



PAN AMERICAN HEALTH ORGANIZATION
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EVALUATION OF THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS 1999-2002

Since 1986, the Organization has continuously adopted framework documents containing policy orientations for quadrennial periods. In 1998, the 25th Pan American Sanitary Conference adopted the Strategic and Programmatic Orientations (SPO) 1999-2002 (Resolution CSP25.R4), based on an analysis of the situation and needs of the countries of the Region of the Americas. The SPO were not only the response of the Pan American Sanitary Bureau (PASB) to the new global policy of *Health for All in the 21st Century* (SPT21) and the General Program of Work (GPW) of the World Health Organization (WHO), but a commitment to achieving the global goal of Health for All (HFA). The Conference also urged the countries to take the SPO into account when formulating their national health plans or policies and requested the Director of the Pan American Health Organization (PAHO) to apply them and assess the impact of technical cooperation, utilizing them as a frame of reference.

The Bureau conducted a mid-term evaluation in 2001 and, on the basis of that experience, crafted an approach for the final evaluation. This approach was presented to the Subcommittee on Planning and Programming in March 2002, at which time the delegates issued recommendations to improve the final evaluation. The results of the mid-term evaluation were also considered during the preparation of the proposal for the Strategic Plan 2003-2007.

The SPO identified 29 regional goals, which represent the joint commitment of the countries and the Bureau to improving the health of the Region's population.

These goals were divided into three groups. The first was devoted to health outcomes; the second, to intersectoral actions targeting health determinants; and the third, to health policies and systems.

Five Strategic Orientations were established to guide the Bureau's programming of technical cooperation: Health in Human Development, Health Promotion and Protection, Environmental Protection and Development, Health Systems and Services Development, and Disease Prevention and Control. In addition to the Strategic Orientations, Programmatic Orientations were also defined in which the Bureau assumed responsibility for particular technical cooperation efforts.

The mid-term evaluation of the SPO included a survey on the knowledge, attitudes and practices of the professional staff at the Pan American Sanitary Bureau, which showed that, in the technical sphere, 87% of the professionals surveyed were familiar with the SPO, all of them utilized the SPO in their work, and 85% considered them guidelines for technical cooperation. However, only half of these staff were knowledgeable about the process involved in their preparation. Furthermore, it was found that about 90% of technical cooperation projects were consistent with the Programmatic Orientations of the SPO.

Utilizing the results of the mid-term evaluation and the suggestions of the delegates to the 36th Session of the Subcommittee on Planning and Programming, the approach for the final evaluation of the SPO was established. To determine the degree to which the regional goals were achieved, the data from the Regional System of Core Health Data, produced by the Bureau, were reviewed for each goal and country in the Region, except the territories, comparing the situation in 1998 for the respective goal with that of the most recent year available, close to 2002. When the System lacked the required data or the necessary information was not found in the database, an effort was made to identify an alternative information source.

Subsequently, in June 2002, a report was submitted to the 130th Executive Committee on the progress made in meeting the regional goals, the implementation of the Programmatic Orientations, and the degree to which the countries took the SPO into account when formulating their national health plans or policies during the period 1999-2002.

Of the 29 regional goals adopted, 5 were fully met, 13 were partially met, and 2 showed minimal or no progress. Furthermore, the information for 9 of the goals is insufficient, unavailable, not up-to-date, or else the values obtained for the countries are not comparable because they correspond to different periods. Hence, their achievement cannot be evaluated.

Given the methodological difficulties involved in assessing impact in general and the impact of technical cooperation in particular, technical cooperation objectives were

developed for the Programmatic Orientations and used to describe the cooperation provided and the results achieved.

Information from 32 countries was used to estimate to what extent the SPO was utilized for the definition of health policies and plans during the period. By April 2002, it was found that 5 countries were in the process of preparing draft policies and 27 already had their policies or plans in place. Of these 27 countries, 22 adopted their plans or policies between 1998 and 2002, and 5 had done so before 1998—that is, before the approval of the SPO.

The Bureau was involved in 25 of the 32 processes that produced the sectoral policies, drafts or proposed modifications in the countries of the Region; in 3 countries, before 1998, and in 22, after the approval of the SPO.

Fifteen of the 22 countries that adopted national policies after 1998 with the Bureau's participation explicitly considered the SPO during the preparation or review of their policy proposals. The SPO were not necessarily reflected in the wording of all the policies, although they were considered during the consultations, analyses, or discussion of alternatives.

The evaluation of the SPO does not only comply with Resolution CSP25.R4 of the 25th Pan American Sanitary Conference but represents an opportunity to provide feedback for the Bureau's planning process. Thus, this evaluation exercise furnished important input for the preparation of the Strategic Plan 2003-2007, and, moreover, left behind a series of lessons that will be useful for the future of the Organization, in terms of defining plans and policies to orient technical cooperation.

Concerning the preparation process, the greatest possible internal and external participation should be considered to reflect corporate perspectives and the perspective of stakeholders in the field of international health, as well as the collective needs of the countries. Furthermore, it is desirable to limit technical cooperation goals and objectives to a manageable number and ensure that these objectives, while achievable, constitute real challenges for the Bureau and that they are clearly expressed. In selecting goals and objectives, it is important to take into account the feasibility of monitoring and evaluating them at the end of the period. Here, the importance of developing information systems in the countries should be recognized in order to guarantee that the necessary information is available for monitoring and evaluating the goals and objectives of the plans and policies.

Finally, dissemination and promotion of the plans and policies are essential for generating enthusiasm and commitment to their fulfillment inside and outside the Bureau.

The details of the evaluation of the regional goals and Programmatic Orientations are found in document CSP26/INF/1.