PAN AMERICAN HEALTH ORGANIZATION
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PROGRESS REPORT ON THE PAN AMERICAN SANITARY BUREAU INSTITUTIONAL CHANGE

This document is provided to the 39th Session of the Subcommittee on Planning and Programming for information. It provides a status report on progress in institutional change during the past year and introduces monitoring milestones and expected results of the change process for the period 2005-2007. The Director will supplement this report with a presentation on the Bureau's transformation road map during the Subcommittee meeting. This road map is still in preparation and is not available within the timeframe for preparation of SPP documentation.

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Annex:

Introduction

1.   In response to the rapid changes influencing the Pan American Health Organization's (PAHO) operating environment and the need for a vital organization to continually renew itself, the Pan American Sanitary Bureau initiated its current program of change and organizational development in 2003. The 2003-2007 Managerial Strategy identified areas for improvement, such as human resources management, planning and evaluation, and managerial processes, and initially outlined four corporate objectives for organizational change:

(a)   Improved country-focused cooperation and better integration between and within the various levels of the organization, including the World Health Organization (WHO).

(b)   Strengthened capacity to act as a regional forum for public health discourse and policy development.

(c)   Improved availability of health data and public health information to support policy formulation, program development, and continuous learning to generate, share, and analyze information, build networks, and forge partnerships.

(d)   Create a supportive environment for innovation in the delivery of technical cooperation.

2.   During the past two years, the subject of institutional change has been extensively discussed. These discussions have included staff, the wider WHO system, other United Nations agencies, and Member States, in particular, the Working Group on PAHO in the 21st Century. In addition, the recommendations of the Working Group on the Regional Program Budget Policy have brought about change through the resolution of the 45th Directing Council on program budget allocations (Resolution CD45.R6, September-October 2004), which is now being implemented.

3.   A great deal has been learned during this intense period of reflection and action. The changes in several areas of the Bureau's work processes and structure and the experiences from this initial phase of change have provided further clarity, thereby enabling the Bureau to expand its prioritization of areas needing improvement. At the 45th Directing Council in September 2004 and at the Annual Managers Meeting in October 2004, the Director outlined five strategic priorities for organizational change, based on the experience of the past two years. These represent a refinement of the original four corporate objectives identified in the Managerial Strategy in 2003 and reflect the learning of the past two years. Progress towards achieving these five strategic objectives for change will enable the Bureau to:

(a)   Respond better to country needs,

(b)   Adopt new modalities of technical cooperation,

(c)   Be a regional forum for health in the Americas,

(d)   Create a knowledge-based/learning organization,

(e)   Enhance management practices.

4.   The Bureau's plan for achieving these objectives is outlined in Annex I. Progress to date is reported in the following table.

Key Milestones in the Process of Institutional Change within the Pan American Sanitary Bureau

	STRATEGIC OBJECTIVE 1. RESPOND BETTER TO COUNTRY NEEDS	
OBJECTIVES	**ACTIONS**	**STATUS**
Country-focused technical cooperation	• Review roles, relationships, and work processes across the Organization to ensure that work at the various levels adds value to country-level cooperation.	In progress - Proposal for mainstreaming Country Cooperation Strategies (CCS) in the managerial process is being prepared.
Effective support to Country Offices	• Systematic use of CCS as a tool for programming, involving all levels of the organization.	In progress - PAHO has adapted WHO guidelines for CCS to the regional context. The concept of national health development is central to PAHO's technical cooperation approach and cooperation strategies.
	• Enhance Technical Cooperation among Countries (TCC) as a mechanism for capacity building within the countries and as an opportunity to establish partnerships with institutions outside the ministries of health. Such networks are required for achieving the Millennium Development Goals (MDGs).	In progress – The Country Support Unit (CSU) finalized a review of the experience of TCC in the last three biennia, which is reported separately under SPP agenda item 4.
	• The commitment to the MDGs is contributing to the reorientation of the technical cooperation process, helping countries to develop multidisciplinary approaches to achieving the MDGs and other national goals.	In progress – An MDG focus has been incorporated in the BPB. PAHO is an active member of U.N. country teams and PAHO's activities are an integral aspect of interagency support to countries. A cross-cutting analysis of health-related MDGs in Central American countries has been completed.
	• Improve harmonization of processes and synergy with WHO to achieve common objectives.	In progress - The alignment with WHO is stronger and the Regional Office is more involved in policy dialogues and organization-wide initiatives. PAHO is in a better position to benefit more equitably from global resources available through WHO.
	• Increase rotation, decentralization and interagency movement of staff.	Concentrated effort to transfer posts and staff to the field are under way. Rotation among staff from the Regional Office and Country Offices, and movement from other WHO Regions and agencies have increased staff mobility.

STRATEGIC OBJECTIVE 2. ADOPT NEW MODALITIES OF TECHNICAL COOPERATION		
OBJECTIVES	**ACTIONS**	**STATUS**
New modalities of work	Development and/or strengthening of new modalities of cross functional work through flexible Working Groups and Task Forces.	Working Groups on HIV/AIDS, Essential Medicines, Renewal of Primary Health Care and Family and Community Health are functioning. The Task Force for the 25th Celebration of the Alma Ata Declaration was established and is functioning.
	• Enhanced inter-programmatic collaboration in the Regional Office and increased use made of joint missions to countries for greater effectiveness.	Interprogrammatic joint missions have been carried out to Guyana, Haiti, Nicaragua, and Peru.
	• Focus on responding to needs of Key Countries now incorporated in PAHO's planning processes.	A country perspective is now better reflected in planning instruments.
Strengthen coordination and develop strategic alliances	• Regular contact with the U.N. Development Group (UNDG) secretariat to ensure PAHO's presence in UNDG meetings and strengthen contribution to UNDG regional work plan.	Coordination strengthened with the U.N. and inter-American system through a stronger presence in the Regional Director's forum of the U.N. Development Group, meetings of the inter-American system, including Summits of the Americas, the Implementation Regional Group (SIRG) meetings and the UNAIDS cosponsoring agencies' meetings.
	• Dialogue on new programmatic approaches with the main bilateral partners such as USAID, CIDA (Canada), SIDA (Sweden), NORAD (Norway) and AECI (Spain).	Ongoing - New umbrella agreements negotiated with some of those agencies.
	• PAHO playing leadership role in Interagency Strategy on Maternal Mortality Reduction. •	Ongoing.
	• Stronger participation in international community activities on implementation of the Intermediate Plan of Cooperation for Haiti.	Ongoing.
Support for Subregional integration	Reformulation of the technical collaboration programs with subregional health institutions focused on drug policies, border health, and social protection in health, among others.	The recently approved Regional Budget Policy with a subregional allocation is enabling PAHO to strengthen agreements with the Central American Secretariat for Social Integration, CARICOM, Convenio Hipolito Unanue in the Andean Community of Nations, MERCOSUR Health Group, and Organization del Tratado de Cooperación Amazónico (OTCA).

STRATEGIC OBJECTIVE 3. BE A REGIONAL FORUM FOR HEALTH IN THE AMERICAS		
OBJECTIVES	**ACTIONS**	**STATUS**
Support capacity building for health at the local, national, and subregional levels	Support the leadership role of ministries of health and a network of mayors and municipal secretaries of health, by acting as secretariat and providing training for integration of various institutions and actors in the development of the national health agenda.	In progress.
Position the Organization in the mainstream of global, regional and country health policy debates	Strengthen capacity to support countries of the Region in anticipating and responding to global health issues and in influencing the global health agenda.	In 2005, the Bureau will devote the required resources to foster debates and create platforms that advance public health.
STRATEGIC OBJECTIVE 4. CREATE A KNOWLEDGE-BASED/LEARNING ORGANIZATION		
Network and share knowledge within the Organization and between the Organization and its constituencies	Actions are being taken to eliminate compartmentalization; strengthen cross-functional cooperation; improve teamwork; share information and knowledge. Policies for organization-wide IT governance are being developed. A new Area was created for Information and Knowledge Management; key staff positions under recruitment and strategy were developed to resolve identified challenges across the Organization.	IKM's structure and plan of action approved. The new Information and Knowledge Operations Unit (IKO) was established. A training course in Knowledge Management was delivered. IKM Listserver and SharePoint sites were established to keep staff and partners informed. A IKM strategy was approved in December 2004.
STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES		
Align with WHO framework for result-based management to improve planning, implementation, and monitoring of PAHO's overall strategy	• Better linkage between the Bureau's Expected Results and WHO's Global Expected Results	Completed.
	• Budgeting structure based on Areas of Work (AOW) instead of Classified List of Programs.	Completed.
	• The Biennial Program Budget (BPB) 2006-2007 is being developed within the framework of the PAHO Regional Budget Policy, approved by the 45th Directing Council, ensuring new modalities in BPB planning and formulation to improve coordination with WHO, the Regional Office, Country Offices, and Centers; improving transparency; and enhancing quality and relevance of outcomes.	New guidelines for BPB 2006-2007 reflect this framework and the planning and budgeting process has been revised accordingly. Peer reviews of BPBs for Country Offices, Regional Office and Centers are completed to ensure alignment with policies and strategic objectives.

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**
Improve budget and expenditure reporting	Frequent financial reporting is provided to Executive Management on Regular Budget funds, extrabudgetary funds, and all proprietary funds. Executive Committee Members are informed if the cumulative month-end deficit exceeds $10 million and approval is sought from Executive Committee for internal borrowing as appropriate. Timely information regarding the status of quota assessments and payments is now being provided.	Financial reporting provided monthly via Sharepoint to Executive Management. The Organization's financial performance monitored regularly. The status report on contributions reflecting Member States' quota assessments and payments is now posted on the PAHO internet site. Payment in local currency has been authorized.
Maximize extra-budgetary resources while ensuring attention to priorities	• The Project Support Unit (PPS/PS) established in 2004 reviews and certifies projects for submission to interested external partners. • The PPS/PS review process ensures policy alignment, technical strategy, project design, managerial soundness, and financial sustainability.	A new directive on review process for proposals has been implemented and staff are being trained to improve the quality of project development and review. A record $72 million in extrabudgetary resources was raised in 2004, with $14 million from WHO.
Improve access to information through greater connectivity among PAHO offices	Implement a global management system for planning and management of financial resources. The Bureau has new capacity to handle the daily upload of data through AMPES/OMIS–FAMIS. The system has improved the timeliness of available financial information for decision-making and increased the number of obligations initiated in AMPES/OMIS with links to the program of work.	Changes are being made to AMPES to provide reports that better serve program and financial management needs. Information Technology Services (ITS) has been increased in Guyana, Haiti, and Suriname.
Improvement in accountability and transparency	• Review and update managerial principles and policies, procedures, guidelines, and administrative process in Country Offices, Centers, and the Regional Office to adapt them to the changing needs of the Organization, including delegation of authority to Areas and Units with clear accountability. • Management systems are being upgraded and enhanced to conform to rigorous standards. Inconsistencies in data from one system to another and duplicate data in multiple systems are being eliminated.	**Administrative Management Operations (AMO) Unit created based on the experiences of work undertaken by Special Advisor for the Field Operations; wider functions related to institutional development and oversight are being developed. Internal Audit Office is fully staffed.** In-progress improvements have been made in Finance and Procurement (FAMIS/ADPICS), Financial Management, Personnel (PAS), Staff Health Insurance (SHI), Map Products Information System (MAPIS), Correspondence Tracking System (CTACS), Leave Tracking System(LTS), Payroll, and various Web/Intranet applications.

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**
Improvement in accountability and transparency (cont.)	• Virtual Collaborative Workspaces are being created. Sharepoint was identified as the appropriate platform to support cross-organizational teams, more efficient collaboration on preparing documents, and the consolidation of information and sharing of knowledge among groups of individuals, including external partners. • PAHO outsourced its mainframe computer operations to the International Computing Center (ICC) in Geneva. The ICC is a consortium of 39 UN organizations.	In progress - Some 25 pilot collaborative sites have been created thus far and a cross-functional team including Information Technology Services (ITS), IKM staff, and outside experts is in place. Completed. Improved response time, a more secure and reliable environment, and reduced costs.
Measures to improve efficiency	• PAHO-wide Work Flow Process Automation is being implemented to improve process control and access to management information, support timely decision-making, reduce transaction time by automating the process and document work flow, and the approval processes.	In progress – Examples include interfacing local payroll transactions in the corporate accounting system and the identification of unliquidated obligations with no activity for six months for actions by managers.
	• Implementing several tools to reduce communication and documentation distribution costs (*i.e. virtual meetings, teleconferencing, Web-based resource booking tool, document management, and electronic filing PAHO-wide).* •	In planning, production or testing phases.
	• Countries and Centers supported by better communication technology.	Telecommunications capacity has increased in Guyana and Haiti through the installation of satellite technology. Software was developed and tested in CEPIS and PANAFTOSA.
	• Cost reductions.	An agreement was entered into with WHO for decreas-ing the annual PAHO share of retires Staff Health Insurance contribution by over $1million. Net reduction of posts since 2004 and funding requirements reduced for 2006-2007. Recurring program costs and administrative expenditures were absorbed into the 2004-2005 approved regular budgets. By using "Cost Centers" as the unit of financial analysis, it is now possible to monitor and rationalize expenditures more effectively. Savings have been made in office space, technology support, and staff costs in several Country Offices.

STRATEGIC OBJECTIVE 5. ENHANCE OUR MANAGEMENT PRACTICES (cont.)		
OBJECTIVES	**ACTIONS**	**STATUS**
Effective management of human resources across the Organization	• Match program needs and staff competencies - PAHO Competency Maps have been finalized. - A Learning Board was created, led by the Assistant Director with members from across the organization, to define staff development priorities. - Leadership and management competencies for supervisors have been particularly highlighted for staff development and learning activities, as well as strategic planning, knowledge management, networking and building partnerships, team leadership, performance assessment, and project management.	HRM is now integrating these competency maps into the recruitment, selection, classification, and learning process at PAHO. The internal Learning Board was established in 2004 to advise the Staff Development Unit on the strategic use of resources for staff development to support organizational priorities. All managers at PAHO are participating in learning activities during 2004-2005 to build their skills in these areas. A change leadership program for all managers has been initiated in cooperation with the WHO Global Management and Leadership Development Program. The goal is to strengthen the leadership and management skills of all heads of Country Offices and regional units by end 2006.
	• External organization development consultants (Alder Associates) selected in August 2004 to support the Bureau's process of institutional change.	The Alder Associates team is providing technical expertise to create a high-performance Executive Management Team, coach individual members of Executive Management and other managers, and support the internal Change Management team in developing the implementation framework for institutional change projects.
	• Develop new standards for key human resources processes.	A classification standard to evaluate posts under local contractual agreements (CLT) is ready to be launched. New standards have been developed for improving the management of short-term staff, including revised contractual agreements and competitive selection procedure.
	• Implement a more targeted recruitment strategy.	Planning for competency-based recruitment has been completed and implementation is to start in 2005.
	• Improve the working environment and capability of staff.	The Harassment Policy was issued in 2004 and the Grievance Panel established. Training to support policy implementation across the Organization is in progress.

Lessons Learned from the Experience of the Past Year

5.   The efforts of the past two years have made it clear that organizational change takes time and is very complex, especially in a 100-year-old organization like PAHO, serving many countries and having complex mandates. To fully institutionalize major changes in work processes and bring about the related culture transformations within the Bureau, five to seven years is a realistic timeframe for the current process.

6.   Staff learning and development is an essential ingredient of successful change programs, and PAHO's investment in this aspect of the process was perhaps inadequate at the outset. In 2005, these areas will receive greater emphasis to meet the Organization's needs. During the past year, Executive Management and senior managers strengthened their capacity to listen, consult, and receive inputs from staff and managers across the Bureau.

7.   A staff survey and other inputs in 2004 provided management with useful insights into issues needing greater attention: transparency; the need for greater clarity in the Organization's strategies; better internal communication; human resources policies and practices that are fair, equitable, and predictable; a strengthened institutional culture of decentralized decision-making; and better coordination and integration between the Regional Office, Country Offices, and Centers.

8.   These experiences as well as the decisions of the 45th Directing Council (September 2004) on improvements in internal governance have been taken into consideration in developing the transformation road map to guide organizational change during the remaining period of the Strategic Plan and beyond. The specific actions being taken in response to Executive Committee Decision CE135(D7) on follow-up to the External Auditor's recommendations are reported on separately under SPP agenda item 10.

9.   The 2004 Annual Managers Meeting was also a major milestone in the change process since it enabled senior managers from all parts of the Organization to provide input to the process of organizational change and help Executive Management sharpen the focus on strategic priorities for 2005.

Looking Ahead

10.   The period 2005-2007 will be a time of accelerated action, building on the momentum created during 2003-2004. During this period the cornerstone of the process will be the transformation road map, a program of interrelated initiatives designed to produce specific efficiency and effectiveness gains for PAHO and to achieve the five strategic objectives for change referred to in the introduction.

11.   The transformation road map is informed by PAHO's vision, values, and managerial strategy, as well as the lessons of the past two years. It benefits from the inputs of senior managers from all parts of the Organization, the deliberations of the Executive Management team, the concerns of staff reflected in the 2004 staff survey, the issues emerging from WHO's 11th General Program of Work (2006-2015), as well as the concerns of Member States.

12.   There will be a management framework for ensuring the effective implementation of the activities included in the transformation road map with oversight from Executive Management. A small Change Management Team in the Director's Office is responsible for ensuring the coordination and collective effectiveness of the various initiatives. The overarching objective of all transformation activities is ensuring that the Bureau improves its ability to serve the countries of the Region.

13.   A set of monitoring milestones and expected results have been defined for each activity (See Annex I). As this report goes to press, project teams are working to define specific deliverables and milestone indicators to track the progress of each activity.

Conclusion

14.   The next three years will emphasize the completion of these important initiatives which will transform the structure and delivery mechanisms of the Bureau. The management tools and frameworks put in place in 2004 and early 2005 will enable PAHO to move forward with confidence and commitment. Throughout this process of implementing organization change, Member States will be involved and consulted continually.

Annex

KEY MONITORING MILESTONES AND EXPECTED RESULTS FOR ORGANIZATIONAL CHANGE 2005-2007

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
1	Strengthen Country-Focused Cooperation	The project team will deliver proposals for ensuring the maximum effectiveness and impact of PAHO actions to advance national health development in each Member State.	• Strengthen the methodology for conducting effective situation analyses, thereby contributing to the national health development process and creating the foundation for the CCS. • Ensure that CCS is mainstreamed in PAHO as the tool for orienting and prioritizing all forms of technical cooperation in the medium term, to guarantee that PAHO's work is country-focused. • Recommend ways of ensuring that country experiences contribute to enlarging the body of public health knowledge globally and influence global and regional public health action.	• Definition of policy and guidance framework by June 2005. • Approval of RBPs 2006-2007 reflect-ing the new policy in September 2005. • Integration with regional program strategy by December 2005. • Identify the key existing procedures and systems in the Organization and make recommendations to ensure they support the country focus by March 2006. • Completion of top 20 CCS by November 2006. • Reprofile Country Offices and Regional Units accordingly by September 2007.
1	Provide Effective support to Country Offices	To ensure that the Regional Office Country Support Unit (CSU) is optimally aligned with strategies for country-focused cooperation	• Understanding of *current* state role, processes, performance, and expectations of CSU. • Identification of the desired role for CSU in best responding to country needs. • Improved and consistent communication between CSU and the field organization. • A clear understanding of refined *future* roles and accountabilities of CSU, PWRs, and other relevant parties. • Improved and consistent processes and procedures between CSU and the Organization.	• Completion of analysis by June 2005 • Realignment of the most important process improvements by December 2005.
2	Define and develop Regional Programs	To foster a set of coordinated, integrated, cross-regional activities to address agreed upon regional goals and health targets that are critical for the internal health development in the Americas	• A common understanding of regionwide programs and a framework of how to identify, manage, monitor, and evaluate them. • Country and organization alignment and focus on a clear set of Regional Program priorities. • Increased impact of Regional Programs through enhanced partnerships with external partners, government ministries, and other health partners.	▪ Completion of analysis guidelines and definition/identification of programs by October 2005. ▪ Alignment with Governing Bodies and external partners by December 2005. ▪ Launch of regional programs by March 2006.

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
3	Establish a Regional Forum	To create a regional platform for internal and external constituents to dialogue, debate, and learn about important health topics.	• Greater collaboration with a broad mix of internal and external constituents on health issues. • To create the opportunity for dialogue and "out of the box" thinking without specific governance requirements. • To expand our PAHO network and resources across various communities. • To become a voice for the Region in global health forums.	• Identification of resources and definition of terms and conditions by March 2005. • Identification of Forum topics for 2005-2006 by June 2005. • Launch of first Forum by March 2006.
4	Implement Knowledge Management Strategies	To transform PAHO's ability to disseminate knowledge to and between countries through multiple means: case studies, systematized processes, technologies, methodologies, lessons and stories, and data.	• Enhanced capability for organization-wide learning. • Enhanced capability and infrastructure for collaboration, partnership, and network building. • PAHO as the authoritative source on health information and knowledge.	• Expertise registry launched by March 2005. • KM IT strategy published by June 2005. • KM policies for external partners published by September 2005. • Institutionalize Virtual Health Library by December 2005. • Conduct KM training by December 2005. • Complete KM taxonomy by December 2005. • Link with new modalities of technical cooperation by March 2006.
4	Build Competencies for Leadership, Learning, and Development	To improve PAHO's leadership capability and capacity for implementing PAHO's vision and strategy.	• To develop the core managerial and leadership competencies of senior management groups in the priority areas that have been identified. • To improve the effectiveness of managers and leaders using key management processes in WHO and PAHO. • To increase the capacity of managers and leaders for increased collaboration, team work, and knowledge sharing.	• Course completion of WHO/Ashridge Leadership class by April 2006. • Executive team leadership and management development completed by June 2005. • Launch management training on situation analysis and planning and programming by December 2005.
5	Enhance the Resource Mobilization Strategy	Build a new business model and action plan for PAHO to be successful in new resources environment.	• Appropriate policies and frameworks for a coherent and sustained flow of resources to support the work of the Organization.	• A strategy and action plan completed by July 2005. • Policies approved by the Directing Council in September 2005.

SO	Change Initiative	Purpose	Expected Results	Monitoring Milestones
5	Develop and Implement Human Resources Strategy	Establish PAHO's human capital as its greatest resource and transform HR to a full business partner.	• Increased quality and modernized human resources management and processes across the Organization. • A comprehensive forward-looking HR strategy that aligns recruitment, rotation, retention, staff development, and staff separation activities with PAHO's vision, mission, and managerial strategy. • Clearly articulated human resources accountabilities among the various managerial levels of the Organization and make effective HR management a core responsibility of every manager. • Ensure the HR assets are balanced by gender, age, and geography.	• Complete strategy by March 2006. • Complete implementation by March 2007.
5	Improve Accountability and Transparency	Strengthen individual and corporate accountability at PAHO.	• Existing mechanisms and procedures reviewed and aligned. • Improved transparency and workplace ethos. • Clear and commonly understood standards of conduct and accountability. • Universally understood policies and practices relating to PAHO's ethical standards, code of conduct, complaints mechanisms, and investigating procedures.	• Complete recommendations by September 2005. • Complete implementation by September 2006.
5	Implement an Internal Communication Strategy for Organizational Mobilization	Create consistent internal communi-cation practices resulting in improved motivation and commitment.	• Improved quality and flow of information using innovative approaches and cost effective channels. • Improved staff empowerment, motivation, and overall performance.	• Organization communication strategy completed by May 2005. • Regular opportunities created for face-to-face and electronic town hall meetings and institutionalized information bulletins by October 2005.
5	Strengthen External Communication	Position PAHO powerfully among its key constituents and build support for the Organization's strategy. objectives.	• Enhanced image, brand value, and influence that opens doors to resources and builds strategic partnerships for public health. • Improved differentiation of PAHO and understanding of its added value in regional public health. • Clear goals, internal standards, and processes for planning, and execution of effective external communications.	• Complete analysis by July 2005. • Complete strategy by September 2005. • Institutionalize external communication framework and strategy by December 2005.

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