



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SEVENTH SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION OF THE EXECUTIVE COMMITTEE

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DRAFT PROPOSED PAHO PROGRAM AND BUDGET 2014-2015 Draft Outline

Introductory Note for the SPBA

1. The presentation of the Program and Budget 2014-2015 outline to the Seventh Session of the Subcommittee on Program, Budget, and Administration (SPBA) constitutes the first round of discussions with the Member States of the Pan American Health Organization (PAHO) within the proposed new PAHO planning framework. Both the PAHO Strategic Plan 2014-2019 and the PAHO Program and Budget 2014-2015, are being influenced by the ongoing World Health Organization (WHO) Reform dialogue in general, and more specifically by the Twelfth WHO General Program of Work (GPW) for the period 2014-2019 and the WHO Program Budget 2014-2015.
2. At the time of this writing, the impact of the WHO reform process on WHO's planning framework and processes—and ultimately its influence on PAHO's planning framework—has not yet been fully determined. This presents a challenge for the formulation of a structured draft PAHO Program and Budget document for review by the Subcommittee. For this reason, the document being presented to the Subcommittee takes on the form of an outline rather than a full draft program and budget document.
3. This outline contains the proposed structure of the full draft document that will be presented to 152nd Session of the Executive Committee, along with limited content wherever possible and/or a brief description of the intended content in some sections. Programmatic content in particular is not included since it needs to be derived from the Proposed PAHO Strategic Plan 2014-2019 currently under development. The budget tables shown in this document are based on 2012-2013 expenditure levels and are meant as a reference only. The tables reflect the current programmatic structure of strategic objectives and Region-wide expected results as they would be in the future structure of categories and program areas. There are several Region-wide expected results from the

current structure that cannot be matched one-to-one with the program area of the proposed structure. Consequently, some program areas may be overstated in terms of resource level, while others may be understated. The outline will reflect the initial discussions held with the Member State Countries' Consultative Group (CCG) in February 2013.

4. The Subcommittee is invited to analyze the outline and provide PASB with its comments and observations regarding the structure and format of the document. Member States may also wish to comment on the appropriateness of the overall resource level for the budget. This feedback, along with the input arising from the continued collaboration with the Member States CCG, will be incorporated into the draft of the full document to be presented to the 152nd Session of the Executive Committee. The first virtual session of the Member States CCG took place on 19 February 2013. This draft incorporates some of the recommendations that were made. The Annex includes the aide-mémoire of the session, including the discussion and recommendations.

PROPOSED
PROGRAM AND BUDGET 2014-2015
Draft Outline

Pan American Health Organization
Regional Office of the World Health Organization for the Americas

March 2013

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OVERVIEW

The PAHO Program and Budget 2014-2015 in the Context of WHO Reform

1. The decisions from the ongoing WHO reform process are having a direct impact on both the structure and content of Twelfth WHO General Program of Work and its associated Program Budgets. In turn, these changes are influencing PAHO's own planning framework and processes, in that PAHO maintains programmatic alignment with WHO for both its Strategic Plan 2014-2019 and its Program and Budget 2014-2015.
2. The proposed PAHO Program and Budget 2014-2015 is the first to be developed under the PAHO Strategic Plan 2014-2019. The proposed Program and Budget 2014-2015 will contain the same programmatic structure as the Strategic Plan 2014-2019, namely: categories; program areas; outcomes; and outcome indicators. In addition, the Program and Budget will include outputs and output indicators. The expected achievements in the Program and Budget 2014-2015, in the form of outcome and output indicator targets, will be for the two-year period ending on 31 December 2015.

The Results-based Management Framework for Planning, Programming, and Budgeting

3. The implementation of a new results chain is a key element of the WHO reform that has also been incorporated into PAHO's proposed planning framework and is reflected in the structure of the proposed Program and Budget. The results framework used in this program and budget links the work of the Pan American Sanitary Bureau (PASB) (outputs) to the health and development changes in the countries to which it contributes (outcomes and impact). Each level of the results chain is described below.
4. **Impacts** are long-term results at the highest level of the results chain, to which both the Member States and PASB will contribute. Such results reflect changes in the health of the population. The key measures for these results are expressed by increases in healthy life expectancy and the overall well-being of the population. Consequently, the implementation of the PAHO Strategic Plan will also contribute to regional and global health and development. The impact level results in the PAHO Strategic Plan 2014-2019 will be the same as those defined in the WHO's Twelfth GPW. However, the impact indicators may require some level of adaptation to make them Region-specific.
5. **Outcomes** are medium-term results to which Member States and PASB will contribute. They reflect changes in institutional capacity and/or in the reduction of health-related risks in the countries. Member States have a shared responsibility for achieving the outcomes, in collaboration with PASB and other partners. Progress made towards outcomes in the countries will be measured in terms of changes in policies, practices, institutional capacities, service coverage, or access to these in countries. The outcomes

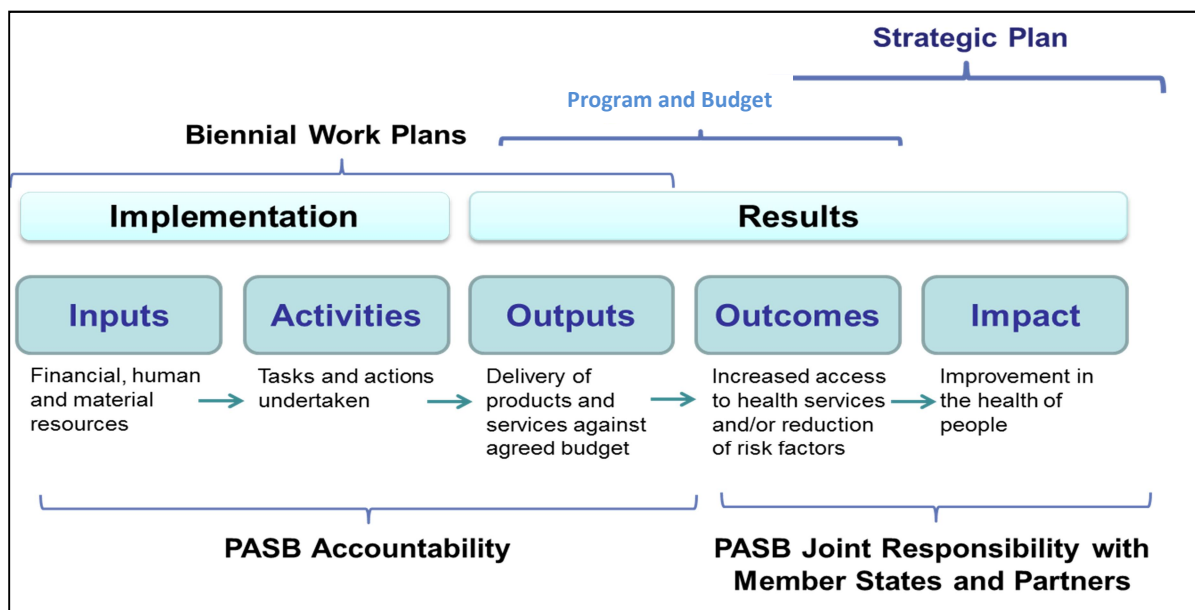
contribute to the overall impact of the PAHO, to which PASB and Member States contribute. The outcomes and outcome indicators from WHO's Twelfth GPW will require adaptation to the Region. In addition, the Strategic Plan 2014-2019 may contain other outcomes and outcome indicators to reflect specific issues of importance to the Region.

6. **Outputs** are short-term results that PASB commits to deliver during a given biennium with an approved budget. The delivery of outputs will be measured with a defined set of output indicators. PASB will be accountable for delivering outputs, as defined in the respective Program and Budgets. Outputs should influence institutional capacity and/or reduction of health-related risks. In other words, PASB will contribute to the attainment of the outcomes through the delivery of the outputs in a given Program and Budget.

7. The Program and Budget 2014-2015 outlines the set of outputs which define what PASB intends to deliver during this biennium. The outputs in PAHO's Program and Budget will be defined based on WHO's Program Budget 2014-2015. However, they will require adaptation in order to make them relevant and specific to the Region.

8. Figure 1 below illustrates the new results chain for both PAHO and WHO planning frameworks.

Figure 1: PAHO/WHO Results Chain



Programmatic Priorities in 2014-2015

[UNDER DEVELOPMENT]

9. This section will be used to provide Member States with a sense of where priorities will lie in the two-year period covered by the Program and Budget. The methodology and criteria to be defined in the Strategic Plan 2014-2019 will be used as a basis for completing this section.

The Resource Context

[UNDER DEVELOPMENT]

10. This section will provide an overview of resource trends, the current financing situation, and resource expectations for the near future. The section should briefly touch upon the climate within the international donor community and provide a realistic outlook for effective resource mobilization. It will include a description of the behavior of the different types of funding, their characteristics and limitations, and the need for maximum flexibility. There will be mention of National Voluntary Contributions (i.e., voluntary contributions from Member States solely for technical cooperation in their own country) and their effect on other funding sources for the Organization, as well as on the overall balance between resource levels and programmatic achievements.

Implementation of the New PAHO Budget Policy

11. The new PAHO Budget Policy builds upon the fundamental principles of equity, solidarity, and Pan Americanism. It also introduces adjustments and new elements in response to the evaluation conducted on the previous policy and to the Organization's own lessons learned.

12. The more salient points are:

- (a) Needs-based objectivity improved by including the measurement of inequalities within countries.
- (b) Standards for country presence established and protected to ensure resourcing adequate engagement between Member State and PASB for all countries.
- (c) Results-based objectivity added to guide resource distribution to assist in meeting the agreed-upon programmatic targets of the Strategic Plan.
- (d) Modeling logic and statistical techniques improved to provide for more realistic and workable resource distribution results.

(e) Internal and external assessments will provide valuable input for future iterations of the policy.

13. The result is an improved strategic-managerial instrument that is critical for the effective and optimal distribution of resources in support of the Organization's work.

14. PAHO resources are distributed among the three perspectives embedded within its Program and Budget: (a) programmatic, including categories and program areas; (b) functional levels; and, (c) organizational levels. PAHO will continuously strive — through both internal and external assessments—to achieve and maintain an optimal functional and organizational resource distribution scheme to generate the greatest level of impact in the countries, while effectively responding to collective regional and subregional mandates.

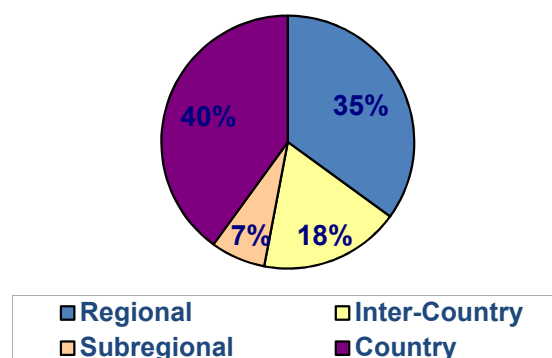
15. The distribution of resources among categories and program areas is typically the first step, as this is a collective expression by PAHO's Governing Bodies of the desired level of investment in the relative health needs of the Region. The funding levels of the categories and program areas set the tone for the Organization's work. The resources will then be distributed internally to the various functional and organizational levels in order to achieve the agreed-upon mandates.

16. The distribution of resources at functional level will be classified into two major categories: (a) direct technical support to countries (DTSC); and (b) regional. The first category—direct technical support to countries—will be divided into three types of direct country support: (a) country-specific; (b) inter-country; and (c) subregional. The initial allocation to the DTSC level will be the current 40% country level and will be increased by the amount of intercountry-level programming and the amount of subregional-level programming.

17. The distribution among the functional and organizational levels needs to be dynamic. It needs to allow for budget ceiling adjustments throughout the planning process, to take into account new information, and changes in the planning and budgeting environment while always maintaining the objective of improving results in the countries. This approach is considered to be at the heart of the country focus strategy. Over time, evaluation results should guide adjustments in the weighting of resources for these different approaches to the specific work of PAHO.

18. Figure 2 illustrates PAHO's functional level organizational structure. The percentages are indicative of the current level of programming for the 2012-2013 biennium.

Figure 2: Functional levels



Direct technical support to countries includes the country level (40%), subregional level (7%), and intercountry level (18%).

Monitoring and Reporting, Assessment, Accountability, and Transparency

19. Performance monitoring and assessment are essential for the proper management of the Program and Budget and in order to inform the revision of policies and strategies and interventions. As such, the assessment of the Program and Budget 2014-2015 is the means by which the PAHO Strategic Plan 2014-2019 itself will be monitored and assessed. Monitoring of the implementation of the Program and Budget 2014-2015 will be conducted at the end of the twelve-month period (the mid-term review) and the assessment will be made upon completion of the biennium (the Program and Budget Performance Assessment) and reported to Member States.

20. The mid-term review provides a means for tracking and appraising progress made towards the achievement of results—in particular progress made in delivering outputs. It facilitates corrective action, and the reprogramming and reallocation of resources during implementation. It is a process that allows PASB to identify and analyze the impediments and risks encountered, together with the actions required to ensure achievement of results. The end-of-biennium Program and Budget Performance Assessment is a comprehensive appraisal of the performance of the Organization. It will include an assessment of progress made towards the achievement of the stated outcomes. Work will continue on defining the framework and process of assessing the proposed Program and Budget.

CATEGORIES AND PROGRAM AREAS

21. This section illustrates the entire program of PAHO. The work of all functional and organizational levels is grouped together at the highest programmatic level, by Category and Program Area. This section represents the achievements that the Organization, collectively, will attain.

22. Budget figures by Category and Program Area reflect the current funding situation of the 2012-2013 biennium, cross-walked to the new programmatic structure. These figures will change and adapt to the dialogue with Member States as the planning process moves forward, as well as to input from individual organizational entities as part of the ongoing operational planning process. That process will conclude at the end of 2013, when some minor adjustments may be needed to better align individual entity work plans with the programmatic priorities of the Organization as presented in this document.

Category 4 - Health Systems (Mock-up is included for illustrative purposes)

Providing support to strengthen of health systems with a focus on organizing integrated service delivery; financing to achieve universal health coverage; strengthening human resources for health; health information systems; facilitating transfer of technologies; promoting access to affordable, quality, safe, and efficacious medical products; and promoting health systems research.

[The structure and content of this section will mirror that of the Strategic Plan and will also include outputs and output indicators. See Table 3 in the Annex for an illustrative example of the complete results chain.]

Budget by Category and Program Area

Category and Program Area	Estimated Budget
Health Systems	
Health Governance and Leadership, including a National Health Policies, strategies and plans	
Integrated people-centered health services (including human resources for health, management and financing models for health)	
Access to medical products and strengthening regulatory capacity	
Health system information and evidence (including health research)	
Subtotal	

Table 1: Proposed Program and Budget 2014-2015

Category 1

Communicable Diseases	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
HIV/AIDS				
Malaria				
Tuberculosis				
Neglected tropical diseases				
Vaccine-preventable diseases (including maintenance of polio eradication*)				
Subtotal				

Category 2

Noncommunicable Diseases and Risk Factors	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Noncommunicable diseases				
Mental health				
Violence and injuries				
Disabilities and rehabilitation				
Nutrition				
Subtotal				

Category 3

Tackling Determinants of Health and Promoting Health throughout the Life Course	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Reproductive, maternal, newborn, child, and adolescent health				
Healthy aging				
Gender, equity, and human rights mainstreaming (including intercultural aspects of health and marginalized populations)				
Health and the environment				
Social determinants of health (including social and community participation)				
Subtotal				

Category 4

Health Systems	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Health governance and leadership, including national health policies, strategies, and plans				
Integrated people-centered health services (including human resources for health, management and financing models for health)				
Access to medical products and strengthening regulatory capacity				
Health systems information and evidence (including health research)				
Subtotal				

Category 5

Preparedness, Surveillance and Response	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Alert and response capacities				
Epidemic- and pandemic-prone diseases **				
Emergency risk management and crisis management **				
Food safety				
Subtotal				

Category 6

Corporate Services and Enabling Functions	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Leadership and governance				
Strategic planning, resource coordination and reporting				
Strategic communications				
Transparency, accountability and risk management				
Management and administration				
Subtotal				

Subtotal – Base Programs				
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Emergencies	Assessed Contributions	Voluntary Contributions	National Voluntary Contributions	Total Estimated Budget
Polio eradication (N/A for the Americas) *				
Outbreak and crisis response**				
Subtotal				

Grand Total				
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* This program area (polio) is presented under Category 1 due to the nature of the activity. However, for budgetary purposes, it is not included as a base program and is reported and resourced under a separate budgetary segment (which also facilitates reporting to WHO).

** This program area (OCR) is included under Category 5 due to the nature of the activity. However, for budgetary purposes, it is not included as a base program and is reported and resourced under a separate budgetary segment (which also facilitates reporting to WHO).

**Table 2: Operationalization of the Budget Policy
(applicable to the Regular Budget only)**

country	code	health needs index	needs-based grouping	core allocation (proportional share)			Results-based	Variable allocation	Total Allocation
				Floor	Needs-Based	Total (j+k+l)			
UK territories	UKT	0.972	0	0.37		0.37			
French territories	FRT	0.953	0	0.27		0.27			
Canada	CAN	0.915	0	0.27		0.27			
Netherlands territories	NET	0.907	0	0.27		0.27			
United States	USA	0.784	0	0.27		0.27			
Puerto Rico	PUR	0.614	0	0.27		0.27			
Barbados	BAR	0.850	1	0.00	0.36	0.36			
Antigua & Barbuda	ANI	0.824	1	0.10	0.23	0.33			
Cuba	CUB	0.814	1	1.40	1.12	2.52			
Dominica	DOM	0.794	1	0.10	0.20	0.31			
St. Kitts & Nevis	SCN	0.793	1	0.10	0.18	0.28			
Grenada	GRE	0.774	1	0.09	0.25	0.34			
St. Lucia	SAL	0.753	1	0.10	0.31	0.41			
St. Vincent & Grenadines	SAV	0.713	2	0.10	0.32	0.42			
Bahamas	BAH	0.708	2	1.53	0.49	2.02			
Uruguay	URU	0.654	2	1.43	0.98	2.40			
Trinidad & Tobago	TRT	0.627	2	1.38	0.75	2.13			
Costa Rica	COR	0.625	2	1.34	1.08	2.42			
Argentina	ARG	0.611	2	1.47	2.28	3.75			
Chile	CHI	0.602	3	1.59	1.67	3.26			
Mexico	MEX	0.596	3	1.70	4.40	6.10			
Venezuela	VEN	0.572	3	1.92	2.06	3.98			
Panama	PAN	0.532	3	1.44	1.04	2.48			
Peru	PER	0.525	3	1.87	2.06	3.92			
Jamaica	JAM	0.521	3	1.38	0.96	2.34			
Ecuador	ECU	0.494	3	1.43	1.58	3.01			
Belize	BLZ	0.484	4	1.26	0.55	1.81			
Dominican Republic	DOR	0.477	4	1.45	1.55	3.00			
Brazil	BRA	0.468	4	2.14	7.36	9.50			
El Salvador	ELS	0.463	4	1.42	1.34	2.76			
Colombia	COL	0.440	4	1.83	2.83	4.66			
Guyana	GUY	0.402	4	1.28	0.73	2.01			
Suriname	SUR	0.399	5	1.30	0.76	2.06			
Paraguay	PAR	0.384	5	1.49	1.59	3.08			
Nicaragua	NIC	0.378	5	1.35	1.54	2.89			
Honduras	HON	0.343	5	1.52	1.67	3.19			
Guatemala	GUT	0.335	5	1.62	2.05	3.67			
Bolivia	BOL	0.243	5	1.50	1.81	3.31			
Haiti	HAI	0.000	5	1.74	1.81	3.55			
TOTAL				42.09	47.91	90.00	5.00	5.00	100.00

Table 3 : Illustration of the Results Chain (for review)

Category 4: Health Systems—Health systems based on primary health care, in support of universal health coverage.

Outcome: 4.1 All countries have comprehensive national health policies, strategies, and/or plans.

Outcome Indicator: 4.1.1 Number of countries that have a current health sector strategy with defined goals and targets.

Baseline 2011: 30 (number of countries with health sector strategies or plans in place at the time of the mid-term evaluation of the Health Agenda for the Americas in 2012)

Target 2015: 33

Output: 1. Policy guidance developed and support provided to countries to develop national health policies, strategies, or plans.

Output Indicator:

- Number of countries provided with direct technical cooperation to develop and implement comprehensive health sector strategies for Universal Health Coverage.

AIDE-MÉMOIRE:
MEETING OF THE MEMBER STATES
COUNTRIES CONSULTATIVE GROUP (CCG)
Process for Developing the PAHO Strategic Plan 2014-2019
and Program and Budget 2014-2015
19 February 2013 10:00 AM–12.30 PM,
Room B, PAHO Headquarters Building and via Blackboard

AGENDA

- Opening Remarks: Dr. Carissa F. Etienne, PASB Director
 - Background and update on the process: Dr. Víctor Raúl Cuba Oré, Ministry of Health of Peru, Chair of the CCG
 - Overview of the proposed outline documents for the Subcommittee on Program, Budget, and Administration (SPBA): Mr. Rony Maza and Ms. Veronica Ortiz, Pan American Sanitary Bureau (PASB)/Planning, Budget, and Institutional Development (PBI)
 - Discussion on draft outline documents for the SPBA: CCG Members
 - Next Steps: Dr. Víctor Raúl Cuba Oré, Ministry of Health of Peru, CCG Chair
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OBJECTIVES

The meeting objectives were to:

- Provide an update on the process for developing the new PAHO Strategic Plan 2014-2019 and Program and Budget 2014-2015.
 - Obtain input from CCG members on the proposed outline documents to be submitted to the SPBA.
 - Agree on next steps and key dates.
-

PARTICIPANTS

Present: The meeting was attended by delegates of Member States of the CCG and staff members in the accompanying PASB Support Groups. These include PAHO/WHO Representatives (PWRs) and focal points, the Director, the Deputy Director, and the Assistant Director of PASB, as well as members of the Technical Secretariat for the process. Delegates from the following Member States were in attendance at the meeting: Argentina, Barbados, Brazil, Canada, Chile, El Salvador, Mexico, Panama, Paraguay, Peru, and the United States of America.

Absent: Grenada (due to national elections in the country)

Rapporteurs: Donna-Lisa Peña, Rony Maza, and Veronica Ortiz

DISCUSSION AND DECISIONS

This was the first meeting of the CCG in the course of this process, in accordance with the schedule agreed upon by the members of the CCG.

Opening remarks were provided by the PASB Director. She noted that this event presented an unprecedented opportunity for a new PASB Director in allowing for innovative, forward-looking thinking on how to advance the Region's health and development agenda. This event has occurred at a critical time as countries are making their final push towards meeting the 2015 Millennium Development Goals. The Director further noted that the event provided an excellent opportunity to be strategic as the Region prepares for the post-2015 health and development agenda. The Director highlighted that this was a top priority for PASB this year and that she had committed the necessary resources to ensure completion of the process according to the roadmap approved by Member States.

Highlights and Decisions

The following includes the main comments made and decisions reached at the meeting. In addition, the CCG members submitted written comments after the session, which are detailed in the section that contains additional comments at the end of this aide-mémoire.

A. Outline of the Strategic Plan 2014–2019 and Program and Budget 2014–2015 for the Seventh Session of the Subcommittee

There was general agreement among CCG members on the proposed outlines of the Strategic Plan and Program and Budget. The following comments and observations were made:

- (a) Consideration should be given to the specificities of the Region of the Americas. In this regard, the Strategic Plan and Program and Budget should better differentiate between the regional and global contexts.
- (b) Member States recognized the importance of maintaining a balance between programmatic harmonization with the Twelfth WHO General Program of Work (GPW) and the regional priorities as established in the Health Agenda for the Americas 2008–2017.
- (c) It was highlighted that there is a need to ensure that the determinants of health are reflected as a cross-cutting theme and made more explicit in the document. There are aspects of determinants of health that extend beyond the health

sector. Additionally, the categories are in and of themselves consequences of determinants of health.

- (d) Knowledge management is not highlighted as an all-encompassing/cross-cutting theme; nor is its linkage with evidence, policy, science, and technology fully evident in the current organization of categories and program areas. *PASB clarified that knowledge management is covered in Category 4 (Health Systems) under Health Information Systems and Category 6 (Enabling Functions) under Strategic Communications.*
- (e) The current organization of the program areas does not address the specificities related to intercultural health issues and marginalized populations (including indigenous groups), which represent areas of specific focus and priority in the Region. These should be considered for inclusion in the program areas in the complete version of the Strategic Plan.
- (f) It was noted that the proposals for WHO's Twelfth GPW and PAHO's Strategic Plan 2014-2019 have a focus on disease management rather than on the well-being of the population.
- (g) In relation to health systems, flexibility was requested in the way programmatic areas are defined, so as to ensure federated states can reflect jurisdictional responsibilities regarding health.
- (h) PASB should continue with the preparation of the documents for seventh session of the SPBA, with consideration of the points above.

B. Comments by Category

Category 1 (Communicable Diseases)

- (a) There is a need to revisit the potential duplicity of neglected tropical diseases in two different categories: Category 1 (Communicable Diseases) and Category 5 (Epidemic and Pandemic-Prone Diseases). *Clarification was made that the scope and approach to these programmatic areas are different and agreement was reached that the details in the documents will clarify such ambiguities.*
- (b) Rather than speaking of neglected tropical diseases alone, it should be noted that there are a number of vulnerable population groups suffering from these diseases.

Category 2 (Noncommunicable Diseases)

- (a) Workers' health and the associated risk factors, as well as access to health services, should also be addressed in the context of Noncommunicable Diseases.

Category 3 (Promoting Health throughout the Life Course)

- (a) Determinants of health should be given greater priority and be reflected in the title of Category 3. In this regard, Argentina's proposal to rename this category "*Tackling the Determinants of Health and Promoting Health throughout the Life Course*" was accepted by the other members of the CCG.
- (b) A specific question was asked on how determinants of health will be reflected in the Strategic Plan and Program and Budget. *In clarifying this point, PASB noted that this could be done at different levels of the results chain in both documents and that its programmatic and budgetary expression will be reflected in Category 3. Furthermore, when designing both the Strategic Plan and Program and Budget, determinants of health are to be considered as a cross-cutting theme.*
- (c) Social and community participation appear to be missing.
- (d) The populations addressed under health throughout the life course do not reflect the population of working age, for whom it is important to address the issue of occupational health.

Category 4 (Health Systems)

- (a) Human Resources for Health (HRH) as a programmatic area needs to be explicitly reflected in this Category—particularly given the specific focus on this topic in the Region.
- (b) Health research should be more specifically highlighted in this category.
- (c) Management and financing models for health require individual focus. Hence, they should be specifically addressed in this category.
- (d) There is a need to make explicit reference to governance and the steering role of the national health authorities.

Category 5 (Preparedness, Surveillance, and Response)

- (a) It was noted that Outbreak and Crisis Response (OCR) was included as a separate program area. Clarification was made that this was done primarily to avoid distorting implementation in the program areas, given both the nature of these topics and the enormity of funds available for them (neither of which can be anticipated).
- (b) Including polio eradication under Vaccine-Preventable Diseases (under Category 1) should be taken under consideration. *Clarification was made that*

this was to be considered in the proposed outlines of both the Strategic Plan and Program and Budget, given the situation in the Region.

Category 6 (Enabling Functions and Corporate Services)

- (a) Mentioned was made that Category 6 appears to be assigned a higher percentage of the budget than other categories. *In clarifying this point, PASB noted that Category 6 allocation should be compared against the total cumulative allocation to the various technical categories. The reason for this is that the functions listed under Category 6 will both support and contribute to implementing other categories. Additionally, it is important to recognize that the cost of maintaining a presence in the countries is included under Category 6.*

C. Process and Timeline

- (a) Due to Member States' preparing for the upcoming World Health Assembly, members of the CCG noted that it would not be feasible to attend a face-to-face meeting from 8 to 10 May 2013. With this in mind, the meeting has been rescheduled for 29 April to 1 May 2013.
- (b) In light of the above-mentioned change, CCG members requested that first drafts of the Strategic Plan and Program and Budget be distributed by mid-April 2013, well ahead of the face-to-face meeting. *PASB noted that it would be a challenge to have full drafts made available by mid-April.* Taking this into consideration, it was agreed upon that advance drafts would be submitted to the CCG for review by that deadline. All other dates as presented remain unchanged.

FOLLOW-UP ACTIONS AND RESPONSIBILITIES

- (a) Continued dialogue with WHO/Geneva on the refinement of to the category and accompanying program areas: Members of the CCG, particularly those in the WHO Executive Board.
- (b) Convene the face-to-face meeting of the CCG during the last week of April, with PAHO covering travel costs for the delegates of the 12 CCG Member States: PASB Technical Secretariat for the Process.
- (c) Conduct the relevant revisions to the Categories and Program Areas as per the recommendations of the CCG members: Group responsible at the PASB Group.

ADDITIONAL COMMENTS

As requested during the meeting, CCG members were asked to submit written comments on the outline of the Strategic Plan 2014-2019 and Program and Budget 2014-2015. This section summarizes additional recommendations submitted by CCG members (Argentina, El Salvador, and Paraguay) that were not discussed during the session.

- (a) With respect to the budget, a suggestion was made to provide an explanation of how resources are allocated within the categories. This will help to indicate the priority assigned to each program area. A further suggestion was made to submit this point for consideration by the CCG and other Member States. For example, it was noted, with concern, that in the case of WHO's Program Budget 2014-2015, the area of determinants of health was assigned less than 1 percent (0.07%) of the proposed program budget for Category 3, which does not reflect the level of priority that this area merited. In view of this, the CCG would like to ensure that the same does not occur in PAHO's Program and Budget 2014-2015.
- (b) A recommendation was made that Chapter 4 of PAHO's Strategic Plan 2014-2019 (Taking Stock and the Way Forward) should include a synthesis of the draft Environmental Health Strategy for the Americas.
- (c) The importance of determinants of health should also be reflected in Categories 1, 3, and 6.
- (d) For Category 1, a suggestion was made to explicitly include dengue in this category.
- (e) For Category 2, a suggestion was made that this category should explicitly include chronic renal diseases; prevention of alcohol, tobacco, and drug consumption; and promotion of physical activity.
- (f) For Category 3, a suggestion was made to rename the program area from "Health and the Environment" to "Environmental Health Strategy." This will expand the current focus from merely providing environmental health services to more broadly caring for the environment, thereby highlighting the relationship between a clean environment and healthy countries, cities, and neighborhoods.
- (g) For Category 4, consideration should be given to include the organization of pre-hospital emergency care under this category.