



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **FIRST SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION OF THE EXECUTIVE COMMITTEE**

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### **DRAFT PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2008-2009**

The proposed Program Budget 2008-2009 is submitted to the SPBA in conjunction with the Strategic Plan for the Pan American Sanitary Bureau, 2008-2013. 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 is submitted with only high-level budget figures, i.e. costing by Strategic Objective. More detailed budget breakdowns by functional level (regional, subregional and country) and by region-wide expected result will be available in the full draft to be submitted to the Executive Committee in June of 2007 based on the direction given by the SPBA and further refinement of the Strategic Plan. Subsequently, it is anticipated that the document may undergo further revision based on the input from the Executive Committee and completion of the operational planning cycle.

The Secretariat seeks the SPBA'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 initial proposed resource levels for each Strategic Objective, which mirror those in the Strategic Plan.

**Draft**

**PROPOSED PROGRAM BUDGET, 2008-2009**

**Pan American Health Organization  
Regional Office of the World Health Organization**

**March 2007**

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## Introduction

1. PAHO is engaged with WHO in a results-based budgeting approach to determining the resource requirements to carry out its work. The cost of achieving specific expected results over a given period of time is expressed through an integrated budget comprising all sources of funding.

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) Region of the Americas' share from the WHO regular budget - 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 PASB Strategic Plan 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, and thus is 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 negotiated core voluntary contributions and will continue its own efforts in this area. PAHO will continue to finance the Strategic Plan through all resources available to it, with the expectation of receiving an increasing share of negotiated core voluntary contributions.

5. Table 1 below compares 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	85,000,000	9.3%
= Total Regular Budget	265,568,000	279,566,000	5.3%
+ Estimated Voluntary Contributions *	265,544,000	347,000,000	30.7%
= Total Resource Requirements	531,112,000	626,566,000	18.0%

\* Represents the combined total estimated resources from PAHO donor partners as well as from WHO

6. The proposed budget for 2008-2009 of \$626.6 million represents an increase of 18% 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 \$279.6 million represents an increase of \$14 million, or 5.3%, 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 9.3% budget increase in the AMRO share of the budget (\$85 million for AMRO included in the WHO budget presented to the WHO Executive Board in January 2007).

8. The significant increase in the cost of international transactions to U.S. dollar-based budgets is being felt world-wide, and the PASB 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, including stabilizing forces that curb the U.S. dollar devaluation over the short term, yields a projected cost increase of about 10% for the next biennium. This translates to roughly \$26 million for the regular budget, of which approximately \$17 million are related to the cost of fixed-term staff. Furthermore, the Secretariat has reduced an additional 12 fixed-term positions 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, and an increase of 5.3% compared with

the total budget for 2006-2007. The resulting proposed increase to the assessment portion of the budget is 3.9%.

10. In consideration of the expressed position of many Member States regarding their ability to accept budget increases, 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.

11. It should be noted that there are several significant non-staff costs expected to be incurred over the next few years which are not being included in the proposed regular budget increase; 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. The Secretariat realizes that, in consideration of the budget reality also being faced by many Member States, budget increases must be maintained at an absolute minimum. 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 taxed by inflation.

13. The purchasing power of the Organization’s operating budget for program activities has been eroded over the last several biennia given that budget approvals by Member States have only considered increases to net staffing costs. 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 further reduction of the regular budget for regional activities creates a challenge for the Organization in carrying out its normative work and for the ability of regional entities to respond to backstopping needs of countries.

15. Given that 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 Organization's basic core functions. It should be noted that the \$14 million increase to the regular budget only addresses the part of the Organization's core functions related to staff costs.

16. Table 2 provides a region-wide view of the budget by the 16 Strategic Objectives and compares the proposed program budget 2008-2009 with the approved budget for 2006-2007. It should be noted that, for comparative purposes, a crosswalk methodology (developed by WHO) has been applied to convert the 2006-2007 budget from 38 Areas of Work to 16 Strategic Objectives.

**Table 3. Proposed Program Budget 2008-2009 by Strategic Objective**

SO Description	2006-2007 Baseline	2008-2009 Proposed Budget	% Change
	PAHO/WHO	PAHO/WHO	
SO1 To reduce the health, social and economic burden of communicable diseases.	65,509,000	77,828,000	19%
SO2 To combat HIV/AIDS, tuberculosis and malaria.	64,504,000	76,331,000	18%
SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.	18,297,000	23,331,000	28%
SO4 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 ageing for all individuals.	21,535,000	36,523,000	70%
SO5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.	34,381,000	38,990,000	13%
SO6 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	24,896,000	64%
SO7 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	13,070,000	52%
SO8 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	27,223,000	13%
SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.	18,407,000	27,495,000	49%
S10 To improve the organization, management and delivery of health services.	31,286,000	32,367,000	3%
S11 To strengthen leadership, governance and the evidence base of health systems.	33,904,000	34,104,000	1%
S12 To ensure improved access, quality and use of medical products and technologies.	16,825,000	19,824,000	18%
S13 To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes.	17,078,000	20,500,000	20%
S14 To extend social protection through fair, adequate and sustainable financing.	14,216,000	17,092,000	20%
S15 To provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfill the mandate of WHO/PAHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.	52,799,000	55,779,000	6%
S16 To develop and sustain WHO/PAHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.	94,553,000	101,213,000	7%
<b>TOTAL</b>	<b>531,112,000</b>	<b>626,566,000</b>	<b>18%</b>



## STRATEGIC OBJECTIVE 1

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

### Scope

The work under this strategic objective 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, zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
1.1.1.1	Number of countries achieving >95% DPT3 coverage nationally.	16	20
1.1.1.2	Percentage of municipalities with coverage level for DPT3 <95% in Latin America and the Caribbean	38%	35% (5,277)
1.1.2	Number of countries supported to make evidence-based decisions on information available in the context of the introduction of new vaccines	5	10
1.1.3	Number of essential child & family health interventions integrated with immunization for which guidelines on common program management are available	4	6
1.1.4	Number of countries that have established a specified national budget line for vaccines, or vaccine legislation.	30	32

**RER 1.2 Effective coordination and provision of support to Member States to maintain, by means of surveillance systems and appropriate immunization strategies, the polio free status and to ensure containment, leading to a simultaneous cessation of oral polio vaccination globally.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
1.2.1	Number of countries using oral polio vaccination (OPV) in accordance with internationally agreed upon time-line and process for cessation of routine OPV	35	35
1.2.2	Percentage of final reports or updates on polio containment submitted by Regional Commission	100%	100%
1.2.3	Number of facilities storing poliovirus in the Americas	1	1
1.2.5	Number of countries with sustained surveillance of acute flaccid paralysis	40	40

**RER 1.3 Effective coordination and support provided to Member States to provide access for all populations to interventions for the prevention, control, and/or elimination of neglected diseases, including zoonotic diseases.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
1.3.1	Number of countries achieving dracunculiasis eradication certification.	39	40
1.3.2	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities	1/1	1/1
1.3.3	Population at risk of lymphatic filariasis in four endemic countries receiving mass drug administration (MDA) or preventive chemotherapy.	2.4 million	4.7 million
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 to the prevention, control or elimination of neglected diseases.	1/35	4/35
1.3.6	Number of countries that have incorporated an intersectoral, interprogrammatic approach to the prevention, control or elimination of zoonosis of public health importance.	1	4
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 of the Southern Cone supported in the maintenance of control programs in echinococcosis.	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).	7/33	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	1
1.3.13	Number of endemic countries benefiting from new arrangements for production of Chagas disease treatment drugs.	2/21	21/21
1.3.14	Number of countries implementing new and improved interventions and implementation strategies for neglected diseases whose effectiveness has been determined and the evidence made available to appropriate institutions for policy decisions. COMBI = communication for behavioral impact	COMBI for NDs = 2.	COMBI for NDs: 4.
1.3.15	Number of countries that are implementing WHO Global Strategy for further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities	0/24	8/24

**RER 1.4 Provision of policy and technical support to Member States to enhance their capacity to carry out communicable disease surveillance and response as component of comprehensive surveillance and health information systems.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
1.4.1	Number of countries with enhanced surveillance of all communicable diseases of public health importance.	12/39	15/39
1.4.2	Number of countries receiving technical assistance from PASB to adapt generic surveillance and communicable disease monitoring tools or protocols to specific country situations.	0	20
1.4.3	Number of countries reporting using the joint reporting form on immunization surveillance and monitoring are received annually by May 15th	13	18
1.4.5	Number of new and improved anti-microbial resistance (AMR) tools, interventions and implementation strategies whose effectiveness has been determined to appropriate institutions for policy decisions.	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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
1.5.1	Number of consensus reports published on subregional, regional or global research needs and priorities for a disease or type of intervention.	None	3 reports
1.5.3	Number of new and improved interventions and implementation strategies whose effectiveness has been evaluated and validated	none	2
1.5.4	Proportion of peer-reviewed publications based on PAHO/WHO-supported research where the main author's institution is in a developing country	0%	30%
1.5.5	Number of countries which have implemented Tropical Disease Research (TDR) new ten year vision, under the coordination of PAHO/WHO.	0	9
1.5.6	Number of new and improved drugs or vaccines for neglected disease being tested/evaluated or introduced into health services in the Region with PASB assistance, which have received internationally recognized approval for use.	0	1 new drug or vaccine
1.5.7	Number of member countries which have developed their research capacity through the technical cooperation of PAHO/WHO in partnership with other leading institutions in the region and outside the region	3/33	5/33

**RER 1.6 Member States assisted 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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
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).	4	32
1.6.2	Number of countries supported by PASB to develop 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.	19/36	24/36
1.6.4	Number of Member States 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. dengue, influenza, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
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).	0	10
1.7.2	Number of international support mechanisms for 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
1.7.3	Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious	20	25
1.7.4	Number of countries implementing interventions and strategies for dengue control (EGI - Dengue)	12	15
1.7.5	Number of countries implementing interventions and strategies for dengue control (COMBI Plans for Dengue)	COMBI Plan for Dengue: 8 country plans.	COMBI Plans for Dengue: 10

**RER 1.8 Coordinated regional and global capacity for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern rapidly available to Member States**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
1.8.1	Number of sites with the global event management system to support coordination of risk assessment, communications and field operations for headquarters, regional and country offices.	1	10
1.8.2	Number of countries with partner institutions participating in the global outbreak alert and response network and other relevant regional sub-networks.	29	35
1.8.4	Median time to verification of outbreaks of international importance, including laboratory confirmation of etiology.	7 days	5 days

### Budget for Strategic Objective 1

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
1.1	Policy and technical support provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child health interventions with immunization.			
1.2	Effective coordination and provision of support to Member States to maintain, by means of surveillance systems and appropriate immunization strategies, the polio free status and to ensure containment, leading to a simultaneous cessation of oral polio vaccination globally.			
1.3	Effective coordination and support provided to Member States to provide access for all populations to interventions for the prevention, control, and/or elimination of neglected diseases, including zoonotic diseases.			
1.4	Provision of policy and technical support to Member States to enhance their capacity to carry out communicable disease surveillance and response as component of comprehensive surveillance and health information systems.			
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.			
1.6	Member States assisted 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.			
1.7	Member States and the international community equipped to detect, contain and effectively respond to major epidemic and pandemic-prone diseases (e.g. dengue, influenza, meningitis, yellow fever, hemorrhagic fevers, plague and smallpox).			
1.8	Coordinated regional and global capacity for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern rapidly available to Member States.			
<b>Total Cost for SO1</b>				<b>77,828,000</b>

#### Resources breakdown

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>65,509,000</b>	<b>77,828,000</b>	<b>19%</b>

## STRATEGIC OBJECTIVE 2

### To combat HIV/AIDS, tuberculosis and malaria

#### Scope

This strategic objective focuses on efforts to strengthen health systems and services response to combat HIV/AIDS, TB and Malaria in the Region. Universal access to comprehensive care for HIV/STI, TB and Malaria that includes the continuum of care from prevention to treatment constitute the long term goal under this strategic objective. To attain this long term goal program policies will be promoted that are evidence based and embrace the values of equity (including gender equity), excellence, solidarity, respect, integrity, efficiency, participation and autonomy. Strategic lines of actions are outlined regarding the strengthening of health sector leadership and the engagement of civil society; designing and implementing effective, sustainable HIV/AIDS/STI, TB and Malaria Programs and building human resource capacity; Strengthening, expanding and reorienting health services for prevention, diagnosis, treatment and care of HIV, TB, and Malaria; improving access to medicines, diagnostics, and other commodities; and improving information and knowledge management, including epidemiological surveillance. Specific interventions taking into account the burden of these diseases but also the needs of specific population and/or vulnerable groups as applicable (women, infants, children, young people, men having sex with men, commercial sex workers, injecting drug users, migrant population, mobile workers and indigenous peoples). Particular attention is given to strengthen health sector readiness and response to address emerging issues such as outbreaks, epidemics, emergencies, and drug resistance. Interventions to identify gaps between policy and practice, and bottlenecks that impede over-all availability of and access to quality services will be developed to assure attainment of targets and sustainability of desired results.

The scope of work in this strategic objective is comprehensively discussed in the Regional HIV/STI Plan for the Health Sector, 2006 – 2015; the Regional Plan for Tuberculosis Control, 2006 – 2015; and the Regional Plan for Malaria in the Americas, 2006 -2010.

#### **RER 2.1      Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care among the poor, hard to reach, and vulnerable populations.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.1.1	Number of supported 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	9	12
2.1.2	Of 21 malaria endemic countries, number 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.	20/21	21/21

2.1.3.1	Number of countries detecting 70% of estimated cases of pulmonary TUBERCULOSIS with a positive smear test.	13	21
2.1.3.2	Number of countries with a treatment success rate of 85% of TUBERCULOSIS cohort patients.	10/25	21/25
2.1.4	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 appropriately diagnosed, treated and counseled)	TBD in 2007	25
2.1.5	Number of countries working with the Ministries of Justice or Internal Affairs to control TB/HIV in prisoners.	10	18
2.1.6	Number of countries with work plans and functioning programs for TUBERCULOSIS control in indigenous populations (16 countries with indigenous population)	8/16	12/16
2.1.7	Number of countries applying TUBERCULOSIS control strategies in big cities (12 countries with cities with over 2 million inhabitants)	3	5

**RER 2.2** **Policy and technical support provided to countries towards expanded gender sensitive delivery of prevention, 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
2.2.1.1	Number of targeted countries with integrated/ coordinated gender-sensitive policies on HIV/AIDS	TBD	20
2.2.1.2	Number of targeted countries that have developed integrated/ coordinated gender sensitive policies on TUBERCULOSIS.	0/25	15/25
2.2.1.3	Number of targeted countries with integrated or coordinated gender-sensitive policies on MALARIA, particularly in pregnant women.	0/21	8/21
2.2.2.1	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	2	20
2.2.2.2	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	0/25	10/25
2.2.2.3	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



2.2.3.1	Number of countries monitoring access to gender-sensitive, good-quality health services for HIV/AIDS	2	20
2.2.3.2	Number of countries monitoring access to gender-sensitive, good-quality health services for TUBERCULOSIS	0/25	10/25
2.2.3.3	Number of countries monitoring access to gender-sensitive, good-quality health services for MALARIA	8/21	18/21
2.2.4	Number of countries involving other health providers (public, profit private and non profit private - Public and Private Mix) in TUBERCULOSIS control activities	6/25	9/25
2.2.5	Number of countries that include Multi-Drug Resistant (MDR) TUBERCULOSIS management into the Direct Observed Treatment Short (DOTS) strategy and could prevent and treat Extensive Drug Resistant (XDR) TB.	13/25	20/25
2.2.6	Number of countries implementing the syndromic management of respiratory diseases in primary health care (Practical Approach to Long Health - PAL initiative)	5/25	11/25
2.2.7	Number of countries with laboratory networks of TUBERCULOSIS that fulfill international standards.	5/25	10/25

**RER 2.3 Regional guidance and technical support 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 diagnostics, safe blood and other essential commodities.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
2.3.1.1	Number of global standards related to HIV/AIDS reviewed, adapted to regional needs and/or adopted.	4	7
2.3.1.2.	Number of countries implementing new or updated regional norms; and quality standards for diagnostic tools for TUBERCULOSIS	2/25	5/25
2.3.1.3	Number of countries implementing revised / updated diagnostic and treatment guidelines on MALARIA	16/21	21/21
2.3.1.4	Number of countries implementing revised/updated norms and quality standards for medicines and diagnostic tools for HIV/AIDS	TBD	11
2.3.2.1	Number of countries with high incidence of P. falciparum MALARIA deploying artemisinin-based combination therapy obtaining them from a pre-qualified manufacturer	6/13	10/13
2.3.2.2	Number of countries with endemic MALARIA conducting regular surveys of anti-malarial drug quality	8/21	20/21
2.3.3.1	Number of countries receiving support to increase access to affordable essential medicines for TUBERCULOSIS whose supply is integrated into national pharmaceutical systems	33/33	33/33

2.3.3.2	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
2.3.3.3	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.	17	18
2.3.3.4	Number of countries purchasing 1st line TUBERCULOSIS drugs through the PAHO Strategic Fund	1	5
2.3.4	Cumulative number of patients treated with support from the Global TUBERCULOSIS Drug Facility	40,000	60,000
2.3.5.1	Number of countries implementing quality-assured HIV/AIDS screening of all donated blood	32	35
2.3.5.2	Number of countries administering all medical injections with safe equipment as part of strategy to prevent transmission of HIV associated with health care	TBD	20

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.4.1.1	Number of targeted countries that regularly collect, analyze and report surveillance coverage, outcome and impact data on TUBERCULOSIS using WHO's standardized methodologies, including appropriate age and sex dis-aggregation.	26	30
2.4.1.2	Number of endemic countries using epidemiologic indicators for monitoring and evaluating the disease burden of MALARIA.	21/21	21/21
2.4.1.3	Number of countries that regularly collect, analyze and report data on HIV/AIDS surveillance coverage, outcome and impact using WHO's standardized methodologies, including appropriate age- and sex-disaggregation.	TBD	20
2.4.2.1	Number of targeted countries collaborating with WHO on annual surveillance, monitoring and financial allocation data for inclusion in the annual global reports on TUBERCULOSIS control and the achievement of targets.	27	30
2.4.2.2	Number of countries providing WHO annual data on surveillance, monitoring and financial allocation for inclusion in the annual global reports on control of malaria and the achievement of targets.	21/21	21/21
2.4.2.3	Number of countries providing WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of HIV/AIDS and the achievement of targets	TBD	40
2.4.3.1	Number of countries reporting on sex and age disaggregated surveillance and monitoring of TUBERCULOSIS drug resistance.	0/25	10/25
2.4.3.2	Number of endemic countries reporting age- and sex-disaggregated data from surveillance and monitoring of malaria drug resistance	8/21	20/21
2.4.3.3	Number of countries reporting age- and sex-disaggregated data from surveillance and monitoring of HIV/AIDS drug resistance	TBD	30
2.4.4	Number of countries reporting on surveillance and monitoring of co-infection TB/HIV.	15	20

**RER 2.5 Political commitment and mobilization of resources secured through advocacy and nurturing of HIV, malaria and tuberculosis partnerships at country, regional and global levels.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.5.1.1	Number of targeted countries with functional partnerships for TUBERCULOSIS control.	4/25	8/25
2.5.1.2	Number of malaria endemic countries actively involved in networks / collaborations to combat MALARIA in the region	21/21	21/21
2.5.1.3	Number of countries with functional partnerships for HIV/AIDS control	TBD	20
2.5.2.1	Number of targeted countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for TUBERCULOSIS.	13/25	15/25
2.5.2.2	Number of countries that receive PASB support in accessing international financial resources to combat malaria	12/21	14/21
2.5.2.3	Number of countries that receive PAHO/WHO support in accessing financial resources or increasing absorption of funds for HIV/ AIDS	TBD	15
2.5.3.1	Number of countries that have involved communities, persons affected by the diseases, civil society organizations, private sector in planning, design, implementation and evaluation of TUBERCULOSIS programs.	3/25	10/25
2.5.3.2	Number of endemic countries involved in active MALARIA networks / collaborations in the region that include academia and other under-represented sectors, including communities, civil society organizations, private sector	12/21	21/21
2.5.3.3	Number of countries involving communities, persons affected by the diseases, civil-society organizations and the private sector in planning, design, implementation and evaluation of HIV/AIDS	TBD	20

**RER 2.6 New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of HIV, tuberculosis and malaria developed, validated, available, and accessible.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.6.1.2	Number of endemic countries with a clear and implemented research agenda that gives adequate focus on MALARIA diagnosis and treatment.	8/21	21/21
2.6.1.3	Number of countries that do research on Integrated Vector Management (IVM) in MALARIA	14/21	21/21
2.6.2.1	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

2.6.2.2	Number of endemic countries implementing revised / updated diagnostic and treatment guidelines on MALARIA and vector control prevention (e.g. insecticide treated nets)	15/21	21/21
2.6.2.3	Number of new and improved interventions and implementation strategies for HIV/AIDS, whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions	TBD	2
2.6.3.1	Number of peer-reviewed publications arising from PAHO/WHO-supported research on HIV/AIDS, and for which the main author's institution is based in a developing country	Baseline information is not available, it will be established in 2007	3
2.6.3.2	Number of countries implementing operational research in the National TUBERCULOSIS Program (NTP) plans and publishing their studies	0/25	5/25

**RER 2.7 Support provided to countries to strengthen resource mobilization strategies and implement mechanisms to increase absorption capacity.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.7.1	Average projected budget per person at risk of MALARIA allocated to support malaria programs and interventions in the 21 endemic countries.	\$0.65 per capita at risk	TBD according to projected prevention and control needs

**RER 2.8 The capacity of developing countries increased to take the lead in HIV, tuberculosis and malaria research.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
2.8.1.1	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
2.8.1.2	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
2.8.1.3	Number of countries with a clear and well-implemented research agenda that gives adequate focus on health systems strengthening and country-level capacity building	4	21

### Budget for Strategic Objective 2

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
2.1	Enhanced capacity of endemic countries for increased coverage of HIV, malaria and TB prevention, treatment and care among the poor, hard to reach, and vulnerable populations.			
2.2	Policy and technical support provided to countries towards expanded <u>gender sensitive</u> delivery of prevention, 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.			
2.3	Regional guidance and technical support 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 diagnostics, safe blood and other essential commodities.			
2.4	Global, regional and national surveillance, evaluation and monitoring systems strengthened and expanded to monitor progress towards targets and resource allocations for HIV, malaria and tuberculosis control along with monitoring the impact of control efforts and the evolution of drug resistance.			
2.5	Political commitment and mobilization of resources secured through advocacy and nurturing of HIV, malaria and tuberculosis partnerships at country, regional and global levels.			
2.6	New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of HIV, tuberculosis and malaria developed, validated, available, and accessible.			
2.7	Support provided to countries to strengthen resource mobilization strategies and implement mechanisms to increase absorption capacity.			
2.8	The capacity of developing countries increased to take the lead in HIV, tuberculosis and malaria research.			
<b>Total Cost for SO2</b>				<b>76,331,000</b>

#### Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>64,504,000</b>	<b>76,331,000</b>	<b>18%</b>

### 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 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. Some notable characteristics of this SO:

- Comprehensive, requiring a combination of interventions for the population and individuals
- Integrated, with prevention & control strategies focusing on major Chronic diseases (heart disease, stroke, cancer, diabetes, hypertension, mental disorder or injury/disability); cross cutting risk factors (e.g., diet, physical activity, tobacco, alcohol, drug abuse, road use behavior); and social determinants
- Inter-sectoral, because major determinants of the chronic disease burden lie outside the health sector (e.g. poverty, laws, regulations, taxes, pricing, policies in agriculture, school nutrition, mass transport)
- Takes a life-course approach, because chronic diseases share multiple causes and pathways, a long development period, often start before birth, cause more than one co morbidity, and occur throughout life, often leading to functional impairment and/or disability, depression and premature mortality, tend to progress with ageing, and are also affected by the effects of physical and social settings/support, pathogenic microorganisms, occupational and domestic hazards, health care quality and accessibility.

#### 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
3.1.1	Number of countries that have a focal point or unit for injuries and violence prevention with own budget in the health ministry.	9	14
3.1.3	Number of countries that have a unit or focal point in the MoH (or equivalent) on mental health and substance abuse	23	28
3.1.4	Number of countries that have a unit or department for chronic noncommunicable conditions with its own budget in the health ministry.	21	36
3.1.5	Number of countries where an integrated chronic disease and health promotion advocacy campaign has been taken to Cabinet-level to stimulate healthy public policy implementation.	3	10
3.1.6	Number of countries that have a Unit or focal point in the MoH (or equivalent) on disabilities prevention and rehabilitation	10	19

**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 behavioural disorders, violence, injuries and disabilities.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.2.1	Number of countries that have and are implementing national plans to prevent unintentional injuries and violence.	13	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	27	29
3.2.4	Number of countries that have and are implementing a nationally approved policy document for the prevention and control of chronic, noncommunicable conditions.	13	32

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.3.1	Number of countries that have published a national compilation of data on the magnitude, causes and consequences of injuries and violence.	11	16
3.3.2	Number of countries that have published 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	21	24
3.3.4	Number of countries with a national health reporting system and annual reports that include indicators of chronic, noncommunicable conditions.	14	28
3.3.5	Number of countries documenting the burden of hearing and visual impairment including blindness.	7	14



**RER 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 and disabilities.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.4.1	Number of interventions for which evidence is available on the cost-effectiveness of widely available interventions for the management of selected mental and neurological disorders (depression, psychosis, and epilepsy) prepared and made available.	1	3
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	0	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.	7	12

**RER 3.5 Support provided to countries for the preparation and implementation of multi-sectoral, population-wide programs to prevent chronic non-communicable illnesses, disabilities, mental and behavioral disorders, injuries and violence.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.5.3	Number of countries implementing strategies recommended by PAHO/WHO for population wide prevention of disabilities, including hearing and visual impairment and blindness	5	15
3.5.4	Number of countries for which guidance and support has been provided for the preparation and implementation of multi-sectoral population-wide programs to prevent hearing and visual impairment, including blindness	TBD	TBD
3.5.5	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.	10	15
3.5.6	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
3.5.7	Number of countries implementing the Regional Strategy on an Integrated approach to prevention and control of Chronic Diseases, including Diet and Physical Activity	3	10

**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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.6.1	Number of countries that apply guidelines for violence and /or injuries in their health care services	9	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	9	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

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.7.1	Number of countries that have applied an Inter-programmatic approach to address violence and/or injuries	22	28

**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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
3.8.1	Number of countries that have significantly increased their capacity to deal with violence and/or injuries	10	15
3.8.2	Integrated regional information system for countries and the Secretariat 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	System approved by Governing Bodies

## Budget for Strategic Objective 3

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
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.			
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 behavioural disorders, violence, injuries and disabilities.			
3.3	Improved capacity in countries to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioural disorders, violence and injuries and disabilities, as well as their risk factors and determinants			
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 and disabilities.			
3.5	Support provided to countries for the preparation and implementation of multi-sectoral, population-wide programs to prevent chronic non-communicable illnesses, disabilities, mental and behavioral disorders, injuries and violence.			
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.			
3.7	Strengthened inter-programmatic approach for improved synergy and impact in the prevention and control of chronic noncommunicable conditions, mental and behavioral disorders, violence and injuries and disabilities.			
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.			
<b>Total Cost for SO3</b>				<b>23,331,000</b>

## Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>18,297,000</b>	<b>23,331,000</b>	<b>28%</b>

## 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 ageing for all individuals**

### Scope

The work under this strategic objective focus on reducing 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 ageing for all individuals.

**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.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.1.1	Number of countries that have policies, plans and programs promoting universal access to effective interventions in maternal, adolescent, and child health.	7	12
4.1.2	Number of countries that create a policy of universal access in sexual and reproductive health	5	11
4.1.3.1	Number of countries that have laws, policies, and programs of geriatric health that include components of comprehensive health care	11	15
4.1.3.2	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)	11	13

**RER 4.2 National research capacity strengthened to produce evidence, technologies, and interventions with equity to improve health in mothers, newborns, children, adolescents and youth, to promote active and healthy ageing, and to improve sexual and reproductive health.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.2.1.1	Number of new research centers in neonatal, child, and adolescent health that are strengthened	0	2
4.2.1.2	Number of new institutions that incorporate in the CLAP/MRH (Maternal and Reproductive Health) Network through the implementation of the Perinatal Information System (SIP).	50	75
4.2.2.1	Number of studies regarding health investment in social protection and geriatric health addressing the needs of those over 60.	9	11
4.2.2.2	Number of operational research studies in priority issues utilizing the data bases of Perinatal Information System (SIP).	13	50
4.2.2.3	Number of operational research studies in priority issues in child and adolescent health	10	20
4.2.3.1	Number of new or updated systematic reviews on best practices, policies and standards of care for neonatal, child and adolescent health and food and nutrition interventions	0	5
4.2.3.2	Number of evidence-based documents of effectiveness to improve key practices on sexual and reproductive health throughout the life course	0	5

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.3.1.1	Number of countries that have implemented national strategies to ensure skilled care at delivery	7	12
4.3.1.2	Number of countries that have implemented evidence based normative guides in sexual and reproductive health	8	11
4.3.1.3	Number of countries that have adopted perinatal technologies to improve the quality of attention for mother and newborns.	8	12
4.3.2	Number of countries adapting and utilizing IMPAC (integrated management of pregnancy and childbirth) policy, technical and managerial norms and guidelines.	4	8

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.4.1.1	Number of countries with at least 50% of target districts implementing strategies for neonatal survival and health including neonatal Integrated Management of Childhood Illnesses (IMCI)	4	8
4.4.1.2	Number of countries that have implemented national strategies to ensure skilled care to newborns	7	12
4.4.2.1	Number of countries that have adopted and implemented evidence-based guidelines and norms in maternal care and IMCI including newborns	10	15

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.5.1	Number of countries implementing rights-based interventions in child health and development	6	11
4.5.2.1	Number of countries that have adapted IMCI guidelines and where 75% or more of targeted districts are implementing them.	4	10
4.5.2.2	Number of countries that have implemented community-based policies using an IMCI methodology based on social actors to strengthen primary health care with respect to community and family health.	10	15

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
4.6.1.1	Number of countries with national programs in adolescent health and development	6	11
4.6.1.2	Number of countries in the region implementing integrated strategies in adolescent health and youth development (Integrated Management of Adolescent and their Needs - IMAN)	3	10

**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.

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
4.7.1.1	Number of countries that have adopted the WHO Global Strategy of Reproductive Health	5	8
4.7.2	Number of countries that have reviewed national laws, regulations and policies related to sexual and reproductive health according to WHO's recommendations	1	3

**RER 4.8** Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for ageing 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 ageing.

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
4.8.1	Number of targeted countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to address healthy ageing	4	7
4.8.2	Number of countries that have multi-sectoral programs for strengthening primary health care capacity to address healthy ageing.	8	10

**Budget for Strategic Objective 4**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
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.			
4.2	National research capacity strengthened to produce evidence, technologies, and interventions with equity to improve health in mothers, newborns, children, adolescents and youth, to promote active and healthy ageing, and to improve sexual and reproductive health			
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.			
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.			
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.			
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.			



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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.			
4.8	Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for ageing 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 ageing.			
<b>Total Cost for SO4</b>				<b>36,523,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>21,535,000</b>	<b>36,523,000</b>	<b>70%</b>

## STRATEGIC OBJECTIVE 5

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

### Scope

The focus is on an integrated, comprehensive, multisectoral 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 Ministry 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 encompasses: advocacy, technical assistance, knowledge management and training.

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
5.1.1	Number of countries in which disaster preparedness plan for the health sector are developed and evaluated	24	30
5.1.2	Number of countries where comprehensive mass-casualty management plans are in place	12	16
5.1.4	Number of countries developing and implementing programmes for reducing the vulnerability of health, water and sanitation infrastructures	7	20
5.1.5	Number of countries with a health disaster program with full time staff and specific budget	8	11

**RER 5.2 Timely and appropriate support provided to all member state in providing immediate assistance to population affected by crisis.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
5.2.1	Proportion of emergencies for which health and nutrition assessments are being implemented	40%	65%
5.2.2	Number of Regional training programs on emergency response operations	4 training programs	6 training programs
5.2.3	Proportion of emergencies for which interventions for maternal, newborn and child health are in place	50%	75%

**RER 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.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	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 , radionuclear, in response to most likely public health treats provided to all member states in preparedness, recovery and risk reduction.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	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%

**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 #	Indicator text	Indicator Baseline (end-2007)	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	7	10
5.5.2	Number of countries with national plans for preparedness, and alert and response activities in respect of 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	27	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	7	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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
5.6.1	Proportion of affected countries in which the United Nations Health Cluster is operational	100%	100%
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 reports are widely disseminated with value added health information.	100%	100%

## Budget for Strategic Objective 5

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
5.1	Standards developed, capacity built and technical support provided to all member states and all partners for the development and strengthening emergency preparedness plans and programs at all levels			
5.2	Timely and appropriate support provided to all member state in providing immediate assistance to population affected by crisis.			
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.			
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.			
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.			
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.			
<b>Total Cost for SO5</b>				<b>38,990,000</b>

## Resources breakdown

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>34,381,000</b>	<b>38,990,000</b>	<b>13%</b>

## 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 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 six major risk factors: use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diet and physical inactivity and unsafe sex.

The main activities involve:

- Capacity building for health promotion and major risk factors prevention and reduction across all relevant programs and initiatives.
- Surveillance of risk factors and monitoring of policy and program interventions
- Development of ethical and evidence-based policies, strategies, interventions, recommendations, standards and guidelines for prevention and reduction of the major risk factors.
- Development of mechanisms to ensure the necessary collaboration among all parties..

**RER 6.1 Technical assistance and support provided to the countries to strengthen their capacity for health promotion in all relevant programs and forge decentralized, interdisciplinary intersectoral and interagency partnerships to promote healthy public policies and prevent and reduce the presence of the principal risk factors.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
6.1.1	Number of countries that have adopted the health promotion framework	18	20
6.1.2	Number of countries with multi-sectoral mechanisms or networks strengthened for health promotion and major risk factor prevention	14	16
6.1.3	Number of countries, among the 28 with a baseline health promotion capacity study conducted, which improved health promotion capacity	0/28	20/28
6.1.4	Number of countries with functioning Healthy Schools Networks (or equivalent)	7	12
6.1.6	Number of countries that enact the Urban Health Conceptual framework	0	2

**RER 6.2 Technical cooperation provided to strengthen national systems with an integrated approach for surveillance of the principal risk factors, developing, validating, promoting, and strengthening frameworks, instruments, and operating procedures for the countries**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
6.2.1	Number of countries supported that have developed a functioning national surveillance mechanisms for, or 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 for, or regular reports on, major health risk factors in youth.	11	20

**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 the public health problems concerned.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
6.3.1.1	Number of countries that have adopted legislation or its equivalent in relation to the following settings and articles: (a) smoking bans in health-care and educational facilities consistent with the Framework Convention on Tobacco Control.	4	14
6.3.1.2	Number of countries that have adopted legislation or its equivalent in relation to the following settings and articles: (b) bans on direct and indirect advertising of tobacco products in national media consistent with the Framework Convention on Tobacco Control.	0	5
6.3.1.3	Number of countries that have adopted legislation or its equivalent in relation to the following settings and articles: (c) health warnings on tobacco products consistent with the Framework Convention on Tobacco Control.	6	21
6.3.2.1	Number of countries with comparable national tobacco use prevalence data disaggregated by age and sex.(a) Young population (13 to 15 years of age)	33/36	35/36
6.3.2.2	Number of countries with comparable national tobacco use prevalence data disaggregated by age and sex.(b) Adult population	0	25
6.3.3	Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control.	15	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 the public health problems concerned.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
6.4.1	Number of countries supported that have developed policies, plans, advocacy and programs for preventing public health problems caused by alcohol, drugs and other psychoactive substance use.	9	13
6.4.2	Number of policies, strategies, recommendations, standards and guidelines developed according to WHO procedures to assist Member States in preventing and reducing public health problems caused by alcohol, drugs and other psychoactive substance use.	3	6

**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 the public health problems concerned.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
6.5.1	Number of countries that have develop national guidelines to promote physical activity	7	10
6.5.2.1	Number of countries (with cities above 500,000 inhabitants) that have initiated / established programs on: a) mass rapid transportation systems	7	12
6.5.2.2	Number of countries (with cities above 500,000 inhabitants) that have initiated / established programs on: b) clean fuels in transport	3	7
6.5.2.3	Number of countries (with cities above 500,000 inhabitants) that have initiated / established programs on: c) road safety initiatives	5	10
6.5.2.4	Number of countries (with cities above 500,000 inhabitants) that have initiated / established programs on: d) pedestrian-friendly environments, ciclovias cities, crime control	14	30
6.5.3.1	Number of countries that have initiated policies to a) phase-out trans-fats, reached agreements with food industry to reduce sugar, salt and fat in processed foods	4	15
6.5.3.2	Number of countries that have initiated policies to b) eliminate direct marketing/publicity to children under 12 years	2	7
6.5.3.3	Number of countries that have initiated policies to c) 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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
6.6.1	Number of countries with evidence 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.	4	10

### Budget for Strategic Objective 6

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
6.1	Technical assistance and support provided to the countries to strengthen their capacity for health promotion in all relevant programs and forge decentralized, interdisciplinary intersectoral and interagency partnerships to promote healthy public policies and prevent and reduce the presence of the principal risk factors.			
6.2	Technical cooperation provided to strengthen national systems with an integrated approach for surveillance of the principal risk factors, developing, validating, promoting, and strengthening frameworks, instruments, and operating procedures for the countries			
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 the public health problems concerned.			
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 the public health problems concerned.			
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 the public health problems concerned.			
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.			
<b>Total Cost for SO6</b>				<b>24,896,000</b>

#### Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>15,207,000</b>	<b>24,896,000</b>	<b>64%</b>

## 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

The work under this strategic objective focuses on leadership in inter-sectoral action on the broad social and economic determinants of health; improvement of population health and health equity by better meeting the health needs of poor, vulnerable and excluded social groups; connections between health and various social and economic factors (labour, housing and educational circumstances; trade and macroeconomic factors; and the social status of various groups such as women, children, elderly people, and ethnic minorities); formulation of policies and programmes 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.

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
7.1.1	Number of countries that have being supported in developing national strategies to address the social determinants of health and that have implemented key policy recommendations of the Commission on the Social Determinants of Health in the fight against inequity.	2/11	7/11
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.	0/11	5/11
7.1.3	PASB has a regional plan for action on the social and economic determinants of health	0	1
7.1.4	Number of countries with at least one local government that has a strategy for action on the social and economic determinants of health in relationship with the MDGs.	0/11	5/11
7.1.5	Number of countries participating in PAHO/WHO regional course on health determinants and public policies to advance the MDGs.	0	11
7.1.6	Number of Representative Offices whose Work Plan contains items for improving the health of ethnic/racial groups and allocates financial and human resources for this purpose	5/36	8/36
7.1.7	Number of CCS that include the health perspective of ethnic/racial groups	5	8
7.1.8	Number of units in the regional office that have incorporated the ethnic/racial perspective into their biennial Work Plan	7	10
7.1.9	Percentage of technical documents on the MDGs produced for the Governing Bodies that include the ethnic/racial perspective	2	5

**RER 7.2 Initiative taken by WHO in providing opportunities and means for inter-sectoral 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
7.2.1.1	Number of countries which public policies target the social and economic determinants of health on an inter-sectoral basis.	0/11	7/11
7.2.1.2	Number of countries with at least one strategic alliance for the advancement of the MDGs, social policies and health determinants.	1/11	5/11
7.2.2	Number of sub-regional and regional fora organized (alone or with other international organizations) for policymakers, program implementers and civil society on inter-sectoral actions to address the social and economic determinants of health and achieve 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 for the MDGs advancement.	0	1
7.2.4	Number of countries that have implemented Faces and Places in at least one of their poorest municipalities. Faces and Places addresses MDGs and social determinants.	0/38	12/38
7.2.5	Number of partnerships and alliances with NGOs, civil society networks, Collaborating Centers, and National Institutions of Excellence to advance the MDGs and the social determinants of health and other equity agendas	1	4
7.2.6	Number of countries with specific national plans to improve the health of ethnic/racial groups	10/21	13/21
7.2.7	Number of subregions working through health plans and programs to improve the health of ethnic/racial groups	0/3	1/3

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
7.3.1.1	Number of countries receiving support from PASB to develop ethnicity and gender sensitive data of sufficient quality to assess and track health inequity among key population groups.	8	15
7.3.1.2	Number of countries with national health information systems that routinely publish information disaggregated by sex	TBD	TBD
7.3.1.3	Number of institutional mechanisms for developing and/or supporting the conceptualization and monitoring of gender equity in health installed in the countries with PAHO support	8	10
7.3.2	Number of countries receiving support from PASB that have at least one national policy addressing the social determinants of health and the MDGs, that incorporates an analysis of disaggregated data at the sub-national level.	0/11	7/11

7.3.3	Number of countries receiving support from PASB that have at least one national, provincial and municipal program on health equity that uses disaggregated data	0	3
7.3.4	Number of countries that have being supported by PAHO/WHO to develop inequity maps at the sub-national level to identify the most vulnerable municipalities with in the frame of the MDGs and health determinants.	0	3
7.3.5	Number of countries with national health information systems that include the variable of ethnic/racial origin and analyze it.	0/36	5/36

**RER 7.4 Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
7.4.1	Number of countries that have developed tools and guidance documents for Member States and other stake-holders on how to use human rights to advance health and to reduce health gaps in health equity and discrimination.	5	10
7.4.2	Number of countries with national laws, policies, plans and programs developed for Member States and other stakeholders consistent with regional and internal human rights conventions, standards, and ethical guidance.	5	10
7.4.3	Number of countries that human rights protection laws in the context of health determinants.	2	4

**RER 7.5 Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of gender-sensitive policies and programs.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
7.5.1	Number of critical interventions that contribute to building evidence on the impact on gender and ethnic/racial equity on health and on effective strategies to address them.	0	6
7.5.2	Number of tools and guidance documents developed for member states on how to use gender approaches in health analysis.	0	1
7.5.3	Number of publications that contribute to building evidence on the impact of gender on health.	1	3
7.5.4	Number of PAHO programs and countries with strategies for action to address gender and ethnicity as determinants of health and their relationship with the advancement of all MDG's	0	6
7.5.5	Number of PWRs whose BPB and CCS include specific objectives, indicators, and budgetary resources for implementation of the Gender Equality Policy	3	4

7.5.6	Number of initiatives included in the subregional BPB within the framework of application of the Gender Equality Policy	0	1
7.5.7	Number of conceptual and methodological tools developed, validated, and disseminated for implementation of the Gender Equality Policy	10	13
7.5.8	Number of publications and successful experiences in mainstreaming the gender equality perspective in health initiatives published and disseminated	8	12
7.5.9	At the regional level, number of technical or administrative units whose BPB includes objectives, indicators, and budgetary resources for implementation of the Gender Equality Policy	1	4

## Budget for Strategic Objective 7

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
7.1	Significance of social and economic determinants of health recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.			
7.2	Initiative taken by WHO in providing opportunities and means for inter-sectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.			
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).			
7.4	Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.			
7.5	Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of gender-sensitive policies and programs.			
<b>Total Cost for SO7</b>				<b>13,070,000</b>

## Resources breakdown

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>8,619,000</b>	<b>13,070,000</b>	<b>52%</b>

## 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 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.

**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 support to international environmental agreements and for monitoring the Millennium Development Goals (MDGs).**

Indicator #	Indicator text	Indicator Baseline (end-2007)	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
8.1.3	2 Millennium Development Goals Indicators (target 10)	2	2
8.1.4	Number of international environmental agreements whose implementation is supported by PASB	3	4
8.1.5.1	Number of countries implementing PAHO/WHO guidelines on chemical substances	11	15
8.1.5.2	Number of countries implementing PAHO/WHO guidelines on air quality	6	8
8.1.5.3	Number of countries implementing PAHO/WHO guidelines on water	10	16

**RER 8.2 Technical support 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
8.2.1.1	Establishment of global or regional strategies for primary prevention of environmental health hazards in specific settings (workplaces, homes, schools, human settlements and health-care settings)	2	4
8.2.1.2	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)	TBD	TBD



8.2.2	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 regional initiative on occupational health	2 global interventions (on asbestosis and hepatitis B) and 1 PASB/AMRO regional initiative on occupational health and silicosis
8.2.3	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
8.2.4	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

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
8.3.1	Number of countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance	9	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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
8.4.1	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	One regional event conducted	2 national events conducted with PASB's technical support

**RER 8.5 Enhance health sector leadership to support a healthier environment and influence public policies in all sectors so as to address the root causes of environmental threats to health. Including 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
8.5.2	Number of citations by mass media, of outreach and communications strategy on occupational and environmental issues implemented regionally and in partnership	TBD	5% increase in citations
8.5.4	Organization of a regular high-level forum on health and environment for global and regional policy-makers and stakeholders	0	1 Regional Forum of the Americas held
8.5.5	Availability of quinquennial report on trends, scenarios, and key development issues and their health impacts	1 report "Health in the Americas"	1 report (same) "Health in the Americas"

## Budget for Strategic Objective 8

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
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 support to international environmental agreements and for monitoring the Millennium Development Goals (MDGs).			
8.2	Technical support 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).			
8.3	Technical assistance and support to countries for strengthening occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.			
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.			
8.5	Enhance health sector leadership to support a healthier environment and influence public policies in all sectors so as to address the root causes of environmental threats to health. Including by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change as well as consumption and production patterns.			
<b>Total Cost for SO8</b>				<b>27,223,000</b>

## Resources breakdown

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>23,992,000</b>	<b>27,223,000</b>	<b>13%</b>

## 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 focuses on improving nutritional status throughout the life course, especially among the poor and other vulnerable groups, and through strategic collaborative efforts among Member States and other partners towards the achievement of the Millennium Development Goals, in order to contribute to the promotion of equity in health, to prevent and combat disease and to improve the quality of and lengthen lives of the peoples of the Americas. 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, will be promoted through an inter-sectoral approach in food safety control programs that will improve health, tourism, and trade in food products.

**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, increase investment in nutrition, food safety and food security, and support a research agenda.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
9.1.1	Number of countries assisted by PASB with institutionalized (legislation) and functional coordination mechanisms (national development policies and plans, and poverty reduction strategies) to promote inter-sectoral approaches and actions in the areas of food safety, food security and nutrition.	17	25
9.1.2	Number of countries with financial resources allocated to nutrition priorities in the context of multi-sectoral national policies and plans to attain the MDGs, and other regional, subregional, national and local mandates and commitments.	12	20
9.1.3	Number of countries with social marketing campaigns recognizing and disseminating best practices in health, nutrition and food safety (general population, public, private, and civil society organizations, and professionals, among other groups).	13	18
9.1.4	Number of countries that have included nutrition, food safety and food security activities in their sector-wide approaches (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	18
9.1.5	Number of countries where local governments participate in healthy settings initiatives that address nutrition, food safety, and food security issues of vulnerable groups, in the context of efforts to attain comprehensive local development.	17	24
9.1.6	Number of countries where local governments apply strategies aimed at increasing food security and safe livestock trade products i.e. Foot and Mouth Disease	4	10

**RER 9.2** Norms, including references, requirements, research priorities, 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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
9.2.1	Number countries where new nutrition, food security and food safety prevention and management norms, standards, guidelines and training manuals that are designed, and/or adapted are disseminated, to national counterparts and other agencies that provide technical cooperation to Latin America and the Caribbean	14	23
9.2.2	Number of countries implementing standards and recommendations included in global and regional strategies, according to national needs and priorities	11	18
9.2.3	Number of countries to incorporate improved food and nutrition, and food safety standards, norms, and guidelines in Primary Health Care in health service delivery systems	16	24
9.2.4	Number of countries that implement a research agenda producing sound evidence-based information for public policy analysis and implementation, and program design, monitoring and evaluation.	10	21

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
9.3.1	Number of countries that produce and publish reliable information on: <ul style="list-style-type: none"> <li>• Nutritional deficiencies and risk factors in different population groups</li> <li>• Social, economic and health determinants of food and nutrition insecurity</li> <li>• Overweight and obesity in children and adolescents</li> </ul>	11	20
9.3.2	Number of countries that have nationally representative and periodically-collected surveillance data on major forms of malnutrition.	12	18
9.3.3	Number of countries that produce sound scientific evidence on the basis of systematic monitoring and evaluation of program effectiveness in the areas of nutrition and food security	5	13
9.3.4	Number of countries that have established reliable surveillance systems at the national and local levels that feed available information systems for planning and implementation purposes both in stable and in humanitarian crisis situations	12	20
9.3.5	Number of countries that have strengthened national institutional capacity in situation analysis of food and nutrition and its determinants, for public policy analysis and decision making, through the establishment of national and subregional Observatories.	3	11

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
9.4.1.1	Number of countries with PASB support that have developed national programs that implement at least three high-priority actions recommended by the Global Strategy for Infant and Young Child Feeding.	5	10
9.4.1.2	Number of countries with PASB support that have developed national programs that implement actions in at least 2 of the following programmatic areas: <ul style="list-style-type: none"> <li>• Prevention and control strategies to reduce micronutrient malnutrition</li> <li>• Promotion of healthy dietary practices to prevent diet-related chronic diseases</li> <li>• Inclusion of nutrition in comprehensive responses to HIV/AIDS and other epidemics</li> <li>• National preparedness and response to food and nutrition emergencies.</li> </ul>	8	15

**RER 9.5 Zoonotic and non-zoonotic foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring and evaluation established (integrated into existing national surveillance systems with results being disseminated to all key players)+F302.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
9.5.1	Number of countries that have established or strengthened inter-sectorial actions for surveillance, prevention, and control of FBD, including participation in existing regional food safety inter-sectorial networks such as : INFAL, Pulse Net; and global networks such as : WHO-GSS.	18	25
9.5.2	Number of countries that have initiated integrated foodborne disease surveillance for selected foodborne pathogens, and to assessing antimicrobial resistance of relevant foodborne pathogens.	2	9
9.5.3	Number of countries conducting periodically foodborne diseases burden of illness studies, including the establishment of groups working with translation of evidence based methods (systematic reviews, meta-analysis and risk assessments)	3	9

**RER 9.6 Capacity built and support provided to countries, including their participation in international standard-setting to increase their ability to assess risk in the areas of zoonotic and non-zoonotic foodborne diseases and food safety, and to develop and implement national food control systems, with links to international emergency systems.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
9.6.1	Number of Latin America and Caribbean countries receiving support from the FAO/WHO Codex Trust Fund to participate in relevant Codex Meetings	33	33
9.6.2	Number of countries that received PASB support to build national integrated food safety systems with a component of foodborne diseases surveillance and food contamination monitoring links to the WHO networks: International Food Safety Authorities Network (INFOSAN) and Global Outbreak Alert and Response Network (GOARN)	18	30
9.6.3	Number of countries participating in the Master Degree Program on Food Safety Management by PAHO/WHO	11	23
9.6.4	Number of countries participating in the PAHO/WHO-IICA Food Safety Executive Leadership Series (EFLS).	15	23

**RER 9.7 Capacity of Member States strengthened through the improvement of knowledge, competencies and skills in topics related to national multi-sectoral policy-making, planning, and program management, monitoring and evaluation in food security, nutrition and food safety.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
9.7.1	Number of countries with better and more competent human resources, in health and non-health sectors, in the design and management of integrated social, economic, food and nutrition public policies and plans at national and local levels, in stable as well as humanitarian crisis situations.	10	15
9.7.2	Number of countries with improved undergraduate and graduate academic programs that develop a more competent workforce, in health and non-health sectors, for program design, implementation, monitoring and evaluation in nutrition, food security and food safety, in stable as well as humanitarian crisis situations.	17	25
9.7.3	Number of countries in PASB supported active networks of national academic institutions, and Food Safety and Nutrition international research and training centers for workforce development that are strengthened and expanded.	12	18

### Budget for Strategic Objective 9

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
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, increase investment in nutrition, food safety and food security, and support a research agenda.			
9.2	Norms, including references, requirements, research priorities, 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.			
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.			
9.4	Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans, policies and programmes aimed at improving nutrition throughout the life-course, in stable and emergency situations.			
9.5	Zoonotic and non-zoonotic foodborne diseases surveillance, prevention and control systems strengthened and food hazard monitoring and evaluation established (integrated into existing national surveillance systems with results being disseminated to all key players)+F302.			
9.6	Capacity built and support provided to countries, including their participation in international standard-setting to increase their ability to assess risk in the areas of zoonotic and non-zoonotic foodborne diseases and food safety, and to develop and implement national food control systems, with links to international emergency systems.			
9.7	Capacity of Member States strengthened through the improvement of knowledge, competencies and skills in topics related to national multi-sectoral policy-making, planning, and program management, monitoring and evaluation in food security, nutrition and food safety.			
<b>Total Cost for SO9</b>				<b>27,495,000</b>

#### Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>18,407,000</b>	<b>27,495,000</b>	<b>49%</b>



## STRATEGIC OBJECTIVE 10

### To improve the organization, management and delivery of health services

#### Scope

The work under this strategic objective focuses on working with countries to strengthen health services in order to provide equitable and quality health care for all people in the Americas, with focus on the neediest populations and most dire health situations. The 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) is the framework to strengthen the health care system of the countries in the Americas.

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
10.1.2	Number of Member States that have received support and have increased access to basic health care services as a result of PASB's initiatives on Extending Social Protection in health and the PHC renewal.	13	18
10.1.3	Number of Member States supported that have strengthened national programs for quality improvement of service delivery.	9	19

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
10.2.1	Number of Member States supported that have incorporated health services productive management methodologies.	5	14

**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.

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
10.3.1	Number of assisted Member States that have adopted PASB's policy options and mechanisms for integrating the health care delivery network, including public and non-public providers.	3	20

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
10.4.3	Number of Member States in which managers and providers have been trained with PAHO's Primary Health Care competencies for health care personnel.	0	14
10.4.4	Number of member States that report progress in implementing PHC-based Health Systems according to PAHO's Position Paper and Regional Declaration on PHC.	1	15

**Budget for Strategic Objective 10**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
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.			
10.2	Organizational and managerial capacities, including information systems, of service delivery institutions and networks in Member States are strengthened with a view of improving service delivery performance.			
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.			
10.4	Service delivery policies and their implementation in Member States increasingly reflect the PHC approach, particularly in relation to social participation, intersectoral action, emphasis in promotion and prevention, integrated care, family and community orientation, and respect of cultural diversity.			
<b>Total Cost for SO10</b>				<b>32,367,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>31,286,000</b>	<b>32,367,000</b>	<b>3%</b>

## 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 political and technical capacity of the Member States through their government agencies to guarantee a single orientation consistent with the social values and objectives that guide the health systems in order to guarantee the governance of their systems and the necessary capacities to enable the National Health Authority to exercise its role as the steering agency in a competent manner. This 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. It also addresses the need for generating scientific knowledge and information to aid in decision-making, the strengthening of strategic functions such as sector planning and regulation, and the opening and preservation of democratic forums for social and political dialogue so indispensable for governance and adherence to the values and objectives of the national health systems.
- The responsibilities and functions of the sectoral steering role, the basis for the governance of the systems, are related to the management, definition, and implementation of regulatory frameworks and instruments, the guarantee of insurance and financing for the system to report the serious problem of shortages, poor management, high out-of-pocket expenditures, and the regressiveness of public spending, *inter alia*, that affect most health systems. The steering role also includes the harmonization of health service delivery and ensuring the performance of the essential public health functions. Overcoming the fragmentation and segmentation of the health systems is one of the greatest challenges for the period 2008-2012.
- One condition that should be reversed through cooperation is the fragmentation and lack of synergy in international health cooperation, especially in countries heavily dependent on it. Strengthening the steering role and its functions and defining national strategic plans are a *sine qua non* for moving forward with the harmonization, alignment, and coordination of external health assistance.
- The sustainable national capacity to generate health intelligence, strengthening the capacity for health system and health policy research and the development of information systems, is key to improving the quality of public policies and their continuity and effectiveness and to channeling the interests and contributions of the various stakeholders in national health development.

**RER 11.1 Strengthen the national health authority's capacity to execute its steering role, improving policy-making, regulation, strategic planning, the orientation and execution of the reforms, and intersectoral and interinstitutional coordination in the health sector at the national and local level**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
11.1.1	Number of countries in which execution of the steering role has been evaluated: policy-making, strategic planning, execution of reforms, and interinstitutional coordination in the health sector at the national and local level	3	4
11.1.2.1	Number of countries that have institutionalized agencies that regulate sector operations (such as the Health Authorities) and generated regulatory frameworks	TBD	TBD (10% increase)
11.1.2.2	Number of countries that have created medium- and long-term sector plans or identified national health objectives	4	5

**RER 11.2 Improve regional coordination of international cooperation in health and strengthen the countries' subregional and national coordinating capacity to meet national health development targets**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
11.2.1	Number of countries in which the action of the principal health sector donors is harmonized and consistent with government plans and priorities	3	4
11.2.2	Number of countries whose health priorities are not effectively financed.	2	3
11.2.3	Number of countries in which the Ministry of Health entities for coordinating international cooperation have been strengthened	5	6

**RER 11.3 Contribute to an improvement in health information systems at the regional, subregional, and national level for the analysis, management, monitoring, and evaluation of public policies and health systems to achieve the health objectives at all levels**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
11.3.1	Number of countries that have set up the process for monitoring and evaluating the performance of health information systems, based on the standards of WHO/PAHO and HMN supported by the secretariat.	3	7
11.3.2	Number of countries with permanent active plans for strengthening vital and health statistics, including the production of information and use of the international classifications (ICD), that conform to the international standards set by PAHO/WHO and the Health Metrics Network.	3	8
11.3.3	Number of countries that have implemented the Regional Core Health Data Initiative and that steadily produce and publish basic health indicators at the subnational level (first or second administrative level)	9	13

**RER 11.4** Contribute to the accessibility, equitable dissemination, and use of scientific knowledge and evidence in decision-making.

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
11.4.1	Number of countries that use basic health indicators and other available statistical information for evidence-based analysis of priority health problems.	40	40
11.4.2	Number of countries whose analytical capacity for generating information and knowledge in health has improved as a result of PAHO technical cooperation	4	7
11.4.3	Establishment and maintenance in regional and subregional plans for effective research on coordination mechanisms and leadership in health.	0	2
11.4.4	Number of countries addressing priority health problems through the systematic use and generation of research evidence	TBD	7
11.4.5	% of published PASB guidelines that fulfill and reflect evidence-based processes in their development	<5%	>10%
11.4.6	Functional Regional Advisory Committee on Health Research	The Regional ACHR is being revitalized	Functional Regional ACHR meeting regularly

**RER 11.5** Facilitate knowledge generation in priority areas, including research on health systems, with the participation of different social actors, ensuring that they meet high methodological and ethical standards

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
11.5.1	Number of countries whose national health research systems meet the basic international standards (to be defined by WHO)	TBD during 2007	TBD during 2007
11.5.2	Number of countries that meet the commitment made at the Mexico Summit to devote at least 2% of the health budget to research	TBD during 2007	TBD (10% de incremento)
11.5.3	Number of LAC countries with national ethics/bioethics commissions for monitoring adherence to ethical standards in scientific research	14/36	20/36
11.5.4	Number of countries with established functional processes allowing a systematic approach to the use of research evidence in policy-making.	TBD in 2007	6
11.5.5	Number of countries registering research protocols following agreed WHO criteria (and with minimum dataset)	TBC	5

**RER 11.6**      **Contribute to the opening and strengthening of mechanisms for dialogue and social and political consensus building at the different levels, with participation by the relevant actors to improve policies and health systems**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
11.6.1	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
11.6.2	Number of countries with access to essential scientific information and knowledge	TBD	10
11.6.3	Number of countries that have cyberhealth frameworks and services based on scientific data	TBD	12
11.6.4	Number of countries that have developed and maintain entities and/or processes for democratic deliberation and social participation on matters of collective interest, social control, and the generation of policy proposals	5	8

### Budget for Strategic Objective 11

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
11.1	Strengthen the national health authority's capacity to execute its steering role, improving policy-making, regulation, strategic planning, the orientation and execution of the reforms, and intersectoral and interinstitutional coordination in the health sector at the national and local level			
11.2	Improve regional coordination of international cooperation in health and strengthen the countries' subregional and national coordinating capacity to meet national health development targets			
11.3	Contribute to an improvement in health information systems at the regional, subregional, and national level for the analysis, management, monitoring, and evaluation of public policies and health systems to achieve the health objectives at all levels			
11.4	Contribute to the accessibility, equitable dissemination, and use of scientific knowledge and evidence in decision-making.			
11.5	Facilitate knowledge generation in priority areas, including research on health systems, with the participation of different social actors, ensuring that they meet high methodological and ethical standards			
11.6	Contribute to the opening and strengthening of mechanisms for dialogue and social and political consensus building at the different levels, with participation by the relevant actors to improve policies and health systems			
<b>Total Cost for SO11</b>				<b>34,104,000</b>

#### Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>33,904,000</b>	<b>34,104,000</b>	<b>1%</b>



## 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 will focus on making access more equitable (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; vaccination policies; supply systems, dispensing and injection safety; and blood transfusion. Information includes clinical guidelines, independent product information and ethical promotion

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
12.1.1	Number of countries supported to develop and implement Policies and Regulations for essential medical products and technologies	14/36	23/36
12.1.2	Number of countries receiving support to design or strengthen comprehensive national procurement and supply systems	19/36	21/36

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
12.2.4	Number of countries assessed and supported in strengthening their capacity for regulation of essential medical products and technologies	2/36	5/36

**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 #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
12.3.1.2	Number of countries provided with support to promote sound and cost effective use of medical products and technologies	10/36	16/36
12.3.2	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-imburement	29	30

**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 #	Indicator text	Indicator Baseline (end-2007)	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

**Budget for Strategic Objective 12**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
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.			
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.			
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.			
12.4	Support development of policies and legal frameworks, and enhance human resource capacity to reduce barriers to access to essential public health supplies.			
<b>Total Cost for SO12</b>				<b>19,824,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>16,825,000</b>	<b>19,824,000</b>	<b>18%</b>

## 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 is guided by the Objectives and Challenges of the Toronto Call to Action (2005), built in part on 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.)
- This strategic objective also 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.
- Strategic planning and effective regulation of the education system and job market are promoted to achieve equitable distribution of health workers; achieve an appropriate mix of health workers responsive to population needs; improve management of the health workforce and its environment, for example by offering financial and non-financial incentives, especially for underserved populations.

**RER 13.1 Human resource plans and policies implemented at the national, subregional, and regional levels to improve performance of primary care-based systems and achieve health objectives and the Millennium Development Goals**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
13.1.1	Number of countries with 10-year plans of action for strengthening health workforce, with active participation of stakeholders and governments	12	16
13.1.2	Number of countries that have a government unit responsible for planning and preparing policies for HRH development	4	12
13.1.3	Number of countries with programs to boost the development of HRH, especially primary care	7	11
13.1.4.1	Number of countries with regulatory mechanisms (quality control) in education and health practices	12	16
13.1.4.2	Number of subregions with regulatory mechanisms (quality control) in education and health practices	1	2

**RER 13.2 Set of baseline human resources information and data systems implemented at the national, subregional, and regional levels**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
13.2.1	Number of countries with databases for health workforce development and trends that are updated at least every two years.	10	22
13.2.2	Number of countries that will participate in a Regional Indicator System for Human Resources in Health, allowing the comparison and measurement of progress toward meeting identified challenges (including indicators on geographical distribution, migration, labor relations, and health professional training trends )	0	22
13.2.3	Number of countries with official unit integrated into regional observatories of human resources in health	19	29
13.2.4	Number of countries with strategies to promote research on human resources in health	5	8

**RER 13.3 Strategies and incentives developed to attract and retain health workers (with the right skills) based on individual and group health needs [neglected populations]**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
13.3.1	Number of countries with policies to recruit and retain health workers to strengthen primary care	6	15
13.3.2	Number of countries that have set up incentive and strategy systems to achieve geographical redistribution of their health workers to neglected areas	4	10

**RER 13.4 Strengthened management capacity in countries to improve health workers' performance and motivation, including development of healthy and productive working conditions and environments**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
13.4.1	Number of countries participating in strategic partnerships to implement national and subregional human resource plans in the framework of the Toronto Call to Action.	2	4
13.4.2	Number of countries with at least one national institution, including support centers, participating actively in a regional network for human resource development for health workers	6	10

13.4.4	Number of countries that collect data on hiring conditions, the labor climate, and strategies in health services	4	8
13.4.5.1	Number of countries with training programs to increase skills in the area of human resources policies for health workers	1	8
13.4.5.2	Number of subregions with training programs to increase skills in the area of human resources policies for health workers	2	4

**RER 13.5 Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills, appropriate to the context of health practice and the health status of the population, focused on PHC**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
13.5.1	Number of countries where planning mechanisms exist along with training institutions and health services for continuous updating of work skills	19	25
13.5.2	Number of countries with policies and strategies for improving undergraduate and post-graduate education in health priorities and primary health care	4	10
13.5.3.1	Number of countries actively participating in strategies for virtual education networks and leadership in global health within the framework of regional health priorities and policies in the Americas	7	20

**RER 13.6 Help to increase knowledge about, address, and solve problems facing national health systems as a result of the international migration of health workers in the medium and long term**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
13.6.1	Number of subregions that participate in a network for monitoring health worker migration	2	3
13.6.2	Number of subregions that have agreed on mechanisms for recognition of education abroad (titles and diplomas) for professional practice	1	2

**Budget for Strategic Objective 13**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
13.1	Human resource plans and policies implemented at the national, subregional, and regional levels to improve performance of primary care-based systems and achieve health objectives and the Millennium Development Goals			
13.2	Set of baseline human resources information and data systems implemented at the national, subregional, and regional levels			
13.3	Strategies and incentives developed to attract and retain health workers (with the right skills) based on individual and group health needs [neglected populations]			
13.4	Strengthened management capacity in countries to improve health workers' performance and motivation, including development of healthy and productive working conditions and environments			
13.5	Education strategies and systems strengthened at the national level, for developing and maintaining health workers' skills, appropriate to the context of health practice and the health status of the population, focused on PHC			
13.6	Help to increase knowledge about, address, and solve problems facing national health systems as a result of the international migration of health workers in the medium and long term			
<b>Total Cost for SO13</b>				<b>20,500,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>17,078,000</b>	<b>20,500,000</b>	<b>20%</b>

## STRATEGIC OBJECTIVE 14

### To extend social protection through fair, adequate and sustainable financing

#### Scope

- WHO Resolution WHA58.33 in 2005: Sustainable Health Financing, Universal Coverage, and Social Health Insurance
- PAHO Resolution CSP26.R19 in 2002: Extension of Social Protection in Health: joint PAHO-ILO initiative
- 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 the differences in guaranteed rights to access products, services, and opportunities in health as well as all 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.

**RER 14.1 Support given to Member States to develop institutional, organizational, and human capacities for policy-making based on ethical principles, international commitments, and utilization of state-of-the art scientific knowledge and information on economic, financial, political, social, and health issues; also technical cooperation to improve performance of the health system financing plan and social protection plan, to eliminate/reduce economic barriers to access, and increase financial protection, equity, and solidarity in the financing of health services and activities, and efficiency in resource utilization.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
14.1.1	Number of countries with institutional development plans in the area of policies and regulations to improve the performance of health systems financing plans and social protection plans	7	10
14.1.3	Number of countries with functioning research units to evaluate economic, financial, and health expenditure, and that use such data to develop relevant policies on eliminating/reducing economic barriers to access and increasing financial protection, equity and solidarity in financing services and efficient resource utilization.	10	13
14.1.4	Number of Member States that have conducted studies detailing social exclusion from health care at the national or subnational levels	11	15
14.1.5	Number of Member States with health policies to extend social protection aimed at universal coverage	8	10



**RER 14.2 Promotion, information, and technical cooperation measures implemented at the regional, subregional, and national levels to mobilize additional stable financing for health.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
14.2.2	Number of Member States that have developed/improved planning processes and/or monitoring of international cooperation with respect to PRSPs, SWAPS, MTEFs and other long-term financing mechanisms	7	9
14.2.3	Organize and disseminate data, knowledge, and lessons learned on the harmonization and alignment of international cooperation, and ongoing processes to share experiences among participating countries	3	7
14.2.4	Number of Member States that have institutionalized the periodic production of health statistics/national health statistics in accordance with the U.N.'s statistical system	14	18

**RER 14.6 Compilation and periodic dissemination of information on health financing and expenditure, with knowledge-based strategy incorporated into regional plan and domestic agendas on researching health systems and policies focused on increasing social protection in health**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
14.6.1	Number of Member States with up-to-date data on health financing and expenditure published periodically by the PAHO Core Data Initiative and the WHR/WHO statistical annex	32	35
14.6.2	Number of Member States with domestic agendas for research on health systems and policies, with emphasis on increasing social protection in health and utilizing health financing and expenditure data	6	10
14.6.3	Regional plan for research on health systems and health policies, especially extending social protection and utilizing data on health financing and expenditure	0	Regional plan for research on health systems and policies designed and approved by the Member States

**RER 14.7**    **Technical cooperation provided on insurance systems and mechanisms and/or the extension of coverage, and promotion of the sharing of experiences and lessons learned among Member States.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
14.7.1	Number of countries that received technical cooperation in insurance systems and mechanisms and/or coverage extension	18	22
14.7.2	Number of Member States participating in the sharing experiences and lessons learned on insurance and/or coverage extension.	37	41

**Budget for Strategic Objective 14**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
14.1	Support given to Member States to develop institutional, organizational, and human capacities for policy-making based on ethical principles, international commitments, and utilization of state-of-the-art scientific knowledge and information on economic, financial, political, social, and health issues; also technical cooperation to improve performance of the health system financing plan and social protection plan, to eliminate/reduce economic barriers to access, and increase financial protection, equity, and solidarity in the financing of health services and activities, and efficiency in resource utilization.			
14.2	Promotion, information, and technical cooperation measures implemented at the regional, subregional, and national levels to mobilize additional stable financing for health.			
14.6	Compilation and periodic dissemination of information on health financing and expenditure, with knowledge-based strategy incorporated into regional plan and domestic agendas on researching health systems and policies focused on increasing social protection in health			
14.7	Technical cooperation provided on insurance systems and mechanisms and/or the extension of coverage, and promotion of the sharing of experiences and lessons learned among Member States.			
<b>Total Cost for SO14</b>				<b>17,092,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>14,216,000</b>	<b>17,092,000</b>	<b>20%</b>

## STRATEGIC OBJECTIVE 15

**To provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfill the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work**

### Scope

This strategic objective facilitates the work of the PASB to achieve all other strategic objectives. It recognizes that the context for international health has changed significantly. The scope of this objective covers three broad, complementary areas: leadership and governance of the Organization; the PASB's support for, presence in, and engagement with individual Member States; and 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.

The main innovation implicit in this objective is that it seeks to harness the depth and breadth of the PASB's country experience in order to influence global and regional debates, thereby to influence positively the environment in which national policy-makers work, and contribute to the attainment of the health-related Millennium Development goals and other internationally agreed health-related goals

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

Indicator #	Indicator text	Indicator Baseline (end-2007)	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	Proportion of Summits Declarations reflecting commitment in advancing the Health Agenda for the Americas	60%	65%
15.1.4	Percentage of oversight projects completed under the biennial work plan which seek to evaluate and improve processes for risk management, control and governance	90%	98%
15.1.5	Effective regional forum capacity established for a) closing the unfinished cycle of unmet needs of science-based public health policies and interventions and, b) linking non-traditional PAHO's partners and stakeholders with PAHO's governance and policy-making bodies and activities	None	1. Strategic alliances with non-traditional PAHO partners established 2. Regional Forum Platform established and functioning

15.1.6	Number of Regional Forum conducted that develop position papers and policy recommendations for the improvement of Public Health in the Americas	0	2
15.1.7	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 15.2 Effective PAHO/WHO country presence established to implement technical cooperation programs that are aligned with 1) Member States' national health and development agendas, 2) guided by the CCS, and 3) coordinated with the UN country team and other partners.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
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	30
15.2.2	Number of countries where PAHO/WHO's presence reflects the respective Country Cooperation Strategy	20	30
15.2.3	Number of countries in which a joint assessment mechanism is implemented biennially to define the contribution of the Secretariat to national health outcomes	10	30
15.2.4	Number of subregions that have a Subregional Cooperation Strategy (SCS).	0	1
15.2.5	Number of Technical Cooperation among Countries (TCC) projects	TBD	TBD

**RER 15.3 Regional strategies and mechanisms strengthened to effectively provide more sustained and predictable technical and financial resources for health, that responds to the Health Agenda for the Americas.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
15.3.2	Number of partnerships with Memoranda of Understanding in support to the Health Agenda for the Americas	TBD	TBD
15.3.3	Proportion of trade agreements in the Americas that appropriately reflect public health interests	less than 5%	10%
15.3.4	Number of agreements with bilateral and multilateral organizations, including UN agencies, supporting the Health Agenda for the Americas	TBD during 2007	10

**RER 15.4 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 #	Indicator text	Indicator Baseline (end-2007)	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 programmes as reflected in the country cooperation strategies	TBD	TBD
15.4.2	Web utilization statistics available for web pages, blogs, list servers, virtual health library, and WHO's HINARI and GIFT projects	TBD	TBD
15.4.3	Number of multilingual (non-English) pages available on the PAHO web site	TBD	TBD
15.4.4	Number of PAHO publications sold per biennium	TBD	TBD

**Budget for Strategic Objective 15**

<b>RER</b>	<b>Region-wide Expected Result (RER)</b>	<b>Regular Budget</b>	<b>Voluntary Contributions</b>	<b>Total</b>
15.1	Effective leadership and direction of the Organization through the enhancement of governance, coherence, accountability and synergy of the work of PAHO/WHO to fulfil its mandate in advancing the global and regional health agendas.			
15.2	Effective PAHO/WHO country presence established to implement technical cooperation programs that are aligned with 1) Member States' national health and development agendas, 2) guided by the CCS, and 3) coordinated with the UN country team and other partners.			
15.3	Regional strategies and mechanisms strengthened to effectively provide more sustained and predictable technical and financial resources for health, that responds to the Health Agenda for the Americas.			
15.4	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.			
<b>Total Cost for SO15</b>				<b>55,779,000</b>

**Resources breakdown**

	<b>2006-2007</b>	<b>2008-2009</b>	<b>% Change</b>
Country			
Subregional			
Regional			
<b>Total</b>	<b>52,799,000</b>	<b>55,779,000</b>	<b>6%</b>

## STRATEGIC OBJECTIVE 16

**To develop and sustain 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 Secretariat in countries, technical centers, subregions and technical areas at headquarters. It includes strategic and operational planning and budgeting, performance monitoring and evaluation; and management of financial resources through monitoring, mobilization and coordination. The entities implementing this SO ensure an efficient flow of available resources throughout the Organization; management of human resources, including human resource planning, recruitment, staff development and learning, performance management, and conditions of service and entitlements; provision of operational support, ranging from the management of infrastructure and logistics, language services, staff and premises security, and staff medical services to the management of information technology; and appropriate accountability mechanisms across all areas.

The strategic objective also covers broad institutional reform that will ensure that the above functions are continuously strengthened and provide better, more efficient and cost-effective support to the Organization.

**RER 16.1 PAHO/WHO is a results-based Organization whose work is guided by strategic and operational plans that build on lessons learnt; reflect country needs; are developed jointly across the Organization; and are effectively used to monitor and evaluate performance.**

Indicator #	Indicator text	Indicator Baseline (end-2007)	Indicator Target 2009
16.1.1	Number of PASB entities whose biennial Workplans are results-based and explicitly address the country focus strategy as defined in the CCS (where applicable) as determined through a consultative process involving governments (where applicable), and incorporating lessons learned from the previous biennium	TBD	40%
16.1.2	Proportion of reports on expected results contained in the Strategic Plan and Program Budget submitted in a timely manner to the satisfaction of Governing Bodies (as indicated in respective resolutions)	50%	80%
16.1.4	Proportion of managers and project officers trained and certified on RBM, planning, project management, and operational planning and monitoring and accountability mechanisms	0%	50%
16.1.5	The Strategic Plan (SP) and respective Program Budgets (PBs) are results-based, take into account the country-focus strategy and lessons learnt, and document an inclusive development process involving all levels of the Organization, per judgment of Governing Bodies	In progress	PB 10-11 developed with these characteristics



16.1.6	Results Based Management strategy approved by Governing Bodies and applied throughout the Organization	In progress	Approved by Governing Bodies
16.1.7	Percentage of PASB entities where the Strategic Alignment and Resource Allocation (SARA) exercise has been completed and follow-up mechanism implemented	In progress	100%
16.1.8	Percentage of Regional Program Budget Policy targets fully implemented	66%	100%
16.1.9	Accountability Framework to support Delegation of Authority to country level approved and implemented	In progress	Approved by Governing Bodies

**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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
16.2.1	Degree of 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 with expenditure levels meeting or exceeding program budget targets.	TBD (areas of work)	50%
16.2.3	Proportion of voluntary contributions that are un-earmarked	TBD	15%
16.2.4	Resource mobilization gap	TBD	Baseline <20%
16.2.5	Voluntary contributions funds returned to partners	TBD	Baseline <10%

**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.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
16.3.1	Proportion of offices with approved human resources plans for a biennium	15%	75%
16.3.3	Proportion of staff in compliance with the cycle of the Performance Planning and Evaluation System (PPES) i.e. objectives and development needs have been discussed between staff and supervisor	85%	100%
16.3.4	Human resources performance evaluation system linked to Workplans	No	Yes
16.3.5	Proportion new staff who are retained after their probationary period	TBD	TBD
16.3.6	Proportion of new staff that remain at least five years with the Organization	TBD	TBD
16.3.7	Number of complaints made via the conflict management system	TBD	TBD

**RER 16.4 Information systems management strategies, policies and practices ensuring reliable, secure and cost-effective solutions, while meeting the changing organizational and technology needs of the Organization.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
16.4.1	Proportion of significant IT-related proposals, projects, and applications tracked for progress and status via 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 using consistent, integrated, near real-time management information	36	36

**RER 16.5 Managerial and administrative support services enable the effective and efficient functioning of the Organization.**

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
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 procurement and translation.	TBD	10% over baseline

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

<b>Indicator #</b>	<b>Indicator text</b>	<b>Indicator Baseline (end-2007)</b>	<b>Indicator Target 2009</b>
16.6.1	Proportion of contracts under the PASB infrastructure capital plan for approved project(s) that are awarded and all construction work 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 per their biennial Workplans	75%	90%

### Budget for Strategic Objective 16

RER	Region-wide Expected Result (RER)	Regular Budget	Voluntary Contributions	Total
16.1	PAHO/WHO is a results-based Organization whose work is guided by strategic and operational plans that build on lessons learnt; reflect country needs; are developed jointly across the Organization; and are effectively used to monitor and evaluate performance.			
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.			
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.			
16.4	Information systems management strategies, policies and practices ensuring reliable, secure and cost-effective solutions, while meeting the changing organizational and technology needs of the Organization.			
16.5	Managerial and administrative support services enable the effective and efficient functioning of the Organization.			
16.6	A physical working environment that is conducive to the well-being and safety of staff in all entities.			
<b>Total Cost for SO16</b>				<b>101,213,000</b>

#### Resources breakdown

	2006-2007	2008-2009	% Change
Country			
Subregional			
Regional			
<b>Total</b>	<b>94,553,000</b>	<b>101,213,000</b>	<b>7%</b>

## Budget by Strategic Objectives All Sources

SO Description		2008-2009 Regular Budget	2008-2009 Voluntary Contributions	2008-2009 Proposed Budget
SO1	To reduce the health, social and economic burden of communicable diseases.			77,828,000
SO2	To combat HIV/AIDS, tuberculosis and malaria.			76,331,000
SO3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.			23,331,000
SO4	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 ageing for all individuals.			36,523,000
SO5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.			38,990,000
SO6	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.			24,896,000
SO7	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.			13,070,000
SO8	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.			27,223,000
SO9	To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.			27,495,000
S10	To improve the organization, management and delivery of health services.			32,367,000
S11	To strengthen leadership, governance and the evidence base of health systems.			34,104,000
S12	To ensure improved access, quality and use of medical products and technologies.			19,824,000
S13	To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes.			20,500,000
S14	To extend social protection through fair, adequate and sustainable financing.			17,092,000
S15	To provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfill the mandate of WHO/PAHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.			55,779,000
S16	To develop and sustain WHO/PAHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.			101,213,000
<b>TOTAL</b>				<b>626,566,000</b>