

**MANAGERIAL STRATEGY FOR THE OPTIMAL USE OF PAHO/WHO RESOURCES  
IN DIRECT SUPPORT OF MEMBER COUNTRIES**

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### I. INTRODUCTION

1. The Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries has been prepared to provide a clear guide to the Secretariat in fulfilling its constitutional obligations as the executive arm of the Pan American Health Organization and of the World Health Organization in the Region of the Americas. The Managerial Strategy is based on these obligations which determine the Organization's fundamental mission and on the policy framework derived from the decisions of its Governing Bodies. The purpose of the Managerial Strategy is to help insure that PAHO/WHO resources are utilized in the most efficient and effective manner to achieve the goal of improving health conditions in the Americas.

### II. TERMS OF REFERENCE

#### Political Framework

2. The PAHO/WHO Management Strategy responds to the special characteristics of the Organization and to the specific characteristics of the Region in which it operates within the framework of resolution WHA33.17 on the "Study of the Organization's Structures in the Light of its Functions" and the "Managerial Framework for Optimal Use of WHO's Resources in Direct Support of Member States, DGO/83.1.X."

3. The Pan American Health Organization has two complementary constitutional obligations. First, its Governing Body comprises the Regional Committee for the Americas of the World Health Organization. Second, its Governing Body also serves as the highest political decision-maker of the Organization in its independent constitutional status as an Inter-American Specialized Organization.

4. The Management Strategy has also been crafted with an awareness of the unique nature of the Western Hemisphere within the international arena. PAHO Member Countries span the most developed as well as those with vast unmet needs in every aspect of development. The present moment is one in which complex forces interact to yield new uncertainties for regional economic, social and political development. All nations in the Region today, in differing ways, stand at a crossroads where the decisions they make will shape events throughout the remaining years of this century. The health sector, now more than ever, is intimately and inextricably entwined in those decisions, affecting them and affected by them.

5. The dominant features of the policymaking backdrop today include an economic and financial crisis unmatched since the Great Depression, with inevitable and still unknown political and social consequences. There also is a growing awareness within the public consciousness of a fundamental right of people to satisfy basic needs--particularly health--an awareness nourished by governmental commitment to Health for All. Finally, that backdrop includes population growth, building upon itself, changing features year by year, aging, and migrating from rural communities to urban centers.

6. The political framework for the Management Strategy includes not only a recognition of the unique characteristics of the Region but also the policy decisions of the Governing Bodies which have established the current goals and objectives for the Organization.

7. The Governing Bodies of PAHO and WHO and the Member Countries which comprise those entities have adopted the goal of Health for All by the Year 2000. In pursuit of that goal, they have approved the Global and Regional Strategies for the achievement of Health for All by the Year 2000, the Global and Regional Plans of Action for the Implementation of the Strategies, the Seventh General Program of Work, the goals of the International Drinking Water Supply and Sanitation Decade, the Five Year Plan of Action for Women in Health and Development, and the goal of providing immunization services to all children of the world by 1990.

8. Among the particularly relevant decisions of the Governing Bodies in this regard, which emphasize the demand for more efficient and active utilization of PAHO/WHO resources, were the following:

- Resolution X of the XXVII Meeting of the PAHO Directing Council, (September 1980) recommended that the Director strengthen the Organization's plans and programs to give increased support to the achievement of Health for All by the Year 2000. This resolution also recommended that Member Governments, in cooperation with the Secretariat, ensure that national health programs are appropriately consistent with the world-wide and Region-wide priorities of the Organization.

- Resolution XI of the XXVIII Meeting of the PAHO Directing Council (September 1981) approved the "Plan of Action" to implement the Regional Strategies to attain the objective of Health for All by the Year 2000. This resolution further urged the Governments to evaluate and adjust their national health plans in keeping with their own national strategies as well as the Regional Strategies and Plan of Action so as to contribute to the attainment of regional objectives and goals. The same resolution requested the Director to review and orient, with the participation of the Member Governments, the PAHO program of technical cooperation to ensure support for the development of national and regional processes of Health for All in the Year 2000.

- Resolution XII of the XXI Pan American Sanitary Conference (September 1982) requested the Director to encourage and support additional activities at the national level to implement the Plan of Action.

#### Basic Principles

9. A basic principle of the Management Strategy is that analysis, resources, and actions must be oriented toward the country, given that the primary unit of production in terms of health activities and of cooperation is the country itself. The guiding principle for the Organization in its future activities will be the focus on the particular characteristics of each country, its priorities, its resources and its needs.

10. A second principle is that Member Countries must have a more active participatory role in their individual relationship with the Organization. They are the primary actors in the definition of national needs and priorities and, together with the Organization, in the design of the country program so that it responds to those needs in the context of both national and regional priorities. Together with the Organization, they have co-equal responsibility in the administration of the Organization's cooperation and in assuring the efficient use of country program resources within their national frontiers. That increased participation at the country level by the governments also should serve as a stimulus for their increased involvement in the critical readjustment of the Organization's regional programs of technical cooperation. Ultimately, it is the government's responsibility to translate collective decisions within the governing bodies into commitments and implementing actions in each country.

11. A third principle will be to stimulate, support and encourage flexibility in management responses to changing conditions and circumstances at both the country and regional levels. Given the changing nature of problems within the health sector as well as the widely diverse circumstances of countries in which the various programs of the Organization are to be implemented, past management procedures and approaches must change. The new management procedures also will tend to vary over time and between countries.

12. A fourth principle will be the need to promote and support a mobilization of national will and of national resources both for strengthening the capabilities and self-reliance of each country and for stimulating cooperation between countries. This step of identifying national resources is essential to discover what can be offered to other countries and what is needed from other countries and from other external sources. Cooperation among countries will become a principle strategy in mobilizing resources for the achievement of national goals.

13. The Organization must become a catalyst at each step of the mobilization process, and it must pursue more active coordination with other international and bilateral technical cooperation agencies in the field of health. However, in this regard, as in other aspects of the strategy, the focus of the coordination must be the country, and the crucial actor in the process must be the individual government.

14. A fifth principle of the Management Strategy is the need to assure internal coordination among all of the components of the office in support of the Member Countries. Coordination requires linking entities to avoid duplication and contradictory actions as well as promoting complementary actions which yield the greatest possible impact. At the Regional Office level, there must be coordination between and among technical areas, between technical and support activities, and between policy, programming and operations activities. There must be coordination between the regional level and the country level in support of the countries. To a large extent, that latter role will be played by the Country Representative as the primary coordinator of all the Organization's activities and resources at the country level.

15. The new Management Strategy also demands that the Organization act to promote and support national activities aimed at the achievement of national and regional health goals through a more vigorous assertion of leadership than in the past. That same active attitude also must extend to external cooperation in the field of health, assisting countries in identifying potential external economic and technical cooperation and assisting them in the steps needed to obtain that cooperation in a form consistent with national needs and priorities and national and regional objectives.

16. The mechanism for the integration of resources and cooperation will continue to be the Ministries of Health. They also will remain the major entranceway in each country for the Organization and, through it, provide the Organization access to the broader health sector and to other sectors.

17. As a corollary to each of the principles of the Management Strategy and as fundamental values and objectives in themselves, the Organization will pursue equity, efficiency, excellence and sufficiency in the use of resources through its technical cooperation programs.

- Equity in the allocation of health resources within each country in order to meet the needs of high risk population groups and efficiency in the use of resources are both part of the regional objective defined in the Plan of Action for Implementing the Regional Strategy for Health for All as elements to ensure the specific contribution of the health sector to the reduction of social and economic inequalities.

- Technical excellence implies four basic components: first, that one has full competence in all of the technical aspects related to a specific field of knowledge; second, that one has the capability,

as a manager in that specialty, to identify the origins and sources of that technical knowledge; third, that one must be able to apply that knowledge in light of the different social and economic conditions of each country; and, finally, one must possess an attitude and behaviour that stems from a basic commitment to the goals of the Organization and which permits that knowledge to be applied in the face of the diverse pressures faced in each country.

- Sufficiency is a concept which acknowledges the limited material resources of the Organization, totalling barely 0.2% of all health expenditures in the region and approximately 10% of total external resources coming into the region in the health field. PAHO must become an active catalyst and multiplier, helping to mobilize the capabilities of the nations themselves, starting with the health sector but reaching out to other public and private resources as well, and identifying and helping to combine those resources with other external resources to produce the critical mass of technical, managerial and material skills sufficient to cope with each nation's health problems.

### III. GUIDELINES FOR ACTION

#### Mission

18. The fundamental mission of the Organization revolves around the constitutional obligation to cooperate with Member Governments in solving the health problems in their respective countries. The basic components of that mission are the management of knowledge, which translates into the very essence of technical cooperation; the mobilization of national technological, scientific, human, institutional, and financial resources to enhance national capacities to resolve problems and to participate in the determination of the nature of technical cooperation; and, through the previous two elements, the contribution to the building of understanding, solidarity, and peace among people.

19. The components of the mission of the Organization and the policy framework derived from the decisions of its Governing Bodies determine the nature of its scientific-technical cooperation, its management structure, the definition of regional priorities, and the requirement that those priorities be translated into its program and budget.

#### Definition of Priorities

20. The definition of regional priorities in the use of resources rests on the determinations expressed in resolutions of the Governing Bodies and on the process of joint dialogue between the Organization and the Member Countries at the country level. That joint dialogue is not a single act but a continuous and permanent process, redefining priorities

in light of the changing demography, circumstances and capabilities of each nation and of the Region as a whole. The process will yield modifications in national priorities and in national demands on the Organization and, over time, should be reflected in new regional priorities as well.

#### Role of the Governing Bodies

21. The Governing Bodies of the Organization, under the Constitution, are the originators of the policies and priorities of the Organization and the arbiters of the conduct of the Organization's affairs. The Director and the Secretariat, as the executive arm of the Governing Bodies, carry out the Organization's Program of Technical Cooperation with the Member Governments in accord with those decisions of the Governing Bodies. Those decisions impose mutual obligations on the secretariat and on the countries themselves to carry out individually what was agreed upon collectively. Both should view themselves as engaging in a shared responsibility at the country level to insure that actions taken there are consistent with regional policies and priorities.

#### Role of the Country Office

22. The entire design of the management structure is aimed at being better prepared to convert into action the first principle of the management strategy which designated the country as the primary object of and the decisive force in determining the Organization's technical cooperation.

23. The role of the country office is to serve as the basic unit for the generation, coordination, execution and evaluation of scientific and technical cooperation of the Organization in the countries of the Region. It also is the administrative management arm of the Organization in the country.

24. The Country Office itself must possess an appropriate body of scientific and technical knowledge. It must develop the capacity to be critical in the assessment, organization and use of scientific knowledge, in order to understand fully the origin, implications, and implementation requirements of the resolutions of the Governing Bodies of PAHO/WHO. It also means developing the capacity to secure and utilize technologies appropriate to national conditions.

25. The country offices must be involved in resource mobilization which demands a continuing search for increased national potential, stimulating self-reliance as well as cooperation among countries. This will require the Country Office, in close partnership with the Ministry of Health, to form a broader network of intersectoral relations with other ministries related to health and to other sectors which impact on health, as well as to national centers of research and technical excellence.

26. As a key part of that resource mobilization responsibility, the Country Office must develop the political awareness to permit the realization of an effective, efficient and opportune understanding with national authorities, with bilateral and multilateral agencies, and with other national and international institutions related to the health sector.

27. Country Offices also must engage in a horizontal interchange of information, share expertise, promote teamwork, and generate a spirit of cooperation.

#### Role of the Regional Programs

28. The Regional Programs constitute a critical portion of the Organization's management of its scientific and technical knowledge in support of the goals of Health for All. The Regional Programs respond to the mandates of the governing bodies, the key priorities of the Plan of Action, and, most important, to the specific needs of the countries. Internally, they are grouped mainly in the two technical areas, one focusing on the specific subjects of health problems and the second concentrating on the health infrastructure's responsibility for implementing that knowledge.

29. The Regional and Subregional centers are critical components of the Regional Programs of the Organization, their resources devoted and their activities designed to assist in meeting the technical cooperation needs of the Member Countries. By concentrating technical expertise in fields of high priority, these centers constitute a rich potential for generating technical cooperation among and between the countries of the Region. They will promote the network concept with national institutions and develop systems for information and technology transfer. The dominant PAHO strategy will be to mobilize existing national centers within the various countries, to speed their attainment of a high level of expertise and see that they become more active in providing technical cooperation to the countries. The Pan American centers will be a central force in promoting this process and in developing the professional skills of those national centers. The Country Office will provide a linkage between national centers, regional centers, and national needs.

#### Structure of the Secretariat

30. The Secretariat has been reorganized to manage the resources of the Organization more effectively, not in the abstract, but in light of the specific tasks facing the Organization in the next several years. The principles which served as criteria for the reorganization were the following:



--First, the internal structure of the Organization should approximate as closely as possible the structure approved by the Governing Bodies in the Plan of Action and by the World Health Assembly in the Seventh General Program of Work, including the program classification system.

--Second, the structure should respond to the fundamental guide of the strategy which emphasizes the country as the primary focus of all the Organization's activities.

--Third, the structure should offer greater internal coherence, thereby enabling the Organization to function in support of country needs as a comprehensive, integrated institution and not merely as a composite of activities, projects or unrelated services.

--Fourth, the reorganization should emphasize the concept of flexibility so that natural alterations can occur within the major elements as changes occur in the countries, in health conditions, and in cooperation needs.

--Fifth, the new management structure should avoid additional costs and also cause the least possible disruption in the conduct of the routine activities of the Organization.

#### Intersectoral Linkages

31. The Country Office also has a critical role in strengthening the capacity of the health sector to reach out to involve other sectors in the definition of a solution to national health problems. The effectiveness of that endeavor to promote intersectoral action in support of health goals will depend in part on the degree to which there is coordination and coherence within the health sector itself. The Country Office has a permanent role in seeking to promote that sectoral cohesion, encouraging and working with the Ministry of Health. The Country Office also must play an active and dynamic role itself in working with the Ministry of Health to assess the impact of other sectors on health, to identify their potential resources, and to design strategies to mobilize those resources in support of intersectoral action to attain the goal of Health for All.

32. Aiding in the construction and strengthening of relations between the health sector and research centers as well as formal academic institutions is a corollary to expansion of intersectoral relations. The Country Office can help forge new linkages between the Health Ministry and those institutions to improve the process of defining national health problems and goals and to generate additional resources for their solution.

### Interaction with other Agencies

33. Several agencies cooperate with the countries in developing health related projects. PAHO interacts with these agencies both at regional and country level to ensure maximum collaboration and the most productive use of all resources available.

## IV. OPERATING MECHANISMS

### Coordination

34. The coordinating mechanisms are designed to reflect the basic principles of the strategy and promote the guidelines for action. At the country level, and for PAHO as a whole, it is the Country Representative who has the primary role of coordinating the activities of the Organization. He is charged with coordinating the activities of the country office, managing the country program and assuring that the regional programs support national priorities.

35. Within the Regional Office, coordination is a responsibility of each staff member at every level of the Organization. The entire ethos of the new strategy is to encourage individuals to take the initiative in pursuing linkages with other programs to obtain the complementary actions which create the greatest positive impact. Technical officers with supervisory responsibilities for specific programs are being urged to explore the opportunities for collaborative actions with other program coordinators.

36. The division of the regional technical cooperation activities into two core areas, Health Systems Infrastructure and Health Programs Development, had a principal purpose in facilitating coordination among programs with a similar focus. Area Directors have instituted regular meetings to promote coordinated activities within their respective programs. By combining continuing communication between individual program coordinators within each area as well as promoting frequent contacts between the two areas, greater coordination of the overall technical cooperation of the Organization is to be achieved.

37. In addition to the operational coordination carried out at the level of the Area directors, the Office of Program Operations Coordination has the task of advancing coordinated programming of cooperation between the countries and the Regional Office. Health program analysts in that office have subregional geographic responsibilities and will serve to help facilitate the delivery of technical cooperation.

38. Several units with direct responsibility to the Director have a fundamental objective of serving as internal mechanisms for coordination by virtue of the multidisciplinary nature of their functions. The

activities they undertake affect all of the various technical areas and are undertaken with broad representation from those areas in ad hoc task forces. They include the Office of Analysis and Strategic Planning, the Office of External cooperation, the Office of Information Coordination and the Office of Research Coordination.

39. Four special advisory bodies to the Director have been established to enhance policy coordination. The Director's General Advisory Committee meets weekly and constitutes a forum for discussion of major events and trends requiring policy decisions. The Senior Staff Meeting unites coordinators from the technical and administrative areas to provide counsel to the Director on current problems, programs and policies affecting the technical cooperation of the Organization. A committee on staff development and a permanent committee on information have been established to assist in policy and program development in these areas. The activities of these entities will be communicated regularly not only within the headquarters but to all country representatives and their comments and suggestions will be solicited.

#### Member Country Participation in the Conduct of the Organization

40. Member Countries participate in the conduct of the Organization through a range of formal and informal interactions. The new emphasis of the Managerial Strategy is to generate a more active role for Member Countries in each of these areas. In the meetings of the Executive Committee, Directing Council, and Pan American Sanitary Conference, Member Countries are being asked to involve themselves more actively in defining the policy and examining the program of the Organization. Through more active use of special committees as well as more frequent use of subregional ministerial meetings, Member Country concerns are to be translated more rapidly into policy and program modifications. Ultimately, the countries themselves are responsible for monitoring how well the Organization manages its resources.

#### Joint Government/PAHO Policy and Program Reviews

41. Perhaps the most important innovation in achieving more active participation of the Member Countries in defining the programs of the Organization and in translating the principles of the new Management Strategy into practice is the Joint Government/PAHO policy and program review. This review incorporates the Office of the Director, the Country Representatives, and principal regional program coordinators as well as the Country Office technical program. The counterparts include the highest political and technical levels of Ministries of Health and other leading institutions of the health sector. These reviews have been initiated to ensure that future directions in PAHO/WHO technical cooperation conform to national policies and strategies and target specific national needs within a framework of Regional and Global Strategies of Health for All. The underlying premise behind these

reviews is the need for change in the past conduct of PAHO's cooperation in order to increase its effectiveness and relevance. A second premise, to be reflected in specific guidelines to country representatives, is that the country offices are the active force in monitoring the Organization's implementation of the agreements stemming from these reviews. These joint reviews and the expanded role of the Country Representatives, complemented by the planning and programming of the Organization's resources through AMPES, are designed to secure the optimal use of resources in attaining national, regional and global health goals.

#### Planning, Programming and Budget

42. The Organization's planning, programming and budgeting is an on-going and integrated process, although it has the following specific periods and cycles: long-term planning is directed towards the year 2000; medium-term planning occurs in periods of six years in accordance with the WHO Seventh General Program of Work; short-term planning focuses on the preparation of the two-year program and budget, the two-year operating budget and the annual program of technical cooperation (AMPES).

43. The long-term planning of the Organization is based on the National Health Strategies, the Regional Strategies for Health for All by the Year 2000 and the Plan of Action for their implementation. The last two documents constitute AMRO's contribution to WHO's Global Strategy and the Seventh General Program of Work, and, along with the Plan of Action for implementing the Global Strategy of Health for All, comprise the Organization's long-term plan for improving health conditions in the Americas. However, those documents require continuing review and updating as they are translated into operational activities. At the same time, the PAHO Classified List of Programs, which follows from the adoption of the Seventh General Program of Work, was approved recently by the PAHO Governing Bodies and is now an integral part of the Organization's planning, programming and budgeting procedures. Together, they will work towards ensuring the compatibility of national, regional and global goals in support of Health for All by the Year 2000.

44. The medium-term planning process at the country level takes place in the context of the long-term plans already adopted by the governing bodies, the joint examination of country and regional needs and the specific resolutions of the governing bodies. In that process, due consideration should be given to the impact of demographic and environmental factors on the health situation and an effort should be made to examine possible areas for joint action. At the regional level, long-term plans, relevant resolutions of the governing bodies, and the composite of country needs and requests should also be considered. The changing short and medium term demands from countries must be the major determinant in the on-going process of adjustment of regional programs.

45. For short-term planning and programming, the Organization will utilize the joint Government/PAHO policy and program reviews as a starting point. Negotiations with each specific country are carried out between the government authorities and the PAHO/WHO Country Representative. The methodology consists of an initial stage in which there is joint exploration of the country's health and socioeconomic situation, the national health goals and objectives, and the implications of regional mandates. A second stage involves an analysis of available national resources in the relevant program areas. A third stage involves allocation of PAHO country program services to help fulfill program objectives where domestic technical, physical and financial resources are insufficient. A fourth stage involves the proposed use of additional regional and external resources to offer further support for national priority programs.

46. Based on those reviews, the Organization will continue to utilize AMRO's Programming and Evaluation System (AMPES) as the key managerial tool for programming PAHO's technical cooperation. The PAHO Programming and Evaluation system (AMPES) has been revised to include a series of specific phases to strengthen the system of programming of the Organization's resources consistent with defined national policies and activities and with the collective priorities promulgated by the Governing Bodies. The revisions in the system are designed to simplify its procedural aspects and increase its effectiveness in programming regional resources in support of country needs. The regional programming through AMPES has to be based on the mandates of governing bodies, the medium-term plan, but most crucially, the changing demands from the countries. The resultant document not only constitutes the program of technical cooperation in light of country needs and priorities and PAHO's governing mandates but the composite for all countries and for the region represents the short-term plan of technical cooperation of the Organization.

#### Management Information System

47. An integral part of the PAHO Management Strategy is the development of an Information System. Reliable, timely and relevant information is required at all stages of the managerial processes and at all levels of the Organization to support management decision-making. That information will be the basis for on-going monitoring of technical cooperation activities to permit appropriate actions when programs veer from their critical path.

48. The Management Information System also will contain country health statistics and that data will become progressively more complete as national information systems develop over time. That information will form part of the data base for monitoring and evaluation of the progress toward Health for All. It will enable continuing analysis and comparisons at the regional level which will be communicated to the countries themselves.

### Development of Administrative Procedures

49. The policy of the Administration is to achieve genuine decentralization and bureaucratic simplification of administrative procedures and decision making. To comply with this orientation, Area Offices are being eliminated, Country Offices revitalized and the relationship with the Regional Office strengthened.

50. In order for decentralization to operate in a flexible manner, more adequate financial and administrative mechanisms are required. Such mechanisms include decentralization in the management of fellowships, contractual services, travel authorization, hiring of national experts as short-term consultants, utilization of expertise present in other country offices, increased authority to make local payments and grant authority for meeting unique situations.

### Personnel Development

51. The Plan of Action approved by the Governing Bodies identifies several non-traditional areas in the health sector for personnel development as well as new approaches to old problems. The underlying personnel strategy will be to pursue the maximum personal and career development of each staff member. Along with that goal, there is new emphasis on active participation by all staff members in critical analysis of the work of the Organization. Active participation by staff members in defining the problems and identifying alternative solutions and their implications is a fundamental requirement for the well-being of the Organization. Participation in that process will be required of the Country Representatives, of all Country Office staff, and of all Regional Office staff.

52. The primary element in the technical cooperation that PAHO provides to its Member Governments is and will continue to be the technical expertise of its human resources. Two general strategies will be followed to revitalize PAHO's technical staff in accord with the shifting realities of the countries and in keeping with the dynamic nature of technological change in public health. In the first instance, the composition of the technical staff will be readjusted gradually to new requirements as new posts are created or vacancies filled. Second, staff will be offered opportunities to update their technical skills through training and career development activities.

53. The same mechanisms for pursuing staff development within the Organization will be integrated into the technical cooperation activities themselves, providing similar opportunities for national participation in those staff development activities.

### Research

54. The research policy is one of the mechanisms by which the Organization intends to achieve optimal use of its resources. Much of the research to be conducted will be of an evaluative nature and many of the Organization efforts are designed to identify areas for research, to promote research in those critical fields and to act as a regional clearinghouse for disseminating the results. No single criterion will suffice in terms of the kinds of research activities to be supported given the diversity of need and research capability in the different countries. Thus, the Organization will work with countries in emphasizing their own particular research needs, which may range from operational research directed at problems in health service delivery to those involved with basic research into biological and genetic questions of significant complexity.

55. In each of the technical and scientific fields, the basic function of the Organization will be one of promotion and coordination, although there will be research projects which PAHO Centers and personnel will conduct and others where direct financial support may be possible. A key objective of the evaluative research will be to decide if a particular technology is appropriate. Ultimately, the research policy will consist in designating the gaps in knowledge which impede solutions to national health problems and to cooperate with the countries to carry out in a coordinated manner the research necessary to fill those gaps.

### Network of National Centers of Technical Excellence

56. The establishment of networks of collaborating centers of excellence in each nation is a mechanism for furthering several goals of the Organization. Such national centers can help expand the level of excellence in the technical cooperation of the Organization. Experts from those centers participate in the technical cooperation programs of the Organization in the host country but they also can serve as resources for other countries as well. They can be the dominant manpower source serving as the instrument for cooperation among countries. Those centers also can be a setting for staff development of PAHO personnel. They can be a source of important links to other institutions in the health sector, to academic institutions and to other sectors. The national networks also can be engaged to jointly study critical problems at the national level, and together with their counterparts, examine problems in other countries as well.

### Organizational Mobilization of Resources

57. The mobilization of resources for regional support to national and intercountry activities is a vital operating mechanism of the Management Strategy. That process occurs both at the country and regional office levels. At the country level, an essential base for optimum use of

national resources in the program of cooperation is a well-defined and active national health planning process. Applying PAHO/WHO resources to assist governments in developing this process could produce a significant multiplier effect for the effective and efficient use of national resources devoted to national health programs. That same mutual planning process can be the instrument for spurring the process of technical cooperation among countries.

58. Part of that process is the Organization's effort to identify centers of excellence and other technical resources available within other developing countries of the Region. Another critical PAHO role is to act as a catalyst to bring those resources to bear on national problems--both in their identification through joint studies and in their solution through joint programs.

59. Finally, at both the country and regional level, the Organization has a vital role to play in assisting the countries in seeking additional financing from other bilateral and multilateral financing institutions. It is identifying prospective donor agencies and, their requirements, and will assist countries in the preparation of proposals for submission to those agencies. Countries in each instance, close consultation between the country office and the regional office will insure that proposed international cooperation conforms to national health programs and national and regional health priorities.

#### Monitoring and Evaluation

60. Monitoring and evaluation within the Organization will occur at both the country level and the regional office level. At the Country level, PAHO will collaborate with the countries in developing their own capacity to monitor the use of their resources in pursuit of program objectives and goals. By providing the necessary information in a progressively more reliable and more timely manner, decision-makers will be able to identify unforeseen obstacles, and to adjust programs accordingly. Since the very process of insuring a more adequate utilization of national resources contributes to a more effective utilization of PAHO/WHO resources, the enhancement of the national capacity for monitoring and evaluation will be a continuing priority of the Organization.

61. The Organization is committed to support the complementary objective of the monitoring and evaluation processes at country level. In accordance with the Plan of Action for Implementing the Regional Strategy for Health for All, monitoring and evaluation of national progress toward the goals of Health for All is to be a catalyst for advancing the national process of planning and management. As it permits an evaluation of progress achieved toward the national and regional goals of Health for All, it provides national health managers with the information needed to improve existing programs or to develop new programs



62. A regional responsibility is the consolidation and analysis of the contributions from Member Countries' own monitoring and evaluation in order to obtain a regional assessment of progress toward the goals of Health for All by the Year 2000. That regional monitoring and evaluation of progress toward the goals of HFA/2000 will constitute the regional contribution to the global monitoring and evaluation process. It also will facilitate decision-making within PAHO in order to adjust and reorient the Organization's policies and programs. It will yield vital information that will allow the Organization to enhance the effectiveness of our technical cooperation, to mobilize international financing, to target TCDC as well as to identify new problems that appear during the process of implementing the Plan of Action. The regional assessment also will have the added function of providing to the Member Countries composite information of regional progress which can be utilized by them in their own adjustment of policies, strategies, plans and programs.

63. Regional monitoring and evaluation of PAHO's own activities also will constitute a permanent task. At every level of the Organization monitoring of inputs and products of each program will be combined with efforts to evaluate the impact of those activities.

#### V. Conclusion

64. The Managerial strategy offers a basic statement of the framework, principles, guidelines and operating mechanisms which PAHO will use to pursue its responsibilities to its regional and global governing bodies and to the people of the Americas. It incorporates changes in approach, procedures and practices which hopefully conform more closely to the current needs of Member Countries. It contains within it a commitment to flexibility based on a determination to reflect and respond to the changing needs of the Member Countries. That same commitment to change will require regular reviews in order to ensure that its own managerial principles and practices continue to promote the optimal use of PAHO/WHO resources in support of the Member Countries and the goals of Health for All by the Year 2000.