



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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UPDATE ON THE PROCESS OF INSTITUTIONAL STRENGTHENING WITHIN THE PAN AMERICAN SANITARY BUREAU¹

This document presents the 46th Directing Council with information on the process of institutional strengthening in the Pan American Sanitary Bureau, in response to health challenges and commitments outlined in the Organization's 2003-2007 Strategic Plan and the related Managerial Strategy. Initiated in 2003, this transformation process is driven by the Bureau's need to remain a dynamic force for public health in the rapidly changing global health and development environment, by responding to the needs of Member States, the mandates of its Governing Bodies, and the evolving recommendations of the Working Group on PAHO in the 21st Century.

The document highlights the Bureau's focus on transformation in five strategic areas and provides in-depth information on the Roadmap for institutional strengthening. It shows how the 11 roadmap initiatives are conceived to deliver results in the five strategic priority areas, thereby addressing several organizational issues, including those identified by Member States, the External Audit process, and analyses undertaken by the Director and staff of the Bureau. This document is supplemented by an information paper (CD46/INF/7) detailing ongoing activities to strengthen the Bureau, some in progress and others already implemented, within the remit of line managers.

In response to Executive Committee Resolution CE136.R3, entitled "Process of Institutional Strengthening of the Pan American Sanitary Bureau," the Bureau will continue to ensure an integrated approach to organizational change.

⁺ The title of this document aligns with the Executive Committee Resolution CE136.R3, entitled "Process of Institutional Strengthening of the Pan American Sanitary Bureau."

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Foundation for Institutional Strengthening within the Pan American Sanitary Bureau

1. On taking office in 2003, the Director of the Pan American Sanitary Bureau initiated a process of organization renewal and strengthening in response to the changing external environment influencing the work of the Pan American Health Organization (PAHO). The core mandates of the World Health Organization (WHO) and PAHO have guided this process. The key issues relating to the institutional transformation and development required to implement the 2003-2007 Strategic Plan and Managerial Strategy are the focus actions being taken to renew and strengthen the Bureau. The initial phase of the change process in 2003 produced a new structure, new delegations of authority, and the establishment of the Executive Management Team. These early results were reported on at previous meetings of the Directing Council. This document presents a progress report, focusing on modernizing core business processes, responding to issues raised by Member States and addressing weaknesses identified by managers and staff.

2. The transformation process is evolving in tandem with new policy decisions and guidance from the Governing Bodies of both WHO and PAHO, in particular the deliberations and conclusions of the Working Group on PAHO in the 21st Century, the resolutions of the 45th Directing Council on the new Regional Program Budget Policy, and the follow-up to recommendations of the External Auditor.

3. In-depth discussions with senior managers from all parts of the Bureau during last year's Annual Managers Meeting and the findings of a staff survey provided a deeper understanding of issues requiring attention; for example, the need for greater focus and clarity in the Organization's strategies, priorities, and work processes; better internal communication and transparency; human resources policies and practices that are fair, equitable, and predictable; a strengthened institutional culture of decentralized decision-making; and better coordination and integration among the Regional Office, Country Offices, and Centers.

4. Many valuable lessons about managing change have also been learned over the past two years. The Director and the Executive Management Team understand the complexities of changing an organization like PAHO with a track record of 100 years, deep-rooted traditions, and many stakeholders. The management and staff of the Bureau are acutely aware that full institutionalization of changes in work processes and organizational culture requires time and persistence. The issue of staff learning and development is also viewed as an essential ingredient of successful change. The Bureau's initial investment in this aspect of the process has been significantly enhanced since 2003, enabling managers and staff across the Secretariat to participate in learning activities designed to strengthen collaboration across functional areas, manage staff performance more effectively, and develop their leadership skills. The Bureau's efforts

in this regard are being complemented by managers' participation in the Global Leadership Program launched by WHO in 2004. To date, 63 senior staff of the Bureau have attended the WHO global workshops.

5. With this body of knowledge and new policy guidance, the Bureau is now able to chart a strategic course of transformative actions, expressed through its Transformation Roadmap. The Roadmap identifies key priorities, leverage points, and expected results for institutional strengthening during the remaining period of the current Strategic Plan.

Roadmap for Institutional Strengthening

6. Member States will recall that at the 45th Directing Council the Director highlighted five strategic priorities for institutional change, reflecting corporate objectives identified in the Managerial Strategy and incorporating organizational learning during the past two years. These strategic priorities reflect the fundamental tenants of the Strategic Plan for the period 2003-2007. The five objectives listed below frame and guide the 11 initiatives that constitute the transformation Roadmap:

- (a) Respond better to country needs;
- (b) Adopt new modalities of technical cooperation;
- (c) Be a regional forum for health in the Americas;
- (d) Create a knowledge-based/learning organization;
- (e) Enhance management practices.

7. The Roadmap serves as a strategic management and communication tool in implementing PAHO's vision and strategy. It is comprised of initiatives and projects that represent the transformation of the PASB—results that will change the way business is done. The activities selected have cross-functional and cross-organization impact. The Roadmap projects are interdependent and are being managed as a whole system to maximize the benefits of each project. The process is managed at the level of Executive Management and the 11 team leaders, who are senior staff from across the Bureau, are mentored and supported by members of Executive Management. The Executive Management Team, as a whole, has responsibility for guiding and managing the Roadmap process. The overarching objective of all transformation activities is ensuring that the Bureau improves its ability to serve the countries of the Region.

8. The Roadmap does not include initiatives that could be undertaken effectively within line management functions, with existing levels of resources, visibility, and oversight. Many important changes are, however, taking place under the responsibility of line managers and examples of these results are presented to the Directing Council for information in Document CD46/INF/7.

9. A small Change Management Team in the Director's Office is responsible for ensuring coordination and collective effectiveness of the various initiatives, keeping staff informed and troubleshooting to ensure that the Roadmap teams and team leaders have the required technical support needed to accomplish their tasks.

10. A graphic overview of the Roadmap is provided in the diagrams on pages 6 and 7, showing how the 11 priority initiatives for institutional strengthening relate to the Bureau's five organizational objectives. The details of each project are provided in the matrix (see pages 8 to 16), outlining the purpose, expected results, and key monitoring milestones of each initiative. Also highlighted are the pertinent links among each initiative, the emerging recommendations of the Working Group on PAHO in the 21st Century, and the recommendations of the Special External Auditor.

11. We have used graphic symbols to identify the activities where recommendations of the Working Group on PAHO in the 21st Century are already incorporated or will be addressed in the future, and where the recommendations of the External Auditor have been incorporated.



PAHO in the 21st Century



External Auditor

12. The matrix on page 19 provides an overview of the linkages between the projects designed to ensure institutional transformation, the organizational development goals (Ref, Strategic Plan 2003–2007) and the Managerial Strategy. This matrix reflects the content included in the Midterm Assessment of the Implementation of the Strategic Plan for the Pan American Health Organization for the Period 2003-2007 (CD46/8).

13. As requested by Executive Committee the estimated cost of the Roadmap projects presented on page 20.



OVERVIEW OF ROADMAP

Area	2005				2006				2007				2008		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Cultural Change	<i>Connection with PAHO Vision</i> <i>Increased Inclusion across All Working Groups</i>				<i>Momentum from Early Wins</i> <i>New Leadership Behaviors Visible</i>				<i>Increased Collaboration and Teamwork</i> <i>Enhanced Relationships with External Bodies and Partners</i>				<i>Staff Recognizes Power of Individual Contributions and Feels Empowered</i>		
Respond Better To Country Needs	<div style="border: 1px solid black; padding: 5px;"> <p>1.1. Country-Focused Cooperation (CFC). ◇ 1.1.1 Draft corporate policy on CFC completed.</p> <p>1.1.2 CFC operational framework presented to EXM. ◇</p> <p>1.1.3 Institutional Guiding Principles and Operational Guidelines for CFC presented for Directing Council approval. ◇</p> <p>1.1.4 Monitoring of CCS process in countries completed. ◇</p> <p>1.1.5 Lessons from result-based assessment incorporated into modalities for CFC. ◇</p> <p>1.1.6 Reprofile Country Offices and Regional Units. ◇</p> </div>														
	<div style="border: 1px solid black; padding: 5px;"> <p>1.2 Country Support Unit (CSU) Organization Review</p> <p>◇ 1.2.1 Review of the current state of CSU completed.</p> <p>1.2.2 Process improvements and procedural guidelines completed. ◇</p> <p>1.2.3 Process implementation started ◇</p> <p>1.2.4 Evaluation of the change in CSU completed. ◇</p> </div>														
Adopt New Modalities of TC	<div style="border: 1px solid black; padding: 5px;"> <p>2.1 Regional Programs (RP)</p> <p>◇ 2.1.1 RP defined and requirements identified.</p> <p>2.1.2 RP proposal presented to Subcommittee on Planning and Programming (SPP). ◇</p> </div>														
Be a Regional Forum for Health in the Americas	<div style="border: 1px solid black; padding: 5px;"> <p>3.1 Regional Forum (RF)</p> <p>3.1.1 Forum/resource mobilization strategy completed. ◇</p> <p>3.1.2 Recommendations for RF process and priorities completed. ◇</p> <p>3.1.3 First Forum in place. ◇</p> <p>3.1.4 Forum effective review conducted. ◇</p> </div>														
Create a Knowledge-based/Learning Organization	<div style="border: 1px solid black; padding: 5px;"> <p>4.1 Knowledge Management (KM) Implementation</p> <p>◇ 4.1.1 KM strategy published.</p> <p>4.1.2 KM technologies functional. ◇</p> <p>4.1.3 Business process management tools (eWorks) deployed. ◇</p> <p>4.1.4 Knowledge sharing completed. ◇</p> </div>														
	<div style="border: 1px solid black; padding: 5px;"> <p>4.2 Leadership Learning and Development</p> <p>4.2.1 Strategic Planning and Programming Training Program developed. ◇</p> <p>4.2.2 Leadership development training program implementation initiated. ◇</p> <p>4.2.3 Leadership development program incorporated into Human Resource Strategy. ◇</p> </div>														


OVERVIEW OF ROADMAP

Area	2005				2006				2007				2008		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Cultural Change	Connection with PAHO Vision	SS Inclusion across All Working Groups		Momentum from Early Wins		SS New Leadership Behaviors Visible		Increased Collaboration and Teamwork		SS Enhanced Relationships with External Bodies and Partners		Staff Recognizes Power of Individual Contributions and Feel Empowered SS			
Enhance Management Practices	5.1. Resource Mobilization Strategy (RMS) 5.1.1 Strategy and Action Plan for partners completed. ◇ 5.1.2 Alignment with WHO RMS. ◇ 5.1.3 Action Plan for RMS institutionalized. ◇														
	Redefine and approve Regional Program Budget Policy (RPBP)				Implementation of 2006 - 2007 RPBP										
	ITS Development	Information Technology Strategy (ITS) and Governance Implementation													
	5.2 Human Resources Strategy (HRS) Development 5.2.1 HRS supporting workforce planning and organization drafted. ◇ 5.2.2 Competencies incorporated into Planning Program and Evaluation System (PPES) process. ◇ 5.2.3 PAHO staff educated in the new policies, procedures, roles, and responsibilities. ◇				5.3 HRS Implementation										
	5.4. Standards for Accountability and Transparency 5.4.1 Policies and Procedures documents drafted. ◇ 5.4.2 PAHO staff training completed in regard to policies and procedures. ◇														
	5.5 Internal Communication Strategy for Organizational Mobilization 5.5.1 Strategy for achieving desired state presented to EXM. ◇ 5.5.2 Internal Communication Strategy implemented. ◇														
5.6 External Communication/Branding 5.6.1 Audience and market analysis completed. ◇ 5.6.2 External Communication Strategy completed. ◇															
WHO Transformation	Completion of 11th General Program of Work														
PAHO XXI	Renewal of Result-based Management, Country Cooperation Strategies, Global Management System														


ROADMAP FOR INSTITUTIONAL STRENGTHENING


STRATEGIC OBJECTIVE 1: RESPOND BETTER TO COUNTRY NEEDS	1. COUNTRY-FOCUSED COOPERATION (CFC)		
	Purpose	Expected Results	Monitoring Milestones
	<p>To strengthen PAHO/WHO's relevance, efficiency, and effectiveness in responding to national and subregional health development needs, and in facilitating the more effective participation of the countries in collective agreements (sub-regional, regional, and global) that affect health.</p> <p> Note taken of recommendations on the centrality of Member States in decision-making processes; the need to review the level of responsibility delegated to PWRs and Center Directors for efficient coordination of operations at the country level; the need to strengthen the sub-regional integration processes, and the further decentralization of technical staff and resources to strengthen the performance of country offices.</p> <p> Note also taken of recommendations related to developing an integrated national program through innovative cooperation modalities with and among countries, strengthening of strategic partnerships, updating administrative processes in keeping with global initiatives for harmonization and alignment of cooperation..</p>	<ul style="list-style-type: none"> • Development, implementation, and evaluation of country-focused corporate policy. • Country Cooperation Strategy (CCS) results and implications, as well as lessons learned from other initiatives mainstreamed into PAHO/WHO processes, structure, planning, programming, and resource allocation and management. • Outcome and result-based assessment of organizational response to Country-Focused Cooperation. 	<ul style="list-style-type: none"> • Draft Corporate policy on CFC completed. Dec. 2005. • Overall corporate policy and operational framework presented to Executive Management. April 2006. • Institutional Guiding Principles and operational guidelines for CFC (regional, subregional, all countries) to be presented for Directing Council approval. September 2006. • Preliminary business changes proposed to EM for action from existing experiences and lessons learned from CCS as well from other tools. December 2005. • Further changes proposed as a result of interaction with other Roadmap (RM) projects, market survey and result – based assessment. June 2006. • Changes proposed on the basis of CFC Policy implementation and result-based assessment. September 2006. • Guidelines on result-based assessment designed and distributed. February 2006. • Result-based assessment implemented. May 2006. • Lessons from result-based assessment incorporated into modalities for CFC. December 2006.


STRATEGIC OBJECTIVE 1: RESPOND BETTER TO COUNTRY NEEDS	2. CSU ORGANIZATION REVIEW		
	Purpose	Expected Results	Monitoring Milestones
	To ensure that the Country Support Unit (CSU) effectively coordinates organizational support to countries and works in alignment with the Country-Focused Cooperation Strategy.	<ul style="list-style-type: none"> • Current state of CSU analyzed: vision, mission, role, processes, procedures, coordination mechanisms, lines of authority, and performance expectations. • Desired state of CSU defined: to ensure better response to country needs and alignment with corporate strategy; plan for achieving the desired state prepared. • Work processes redefined among CSU, country offices (PWRs) and Regional Units to ensure that CSU accomplishes its mission, roles, and accountability. Communication, work processes, and procedural guidelines clarified. • Core work processes of CSU and its relations with users and support units supported and monitored. 	<ul style="list-style-type: none"> • Report on the current state of CSU. September 2005. • Report on the desired state of CSU and plan for change. October 2005. • Report on work processes between CSU and other parts of the Bureau completed. December 2005. • Transformation process initiated. March 2006. • Evaluation of the change in CSU completed. December 2006.



STRATEGIC OBJECTIVE 2: ADOPT NEW MODALITIES OF TECHNICAL COOPERATION	3. REGIONAL PROGRAMS		
	<p>To define the guidance framework and operational criteria for the development and implementation of Regional Programs.</p> <p> Note taken of recommendations on the importance of developing more innovative cooperation modalities, including proactive involvement in facilitating technical cooperation with and among Member States.</p>	<ul style="list-style-type: none"> • Common understanding of Regional Programs and criteria for their development established. • Guidance framework for identifying, managing, monitoring, and evaluating Regional Programs established. • First policy proposal and implementation plan for Regional Programs prepared and ready for presentation to the Subcommittee on Planning and Programming (SPP). 	<ul style="list-style-type: none"> • Regional Programs defined and requirements identified. September 2005. • Proposal on framework and criteria for Regional Programs ready for presentation to the SPP. March 2006.

4. REGIONAL FORUM



Purpose	Expected Results	Monitoring Milestones
<p>To develop a full proposal for PAHO’s Forum for Public Health in the Americas and establish the infrastructure, organization capacity, and key processes required to execute, monitor, and evaluate the Regional Forum for Public Health in the Americas.</p> <p> Note taken of recommendations on the importance of consensus building to improve public health knowledge and actions in the Americas.</p>	<ul style="list-style-type: none"> • Identification of unmet needs for critical knowledge to develop and implement applications and methodologies for innovative modalities of technical cooperation in public health. • Creation of a platform for consensus building that captures diverse perspectives and fosters agreement among key actors and institutions on relevant issues for improving public health knowledge and actions in the Americas. • State-of-the-art knowledge in public health applied in policy development and programs through processes that engage multiple partners in the public and private sectors to complement PAHO’s formal governance and policy-making processes. • Monitoring and evaluation of the impact of new modalities of technical cooperation. 	<ul style="list-style-type: none"> • Forum/resource mobilization strategy completed. November 2005. • Recommendations for PAHO Regional Forum process and priorities completed. December 2005. • Forum Sharepoint site and Knowledge Management tools widely available in conjunction with first Forum event. March 2006. • Forum effectiveness review conducted by Forum Board. January 2007.

STRATEGIC OBJECTIVE 4: CREATE A KNOWLEDGE-BASED/LEARNING ORGANIZATION	5. IMPLEMENTATION OF KNOWLEDGE MANAGEMENT STRATEGIES		
	Purpose	Expected Results	Monitoring Milestones
	<p>To enhance PAHO’s capacity as a knowledge-based organization and bridge the <i>know-do</i> gap within and among countries of the Region by being:</p> <ul style="list-style-type: none"> • An authoritative source on public health information and knowledge • A collaboration-based organization • An organization that learns from experience and promotes good practices • A partnership and network-building organization. <p> Note taken of recommendations on helping Member States export their experiences, capacities, strengths, and best practices: to reduce the existing gap between the generation of knowledge and its application by decision-makers; to facilitate the dissemination and publication of information for appropriate development of health policies and knowledge sources to increase equity in accessing these sources; and to support the production, processing, and dissemination of information to ensure its high quality and accessibility by the countries and subregional blocks toward helping the countries to develop policies to address health measures.</p>	<ul style="list-style-type: none"> • Knowledge management governance processes are established. • Knowledge management processes are operational. • Knowledge management technologies are functional. 	<ul style="list-style-type: none"> • Knowledge Management/Information Technology (KM) strategy published. August 2005. • KM policies for external partners published. December 2005. • KM staff training completed. December 2005. • Modalities of KM technical cooperation defined. March 2006. • Knowledge Development: products created by supporting research and case studies, expert knowledge and lessons learned captured and codified with taxonomy launched. December 2005. • Knowledge Sharing: communities of practice, virtual fora, formal learning, and other means of peer networking, collaboration, and partnership launched by December 2005; completed by mid-2007. • Knowledge Application: effective and efficient work processes and access to information through the roll-out of VHL, Expert Locator, and Travel Reports system in place. December 2005. • PAHO collaboration portal (SharePoint) and virtual venues (shared desktops, videoconferencing, chat facilities) functional to support KM processes above and replace the Intranet. December 2005. • Business process management tools (eWorks) deployed. December 2006.



STRATEGIC OBJECTIVE 4: CREATE A KNOWLEDGE- BASED/LEARNING ORGANIZATION	6. BUILDING COMPETENCIES FOR LEADERSHIP, LEARNING, AND DEVELOPMENT		
	Purpose	Expected Results	Monitoring Milestones
	<p>To improve public health leadership capability and capacity for achieving PAHO's vision, addressing its strategic priorities and responding to the national, regional, and global public health agendas.</p> <p> Note taken of recommendations on human resources emphasizing the need to ensure that the staff maintains the highest level of skills and knowledge necessary to undertake their work. This includes appropriate training in all priority areas.</p>	<ul style="list-style-type: none"> • Increased capacity of staff to apply leadership skills to organizational tools and processes for strategic planning, implementation, and evaluation of technical programs. • Core leadership and managerial competencies demonstrated by various levels of staff, according to PAHO's agreed-upon map of competencies and as appropriate to the different levels, are implemented at by the end of the two-year project time period. • Public health leadership competencies strengthened to advance the public health agenda of the Region of the Americas and influence global public health. • Leadership development incorporated and integrated into relevant units/programs to ensure sustainability. • Project components managed in an effective and efficient manner. 	<ul style="list-style-type: none"> • Strategic planning and programming training program developed. December 2005. • Implementation initiated in all subregions. February 2006. • Leadership development training program developed. March 2006. • Leadership development training program implementation initiated. June 2006. • Leadership development program incorporated into Human Resource Strategy. June 2007.

STRATEGIC OBJECTIVE 5: ENHANCE MANAGEMENT PRACTICES	7. ENHANCEMENT OF THE RESOURCE MOBILIZATION STRATEGY		
	<p>To ensure effective resource mobilization in support of program priorities in a changing resource environment.</p> <p> Note taken of recommendations emphasizing the need to support countries in mobilizing increased resources for health from national, bilateral, and multilateral sources.</p> <p> Recommendations contained in the Special Report of the External Auditor related to the relationships for private-sector partnerships have been integrated into this initiative.</p>	<ul style="list-style-type: none"> • Appropriate policies and frameworks for a coherent and sustained flow of external resources to support the work of the Organization. <ul style="list-style-type: none"> ○ Resource Mobilization Strategy developed for all levels of the Organization, including policy relationship for private sector partnerships. ○ Plan of Action for corporate resource mobilization formulated. • Resource mobilization strategy developed that links with other institutional activities to maximize impact and effectiveness, notably External Communication, Regional Programs, and the Regional Forum. 	<ul style="list-style-type: none"> • Situation Analysis completed. September 2005. • Strategy and Action Plan for the partners completed. December 2005. • Alignment with WHO Resource Mobilization Strategy. January 2006. • Corporate Strategy and Action Plan for resource mobilization. May 2006. • Strategy and Action Plan for resource mobilization institutionalized. June 2006.

8. DEVELOPMENT AND IMPLEMENTATION OF THE HUMAN CAPITAL MANAGEMENT STRATEGY

Purpose	Expected Results	Monitoring Milestones
<ul style="list-style-type: none"> • To establish human capital as PAHO’s greatest resource; • To transform the Human Resources Management Area into a full business partner; • To ensure that processes related to recruitment and management of personnel enhance the ability of the Organization to meet its commitments to partners, Governing Bodies, and donors. <p> Note taken of recommendations emphasizing the development and establishment of a hiring and evaluation policy for staff. This includes formal and transparent processes and systems for the transfer, exchange, or hiring of technical staff, including senior positions and short-term staff.</p> <p> Recommendations in the 2004 Special Report of the External Auditor have been incorporated into this initiative.</p>	<ul style="list-style-type: none"> • A comprehensive forward-looking HR strategy aligned with organizational structure, recruitment, rotation, retention, staff development, and staff separation activities with PAHO’s vision, mission, programmatic priorities, and managerial strategy. • Clearly articulated accountabilities for human resources management and process among the various managerial levels of the Organization, with effective human resource management established as a core responsibility of every manager. • Improve quality and modernize human resources management process and procedures across the Organization. • PAHO’s human resources are balanced by gender, age, and geography. • PAHO’s staff employed and managed within a work environment that is mentally and physically healthy. 	<ul style="list-style-type: none"> • Complete discussions and draft strategy documents related to the policies and processes that support workforce planning and organizational design. January 2006. • Recruitment, selection, and hiring procedures implemented, with automation, where appropriate, for each contract type used at PAHO. March 2006. • Automated Performance Evaluation System implemented. December 2005. Competencies incorporated into the process. June 2006. • Draft strategy documents related to performance evaluations, awards, competencies, training, conduct, and healthy work environment. March 2006. • Appropriate functions from Headquarters decentralized to the Country Offices and Centers, to be handled by Personnel Assistants. June 2006. • All Headquarters, Country Office, and Center Personnel Officers and Personnel Assistants educated in the new policies, procedures, roles, and responsibilities. September 2006.

9. IMPROVEMENT OF THE STANDARDS FOR ACCOUNTABILITY AND TRANSPARENCY

Purpose	Expected Results	Monitoring Milestones
<p>To strengthen individual and corporate accountability through clearly defined, communicated, implemented, and enforced policies and procedures governing ethics, standards of conduct, conflict of interest, financial disclosure, reporting of complaints, investigative actions, relationships with partners and governments, and use of the PAHO and WHO names and logos, in order to:</p> <p> Fully implement the recommendations arising from the 2004 Special Report of the External Auditor of PAHO.</p> <p> Note taken of recommendations to strengthen criteria for the participation of the public and private sectors in the work of PAHO.</p>	<ul style="list-style-type: none"> • Clearly documented and communicated policies and procedures governing ethical standards of behavior as well as processes for reporting and investigating noncompliance. • Policies and procedures governing PAHO contracting of goods and services are consistent with standard ethical contracting practices. • Increased efficiency, consistency, and coordination among various investigative bodies in PAHO. • All staff clearly understand and engage in proper communications and relationships with PAHO Governing Bodies and private- and public-sector partners. • Proper representation of PAHO in written and electronic communications. • Staff are aware of and embrace their responsibilities in compliance with the above policies and procedures. 	<ul style="list-style-type: none"> • Research material compiled. June 2005. • Policies and procedures for review by EXM drafted. August 2005. • Documents drafted. September 2005. • Documentation and information materials completed in English. March 2006. • Training and education of all staff members completed. August 2006.

STRATEGIC OBJECTIVE 5: ENHANCE MANAGEMENT PRACTICES (Cont.)	10. IMPLEMENTATION OF AN INTERNAL COMMUNICATION STRATEGY FOR ORGANIZATIONAL MOBILIZATION		
	Purpose	Expected Results	Monitoring Milestones
	<p>To build an organization-wide commitment to PAHO's Vision, Mission, and Values; enhance the understanding of PAHO's strategic direction, program of work, and organizational milestones; and strengthen pride of ownership for organizational results and esprit de corps, by keeping employees informed and involved through an internal communication process that is fun engaging, easy to use, and supported by employees.</p>	<ul style="list-style-type: none"> • Positive professional relationship built through transparency in the management of the 11 projects of the PAHO Roadmap for Institutional Transformation. • Trust and esprit de corps strengthened. • Staff participating and offering feedback. • Internal Communications are handled in a consistent, efficient, and timely manner throughout the Organization. • There is a common understanding of Internal Communication messages across the Organization. • The quality and flow of information increases by using effective channels of communication. • Staff empowerment, motivation, and overall performance improved. • Cross-cultural aspects of communication improved. 	<ul style="list-style-type: none"> • Internal Communication Weblog on progress of roadmap projects available. August 2005. • Successful Internal Communication models reviewed. September 2005. • Strategy for achieving the desired state presented to Executive Management. November 2005. • Internal Communication Strategy Initiatives defined and prioritized and location of functional responsibility decided. March 2006. • Internal Communication Strategy and Policies issued by the Executive Management. March 2006. • Internal Communication Strategy implementation. April 2006.

STRATEGIC OBJECTIVE 5: ENHANCE MANAGEMENT PRACTICES (Cont.)	11. STRENGTHENING OF EXTERNAL COMMUNICATION		
	Purpose	Expected Results	Monitoring Milestones

	<p>To position PAHO powerfully among its key constituents and build support for the Organization's strategic objectives, through clear and robust external communication and brand positioning.</p>	<ul style="list-style-type: none"> • Clear differentiation of PAHO among players engaged in regional public health development and comprehensive understanding of the value that PAHO adds to improving health in the Americas. • Enhanced image, brand value, and influence that opens doors to resources and builds strategic partnerships for public health results. • Clear goals, standards, processes, structure, functions, and staffing for the management of effective corporate external communication. 	<ul style="list-style-type: none"> • Audience and market analysis completed. October 2005. • Brand development completed. January 2006. • External communication strategy completed. May 2006.
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LINKAGES BETWEEN ROADMAP PROJECTS AND STRATEGIC FRAMEWORK DOCUMENTS

<i>11 Projects for Institutional Strengthening within PASB (started May/June 2005)</i>	<i>Strategic Objectives for Organizational Change (by 2008)</i>	<i>MANAGERIAL STRATEGY Corporate objectives of organizational change (by end 2007)</i>	<i>STRATEGIC PLAN 2003-2007 Organizational Development goals</i>
Country focused cooperation	Respond better to country needs	(a) The central focus of the Secretariat's work will be in and with countries, while achieving a closer relationship between the national, subregional, regional, and corporate planning processes.	4. Become a recognized leader in transnational and global issues that affect regional and national health.
CSU organization review			
Regional forum	Establish a regional forum	(b) The Organization will be in the mainstream of health-related policy debate at all levels.	
IKM implementation	Become a learning, knowledge-based organization	(c) PASB will be recognized as the Region's premier source of health information and there will be increased networking and sharing of knowledge inside the Organization and between the Organization and its environment.	1. Communicate quality information in a timely manner to enhance process and impact of technical cooperation. 3. Become a valued member of mainstream scientific and technological networks, harnessing knowledge to address regional health development.
Leadership development and learning			
Regional programs	Foster innovation modalities of technical cooperation	(d) Priorities will be addressed through innovative approaches to technical cooperation and strategic management of the Secretariat's resources.	2. Generate and use strategic intelligence to anticipate and increase proactive responses to future challenges and to reap the benefit of opportunities.
Resource mobilization strategy	Enhance management practices		1. Communicate quality information in a timely manner to enhance process and impact of technical cooperation 5. Foster a creative, competent, and committed work force that is rated exceptional by its clients. 6. Be a high-performance organization and set benchmarks for similar international health agencies.
Human resources strategy			
Standards of accountability and transparency			
Communication strategy for organizational mobilization			
External communication			

PAHO TRANSFORMATION ROADMAP - TOTAL ESTIMATED COST

ROADMAP INITIATIVES - BUDGET SPREADSHEET	Total Proposed			
	TOTAL	By Year		
		2005	2006	2007
1 Country Focused Cooperation	69,560	18,150	51,410	
2 CSU Review	56,941	50,979	5,962	
3 Regional Programs	70,500	70,500	-	
4 Regional Forum	256,200	76,000	157,200	23,000
5 IKM (*)	-	-	-	
6 Leadership Development	33,500	23,500	10,000	
7 Resource Mobilization	105,000	74,600	30,400	
8 Standards for Accountability and Transparency (*)	-	-	-	
9 HR Strategy	290,000	184,000	106,000	
10 Internal Communications	125,000	50,000	75,000	
11 External Communications	400,000	398,000	2,000	
SUBTOTALS	1,406,701	945,729	437,972	23,000
Project support costs	163,000	163,000		
	-	-	-	-
TOTAL estimated	1,569,701	1,108,729	437,972	23,000

TOTAL already funded \$ 572,000
TOTAL unfunded \$ 997,701

(*) Funding for these activities are reflected in the BPB

Looking Ahead

14. The period 2006-2007 will be a time of accelerated action, building on the momentum created during 2003-2005. The cornerstone of the transformation process will be the Roadmap, but activities to strengthen the Bureau will continue to occur at all levels of the Organization within the functional responsibility of line managers.

15. The true test of this process of institutional strengthening and transformation will be the pace of implementation. The Bureau has so far undertaken its change program within existing resources and has already identified partial funding for the Roadmap process, thereby enabling the teams to initiate their project activities in June 2005.

16. A budget of approximately \$1.6 million for the period 2005-2006 has been developed; of this amount, \$572,000 has already been identified and the remaining amount is being reflected in the unfunded portion of the 2006 budget. However, the Bureau will need to undertake resource mobilization efforts to fully fund the Roadmap. The resources available to date will enable cross-functional teams to meet, both virtually and occasionally in person; will secure the expertise that is required in some instances to supplement skills available in the Organization; and will initiate the implementation of early expected results, especially in the areas of human resources and follow-up to the External Audit recommendations.

17. The process of developing PAHO's next Strategic Plan will both benefit from and influence the further development and implementation of the Roadmap. The next two years will be of critical importance to the process. During this period the Bureau will emphasize the completion of these important initiatives to transform the structure and delivery mechanisms of the Bureau. The management tools and frameworks put in place during this period will enable PAHO to move forward with confidence and commitment to public health in the Americas. Throughout this process of implementing organization change, Member States will be constantly involved and will be informed continually.