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PROPOSED PROGRAM BUDGET FOR THE FINANCIAL PERIOD 2008-2009

Introductory Note

The proposed Program Budget 2008-2009 is submitted to the Executive Committee in conjunction with the Strategic Plan, 2008-2012. The region-wide expected results (RERs) and indicators in this Program Budget (PB) are identical to those in the Strategic Plan. Thus the Program Budget for 2008-2009, and the subsequent PBs for 2010-2011 and 2012-2013, are two-year segmentations and costing of the expected results set out in the Strategic Plan. The Program Budgets must, therefore, be read together with the Strategic Plan for the period.

This document was submitted to the Subcommittee on Program, Budget and Administration (SPBA) in March with only high-level budget figures, i.e. costing by Strategic Objective. Based on the guidance provided by the SPBA, as well as further program and budget refinement, this version of the document contains additional budget details by region-wide expected result and by functional level (regional, subregional and for each country). The initial phase of a programmatic prioritization exercise has been completed and is reflected in the Strategic Objective budget levels provided in this plan. However, further refinement of the criteria used for prioritization will be part of the next phase of the exercise, which may further impact budget allocations by Strategic Objective.

Subsequently, the document may undergo further revision, based on input from the Executive Committee and completion of the operational planning cycle, and will include a Foreword by the Director before its submission to the 27th Pan American Sanitary Conference for final discussion and approval.

The Secretariat seeks the Executive Committee's input on the structure and format of this document, specifically whether it provides ample and sufficient information to Member States. Member States may also wish to comment on the proposed budget level for the two-year financial period 2008-2009, which calls for an increase to assessments of 3.9%.

Proposed Program Budget

2008-2009

**PAN AMERICAN HEALTH ORGANIZATION /
REGIONAL OFFICE FOR THE AMERICAS OF THE
WORLD HEALTH ORGANIZATION
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FOREWORD

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INTRODUCTION

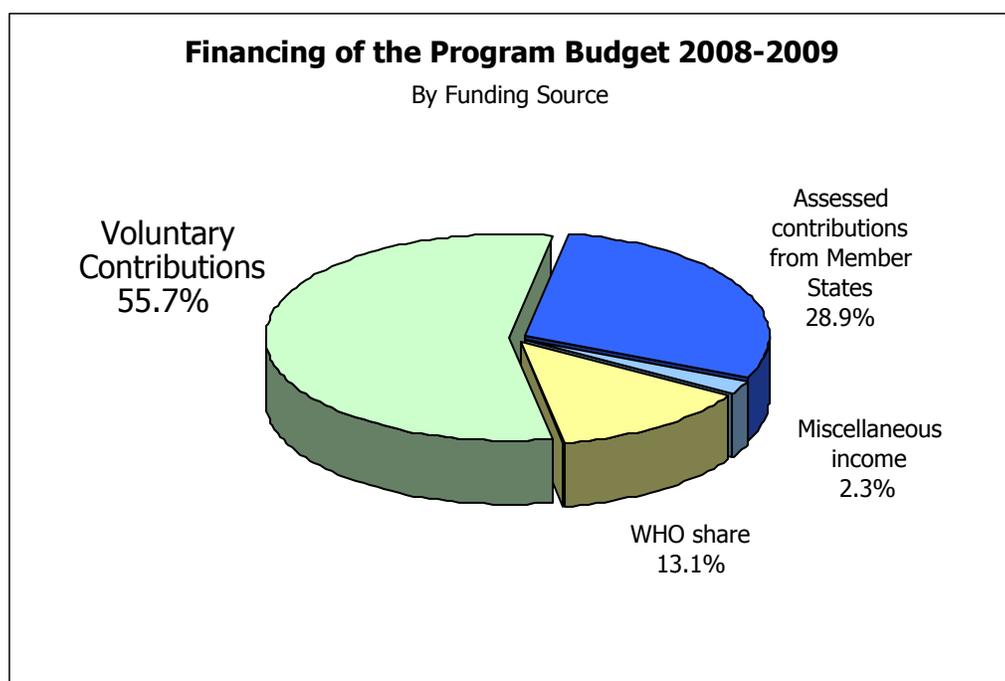
1. PAHO is engaged with WHO in a results-based budgeting exercise for determining the resource requirements to carry out its work. The cost of achieving its Region-wide Expected Results over a given period of time is expressed through an integrated budget comprising all funding sources.
2. PAHO receives its funding from three main sources:
 - (a) PAHO Regular Budget - comprises assessed contributions (quotas) from PAHO Member States plus miscellaneous income;
 - (b) Portion of the WHO regular budget approved for the Region of the Americas: referred to as the AMRO share;
 - (c) Voluntary Contributions - the majority of voluntary contributions received by PAHO are a result of direct negotiations with its donor partners; a lesser amount is channeled by donors to the region through WHO.
3. While funding sources from (a) and (b) above are considered unearmarked, voluntary contributions (c) can be categorized as either earmarked or unearmarked. Effective financing of the Proposed Strategic Plan 2008-2012 and associated Program Budgets will require careful management of the different sources and types of income to ensure complete funding of planned activities. Unearmarked funding, such as assessed contributions, provides a predictable and flexible resource base that facilitates financing of the Organization's core activities. Earmarked funding—which accounts for the majority of voluntary contributions currently negotiated—is less flexible, and less predictable, thus are more likely to contribute to funding gaps in relation to Program Budget requirements.
4. Earmarked funding received from donor partners continues to pose a challenge for ensuring alignment between the Organization's planned activities and actual resources mobilized. To the extent that donor partners can be persuaded to provide increased levels of unearmarked voluntary contributions—also being referred to as *negotiated core voluntary contributions* by WHO—the Organization will become more successful in fully financing its Strategic Plan and Program Budgets, consequently increasing the probability of achieving its expected results. To this end, the Secretariat fully supports WHO's efforts in actively seeking to increase the proportion of the program budget financed with negotiated core voluntary contributions and will similarly continue its own efforts in this area.

5. Table 1 below compares the financing of the proposed budget 2008-2009 with the approved budget for 2006-2007.

Table 1. Financing of the Program Budget 2008-2009

Source	2006-2007	2008-2009	% change
Assessed contributions from Member States	173,300,000	180,066,000	3.9%
+ Miscellaneous income	14,500,000	14,500,000	0.0%
= Total PAHO share (Regular Budget)	187,800,000	194,566,000	3.6%
+ WHO share (Regular Budget)	77,768,000	81,501,000	4.8%
= Total Regular Budget	265,568,000	276,067,000	4.0%
+ Estimated Voluntary Contributions *	265,544,000	347,000,000	30.7%
= Total Resource Requirements	531,112,000	623,067,000	17.3%

* Represents the combined total estimated voluntary contributions from PAHO donor partners as well as from WHO



6. The proposed budget for 2008-2009 of \$623 million represents an increase of 17.3% compared to the \$531.1 million budget approved for 2006-2007. The largest source of the increase comes from the estimated voluntary contributions of \$347 million, representing a 30.7% increase, of which \$197 million is estimated to come from WHO and was developed jointly with WHO/HQ and all of the other regions by teams of staff working together globally and grouped by Strategic Objective.

7. The regular budget share of the budget of \$276 million represents an increase of \$10.5 million, or 4.0%, compared to the biennium 2006-2007, and is all attributable to the projected increase in the cost of fixed-term staff. This increase is proposed to be funded by an increase to the portion from PAHO assessed contributions of 3.9%, and the remainder from the 4.8% increase in the AMRO share of the regular budget (\$81.5 million for AMRO included in the WHO regular budget presented to the World Health Assembly in May 2007).

8. The significant increase in the cost of international transactions to U.S. dollar-based budgets is being felt world-wide, and for PAHO it is no exception. A thorough analysis of current costs and trends points to an expected cost increase of between 13% - 15% for the 2008-2009 biennium. For the PAHO regular budget, this translates to roughly \$37 million for cost increases alone, of which approximately \$24 million are related to the cost of fixed-term staff.

9. An alternative, more optimistic scenario, which considers a curbing of the U.S. dollar devaluation effect over the short term, yields a projected cost increase of about 10% for the next biennium. In a Zero Real Growth scenario, this translates to roughly \$23 million for the regular budget, of which approximately \$17 million are related to the cost of fixed-term staff. However, an additional 12 fixed-term positions have been reduced so far in the biennium (in addition to the 41 positions abolished during 2004-2005) thus containing the estimated cost increase to about \$14 million for fixed-term staff for 2008-2009, an increase of 8.3% compared with the budget component for fixed-term staff for 2006-2007.

10. Furthermore, the proposed increase to assessments of 3.9% considers only the cost increase to fixed-term positions; it does not make provision for inflationary costs in the non-staff component of the program budget of \$6.5 million. This translates into a real reduction in purchasing power in comparison to the 2006-2007 biennium.

11. It should also be noted that the proposed budget level, in addition to not allowing (purposely) for inflationary non-staff costs, does not make provision for several significant costs expected to be incurred over the next few years; these include, for instance, UN mandatory implementation of International Public Sector Accounting Standards (IPSAS), PAHO's expected involvement with the Global Management System (GSM) project being implemented by WHO, and expenditure related to the Master Capital Investment Plan.

12. Correspondingly, it is also important for Member States to keep in mind that additional funding for required expenditure such as IPSAS, GSM and the Master Capital Investment Plan will need to be prioritized from within the budget designated for regional program activities which is already being reduced in nominal terms and further eroded by inflation.

13. The purchasing power of the operating budget for program activities has suffered over the last several biennia given that budget approvals by Member States have only considered budget increases to meet net staff cost increases (despite continued reductions in staffing levels). The erosion is particularly acute for the regional level (such as regional centers and entities based in Washington) where the ratio of fixed-term staff costs to activity costs is typically higher than in countries because of the nature of the work. As the cost of fixed-term positions continues to rise, it becomes increasingly difficult for the Secretariat to strive for further efficiencies by continuing to streamline operations and realign program areas, despite efforts made to reduce fixed-term positions.

14. The situation explained above is compounded by the fact that the Regional Program Budget Policy will progressively allocate a larger share of the budget to the countries over the next two biennia, as was the case for 2006-2007—the first implementation biennium of the Budget Policy. The further reduction of the regular budget for regional activities creates a challenge for carrying out the statutory and normative work and for the ability of regional entities to respond to backstopping needs of countries.

15. To better understand these dynamics and their effect on the budget, Table 2 below serves to illustrate the interplay among the principle attributes of the budget; namely, its financing, its major cost types, and its distribution among functional levels as stipulated in the Regional Program Budget Policy.

Table 2. Distribution of the Proposed Regular Budget 2008-2009

	In thousand of U.S. dollars			
	<u>2006-2007</u>	<u>Change</u>	<u>2008-2009</u>	<u>Percentage</u>
<u>To be Financed from:</u>				
Assessed Contributions	173,300	6,766	180,066	3.9%
Miscellaneous Income	14,500	-	14,500	0.0%
WHO/AMRO	77,768	3,733	81,501	4.8%
Total	265,568	10,499	276,067	4.0%
<u>By Major Cost Type:</u>				
Post	168,802	13,998	182,800	8.3%
Non-post	91,766	(3,499)	88,267	-3.8%
Retirees' Health Insurance	5,000	-	5,000	0.0%
Total	265,568	10,499	276,067	4.0%
<u>By Functional Level:</u>				
Regional	144,876	2,313	147,189	54.3%
Sub-regional	16,676	1,485	18,161	6.7%
Country	99,016	6,700	105,716	39.0%
Subtotal	260,568	10,499	271,067	100.0%
Retirees' Health Insurance	5,000	-	5,000	
Total	265,568	10,499	276,067	

16. In the present proposal, as illustrated in Table 2, the non-post component of the budget is being reduced by \$3.5 million (to offset the reduction in the expected funding from the AMRO share from \$85 million to \$81.5 million) in order to keep the assessment increase at no greater than the 3.9% originally presented to the SPBA. When added to the \$6.5 million of inflationary costs to non-post costs that are not being provided for in the proposal, the total real reduction in the non-post component of the budget amounts to \$10 million (\$3.5 million + \$6.5 million), or about 10% of the total non-post budget.

17. Given the regular budget situation, effective resource mobilization becomes increasingly important for the Organization. And since voluntary contributions provided by donor partners are generally earmarked for specific objectives and are less predictable, the Secretariat will continue

to make every effort to manage these contributions in light of the overall expected results contained in the Strategic Plan. Thus, regular budget funds become essential for securing many of the statutory and normative core functions.

18. Finally, in consideration of the expressed concern of several Member States regarding their ability to accept budget increases, and in trying to keep budget increases to an absolute minimum, the Secretariat is prepared to take the "optimistic" scenario forward in constructing the proposed 2008-2009 program budget with the understanding that the economic reality may be different and may require significant adjustments to planned programmatic targets contained in the Region-wide expected results.

19. The Annexes provide different region-wide views of the program budget by the 16 Strategic Objectives, as well as additional details on the distribution of the Country Allocation by country as stipulated by the Regional Program Budget Policy. Where there are comparisons made to the 2006-2007 budget, it should be noted that a crosswalk methodology (developed by WHO) has been applied to convert the 2006-2007 budget from 38 Areas of Work to 16 Strategic Objectives.

STRATEGIC OBJECTIVE 1

To reduce the health, social and economic burden of communicable diseases

Scope

This Strategic Objective (SO) focuses on prevention, early detection, diagnosis, treatment, control, elimination, and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations in the Region of the Americas. The diseases to be addressed include, but are not limited to: vaccine-preventable, tropical (including vector-borne), zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

REGION-WIDE EXPECTED RESULTS

RER 1.1 Policy and technical cooperation provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies, and to integrate other essential child health interventions with immunization.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.1.1	Number of countries achieving more than 95% DPT3 coverage at national level	17	20
1.1.2	Proportion of municipalities with coverage level for DPT3 less than 95% in Latin America and the Caribbean.	38% (5,729)	35% (5,277)
1.1.3	Number of countries supported to make evidence-based decisions for the introduction of new vaccines	9	10
1.1.4	Number of essential child & family health interventions integrated with immunization for which guidelines on common program management are available.	4	6
1.1.5	Number of counties that have established either legislation or a specified national budget line in order to ensure sustainable financing of immunization	30	32
1.1.6	Number of subregions with action plans for the introduction of new vaccines according to the agreements of the subregional integration mechanisms (RESCCAD, CARICOM, ORAS y MERCOSUR).	0	2
1.1.7	Number of subregions with border immunization activities (vaccination and vaccine-preventable disease {VPD} surveillance)	3	3
1.1.8	Percentage of countries supported to develop an updated immunization plan of action.	60%	70%
1.1.9	Percentage of countries supported to develop vaccine safety plans of action.	53%	70%

RER 1.2 Effective coordination and technical cooperation provided to Member States to maintain measles elimination and achieve rubella, Congenital Rubella Syndrome (CRS) and neonatal tetanus elimination; while sustaining the polio free status and the appropriate containment of polioviruses, leading to a simultaneous cessation of oral polio vaccination globally.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.2.1	Number of countries using oral polio vaccine (OPV) according to an internationally agreed time-line and process for cessation of routine use of OPV.	35	35
1.2.2	Percentage of final country reports or updates on polio containment certified by Regional Commission for the Americas.	100%	100%
1.2.3	Number of facilities storing poliovirus in the Americas.	1	1
1.2.4	Number of countries with sustained surveillance of acute flaccid paralysis.	40	40
1.2.5	Number of countries with integrated measles / rubella and Congenital Rubella Syndrome (CRS) surveillance.	35	40
1.2.6	Number of countries that have implemented interventions to achieve rubella and Congenital Rubella Syndrome (CRS) elimination.	37	40
1.2.7	Number of countries achieving neonatal tetanus (NNT) elimination	39	40
1.2.8	Number of countries that have implemented epidemiological surveillance system for the new vaccines (RV, NEUMO, INF, YF, HPV).	0	5

RER 1.3 Effective coordination and technical cooperation provided to Member States to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.3.1	Number of countries achieving dracunculiasis eradication certification.	40	40
1.3.2	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities, especially Brazil, which is the only country in Americas with high leprosy burden.	1/24	9/24
1.3.3	Population at risk (in millions) of lymphatic filariasis in four endemic countries receiving mass drug administration (MDA) or preventive chemotherapy.	2.4	4.7

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.3.4	Coverage of at-risk school-age children in endemic countries with regular treatment against schistosomiasis and soil transmitted helminthiasis (STH).	38%	50%
1.3.5	Number of countries that have incorporated a multidisease, interprogrammatic, intersectoral approach for the prevention, control or elimination of neglected communicable diseases.	1/35	4/35
1.3.6	Number of countries that have incorporated an intersectoral, interprogrammatic approach for the prevention, control or elimination of zoonoses of public health importance.	2/21	4/21
1.3.7	Number of countries in Latin America that eliminated human rabies transmitted by dogs.	11/21	12/21
1.3.8	Number of countries supported in the maintenance of control programs in equinococosis.	4	4
1.3.9	Number of countries in Latin America and the Caribbean assisted to maintain surveillance and preparedness for emerging or re-emerging zoonotic diseases (e.g. avian flu and bovine spongiform encephalopathy).	10/33	13/33
1.3.10	Number of countries with total interruption of Chagas Disease vector transmission (T infestans for South Cone, and Rhodnius prolixus in Central America).	3/21	11/21
1.3.11	Number of countries with total Chagas screening of blood banks for transfusional transmission.	14/21	20/21
1.3.12	Number of endemic countries with onchocerciasis elimination certification.	0/6	1/6
1.3.13	Technical norms or recommendations provided to countries for prevention and control of zoonotic diseases.	5	7
1.3.14	Regional rabies surveillance system functioning on an ongoing basis (number of countries reporting)	21	21
1.3.15	Number of technical guidelines published for the surveillance, prevention, control of neglected communicable diseases.	0	2

RER 1.4 Policy and technical cooperation provided to Member States to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.4.1	Number of countries with enhanced surveillance for communicable diseases of public health importance.	13/39	15/39
1.4.2	Number of countries receiving technical cooperation from PASB to adapt generic surveillance and communicable disease monitoring tools or protocols to specific country situations.	2	20

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.4.3	Number of countries for which joint reporting forms on immunization surveillance and monitoring are received at regional level in accordance with established timelines.	15	18
1.4.4	Number of new and improved anti-microbial resistance (AMR) tools, interventions and implementation strategies whose effectiveness has been determined by appropriate institutions.	5	7

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.5.1	Number of consensus reports published on subregional, regional or global research needs and priorities for a disease or type of intervention.	0	3
1.5.2	Number of new and improved interventions and implementation strategies whose effectiveness has been evaluated and validated.	1	2
1.5.3	Proportion of peer-reviewed publications based on PAHO/WHO-supported research where the main author's institution is in a developing country.	15%	30%
1.5.4	Number of countries with one or more institutions which have implemented Tropical Disease Research (TDR) new ten year vision, under the coordination of PAHO/WHO.	0	6

RER 1.6 Technical cooperation provided to Member States to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.6.1	Number of countries that have completed the assessment of core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005).	3	32
1.6.2	Number of countries supported by PASB to develop national plans of action to meet minimum core capacity requirements for early warning and response in line with their obligations under the International Health Regulations.	0	32
1.6.3	Number of countries whose national laboratory system is engaged in at least one internal or external quality-control program for communicable diseases.	20/36	24/36

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.6.4	Number of countries participating in training programs focusing on the strengthening of early warning systems, public health laboratories or outbreak response capacities.	38/38	38/38

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.7.1	Number of countries having national preparedness plans and standard operating procedures in place for major epidemic prone diseases (e.g. pandemic influenza, yellow fever, dengue, meningitis).	22	28
1.7.2	Number of countries that have tested their national preparedness plans and standard operating procedures for pandemic influenza through simulation exercises.	10	20
1.7.3	Number of international support mechanisms for surveillance, diagnosis and mass intervention (e.g. international laboratory surveillance networks and vaccine-stockpiling mechanisms for meningitis, hemorrhagic fevers, plague, yellow fever, influenza, smallpox).	5	6
1.7.4	Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious.	22	25
1.7.5	Number of countries implementing interventions and strategies for dengue control (Estrategias de Gestión Integrada {EGI} or Communication for Behavior Impact {COMBI}).	15	17
1.7.6	Number of tools (guidelines, protocols, training modules) developed to assist countries in the development and implementation of national preparedness plans for major epidemic-prone diseases (e.g. pandemic influenza).	2	5

RER 1.8 Global, Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
1.8.1	Number of PASB offices (regional and country) with the global event management system in place to support coordination of risk assessment, communications and field operations among headquarters, regional and country offices.	1/28	10/28
1.8.2	Number of countries with at least one participating partner institution in the global outbreak alert and response network, and other relevant regional sub-networks.	26	35
1.8.3	Proportion of requests for support from Member States for which 'PASB mobilizes comprehensive and coordinated international support for disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks.	100%	100%
1.8.4	Median time (in days) to verification of outbreaks of international importance, including laboratory confirmation of etiology.	7 days	5 days

BUDGET FOR STRATEGIC OBJECTIVE 1

RER	Region-wide Expected Result (RER)	Total Resources
1.1	Policy and technical cooperation provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies, and to integrate other essential child health interventions with immunization.	15,989,500
1.2	Effective coordination and technical cooperation provided to Member States to maintain measles elimination and achieve rubella, Congenital Rubella Syndrome (CRS) and neonatal tetanus elimination; while sustaining the polio free status and the appropriate containment of polioviruses, leading to a simultaneous cessation of oral polio vaccination globally.	14,197,200
1.3	Effective coordination and technical cooperation provided to Member States to provide access for all populations to interventions for the prevention, control, and elimination of neglected communicable diseases, including zoonotic diseases.	18,833,600
1.4	Policy and technical cooperation provided to Member States to enhance their capacity to carry out communicable diseases surveillance and response, as part of a comprehensive surveillance and health information system.	9,488,400
1.5	New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed, validated, available, and accessible.	4,316,400
1.6	Technical cooperation provided to Member States to achieve the core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.	2,724,000
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. influenza, dengue, meningitis, yellow fever, haemorrhagic fevers, plague and smallpox).	13,667,400
1.8	Global, Regional and Subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.	6,383,500
Total Cost for SO1		85,600,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	85,600,000

STRATEGIC OBJECTIVE 2

To combat HIV/AIDS, tuberculosis and malaria

Scope

This Strategic Objective (SO) focuses on interventions for the prevention, early detection, treatment and control of HIV/AIDS, tuberculosis and malaria, including elimination of malaria and congenital syphilis. Emphasis is placed in those interventions that can reduce regional inequities, addressing the needs of vulnerable and most at risk populations.

REGION-WIDE EXPECTED RESULTS

RER 2.1 **Guidelines, policy, and strategy developed for prevention of, and treatment, support and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.1.1	Number of countries that have achieved the national intervention targets for HIV/AIDS, consistent with the goal of universal access to HIV/AIDS prevention, treatment and care.	10	12
2.1.2	Number of malaria endemic countries implementing all components of the Global MALARIA control strategy within the context of the Roll Back MALARIA initiative and PAHO's Regional Plan for MALARIA in the Americas, 2006-2010 and national intervention targets. Within the same context, for non endemic countries, the number involved in activities to prevent re-emergence.	20	31
2.1.3	Number of countries detecting 70% of estimated cases of pulmonary TUBERCULOSIS with a positive TB smear test.	13/27	21/27
2.1.4	Number of countries with a treatment success rate of 85% for TUBERCULOSIS cohort patients.	10/27	21/27
2.1.5	Number of countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with sexually transmitted infections at primary point-of-care sites diagnosed, treated and counseled).	5	25

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.1.6	Number of countries that have achieved regional targets for elimination of congenital syphilis.	1	15
2.1.7	Number of subregions that have implemented advocacy strategies to overcome barriers to universal access for HIV for the poor, hard to reach and vulnerable populations.	0	3
2.1.8	Number of frameworks, policy briefs and case studies made available to countries in order to achieve targets on prevention, treatment and comprehensive care for HIV in vulnerable groups.	1	6

RER 2.2 Policy and technical cooperation provided to Member States towards expanded gender -sensitive delivery of prevention, support, treatment and care interventions for HIV/AIDS, malaria and TB; including integrated training and service delivery; wider service provider networks; strengthened laboratory capacities and better linkages with other health services, such as reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.2.1	Number of targeted countries with integrated / coordinated gender-sensitive policies on HIV/AIDS.	40	40
2.2.2	Number of targeted countries that have developed integrated/ coordinated gender sensitive policies on TUBERCULOSIS.	0/27	8/27
2.2.3	Number of targeted countries with integrated or coordinated gender-sensitive policies on MALARIA, particularly in pregnant women.	0/21	8/21
2.2.4	Number of countries with sound national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by HIV/AIDS.	3	20
2.2.5	Number of countries with sound national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by TUBERCULOSIS.	0/27	10/27
2.2.6	Number of countries with sound national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by MALARIA	0/21	10/21
2.2.7	Number of countries monitoring access to gender-sensitive health services for HIV/AIDS.	3	20
2.2.8	Number of countries monitoring access to gender-sensitive health services for TUBERCULOSIS.	0/27	8/27

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.2.9	Number of countries monitoring access to gender-sensitive health services for MALARIA.	8/21	18/21
2.2.10	Number of countries with plans for monitoring provider-initiated HIV testing and counseling in sexual and reproductive health (sexually transmitted infection and family planning services).	18	20
2.2.11	Number of health professionals and decision makers trained through courses (including virtual self-conducted) in comprehensive gender sensitive services for prevention, treatment and care for HIV/AIDS.	0	60
2.2.12	Number of subregions implementing and monitoring plans with defined subregional targets for Universal access in the context of the Regional HIV/STI Plan for the Health Sector 2006-2015.	3	3

RER 2.3 Regional guidance and technical cooperation provided on policies and programs to promote equitable access to essential medicines of assured quality for the prevention and treatment of HIV, tuberculosis and malaria, and their rational use, including appropriate vector control strategies, by prescribers and consumers; and uninterrupted supply of diagnostics, safe blood and other essential commodities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.3.1	Number of global standards related to HIV/AIDS and congenital syphilis reviewed, adapted to regional needs and/or adopted.	3	8
2.3.2	Number of countries implementing revised / updated diagnostic and treatment guidelines on TUBERCULOSIS.	0/25	15/25
2.3.3	Number of countries implementing revised / updated diagnostic and treatment guidelines on MALARIA.	16/21	21/21
2.3.4	Number of countries with endemic MALARIA conducting regular surveys of antiMALARIAL drug quality.	8/21	20/21
2.3.5	Number of countries with high incidence of P. falciparum MALARIA using artemisinin-based combination therapy from a pre-qualified manufacturer	6/13	10/13
2.3.6	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS whose supply is integrated into national pharmaceutical systems	27	33
2.3.7	Number of malaria-endemic countries receiving support to increase access to affordable medicines for MALARIA whose supply is integrated into National pharmaceutical systems.	21/21	21/21
2.3.8	Number of countries receiving support to increase access to affordable essential medicines for HIV/AIDS whose supply is integrated into national pharmaceutical systems, with prices negotiated through the strategic fund.	18	19

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.3.9	Cumulative number of patients with TUBERCULOSIS treated with support from the Global Drug Facility	40,000	60,000
2.3.10	Number of countries implementing quality-assured HIV screening of all donated blood.	32	35
2.3.11	Number of countries with plans to monitor the administration of all medical injections with safe equipment (e.g. disposable needles) as part of strategy to prevent transmission of HIV associated with health care.	0	4

RER 2.4 Global, regional and national surveillance, evaluation and monitoring systems strengthened and expanded to keep track of progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.4.1	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex dis-aggregation.	27	30
2.4.2	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on TUBERCULOSIS using WHO/PAHO's standardized methodologies, including appropriate age and sex dis-aggregation.	28	30
2.4.3	Number of countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on malaria using WHO/PAHO's standardized methodologies, including appropriate age and sex dis-aggregation.	21	21
2.4.4	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of HIV/AIDS.	35	40
2.4.5	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of Tuberculosis, and the achievement of targets.	27/40	30/40
2.4.6	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of, and the achievement of targets for TB/HIV co-infection.	18/40	30/40
2.4.7	Number of countries providing PAHO/WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of MALARIA and the achievement of targets.	21/21	21/21
2.4.8	Number of countries reporting on sex and age disaggregated surveillance and monitoring of HIV drug resistance.	0	20

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.4.9	Number of countries reporting on sex and age disaggregated surveillance and monitoring of TUBERCULOSIS drug resistance.	0/27	12/27
2.4.10	Number of countries reporting on sex and age disaggregated surveillance and monitoring of MALARIA drug resistance.	9/21	20/21
2.4.11	Regional and subregional networks developed for HIV drug resistance including lab networks.	1	2
2.4.12	Regional and subregional reports published on HIV epidemic profile.	1	3

RER 2.5 Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnership on HIV, malaria and tuberculosis at country, regional and global levels; technical cooperation provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.5.1	Number of countries with functional partnerships for HIV control.	40	40
2.5.2	Number of countries with functional partnerships for Tuberculosis control.	5/27	8/27
2.5.3	Number of targeted countries with functional partnerships for malaria control.	21/21	21/21
2.5.4	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for HIV.	12	15
2.5.5	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for TUBERCULOSIS.	14/27	18/27
2.5.6	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for malaria.	13/21	17/21
2.5.7	Number of countries that have involved communities, academia and under represented sectors, persons affected by the diseases, civil society organizations, private sector in planning, design, implementation and evaluation of HIV programs.	40	40
2.5.8	Number of countries that have involved communities, academia and under represented sectors, persons affected by the disease, civil society organizations, private sector in planning, design, implementation and evaluation of Tuberculosis programs.	3/27	10/27

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.5.9	Number of countries that have involved communities, academia and under represented sectors, persons affected by the disease, civil society organizations, private sector in planning, design, implementation and evaluation of malaria programs.	13/21	21/21
2.5.10	Number of regional and subregional partnerships initiated and established by the PASB for HIV/AIDS control.	7	9

RER 2.6 New knowledge, intervention tools and strategies developed, validated, available, and accessible, to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with developing countries increasingly involved in this research.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
2.6.1	Number of new and improved interventions and implementation strategies for HIV whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	1	2
2.6.2	Number of new and improved interventions and implementation strategies for tuberculosis whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	3	5
2.6.3	Number of new and improved interventions and implementation strategies for malaria whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions.	0	1
2.6.4	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS which the main author's institution is based in a developing country.	0	3
2.6.5	Number of peer-reviewed publications arising from PAHO/WHO-supported research on malaria for which the main author's institution is based in a developing country.	0	2
2.6.6	Number of countries with a clear and well-implemented HIV research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	4	6
2.6.7	Number of countries with a clear and well-implemented MALARIA, research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	8/21	13/21
2.6.8	Number of countries with a clear and well-implemented TUBERCULOSIS research agenda that gives adequate focus on health systems strengthening and country-level capacity building.	0/25	5/25

BUDGET FOR STRATEGIC OBJECTIVE 2

RER	Region-wide Expected Result (RER)	Total Resources
2.1	Guidelines, policy, and strategy developed for prevention of, and treatment, support and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations	10,548,100
2.2	Policy and technical cooperation provided to Member States towards expanded gender-sensitive delivery of prevention, support, treatment and care interventions for HIV/AIDS, malaria and TB; including integrated training and service delivery; wider service provider networks; strengthened laboratory capacities and better linkages with other health services, such as reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug dependence treatment services, respiratory care, neglected diseases and environmental health.	15,568,100
2.3	Regional guidance and technical cooperation provided on policies and programs to promote equitable access to essential medicines of assured quality for the prevention and treatment of HIV, tuberculosis and malaria, and their rational use, including appropriate vector control strategies, by prescribers and consumers; and uninterrupted supply of diagnostics, safe blood and other essential commodities.	14,435,800
2.4	Global, regional and national surveillance, evaluation and monitoring systems strengthened and expanded to keep track of progress towards targets and resource allocations for HIV, malaria and tuberculosis control; and to determine the impact of control efforts and the evolution of drug resistance.	12,390,400
2.5	Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnership on HIV, malaria and tuberculosis at country, regional and global levels; technical cooperation provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programs	10,570,500
2.6	New knowledge, intervention tools and strategies developed, validated, available, and accessible, to meet priority needs for the prevention and control of HIV, tuberculosis and malaria, with developing countries increasingly involved in this research.	9,577,100
Total Cost for SO2		73,090,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	73,090,000

STRATEGIC OBJECTIVE 3

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

Scope

This Strategic Objective (SO) encompasses policy development, program implementation, monitoring and evaluation, strengthening of health and rehabilitation systems and services, implementation of prevention programs and capacity building, in the area of: chronic noncommunicable conditions (including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, hearing and visual impairment, oral diseases, and genetic disorders); mental, behavioral, neurological and psychoactive substance use disorders; injuries due to road traffic crashes, drowning, burns, poisoning or falls and violence in the family, the community or between organized groups; disabilities from all causes.

REGION-WIDE EXPECTED RESULTS

RER 3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.1.1	Number of countries whose health ministries have a focal point or a unit for injuries and violence prevention with its own budget.	9	14
3.1.2	Number of countries whose health ministries have a unit for mental health and substance abuse with its own budget	24	28
3.1.3	Number of countries whose health ministries have a unit or department for chronic noncommunicable conditions and with its own budget.	21	36
3.1.4	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been taken to stimulate multiple sector involvement in healthy public policy implementation.	3	10
3.1.5	Number of countries that have a unit or focal point in the MoH (or equivalent) on disabilities prevention and rehabilitation.	10	19
3.1.6	Partners Forum for prevention and control of chronic diseases established including public, private sector and civil society.	0	1
3.1.7	Sub-regional Forums to assess and discuss the implementation of National Health Policy and Plan.	3	3

RER 3.2 Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities, and oral diseases.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.2.1	Number of countries that have and are implementing national plans to prevent unintentional injuries and violence.	15	17
3.2.2	Number of countries that are implementing national plans for disability, including prevention, management and rehabilitation according to PAHO/WHO guidelines and Directing Council resolutions.	5	15
3.2.3	Number of countries that are implementing a national Mental Health plan according to PAHO/WHO guidelines and Directing Council Resolutions.	26	29
3.2.4	Number of countries that have and are implementing a nationally approved policy and plan for the prevention and control of chronic, noncommunicable conditions, including genetic diseases.	15	32
3.2.5	Number of countries in the CARMEN network (Conjunto de Acciones para la Reducción Multifactorial de Enfermedades Notransmisibles).	22	30
3.2.6	Number of countries that have and are implementing comprehensive national plans for the prevention of blindness and visual impairment.	7	11
3.2.7	Number of countries that have and are implementing comprehensive national oral health plans for the prevention of oral diseases.	27	35

RER 3.3 Improved capacity in countries to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, and disabilities, as well as their risk factors and determinants.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.3.1	Number of countries that have a published a document containing a national compilation of data on the magnitude, causes and consequences of injuries and violence.	12	16
3.3.2	Number of countries that have a published document containing a national compilation of data on the prevalence and incidence of disabilities	8	15
3.3.3	Number of countries with national information systems and annual report that includes mental, neurological and substance abuse disorders.	20	24
3.3.4	Number of countries with a national health reporting system and annual reports that include indicators of chronic, noncommunicable conditions.	15	28

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.3.5	Number of countries documenting the burden of hearing and visual impairment including blindness.	8	14

RER 3.4 Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, disabilities, and oral health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.4.1	Number of cost-effective interventions for the management of selected mental and neurological disorders (depression, psychosis, and epilepsy) prepared and made available.	1	2
3.4.2	Availability of summarized evidence on the cost-effectiveness of a core package of interventions for chronic noncommunicable conditions together with an estimate of the regional cost of implementation in the Americas.	Not available	Package available and disseminated to countries and subregions
3.4.3	Number of countries with cost analysis studies on violence and/or injuries conducted and disseminated.	8	12
3.4.4	Number of countries with best practice models to deliver oral health services, including cost-effective analysis.	4	10
3.4.5	Number of cost-effective oral health interventions with an estimate of the regional cost of implementation in the Americas.	2	2

RER 3.5 Guidance and technical cooperation provided to Member States for the preparation and implementation of multisectoral, population-wide programs to promote mental health and prevent mental and behavioral disorders, injuries and violence, as well as hearing and visual impairment, including blindness.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.5.1	Number of countries implementing strategies recommended by PAHO/WHO for population wide prevention of disabilities, including hearing and visual impairment and blindness.	6	15
3.5.2	Number of countries for which guidance and support has been provided for the preparation and implementation of multi-sectoral population-wide programs to prevent violence and injuries.	13	15
3.5.3	Number of countries having program of mental health promotion, and mental, behavioral and substance abuse prevention integrated into the National Mental Health Plan	0	9
3.5.4	Number of countries implementing the Regional Strategy on an Integrated approach to prevention and control of Chronic Diseases, including Diet and Physical Activity.	2	10

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.5.5	Regional Guidelines on mental health promotion and mental, behavioral, substance abuse and neurological disorders prevention.	0	1

RER 3.6 Support provided to countries to strengthen their health and social systems for integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.6.1	Number of countries that apply guidelines for violence and/or injuries in their health care services.	12	15
3.6.2	Number of countries that strengthened their rehabilitation services using the recommendations in The World Report on Disability and Rehabilitation and related PAHO/WHO guidelines and resolutions.	5	15
3.6.3	Number of countries with a systematic assessment of their mental health systems using the WHO-AIMS assessment instrument for mental health systems and utilizing the information to strengthen national mental health services.	8	15
3.6.4	Number of targeted countries implementing integrated primary health-care strategies recommended by WHO in the management of chronic, noncommunicable conditions.	10	20
3.6.5	Number of targeted countries that have established demonstration sites for integrated prevention and control of Chronic Disease.	16	24
3.6.6	Number of targeted countries that have elaborated and are implementing National Guidelines and Protocols for Chronic Disease.	6	24
3.6.7	Number of targeted countries with universal access to medication for major NCDs.	5	8
3.6.8	Number of countries with strengthened health-system services for the treatment of tobacco dependence as a result of using WHO's policy recommendations	6	12

RER 3.7 Strengthened interprogrammatic approach for improved synergy and impact in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.7.1	Number of countries that have applied an Inter-programmatic approach to address violence and/or injuries.	23	28
3.7.2	Inter-programmatic group on chronic diseases prevention established and functioning	0	1

RER 3.8 Countries supported to develop monitoring and evaluation instruments to measure advances in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
3.8.1	Number of countries that have significantly increased their capacity to deal with violence and/or injuries.	13	15
3.8.2	Integrated regional information system for countries and the Bureau developed for monitoring and evaluation including mortality, morbidity and risk factors, costs, programmatic coverage and input/policy indicators, for chronic diseases and risk factors (diet, physical activity, tobacco, alcohol), health promotion, mental health and injuries and violence.	System under development in collaboration with WHO Geneva	System approved by Governing Bodies
3.8.3	Number of countries that improved the measures of disabilities prevention according UN Standard Rules, PAHP/WHO Guidelines, Directive Council Resolutions, the World Report on Disabilities and Rehabilitation and others regional standard.	0	5

BUDGET FOR STRATEGIC OBJECTIVE 3

RER	Region-wide Expected Result (RER)	Total Resources
3.1	Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities.	4,970,800
3.2	Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and behavioral disorders, violence, injuries and disabilities, and oral diseases.	7,215,900
3.3	Improved capacity in countries to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, and disabilities, as well as their risk factors and determinants	4,291,200
3.4	Improved evidence compiled by the Secretariat on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries, disabilities, and oral health.	3,420,600
3.5	Guidance and technical cooperation provided to Member States for the preparation and implementation of multisectoral, population-wide programs to promote mental health and prevent mental and behavioral disorders, injuries and violence, as well as hearing and visual impairment, including blindness.	2,689,100
3.6	Support provided to countries to strengthen their health and social systems for integrated prevention and management of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,527,500
3.7	Strengthened interprogrammatic approach for improved synergy and impact in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,231,300
3.8	Countries supported to develop monitoring and evaluation instruments to measure advances in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.	1,653,600
Total Cost for SO3		27,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	-1

STRATEGIC OBJECTIVE 4

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

Scope

This Strategic Objective (SO) focuses on reduction of mortality and morbidity to improve health during key stages in life and ensuring universal access to coverage with effective interventions for maternal, newborn, child, adolescent, and sexual reproductive health, using a life-course approach and addressing equity gaps. Work will be undertaken to support actions to strengthen health systems, formulate and implement policies and programs that promote healthy and active aging for all individuals

REGION-WIDE EXPECTED RESULTS

RER 4.1 Support provided to Member States to develop comprehensive policies, plans and strategies promoting universal access to effective interventions in collaboration with other programs and sectors, paying attention to gender inequality and gaps in health equity, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector and partnerships with UN agencies and others (NGOs).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.1.1	Number of countries that have policies, plans and programs that promote universal access to effective interventions in maternal, neonatal, child health.	9	12
4.1.2	Number of countries that have a policy of universal access to sexual and reproductive health.	7	11
4.1.3	Number of countries that have a policy on the promotion of active and healthy aging.	11	15
4.1.4	Number of functional partnerships and alliances (with NGO's, civil society, collaborating centers, national institutions of excellence and private partnerships) to advance maternal, newborn, child and adolescent health.	12	15

RER 4.2 National/local capacity strengthened to produce evidence, technologies, and interventions and to improve national/local surveillance and information systems to improve sexual and reproductive health, maternal, neonatal, child and adolescent health, and promote active and healthy aging.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.2.1	Number of institutions that have functioning information systems (such as the perinatal information system), surveillance systems and others, to track sexual and reproductive health, maternal, neonatal, child and adolescent health - with information disaggregated by age, sex and ethnicity.	50	75
4.2.2	Number of new or updated systematic reviews on best practices, operational research, policies and standards of care.	0	5
4.2.3	Number of guidelines and tools developed for monitoring and evaluation systems for child care and survival.	3	4
4.2.4	Regional database system(s) in Adolescent Health functioning on an ongoing basis.	0	10
4.2.5	Number of centers of excellence (in research, service delivery and training courses) that build national capacity (preservice and in service), and are supported by regional programs in maternal, neonatal, child and adolescent health	12	15

RER 4.3 Guidelines, approaches and tools for improving maternal care in use at the country level, with technical support provided to Member States to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.3.1	Numbers of countries that have implemented national strategies to ensure skilled care at birth, including ante- and post-natal care.	10	12
4.3.2	Number of countries adapting and utilizing IMPAC (integrated management of pregnancy and childbirth) policy, technical and managerial norms and guidelines and perinatal technologies to improve the quality of care for mother and newborns.	5	9
4.3.3	Number of countries that have a functioning network of basic emergency obstetric and neonatal care at all levels of referral.	6	10
4.3.4	Number of countries that have implemented evidence based normative guides and perinatal technology to improve the quality of care for mother and newborn.	8	12

RER 4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.4.1	Number of countries with breast milk banks and at least 50% of targeted districts implementing strategies for neonatal survival and health including neonatal Integrated Management of Childhood Illnesses (IMCI).	4	8
4.4.2	Number of countries that have adopted and implemented evidence-based guidelines and norms (including WHO Growth Standards) for the continuum of maternal care and IMCI, including newborns.	9	15
4.4.3	Number of guidelines, approaches and tools on effective interventions and/or monitoring and evaluation systems developed to improve neonatal care and survival.	4	6

RER 4.5 Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.5.1	Number of countries implementing strategies for increasing coverage using a rights-based approach in child development and health interventions.	6	11
4.5.2	Number of countries that have adopted integrated management of childhood illness (IMCI) guidelines and where 75% or more of targeted districts are implementing them, including a micronutrient package.	5	10
4.5.3	Number of countries that have implemented community-based policies using an IMCI methodology based on social actors to strengthen primary health care including key family and practices (e.g. promotion of exclusive breastfeeding, complementary feeding and prevention of micronutrients deficiencies).	9	15
4.5.4	Number of guidelines, tools and approaches to tools develop and implement policies and plans promoting the implementation of effective interventions to improve child health and scale-up universal coverage.	8	12

RER 4.6 Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.6.1	Number of countries with functioning national programs in adolescent health and development	10	12
4.6.2	Number of countries in the region implementing integrated strategies and a comprehensive package of services in adolescent health and youth development (Integrated Management of Adolescent Needs - IMAN).	3	10
4.6.3	New guidelines, approaches and tools to support the implementation of evidence-based policies and strategies on adolescent health and development.	2	4
4.6.4	Number of Regional Training Programs supplied by PAHO to build capacity on Adolescent health and development including advocacy events and different methodologies (online-CD Rom-Modules).	2	5

RER 4.7 Guidelines, approaches and tools available, with technical support provided to Member States for accelerated action towards implementing the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to good quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.7.1	Number of countries that have adopted the WHO Global Strategy of Reproductive Health.	5	8
4.7.2	Number of countries that have reviewed - and updated as necessary - national laws, regulations and policies related to and in support of sexual and reproductive health.	2	4
4.7.3	Number of countries that have implemented evidence based normative guides and programs in sexual and reproductive health.	8	11

RER 4.8 Guidelines, approaches, tools, and technical cooperation provided to Member States for increased advocacy for aging and health as a public health issue; for the development and implementation of policies and programs to maintain maximum functional capacity throughout the life course; and to train health care providers in approaches that ensure healthy aging.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
4.8.1	Number of countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy aging.	5	7
4.8.2	Number of countries that have multi-sectoral programs for strengthening primary health care capacity to address healthy aging.	9	10
4.8.3	Number of countries in which more than 50% of the population over 60 years old receive health and social service protection (in CAN and USA over 65 years).	12	13

BUDGET FOR STRATEGIC OBJECTIVE 4

RER	Region-wide Expected Result (RER)	Total Resources
4.1	Support provided to Member States to develop comprehensive policies, plans and strategies promoting universal access to effective interventions in collaboration with other programmes and sectors, paying attention to gender inequality and gaps in health equity, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector and partnerships with UN agencies and others (NGOs).	5,851,700
4.2	National/local capacity strengthened to produce evidence, technologies, and interventions and to improve national/local surveillance and information systems to improve sexual and reproductive health, maternal, neonatal, child and adolescent health, and promote active and healthy aging.	3,709,900
4.3	Guidelines, approaches and tools for improving maternal care in use at the country level, with technical support provided to Member States to reinforce actions that ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.	5,358,800
4.4	Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.	5,159,100
4.5	Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.	6,501,000
4.6	Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.	3,528,900
4.7	Guidelines, approaches and tools available, with technical support provided to Member States for accelerated action towards implementing the Global Reproductive Health Strategy, with particular emphasis on ensuring equitable access to good quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.	6,156,600
4.8	Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for aging and health as a public health issue; for the development and implementation of policies and programmes to maintain maximum functional capacity throughout the life course; and to train health care providers in approaches that ensure healthy aging.	924,000
Total Cost for SO4		37,190,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	37,190,000

STRATEGIC OBJECTIVE 5

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

Scope

The focus of this Strategic Objective (SO) is on an integrated, comprehensive, multi-sectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health in the Western Hemisphere. This is achieved primarily by strengthening the institutional capacity of the health sector, and in particular the Ministries of Health, in preparedness, risk reduction and in assuming its operational and regulatory responsibilities promptly and appropriately in response to any type of disaster. Main activities encompass: advocacy, technical assistance, knowledge management and training.

REGION-WIDE EXPECTED RESULTS

RER 5.1 Standards developed, capacity built and technical support provided to all Member States and partners for the development and strengthening emergency preparedness plans and programs at all levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.1.1	Number of countries in which disaster preparedness (including risk communication) plan for the health sector are developed and evaluated.	23	30
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place.	14	16
5.1.3	Number of countries developing and implementing programs for reducing the vulnerability of health, water and sanitation infrastructures.	9	20
5.1.4	Number of countries with a health disaster program with full time staff and specific budget.	10	11

RER 5.2 Timely and appropriate support provided to all Member States in providing immediate assistance to populations affected by crisis.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented.	40%	65%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.2.2	Number of Regional training programs on emergency response operations.	4	6
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place.	50%	75%
5.2.4	Number of countries where a response to emergencies is initiated within 24 hours.	10/10	TBD based on occurrence of emergencies

RER 5.3 Standards developed, capacity built and technical support provided to Member States for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.3.1	Proportion of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component.	100%	100%
5.3.2	Proportion of humanitarian action plans for complex emergencies and formulation processes for consolidated appeals with strategic and operational components for health included.	100%	100%
5.3.3	Proportion of countries in transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition.	100%	100%

RER 5.4 Coordinated technical support on all technical areas such as communicable disease, mental health, health services, food safety, radio nuclear, in response to most likely public health threats provided to all Member States in preparedness, recovery and risk reduction.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.4.1	Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies.	90%	100%
5.4.2	Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented.	90%	100%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.4.3	Number of countries where coordinated technical support is provided as needed by the PASB in emergency responses (universe of countries varies per biennium based on occurrence of emergencies).	10/10	TBD based on occurrence of emergencies

RER 5.5 Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.5.1	Number of countries where expert networks are in place for responding to food-safety and environmental public health emergencies.	8	10
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect to chemical, radiological and environmental health emergencies	20	24
5.5.3	Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	28	29
5.5.4	Proportion of food-safety and environmental health emergencies benefiting from intersectoral collaboration and assistance.	25%	65%
5.5.5	Number of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies.	8	10

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
5.6.1	Number of affected countries in which the United Nations Health Cluster is operational.	40	40
5.6.2	Number of emergency-related Regional interagency mechanisms and working groups where PAHO/WHO is actively involved.	4	8
5.6.3	Proportion of disasters in which UN and country-originated reports following a disaster include health information.	100%	100%

BUDGET FOR STRATEGIC OBJECTIVE 5

RER	Region-wide Expected Result (RER)	Total Resources
5.1	Standards developed, capacity built and technical support provided to all member states and partners for the development and strengthening emergency preparedness plans and programs at all levels.	12,064,000
5.2	Timely and appropriate support provided to all member state in providing immediate assistance to populations affected by crisis.	6,004,000
5.3	Standards developed, capacity built and technical support provided to member states for reducing health sector risk to disaster and ensure the quickest recovery of affected population.	7,218,500
5.4	Coordinated technical support on all technical areas such as communicable disease, mental health, health services, food safety, radionuclear, in response to most likely public health treats provided to all member states in preparedness, recovery and risk reduction.	1,668,300
5.5	Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	1,016,600
5.6	Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels.	7,028,600
Total Cost for SO5		35,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 6

To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

Scope

The work under this Strategic Objective (SO) focuses on integrated, comprehensive, multi-sectoral and multidisciplinary health promotion processes and approaches across all relevant PAHO/WHO and country programs, and the prevention and reduction of the major risk factors listed.

REGION-WIDE EXPECTED RESULTS

RER 6.1 Facilitate technical cooperation and support to countries to strengthen their health promotion capacities in all the pertinent programs and forge intersectoral, interagency, decentralized, and effective interdisciplinary alliances, with the intention to promote healthy public policies and prevent and reduce the presence of principal risk factors.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.1.1	Number of countries that have health promotion policies and plans with a budget	11	15
6.1.2	Number of countries with Healthy Schools Networks (or equivalent)	7	10
6.1.3	Number of countries that enact the PAHO/WHO Urban Health Conceptual framework	0	2
6.1.4	Number of countries that use evidence-based policies for health promotion	6	10
6.1.5	Number of subregions that promote the partnerships among Ministers of Health and Ministers of Education to strengthen Health Promoting Schools networks	0	1
6.1.6	Regional network of healthy municipalities, cities and communities that incorporate the urban health conceptual framework and stimulate healthy public policies	0	1

RER 6.2 Provide technical cooperation to strengthen the national surveillance systems with an integrated focus on the principal risk factors, preparing, validating, promoting, and strengthening frameworks, instruments and operational procedures for the countries.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.2.1	Number of countries supported that have developed a functioning national surveillance mechanisms using Pan Am STEPs (Pan American Stepwise approach to chronic disease risk factor surveillance) methodology for regular reports on major health risk factors in adults	6	10
6.2.2	Number of countries supported that have developed a functioning national surveillance mechanisms using school-based student health survey (Global School Health Survey) methodology for regular reports on, major health risk factors in youth.	11	20
6.2.3	Functional Regional Non-communicable Disease and Risk Factor information database (NCD INFO base)	Inter programmatic working group formed & active	Demo developed & tested

RER 6.3 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.3.1	Number of countries that have adopted legislation or its equivalent in relation to smoking bans in health-care and educational facilities consistent with the Framework Convention on Tobacco Control.	4	14
6.3.2	Number of countries that have adopted legislation or its equivalent in relation to bans on direct and indirect advertising of tobacco products in national media consistent with the Framework Convention on Tobacco Control.	0	5
6.3.3	Number of countries that have adopted legislation or its equivalent in relation to health warnings on tobacco products consistent with the Framework Convention on Tobacco Control.	8	21
6.3.4	Number of countries with comparable national data – disaggregated by age and sex – on prevalence of tobacco use	33/36	35/36
6.3.5	Regional Surveillance System on Tobacco with comparable prevalence data disaggregated by age and sex.	0	1

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.3.6	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control.	18	20

RER 6.4 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.4.1	Number of countries that have developed policies, plans, advocacy and programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use.	11	13
6.4.2	Number of policies, strategies, recommendations, standards and guidelines provided to Member States for the prevention and reduction of public health problems caused by alcohol, drugs and other psychoactive substance use.	3	6
6.4.3	Information systems established and maintained for implementation and evaluation of global policies, strategies, recommendations, standards and guidelines to reduce or prevent public health problems caused by alcohol, illicit drugs and other psychoactive substances.	Under development	Info systems in place

RER 6.5 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to Member States with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity, enabling them to strengthen institutions in order to combat or prevent related public health problems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.5.1	Number of countries that have developed national guidelines to promote healthy diet & physical activity including DPAS (Diet and Physical Activity Strategy)	8	10
6.5.2	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on rapid mass transportation systems.	7	12
6.5.3	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on clean fuels in transport	3	7
6.5.4	Number of countries (with cities above 500,000 inhabitants) that have initiated or established programs on pedestrian-friendly environments, bicycle-friendly cities, and crime control.	7	30

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.5.5	Number of countries that have initiated policies to phase-out trans-fats, reached agreements with food industry to reduce sugar, salt and fat in processed foods	4	15
6.5.6	Number of countries that have initiated policies to eliminate direct marketing/publicity of food to children under 12 years	2	7
6.5.7	Number of countries that have initiated policies to initiate programs to increase consumption of low fat dairy, fish and fruits & vegetables	10	20

RER 6.6 Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
6.6.1	Guidelines developed on the determinants and consequences of unsafe sex to identify effective interventions and to develop guidelines accordingly.	Not available	Research implemented on determinants and consequences of unsafe sex in order to develop three evidence based guidelines for promoting safe sexual behaviors.
6.6.2	Number of countries supported that have initiated or implemented new or improved interventions at individual, family and community levels to promote safe sexual behaviors.	5	10

BUDGET FOR STRATEGIC OBJECTIVE 6

RER	Region-wide Expected Result (RER)	Total Resources
6.1	Facilitate technical assistance and support to countries to strengthen their health promotion capacities in all the pertinent programs and forge intersectoral, interagency, decentralized, and effective interdisciplinary alliances, with the intention to promote healthy public policies and prevent and reduce the presence of principal risk factors.	11,997,800
6.2	Provide technical cooperation to strengthen the national surveillance systems with an integrated focus on the principal risk factors, preparing, validating, promoting, and strengthening frameworks, instruments and operational procedures for the countries.	1,014,600
6.3	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent related public health problems.	1,331,500
6.4	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent related public health problems.	1,818,900
6.5	Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to Member States with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity, enabling them to strengthen institutions in order to combat or prevent related public health problems.	658,900
6.6	Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.	178,300
Total Cost for SO6		17,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 7

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

Scope

This strategic objective focuses on the development and promotion of inter-sectoral action on the social and economic determinants of health, understood as the improvement of health equity by addressing the needs of poor, vulnerable and excluded social groups. This understanding highlights the connections between health and social and economic factors such as; education, housing, labor trade, and social status among others. In the region, the social determinants of health need to be addressed in relation to the MDGs and require the formulation of policies and programs that are ethically sound, responsive to gender inequalities, effective in meeting the needs of poor people and other vulnerable groups, and consistent with human-rights norms international and regional human rights conventions and standards.

REGION-WIDE EXPECTED RESULTS

RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.1.1	Number of countries that have implemented national strategies that address key policy recommendations of the Commission on the Social Determinants of Health	2/12	7/12
7.1.2	Number of countries whose PAHO/WHO Country Cooperation Strategy documents (CCS) include explicit strategies at the national and local level that address the social and economic determinants of health.	0/12	5/12
7.1.3	PAHO has a Regional Plan of Public Health for action on the determinants of health and social policy	0	1
7.1.4	Number of subregions that are taking action to strengthen integrated approaches to determinants of health and social policies	0	1
7.1.5	Number of countries supported to build capacity to take action on determinants of health and social policies	0	11

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.1.6	Regional model developed to promote community empowerment, intersectoral alliances and social policies at the local level taking as a point of departure healthy settings (homes, schools, municipalities)	0	1

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

Indicator #	RER Indicator text	Indicator #	RER Indicator text
7.2.1	Number of countries whose public policies target the determinants of health and social policy on an intersectoral, interprogrammatic basis.	0/12	7/12
7.2.2	Number of subregional fora organized for relevant stakeholders on inter-sectoral actions to address determinants of health, social policies and achievement of the Millennium Development Goals.	0	1
7.2.3	Number of tools developed and disseminated for assessing the impact of non-health sectors on health and health equity (such as Faces, Voices and Places).	1	1
7.2.4	Number of countries that have implemented Faces Voices and Places in at least one of their poorest municipalities.	8	10

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

Indicator #	RER Indicator text	Indicator #	RER Indicator text
7.3.1	Number of countries having health data of sufficient disaggregation and quality to assess and track health equity among key population groups.	8	15
7.3.2	Number of institutional mechanisms, supported by PAHO, that are installed in countries to develop and/or support the development and monitoring of gender equity in health.	8	10
7.3.3	Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data.	TBD	TBD
7.3.4	Number of countries with a national program on health equity that uses disaggregated data.	0	3

RER 7.4 Ethics and rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.4.1	Number of countries using: 1) international and regional human rights norms and standards; and 2) tools and technical guidance documents produced by PAHO/WHO to review and/or formulate national laws, policies and/or plans that advance health and reduce gaps in health equity and discrimination.	9	10
7.4.2	Number of countries using tools and guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies.	TBD	TBD

RER 7.5 Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender and ethnic-sensitive policies and programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.5.1	Number of publications that contribute to building evidence on the impact of gender and ethnic/racial equity on health and on effective strategies to address it	8	12
7.5.2	Number of tools and guidance documents developed for Member States on using gender and/or ethnic/racial analysis in health.	0	1
7.5.3	Number of PWR that include expected results, indicators, and specific budgetary resources for the implementation of the Gender Equality Policy and ethnic groups in their biennial Workplans.	4	9
7.5.4	Number of entities (technical areas and PWRs) whose biennial Workplan includes gender and ethnic/racial considerations as applicable	TBD	40/80
7.5.5	Number of subregions that apply the PAHO Gender Equality Policy in its biennial Workplan.	0	1
7.5.6	Number of subregions with an analysis of the health situation of ethnic groups.	0	1
7.5.7	Number of methodological, validated and widespread conceptual tools developed for the implementation of the Gender Equality Policy.	10	13
7.5.8	Number of countries with national plans to specifically improve the health of ethnic/racial groups.	11/21	13/21

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
7.5.9	Number of subregions that are working through plans and health programs to improve the health of ethnic/racial groups within the framework of the social determinants of health and the MDGs (Millennium Development Goals).	0/3	1/3
7.5.10	Number of units in the regional and subregional offices that have incorporated the ethnic/racial perspective in its biennial Workplan.	7	10
7.5.11	Percentage of technical documents produced for the Governing Bodies related to the MDGs that include the ethnic/racial perspective.	20%	50%

BUDGET FOR STRATEGIC OBJECTIVE 7

RER	Region-wide Expected Result (RER)	Total Resources
7.1	Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.	1,409,800
7.2	Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.	1,351,300
7.3	Social and economic data relevant to health collected collated and analyzed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	2,230,100
7.4	Ethics- and rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.	4,163,500
7.5	Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender-and ethnic-sensitive policies and programs.	8,245,300
Total Cost for SO7		17,400,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	0

STRATEGIC OBJECTIVE 8

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

Scope

The work under this Strategic Objective (SO) focuses on achieving safe, sustainable, and health-enhancing human environments, protected from social, biological, chemical, and physical hazards, and promoting human security and environmental justice from the effects of global and local threats.

REGION-WIDE EXPECTED RESULTS

RER 8.1 Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) developed and updated; technical cooperation provided for the implementation of international environmental agreements and for monitoring the Millennium Development Goals (MDGs).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.1.1	Number of new or updated risk assessments or environmental burden of disease (EBD) assessments conducted per year.	2	4
8.1.2	Number of international environmental agreements whose implementation is supported by PASB.	5	5
8.1.3	Number of countries implementing PAHO/WHO guidelines on chemical substances.	11	15
8.1.4	Number of countries implementing PAHO/WHO guidelines on air quality.	7	8
8.1.5	Number of countries implementing PAHO/WHO guidelines on drinking water.	13	16
8.1.6	Number of countries implementing WHO guidelines on recreational waters.	0	5

RER 8.2 Technical cooperation and guidance provided to countries for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, elderly).

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.2.1	Establishment of regional strategies for primary prevention of environmental health hazards under the health determinants and health promotion framework implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings).	2	4
8.2.2	Number of countries where global or regional strategies for primary prevention of environmental health hazards are implemented in specific settings (workplaces, homes, schools, human settlements and health-care settings).	10	14
8.2.3	Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with PASB technical and logistics support.	1	4
8.2.4	Number of studies evaluating the costs and benefits of primary prevention interventions in specific settings that have been conducted and whose results have been disseminated.	1	2
8.2.5	Number of countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations.	0	1
8.2.6	Regional Initiatives on Children's Environmental Health promoted and disseminated.	2	3

RER 8.3 Technical cooperation provided to countries for strengthening occupational and environmental health policy- making, planning of preventive interventions, service delivery and surveillance.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational, basic sanitation, and environmental health services and surveillance.	10	15
8.3.2	Number of national organizations or universities implementing PAHO/WHO-led initiatives to reduce occupational risks (e.g. among workers in the informal economy, to implement the WHO global strategy for occupational health for all, or to eliminate silicosis).	2	4

RER 8.4 Guidance, tools, and initiatives supporting the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture); assessing health impacts; costs and benefits of policy alternatives in those sectors; and harnessing non-health sector investments to improve health, environment and safety.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.4.1	Number of initiatives implemented in countries to develop and implement health-sector policies at the regional and national levels.	0	2
8.4.2	Production and promotion in target countries of sector-specific guidance and tools for assessment of health impacts and economic costs and benefits and promotion of health and safety.	Use of tools and guidance produced	Use of tools and guidance produced in 2 sectors
8.4.3	Establishment of networks and partnerships to drive change in specific sectors or settings, including an outreach and communications strategy.	Use of networks established by WHO/PAHO	Use of networks established by WHO/PAHO in 2 countries
8.4.4	Number of regional or national events conducted with PASB's technical cooperation with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least 3 economic sectors.	1	2

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
8.5.1	Number of citations by mass media, of outreach and communications strategy on occupational and environmental issues implemented regionally and in partnership.	TBD	TBD (5% increase in citations)
8.5.2	Number of regular high-level fora on health and environment for global and regional policy-makers and stakeholders.	0	1
8.5.3	Number of quinquennial reports available on trends, scenarios, and key development issues and their health impacts.	1	1

BUDGET FOR STRATEGIC OBJECTIVE 8

RER	Region-wide Expected Result (RER)	Total Resources
8.1	Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electro-magnetic fields (EMF), radon, drinking water, waste water re-use) developed and updated; technical cooperation provided for the implementation of international environmental agreements and for monitoring the Millennium Development Goals (MDGs).	13,649,900
8.2	Technical cooperation and guidance provided to countries for the implementation of primary prevention interventions that reduce environmental health risks; enhance safety; and promote public health, including in specific settings and among vulnerable population groups (e.g. children, elderly).	3,861,400
8.3	Technical cooperation provided to countries for strengthening occupational and environmental health policy- making, planning of preventive interventions, service delivery and surveillance.	1,777,700
8.4	Guidance, tools, and initiatives supporting the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture); assessing health impacts; costs and benefits of policy alternatives in those sectors; and harnessing non-health sector investments to improve health, environment and safety.	2,883,300
8.5	Enhanced health sector leadership for a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns.	2,827,700
Total Cost for SO8		25,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	25,000,000

STRATEGIC OBJECTIVE 9

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

Scope

The work under this Strategic Objective (SO) focuses on improving nutritional status, throughout the life course, especially among the poor and other vulnerable groups, towards the achievement of the Millennium Development Goals; especially the reduction of poverty and hunger, diminishing the impact of infant morbidity and mortality, and achieving sustainable development. The SO addresses food safety (ensuring that chemical, microbiological, zoonotic and other hazards do not pose a risk to health) as well as food security (access and availability of appropriate food).

REGION-WIDE EXPECTED RESULTS

RER 9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate inter-sectoral actions, and increase investment in nutrition, food safety and food security.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.1.1	Number of countries assisted by PASB that have achieved at least 2 of the following: (1) legislation, (2) functional coordination mechanisms (national development policies and plans, food and nutrition policies and plans, poverty reduction strategies), and (3) financial resources allocation to support inter-sectoral approaches and actions in the areas of food safety, food security and nutrition.	18	22
9.1.2	Number of countries that have included nutrition, food safety and food security activities in their sector-wide strategies (health, education, and agriculture), including a funding mechanism to support nutrition, food security and food safety activities in health and non-health sectoral programs.	10	15
9.1.3	Number of countries with social marketing campaigns recognizing and disseminating best practices in health, nutrition and food safety (targeted to general population, public, private, and civil society organizations, and professionals, among other groups).	14	18

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.1.4	Number of countries where local governments apply strategies to integrate food safety, nutrition and food security (including access to safe livestock products) in at least 2 of the following local processes: (1) sectoral planning in health, education or agriculture; (2) integrated development multisectoral plans; (3) social mobilization campaigns; or (4) municipal and community level projects.	20	24
9.1.5	Number of subregions with subregional plans of action derived from the Regional Strategy on Nutrition in Health and Development in operation, that are successfully monitored and evaluated, and lessons disseminated.	0	3
9.1.6	Number of countries that are successfully implementing, within the framework of MDGs commitments, progress and challenges, at least 2 of the following local level initiatives: Food and Nutrition in Faces and Places; WHO 5 Keys to Safer Food in Healthy Schools (WHO 5 Keys) ; Healthy Food Markets Initiatives (WHO HFMI); Central American Network of Municipalities for Development.	7	10

RER 9.2 Norms, including references, requirements, research priorities and agenda, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.2.1	Number of improved and updated guidelines for implementation, training manuals and educational materials on topics related to new nutrition, food security and food-safety standards.	4	8
9.2.2	Number of countries successfully implementing standards and recommendations included in global and regional strategies, according to national needs and priorities.	15	20
9.2.3	Number of countries incorporating improved food security, nutrition, and food safety standards, norms, and guidelines for Primary Health Care in health service delivery systems.	17	20
9.2.4	Number of new norms, standards, guidelines, tools and training materials for prevention and management of zoonotic and non-zoonotic foodborne diseases.	0	1

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.3.1	Number of countries that have adopted and implemented the WHO Child Growth Standards.	0	15
Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.3.2	Number of subregions with operational Observatories in Food Security, Nutrition and Food Safety.	0	2
9.3.3	Number of countries that have nationally representative surveillance data on major forms of malnutrition at national and local levels.	13	18
9.3.4	Number of guidelines and tools for surveillance, monitoring and evaluation of: nutritional deficiencies and risk factors; socioeconomic determinants; cost analysis; overweight and obesity trends; effectiveness of key practices to improve nutrition throughout the life course.	3	7
9.3.5	Number of countries that produce and publish sound scientific evidence and reliable information for public policy and programs on these topics: <ul style="list-style-type: none"> • Nutritional deficiencies and risk factors in different population groups • Social, economic and health determinants of food and nutrition insecurity • Overweight and obesity in children and adolescents. • Program effectiveness 	11	20

RER 9.4 Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans and programs aimed at improving nutrition throughout the life-course, in stable and emergency situations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.4.1	Number of countries supported by PASB that have developed national programs that implement at least 3 high-priority actions recommended in the Global Strategy for Infant and Young Child Feeding.	5	12
9.4.2	Number of countries with PASB support that have developed national programs that have implemented strategies for prevention and control of micronutrient malnutrition.	11	16

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.4.3	Number of countries with PASB support that have developed national programs that implement strategies for promotion of healthy dietary practices in order to prevent diet-related chronic diseases.	11	16
9.4.4	Number of countries with PASB support that have developed national programs that include of nutrition in comprehensive responses to HIV/AIDS and other epidemics.	11	16
9.4.5	Number of countries with PASB support that have strengthened national preparedness and response to food and nutrition emergencies.	11	16
9.4.6	Number of tools for monitoring and evaluation of national programs in food security, nutrition and food safety.	3	6
9.4.7	Number of countries with undergraduate and graduate academic programs that develop a competent workforce, in health and non-health sectors, for public policy, plan and program design, implementation, monitoring and evaluation in nutrition, food security and food safety, in stable as well as humanitarian crisis situations.	16	20

RER 9.5 Foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring programs established.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.5.1	Number of countries with established operational and inter-sectoral collaboration for the surveillance, prevention and control of foodborne diseases.	16	22
9.5.2	Number of countries that have initiated or strengthened programs for the surveillance and control of at least one major foodborne zoonotic disease.	2	9
9.5.3	Number of South American countries that have achieved at least 75% of the Hemispheric foot and mouth disease Eradication Plan objectives.	4/11	11/11

RER 9.6 Capacity built and support provided to National Codex Alimentarius Committees and the Codex Commission of Latin America and the Caribbean.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.6.1	Number of Latin American and Caribbean countries receiving support from the FAO/WHO Codex Trust Fund to participate in relevant Codex Meetings.	36/36	36/36

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
9.6.2	Number of countries receiving PASB support to build national integrated food safety systems with a component of foodborne diseases surveillance and food contamination monitoring with links to WHO networks: International Food Safety Authorities Network (INFOSAN) and Global Outbreak Alert and Response Network (GOARN).	18	22

BUDGET FOR STRATEGIC OBJECTIVE 9

RER	Region-wide Expected Result (RER)	Total Resources
9.1	Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, to promote advocacy and communication, stimulate intersectoral actions, and increase investment in nutrition, food safety and food security.	4,938,800
9.2	Norms, including references, requirements, research priorities and agenda, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.	4,389,600
9.3	Monitoring and surveillance of needs, and assessment and evaluation of responses in the area of food security, nutrition and diet-related chronic diseases strengthened, and ability to identify best policy options improved.	2,743,800
9.4	Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans and programmes aimed at improving nutrition throughout the life-course, in stable and emergency situations.	4,623,500
9.5	Foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring programs established.	3,285,500
9.6	Capacity built and support provided to National Codex Alimentarius Committees and the Codex Commission of Latin American and the Caribbean.	3,018,800
Total Cost for SO9		23,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	23,000,000

STRATEGIC OBJECTIVE 10

To improve the organization, management and delivery of health services

Scope

This Strategic Objective (SO) focuses on working with countries to strengthen health services in order to provide equitable and quality health care for all people in the Americas, especially the neediest populations. This work is accomplished by equipping countries with proven best practice tools, knowledge solutions, and expertise, and by activating networks and partnerships that catalyze and sustain positive change. The Regional Declaration on the New Orientations for Primary Health Care and PAHO's position paper on Renewing Primary Health Care in the Americas (CD46/13, 2005) provide the framework to strengthen the health care systems of the countries in the Americas.

REGION-WIDE EXPECTED RESULTS

RER 10.1 Countries supported to provide equitable access to quality health care services, with special emphasis on vulnerable population groups, and with health services that reflect recognized standards, best practices and available evidence.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.1.1	Number of countries that have increased access to basic health care services as a result of PASB's initiatives on Extending Social Protection in health and Primary Health Care renewal.	14	18
10.1.2	Number of countries that have strengthened national programs for quality improvement of service delivery.	11	19
10.1.3	Guideline for patients' rights & duties and assessing quality of health care services developed; and new strategies for health services delivery in hardship and distant locations developed	In progress	Developed and validated

RER 10.2 Organizational and managerial capacities, including information systems, of service delivery institutions and networks in Member States are strengthened with a view to improving service delivery performance.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.2.1	Number of countries that have incorporated health services productive management methodologies.	5	14
10.2.2	Management information tools that enable evidence-based decision making, performance evaluation developed, such as the Windows Managerial Information System – WINSIG	In progress	Tools developed and validated

RER 10.3 Mechanisms and regulatory systems are in place in Member States to ensure collaboration and synergies between public and non-public service delivery systems that lead to better overall performance in service delivery.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.3.1	Number of assisted countries that have adopted PASB's policy options and mechanisms for integrating the health care delivery network, including public and non-public providers.	3	20
10.3.2	Tools for integrating health services delivery systems developed.	In progress	Tools developed and validated

RER 10.4 Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care approach, particularly in relation to social participation, intersectoral action, emphasis in promotion and prevention, integrated care, family and community orientation, and respect for cultural diversity.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
10.4.1	Number of countries that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC.	1	15
10.4.2	Standards and self-evaluation methodology for evaluation of primary care developed and applied in countries	In progress	Standards developed and validated

BUDGET FOR STRATEGIC OBJECTIVE 10

RER	Region-wide Expected Result (RER)	Total Resources
10.1	Countries supported to provide equitable access to quality health care services, with special emphasis on vulnerable population groups, and with health services that reflect recognized standards, best practices and available evidence.	9,189,500
10.2	Organizational and managerial capacities, including information systems, of service delivery institutions and networks in Member States are strengthened with a view to improving service delivery performance.	12,817,100
10.3	Mechanisms and regulatory systems are in place in Member States to ensure collaboration and synergies between public and non-public service delivery systems that lead to better overall performance in service delivery.	2,498,700
10.4	Service delivery policies and their implementation in Member States increasingly reflect the Primary Health Care approach, particularly in relation to social participation, intersectoral action, emphasis in promotion and prevention, integrated care, family and community orientation, and respect for cultural diversity.	5,494,700
Total Cost for SO10		30,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	00

STRATEGIC OBJECTIVE 11

To strengthen leadership, governance and the evidence base of health systems

Scope

PAHO/WHO technical cooperation will be geared to boosting the policy-making and technical capacity of Member States to ensure a single orientation consistent with the social values and objectives that guide health systems. This will ensure improved governance of their health systems, and enable the national health authority to competently exercise its role as the steering agency, and to adopt a multi-sectoral approach, including the incorporation of non-governmental stakeholders. This work is essential, as the main characteristic of the majority of systems in the Region of the Americas is institutional and organizational fragmentation and segmentation, which result in exclusion and inequity.

REGION-WIDE EXPECTED RESULTS

RER 11.1 Strengthen the capacity of the national health authority to perform its steering role, improving the preparation of policies, regulation, strategic planning, orientation, and execution of the reforms, and the inter-sectoral and inter-institutional coordination in the health sector in the national and local areas.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.1.1	Number of countries which demonstrate an improvement in the performance of the steering role (policy-making, strategic planning, execution of reforms and inter-institutional coordination in the health sector at the national and local levels) through the existing mechanisms (Essential Public Health Functions).	TBD	TBD
11.1.2	Number of countries that have institutionalized regulatory agencies of sector operation (such as authorities) and generated regulatory frameworks.	TBD	TBD
11.1.3	Number of countries that have generated medium and long term sectoral plans or defined National Health Objectives.	7	TBD
11.1.4	Number of subregions implementing a strategy of promotion and support for processes of social dialogue and consensus-building of public policies for the strengthening of the health systems based on primary health care.	0	2

RER 11.2 Contribute to the improvement of health information systems at regional, subregional, and national levels; for the analysis, management, monitoring, and evaluation of the public policies and health systems to achieve the health objectives at all levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.2.1	Number of countries that have implemented the monitoring and performance evaluation process of the health information systems based on the standards of WHO/PAHO and the HMN supported by the Bureau.	3	7
11.2.2	Number of countries that have permanent and active plans to strengthen the vital health statistics, including the production of information and the use of international classifications (ICD) in accordance with international standards established by PAHO/WHO and the Metric Health Network.	3	8
11.2.3	Number of countries that have implemented the Regional Core Health Data Initiative and that steadily produce and publish the basic health indicators at subnational level (first or second administrative level).	9	13

RER 11.3 Contribute to the access, equitable dissemination, and utilization of knowledge and scientific evidence in the decision-making processes.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.3.1	Number of countries that use the basic health indicators and other available statistical information to support the analysis of priority evidence-based health problems.	40	40
11.3.2	Number of countries that have improved their analysis capacities for generating information and knowledge in health with technical cooperation from PAHO.	5	7
11.3.3	Number of effective research activities on coordination methods and leadership in the area of the health.	0	2

RER 11.4 Facilitate the generation of knowledge in priority areas, including research on health systems, with participation of different stakeholders of society, ensuring they meet the high methodological and ethical standards.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.4.1	Number of countries whose national health research systems meet the internationally agreed upon minimum standards (to be defined by WHO).	TBD during 2007	TBD during 2007
11.4.2	Number of countries that adhere with the Mexico Summit commitment to devote at least 2% of the health budget to research.	TBD during 2007	TBD
11.4.3	Number of LAC countries with Ethical- Bioethical National Commissions aimed at monitoring compliance with ethical standards in scientific research.	14/36	20/36
11.4.4	Functional Regional Advisory Committee on Health Research.	The Regional ACHR is being revitalized	Functional Regional ACHR meeting regularly

RER 11.5 Contribute to the opening and strengthening of dialogue mechanisms and social and political consensus-building, at different levels, with participation from the relevant stakeholders for the improvement of policies and health systems.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
11.5.1	Number of countries (health ministries and schools of public health) adopting knowledge-management strategies to bridge the gap between knowledge and its application.	10	15
11.5.2	Number of countries that have access to essential scientific information and knowledge.	TBD	10
11.5.3	Number of countries that have cyber health frameworks and services based on scientific data.	TBD	12

BUDGET FOR STRATEGIC OBJECTIVE 11

RER	Region-wide Expected Result (RER)	Total Resources
11.1	Strengthen the capacity of the national health authority to perform its steering role, improving the preparation of policies, regulation, strategic planning, orientation, and execution of the reforms, and the intersectoral and interinstitutional coordination in the health sector in the national and local areas.	5,608,800
11.2	Contribute to the improvement of health information systems at regional, subregional, and national levels; for the analysis, management, monitoring, and evaluation of the public policies and health systems to achieve the health objectives at all levels.	15,228,100
11.3	Contribute to the access, equitable dissemination, and utilization of knowledge and scientific evidence in the decision-making processes.	7,376,700
11.4	Facilitate the generation of knowledge in priority areas, including research on health systems, with participation of different stakeholders of society, ensuring they meet the high methodological and ethical standards.	1,829,800
11.5	Contribute to the opening and strengthening of dialogue mechanisms and social and political consensus-building, at different levels, with participation from the relevant stakeholders for the improvement of policies and health systems.	4,956,600
Total Cost for SO11		35,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	35,000,000

STRATEGIC OBJECTIVE 12

To ensure improved access, quality and use of medical products and technologies

Scope

Medical products include chemical and biological medicines; vaccines; blood and blood products; cells and tissues mostly of human origin; biotechnology products; traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, and laboratory testing. The work undertaken under this Strategic Objective (SO) will focus on making more equitable access (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use. For the sound use of products and technologies, work will focus on building appropriate regulatory systems; evidence-based selection; information for prescribers and patients; appropriate diagnostic, clinical and surgical procedures; supply systems, dispensing and injection safety; and blood transfusion. Information includes clinical guidelines, independent product information and ethical promotion.

REGION-WIDE EXPECTED RESULTS

RER 12.1 **Development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies) advocated and supported.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.1.1	Number of countries supported to develop and implement Policies and Regulations for essential medical products and technologies.	15/36	23/36
12.1.2	Number of countries receiving support to design or strengthen comprehensive national procurement and supply systems.	20/36	21/36
12.1.3	Regional norms and guidelines for the operation of the Strategic Fund to support the strengthening of supply systems in countries.	In progress	Developed and validated
12.1.4	100% voluntary non-remunerated blood donation.	36%	90%

RER 12.2 International norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies developed and their national/ regional implementation advocated and supported.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.2.1	Regional assessments of countries to measure their capacity for regulation of essential medical products and technologies.	2	5
12.2.2	Norms and guidelines for pre-qualification of providers and products in the region.	In progress	Developed and validated

RER 12.3 Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported in regional and national programs.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.3.1	Number of national or regional programs receiving support for promoting sound and cost-effective use of medical products and technologies.	2	4
12.3.2	Number of countries provided with support to promote sound and cost effective use of medical products and technologies.	11/36	16/36
12.3.3	Number of countries with a national list of essential medical products and technologies updated within the last five years and used for public procurement and/or re-imbursement.	30	31
12.3.4	Number of regional guidelines for national policies on safe and effective use of essential medical products and technologies.	0	4

RER 12.4 Support development of policies and legal frameworks, and enhance human resource capacity to reduce barriers to access to essential public health supplies.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
12.4.1	Number of countries supported with the necessary tools to develop policies and legal frameworks and enhance human resource capacity to reduce barriers to access to essential public health supplies.	11	20
12.4.2	Guideline and tools (including roster of experts) to address barriers to access in countries.	In progress	Available

BUDGET FOR STRATEGIC OBJECTIVE 12

RER	Region-wide Expected Result (RER)	Total Resources
12.1	Development and monitoring of comprehensive national policies on access, quality and rational use of essential public health supplies (including medicines, vaccines, herbal medicines, blood products, diagnosis services, medical devices and health technologies) advocated and supported.	4,690,300
12.2	International norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of essential public health supplies developed and their national/ regional implementation advocated and supported.	7,300,300
12.3	Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported in regional and national programmes.	8,240,500
12.4	Support development of policies and legal frameworks, and enhance human resource capacity to reduce barriers to access to essential public health supplies.	1,768,900
Total Cost for SO12		22,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	22,000,000

STRATEGIC OBJECTIVE 13

To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes

Scope

The work under this Strategic Objective (SO) is guided by the Objectives and Challenges of the Toronto Call to Action (2005), the Health Agenda for the Americas and the frame of reference for developing national and subregional plans and a regional strategy for the Decade of Human Resources in Health (2006 - 2015). It addresses the different components of the field of human resource development, management operations, and regulation of the field by health authorities, and the different stages of workforce development—entry, working life and exit—focusing on developing national workforce plans and strategies.

REGION-WIDE EXPECTED RESULTS

RER 13.1 Plans, policies, and regulations of human resources developed; at the national, subregional, and regional levels; in order to improve the performance of health systems based on primary care.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.1.1	Number of countries with 10-year Action Plans for strengthening the health work force, with active participation from stakeholders and governments.	13	16
13.1.2	Number of countries that have a unit in the government responsible for the planning and preparation of policies for the development of human resources for health.	3	12
13.1.3	Number of countries with programs for an increase in production of human resources for health with priority on the strengthening of Primary Health Care.	8	11
13.1.4	Number of countries with regulation mechanisms (quality control) for education and health practices.	12	16
13.1.5	Number of subregions with regulation mechanisms (quality control) for education and health practices.	1	2

RER 13.2 Set of baseline data and information systems in human resources developed at the national, subregional, and regional levels.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.2.1	Number of countries that have a database for situation and trends of the health workforce, which is updated at least every two years.	10	22
13.2.2	Number of countries that will participate in a Regional Indicators System on Human Resources for Health (including indicators of geographical distribution, migration, labor relations and the development trends of health professionals).	0	13
13.2.3	Number of countries with a national group integrated in the network of Human Resources for Health Observatories.	18	29
13.2.4	Number of countries that develop promotion strategies for research in human resources for health.	5	8
13.2.5	Development of a regional indicator system to monitor the progress of critical challenges and development of regional profiles of the situation of RHS within the Health Agenda for the Americas framework.	0	1

RER 13.3 Strategies and incentives developed to generate, attract, and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering the neglected populations.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.3.1	Number of countries with recruitment and retention policies for health workers to strengthen Primary Health Care.	6	15
13.3.2	Number of countries that have implemented incentive systems and strategies to achieve the geographical redistribution of its health workers toward unprotected areas.	6	10

RER 13.4 Capacity for management strengthened in the countries, in order to improve the performance and the motivation of the health workers, including the development of healthy and productive working conditions and environments.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.4.1	Number of countries with which PASB has forged strategic alliances for the development of national and subregional plans in human resources, within the Toronto appeal for action framework.	2	4

RER 13.5 Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills in the context of health practice and the health status of the population, focusing on Primary Health Care.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.5.1	Number of countries with joint planning interinstitutional Commissions of training institutions and health services for the continuous update of labor competencies.	12	25
13.5.2	Number of countries with explicit national policies for the adaptation of pre and post graduate education with the health priorities and Primary Health Care.	4	10

RER 13.6 Increased understanding of and solutions to the problems facing national health systems as a result of the international migration of health workers in the medium and long terms.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
13.6.1	Number of subregions that participate in a monitoring network of health worker migration.	2	3

BUDGET FOR STRATEGIC OBJECTIVE 13

RER	Region-wide Expected Result (RER)	Total Resources
13.1	Plans, policies, and regulations of human resources developed; at the national, subregional, and regional levels; in order to improve the performance of health systems based on primary care.	6,201,700
13.2	Set of baseline data and information systems in human resources developed at the national, subregional, and regional levels.	4,194,500
13.3	Strategies and incentives developed to generate, attract, and retain the health workers (with the appropriate competencies) in relation to the individual and collective health needs, especially considering the neglected populations.	4,192,600
13.4	Capacity for management strengthened in the countries, in order to improve the performance and the motivation of the health workers, including the development of healthy and productive working conditions and environments.	4,202,600
13.5	Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills in the context of health practice and the health status of the population, focusing on Primacy Health Care	2,220,200
13.6	Increased understanding of and solutions to the problems facing national health systems as a result of the international migration of health workers in the medium and long terms	1,988,400
Total Cost for SO13		23,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	23,000,000

STRATEGIC OBJECTIVE 14

To extend social protection through fair, adequate and sustainable financing

Scope

This Strategic Objective (SO) reflects the guiding principles set out in resolution WHA58.33 and PAHO Resolution CSP26.R19 in 2002: Extension of Social Protection in Health: joint PAHO-ILO initiative. Work will focus on:

- Sustainable collective financing of the health system and social protection.
- Protection of households against catastrophic health expenditures.
- Elimination or reduction in economic, geographical, cultural, ethnic, and gender barriers to access arising from the organization of the system.
- Elimination of (a) the differences in guaranteed rights to access products, services, and opportunities in health and (b) discrimination based on ethnicity, gender, age, religion, or sexual preference.
- Elimination or reduction of institutional segmentation in systems and operational fragmentation of the service network.
- Adequate and timely access to quality health services with equity.
- Advocacy to put health on government agendas.
- Alignment, harmonization and coordination of the international cooperation to support national efforts for health development (in the orientation of Rome's Declaration and the Paris High Level Forum directives)

REGION-WIDE EXPECTED RESULTS

RER 14.1 **Support to the Member States in the development of institutional capacities for the analysis of policy options in economic and financing, political, social and sanitary matters; in order to improve the performance of the financing mechanisms of the health system and of social protection in order to eliminate/to reduce economic barriers of access, to promote financial protection, equity and solidarity in financing of services and health actions, and the efficient utilization of resources.**

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.1.1	Number of countries with institutional development plans for policy and regulations to improve the performance of financing mechanisms for the health system and social protection.	7	10

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.1.2	Number of countries with Units of Analysis in economic, financial and functional health expenditure, which use that information in order to develop relevant policies in regard to the elimination/reduction of economic barriers of access, increase in financial protection, equity and solidarity in financing of services, and efficiency in the utilization of resources.	10	13
14.1.3	Number of countries that have conducted characterization studies of social exclusion in health at national or subnational levels.	11	15
14.1.4	Number of countries with extension policies of social protection in health with the objective of universal coverage.	8	10
14.1.5	Number of policy-briefs, analytical documents, applied research, innovative and/or comparative case studies, methodologies, and instruments on exclusion / social protection, economy / financing / health systems expenditure, equity / efficiency in the utilization of developed and disseminated resources.	20	28

RER 14.2 Implemented measures of promotion, information, and technical cooperation at regional, subregional, and national levels to raise stable and additional funds allocated to health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.2.1	Number of countries that have developed/improved processes of planning and/or monitoring of international cooperation in regards to Poverty Reduction Strategy Papers, Sector-Wide Approaches, Medium Term Expenditure Frameworks and other long-term financing mechanisms.	6	9
14.2.2	Regional promotion strategy of the ongoing exchange of information, knowledge, and lessons learned about coordination and alignment of the formulated and implemented international cooperation.	Consultation process for countries with high dependency on international cooperation and respective PWRs	Regional strategy formulated and agreed upon by 40% of the countries of the region with high dependency on international financial assistance

RER 14.3 Develop and implement a methodological and analytical framework in Member States to evaluate sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, based on available secondary information.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.3.1	Methodological and analytical framework to evaluate the sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, developed and validated by experts and national authorities, and necessary secondary information identified in the information systems from the countries.	Methodological and analytical framework not available	Methodological and analytical framework developed and validated, with necessary information identified in 5 countries
14.3.2	Number of country studies finalized with a methodological and analytical framework to evaluate sustainability, solidarity, equity, and household financial stability in the social protection system in health.	0	3

RER 14.4 Development and periodic dissemination of information on financing and health expenditures, including a strategy to apply existing knowledge, incorporated in the regional Plan and national research agendas on health systems and policies, with an emphasis on the extension of social protection in health.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.4.1	Regional-PAHO Core Data Initiative and the Statistical Annex of WHR/WHO with up-to-date information on financing and health expenditure for 100% of the region.	80%	90%
14.4.2	Number of countries with national research agendas on systems and health policies, with emphasis on the extension of social protection in health, and utilization of information on financing and health expenditure.	6	10
14.4.3	Regional research agenda established and under way, on systems and policies of health, with emphasis on the extension of social protection in health, based on the utilization of information on financing and health expenditure.	0	Regional research plans on health systems and policies developed and approved by Member States
14.4.4	Number of countries that have institutionalized the periodic production of National Health Accounts aligned with the U.N. system.	13	18

RER 14.5 Technical cooperation developed for insurance processes and mechanisms and/or expansion of coverage; and experiences and lessons learned shared among Member States.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.5.1	Number of countries that have shared experiences and lessons learned regarding insurance and/or expansion of coverage.	37	41
14.5.2	Number of policy-briefs, analytical documents, applied research, innovative and/or comparative case studies, methodologies and strategic instruments, programs, insurance plans and mechanisms and/or the expansion of coverage that have been developed and disseminated.	10	16
14.5.3	Regional and subregional comparative studies on experiences in insurance and/or expansion of coverage, with the objective of reaching universal protection.	0	Regional comparative study completed and disseminated
14.5.4	Number of professionals from countries and international cooperation agencies trained by PAHO in development strategies, programs, insurance plans and mechanisms, and/or expansion of coverage, with the objective of reaching universal protection.	220	300

RER 14.6 Improve regional coordination of international cooperation in health and strengthen country capacity for coordination at the subregional and national levels in order to meet national health development targets.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
14.6.1	Number of countries in which actions by primary donors to the health sector are in line with and conform to governmental plans and priorities.	3	5
14.6.2	Number of countries in which the coordination of international cooperation in the Ministries of Health has been strengthened.	7	8

BUDGET FOR STRATEGIC OBJECTIVE 14

RER	Region-wide Expected Result (RER)	Total Resources
14.1	Support to the Member States in the development of institutional capacities for the analysis of policy options in economic and financing, political, social and sanitary matters; in order to improve the performance of the financing mechanisms of the health system and of social protection in order to eliminate/to reduce economic barriers of access, to promote financial protection, equity and solidarity in financing of services and health actions, and the efficient utilization of resources.	3,167,900
14.2	Implemented measures of promotion, information, and technical cooperation at regional, subregional, and national levels to raise stable and additional funds allocated to health.	5,648,800
14.3	Develop and implement a methodological and analytical framework in Member States to evaluate sustainability, solidarity, equity, and capacity for household financial stability in the social protection system in health, based on available secondary information.	1,121,400
14.4	Development and periodic dissemination of information on financing and health expenditures, including a strategy to apply existing knowledge, incorporated in the regional Plan and national research agendas on health systems and policies, with an emphasis on the extension of social protection in health.	1,352,200
14.5	Technical cooperation developed for insurance processes and mechanisms and/or expansion of coverage; and experiences and lessons learned shared among Member States.	3,381,100
14.6	Improve regional coordination of international cooperation in health and strengthen country capacity for coordination at the subregional and national levels in order to meet national health development targets.	328,600
Total Cost for SO14		15,000,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	15,000,000

STRATEGIC OBJECTIVE 15

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

Scope

This Strategic Objective (SO) facilitates the work of the PASB to achieve all other SOs. It recognizes that the context for international health has changed significantly. The scope of this objective covers three broad, complementary areas: 1) leadership and governance of the Organization; 2) the PASB's support for presence in, and engagement with individual Member States, the United Nations System and other stakeholders; and 3) the Organization's role in bringing the collective energy and experience of Member States and other actors to bear on health issues of global and regional importance.

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.1.1	Proportion of PAHO Governing Bodies resolutions adopted that focus on policy and strategies to be implemented at regional, subregional and national levels.	40%	45%
15.1.2	Proportion of documents submitted to governing bodies within constitutional deadlines, in all official languages	95%	100%
15.1.3	Percentage of oversight projects completed under the biennial Workplan which seek to evaluate and improve processes for risk management, control and governance.	90%	98%
15.1.4	Development and implementation of a monitoring system for institutional development.	None	System developed and approved by EXM

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.1.5	Corporate policies and staff performance reflect use of institutional development approaches: results-based management, knowledge-sharing, inter-programmatic teamwork, and gender/ethnic equity, among others	Baseline survey conducted	20% over baseline
15.1.6	The Organization is functioning within its legal framework as mandated by the Governing Bodies and established rules and regulations.	95%	100%
15.1.7	An Accountability Framework to support Delegation of Authority to country level approved and implemented.	In progress	Approved by Governing Bodies

RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategy (CCS) that is 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.2.1	Number of countries using Country Cooperation Strategies (CCS) as a basis for planning the PASB's country work and for harmonizing cooperation with the United Nations CCA/UNDAF.	20/35	30/35
15.2.2	Number of countries where PAHO/WHO's presence reflects the respective Country Cooperation Strategy.	20/35	30/35
15.2.3	Number of countries in which a joint (PASB, government and other stakeholders) assessment of the biennial Workplan is performed to define the contribution of the PASB to national health outcomes.	10/35	30/35
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS).	0/4	1/4
15.2.5	Number of Technical Cooperation among Countries (TCC) projects.	TBD	TBD
15.2.6	Framework for key countries implemented.	Framework developed	Fully implemented in 5 key countries
15.2.7	Number of Subregional Fora conducted that develop position papers and policy recommendations for the improvement of public health in the respective subregion.	0	3

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.3.1	Proportion of trade agreements in the Americas that appropriately reflect public health interests.	4%	10%
15.3.2	Number of countries where PAHO/WHO is leading or actively engaged in health and development partnerships (formal and informal), including in the context of reforms of the United Nations system	38/38	38/38
15.3.3	Number of agreements with bilateral and multilateral organizations and other partners, including UN agencies, supporting the Health Agenda for the Americas.	TBD during 2007	10
15.3.4	Proportion of Summit's Declarations reflecting commitment in advancing the Health Agenda for the Americas.	60%	65%
15.3.5	Number of position papers and policy recommendations developed and adopted by Regional, Subregional and National Health Fora.	3	5
15.3.6	Number of well-regarded regional partners on the board of the Regional Public Health Forum for the Americas.	0	5

RER 15.4 PAHO is the authoritative source of public health information and knowledge, with essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.4.1	Number of countries that have access to relevant health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies.	TBD	TBD
15.4.2	Content, information processing, and utilization data available for web pages, blogs, list servers, virtual health library, WHO's Health InterNetwork Access to Research Initiative (HINARI) and Global Information Full Text (GIFT) projects, News Agency, OpenLink, and other corporate knowledge management tools.	TBD	TBD
15.4.3	Number of multilingual pages available on the PAHO web site.	TBD	TBD

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
15.4.4	Number of information products (Journal, books, CDs, web pages, catalogs/fliers) published and disseminated for free or sold per biennium.	TBD	TBD
15.4.5	Number of Communities of Practice using synchronous and asynchronous technologies for technical areas and administrative units designed, implemented, and supported.	2	TBD
15.4.6	The organization synthesizes knowledge and translates into contextually appropriate Policy and tools for Member States and institutional strengthening	TBD	TBD
15.4.7	PAHO Journal of Public Health recognized as first among Public Health Publications by Peer Reviews.	TBD	TBD
15.4.8	Content, information processing, and utilization data available for Lessons Learned and Staff Travel and Consultant Report System.	TBD	TBD

BUDGET FOR STRATEGIC OBJECTIVE 15

RER	Region-wide Expected Result (RER)	Total Resources
15.1	Effective leadership and direction of the Organization through the enhancement of governance, and coherence, accountability and synergy in PAHO/WHO 's work to fulfill its mandate in advancing the global, regional and subregional health agendas.	26,627,800
15.2	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategy (CCS) that is 1) aligned with Member States' national health and development agendas, and 2) harmonized with the United Nations country team and other development partners.	16,046,400
15.3	Regional health and development mechanisms established, including partnerships, international health and advocacy, to provide more sustained and predictable technical and financial resources for health, in support of the Health Agenda for the Americas	4,755,300
15.4	PAHO is the authoritative source of public health information and knowledge, with essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge	13,780,500
Total Cost for SO15		61,210,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	61,210,000

STRATEGIC OBJECTIVE 16

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

Scope

The scope of this objective covers the functions that support the work of the Bureau in countries, technical centers, subregions, and technical and administrative areas at headquarters. It includes strategic and operational planning and budgeting, performance, monitoring and evaluation; coordination and mobilization of resources, management of financial resources, and other administrative functions. The entities implementing this SO ensure the efficient flow of available resources throughout the Organization; management of human resources; provision of operational support, including procurement services; the management of information technology; and legal services.

REGION-WIDE EXPECTED RESULTS

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.1.1	Results Based Management strategy approved by Governing Bodies and applied throughout the Organization.	In progress	Approved by Governing Bodies
16.1.2	The PASB Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learnt, are developed by all the levels of the Organization, and approved by the Governing Bodies.	In progress	PB 10-11 developed with these characteristics
16.1.3	Percentage of Regional Program Budget Policy final targets fully implemented	30%	65%
16.1.4	Number of PASB entities whose biennial Workplans are results-based and explicitly address the country focus strategy as defined in CCSs.	0/80	20/80
16.1.5	For each biennium, proportion of monitoring and assessment reports on Expected Results contained in the Strategic Plan and Program Budget submitted in a timely fashion, after a peer review	50%	80%

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.1.6	Percentage of PASB entities where the Strategic Alignment and Resource Allocation (SARA) exercise aligns staff competencies and resources to the strategic direction of the Organization.	6%	60%
16.1.7	Proportion of Regional Public Health Plans elaborated and implemented by Member States, with the collaboration of the PASB, as per established guidelines.	0%	100%
16.1.8	Proportion of managers and project officers trained and certified on RBM, planning, project management, and operational planning and monitoring and accountability mechanisms.	0%	50%
16.1.9	Model for PASB subregional level management mechanism approved by Member States.	In progress	Approved by Governing Bodies
16.1.10	Number of PASB subregional levels fully functional based on model agreed with Member States.	1/4	2/4

RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.2.1	PASB compliance with International Public Sector Accounting Standards.	International Public Sector Accounting Standards not implemented	International Public Sector Accounting Standards approved by Member States, analysis completed, and financial systems ready for implementation in 2010.
16.2.2	Proportion of strategic objectives/regional wide expected results (RERs) with expenditure levels meeting or exceeding program budget targets.	TBD	50%
16.2.3	Proportion of voluntary contributions that are un-earmarked.	TBD	15%
16.2.4	Proportion of unfunded Program Budget planned amounts met during the biennium, by RER.	TBD	TBD
16.2.5	Amount of voluntary contributions funds returned to partners (in US\$).	TBD	TBD

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.2.6	Sound financial practices as evidenced by an unqualified audit opinion.	TBD	Unqualified Audit Opinion
16.2.7	Overall return on the investment portfolio of the Organization.	TBD	TBD
16.2.8	Proportion of voluntary contributions proposals requiring major revisions.	TBD	TBD
16.2.9	Proportion of PWRs empowered to mobilize resources.	0%	50%

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.3.1	Proportion of entities with approved human resources plans for a biennium, linked to the corporate HR strategy.	15%	75%
16.3.2	Proportion of staff assuming a new position (with competency based post-description) or moving to a new location during a biennium in accordance with HR strategy.	15%	75%
16.3.3	New recruitments reflect UN standards on gender balance and geographic representation.	TBD	TBD
16.3.4	Human resources performance evaluation system utilized by all staff, and linked to biennial Workplans, competency model and staff development plans.	No	Yes
16.3.5	Proportion of staff with appeals, grievances and disciplinary actions to the size of the workforce.	TBD	TBD

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

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.4.1	Proportion of significant IT-related proposals, projects, and applications tracked on a regular basis through portfolio management processes	0%	40%
16.4.2	Level of compliance with service level targets agreed for managed IT-related services.	0%	50%
16.4.3	Number of country offices and centers using consistent, near real-time management information.	36	36

RER 16.5 Managerial and administrative support services, including procurement, enabling the effective and efficient functioning of the Organization.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.5.1	Level of user satisfaction with select managerial and administrative services (including security, travel, transport, mail services, cleaning and food services).	Low (satisfaction rated less than 50%)	Medium (satisfaction rated 50%-75%)
16.5.2	Proportion of standard operating procedures utilized by PASB staff during regional emergencies.	0%	50%
16.5.3	Proportion of Internal benchmarks met or exceeded for specialized services, such as translation.	60%	70%
16.5.4	Proportion of procurement actions, service contract agreements and administrative (delegation of authority) processes completed within benchmark limits.	60%	80%

RER 16.6 A physical working environment that is conducive to the well- being and safety of staff in all entities.

Indicator #	RER Indicator text	RER Indicator Baseline (end-2007)	RER Indicator Target 2009
16.6.1	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) for which all work is substantially completed on a timely basis.	100%	100%
16.6.2	Proportion of PASB entities that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Safety Standards (MOSS) compliance.	65%	75%
16.6.3	Proportion of entities (HQs, PWRs, and Centers) that improve and maintain their physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their biennial Workplans.	75%	90%

BUDGET FOR STRATEGIC OBJECTIVE 16

RER	Region-wide Expected Result (RER)	Total Resources
16.1	PASB is a result based organization, whose work is guided by strategic and operational plans that build on lessons learnt, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.	6,469,300
16.2	Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.	25,710,400
16.3	Human Resource policies and practices promote a) attracting and retaining qualified people with competencies required by the organization's plans, b) effective and equitable performance and human resource management, c) staff development and d) ethical behavior.	15,737,500
16.4	Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB	16,035,400
16.5	Managerial and administrative support services, including procurement, enabling the effective and efficient functioning of the Organization.	29,489,900
16.6	A physical working environment that is conducive to the well- being and safety of staff in all entities.	3,134,500
Total Cost for SO16		96,577,000

Resources breakdown

	2008-2009
Country	
Subregional	
Regional	
Total	96,577,000

Annex 1

Forty-Year History of the PAHO/WHO Regular Budget								
	PAHO			WHO Share			Total PAHO/WHO	
Budget Period	Amount	% of Total	% Increase	Amount	% of Total	% Increase	Amount	% Increase
1970-71	30,072,422	68.2		14,053,685	31.8		44,126,107	
1972-73	37,405,395	68.6	24.4	17,150,800	31.4	22.0	54,556,195	23.6
1974-75	45,175,329	68.8	20.8	20,495,900	31.2	19.5	65,671,229	20.4
1976-77	55,549,020	69.3	23.0	24,570,200	30.7	19.9	80,119,220	22.0
1978-79	64,849,990	67.8	16.7	30,771,500	32.2	25.2	95,621,490	19.3
1980-81	76,576,000	67.1	18.1	37,566,200	32.9	22.1	114,142,200	19.4
1982-83	90,320,000	67.2	17.9	44,012,000	32.8	17.2	134,332,000	17.7
1984-85	103,959,000	67.2	15.1	50,834,000	32.8	5.5	154,793,000	15.2
1986-87	112,484,000	66.0	8.2	57,856,000	34.0	13.8	170,340,000	10.0
1988-89	121,172,000	66.8	7.7	60,161,000	33.2	4.0	181,333,000	6.5
1990-91	130,023,000	66.7	7.3	65,027,000	33.3	8.1	195,050,000	7.6
1992-93	152,576,000	68.1	17.3	71,491,000	31.9	9.9	224,067,000	14.9
1994-95	164,466,000	67.3	7.8	79,794,000	32.7	11.6	244,260,000	9.0
1996-97	168,578,000	67.9	2.5	79,794,000	32.1	0.0	248,372,000	1.7
1998-99	168,578,000	67.1	0.0	82,686,000	32.9	3.6	251,264,000	1.2
2000-01	177,136,000	69.1	5.1	79,109,000	30.9	-4.3	256,245,000	2.0
2002-03	186,800,000	71.4	5.5	74,682,000	28.6	-5.6	261,482,000	2.0
2004-05	186,800,000	72.0	0.0	72,730,000	28.0	-2.6	259,530,000	- 0.7
2006-07	187,800,000	70.7	0.5	77,768,000	29.3	6.9	265,568,000	2.3
2008-09*	194,566,000	70.5	3.9	81,501,000	29.5	4.8	276,067,000	4.0

Annex 2

Proposed Program Budget 2008-2009: by Funding Source

SO Description	Regular Budget	Voluntary Contributions	2008-2009 Proposed Budget	%
S01 To reduce the health, social and economic burden of communicable diseases.	22,700,000	62,900,000	85,600,000	13.7%
S02 To combat HIV/AIDS, tuberculosis and malaria.	8,590,000	64,500,000	73,090,000	11.7%
S03 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.	13,000,000	14,000,000	27,000,000	4.3%
S04 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	12,490,000	24,700,000	37,190,000	6.0%
S05 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,200,000	30,800,000	35,000,000	5.6%
S06 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity, and unsafe sex.	6,000,000	11,000,000	17,000,000	2.7%
S07 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.	7,000,000	10,400,000	17,400,000	2.8%
S08 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.	13,000,000	12,000,000	25,000,000	4.0%
S09 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development.	10,000,000	13,000,000	23,000,000	3.7%
S10 To improve the organization, management and delivery of health services.	12,000,000	18,000,000	30,000,000	4.8%
S11 To strengthen leadership, governance and the evidence base of health systems.	18,400,000	16,600,000	35,000,000	5.6%
S12 To ensure improved access, quality and use of medical products and technologies	6,400,000	15,600,000	22,000,000	3.5%
S13 To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes.	9,300,000	13,700,000	23,000,000	3.7%
S14 To extend social protection through fair, adequate and sustainable financing.	5,200,000	9,800,000	15,000,000	2.4%
S15 To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfill the mandate of PAHO/WHO in advancing the global health agenda as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas.	51,210,000	10,000,000	61,210,000	9.8%
S16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.	76,577,000	20,000,000	96,577,000	15.5%
TOTAL	276,067,000	347,000,000	623,067,000	1.00%

Annex 3

Proposed Program Budget 2008-2009: Comparison with 2006-2007

SO Description	2006-2007 Baseline*	2008-2009 Proposed Budget	% Change
	PAHO/WHO	PAHO/WHO	
S01 To reduce the health, social and economic burden of communicable diseases.	65,509,000	85,600,000	30.7%
S02 To combat HIV/AIDS, tuberculosis and malaria.	64,504,000	73,090,000	13.3%
S03 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.	18,297,000	27,000,000	47.6%
S04 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	21,535,000	37,190,000	72.7%
S05 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	34,381,000	35,000,000	1.8%
S06 To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity, and unsafe sex.	15,207,000	17,000,000	11.8%
S07 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.	8,619,000	17,400,000	101.9%
S08 To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.	23,992,000	25,000,000	4.2%
S09 To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development.	18,407,000	23,000,000	25.0%
S10 To improve the organization, management and delivery of health services.	31,286,000	30,000,000	-4.1%
S11 To strengthen leadership, governance and the evidence base of health systems.	33,904,000	35,000,000	3.2%
S12 To ensure improved access, quality and use of medical products and technologies	16,825,000	22,000,000	30.8%
S13 To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes.	17,078,000	23,000,000	34.7%
S14 To extend social protection through fair, adequate and sustainable financing.	14,216,000	15,000,000	5.5%
S15 To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfill the mandate of PAHO/WHO in advancing the global health agenda as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas.	52,799,000	61,210,000	15.9%
S16 To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.	94,553,000	96,577,000	2.1%
TOTAL	531,112,000	623,067,000	17.3%

**i) Phase-in schedule for the revision of regular budget core country allocations
in accordance with Resolution CD45.R6 on the Regional Program Budget Policy**

	Phase-in period			
	1st biennium 2006-2007	2nd biennium 2008-2009	3rd biennium 2010-2011	Total change over 3 biennia a/
Antigua and Barbuda	0.26%	0.36%	0.46%	161.68%
Argentina	3.89%	3.56%	3.23%	-22.78%
Bahamas	1.21%	1.02%	0.83%	-40.02%
Barbados	0.67%	0.62%	0.56%	-21.98%
Belize	1.03%	0.87%	0.70%	-40.00%
Bolivia	4.70%	4.80%	4.90%	6.05%
Brazil	9.19%	9.65%	10.10%	14.78%
Canada	0.72%	0.60%	0.49%	-40.05%
Chile	2.26%	2.22%	2.19%	-4.95%
Colombia	4.25%	4.16%	4.07%	-5.83%
Costa Rica	2.69%	2.26%	1.83%	-39.99%
Cuba	2.79%	3.27%	3.75%	57.88%
Dominica	0.34%	0.43%	0.51%	86.05%
Dominican Republic	3.27%	3.31%	3.35%	3.58%
Ecuador	4.58%	5.22%	5.87%	45.94%
El Salvador	3.05%	3.00%	2.94%	-5.31%
France b/	0.20%	0.26%	0.32%	108.33%
Grenada	0.31%	0.47%	0.62%	250.90%
Guatemala	5.10%	5.43%	5.76%	19.63%
Guyana	1.91%	1.91%	1.91%	0.00%
Haiti	4.98%	4.98%	4.98%	0.00%
Honduras	4.05%	4.22%	4.39%	12.62%
Jamaica	2.73%	2.29%	1.86%	-40.00%
Mexico	6.31%	6.18%	6.05%	-5.70%
Netherlands (Netherlands Antilles)	0.23%	0.27%	0.32%	68.54%
Nicaragua	3.25%	3.59%	3.93%	32.78%
Panama	2.09%	1.75%	1.42%	-39.98%
Paraguay	2.82%	2.82%	2.82%	-0.15%
Peru	5.64%	5.65%	5.67%	0.79%
Puerto Rico	0.20%	0.18%	0.16%	-25.00%
Saint Kitts and Nevis	0.25%	0.33%	0.41%	131.74%
Saint Lucia	0.30%	0.45%	0.60%	238.32%
Saint Vincent and the Grenadines	0.30%	0.43%	0.57%	222.16%
Suriname	1.26%	1.13%	0.99%	-27.80%
Trinidad and Tobago	2.09%	1.76%	1.43%	-40.01%
United Kingdom - Anguilla, the British Virgin Islands, and Montserrat	0.27%	0.24%	0.22%	-26.83%
United Kingdom - Bermuda and the Cayman Islands	0.08%	0.07%	0.06%	-26.83%
United Kingdom - Turks and Caicos Islands	0.06%	0.06%	0.05%	-26.83%
United States	0.34%	0.33%	0.32%	-10.4%
Uruguay	1.44%	1.31%	1.18%	-23.9%
Venezuela	3.89%	3.54%	3.18%	-24.04%
Country core total	95.00%	95.00%	95.00%	
Country variable	5.00%	5.00%	5.00%	
Total country regular budget allocation	100.00%	100.00%	100.00%	

a/ The final distribution among countries reflects the terms of the Resolution which limited the reduction of resources for any given country to a maximum of 40% over the three-biennium phase-in period.

b/ France includes the Departments of Martinique, Guadeloupe and French Guiana.

Application of Regional Program Budget Policy at Country Level

Member State	Approved 2006-2007 Program Budget	2006-07 comparative distribution	Revised share, 2nd biennium phase-in for RPB a/ b/	Increase / (decrease) due to RPB b/	Revised level due to phasing in of RPB	Increase due to change in budget level c/	Proposed 2008-2009 Program Budget
	A			B	C=A+B	D	E=C+D
Antigua and Barbuda	257,000	0.26%	0.36%	109,000	366,000	15,000	381,000
Argentina	3,852,000	3.89%	3.56%	(234,000)	3,618,000	145,000	3,763,000
Bahamas	1,198,000	1.21%	1.02%	(161,000)	1,037,000	41,000	1,078,000
Barbados	663,000	0.67%	0.62%	(33,000)	630,000	25,000	655,000
Belize	1,020,000	1.03%	0.87%	(136,000)	884,000	36,000	920,000
Bolivia	4,654,000	4.70%	4.80%	224,000	4,878,000	196,000	5,074,000
Brazil	9,098,000	9.19%	9.65%	709,000	9,807,000	395,000	10,202,000
Canada	713,000	0.72%	0.60%	(103,000)	610,000	24,000	634,000
Chile	2,238,000	2.26%	2.22%	18,000	2,256,000	91,000	2,347,000
Colombia	4,208,000	4.25%	4.16%	19,000	4,227,000	171,000	4,398,000
Costa Rica	2,664,000	2.69%	2.26%	(367,000)	2,297,000	92,000	2,389,000
Cuba	2,763,000	2.79%	3.27%	560,000	3,323,000	134,000	3,457,000
Dominica	337,000	0.34%	0.43%	100,000	437,000	18,000	455,000
Dominican Republic	3,238,000	3.27%	3.31%	126,000	3,364,000	135,000	3,499,000
Ecuador	4,535,000	4.58%	5.22%	770,000	5,305,000	213,000	5,518,000
El Salvador	3,020,000	3.05%	3.00%	29,000	3,049,000	122,000	3,171,000
France	198,000	0.20%	0.26%	66,000	264,000	11,000	275,000
Grenada	307,000	0.31%	0.47%	171,000	478,000	19,000	497,000
Guatemala	5,050,000	5.10%	5.43%	468,000	5,518,000	222,000	5,740,000
Guyana	1,891,000	1.91%	1.91%	50,000	1,941,000	78,000	2,019,000
Haiti	4,932,000	4.98%	4.98%	129,000	5,061,000	204,000	5,265,000
Honduras	4,010,000	4.05%	4.22%	278,000	4,288,000	173,000	4,461,000
Jamaica	2,703,000	2.73%	2.29%	(376,000)	2,327,000	94,000	2,421,000
Mexico	6,248,000	6.31%	6.18%	32,000	6,280,000	253,000	6,533,000
Netherlands (Netherlands Antilles)	228,000	0.23%	0.27%	46,000	274,000	11,000	285,000
Nicaragua	3,218,000	3.25%	3.59%	430,000	3,648,000	147,000	3,795,000
Panama	2,069,000	2.09%	1.75%	(291,000)	1,778,000	72,000	1,850,000
Paraguay	2,792,000	2.82%	2.82%	74,000	2,866,000	115,000	2,981,000
Peru	5,585,000	5.64%	5.65%	157,000	5,742,000	231,000	5,973,000
Puerto Rico	198,000	0.20%	0.18%	(15,000)	183,000	7,000	190,000
St Kitts and Nevis	248,000	0.25%	0.33%	87,000	335,000	14,000	349,000
St Lucia	297,000	0.30%	0.45%	160,000	457,000	19,000	476,000
St Vincent & the Grenadines	297,000	0.30%	0.43%	140,000	437,000	18,000	455,000
Suriname	1,248,000	1.26%	1.13%	(100,000)	1,148,000	47,000	1,195,000
Trinidad and Tobago	2,069,000	2.09%	1.76%	(280,000)	1,789,000	72,000	1,861,000
United Kingdom - Anguilla, the British Virgin Islands, and Montserrat	267,000	0.27%	0.24%	(23,000)	244,000	10,000	254,000
United Kingdom - Bermuda and the Cayman Islands	79,000	0.08%	0.07%	(8,000)	71,000	3,000	74,000
United Kingdom - Turks and Caicos Islands	59,000	0.06%	0.06%	2,000	61,000	2,000	63,000
United States	337,000	0.34%	0.33%	(2,000)	335,000	14,000	349,000
Uruguay	1,426,000	1.44%	1.31%	(95,000)	1,331,000	54,000	1,385,000
Venezuela	3,852,000	3.89%	3.54%	(255,000)	3,597,000	145,000	3,742,000
Core allocations	94,066,000	95.00%	95.00%	2,475,000	96,541,000	3,888,000	100,429,000
Variable - 5%	4,950,000		5.00%	131,000	5,081,000	205,000	5,286,000
Total country allocations	99,016,000		100.00%	2,606,000	101,622,000	4,094,000	105,716,000
Total budget	265,568,000				265,568,000		276,067,000
Less: Retirees' Health Insurance	(5,000,000)				(5,000,000)		(5,000,000)
Total net budget	260,568,000				260,568,000		271,067,000
Country share	38.0%				39.0%		39.0%

a/ RPB: Regional Program Budget Policy

b/ There are three factors in the change due to the Regional Program Budget Policy: i) the change in the total share of the budget going to country level; ii) the introduction of a variable component to the country budget; and iii) the change in each country's share of the Total Country Envelope

c/ The change in budget level is due to the increase in WHO funding to the PAHO/AMRO regular budget and the increase in estimated miscellaneous income. The proposed budget does not foresee a change in PAHO quota assessments.

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