciary agreements with partners are respected.

16.   To this end, a resource coordination function has been established in PAHO that is linked to the resource mobilization function. Resource coordination signals the entities or SOs where resource mobilization should concentrate; resource mobilization advances information on the interests of partners that are likely to generate resources for particular entities or SOs. Periodic reports will be prepared for the consideration of Executive Management to highlight the need to improve the use of—or reallocate—resources

between entities or SOs. Implementation of resource coordination began in the 2008-2009 biennium, permitting almost full utilization of resources at the end of the biennium.

- *Letters of Agreement*

17.   PAHO has a series of administrative instruments for using resources in the execution of its technical cooperation, including: contractual service agreements, purchase orders, and forms for the organization of courses and seminars. In addition, the Bureau created a technical cooperation instrument called "Letters of Agreement" some years back. This instrument allows the Organization to transfer resources in the form of a grant to a beneficiary institution that is working, or starting to work, in a public health area that is aligned with the program of PAHO. On the basis of the experience gained with Letters of Agreement, and in order to respond to the recommendations of the auditors to have better control of these resources, a new directive for the use of Letters of Agreement has been established. This directive became effective in December 2009 and can be found on the web.[2] Letters of Agreement issued prior to that date will continue to be carried out in accordance with the regulation under which they were originally issued.

Performance Monitoring and Assessment

18.   In the past, PAHO has always rigorously assessed its technical cooperation program, but such assessments had not been fully integrated and standardized at all levels of the Organization.

19.   Results-based management requires that progress toward achieving set targets for a particular biennium and Strategic Plan be monitored on an ongoing basis. To this end, a performance monitoring and assessment process has been established throughout the Organization. It includes close monitoring and assessment of the programmatic and budgetary implementation of the biennial workplans at the entity level and the SO and RER at the corporate level throughout the biennium. The coordination and mobilization of resources is also monitored and assessed.

20.   Performance monitoring and assessment exercises are conducted every semester (four are conducted in one biennium). The last performance monitoring and assessment in the biennium is the end-of-biennium assessment of the Program and Budget; it also serves as an interim progress report on the implementation of the Strategic Plan 2008-2012, which is presented to the Governing Bodies. Details of the performance monitoring and assessment methodology and the first end-of-biennium report for 2008-2009 are included in document CD50/5 (2010).

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[2] Link to text on Letters of Agreement:
  http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=5969&Itemid=.

Independent Evaluation and Learning

21. PAHO defines evaluation as a systematic and impartial assessment of the following: activity, project, program, strategy, policy, theme, sector, operational entity, or institutional performance. The evaluation should focus on expected and achieved long-term accomplishments, examining processes, contextual factors and causality in order to understand achievements or the lack thereof. The evaluation is designed to determine the relevance, effectiveness, efficiency, and sustainability of the Organization's interventions and contributions. It should provide evidence-based information that is credible, reliable, and useful and that enables findings, recommendations, and lessons learned to be incorporated in a timely fashion into PAHO's decision-making.

22. Created in 2008, PAHO's evaluation function was located in the new Office of Internal Oversight and Evaluation Services in order to ensure its full independence from line management functions.

23. The Internal Oversight and Evaluation Services Office conducts independent evaluations. It can also conduct thematic and country-based evaluations and reviews of internal management processes. In so doing, Internal Oversight and Evaluation Services promotes a greater understanding of PAHO's work; provides information for decision-making on future interventions; enhances the Organization's learning culture; disseminates lessons learned; and formulates and promotes best practices for future programs or strategic development.

24. The Internal Oversight and Evaluation Services Office functions Organization-wide. Its periodic evaluations complement, but do not supplant, the requirement for ongoing, day-to-day monitoring and assessment of activities by the programs themselves. The Director has requested Internal Oversight and Evaluation Services to include the coordination of a review of lessons learned from the RBM process to date among the evaluations in its 2010 biennial workplan.

25. The PAHO Internal Oversight and Evaluation Services Office is a member of the United Nations Evaluation Group (UNEG) and complies with the norms and standards of the UN System.

Accountability

26.   PAHO defines accountability as an obligation to demonstrate and take responsibility for performance in connection with agreed-upon expectations. It is a formal relationship that arises when a responsibility is conferred and accepted. Accountability carries with it the obligation to report on the discharge of one's assigned responsibilities.

27.   Accountability is a component of the PAHO RBM framework. PAHO empowers managers to take the necessary steps to achieve their expected results within the time and resources approved by the Governing Bodies. Delegation of authority is a prerequisite for the successful implementation of RBM. To be accountable for results, managers need to be empowered through a clear delegation of authority in all areas, including, most importantly, human resources management. It is PAHO policy to foster efficient use of resources by empowering staff to participate in decisions affecting the Organization. Good governance is enabled by the appropriate delegation of authority, both financial and human, to ensure achievement of PAHO's Expected Results in the approved Strategic Plan and Program and Budget, as well as to enhance the overall performance of the Organization.

28.   The Director has approved a Delegation of Authority Policy that delineates clear lines of authority. It is the basis upon which delegated authority is exercised and includes the responsibility and accountability of personnel across the Organization. This Policy is also included in PASB's operational manual.

29.   The essential procedures of the policy will be published shortly. Specific delegations of authority will subsequently be issued under the new structure established by this policy.

Action by the Directing Council

30.   The Directing Council is requested to take note of the implementation of Results-based Management in PAHO.

Annex

**PAN AMERICAN HEALTH ORGANIZATION'S
RESULTS-BASED MANAGEMENT FRAMEWORK (Draft)**

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1. INTRODUCTION

Since the 1990s, key demands for strengthening program management with demonstrated results have led to extensive public sector reforms both at the national and international levels. Member States and financial partners are demanding results that directly benefit the population's health. The transformation of the health sector requires higher efficacy and efficiency to achieve results at national and international levels.

Better understanding of the scope of health has resulted in the appreciation of its multi-sectoral nature, leading to a greater number of stakeholders involved in health. Consequently, there is greater competition for available resources for health at national and international levels (see Figure 1).

The above trends and pressures have led to the use of Results-based Management (RBM) framework at national and international levels, including governments, the United Nations (UN) system, and nongovernmental organizations (NGOs). For example, the Millennium Development Goals (MDGs) were developed within the context of RBM.

For many years, the Pan American Health Organization (PAHO) relied on strategic plans and a corresponding logical framework approach for its planning, monitoring, and assessment. However, demands for showing results at levels that benefit the population's health directly, and that all parts of the Organization work towards collective results, required a change of the planning system. The application of the RBM framework, with corresponding adjustments to planning, budgeting, performance monitoring and assessment, and independent evaluation, was introduced in the Organization's Strategic Plan 2008-2012.

The implementation of RBM allows the Organization to better demonstrate results and focus resource allocation, while increasing transparency and accountability. The implementation of the RBM framework aims at significantly changing the way the Organization operates, putting results and performance as the central orientation of its work. The Corporate Management System (CMS) of the Pan American Sanitary Bureau will generate and use performance information for accountability, reporting to external stakeholders and providing information to internal management for monitoring, learning and decision-making.

**Figure 1. Key Pressures Exerted on PAHO for Adopting
Results-based Management (RBM)**
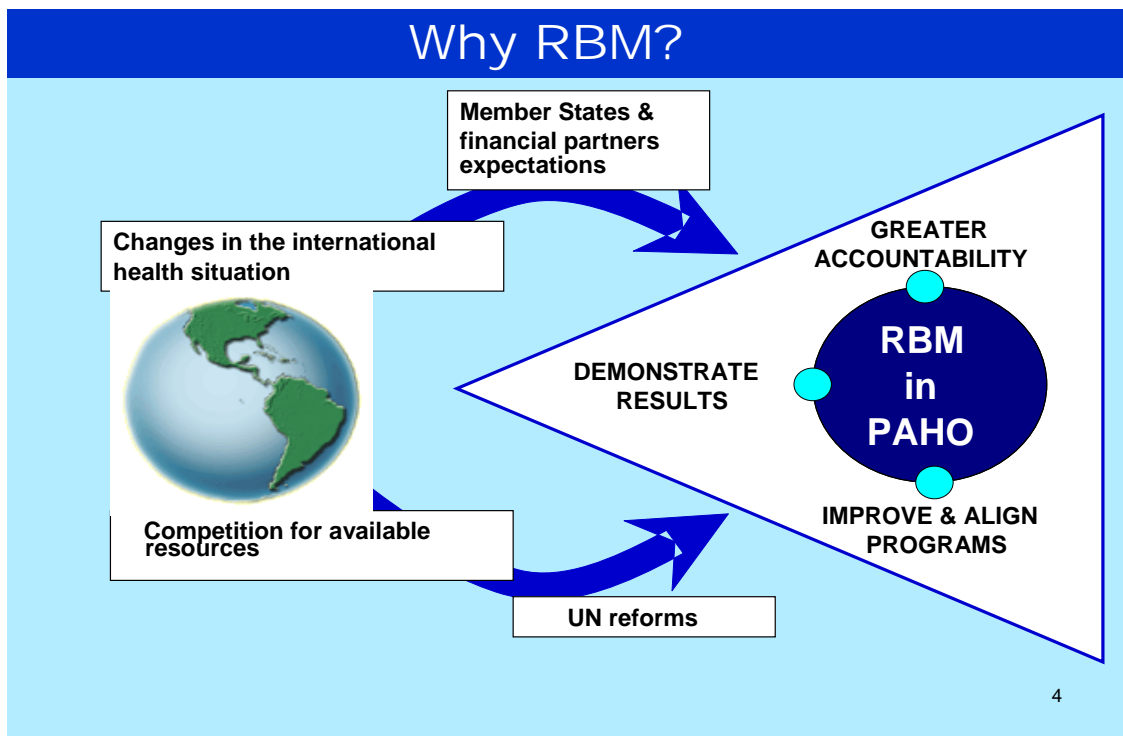
This document presents key information on the scope of RBM in the Organization. It is intended to serve as a blueprint for PASB managers, working in collaboration with Member States, to help them define expected results, focus attention on achieving results, regularly monitor performance, and use monitoring information to adjust program management leading to improved efficiency and effectiveness of operations.

RBM allows PAHO to better ensure that its processes and activities contribute to the achievement of the areas of action of the Health Agenda for the Americas, and the Strategic Objectives (SOs) and Region-wide Expected Results (RERs) of PAHO's Strategic Plan. It provides a means to link PAHO's RERs to the work of the Pan American Sanitary Bureau (PASB) entities, including the links with the managerial, programmatic, and executive parts of the Bureau. These entities are expected to achieve Office-Specific Expected Results (OSERs) which should result in the achievement of the RERs and contribute toward the achievement of PAHO's SOs. Similarly, these RERs contribute toward the achievement of WHO's Organization-

wide Expected Results (OWERs) which also contribute to the achievement of the global Strategic Objectives.

PAHO's RBM Framework, developed in alignment with WHO's corresponding framework, includes the core components of: planning; implementation, performance monitoring and assessment; independent evaluation and learning; and accountability.

2. PAHO′S RESULTS-BASED MANAGEMENT FRAMEWORK

PAHO defines RBM as a management process in which:

- Program formulation revolves around a set of predefined objectives and expected results;
- Expected results justify resource requirements, which are derived from and linked to outputs required to achieve such results;
- Actual performance in achieving results is measured objectively by performance indicators; and
- PASB managers and personnel are accountable for achieving results; they are also empowered with the tools and resources they need to achieve them.

RBM is a broad management process aimed at achieving important changes in the way organizations operate. At its core, it is the improvement of performance and the achievement of better results. This management process identifies short-term (outputs), medium-term (outcomes), and long-term (impacts) results. A result is defined as tangible, measurable, or calculable change that comes about from a cause and effect relationship. Results are consequences of actions taken to meet certain goals.

Results can also reflect a given group's transformation in attitudes, practices and behaviors. This concept embraces two central themes:

- the notion of *change*, which involves a visible transformation in a group, an organization, a society, or a country, and
- the notion of *causality*, which is a cause-and-effect relationship between an action and the results achieved.

PAHO′s RBM is focused on results at the outcome level which benefit the population's health directly, rather than tracking and control of outputs or activities Examples of results at the outcome level include the following:

- a reduction in the incidence of STI/HIV/AIDS in a target region;
- a national health plan implemented;
- a reduction in the mortality rate in children under 5 in country X; and,
- a new health regulatory mechanism established.

PAHO′s RBM Framework Components

PAHO´s RBM Framework has four components:
- planning;
- implementation, and performance monitoring and assessment;

- independent evaluation and learning; and
- accountability.

The main elements of each component are outlined below (see Figure 2).

- **Planning**

  o identifying clear and measurable results, aided by the logical framework approach;[1]
  o selecting indicators that will be used to measure progress towards each result;
  o setting explicit targets for each indicator, used to assess performance.

- **Implementation, and Performance Monitoring and Assessment**

  o implementing tasks and subtasks to achieve products and services (output) under the manageable interest of the entity;
  o using a performance measurement system to regularly collect data on progress towards results, and reprogramming when needed;
  o reviewing, analyzing, and reporting the achieved results vis-à-vis the indicator targets.

- **Independent Evaluation and Learning**

  o integrating independent evaluations to provide complementary performance information beyond what is available from the performance monitoring and assessment system;
  o using performance information for internal management accountability, learning and decision-making processes, and also for external performance reporting to stakeholders and partners.

- **Accountability**

  A key guiding principle of RBM is accountability. The decentralized nature of RBM requires that clear accountability lines be established and monitored at all levels.

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[1] The Logical Framework is a management tool used to improve the design, management and evaluation of interventions. It identifies key elements in the results chain (inputs, outputs, outcomes, impacts) and their causal relationships, indicators, and the assumptions or risks that may influence success or failure.

Significant reforms associated with RBM processes in the PASB include:

o **Empowering managers.** Authority is delegated to the management level that is held accountable for results, thus empowering it to shift resources and make other adjustments to ensure that results are achieved.

o **Holding managers accountable.** RBM institutes new mechanisms to hold managers responsible for achieving results within their *manageable interest.*[2]

o **Focusing on beneficiaries.** RBM consults with and responds to beneficiaries regarding their preferences and satisfaction with outcomes (OWER, RER and OSER) and outputs (products and services) provided.

o **Participation and partnership.** RBM is inclusive toward partners that share an interest in achieving results through planning, implementation, and performance measurement.

o **Reforming policy and procedure.** RBM institutes official changes in how the Organization conducts its business operations by issuing new policies and procedural guidelines that clarify the new operational procedures, roles, and responsibilities.

o **Developing supportive mechanisms.** RBM assists managers to effectively implement performance measurement and management processes by providing training and technical assistance, establishing new performance information databases, developing guidelines, and disseminating best practices.

o **Changing organizational culture.** RBM facilitates cultural changes in PASB required to effectively implement this new management approach. These changes include shifts in the values, attitudes, and behaviors of PASB personnel. These include instilling a commitment to honest and open performance reporting, a shift away from inputs and processes towards the achievement of outcomes, and encouraging a learning culture grounded in assessment and evaluation.

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[2] "The concept of manageable interest recognizes that achievement of results requires joint action on the part of many other actors such as host country governments, institutions, other donors, civil society, and the private sector. When an objective is within our manageable interest, it means that we have reason to believe that our ability to influence, organize, and support others around commonly shared goals can lead to the achievement of desired results, and that the probability of success is high enough to warrant expending program and staff resources. A result is within an entity's manageable interest when there is sufficient reason to believe that its achievement can be significantly and critically influenced by interventions of that entity." – USAID Glossary, http://www.usaid.gov/pubs/sourcebook/usgov/glos.html.

Figure 2. PAHO's Results-based Management Framework

- **Formulating results**
- **Identifying indicators**
- **Setting targets**

Planning

Accountability

Independent
Evaluation and Learning

Implementation
and PMA

- **Implementation**
- **Performance measurement**
- **Reporting results**

- **Integrating evaluation**
- **Using performance information**

Each component is described in detail in the following sections.

3. PLANNING

PAHO is a complex organization, comprised of its Member States and a secretariat called the Pan American Sanitary Bureau (PASB or "the Bureau"). The Bureau is comprised of entities[3] which work at country, subregional and regional levels. The adoption of results-based management implies that all entities should work in a coordinated manner and contribute to the achievement of the collective results defined in PAHO's Strategic Plan, approved by the Organization's Governing Bodies. The planning framework needs to facilitate the conciliation of regional priorities established in the Strategic Plan with the national ones. PAHO's Strategic Plan is also aligned with WHO's Strategic Plan, being PASB the Regional Office for the Americas of WHO.

The planning framework has two aspects: strategic and operational planning. Strategic planning in PAHO responds to the Health Agenda for the Americas 2008-2017, the highest political health document in the Region prepared by the countries themselves. The Strategic Plan also responds to the Global Health Agenda, which is part of WHO's General Programme of Work.

The Strategic Objectives (SO) and Region-wide Expected Results (RER) of the Strategic Plan are the starting point for operational planning. Thus, it is imperative that these results be agreed by all stakeholders, which include Member States and PASB's personnel at all levels. In order to ensure the achievement of the goals, it is imperative that ownership be assumed by all stakeholders.

In order to respond to this complex organizational arrangement, and to ensure that the other RBM components can be fully executed, the planning process in PAHO needs to be more rigorous and detailed than in the past.

3.1.   PAHO's Results Chain compared with RBM Results Chain

In RBM, the results chain is defined in terms of inputs, activities, outputs, outcomes, and impact results. PAHO's terminology aligns with the RBM terminology.

PASB entities (AMPES entities) implement *tasks* using inputs (human, financial, and in-kind resources) to obtain *products/services.* If an entity's work is well planned, a group of products and services achieve a greater medium-term result or outcome, an *Office-specific Expected Result (OSER).* Through their OSERs, an

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[3] Entity is a generic term that designates a managerial, programmatic and executing unit responsible for developing and implementing a Biennial Workplan through the management of its associated resources (human, financial, in-kind). As such, the PASB AMPES information system recognizes this entity as the nucleus for program and budget management, hence its name.

entity or several acting together, contribute to achieve an aggregated medium-term result (***Region-wide Expected Result - RER)***. In this way, inputs and tasks create products and services (outputs), which should achieve OSERs. Linked OSERs contribute toward achieving a specific RER, and these RERs, in turn, contribute to achieving the Strategic Objectives of the Strategic Plan. Furthermore, these strategic objectives contribute to the areas of action of the Health Agenda of the Americas. Figure 3 shows the RBM and the PAHO terminology.

**Figure 3. Comparison of RBM and PAHO terminology**

RBM	*Inputs* →	*Activities* →	*Outputs* →	*Outcomes* →	*Impact*
	↓	↓	↓	↓	↓
PAHO	*Inputs* →	*Tasks* →	*Products & Services* →	*OSERs/ RERs/ OWERs* →	*Strategic Objectives*
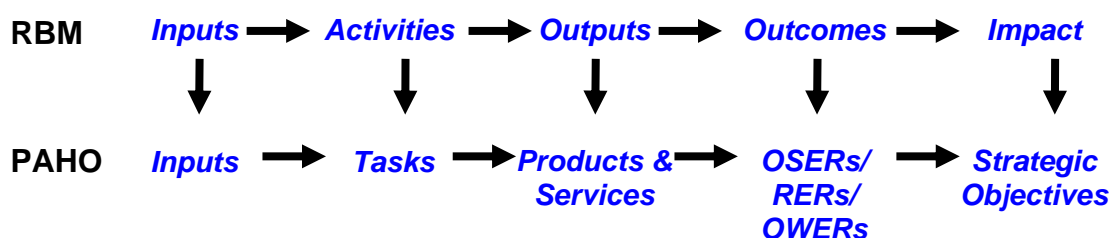
- ***Inputs*** refer to the financial, human, and material resources used for the development intervention.
- ***Activities*** refer to a set of interrelated actions taken or work performed through which inputs, such as funds, technical cooperation and other resources are transformed to produce specific products and services (outputs). The implementation of activities and the use of the necessary resources is left up to the discretion of entity managers. In PAHO/WHO's terminology, activities are referred to as **tasks** or **subtasks**.
- ***Outputs*** refer to short-term results that are observable after the completion of tasks and subtasks; they are completely within the managers´ manageable interest. In PAHO/WHO's terminology, outputs are referred to as **products and services**.
- ***Outcomes*** refer to the achieved medium-term results of a group of products and services. They describe intended changes in conditions resulting from cooperation programs. Attaining an outcome usually requires the collective efforts of several partners, each one of which produces outputs. In PAHO/WHO's terminology outcomes may be the **OSERs** (at the entity level – regional, sub regional and country), **RERs** (at the Regional level), or **OWERs** (at the global level).

- ***Impacts*** refer to the long-term results produced by a development intervention. They may be positive or negative and represent intended or unintended changes. Sometimes impacts may apply to a long-term national, subregional, regional, or global development situation. In PAHO/WHO's terminology impacts are referred to as **strategic objectives (SOs)**.

Figure 4 highlights PAHO's planning framework, including its instruments, the results chain and indicators to monitor progress.

Figure 4. PAHO's Results Chain and Indicators
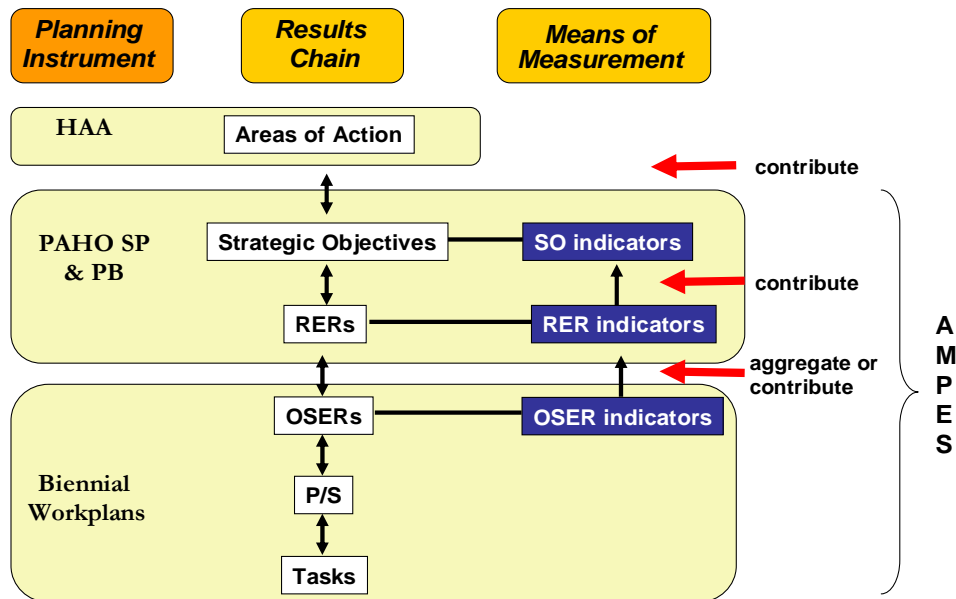
HAA: Health Agenda for the Americas
PAHO – SP: Strategic Plan; PB: Program and Budget
SO: Strategic Objective; RER: Region-wide Expected Result; OSER: Office-Specific Expected Result; P/S: Products and Services

Strategic Objectives (SOs) are the long-term results (impact) in PAHO's Strategic Plan. They are expressed in terms of health status, determinants of health, or health systems. A decrease in disease incidence is an example of an impact linked to a SO. PAHO's SOs are established solely for the Region of the Americas and contribute to WHO's Strategic Objectives. PAHO Member States are committed to achieve the SOs. The PASB assists Member States in achieving them through the implementation of the RERs. PASB is also committed to monitor and assess the Strategic Objectives. The achievement of the SOs is a shared responsibility of the PAHO (Member States and the PASB), yet Member States are accountable for achieving the SO indicator targets.
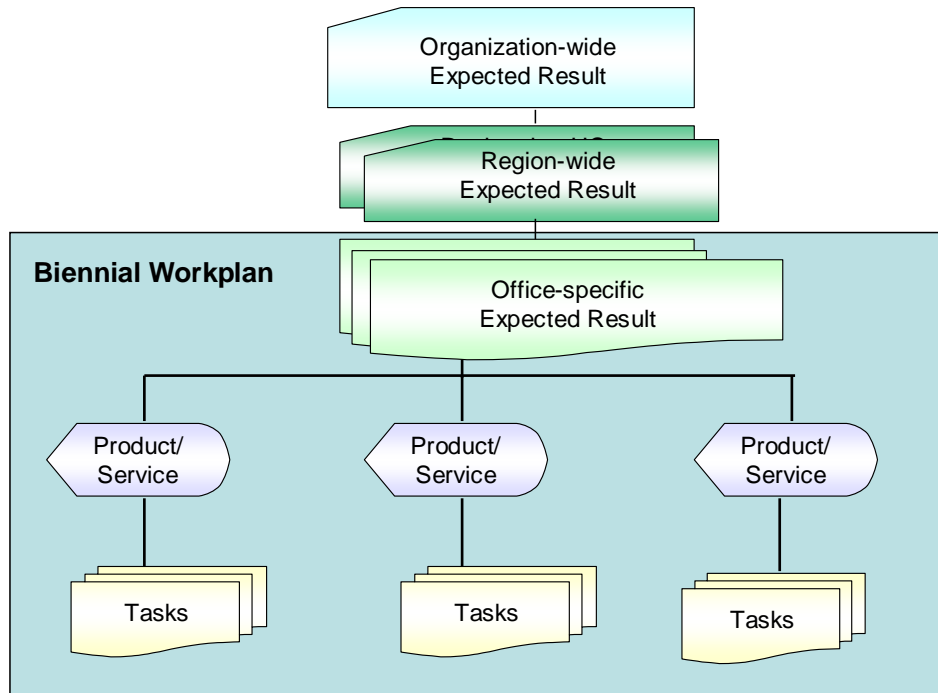
RERs are the corporate medium-term results needed to achieve PAHO's SOs. RERs are the outcomes for which PASB as a whole is to be held accountable for the duration of PAHO's Strategic Plan. Despite this level of accountability, it is important to keep in mind that achieving an RER occurs through the collaboration and joint action of the PASB and PAHO Member States.

RERs are selected and adapted into OSERs, one OSER per RER. OSERs are the expected results of the entities' work during a two-year planning period and are the basis for the Biennial Workplan (BWP). OSERs and their indicators are elaborated within the Americas Planning, Programming, Monitoring and Evaluation System (AMPES) during the planning process. Mobilized inputs (human, financial, and/or in-kind resources), tasks undertaken, and outputs produced result in change. It is the entity manager's decision to determine what outputs (products/services) are necessary to achieve an OSER.

An OSER is an entity-level replication of a RER. In elaborating an OSER, an entity has only two options—it either adopts the full contents of the RER, or it adopts it partially, depending on its needs. In both cases, the entity is allowed to modify the RER's statement in order to adapt it to the context of the work of the entity. Assuming that risks and assumptions are adequately addressed, an entity should achieve its corresponding OSER through one or more products and services. Products and services are achieved by accomplishing tasks.

Figure 5 highlights the contents and logical structure of a biennial workplan (BWP) in the chain of results. In the BWP, the planner elaborates products and services to achieve each OSER. The planner programs several tasks for each product/service.

**Figure 5. Contents and Logical Structure of a Biennial
Workplan in the Chain of Results**

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                    ┌──────────────────────────┐
                    │   Organization-wide       │
                    │   Expected Result         │
                    └──────────────────────────┘
                                │
                    ┌──────────────────────────┐
                    │   Region-wide             │
                    │   Expected Result         │
                    └──────────────────────────┘
                                │
┌───────────────────────────────────────────────────────────┐
│ Biennial Workplan    ┌──────────────────────────┐          │
│                      │   Office-specific         │          │
│                      │   Expected Result         │          │
│                      └──────────────────────────┘          │
│                ┌───────────┼───────────┐                   │
│          ┌─────────┐  ┌─────────┐  ┌─────────┐             │
│          │ Product/ │  │ Product/ │  │ Product/ │            │
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## 3.2.   PAHO/WHO´s Results Chain

The aggregation of RERs contributes to the achievement of OWERs. OWERs are the medium-term outcomes for which the entire World Health Organization (WHO) Secretariat is to be held accountable during the period of a WHO Medium-Term Strategic Plan. The RERs of the different WHO regions jointly contribute to the achievement of WHO OWERs at the global level. Similarly, OWERs contribute to the achievement of the WHO Strategic Objectives.

The WHO Strategic Objectives (SOs) are established at the global level. PAHO's Strategic Objectives, on the other hand, are established at the regional level and apply exclusively to the Americas.[4] WHO's SOs contribute toward the achievement of the areas of action of the Global Health Agenda (GHA), which is part of WHO's General Programme of Work. Thus, PASB contributes to the achievement of the

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[4] There is alignment between PAHO's and WHO's SOs, however, because PAHO adopted and maintained the original WHO Strategic Objectives and WHO subsequently merged some of them, PAHO has 16 SOs and WHO has 13 SOs.

WHO OWERs and SOs, fulfilling its role as the Regional Office of the WHO for the Americas. Figure 6 illustrates this chain of results and related indicators.

Figure 6. PAHO/WHO's Chain of Results and Indicators
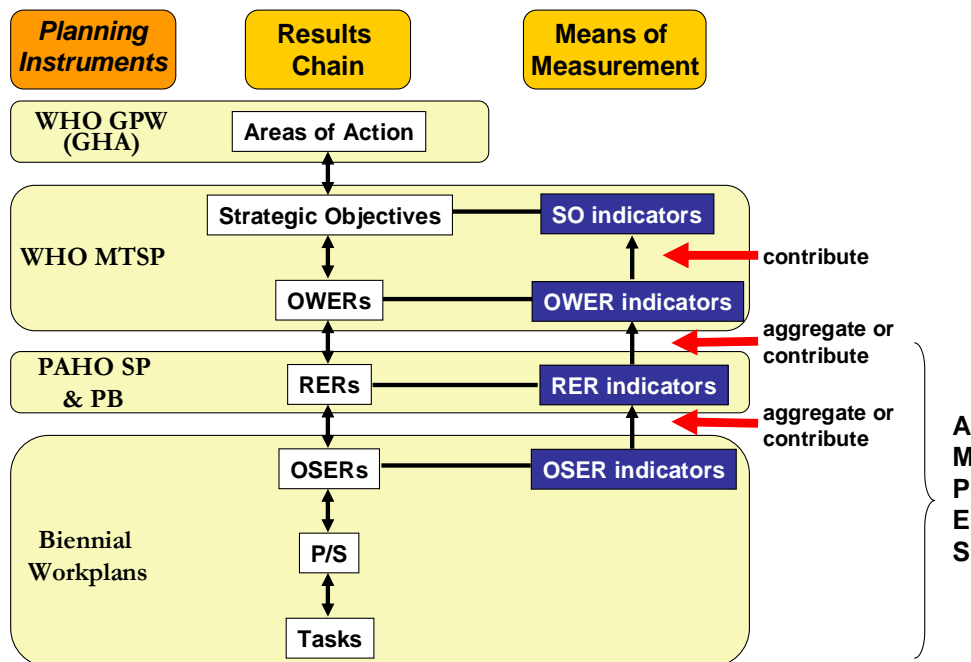
WHO - GPW: General Programme of Work: GHA: Global Health Agenda; MTSP: Medium-Term Strategic Plan
PAHO - SP: Strategic Plan; PB: Program and Budget
SO: Strategic Objective; OWER: Organization-wide Expected Result; RER: Regional-wide Expected Result; OSER: Office-Specific Expected Result

3.3.   Applying a Logical Approach

According to the RBM framework, the logical relationship between the proposed products and services (outputs) and the OSERs (outcomes) must be checked in the following two ways:

•   the planning logic is checked by demonstrating that the entity must deliver the identified products or services to achieve the expected result, and

- the results logic is checked by demonstrating that the expected result will be achieved once all the related products and services are delivered, eventually through the entity's multiple AMPES projects.

A similar approach, usually by aggregation, is applied between outcomes at different level in the results chain: OWERs, RERs and OSERs. See figure No. 7.

Figure 7. Chain of Results and Planning Logic

*Performance Monitoring and Assessment
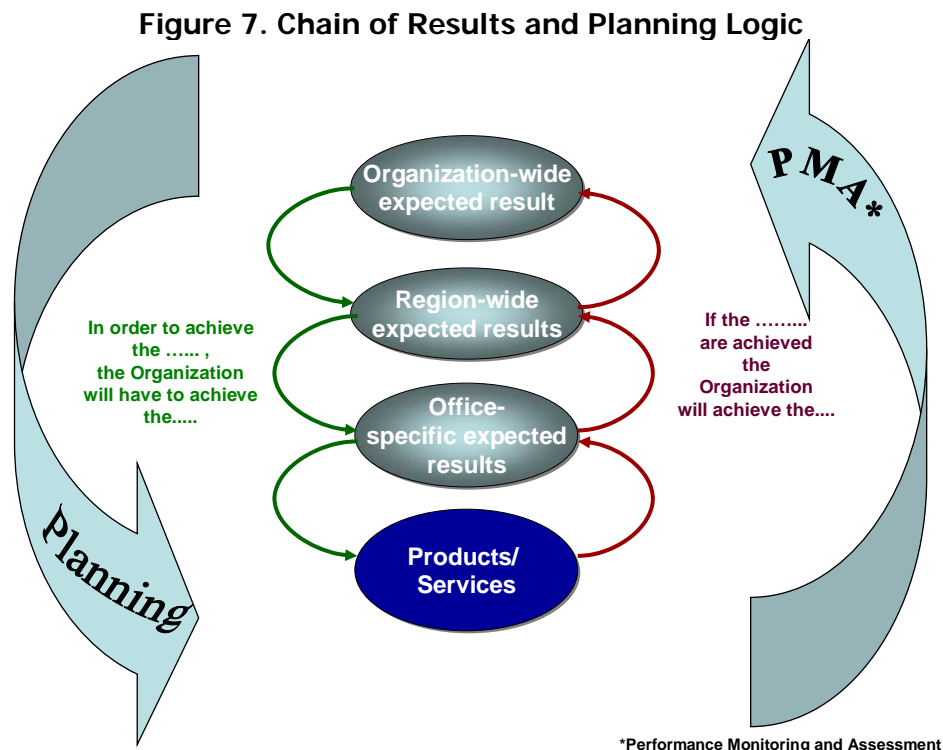
3.4. *Assumptions and Risks*

One risk would be that interventions are not delivered in a fully controlled environment. The achievement of a result is often influenced by external, uncontrollable events or conditions which may be beyond an entity manager's manageable interest. Given this, it is important to explicit state the assumptions that are necessary for success and the risks that could hinder achievement of the results. Well planned products and services may still not be able to achieve an OSER[5]. It is important, therefore, to clearly express the risks and assumptions to

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[5] An OSER may not be achieved because (a) products and services were undertaken poorly, which is a management issue; (b) the products and services selected for implementation were the wrong ones for accomplishing the OSER, which is a design issue; or (c) the risks occurred or the assumptions did not hold, which is an assessment issue.

provide a clear rationale, in advance, for possible impediments in achieving the OSERs. Figure 8 illustrates the logical flow of assumptions and risks.

Assumptions are future events which may have a positive or neutral effect on an intervention. While assumptions are considered to be external to and outside the immediate control of an entity, they can be either internal or external to the Organization. Examples of assumptions could be that: "priorities of the Ministry of Health will remain unchanged over the planning period," "the government public policy will be adopted as expected," or "15 PASB country entities will implement corresponding products/services in support of an anticipated outcome." Actions can be undertaken by the entity to maximize the likelihood that an assumption will occur.

Risks are potential events beyond the control of the AMPES entity. Risks are threats against achievement of results, and are not just the negative of an assumption. Since risks are external to the entity, they are beyond the direct control of the entity manager. As with assumptions, they may be either internal or external to the Organization. Actions can often be undertaken to mitigate the negative effects of the risks or prevent it from happening.

Figure 8. Logical Flow of Assumptions and Risk to Achieve OSERs
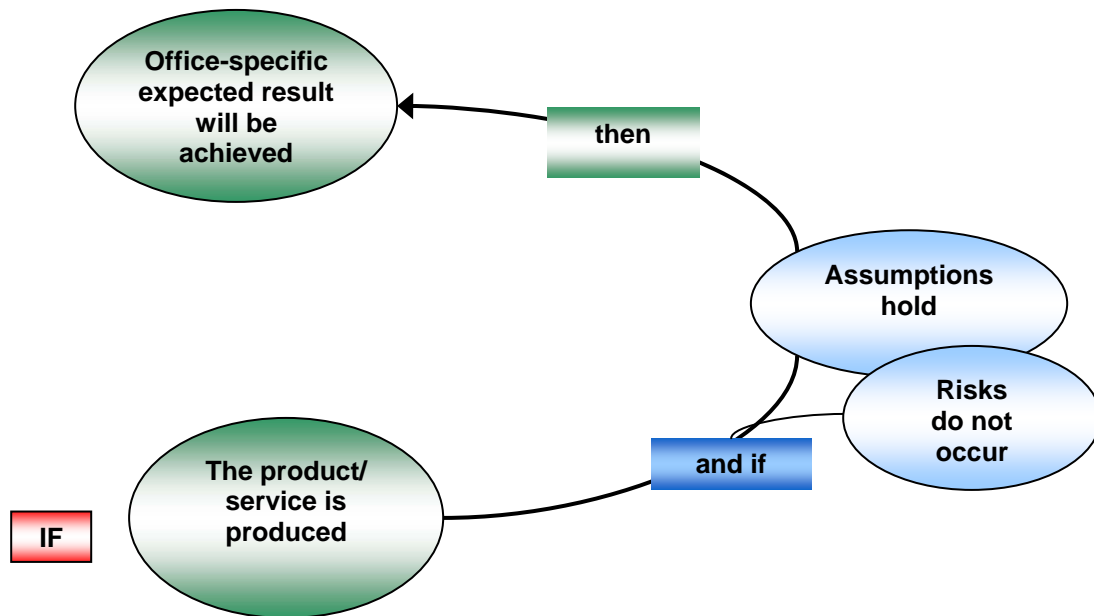
3.5.   *Indicators*

Indicators are required to determine whether a medium-term result (OWER, RER and OSER) has been achieved. Indicators measure progress towards objectives by directly or indirectly gauging real situation changes with respect to what has been planned in terms of quantity, quality, and timeliness. An indicator is a quantitative or qualitative observable variable that provides the basis for assessing achievement, change, or performance. An indicator is the "marker" that helps measure progress towards achieving expected results. (See Table 1 for a description of various indicators.)

Quantitative indicators are objective measures such as a count (existence of one or more), time (frequency, delays), cost (planned, actual, variance), proportion (percentage, ratio). Qualitative indicators are subjective measures such as judgments, perceptions, or comparisons with established standards.

Indicators are selected during the planning stage, and include baselines and targets; readings of these indicators are taken at key intervals. A baseline measurement is taken first, which assesses or describes the situation prior to a development intervention; this is the measurement against which progress will be assessed or comparisons made. The target refers to progress that is expected to be observable at the end of the intervention. The comparison of the baseline with current and target values will determine how much progress has been achieved, so that corrective actions may be taken if needed.

In order to ensure that indicators perform the task for which they are intended, a useful indicator needs to be **SMART**; in other words, it must be:
S   Specific (about the nature of the change, target groups, or target regions),
M   Measurable (using selected indicators),
A   Achievable (realistic),
R   Relevant (addressing identified need[s]), and
T   Time bound (achievable within the intervention's time frame)

Table 1. **Types of indicators**

| Type	Expected result (Outcome) Proper use of skills in the work environment
Quantitative indicator	**Number of products developed with new skill** **Baseline: 0 Target: 5**
Qualitative indicator	**Quality of product developed with new skill** **Baseline: passable Target: excellent**
Type	**Expected result (Outcome)** New health policy guides management / operations
Quantitative indicator	Number or percentage of people who recognizes the new health policy as guiding their work Baseline: Not applicable (N/A) Target: 20 people/50%
Qualitative indicator	Degree to which policy has been mainstreamed into management guides / operations Baseline: N/A Target: Policy visibly mainstreamed and seen as guiding management/operations (examples provided of this)

3.6.   *PAHO/WHO Planning Instruments and Alignment*

Because the PASB is WHO's regional office for the Americas, the PAHO's Strategic Plan is aligned with WHO's General Programme of Work (GPW) and Medium–term Strategic Plan (MTSP). This alignment has occurred gradually over several planning cycles, and the programmatic integration has been completed with the 2008−2012 Strategic Plan.

PAHO also is the Inter-American System agency specializing in health. In this capacity, PAHO responds to specific health needs in the countries of the Americas as set forth in the Health Agenda for the Americas 2008−2017.

Through its Strategic Plan, PAHO responds and commits itself to work in the areas of action established by the Member States in WHO's GPW and in the Health Agenda for the Americas. The PAHO/WHO planning instruments are shown in Figure 9 and described below.

Figure 9. PAHO/WHO Planning Instruments
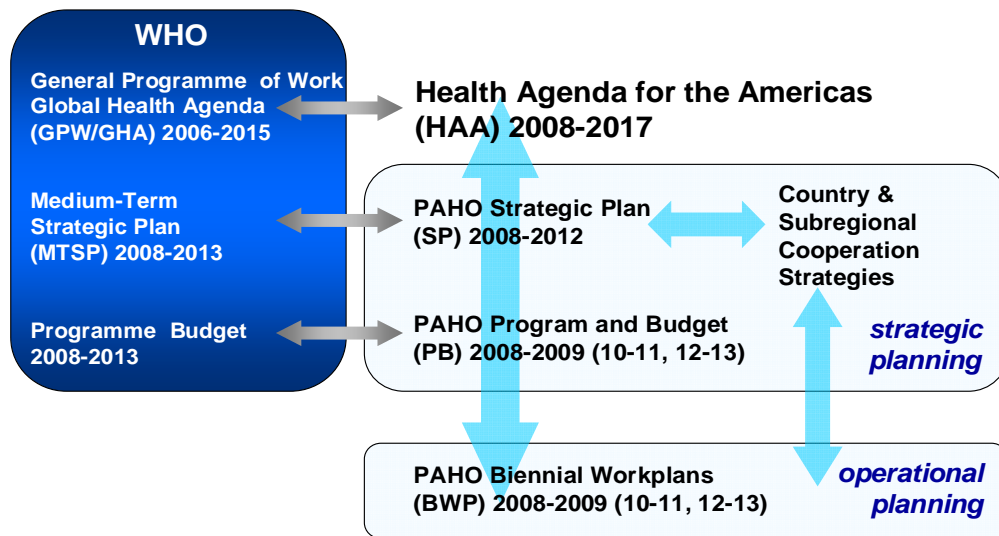
3.6.1. WHO's Strategic Planning Instruments

General Programme of Work

The General Programme of Work (GPW) is WHO's highest-level planning instrument. It reflects a long-term vision and an overall policy framework, and it covers a 10-year period (currently 2006–2015). The GPW defines the broad health agenda worldwide, examining health issues, the challenges they imply, and the ways in which the international community must respond to them over the decade. The document describes WHO's responsibilities as the world's health agency and sets broad directions for its work.

The Global Health Agenda (GHA), which is part of the GPW, has seven priority areas:

1. investing in health to reduce poverty;
2. building individual and global health security;
3. promoting universal coverage, gender equality, and health-related human rights;
4. tackling the determinants of health;
5. strengthening health systems and equitable access;
6. harnessing knowledge, science, and technology; and
7. strengthening governance, leadership and accountability

In the Eleventh General Programme of Work of WHO, the core functions of the organization are described, according to WHO's Constitution. The core functions identify what WHO will focus on in carrying out its actions. PAHO has adopted the same core functions with some modifications and this provides a focus for planning its work.

WHO's Medium-Term Strategic Plan

The Medium-term Strategic Plan (MTSP) is a six-year plan that sets out WHO's organizational direction based on the priority areas stated in the GHA of the GPW, and reflecting WHO Governing Bodies' resolutions and Country Cooperation Strategies. It defines the Strategic Objectives (SOs) for WHO as a whole— the Member States and the Secretariat— with related indicators and targets. The plan also establishes the OWERs to be achieved in order to meet the SOs. PAHO's RERs (and OSERs) align with these OWERs. The MTSP is therefore critical for shaping the planning and determining PAHO's expected results.

3.6.2. *PAHO's Strategic Planning Instruments*

Health Agenda for the Americas

The Health Agenda for the Americas (HAA) is a high-level political instrument for health that will guide the preparation of future national health plans and the strategic plans for all organizations interested in cooperating for health in the countries of the Americas for the period 2008-2017. The Agenda sets priorities and as such is intended to guide the collective action of national and international stakeholders who seek to improve the health of the peoples of this Region.

The countries and territories of the region, with PASB's technical support, developed the HAA. All the Members States approved and signed the HAA. This attests to the political commitment to its content and implementation.

The HAA defines eight areas of action that represent the priority areas established by PAHO's Member States:

A. strengthening the national health authority;
B. tackling health determinants;
C. increasing social protection and access to quality health services;
D. diminishing health inequalities among and within countries;
E. reducing the risk and burden of disease;
F. strengthening the management and development of health workers;
G. harnessing knowledge, science, and technology; and
H. strengthening health security.

The Agenda also brings aspects of the GPW's to the regional level, establishing specific areas of action according to regional needs and priorities. Thus, the Agenda complements and expands on the GPW, as determined by Member States. PAHO seeks to maintain a balance between programmatic alignment with WHO and the regional specificity of the countries and territories, as stated in the Health Agenda for the Americas.

PAHO's Strategic Plan

The Strategic Plan (SP) is PAHO's highest-level planning instrument. It responds to both the Health Agenda for the Americas and WHO's GPW through the MTSP. The Strategic Plan covers a five year period (currently 2008-2012[6]) and defines PAHO's RERs and their indicators and targets. The SP

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[6] PAHO works on a biennial budgeting basis, but the Pan American Sanitary Conference (PAHO's highest Governing Body) meets every five years. The Strategic Plan also covers five years, but there is an inherent timing conflict in the planning and budgeting instruments. To solve this discrepancy, the 2008-

has 16 Strategic Objectives (SOs). Achievement is measured through indicator targets. PASB is responsible for monitoring and reporting on the progress toward achieving SOs. Member States, working with PASB, are responsible for achieving the SOs. PASB also is accountable for achieving the RERs. If PASB receives the resources requested in its respective Program and Budget for the three biennia covered under the Strategic Plan through sources such as membership quotas and voluntary contributions, and risks and assumptions are adequately addressed, then Member States should expect the RERs to be achieved. Furthermore, any proposed changes to the RERs and their indicators and targets during the implementation of the Strategic Plan will be presented to Governing Bodies for their consideration.

In developing this Plan, the Organization also considers an array of issues of other stakeholders, and their corresponding strategies and programs.

In the Strategic Plan, the six core functions of PAHO/WHO for 2008-2012 are as follows:

1. providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
2. shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge;
3. setting norms and standards, and promoting and monitoring their implementation;
4. articulating ethical and evidence-based policy options;
5. establishing technical cooperation, catalyzing change, and building sustainable institutional capacity; and
6. monitoring the health situation and assessing health trends.

PAHO classifies its products/services by core function. The core functions are monitored to know their use at the different levels of the Organization and by entity, including the corresponding expenditure. The PASB will report the findings to its Governing Bodies on a regular basis.

PAHO's Program and Budget

The PAHO Program and Budget (PB) includes the Organization's program as defined by a set of RERs, their indicators, and targets, and the associated budget for a two-year period. The Strategic Plan is implemented by a series of PBs, and they use the same RERs defined in the Plan. The PB guides the operational planning, which is detailed in the Biennial Workplans (BWPs). End

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2012 strategic plan will cover three biennia (a six year period) from a programmatic standpoint, and the following plan will cover two biennia. This cycle will be repeated henceforward. This solution will also allow PAHO to properly inform WHO, which has a six year planning period.
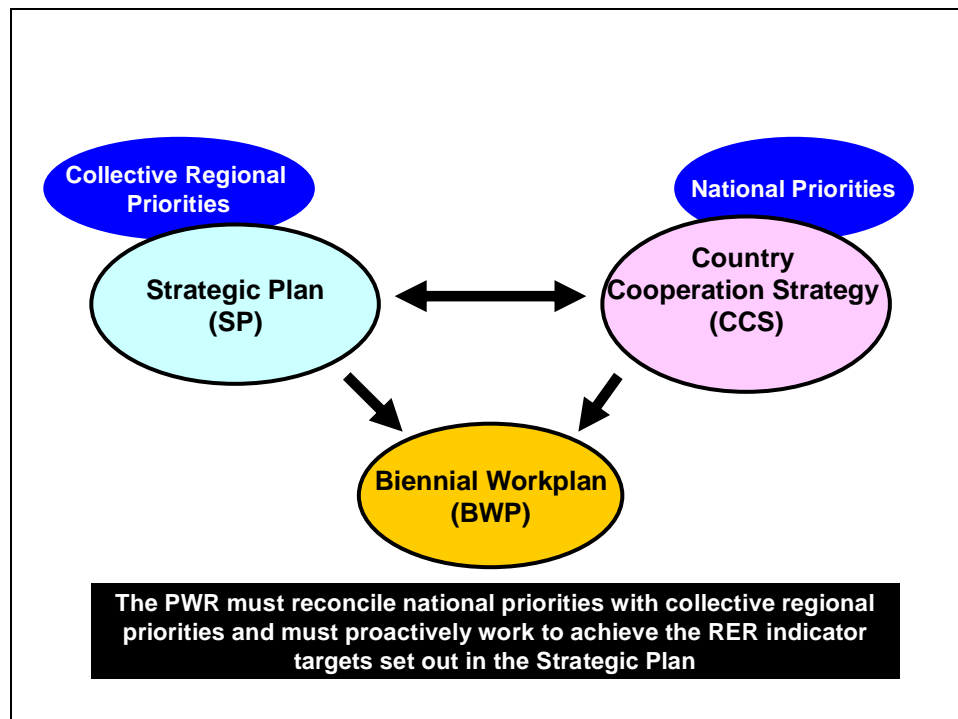
of biennium assessments of each PB serve as progress reports on the implementation of the SP to the PAHO Governing Bodies.

Country Cooperation Strategies

The PAHO/WHO Country Cooperation Strategy (CCS) is a medium-term vision (usually four to six years) for PAHO/WHO´s technical cooperation with a given country. The development and implementation of a CCS is an integral part of the country level strategic planning process. CCSs are jointly elaborated by the Member States and the PASB, and are aligned with PAHO's Strategic Plan. CCSs also are considered in, and contribute towards, the elaboration of future strategic plans (see Figure 9).

The CCS orients the preparation of the Biennial Workplan (BWP) at the country level. The BWP represents a balance between regional and global strategic orientations and priorities, as defined in the PAHO's Strategic Plan, and WHO's MTSP, and country priorities, in line with national health development objectives as defined in the CCS (see Figure 10).

Figure 10. Relationships among the Country Cooperation Strategy (CCS), Strategic Plan, and Biennial Workplan

Collective Regional Priorities

National Priorities

Strategic Plan (SP)

Country Cooperation Strategy (CCS)

Biennial Workplan (BWP)

The PWR must reconcile national priorities with collective regional priorities and must proactively work to achieve the RER indicator targets set out in the Strategic Plan

Subregional Cooperation Strategy

A PAHO/WHO Subregional Cooperation Strategy (SCS) is the medium-term vision for PAHO/WHO´s technical cooperation with a given subregion of the Americas. It defines a strategic agenda for working within that subregion. Such an agenda states jointly agreed priorities for PAHO/WHO cooperation in and with the subregion and clarifies PAHO/WHO's role in designated issues. An SCS is flexible. It is generally developed with a four to six year projection, but may be shorter. The SCS is the key PAHO/WHO instrument for aligning with subregional integration processes in the Americas, including plans and strategies, and for harmonizing work with partners at the subregional level. The SCS is used as a basis for dialogue, advocacy, resource mobilization and planning.

3.6.3.   *PAHO's Operational Planning Instruments*

Operational planning is the process of outlining how commitments made by the PASB in the Strategic Plan and related Program and Budget documents will be achieved. It implies developing a biennial workplan (BWP) in each of the Bureau's entities in order for it to achieve its OSERs.

Biennial Workplans

The Strategic Plan and the corresponding Program and Budget are executed through detailed biennial workplans (BWPs). These BWPs are PAHO's detailed operational plans and have three major components: an analytical section; an OSER section; and an AMPES projects section that includes the products, services, tasks, and subtasks. All the work by the entities is covered by these BWPs. A BWP's success is measured through OSER indicator targets, and progress toward achieving them is monitored by the related milestones.[7] BWPs reflect the responsibilities of each Entity and the commitment and accountability of its personnel and teams for achieving OSERs. BWPs reflect the entities' contribution towards achieving the Strategic Plan's RERs. BWPs are developed for a two-year period. The BWPs are approved by the PASB Executive Management, including the budget allocation. They are regularly monitored and re-programmed as needed.

In the process of planning the work of a biennium, a manager determines the necessary resources for carrying out that work. Some of these resources are available at the beginning of the planning period and others require mobilization. The funding gap between existing resources and the total

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[7] A milestone is an observable event that allows for progress toward achievement of an OSER indicator to be monitored over time.

necessary to achieve all the OSERs is critical information for the Organization, so that effective resource mobilization may be undertaken in a proactive manner. This funding gap is an important criterion in the assignment of additional resources to the entity.

3.7. Integrated System for Resource Planning and Coordination

3.7.1. Resource Planning

Strategic and operational resource planning and allocation are an integral part of PAHO's results-based management framework. A strategic resource analysis provides an estimate of what resources are required for achieving the SOs over the period covered by the Strategic Plan.

The Organization conducts prioritization exercises during the Strategic Plan's elaboration, in order to rank the SOs for resource allocation purposes. This ranking is used to inform budgetary priorities for the biennium and also will be used for subsequent biennia, with possible changes based on shifts in internal or external circumstances.

PAHO's resource planning is also guided by the Regional Program Budget Policy.[8] This policy is designed to respond to evolving regional needs and to facilitate the equitable distribution of resources among entities at the regional, subregional, and Member-State levels.

3.7.2. Resource Coordination

Resource coordination aims to ensure that all available resources (regular budget and other sources, including voluntary contributions) will be adequately allocated and in sufficient amounts to achieve the expected results at the Organization's various levels that were established during the planning process. This coordination involves monitoring the gaps in funding the Organization's work, channeling resources to meeting priority needs as agreed in the Program and Budget and approved BWPs and reallocating resources among entities, within fiduciary responsibilities, as appropriate. Resource coordination helps orient the mobilization necessary to fill the gaps between required and available resources, ensures compliance with partner agreements, and minimizes having to return financial resources.

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[8] Regional Program Budget Policy, September, 2004 (CD45/7).

4. IMPLEMENTATION, AND PERFORMANCE MONITORING AND ASSESSMENT

Implementation and performance monitoring, and assessment, is the second component of PAHO's RBM framework.

4.1. Implementation

Implementation is the execution of the PAHO´s program and operations, according to plan. PAHO's Program and Budget is implemented by the 69 PASB entities that work at regional, subregional, and country levels. Each entity executes a Biennial Workplan (BWP), which contributes to the achievement of the corporate results of the Program and Budget and the Strategic Plan. The BWP is executed through Semester Workplans, in which interventions (tasks and subtasks) are detailed and programmed. The BWP is the principal instrument to implement the program and budget of the Organization.

In the implementation component, managers supervise the transformation of inputs into products and services. To facilitate this process, different instruments are required, including the different modalities of expenditures, such as contracts, courses and seminars, letters of agreement, and procurement.

4.2. Performance Monitoring and Assessment (PMA)

Performance monitoring is a continuous follow-up of activities (tasks) and program delivery to ensure that they proceed according to plan and that expected results are likely to be achieved. Performance monitoring shows the state of the individual BWPs at the entity level (subtasks and tasks, products and services, and OSERs) and of PAHO's Strategic Plan at the corporate level (RERs and SOs) Monitoring compares the actual performance or situation with what was planned or expected according to pre-determined standards. To this end, monitoring collects data on the implementation processes, resource utilization, and progress towards the achievement of results. Monitoring begins by capturing information from the entities' BWPs. This information is aggregated for follow-up at the corporate level, as stated in the PAHO's Strategic Plan. The monitoring function ensures that everything is being undertaken as planned and that the plan remains on course for its duration.

Performance assessment is the systematic review and analysis of a program or intervention in order to judge its achievements and performance. Performance assessment compares the planned with the achieved at regular intervals, determining why there is a difference and then taking the necessary corrective actions to stay on course. PAHO's assessments are conducted every six months at

the entity level (assessment of the BWP) and at the corporate level (assessment of the Strategic Plan). Managers at the entity level, however, may conduct more frequent assessments.

Performance Monitoring and Assessment (PMA) is PAHO's process to monitor and assess the Strategic Plan, including its Program and Budgets and respective Biennial Workplans. This process provides managers and stakeholders with regular feedback and indications of progress in achieving intended expected results and final results at the end of the planning period, both at the entity and corporate level.

Progress toward achieving the **indicator target** is monitored and assessed periodically at the entity and corporate level. Indicators are selected markers, and the achievement of the set target only serves to indicate progress towards the desired expected results. During planning, two values are defined for each indicator: one to mark the starting point (baseline) and another value to mark the desired target. When progress toward achieving an indicator target cannot be demonstrated, a "red flag" is raised to alert management.

To determine whether an entity is on track in its path toward achieving its targets each OSER indicator must include **milestones**, Milestones are necessary, observable and time-sensitive events. Progress toward achieving the indicator target is monitored by the achievement of milestones, which are normally assessed every six months.

Managers will use data collected on OSER indicators to monitor and assess operational plans (BWPs) and on RER indicators to monitor and assess the implementation of the Strategic Plan.

The Organization's Corporate Management System (CMS), captures the RERs of the Strategic Plan and their association with OSERs for each BWP. It also captures the budget for producing each OSER, including the planned cost associated with each product/service. Products/services are the most disaggregated level of corporate monitoring data and the building block of the Strategic Plan.

Corporate performance monitoring and assessment is carried out from the bottom of the results chain up. Products or services to the OSERs, from the OSERs to the RERs, and from RERs to the SOs (see Figure 7).

4.2.1. *Biennial Workplan Performance Monitoring and Assessment*

At the entity level, the PMA of the BWP regularly reviews the execution of tasks, the delivery of products and services, and the achievement of OSERs; it takes

corrective actions as necessary. AMPES entity managers and project coordinators are responsible for the PMA of the BWP.

The PMA relies on information from semester progress reports. These reports provide information on various elements of the BWP and on how to make adjustments, such as revising the BWP, re-allocating resources, and simplifying or breaking down products and services. Performance assessment enables analytical learning from the challenges faced during the delivery of products and services and documents lessons learned for the next monitoring period.

Each entity records the achievement of milestones, reflecting that entity's progress toward meeting the OSER indicators' target. Milestones are assessed every six months by PASB's EXM. The officer responsible for an OSER indicator tracks and provides information on that OSER indicator.

The delivery of products and services is ordinarily expected to lead to the achievement of an OSER. However, this may not always be the case. Aside from the possible impact of risks and assumptions, OSERs may not be achieved because insufficient products and services were programmed, the products and services were poorly implemented, or the wrong products and services were planned. Should this situation occur, an independent evaluation should be conducted.

4.2.2. Strategic Plan and Program and Budget Performance Monitoring and Assessment

SO and RER indicator facilitators monitor the Program and Budget (PB) on an ongoing basis. The PB is assessed at least every six months, along with the entities´ BWPs. At the end of the biennium, the assessment includes a report that is presented to the Governing Bodies: the "Program and Budget End-of-biennium Assessment Report." Since the SOs and RERs in the PB are exactly the same as those in the Strategic Plan, the PB end-of-biennium reports serve as interim progress reports for the Strategic Plan. A final report on the Strategic Plan will be presented to Governing Bodies at the end of the planning period.

Information derived from the end-of-biennium Program and Budget assessments is used to determine the progress achieved in relation to the Strategic Plan's SOs and expected results. The achievement of expected results can sometimes be aggregated directly (and in most cases automatically in the CMS) from the entity level to the regional and global levels on a biennial basis.

The Strategic Plan's performance will be assessed based on the following key performance criteria:

- **Effectiveness**—the extent to which indicator targets, OSERs, and RERs are being achieved as planned (targeted). Relevant and related planning and operational data should be entered into operational and administrative systems and reported at the OSER level.
- **Efficiency**—the relationship between costs and OSERs, RERs and OWERs. Relevant and related planning and operational data should be entered into operational and administrative systems and reported at the OSER level.
- **Stakeholder satisfaction**—how well OSERs and RERs correspond to stakeholder preferences.
- **Attribution**—the extent to which RERs and OWERs can be attributed to work done by PAHO.
- **Relevance**—the extent to which RERs and OWERs respond to the needs of the Member States and the Region.

Reports should provide values of those measures so that planners can proceed with their assessment. It is through an analysis of the effectiveness and stakeholder satisfaction that one can derive lessons to be injected into subsequent planning exercises.

4.3. Management Performance Assessment

Management performance assessments are also conducted to determine how well entities manage their work. The management performance assessment reviews:

- the effectiveness and efficiency of entities' efforts to implement technical cooperation;
- macro processes and organizational and functional structures (i.e. RBM processes, the implementation of the accountability framework, and management structures);
- human resource management and technical and management performance;
- business processes for the implementation of corporate management systems, work environment, management information systems, and other management tools;
- portfolio of interventions and resource allocation and utilization assessment regarding Country Cooperation Strategies, Biennial Workplans, AMPES, core and enabling functions, and projects;
- key internal and external stakeholder satisfaction surveys;
- outcome assessment of the relevance and sustainability of technical cooperation interventions (PAHO's CCS positioning relative to country health agendas); and,
- partnership strategy assessment and "market share" analysis.

4.4. *Reporting and Institutional Learning*

Through their managers, PASB entities report to their next managerial level. In addition, by consolidating different RER reports, SO facilitators report on achievements to PASB's executive management. The Director, in turn, reports to the Governing Bodies. Performance monitoring and assessment reports are based on periodic reviews of BWPs, which include programmatic and financial implementation. Table 2 includes the reporting framework at the different levels in PASB.

Table 2. PAHO's Corporate Reporting Framework

Elements to report	Frequency of reporting and destination of report	Accountable management level
Products and services	At least monthly to the AMPES entity manager	Project coordinator
OSERs	Every six months to Executive Management	Entity manager
RERs	Every six months to Executive Management and every two years to Governing Bodies. To Governing Bodies at the end of the Strategic Plan.	RER coordinator
OWERs	Every year to WHO	SO coordinator
SOs	Every six months to Executive Management and every two years to Governing Bodies. To Governing Bodies and WHO at the end of the Strategic Plan.	SO coordinator

All management levels are expected to use the PMA reports to inform their decisions. When performance weaknesses are detected, the reasons for such performance should be identified and corrective measures taken as needed.

5. INDEPENDENT EVALUATION AND LEARNING

Independent evaluation and learning is the third component of the PAHO RBM framework.

PAHO defines evaluation as a systematic and impartial assessment of an activity, project, program, strategy, policy, theme, sector, operational entity, or institutional performance. The Organization focuses on expected and achieved long-term accomplishments, examining the chain of results, processes, contextual factors, and causality, in order to understand achievements or their lack. It aims at determining the relevance, effectiveness, efficiency, and sustainability of its interventions and contributions.

The following are essential questions that an evaluation poses:

- Was the activity, project, or program relevant to the institution's priorities?
- Were the indicators, milestones, or other criteria and predetermined baselines and targets well prepared?
- Was the activity effective in meeting its objectives (through a series of products and services, expected results, and impacts); did it remain within budget and not cause significant unwanted results?
- Was the activity the most appropriate, efficient, and cost-effective way to meet the desired objectives?
- Was the intervention well implemented?

Ensuring the integrity of the evaluation process will largely depend on the independence of the evaluation function. PAHO follows the lines of international good practice which include: (a) separation of evaluation responsibility from line management functions for program and projects; (b) limiting management influence over the terms of reference, scope of the evaluation, and selection of evaluators; (c) transparency and clarity regarding the evaluation process.

5.1. *Performance Monitoring and Assessment versus Independent Evaluation*

Performance monitoring and assessment (PMA) and evaluation are two separate functions. Table 3 shows the differences between Performance Monitoring and Assessment and independent evaluation.

The two functions are complementary. PMA will often identify problem areas that should be investigated in greater depth by independent evaluation. Additionally, PMA may provide much of the information which evaluators and utilize to draw conclusions. Both functions have a vital role to play in supporting today's results-based management systems in public organizations.

**Table 3. Differences between Performance Monitoring and
Assessment and Independent Evaluation**

Performance Monitoring and Assessment	Independent Evaluation
Self-assessments performed internally	External independent analyses
Full coverage	In-depth analysis in priority areas
Continuous	Periodic
Usually quantitative in approach	Qualitative as well as quantitative
Reports on medium-term results (outcomes)	Reports on long-term results (impacts), and why and how they have been achieved. Focus is on attribution
Alerts managers to problems – typically in implementation	Recommends solutions/actions to managers, usually after the intervention

5.2. Independent Evaluation Principles

PAHO has established the following principles to conduct independent evaluations:

- independence and objectivity,
- timeliness and credibility; adherence to generally accepted standards,
- a respect for the concepts of country and theme-based priorities,
- a respect for the concepts of transparency and consultation,
- a focus on effectiveness and results,
- a respect for working in partnership with other stakeholders; adhering to the concept of participation as much as feasible,
- assisting in the development of evaluation capacity in Member States.

The observance of these principles will ensure that evaluation will serve the purpose of providing the best possible information on results in order to continuously improve programming and contribute to accountability. The information must be made available to all levels of management and to stakeholders.

5.3. Scope of Evaluations

- PAHO-wide evaluations examine major lines of work. These are programmatic or thematic evaluations conducted in four to five different countries chosen with defined criteria to allow a comparison. These evaluations have a thematic base, pay particular attention to stakeholders in the country, and highlight past achievements and future potential.
- Country evaluations focus on achievements and the problems and strengths of cooperation in a particular sector(s) of an individual country.

- Management evaluations focus on process and provide an analysis of management tools.
- Evaluations identified through the RBM cycle as consequence of continuous deviation from indicators/achievements concentrate on the reasons why indicators are not being met and the remedial action(s) that may be required.

5.4. Impact Evaluations

In special cases PAHO may undertake impact studies with a defined scope that focus on the sustainability of a program initiative. These studies are intended to show how the program succeeded in becoming an integral part of the country's national effort. Impact evaluations are usually conducted five or more years after the end of a program cycle because the main intent is to determine the long-term effect of the intervention on the people's quality of life and/or the recipient country's increased capacity.

5.5. Participatory Evaluation

Participatory evaluations are undertaken by PAHO to contribute to stakeholder ownership and accountability within their country, as well as to assist with PAHO's understanding of the perception of beneficiaries and stakeholders. In this approach, beneficiaries or stakeholders are central to the process of designing and conducting the evaluation.

5.6. Learning from Evaluation Studies

A basic prerequisite for promoting RBM learning from evaluations is to disseminate evaluations in a variety of formats to the widest possible audience. A heightened profile will also be given to the means for transferring evaluation results into other management processes, such as planning and budgeting. With the commitment of PASB's Executive Management to incorporate evaluation in the corporate management culture, managers will be actively encouraged to rely on evaluation results for improving future programming and performance within the RBM framework.

6. ACCOUNTABILITY

6.1. Principles of accountability

Accountability is a key concept underlying RBM. PAHO defines accountability as an obligation to demonstrate and take responsibility for performance in light of agreed upon expectations. It is a formal relationship that emerges when responsibility is conferred and accepted. Accountability carries with it the obligation to report on the discharge of one's responsibilities.[9]

Accountability requires that PAHO assigns a specific set of responsibilities to each position with minimum overlaps with other positions. This sets the stage for eventually holding those responsible for the use of resources accountable for results, with associated consequences.

In addition to assigning a set of responsibilities that are unique to a specific position, sufficient authority must be delegated to each position so that the incumbent can acquire necessary resources in a timely manner and adequately use them to carry out the responsibilities. In RBM, desired results are defined, responsibility for their achievement is assigned to one or more organizational entities. To be accountable for results, managers have to be duly empowered through clear delegation of authority in all areas, including human resources management.

"The primary objective of delegation of authority is to foster a more efficient use of resources and facilitate the emergence of more agile and responsive organizations, thus enhancing overall performance. What is advocated is no longer the delegation of authority to managers for the sake of expediency that has always existed for a number of administrative procedures, but rather a complete change in management systems."[10]

Accountability requires that a person be clear about his or her responsibilities and expectations. It requires that that person act and make decisions intended to result in good performance. Being accountable does not mean that performance will always be consistent with expectations, but it does require due diligence in actions and decisions. Thus, whether performance is as expected or not, if the basis for one's actions and decisions is sound, performance may be deemed reasonable by those to whom one is accountable. Being accountable also means being prepared for the unexpected, accepting the possible consequences if performance is not as intended, addressing unintended negative impacts, and taking steps to remedy poor performance.

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[9] Modernizing accountability practices in the public sector, TBS and OAG, January 1998.
[10] Delegation of authority and accountability, Part II, Series on managing for results in the United Nations System, JIU/REP/2004/7.

Modern governance and public administration literature views accountability as a positive incentive and as an opportunity to demonstrate achievements and stewardship. As such, accountability is an integral and indispensable part of establishing effective relationships for getting things done and taking responsibility, including the assignment of authority and resources. It aims to create a management culture that is fact-based, results-oriented, and transparent.

6.2. Accountability for PAHO's Results

This section serves to summarize some other key concepts discussed elsewhere in this document and frames those concepts in PAHO's quest for results.

PAHO's fundamental purpose, as stated in its Constitution, is to "promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people". As set out in the Constitution, the Organization is led by PAHO Governing Bodies, and the Pan American Sanitary Conference (PASC) is its supreme governing authority. The Organization is conformed by Member States and one secretariat: the Pan American Sanitary Bureau (PASB). The PASB is, first and foremost, accountable to its Governing Bodies. This relationship is formalized through the appointment of a Director of the PASB to implement the priorities and programs of the Organization.

Figure 11 shows the context of PAHO's accountability framework. The PASB is directly accountable to its Governing Bodies which are the Organization's "owners" and are integrated by the Member States acting collectively.

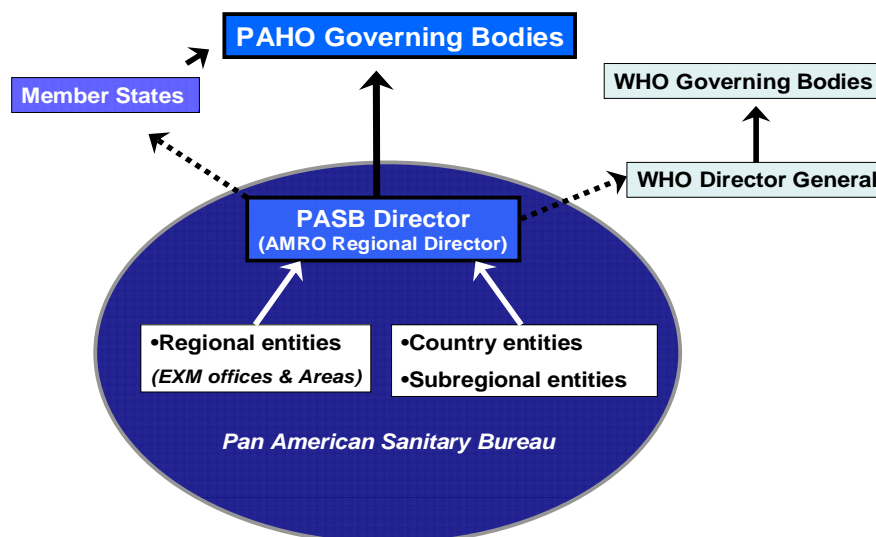**Figure 11**. **PAHO's accountability framework**

Table 4 shows the levels of accountability and authority for Members States, PASB, and entity managers. Entity managers can delegate authority to the AMPES Project Coordinators and they, in turn, may further delegate to colleagues, if so authorized by the entity manager.

Table 4. Hierarchical accountability and authority for PAHO's Strategic Plan

	Accountable for the achievement of..	*Has authority to allocate and spend..*
PAHO Member States	*Strategic Objectives*	*National health budget*
PASB, through the Director	**Region-wide Expected Results (and monitoring of the SOs)**	**Entire PAHO budget (delegated by Member States)**
AMPES entity manager	**OSERs in his/her entity's Biennial Workplan (BWP)**	**BWP budget**
AMPES project coordinator	**Products/Services in his/her AMPES project**	**Project budget**
Product and services responsible officer	**Products/Services under his/her responsibility**	**Product/Service budget as assigned**
Task responsible officer	**Tasks under his/her responsibility**	**Task budget as assigned**

As stated previously, persons or entities at different levels of the Organization are accountable for different results:

- The achievement of the SOs is a shared responsibility of the Member States, the WHO Secretariat, and the PASB. Whereas Member States are not accountable to the Organization for the achievement of the SOs, they are accountable to their populations;
- The WHO Secretariat is to be held accountable for achieving the OWERs during the period of a Medium-Term Strategic Plan;
- The PASB, and more specifically the Director as the representative of all PASB staff, is accountable for the achievement of the RERs;
- AMPES Entity Managers, and OSER and OSER Indicator Responsible Officers are accountable for the relevant OSERs under their responsibility, including their indicator targets and milestones; and

- Project Coordinators and other entity personnel have accountability at the level of products/services, tasks, and subtasks.

In terms of corporate programmatic accountability (see Table 5), the PASB has SO facilitators, RER facilitators, and RER indicator facilitators. They are responsible for developing their respective results and indicators, ensuring that there is sufficient OSER-RER linkage to facilitate the achievement of results, and undertaking ongoing monitoring and reporting on implementation, including flagging key potential problems. SO facilitators are ultimately responsible for ensuring that enough entities have OSERs conducive to the achievement of the SO and its components.

At the entity level, the PASB has OSER facilitators and OSER indicator facilitators. They report their corresponding entity's advances in achieving their OSERs and progress toward their RERs, thus completing the monitoring and assessment of the achievements related to the Strategic Plan.

**Table 5. Corporate accountability for PAHO's Strategic Plan**

Facilitators	*Accountable for development, monitoring and reporting on …*
PBR	Entire Strategic Plan
SO facilitators	SOs under their responsibility
RER facilitators	RERs under their responsibility
RER indicator facilitators	RER indicators under their responsibility
OSER Facilitators	OSERs under their responsibility
OSER indicator facilitators	OSER indicators under their responsibility, including their milestones

The Planning, Budget and Resource Coordination (PBR) Area is responsible for monitoring the entire Strategic Plan. AMPES project teams implement the project's products and services that contribute to achieving the entity's OSERs. Cross-organizational teams contribute to implement specific RERs and achieve RER indicator targets.

If changes need to be made to PAHO's results chain during implementation, these must be authorized by the Organization's level that approved them (see Figure 12), specifically, revisions to the following:

- For SOs or RERs, the PAHO Governing Bodies must approve the changes;
- For OSERs, the PASB Executive Management must approve the changes; and,
- For products and services or tasks, the Entity Manager must approve the changes.

Figure 12. Authorization Levels to Approve Changes in Results
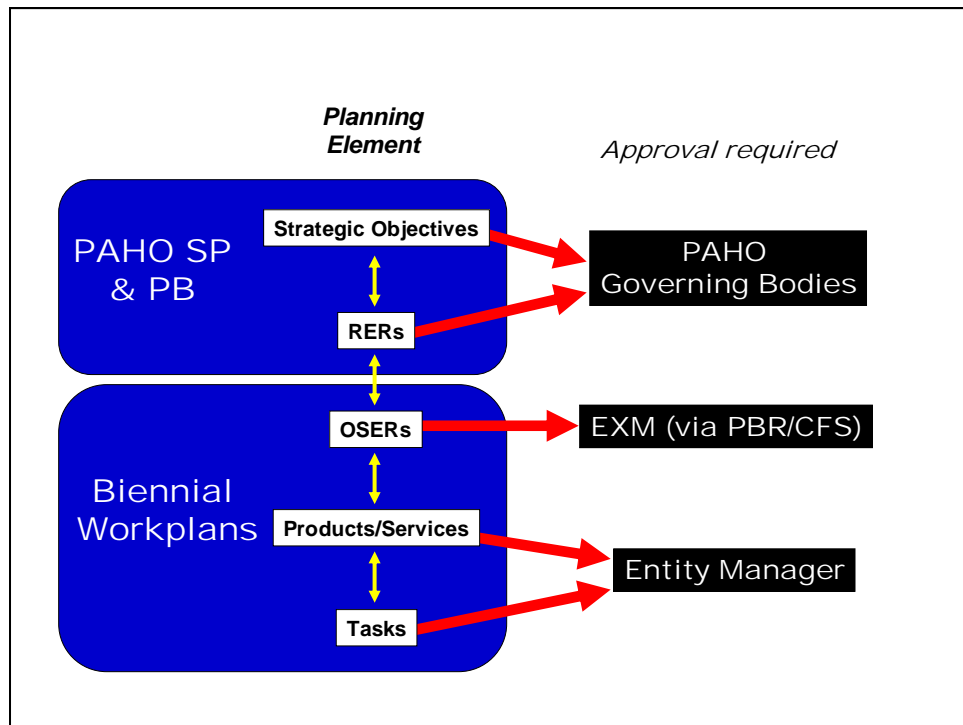
Appendices

Acronyms and Abbreviations

AMPES/OMIS	Americas Planning, Programming, Monitoring and Performance Evaluation System/Office Management Information System
BWP	Biennial Workplan
CCS	Country Cooperation Strategy
EXM	Executive Management of the Pan American Sanitary Bureau
GHA	Global Health Agenda
GPW	WHO General Programme of Work
JIU	Joint Inspection Unit
HHA	Health Agenda for the Americas
MTSP	WHO Medium-Term Strategic Plan
NGO	Non Governmental Organization
OSER	Office-Specific Expected Result
OWER	Organization-Wide Expected Result
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PASC	Pan American Sanitary Conference
PB	Program and Budget
PMA	Performance Monitoring and Assessment
P/S	Product and Service
PWR	PAHO/WHO Representative
RB	Regular Budget
RBM	Results-based management
RER	Region-wide Expected Result
SCS	Subregional Cooperation Strategy
SO	Strategic Objective
SP	Strategic Plan
SPBA	PAHO Subcommittee on Program, Budget, and Administration
WHO	World Health Organization

Glossary

Accountability	An obligation to demonstrate and take responsibility for performance in light of agreed-to expectations. It is a formal relationship that comes into being when a responsibility is conferred and accepted. Accountability carries with it the obligation to report on the discharge of one's responsibilities. Accountability speaks to a system that includes the ability to demonstrate that work has been conducted in compliance with agreed rules and standards or to report accurately on performance results vis-à-vis plans as well as clear rules of the consequences of achieving, or not achieving, these results.
Activity	A generic RBM term for an action taken or work performed through which inputs, such as funds, technical assistance and other types of resources are transformed to produce specific products and services (outputs). Typically, it is the decision level of the program manager in terms of the use of the available resources. In the AMPES and in the BWP, the corresponding term is "task". The completion of these tasks leads to achievement of the products/ services.
Americas Planning, Programming, Monitoring and Performance Evaluation System (AMPES)	The comprehensive system that incorporates the Pan American Sanitary Bureau's planning, programming, monitoring and evaluation. It is supported by software that addresses these processes.
AMPES Entity or Entity	A generic term for the managerial and executive parts of the Pan American Sanitary Bureau (PASB). Each of these entities is responsible for developing and implementing a Biennial Workplan (BWP) and its corresponding budget. It refers to all organizational "divisions" that have a BWP and a budget.
AMPES Project	The AMPES project is a grouping of the products and services that the AMPES entity decides to address to achieve an OSER. Their creation is a managerial decision to better organize the work of the entity.
Assessment	Assessment is the systematic review and analysis of a program or intervention in order to judge its achievements and performance. At regular intervals, performance assessment compares the planned with the achieved, determining the reasons for the difference and then taking corrective actions, as required, to stay on course. In PAHO, assessments are conducted every six month at the entity level (assessment of the BWP) and at the corporate level (assessment of the Strategic Plan). However, at the entity level, managers may conduct assessments at more frequent periods. Assessment utilizes the information gathered through monitoring.

Baseline	A measurement or description of the situation prior to or at the beginning of the development of an intervention or planning period, against which progress can be assessed or comparisons made. Typically, this should be the basis for the design of the intervention.
Benchmarking	Is a process used in strategic management in which organizations (operating units, projects, etc.) evaluate various aspects of their processes and results in relation to best practice companies' processes, usually within a peer group defined for the purposes of comparison. This then allows organizations to develop plans on how to make improvements or adapt specific best practices, usually with the aim of increasing some aspect of performance. The best experiences of other operating units, donor agencies, or partners who have achieved a high level of performance with similar types of projects are called benchmarks. Targets may be set to reflect this "best in the business" experience, provided of course that consideration is given to the comparability of country conditions, resource availability, and other factors likely to influence the performance levels that can be achieved.
Biennial Workplan (BWP)	The Biennial Workplan (BWP) is the operational planning instrument of each entity (Country, sub-Regional, and Regional); the BWP establishes the Office-Specific Expected Results, including related target indicators and milestones. A BWP is implemented through AMPES projects and deliver products and services.
Beneficiary	The individual, group, or organization, whether targeted or not, that benefits, directly or indirectly, from the development intervention.
Country Cooperation Strategy	The medium-term vision for PAHO/WHO´s technical cooperation with a given country. It defines a strategic agenda for working with that country. The strategic agenda states the jointly agreed priorities for PAHO/WHO cooperation in and with the country and clarifies the role PAHO/WHO will play in designated issues.
Earmarked Voluntary Contributions	Earmarked Voluntary Contributions refer to those resources provided to the Organization that are directed to specific interventions within the Strategic Plan.
Evaluation	An examination as systematic and objective as possible of an ongoing or completed project or program, its design, implementation and results, with the aim of determining its efficiency, effectiveness, impact, sustainability and the relevance of its objectives[11]
General Programme of Work of WHO	Broad directions for the work of WHO as the world´s health agency, issued every 10 years. The current one covers the period 2006-2015.
Impact	Long-term effects produced, directly or indirectly, by a development intervention. They may be positive or negative, primary or secondary, and may represent the intended or unintended changes in the intended beneficiaries (e.g. reduced mortality). Sometimes

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[11] OECD, Methods and Procedures in Aid Evaluation, OECD, Paris, 1986.

	these may apply to national or longer term, development situation.
Indicator	A variable that allows the verification of changes in the development intervention or shows results relative to what was planned. Means of measuring progress towards objectives. Indicators measure, directly or indirectly, real situation changes with respect to what has been planned in terms of quantity, quality and timeliness. An indicator is a quantitative or qualitative but always observable variable that provides a basis for assessing achievement, change or performance.
Input	The financial, human, and material resources necessary for the development intervention.
Lessons learned	Lessons learned represent understanding or knowledge gained by experiences (negative or positive). A lesson must be relevant, valid and applicable to issues or problems important to the organization.[12]
Logical framework	Management tool used to improve the design of interventions. It involves identifying strategic elements (inputs, tasks, products and services, expected results, impacts) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure. It thus facilitates planning, execution and evaluation of a development intervention.
Manageable interest	"The concept of manageable interest recognizes that achievement of results requires joint action on the part of many other actors such as host country governments, institutions, other donors, civil society, and the private sector. When an objective is within our manageable interest, it means that we have reason to believe that our ability to influence, organize, and support others around commonly shared goals can lead to the achievement of desired results, and that the probability of success is high enough to warrant expending program and staff resources. A result is within an entity's manageable interest when there is sufficient reason to believe that its achievement can be significantly and critically influenced by interventions of that entity."[13]
Medium-Term Strategic Plan of WHO	Strategic planning document describing WHO's programmatic goals for a six-year period. The current one covers 2008-2013.
Milestone	A milestone is an observable event that allows the monitoring of progress, over time, towards the achievement of an OSER indicator
Millenium Development Goals	Eight international development goals that all 192 United Nations Member States and at least 23 international organizations have agreed to achieve by the year 2015.
Monitoring	Monitoring is the continuous follow-up of activities (tasks) and program delivery to ensure that they are proceeding according to plan, and that the expected results are likely to be achieved. It implies to be aware of the state of the individual BWP at entity level

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[12] Based on Secchi, P. (Ed.) (1999). Proceedings of Alerts and Lessons Learned: An effective way to prevent failures and problems (Technical Report WPP-167). Noordwijk, the Netherlands: ESTEC.

[13] USAID, www.usaid.gov/pubs/sourcebook/usgov/glos.html.

	(subtasks/tasks -in the semester workplans-, products/services and OSERs) and of the PAHO Strategic Plan at corporate level (RERs and SOs). Monitoring tracks the actual performance or situation against what was planned or expected according to pre-determined standards on a permanent basis. Monitoring generally involves collecting data on implementation processes, resource utilization and progress towards the achievement of results. At the corporate level, monitoring starts with the capture of the planning information from the diverse BWPs to do the follow-up of the corporate expected results, as stated in the PAHO's Strategic Plan. The purpose of monitoring a plan is to ensure that everything is being undertaken as planned and stays on course over the duration of the plan.
Office-Specific Expected Results (OSERs)	OSERs are the medium term results expected from the products and services (outputs) delivered by an AMPES entity. OSERs, and their measurements for success (indicators), are defined by AMPES entities during planning process of the BWP. An OSER is an outcome, and therefore beyond the manageable interest of an AMPES entity. Nonetheless, AMPES entities are accountable for the achievement of OSERs.
Organization-Wide Expected Results (OWERs)	Expected results that all the WHO Secretariat is to be held accountable for achieving during the period of a Medium-Term Strategic Plan. OWERs have indicators, baselines, targets, and estimated costs for their achievement.
Outcome	Outcomes describe the intended or achieved changes in development conditions resulting from cooperation programs. They express the likely medium-term effect of an intervention's products and services, or the post-intervention state on the target group or the social conditions that an intervention is expected to have changed. The attainment of an outcome usually requires the collective efforts of several partners (e.g. improved access to health services) and thus is beyond PASB's manageable interest. The PAHO/WHO planning framework maintains 3 types of outcomes at different levels of aggregation: OSERs, RERs and OWERs.
Output	Specific products and services that emerge from processing inputs through various tasks. Outputs refer to the short-term results that are observable after the completion (rather than the conduct) of tasks and are the type of results over which managers have a high degree of influence. In PAHO's planning framework the outputs are called products/services. Outputs are within the manageable interests of AMPES entities.
Performance	The degree to which the PASB, a Strategic Objective, or an AMPES entity (and its respective projects) achieve results in accordance with stated commitments and agreed plans.
Performance Indicator	Indicator that supports judgment on performance. Generally characteristic of a result that is measurable or objectively justifiable.

Product	A product is the final output of a task or combination of tasks. It is a tangible and observable short term result to which expected quality and quantity performance criteria can be associated.
Products and Services	See separate entries for each for the definition.
Program and Budget	Program and Budget is a strategic planning instrument of PAHO where the program for the biennium, including expected results and targets, is established. A budget and other resources are assigned to implement the program established. The PAHO Strategic Plan may comprise several Program and Budgets.
Performance Monitoring and Assessment	A systematic periodic analysis on progress in the implementation of the PAHO Strategic Plan and its Biennial Workplans at all levels of the Organization.
Region/wide Expected Results (RERs)	RERs are the collective outcomes agreed upon by the Organization's Governing Bodies. They are the main corporate planning objectives for the PASB. All the AMPES entities will contribute to achieve the RERs. The PASB, as a whole, is responsible for the achievement of the RERs. The RERs are defined in the PASB Strategic Plan, and are designed to contribute directly to WHO's global OWERs. The RERs will constitute the "menu" of programmatic results from which AMPES entities can choose for inclusion in their BWPs.
Regular Budget (RB)	Resources from Member State quotas and miscellaneous income which are planned for implementation of the Strategic Plan.
Results	The measurable intended or unintended, positive and/or negative changes brought about by a program or a development intervention. The output, outcome, or impact of the intervention.
Results-based Management	PAHO defines RBM as a management process in which program formulation revolves around a set of predefined objectives and expected results; expected results justify resource requirements, which are derived from and linked to outputs required to achieve such results; actual performance in achieving results is measured objectively by performance indicators; and PASB managers and personnel are accountable for achieving results; they are also empowered with the tools and resources they need to achieve them.
Results Chain	The causal sequence needed to achieve desired objectives beginning with inputs, moving through tasks, products/services, and culminating in expected results and impacts. In the PAHO planning framework the results chain is as follows: inputs, tasks, products/services, expected results (OSERs, RERs, OWERs), and Strategic Objectives.
Service	A service is an ongoing and identifiable output of a task or combination of tasks. It typically includes such things as capacity building, advocacy, and technical cooperation for the development and implementation of policies, norms and guidelines. This term has been introduced to reflect the intangible nature of many of the outputs of PAHO/WHO and to enable these to be captured in the

	biennial workplans.
Stakeholders	Agencies, organizations, groups or individuals who have a direct or indirect interest in the goals and activities of an organization and that also have the ability to influence it.
Strategic Objectives (SOs)	Strategic Objectives (SOs) are the impact-level results planned for the PAHO Strategic Plan (e.g. 2008-2012), elaborated in terms of health status, determinants of health or health systems. PAHO's RERs directly contribute to the achievement of PAHO's SOs. In addition, PAHO's RERs contribute to the achievement of WHO OWERs, and onward to the achievement of the corresponding WHO SOs. The achievement of the PAHO SOs is a commitment of the Organization's Member States, consistent with the PAHO Governing Bodies mandates.
Strategic Plan of PAHO	Strategic planning document describing PAHO's programmatic goals for a five-year period. The current one covers 2008-2012.
Un-earmarked voluntary contribution	Un-earmarked voluntary contributions refer to those resources provided to the Organization which are not directed to specific activities. In this respect, these resources may be used at the discretion of the Organization to reduce the resource gap to implement the Strategic Plan.
Voluntary Contribution	Resources provided to the Organization that are in addition to the PAHO Regular Budget and WHO Regular Budget for AMRO.