

Technical Cooperation Strategy for PAHO/WHO and  
the Federative Republic of Brazil, 2008-2012

# PAHO/WHO Brazil - Institutional Development Plan, 2008-2009

PAHO/WHO Country Office/Brazil  
Work Organization, 2009-2012



**Pan American  
Health  
Organization**

*Regional Office of the  
World Health Organization*

PAHO/WHO BRAZIL - INSTITUTIONAL  
DEVELOPMENT PLAN, 2008-2009

PAHO/WHO COUNTRY OFFICE/BRAZIL  
WORK ORGANIZATION, 2009-2012



Brasília, 2009

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# Contents

<b>ACRONYMS</b>	<b>5</b>
<b>FOREWORD</b>	<b>7</b>
<b>INTRODUCTION</b>	<b>9</b>
<b>A NEW WORK ORGANIZATION</b>	<b>13</b>
<b>1 Organizational strategy</b>	<b>15</b>
1.1 Interprogrammatic work	15
1.2 Fundamental focus areas	16
1.3 The Functional Work Area	19
1.4 Interprogrammatic Coordination Management Areas	19
1.5 Purpose and functions of the management areas and technical units	20
1.6 Responsibilities of the Managers of Interprogrammatic Coordination Areas	26
1.7 Work organization matrix	27
1.8 Organizational structure	27
<b>2 Institutional performance strategy</b>	<b>30</b>
2.1 Human resources: objectives and generic individual performance responsibilities/goals (PPES)	30
2.2 Responsibilities map of the human resources related to Terms of Cooperation	31
2.3 Coordination and Communication Mechanism (CCM)	35
2.4 Strategic Relations Networks (SRN) of the PAHO/WHO Country Office/Brazil	39
<b>3 Strategy for the decentralization and deconcentration of the work process</b>	<b>41</b>
3.1 Planning, programming, control and evaluation process	41
3.2 Delegation of authority for approval and signature	45
3.3 Administrative deconcentration	46
3.4 Control and supervision systems	47

<b>APPENDICES</b>	<b>51</b>
Appendix 1: PAHO/WHO Country Office/Brazil Projects (Updated on 13/01/2009)	53
Appendix 2: Country Office/Brazil Responsibilities Matrix: generic individual performance goals – PPES 2009	55
Appendix 3: Situation of the PAHO/WHO Country Office/Brazil Optimal Groups	62
Appendix 4: Strategic Relations Networks of the Functional Work Area for the Integral Development of the PAHO/WHO Country Office/Brazil	69
 <b>Figures</b>	
Figure 1: Plan for the Integral Development of PAHO/WHO Technical Cooperation in Brazil, 2007-2012	9
Figure 2: Lilac Series on PAHO/WHO Institutional Development in Brazil	11
Figure 3: PAHO/WHO technical cooperation projects, priorities, aims and focus areas for the biennium 08-09	16
Figure 4: Interprogrammatic work organization matrix	27
Figure 5: PAHO/WHO organizational structure in Brazil, 2009-2012	29
Figure 6: PAHO/WHO Brazil human resources alignment and development process, 2009	30
Figure 7: Coordination and Communication Mechanism of the PAHO/WHO Country Office/Brazil	35
Figure 8: Strategic Relations Network of the Office of the PAHO/WHO Country Representative in Brazil	40
Figure 9: Flowchart for annual programming approval, control and execution – Annual Work Plan	42
Figure 10: Flowchart for semestral programming approval, control and execution – Semester Work Plan	43
Figure 11: Flowchart for the preparation of the Biennial Work Plan 10-11	44
Figure 12: Direct management and internal control levels matrix	48
Figure 13: Supervision levels matrix	50

# ACRONYMS

ACTO – Amazon Cooperation Treaty Organization  
ADP – Administrator/Planner  
AMPES – American Planning, Programming, Monitoring and Evaluation System  
AUG – Administration Unit Group  
AWP – Annual Work Plan  
BWP – Biennial Work Plan  
CAMG – Coordination Area Management Group  
CCM – Coordination and Communication Mechanism  
CCS – Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil, 2008-2012  
DDAG – Deconcentrated and Decentralized Administration Group  
EIG – Expanded Interprogrammatic Group  
GPM – General Plenary Meeting  
ICAM – Interprogrammatic Coordination Area Manager  
IDP – Institutional Development Plan  
ITG – Interprogrammatic Task Groups  
MG – Management Group  
NHS – National Health System  
OCR – Office of the Country Representative  
OG – Optimal Group  
OSER – Office (Country) Specific Expected Results  
PAG – Planning and Administration Group  
PPES – Performance Planning and Evaluation System  
PWR – PAHO/WHO Country Office  
RBM – Results-based Management  
RER – Region-wide Expected Result  
SO – Strategic Objective  
SPR – Semester Progress Report  
SRN – Strategic Relations Network  
SWP – Semester Work Plan  
TA – Term of Agreement  
TC – Technical Cooperation  
TC – Term of Cooperation  
TCC – Technical Cooperation between Countries

TU – Technical Unit

TUC – Technical Unit Coordinator

TUG – Technical Units Group



# FOREWORD

The work organization of the PAHO/WHO Country Office/Brazil has to adapt itself to the new challenges facing technical cooperation in order to achieve continued improvement in effectiveness and efficiency levels. In the face of the increasing complexity of the diverse areas, cooperation must respond adequately to the Plan for the Integral Development of PAHO/WHO Technical Cooperation in Brazil, 2007-2012, the Brazilian Programa Mais Saúde (More Health Programme), 2008-2011, Brazil's cooperation in the field of international public health and the country's commitments to the regional and global goals approved by the Organization's Member Countries.

This complexity is reflected in the Country Office's contribution to the achievement of the 16 PAHO/WHO Strategic Goals through the 54 Country Specific Expected Results (OSER) and the 124 indicators. This requires the interprogrammatic management of technical cooperation in an articulated manner between the 51 Cooperation Projects, which are divided as follows: 31 Terms of Cooperation (TC) signed with the local government, 07 Cooperation between Countries Projects (TCC) and 13 Special Projects involving extrabudgetary, regional and regular resources under the responsibility of the Country Office.

In order to achieve the 54 OSER, 195 activities and 573 tasks were programmed in the 08-09 Biennial Work Plan<sup>1</sup>. Administration needs to be organized in a deconcentrated manner to enable the estimated annual execution of 120 million dollars in 2009 through 90 thousand administrative and financial operations in accordance with the Organizations standards and procedures, so as to guarantee managerial transparency and internal control. This volume of operations accounts for approximately 6,000 technical products estimated for 2009. It is noteworthy that during 2008 approximately 3,800 technical products were produced<sup>2</sup>.

The organization of technical cooperation will be sustained by two organizational strategies: **interprogrammatic work and decentralized/deconcentrated work**. The former aims to guarantee the integrality and the complementarity of technical coopera-

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<sup>1</sup> Biennial Work Plan 2008-2009

<sup>2</sup> Biennial Work Plan 2008-2009: Technical cooperation products 2008.



tion in the execution of the 51 technical cooperation projects. The latter aims to ensure efficient and effective resource execution and administrative operations. Only by working in an interprogrammatic and decentralized/deconcentrated way is it possible to fulfil the local, regional and global technical health cooperation commitments of this Country Office.

Finally, the work organization of the PAHO/WHO Country Office/Brazil takes into consideration the contents of the Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil, 2008-2012, and also the principles of the Organization itself: results-based management, knowledge management and resource management based on transparency and efficiency.

*Diego Victoria*

PAHO/WHO Representative in Brazil

# INTRODUCTION

This document presents the Work Organization of the PAHO/WHO Country Office/ Brazil, having as its context the execution of the process of the Integral Development of the Country Office, 2007-2012 (Figure 1)<sup>3</sup>. Its purpose is to contribute in a planned and organized manner to resource alignment in accordance with the priorities, focus areas and modalities defined in the Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012.

**Figure 1:**

**Plan for the Integral Development of PAHO/WHO Technical Cooperation in Brazil, 2007-2012**



PAHO/WHO technical cooperation with Brazil is oriented based on four documents: the Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012, which orients and prioritizes all the cooperation activities that PAHO/WHO will develop with Brazil in this period; the Biennial Work Plan, 2008-2009, which contributes towards the fulfil-

<sup>3</sup> The Plan for the Integral Development of PAHO/WHO Technical Cooperation in Brazil 2007-2012 is comprised of the Technical Cooperation Strategy for PAHO/WHO and Brazil 2008-2012, the Biennial Work Plan 2008-2009, the Management Model of the PAHO/WHO Country Office/Brazil 2008-2012 and the Plan for PAHO/WHO Institutional Development in Brazil 2008-2009.

ment of the indicators, frameworks and activities scheduled for 2008-2009, based on the global objectives of the World Health Organization defined in Brazil and the regional and local expected results that cooperation is committed to achieving; the Management Model, 2008-2012, which defines the Country Office's planning and administration processes for the attainment of efficient, effective and results-based work organization; and the Institutional Development Plan, 2008-2009, which contributes to the alignment of the Country Office's human, financial and technological resources, seeking to establish programmes, processes and mechanisms so that technical cooperation occurs in a planned, organized and participative manner.

The carrying out of the activities and tasks planned with the aim of fulfilling the frameworks/indicators and the expected results will guarantee the orientation and the pertinence of the work of this Country Office in the fulfilment of the global and regional political and epidemiological agendas, the Strategic Agenda of the Mais Saúde Programme, at the federal level, and the priorities of the Brazilian National Health System (NHS) at state and municipal levels.

This document reflects the actions undertaken in relation to PAHO/WHO institutional development in Brazil in 2008-2009. The identification of 10 work programmes, their programming and the definition of the control and evaluation mechanisms form, as a whole, the basic contents of the Institutional Development Plan (IDP) of the PAHO/WHO Country Office/Brazil.

The preparation of the IDP resulted in the creation of the "lilac series" comprising the Work Organization documents, 2009-2012, the Capacity Building Plan, 2008-2012, the Administrative Procedures Manual and the Planning Manual (Figure 2). In its entirety this series details the components, expected results and the form of monitoring and control of the factors fundamental to the institutional development of the PAHO/WHO Country Office/Brazil.

**Figure 2:**  
**Lilac Series on PAHO/WHO Institutional Development in Brazil**



Work Organization is justified by the need to undertake interprogrammatic management of the large number of projects contained in the Biennial Work Plan, 2008-2009, currently underway, and the 2010-2011 plan, which is currently being prepared, in addition to decentralizing and deconcentrating resource administration, given the high number of administrative and financial operations that sustain technical cooperation in Brazil.

As such, this document is structured into three components: Organizational Strategy; Institutional Performance Strategy; and Work Management Decentralization and Deconcentration in the Country Office.

The Organizational Strategy aims to foster interprogrammatic and matrix-based work in order to contribute to the enhancement of the National Health System, support the Brazilian Government's South-South health cooperation and ensure that technical cooperation is oriented by Results-Based Management, Knowledge-Based Management and Management Based on Administrative Efficiency and Transparency.

The Institutional Performance Strategy orients in a planned manner the alignment of the Country Office's Human Resources and offers spaces to be a community of technical health cooperation knowledge and information management practice, supported by methodologies and instruments such as the Staff Responsibilities and Organizational Distribution Map and the Capacity Building Plan, 2008-2012. This strategy creates and develops spaces for participation and dialogue for teamwork through the Country Office's Coordination and Communication Mechanism, described in this document, emphasizing the teamwork supported by the Optimal Groups and the Interprogrammatic Task Groups. Moreover, this Work Organization uses the Strategic Relations Networks to maintain PAHO/WHO technical cooperation in Brazil politically, strategically and technically positioned.

Work Management Decentralization and Deconcentration in the Country Office facilitates the carrying out of the process of planning, programming, control and evaluation of strategic importance for the Country Office, which works based on results. Also guaranteed is the administrative deconcentration of several procedures and the delegation of authority and signature to achieve efficiency in resource administration.

Finally, the Organizational Structure is based on two principal work areas: the Area of Functional Work for the Integral Development of the Country Office and the Area of Interprogrammatic Coordination, which work as an organizational mechanism to structure within the Country Office a new division of labour and responsibilities, having as its reference the delegation of authority and signature and the deconcentration of administrative processes and procedures.

# A NEW WORK ORGANIZATION

Work organization: “a process of establishing relations between people and available resources bearing in mind the objectives the company proposes to achieve”<sup>4</sup>.

THE PAHO/WHO Country Office/Brazil is characterized as being an organization that operates as an open system by enabling interrelation between the professionals who comprise it, their counterparts and the environment in which they work<sup>5</sup>. In order for it to develop its mission in the 21st Century the Country Office needs to adjust itself to a new form of management that enables:

1. More flexible management.
2. Decentralized actions.
3. Considerable strengthening of its intellectual capital.
4. Ever increasing diversification of working relations.
5. Attention to be paid to its internal and external relations.

A new form of work organization is fundamental because it signifies an important means of developing technical cooperation. This new work organization is founded on knowledge as a source of continuous innovation, intelligence and creativity, enabling increased working flexibility and autonomy. In this way the Country Office will be capable of aligning responsibilities and each staff member's capacity to learn, as well as creating the opportunity for organizational growth.

In order to implement the work organization of the PAHO/WHO Country Office/Brazil the following need to be worked on: (1) each staff member's responsibility to perform to the best of their ability the functions attributed to them; (2) the authority to decide and lead others in carrying out tasks necessary to achieving the results; and (3) delegation to attribute to someone the responsibility for performing an activity and the corresponding authority so that it is effective.

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<sup>4</sup> CRUZ, Paula. Organização do trabalho: organização, processo e estrutura. Available: [http://www.prof2000.pt/users/lpa/Organiza%C3%A7%C3%A3o%20do%20trabalho\\_2.ppt#257,2,ORGANIZAÇÃO DO TRABALHO](http://www.prof2000.pt/users/lpa/Organiza%C3%A7%C3%A3o%20do%20trabalho_2.ppt#257,2,ORGANIZAÇÃO DO TRABALHO). [Accessed: February, 2009]

<sup>5</sup> RANOLFO, José. Gestão das organizações. Available: [http://www.ranolfo.com/Minhas%20Aulas\\_2007/Gest\\_Organizacoes/apostilas%20e%20textos/texto\\_IV.pdf](http://www.ranolfo.com/Minhas%20Aulas_2007/Gest_Organizacoes/apostilas%20e%20textos/texto_IV.pdf). [Accessed: February, 2009]



As such, the PAHO/WHO Country Office/Brazil will adjust its work organization based on three components to be detailed below:

1. Organizational strategy.
2. Institutional performance strategy.
3. Work process decentralization and deconcentration strategy.

# 1 Organizational strategy

PAHO/WHO in Brazil has adopted various initiatives to improve its organizational strategy aimed at a fundamental reorientation of the way in which it performs its functions, following the orientation of its headquarters. As such, the Country Office has used as its basis the five objectives for institutional change established by the PAHO/WHO Director.

Five objectives for PAHO/WHO institutional change<sup>6</sup>:

- a) focus more attention on the countries;
- b) establish a regional forum;
- c) become a learning Organization based on knowledge;
- d) improve management methods, in particular through results-based management;
- e) adopt new modalities of technical cooperation.

The purpose of these objectives is to lead to the establishment of interprogrammatic teams capable of seeking the ideal form of achieving the best health results. Moreover, they guide the fundamental focus areas of technical cooperation and enable the definition of the Country Office's work areas and organizational structure. All these themes are described and detailed below.

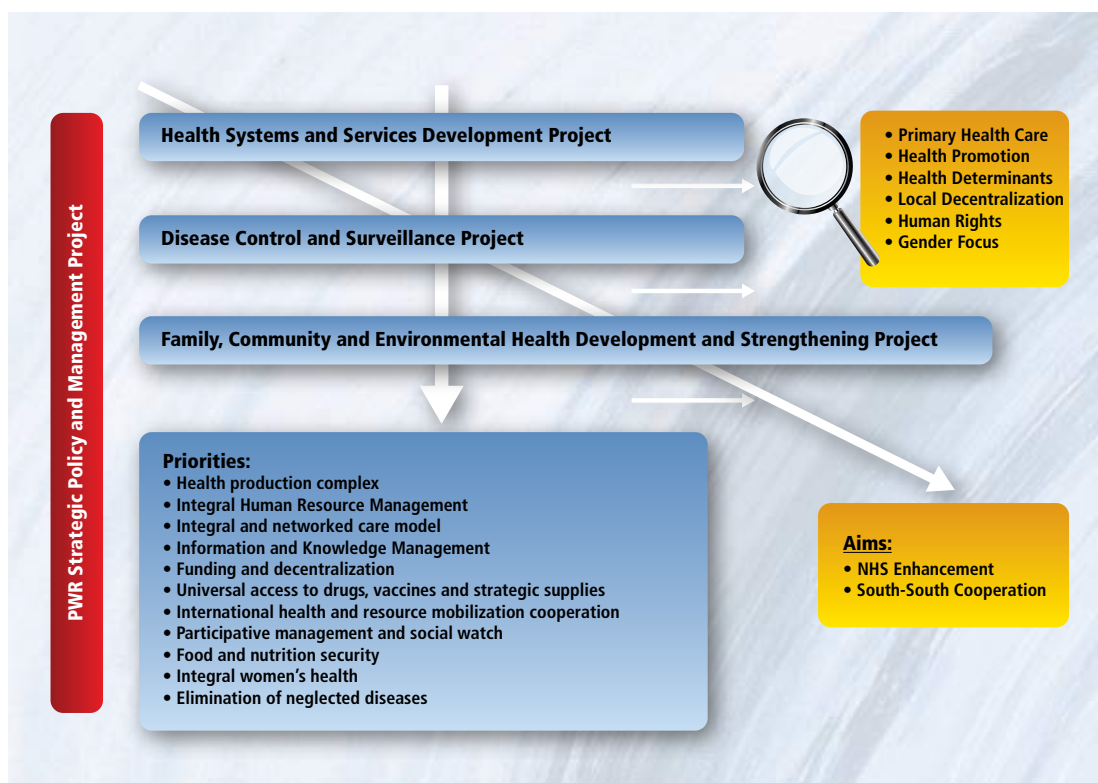
## 1.1 Interprogrammatic work

In the two year period 2008-2009 PAHO/WHO's technical cooperation includes the start of four projects that provide a response to the strategic focus based on Primary Health Care, Health Promotion, Social and Environmental Health Determinants, Local Development, Human Rights and Gender Focus. The Projects also respond to the priorities, focus areas and modalities of the Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012. Their character is that of integrating the Country Office's priority interprogrammatic actions and they are aimed at the enhancement of the National Health System (NHS) and the Brazilian Government's South-South cooperation (Figure 3).

<sup>6</sup>

PAHO/WHO Strategic Plan 2008-2012.

**Figure 3:**  
PAHO/WHO technical cooperation projects, priorities, aims and focus areas for the biennium 08-09



## 1.2 Fundamental focus areas

The Organization's technical cooperation will be developed based on three fundamental focus areas contained in the Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012. These focus areas followed the concepts of the PAHO Strategic Plan, 2008-2012<sup>7</sup>:

- Management Based on Information, Knowledge and Communication.

Information, knowledge and communication management is emphasized as a fundamental element for determining the form of the Organization's

<sup>7</sup> PAHO/WHO Strategic Plan 2008-2012: document containing the definition of the focus areas mentioned.

work and the lines of technical cooperation, as well as those of encouraging the production, application and diffusion of knowledge.

This focus area aims to enhance knowledge generation and systematization processes in the PAHO/WHO Country Office/Brazil and to provide it with a trained and prepared task force responsible for promoting and maintaining a culture of information, communication, publication and documentation in all its technical cooperation activities. At the same it also aims to facilitate the articulation of initiatives between technical cooperation partners, PAHO/WHO Headquarters and BIREME to expand access to the knowledge produced in the Country Office and thus contribute to informing the health decision making process.

With effect from 2006<sup>8</sup>, PAHO/WHO established as a mission relating to management based on information, knowledge and communication a reduction in the gap between theory and practice (what is known and what effectively is done), encouraging an environment that promotes the production, exchange and the effective application of knowledge in benefit of health, establishing the principles and practices of knowledge management fundamental for public health.

Strategic PAHO/WHO guidelines for management based on information, knowledge and communication:

1. Improve access to world health information.
  2. Translate knowledge into policies and action.
  3. Share and replicate knowledge derived from experience.
  4. Increase the potential of *eHealth in the countries*.
  5. Evidence-based policies.
  6. Identification of good practices.
  7. Knowledge networks.
  8. Promote a favourable environment within the organization.
- Results-based Management.

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<sup>8</sup> WHO: Knowledge Management Global Operation Plan 2006-2007. January 2006. EIP/KMS/2006.

PAHO/WHO seeks to reflect the planning of its technical actions and the budgetary programming of its resources through results-based organization. This occurs through the managerial framework and the coherence of the Organization's three basic levels of planning:

- Strategic plan, 2008-2012
- Programme budget, 2008-2009
- Operational planning (Biennial Work Plans – BWP).

This planning process is based on the link established between each country office's Specific Expected Results (OSERs), the Strategic Objectives (SO) and the Regional-wide Expected Results (RERs) defined in the "Programme Strategic and Budgetary Plan". In order to achieve these results, the Country Office works to ensure results-based management, developing and strengthening the Planning and Administration Processes as articulating mechanisms that guide and systematize the management of PAHO/WHO technical cooperation in Brazil.

Within the context of "results-based organization", in all the phases of planning, programming, performance monitoring and evaluation, the PAHO/WHO Country Office/Brazil takes into consideration the regional and global health priorities, the document "Health Agenda for the Americas", Brazil's health priorities as contained in the document "Mais Saúde: direito de todos 2008-2011" and the document "Technical Cooperation Strategy for PAHO/WHO and the Federative Republic of Brazil, 2008-2012", signed in August 2007 by the PAHO and WHO directors and by the Brazilian Health Minister, which defines the priorities, the focus areas and the modalities of PAHO/WHO cooperation with Brazil for the period 2008-2012, in addition to the Country Office's agenda of responsibilities, regionally, in Washington, and globally, in Geneva, for its implementation.

The implantation of Results-based Management aims to ensure that the Organization centres systematically on obtaining results during the planning, execution and evaluation of its programmes in order to increase the participation of its partners in the preparation of the planning instruments, as well as to continue harmonizing relations with the regional and global levels and to give emphasis to the policy of attention centred on the country.

- Management Based on Administrative Efficiency/Transparency.

The management of administrative efficiency and transparency aims to put innovations into practice with the purpose of increasing the Organization's reporting to its partners as well as the transparency of the operations and financial execution relating to the technical cooperation provided in the country. It also aims to impel and carry out an integral process of administrative decentralization and deconcentration, both externally, from the PAHO/WHO Headquarters to the Country Office/Brazil, and internally, from the Administration Unit to each Technical Unit.

The interprogrammatic focus and the fundamental focus areas mentioned earlier facilitate and orient the organizational structure to comprise one Functional Work Area and Three Interprogrammatic Coordination Management Areas.

### 1.3 The Functional Work Area

**A Functional Work Area will be created for the Integral Development of the Country Office**, grouping together organizational areas already existing in the Country Office's current structure. The Area is comprised of the Representative's Office (Country Representative, Programme Officer, Country Representative's Office Administrator and Secretaries), the Health Information, Knowledge and Communication Management Unit, the Administration Unit and the planning actions, with the aim of ensuring the integral management of PAHO/WHO technical cooperation in Brazil.

### 1.4 Interprogrammatic Coordination Management Areas

Based on the achievement of interprogrammatic work to ensure the efficient and effective execution of the 51 technical Projects programmed in the BWP 08-09 and the projects programmed for the biennium 2010-2011 in response to the 31 Terms of Cooperation signed between the Brazilian Government and PAHO/WHO, the relevance of which influences the logic of organizational design, three Interprogrammatic Coordination Management Areas will be created which will correspond, to a great extent, to the management areas of the substantive Projects of the BWP/AMPES 10-11:



- Health Systems Management Area.
- Disease Prevention and Control and Sustainable Development Management Area.
- Family Health, Food Security and Nutrition Management Area.

## 1.5 Purpose and functions of the management areas and technical units

### i) Functional Work Area for the Integral Development of the Country Office

- Purpose:  
To support the political management and technical and administrative coordination of the actions developed by the Interprogrammatic Coordination Management Areas, giving emphasis to the issues of results-based management, management based on health information, knowledge and communication and management based on administrative efficiency/transparency, with the aim of contributing effectively to the enhancement of the NHS and South-South Cooperation, as well as to promote the institutional strengthening of the Country Office.
- Core Functions:
  1. Maintain PAHO/WHO's political and technical position, considering the continuous interpretation of the country's political, social, economic and epidemiological scenario.
  2. Foster and support the country's participation in the regional integration processes (Mercosul, Unasul and ACTO) and to provide follow up on decisions of joint programmes.
  3. Conduct the Country Office's participation in interagency coordination processes with the United Nations System, bilateral cooperation, embassies and international credit and development bodies.
  4. Promote Technical Cooperation between Countries.
  5. Conduct, monitor and evaluate the Country Office's Development Plan 08-09 with regard to its political, technical and administrative components, keeping the PAHO Headquarters informed.
  6. Conduct and coordinate the implementation of the Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012, based on the Country Office's Integral Development Plan, 2007-2012.
  7. Support Brazil's participation in the different PAHO and WHO governing bodies.

This area will be comprised of the Health Information, Knowledge Management and Communication Technical Unit, the Administration Unit and the planning actions.

### Health Information, Knowledge Management and Communication Technical Unit

- Purpose:  
To favour and propose physical and virtual spaces to generate, discuss and disseminate health information, producing collective and individual knowledge and consolidating the technical cooperation actions.
- Core Functions:
  - Foster the exchange of experiences and dissemination of successful information, knowledge and communication practices between the PAHO/WHO Brazil's technical units and partner institutions, fostering knowledge networking<sup>9</sup>.
  - Support the enhancement of health information systems and the strategic use of health information to qualify health decision making and management in Brazil.
  - Promote spaces for the exchange of information and technical discussion between PAHO/WHO Brazil professionals, linking the technical cooperation priorities with the terms of cooperation (TC).
  - Consolidate the interactive working agenda on development with the *Knowledge Management and Communication area* (KMC/PAHO), Campus Virtual de Saúde Pública (CVSP) and BIREME.

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<sup>9</sup> Gestão de Redes na OPAS/OMS Brasil: conceitos, práticas e lições aprendidas. 2008.

## Administration Unit

- **Purpose:**  
To develop a working environment and administrative reforms in the Country Office that promote staff well-being and security; fair and ethical human resources practices to attain staff with competencies; reliable and cost-effective information systems; the application of financial standards that enable both transparent management and also the learning of lessons in order to offer effective and efficient administrative support for the implementation of the budget necessary to achieve an effective PAHO/WHO presence in the country.
- **Core Functions:**
  1. Finance and budget.
  2. Human resources.
  3. Information systems.
  4. Logistics.
  5. Internal control.

## Planning

- **Purpose:**  
Planning aims to direct actions, defining which are relevant and which are of little impact, based on its fundamental steps which consist of knowing the current situation and the desired situation. The planning process adopted by the PAHO/WHO Country Office/Brazil is based on the participative dialogue between its staff and their counterparts as an opportunity to express and align their perspectives within a common scenario.

## ii) Health Systems Management

- **Purpose:**  
To support the management capacity of the three levels of the National Health System (NHS) and the development of service networks based on the strategy of Renewing Primary Health Care and health promotion, articulated on their different levels of complexity and aimed at guaranteeing the principles of universality, integrality and equality.

- Core Functions:
  1. Contribute, through technical cooperation, to improve, with equality, health service access and quality.
  2. Collaborate, through technical cooperation, with the strengthening of the organization and management of the health system.
  3. Support, through technical cooperation, the development of the health economics policy and the application of health economics management instruments.
  4. Support the national policies on public health access, quality and rational use of strategic and essential public health supplies.
  5. Foster the preparation and implementation of national and international standards on the quality, safety and cost-effectiveness of strategic and essential public health supplies.
  6. Support the effective participation of the health sector in the industrial complex and in innovation.
  7. Promote technology and health management based on scientific evidence and the principles of the NHS.
  8. Produce priority scientific knowledge for the NHS, articulating health research, policy and actions, based on a process of ethical evaluation of health research.
  9. Support the national policies, plans and programmes on work management and regulation and education for the improvement of the health system, in partnership with the education sector.
  10. Contribute to the strengthening and consolidation of human resource information systems at national, regional and global level.
  11. Support the consolidation of the national telehealth and telemedicine programme.
  12. Collaborate with the achievement of the goal of NHS managerial capacity building.

This area will be comprised of the following Technical Units: Health Systems and Services, Health Human Resource Policy and Drugs, Technology and Research.

### iii) Disease Prevention and Control and Sustainable Development Management Area

- Purpose:  
Within the context of the Millennium Development Goals, strengthen the NHS policies to promote the improved quality of life of the Brazilian population, executing technical cooperation processes based on a cross-cutting view of primary health care and health promotion, through the following initiatives and strategies:
  1. Promotion of healthy lifestyles and healthy environments and the strengthening of intersectorality to address protective factors and social determinants of health, seeking health inclusion and equality.
  2. Identification, evaluation and prevention of the social and technological risks that affect health.
  3. Development of disease surveillance, prevention, control, elimination or eradication initiatives and strategies promoted by PAHO/WHO on the continental and global levels.
- Core functions:
  - Faces, voices and places (Rostos, vozes e lugares).
  - Social health determinants.
  - Health Surveillance, Promotion and Prevention.
  - Surveillance of Non-transmissible Diseases and Complaints and associated risk factors.
  - Attention to Chronic Respiratory Diseases in Primary Health Care.
  - Strategic policies of an intra and intersectoral nature aimed at an integral health, environmental and development approach in the social and economic sectors.
  - Occupational health.
  - Environmental health risks (air and water quality, chemical substances, soil contamination, radiation).
  - Alert and response to outbreaks and epidemics.
  - Implementation of the International Health Regulations (2005).
  - Surveillance, prevention and control of vector transmitted diseases.
  - Surveillance, prevention and control of neglected and zoonotic diseases.

This area will be comprised of the Transmissible and Non-transmissible Disease Unit and the Sustainable Development and Environmental Health Unit.

#### iv) Family Health, Food Security and Nutrition Management Area

- Purpose:

To support the national capacities in the definition of policies, programmes, services and interaction with priority population groups, within the life cycle programmes, promoting the reduction of risks, vulnerabilities and food and nutritional security, generating new evidence for providing better attention to the problems prioritized in family and community health services, in terms of primary care, health promotion, from a perspective of gender, ethnicity and race.

- Core Functions:

1. Cooperate technically with the Brazilian State, at its three levels of government, with emphasis on gender, race and ethnic groups, within the areas of the life cycle programmes: women's health; child health; adolescent health; men's health; elderly health; health in prisons; disabled people's health; mental health; nutrition; indigenous health; immunization and HIV/AIDS.
2. Foster the exchange of experiences and the publicizing of successful experiences in relation to policies, programmes, services, information, knowledge and communication in the areas of child health, nutrition, adolescence, women, adults, mental health, elderly health, men's health, disabled people's health, HIV/AIDS, gender and ethnicity, between PAHO/WHO Brazil's technical units and other countries as part of South-South cooperation.
3. Strengthen health promotion throughout the life cycle, with emphasis on social determinants and Millennium Development Goals 1, 4, 5 and 6.
4. Participate in and cooperate with the Interagency Groups on HIV/AIDS and gender and race, as well as interagency work with specific projects in defined states, seeking integrated actions between the UNO agencies.
5. Mobilize resources through TCC for the exchange of experiences between the Region's countries.

This area will be comprised of the Family Health Unit and the Food Security and Nutrition Unit.



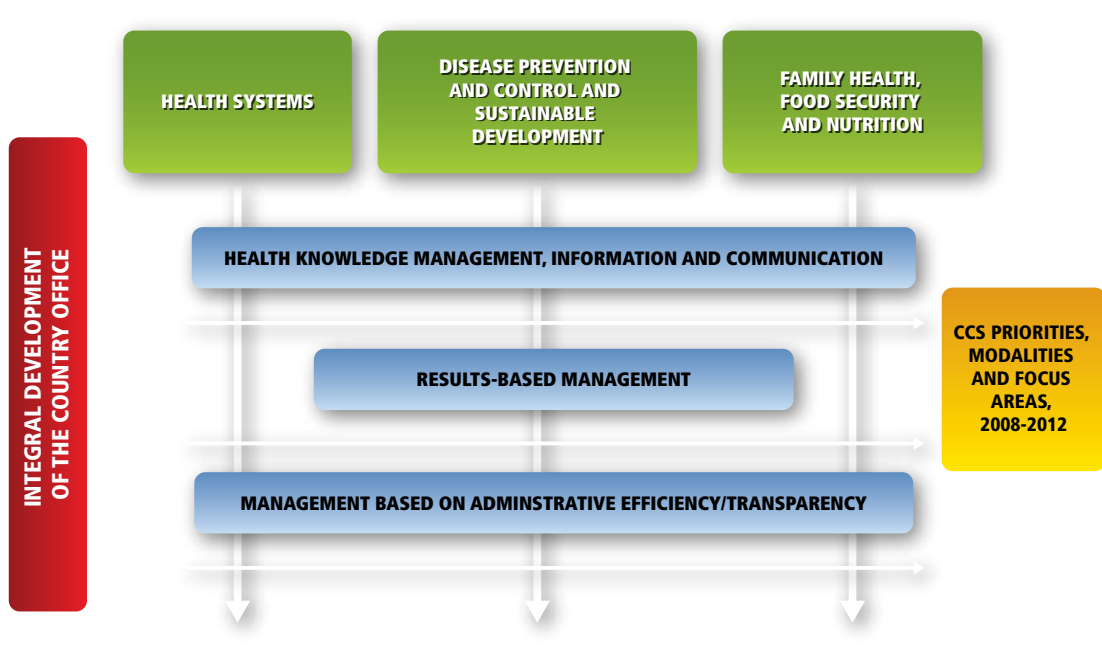
## 1.6 Responsibilities of the Managers of Interprogrammatic Coordination Areas

- a. Manage strategically and technically the technical cooperation process expressed in the BWP Project, 2008-2009 and 2010-2011 under their responsibility.
- b. Manage the planning, programming, control and administration process relating to the TC/TA, TCC and Special Projects of their Management Areas (RBM/AWP, SWP and SPR).
- c. Manage the programming, control and evaluation of the BWP Project, 2008/2009, under their responsibility; prepare the BWP Project, 2010/2011.
- d. Manage the process of integration and transversalization of knowledge, communication and information management with the BWP Project, 2008/2009, under their responsibility.
- e. Programme, control and evaluate the IDP Programmes under their responsibility.
- f. Encourage and promote the processes of interprogrammatic and interagency participation of their Management Areas.
- g. Set up and monitor the functioning of their management areas' Strategic Relations Networks, being responsible for their technical coordination and the excellence of cooperation.
- h. Participate actively in the provision of technical support to national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.
- i. To actively take on the process of delegating authority in their Management Areas for the approval of the SWP.
- j. Supervise the work of the Technical Unit Coordinators of their Management Area.
- k. Manage the administrative deconcentration process in their Management Area.
- l. Supervise the performance of the international, national, administrative and secretarial professional staff on the first or second PPES level, as appropriate.
- m. Participate actively in the Planning and Administration Group (PAG), Coordination Area Management Group (CAMG), Management Group (MG), Expanded Interprogrammatic Group (EIG) and the General Plenary Meetings (GPM).
- n. Convene, with pre-defined agendas, the Coordination Area Management Group (CAMG).
- o. Participate in Optimal Groups (OG) and to encourage formation of OG in their Management Areas.
- p. Mobilize resources and programme them in the BWP.
- q. To act temporarily in place of the PWR, other Coordination Area Manager or TU Coordinator, when requested.

## 1.7 Work organization matrix

The fundamental focus areas (Health Knowledge, Information and Communication Management, Results-based Management, Management Based on Administrative Efficiency/Transparency), the Functional Work Area for the Integral Development of the Country Office and the Management Areas will form the matrix of PAHO/WHO work organization in Brazil for the period 2009-2012 in order to guarantee the integrality and the alignment of technical cooperation with the priorities, modalities and focus areas of the 2008-2012 technical cooperation strategy (Figure 4).

**Figure 4:**  
Interprogrammatic work organization matrix



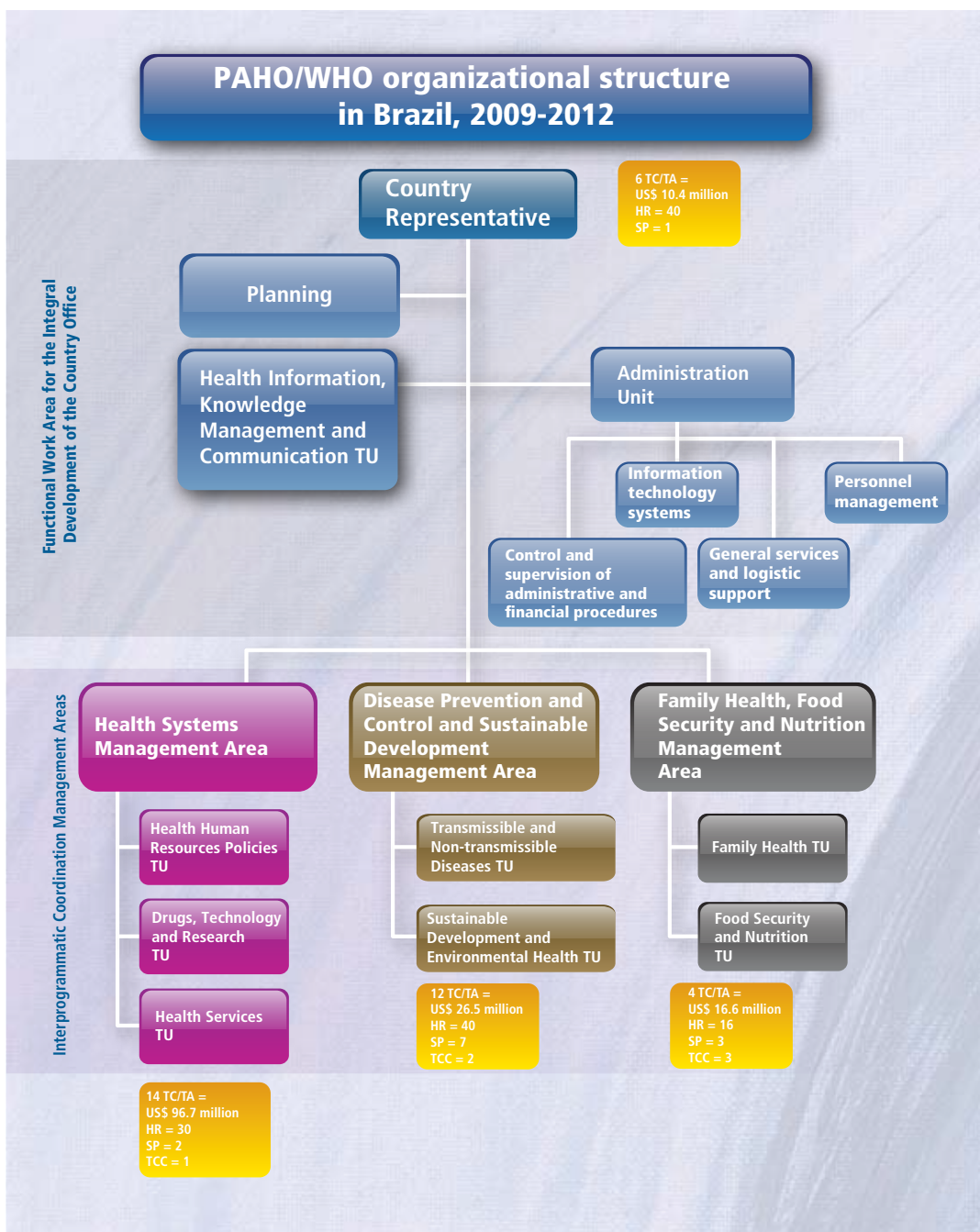
## 1.8 Organizational structure

The Functional Work Area for the Integral Development of the Country Office, the Management Areas, the Technical Units and the Administrative Unit will form the **organizational structure of the PAHO/WHO Country Office/Brazil** (Figure 5), in which are distributed the responsibilities for the efficient and

effective management of resources to be used in relation to technical cooperation in 2009:

- Human resources = 126.
- Projects = 51 (Terms of Cooperation = 31; Special Projects [SP] = 13; TCC = 7) (Appendix 1).
- 240 million dollars for the biennium 2008-2009; 100 million dollars executed in 2008.
- 90,000 administrative and financial operations estimated for 2009; 70,000 performed in 2008.
- 5,000 technical products estimated for 2009; 3,800 obtained in 2008.
- 900 individual performance goals for 2009.

Figure 5:  
PAHO/WHO organizational structure in Brazil, 2009-2012



## 2 Institutional performance strategy

### 2.1 Human resources: objectives and generic individual performance responsibilities/goals (PPES)

There will be a new methodology for elaborating the individual performance process (PPES) to enable the individual performance of the Country Office staff to be aligned with the technical cooperation priorities, modalities and focus areas, the global and regional strategic objectives, the expected regional and country results, the indicators, frameworks, activities and tasks programmed in the BWP 08-09.

The PPES goals are to be adapted to the competencies, responsibilities and capacities of each staff member (Figure 6) in accordance with the generic goals which, as a whole, form the Country Office's map of individual responsibilities (Appendix 2). In 2009 the Country Office's competencies map will be prepared based on the Organization's overall competencies map.

**Figure 6:**

**PAHO/WHO Brazil human resources alignment and development process, 2009**

INDIVIDUAL PERFORMANCE OF THE PAHO/WHO COUNTRY OFFICE STAFF IN BRAZIL	CAPACITY BUILDING PLAN OF THE PAHO/WHO COUNTRY OFFICE/BRAZIL, 2008-2012	COMPETENCY-BASED MANAGEMENT OF HUMAN RESOURCES
i) Employee post description in accordance with the CCS 2008-2012 ii) PAHO/WHO competency map adapted to the PAHO/WHO Integral Development Plan, 2007-2012 iii) Employee responsibility map and PPES (2008-2012) iv) Convocation, selection, nomination and recognition of merit		

Based on the 16 PAHO/WHO Strategic Objectives, the 54 country specific expected results (OSER), 124 indicators, 195 activities and 573 tasks contained in the Biennial Work Plan 08-09, the 51 technical cooperation projects, the employee post descriptions and responsibilities map, more than 900 individual performance goals have been programmed for 2009. They have not been attached to this document owing to their confidential nature.

## 2.2 Responsibilities map of the human resources related to Terms of Cooperation

Based on the responsibilities map and given that the Terms of Cooperation/ Terms of Agreement account for 92% of technical cooperation, it is relevant to present the responsibilities of the human resources related to the TC/TA.

Each Term of Cooperation and its respective Terms of Agreement has staff members who are responsible for coordinating and others who are technically responsible for its planning, programming, control and evaluation. Below are the TC/TA grouped together by Functional Work Area for the Integral Development of the Country Office and Interprogrammatic Coordination Management Areas.

### Responsibilities Map

#### a) Functional Work Area for the Integral Development of the Country Office

TC	IDENTIFICATION		COORDINATOR RESPONSIBLE	TECHNICAL STAFF RESPONSIBLE	ADM. RESP.
TC 12	Virtual Health Library.		José Moya	Eliane Santos	Selection phase
TC 14	Interagency Health Information Network.		José Moya	João Risi Helen Rigaud	Selection phase
TC 15	Strategic Restructuring and Improved Management of the MoH.		José Moya	João Risi Helen Rigaud Vacant	Selection phase
TC 41	International health.		José Paranaguá	Roberta Santos Marivand Maia	Paula Carvalho Eleusis Peres
TC 58	Institutional strengthening of the MoH Department of International Health Matters (AISA/MS).		Diego Victoria	Luciana Chagas	William Rodrigues
TC 56	Health Surveillance, Promotion and Prevention.	Surveillance/ Health Situation Analysis	José Moya	José Moya	Selection phase

TOTAL: 6 TC/TA (technical components)



## Responsibilities Map

### b) Health Systems Management Area

TC	PROGRAMME		COORDINATOR RESPONSIBLE	TECHNICAL STAFF RESPONSIBLE	ADM. RESP.
TC 08	Technical and Managerial Health Capacity Building.		José Paranaguá	Evangelos Pereira Denise Mafra Vinicius Oliveira Thaís Ribeiro	Paula Carvalho Eleusis Peres
TC 24	Pharmaceutical Care.		Christophe Rérat	Luiz Henrique Costa	Myrza Horst
TC 37	Reorganization of the National Health Surveillance System.	Health Surveillance	Christophe Rérat	Eji Pons	Myrza Horst
TC 39	Qualification of NHS Decentralized Management.		Renato Tasca	Rosa Silvestre	Glauciane Oliveira
TC 42	Qualification of Supplementary Health Care.		Renato Tasca	Rosa Silvestre	Glauciane Oliveira
TC 43	Development and Organization of Health Systems and Services.	Health service quality and access	Renato Tasca	Rosa Silvestre	Glauciane Oliveira
TC 45	Health Economics.	Health Economics Production Complex	Renato Tasca Christophe Rérat	Vacant Priscila Andrade	Glauciane Oliveira Myrza Horst
TC 47	Development of the Health Technology Management System.		Christophe Rérat	Priscila Andrade	Myrza Horst
TC 49	Family Health, Food and Nutrition.	Family Health	Renato Tasca	Newton Lemos	Glauciane Oliveira
TC 50	Quality of the National Health System – QUALISUS.		Renato Tasca	Rosa Silvestre	Glauciane Oliveira
TC 51	National Blood Policy.		Christophe Rérat	Eji Pons Rubén Figueroa	Myrza Horst
TC 52	NHS Strategic Planning in the State of São Paulo.		Renato Tasca	José Moya Christophe Rérat Luis Codina Diego González Enrique Gil José Paranaguá Vacant (NHS Manager)	Glauciane Oliveira
TC 53	Technical Cooperation decentralized to the State of Bahia Health Department (SESAB).		Renato Tasca	Newton Lemos Rosa Silvestre José Paranaguá Luis Codina Diego González Christophe Rérat Patrício Jamriska Vacant (NHS Manager)	Glauciane Oliveira
TC 57	NHS Education and Work Management.		José Paranaguá	Evangelos Pereira Denise Mafra Vinicius Oliveira Thaís Ribeiro	Paula Carvalho Eleusis Peres

TOTAL: 14 TC/TA (technical components)

## Responsibilities Map

### c) Disease Prevention and Control and Sustainable Development Management Area

TC	PROGRAMME		COORDINATOR RESPONSIBLE	TECHNICAL STAFF RESPONSIBLE	ADM. RESP.
TC 11	Eradication of Aedes-Aegypti.		Enrique Gil	Haroldo Bezerra	Cleuber Fortes
TC 23	Promotion, Enhancement and Dissemination of the Activities of the National Health Council (CNS).		Gustavo Bergonzoli	Márcia Pinheiro	Sabrina Baiôcco a.i.
TC 32	Tuberculosis Prevention and Control.		Enrique Gil	Alfonso Tenório	Cleuber Fortes
TC 35	Epidemiological and Environmental Health Surveillance.	Epidemiological	Enrique Gil	Ana Santelli Mauro Elkhoury Rogério Lima Alfonso Tenório Samira Buhrer	Cleuber Fortes
		Environmental	Carlos Corvalan	Mara Oliveira Diego González	Caroline Habe
TC 37	Reorganization of the National Health Surveillance System.	Toxicology Microbial Resistance RSI in Ports and Airports	Carlos Corvalan	Diego González	Caroline Habe
			Enrique Gil	Janaína Sallas	Cleuber Fortes
				Mauro Elkhoury	
TC 36	Purchasing – NHS Pharmaceutical Care.		Enrique Gil	Enrique Gil Ana Santeli Alfonso Tenório	Cleuber Fortes
			Christophe Rérat	Vacant	Myrza Horst
TC 38	Public Health Engineering and HR Capacity Building.	Sanitation	Carlos Corvalan	Mara Oliveira Leonardo Laterza	Caroline Habe
TC 40	Purchasing – Epidemiological Surveillance.		Enrique Gil	Haroldo Bezerra	Cleuber Fortes
TC 44	NHS Policy on Strategic and Participative Management.		Diego González	Márcia Pinheiro	Sabrina Baiôcco a.i.
TC 54	Rede Câncer - Mais Impacto (Cancer Network - More Impact) (National Cancer Institute - INCA).		Enrique Gil	José Moya Ana Luiza Curi Micheline Meiners Vacant (NHS Manager)	Sabrina Baiôcco a.i.
TC 55	Technical Cooperation decentralized to the State of Rio Grande do Sul Health Department (SES).		Diego González	Luis Codina José Moya Newton Lemos	Sabrina Baiôcco a.i.
TC 56	Health Surveillance, Promotion and Prevention.	Promotion and Prevention	Diego González	Maria Alice Furtado	Sabrina Baiôcco a.i.

TOTAL: 12 TC/TA (technical components)

## Responsibilities Map

### d) Family Health and Food Security Management Area

TC	PROGRAMME		COORDINATOR RESPONSIBLE	TECHNICAL STAFF RESPONSIBLE	ADM. RESP.
TC 34	Purchasing	National Immunization Programme	Luis Codina	Brendan Flannery	Evanilda Vilela
TC 38	Public Health Engineering and HR Capacity Building.	Indigenous Health	Luis Codina	Bernardino Vitoy	Evanilda Vilela
TC 43	Development and Organization of Health Service Systems.	Strategic programmes	Luis Codina	Luis Codina Patrício Jamriska	Evanilda Vilela
TC 49	Family Health, Food and Nutrition.	Food and Nutrition	Luis Codina	Janine Coutinho	Evanilda Vilela

TOTAL: 4 TC/TA (technical components)

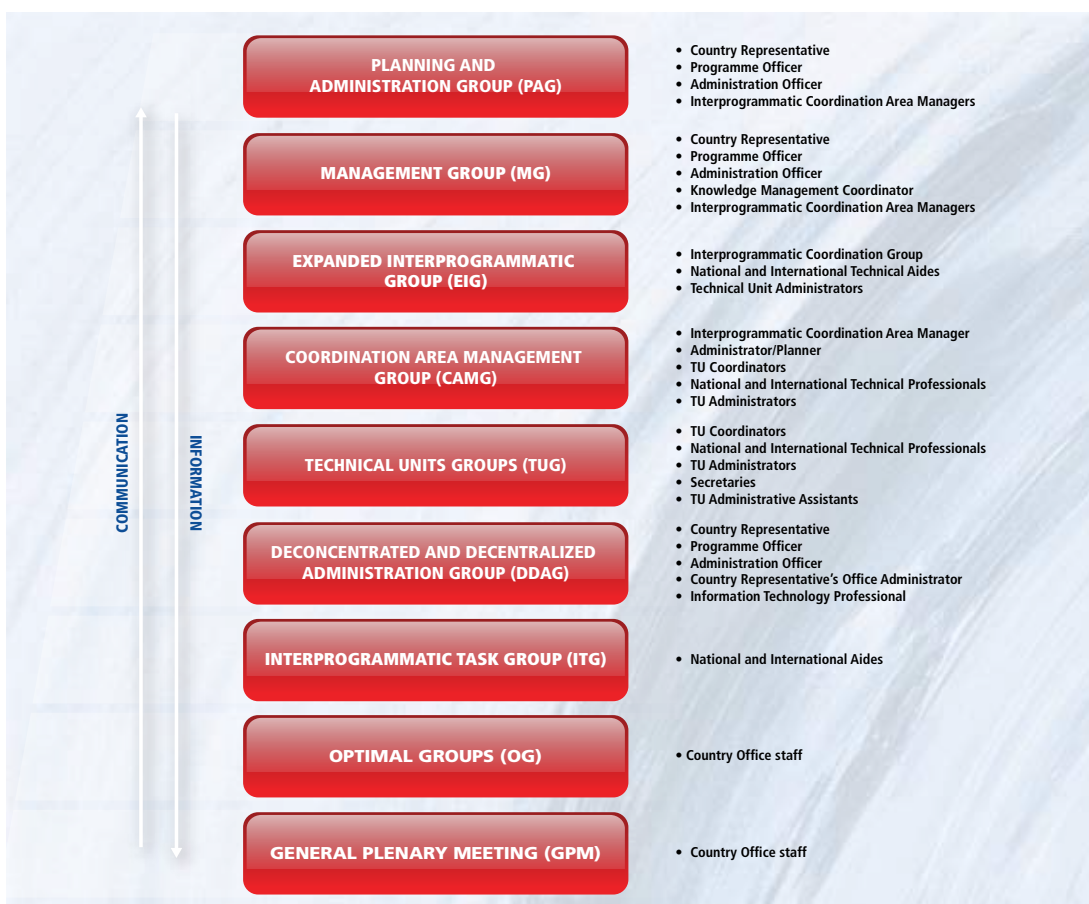
## 2.3 Coordination and Communication Mechanism (CCM)

The technical and administrative human resources are to participate actively in the different groups that make up the CCM in accordance with each group's objectives, periodicity and composition (Figure 7).

This is the functional work organization of the Country Office to ensure inter-programmatic and decentralized teamwork with a single programmatic agenda.

**Figure 7:**

**Coordination and Communication Mechanism of the PAHO/WHO Country Office/Brazil**



### a) Planning and Administration Group (PAG)

- Components: Country Representative, Programme Officer, Administration Officer, Interprogrammatic Coordination Area Managers.

- Periodicity: monthly.
- Objective: to develop and strengthen the coordination between planning and administration in accordance with the “PAHO/WHO Country Office/Brazil Management Model, 2008-2012”, and to discuss proposals to improve the efficiency and effectiveness of this process in order to achieve successful monitoring of the execution of the BWP and the Country Office’s Development Plan.

b) Management Group (MG)

- Components: Country Representative, Programme Officer, Administration Officer, Interprogrammatic Coordination Area Managers, Knowledge Management Coordinator.
- Periodicity: monthly.
- Objective: to discuss political, strategic and technical matters of relevance that condition technical cooperation and to develop and strengthen interprogrammatic coordination and the Work Organization focus areas.
- Standing agenda:
  1. Presentation of the progress made with the focus areas of the Country Office’s technical cooperation:
    - 1.1 Knowledge, Communication and Information Management
    - 1.2 Results-based Management
    - 1.3 Management Based on Administrative Efficiency/Transparency
  2. Other matters/discussion

c) Expanded Interprogrammatic Group (EIG)

- Components: Interprogrammatic Coordination Group, National and International Technical Aides, Technical Unit Administrators.
- Periodicity: monthly.
- Objective: to develop and strengthen interprogrammatic coordination and to monitor the execution of the BWP/Country Office’s Development Plan; to present the progress made with the Country Office’s technical cooperation focus areas.

d) Coordination Area Management Groups (CAMG)

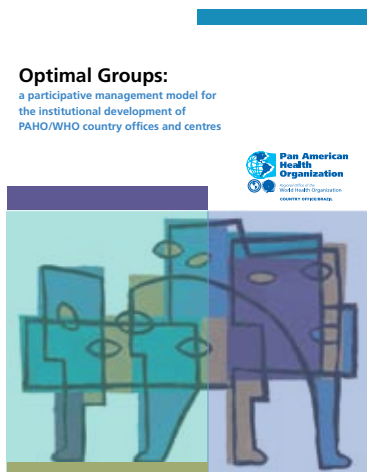
- Components: Interprogrammatic Coordination Area Managers, Administrator/Planners, Technical Unit (TU) Coordinators, National and International Technical Professionals, TU Administrators.
- Periodicity: monthly.

- Objective: to discuss internal matters of technical and administrative relevance to the Management Area and to propose improvements to interprogrammatic teamwork.
- e) Technical Unit Groups (TUG)
- Components: TU Coordinators, National and International Technical Professionals, TU Administrators, Secretaries, Technical Unit Administrative Assistants
  - Periodicity: as defined by each TU.
  - Objective: to discuss internal matters of technical and administrative relevance to the TU and to propose improvements to teamwork.
- f) Deconcentrated and Decentralized Administration Group (DDAG)
- Components: Country Representative, Programme Officer, Administration Officer, Administrator of the Representative's Office, Information Technology Professional.
  - Periodicity: as needed.
  - Objective: to discuss matters of technical and administrative relevance for the implementation of administrative deconcentration and decentralization in TC management.
- g) Interprogrammatic Task Groups (ITG)
- Components: National and international aides.
  - Periodicity: as necessary.
  - Objective: to promote formal interprogrammatic participation to analyse technical cross-cutting themes of strategic relevance for the Country Office and joint discussion with counterparts regarding effective technical cooperation actions.
  - Initially the following Interprogrammatic Task Groups will be formed:
    1. Avian influenza/influenza – Coordination: Enrique Gil
    2. Health and the Amazon – Coordination: Carlos Corvalán
    3. Introduction of an anti-HPV vaccine in the National Health System: – Coordination: Brendan Flannery
    4. Essential Public Health Functions – Coordination: Rosa Silvestre
    5. Knowledge Management, Communication and Information – Coordination: José Moya
    6. Primary Care and Social Health Determinants – Coordination: Gustavo Bergonzoli

7. Primary Care, family health and human resources – Coordination: Renato Tasca
8. Term of Cooperation with the São Paulo State Health Department – Coordination: Renato Tasca
9. Term of Cooperation with the Bahia State Health Department – Coordination: Renato Tasca
10. Term of Cooperation with the National Cancer Institute – Coordination: Gustavo Bergonzoli
11. Other Groups

#### h) Optimal Groups (OG)

- Components: all the Country Office staff.
- Periodicity: as necessary.
- Objective: to promote the analysis and proposal of solutions for problem situations, recovering daily practice as a learning space, giving special importance to communication between group members and supporting the Country Office in raising its productive capacity, strengthening communication, reinforcing institutional values, giving impetus to the development of its core and management competencies and executing the Institutional Development Plan in a participative manner.
- New OGs proposed for 2009:
  - Overtime
  - Use of the car park
  - Working hours
  - Evaluation of the information technology service areas
  - Green PAHO/WHO
- Situation of the Optimal Groups of the PAHO/WHO Country Office/Brazil, updated on 16/02/09 (Appendix 3).



- Objective: to present the results of the political and strategic matters of relevance in the period and to accompany the progress of the activities of the Country Office's other groups.
- Standing agenda:
  1. Report on political and strategic matters
  2. Presentation of a good teamwork practice
  3. 2008 Country Office Capacity Building Plan
  4. Presentation of activities with regard to Knowledge Management, Communication and Information, Results-based Management and Management Based on Administrative Efficiency/Transparency
  6. Presentation by an Optimal Group/Interprogrammatic Task Group
  7. Presentation of a subject of interest (external guest speaker)

## 2.4 Strategic Relations Networks (SRN) of the PAHO/WHO Country Office/Brazil

By supporting the development of networking, the PAHO/WHO Country Office/Brazil accepts the challenge of encouraging new interpersonal and interinstitutional relations that are democratic and participative, capable of deciding, sharing and encouraging multi-leader initiatives.

As such, by disseminating its role and the management enhancement strategies of the networks in which it operates, PAHO/WHO Brazil expects to contribute so that the raw material of the networks – people's desire and their availability to experience this new form of working – can be encouraged, so as to collaborate with the achievement of results that are increasingly solid and relevant for public health.

As the PAHO/WHO Country Office/Brazil carries out its technical cooperation through Technical Units, it develops partnerships based on political, strategic and technical relations and which are related to a diversity of issues involving some 200 actors. As a general rule, each TU includes in its relations network public and private entities, collaborating centres, thematic networks, NGOs, other United Nations agencies, private sector actors, among others. This allows





the set of PAHO/WHO Brazil's relations networks – comprised of the networks of the Office of the Country Representative, the TUs and the Administration Unit – to have relations with the principal categories of strategic institutional actors. Further on a description will be provided of the strategic relations network of the Office of the Country Representative (Figure 8), which allows the PAHO/WHO Country Office to develop a political and strategic relationship with the principal health sector actors. Based on this relationship the technical units can define their partners and develop a network of technical and strategic relations, on the operational level, which will contribute to the achievement of the results of the entire Organization (Appendix 4).

**Figure 8:**  
Strategic Relations Network of the Office of the PAHO/WHO Country Representative in Brazil

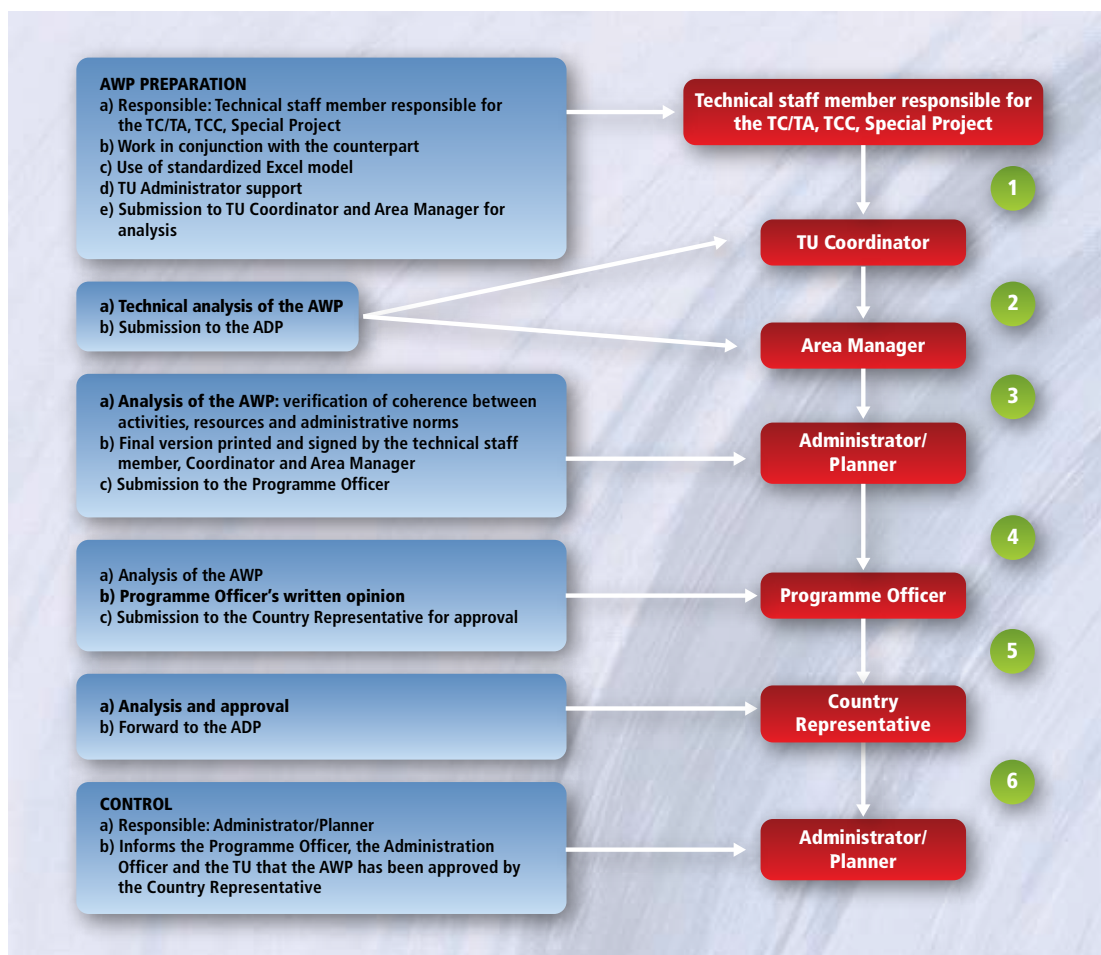


### 3 Strategy for the decentralization and deconcentration of the work process

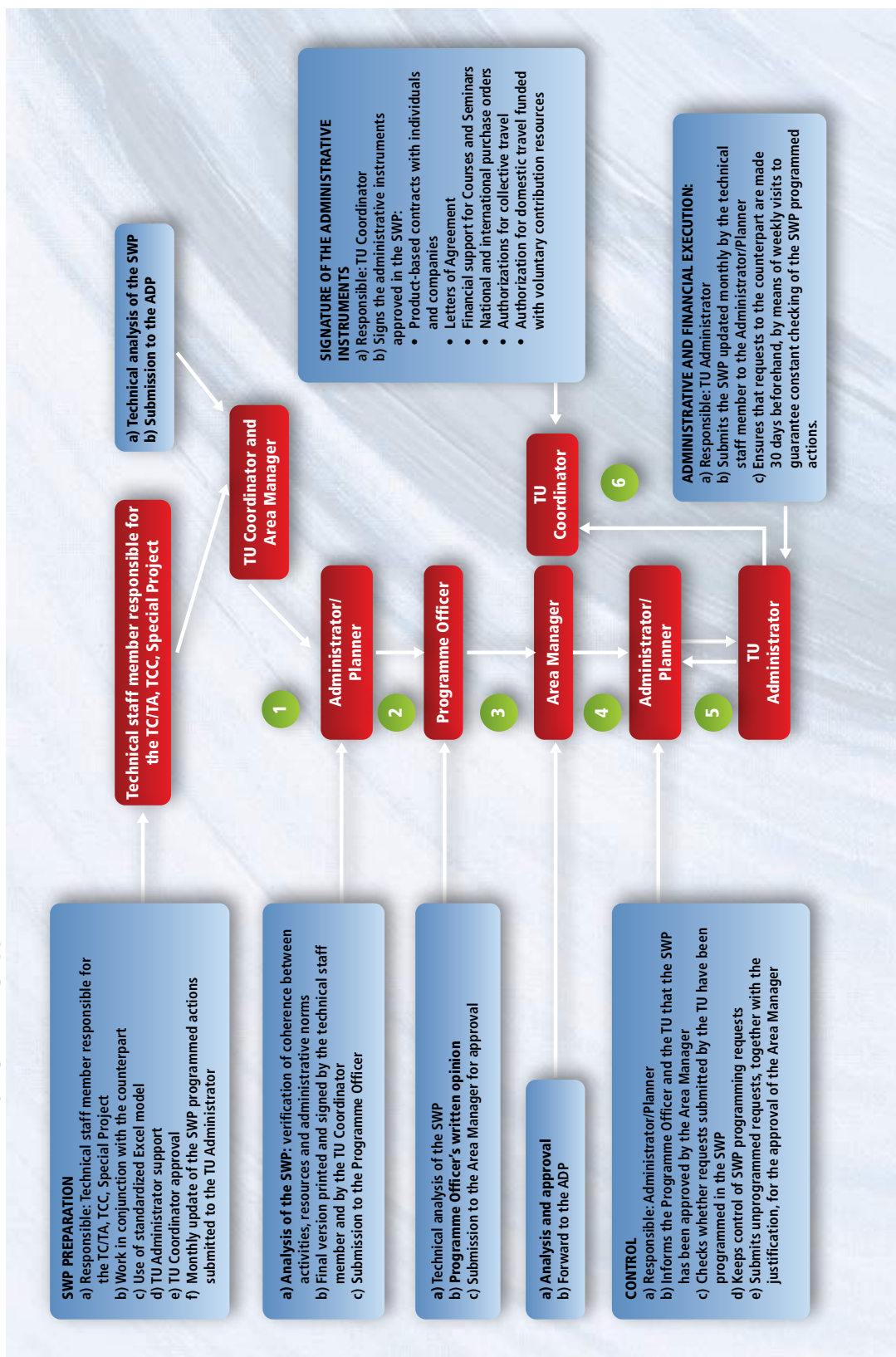
#### 3.1 Planning, programming, control and evaluation process

Specific human resource deconcentrated responsibilities exist in the process of the planning, programming, control and evaluation of the Terms of Cooperation, Special Projects and TCC. The annual and half-yearly programming of all the Country Office's projects are to follow the flowcharts (figures 9 and 10) proposed for approval and control, in accordance with the PAHO/WHO 2009 planning and programming responsibilities and criteria. Furthermore, a specific flowchart has been defined for the preparation of the BWP 10-11 (Figure 11).

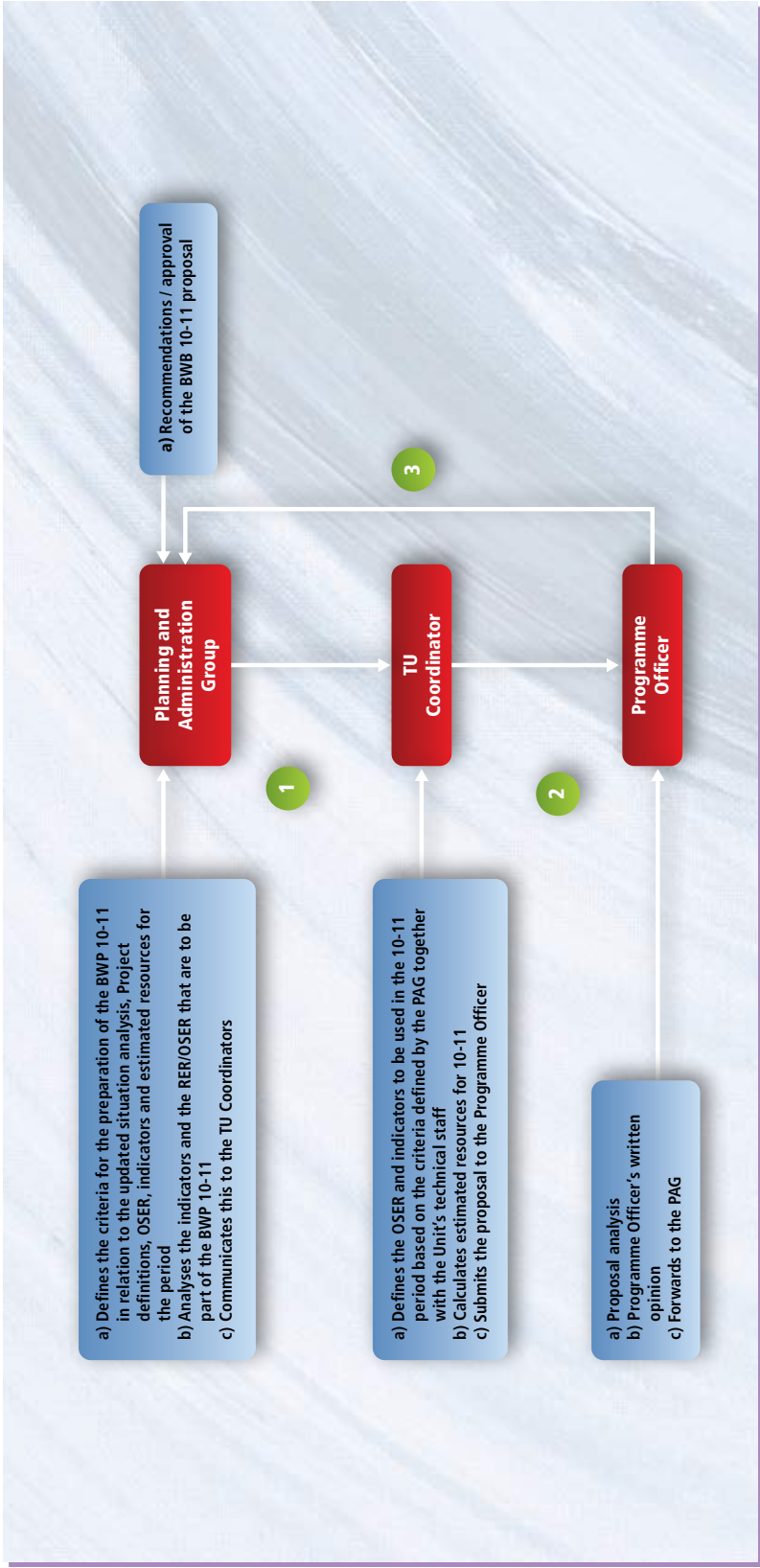
The detailed description of these procedures is found in the Manual on the deconcentrated planning, programming, control and evaluation processes.

**Figure 9:****Flowchart for annual programming approval, control and execution – Annual Work Plan**

**Figure 10:**  
Flowchart for semestral programming approval, control and execution – Semester Work Plan



**Figure 11:**  
Flowchart for the preparation of the Biennial Work Plan 10-11



This flow aims to improve the quality of BWP 10-11 through the definition of criteria and orientations that enable the definition of Projects, Office Specific Expected Results (OSER), indicators, frameworks, activities and tasks for the period. It involves the participation of the PAG, the Programme Officer, the TU Coordinators and the national and international aides.



### 3.2 Delegation of authority for approval and signature

#### A. Delegation of authority: authorization to approve the Semester Work Plan, supervise the execution of activities and evaluate staff performance.

A delegation of authority will take place on two levels:

- From the PAHO/WHO Headquarters to the Country Representative to sign administrative instruments<sup>10</sup> and STP, STC, TA, NAP nominations and other contracts of staff with responsibilities in Brazil provided there is prior submission to and approval by EXM by means of a human resources plan that includes the annual programming of this type of resource.
- From the Country Representative to the Coordination Area Managers, the Administration Officer and the TU Coordinators.

This form of delegation is to be exercised:

- a) By the **Interprogrammatic Coordination Area Manager**, who shall perform the functions necessary for the good functioning of the Country Office, in relation to the approval of:
  - Semester Work Plan for the Country Office's projects (TC, TCC, Special Projects)
  - Justification of requests not programmed on the SWP.

N.B.: The Interprogrammatic Coordination Area Manager may not approve or sign the following administrative instruments:

Contracts for the following staff categories: P, NO, GS, STC, STP, TA, NAP, CLT, via job agencies.

Authorizations for international journeys not programmed on the Annual Work Plans of the TC/TA, TCC, Special Projects.

<sup>10</sup> Administrative instruments are: product-based contracts with individuals and companies, letters of agreement, courses and seminars, purchase orders, travel and per diem.

Authorizations for national journeys funded with Country Office regular resources.

b) By the **Administration Officer**:

- Payments of administrative instruments.

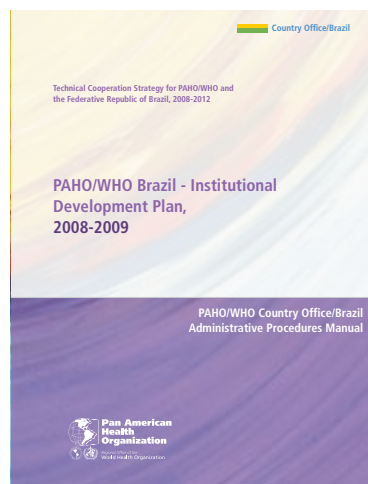
B. Delegation of signature: authorization to sign administrative instruments approved in the SWP. This form of delegation will be exercised by the Technical Unit Coordinator for the signature of:

- Product-based contracts with individuals and companies.
- Letters of Agreement.
- Financial support for Courses and Seminars.
- National and international purchase orders.
- Authorizations for collective travel.
- Authorizations for domestic travel funded with voluntary contribution resources.

### 3.3 Administrative deconcentration

**Management efficiency is to be supported through the development of the process of activity programming, so as to enable requests for support to be made at least 30 days beforehand in order to permit the negotiation of prices, the programming of** Country Office administrative activities, the administration of the cash flow needed to cover the payment of the amounts due and to improve the quality of the services offered to colleagues and counterparts. The productivity of the administrative area is to be increased through the deconcentration of operations in the Technical Units and through the automation of administrative procedures currently performed manually.

**Procedure transparency** is to be supported by the Administrative Procedure Manual, available in Portuguese at <https://portal.paho.org/sites/BRA/Formularios/Manuais%20e%20Instrutivos/manual.pdf>, which will include the



prevailing PAHO/WHO norms applicable to each of the 08 instruments (travel, international technical aides, grants, contracts, purchases, letters of agreement, courses and seminars, research subsidy), as well as the strengthening of PWR/BRA internal control.

### 3.4 Control and supervision systems

The Work Organization of the PAHO/WHO Country Office/Brazil facilitates the interprogrammatic and matrix-based activities by means of the systemic relationship between the management areas and management based on knowledge, results and administrative efficiency/transparency. It aims to achieve management integrity in the implementation of the organization, institutional development and decentralization/deconcentration strategies. Such management integrity occurs through the development and strengthening of the Control and Supervision System.

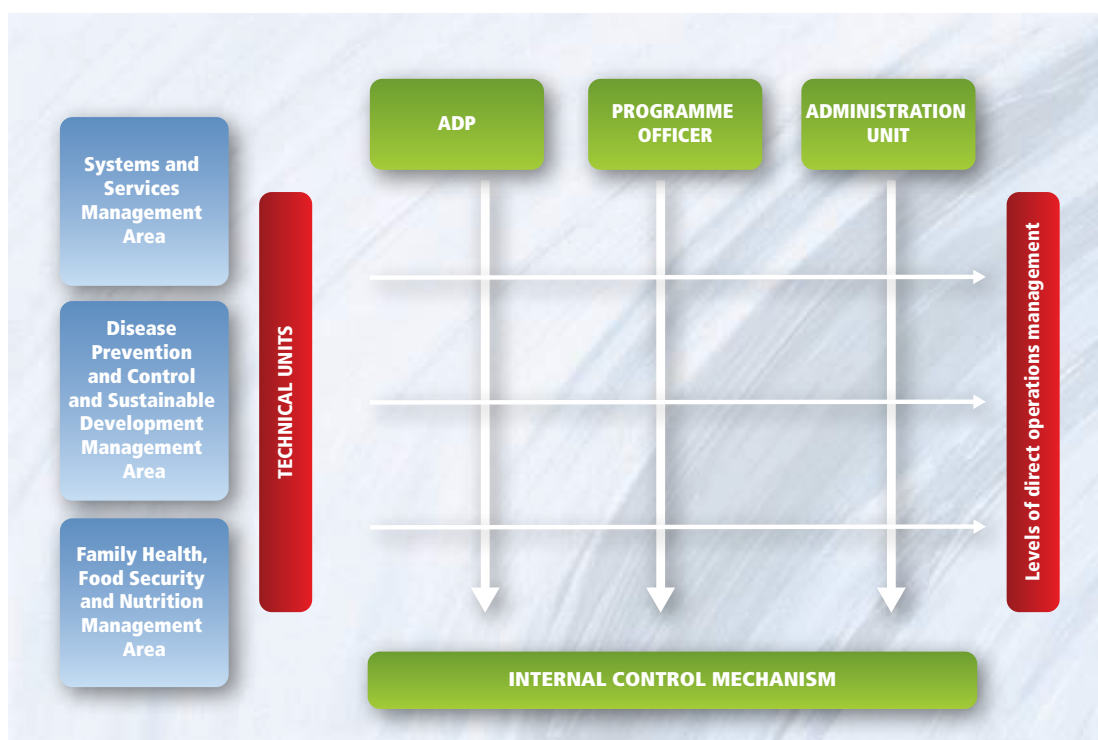
The principal characteristic of the Country Office's **Control System** is to ensure the equilibrium and the strategic balance between the execution of the operations of the Planning and Administration processes in the different Technical Units, as defined in the Management Model, and the control mechanisms of the Country Representative's Office, via the Programme Officer, the control mechanisms of the Administration Unit and those of the three Management Areas, by the Administrator/Planners (ADP).

At PAHO/WHO Brazil there are nine organizational levels of direct operations management for the execution of the planning and administration processes. These levels are formed by the technical units<sup>11</sup> and the administrative unit, which play a relevant role and have a matrix-based relationship with the control levels mentioned in the previous paragraph. The Internal control mechanisms and the levels of direct operations management comprise the Country Office's Strategic Control System (Figure 12).

<sup>11</sup> Technical Units: Health Information, Knowledge Management and Communication, Health Human Resources Policies, Health Services, Drugs, Technology and Research, Transmissible and Non-Transmissible Diseases, Sustainable Development and Environmental Health, Family Health, Food Security and Nutrition and the Administrative Unit.



**Figure 12:**  
Direct management and internal control levels matrix



**The internal Supervision System** facilitates the working relations between Organization staff so as to comprise a democratic plan supported by the permanent dialogue between those who supervise and those who are supervised in the analysis of the achievement of the agreed annual Individual Performance Goals (PPES) and also to define the mechanisms and the actions to achieve them, including appropriate adjustments or modifications.

At the PAHO/WHO Country Office/Brazil supervision takes place in three ways: first and second level supervision and functional supervision. The supervision of the first level of international staff is to be the direct responsibility of the Country Representative. Second level supervision is to be the responsibility of the respective Regional Office Area Manager. Functional supervision will be performed by the Country Office Interprogrammatic Coordination Area Managers and by the Programme and Administration Officers, when appropriate.

The information produced through functional supervision will be resumed by the supervisor at the first level of the process of monitoring and evaluating the annual performance of the Country Office staff.

The remaining first and second level supervision processes will be performed in accordance with the lines of authority contained in the Organizational Structure of the Country Office (Figure 5).

The matrix-based relation between Country Office staff Individual Performance Goals and the three supervision levels (first and second level and functional supervision) will comprise the Country Office's Supervision System, which will be prepared and evaluated annually (Figure 13).

**Figure 13:**  
**Supervision levels matrix**

The different categories of Country Office staff will be supervised at first and second levels and through functional performance supervision<sup>12</sup> as per the following chart.

STAFF CATEGORY	1ST SUPERVISION LEVEL	2ND SUPERVISION LEVEL	FUNCTIONAL SUPERVISION
Interprogrammatic Coordination Area Manager	Country Representative	Area Management at Headquarters	-
TU Coordinator	Country Representative	Area Management at Headquarters	Interprogrammatic Coordination Area Manager
International Aide	Country Representative	Area Management at Headquarters	Interprogrammatic Coordination Area Manager
National Aide	TU Coordinator	Interprogrammatic Coordination Area Manager	-
Administrator/Planner	Interprogrammatic Coordination Area Manager	Administration Officer and Programme Officer	-
TU Administrator	TU Coordinator	Interprogrammatic Coordination Area Manager <sup>13</sup>	-
Secretaries	TU Coordinator	Interprogrammatic Coordination Area Manager <sup>14</sup>	-
Administrative Assistants	TU Administrator		-
Administration Officer	Country Representative	Headquarters (ADM)	
Finance/Budget, Human Resources and Logistics and Information Technology Units	Country Office Administrator	Country Representative	-
Programme Officer	Country Representative	Headquarters (PBR)	

<sup>12</sup> Functional performance supervision is understood to mean the accompaniment of staff technical or administrative activities, according to their functions. Such accompaniment can serve as a basis for 1st and 2nd level supervision. Its supervision instrument is a functional performance report issued half-yearly.

<sup>13</sup> If the TU Coordinator and the Interprogrammatic Coordination Area Manager are one and the same person, in order to avoid conflict of interests the second level supervisor will be the Representative Office's Administrator.

<sup>14</sup> If the TU Coordinator and the Interprogrammatic Coordination Area Manager are one and the same person, in order to avoid conflict of interests the second level supervisor will be the Representative Office's Administrator.

# APPENDICES

Appendix 1:	PAHO/WHO Country Office/Brazil Projects (Updated on 13/01/2009)	63
Appendix 2:	Country Office/Brazil Responsibilities Matrix: generic individual performance goals – PPES 2009	68
Appendix 3:	Situation of the PAHO/WHO Country Office/Brazil Optimal Groups	84
Appendix 4:	Strategic Relations Networks of the Functional Work Area for the Integral Development of the PAHO/WHO Country Office/Brazil	93



## Appendix 1: PAHO/WHO Country Office/Brazil Projects (Updated on 13/01/2009)

PROJECT NUMBER	IDENTIFICATION	RESPONSIBLE
TC 08 (26/07/2010)	Technical and Managerial Health Capacity Building	Paranaguá
TC 11 (24/07/2010)	Eradication of Aedes-Aegypti	Gil
TC 12 (26/07/2010)	Virtual Health Library	Moya
TC 14 (10/12/2010)	Interagency Health Information Network	Moya
TC 15 (28/03/2011)	Strategic Restructuring and Improved Management of the Ministry of Health	Moya
TC 23 (30/12/2011)	Promotion, Enhancement and Dissemination of the Activities of the National Health Council (CNS)	Bergonzoli
TC 24 (12/07/2011)	Pharmaceutical Care	Rérat
TC 32 (29/12/2013)	Tuberculosis Prevention and Control	Gil
TC 34	Purchasing – National Immunization Programme	Flannery
TC 35 (24/08/2014)	Epidemiological and Environmental Health Surveillance	Gil
TC 36	Purchasing – NHS Pharmaceutical Care	Rerat
TC 37 (07/06/2010)	Reorganization of the National Health Surveillance System	Rerat
TC 38 (21/11/2011)	Public Health Engineering and HR Capacity Building	Corvalan
TC 39 (22/12/2009)	Qualification of NHS Decentralized Management	Tasca
TC 40	Purchasing – Epidemiological Surveillance	Gil
TC 41 (31/12/2010)	International Health	Paranaguá
TC 42 (12/12/2010)	Qualification of Supplementary Health Care	Tasca
TC 43 (30/12/2009)	Development and Organization of Health Systems and Services	Tasca
TC 44 (18/12/2010)	NHS Policy on Strategic and Participative Management	Bergonzoli
TC 45 (31/12/2010)	Health Economics	Tasca
TC 47 (17/05/2011)	Development of the Health Technology Management System	Rérat
TC 48 (12/07/2011)	Mercosul National Health Coordination	Victoria
TC 49 (29/12/2011)	Family Health, Food and Nutrition	Tasca Codina
TC 50 (29/12/2011)	Quality of the National Health System – QualiSUS	Tasca
TC 51 (29/12/2011)	National Blood Policy	Rérat
TC 52 (18/06/2012)	NHS Strategic Planning in the State of São Paulo	Tasca
TC 53 (New)	Technical Cooperation Decentralized to the State of Bahia Health Department (SESAB)	Tasca
TC 54 (New)	Cancer Network – More Impact (National Cancer Institute)	Bergonzoli
TC 55 (New)	Technical Cooperation Decentralized to the State of Rio Grande do Sul Health Department (SES)	Bergonzoli
TC 56 (New)	Health Surveillance , Promotion and Prevention	Bergonzoli
TC 57 (New)	NHS Education and Work Management	Paranaguá
TCC – BRA/ECU	Historic Heritage	Bergonzoli
TCC – BRA/PAR	Mental Health	Codina
TCC – BRA/ARG	Health System with emphasis on mother and child health	Codina

PROJECT NUMBER	IDENTIFICATION	RESPONSIBLE
TCC – BRA/ARG	Elimination of Measles and German Measles in frontier regions	Flannery
TCC – BRA/HON/ECU	Human Milk Banks	Codina
TCC – BRA/BOL/PAR	Technical Education	Paranaguá
TCC – BRA/URU	Echinococcosis	Elkhoury
PSC – Special Project	Dengue	Gil
PSC – Special Project	Adolescent Health	Codina
PSC – Special Project	Faces, Voices and Places	Bergonzoli
PSC – Special Project	Climatic Change	Corvalan
PSC – Special Project	Essential Public Health Functions	Tasca
PSC – Special Project	Amazon Science and Technology and Health Innovation Network	Andrade
PSC – Special Project	Knowledge Management	Moya
PSC – Special Project	Veterinary Public Health	Elkhoury
EBP	Malaria (RAVREDA – USAID)	Gil
EBP	Tuberculosis (USAID)	Tenório
WHO	Violence	Bergonzoli
WHO	HIV/AIDS	Codina

\* Categories:

EBP: Extrabudgetary Project

TC: Terms of Cooperation

TCC: Technical Cooperation between Countries

PSC: Resources deriving from overhead fee used in the funding of Special Projects

WHO: World Health Organization resources

## Appendix 2: Country Office/Brazil Responsibilities Matrix: generic individual performance goals – PPES 2009

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
Country Representative	<ol style="list-style-type: none"> <li>1. Conduct the PWR Integral Development Plan, 2007-2012: responsible for the Entity (CCS 2008-2012)/BWP 2008-2009 and for conducting strategic planning and administration (Management Model, 2008-2012).</li> <li>2. Approve the process of annual programming and half-yearly evaluation of the TC/TA, Special Projects, TCC, Regular Funds for operational expenditure.</li> <li>3. Conduct and encourage the interprogrammatic and interagency coordination of the PWR.</li> <li>4. Conduct the participation of PWR TC in the regional and global integration processes, politically encouraging and controlling the correct use of the TC/TA and TCC.</li> <li>5. Conduct politically and strategically the execution of the BWP 08-09 and the preparation of the BWP 10-11.</li> <li>6. Conduct the knowledge management, information and communication process in a manner that is cross-cutting with PAHO/WHO's TC.</li> <li>7. Conduct the PWR administrative deconcentration process.</li> <li>8. Conduct PWR delegation of authority and signature process.</li> <li>9. Build and monitor the Country Representative's Office SRN.</li> <li>10. Convene, with pre-defined agendas, the following spaces of participation that comprise the PWR Coordination and Communication Mechanism (CCM): OCR, PAG, IG, EIG, GPM.</li> <li>11. Promote teamwork, encouraging the formation of OGs and ITGs.</li> <li>12. Conduct the programming and evaluation process of the 10 IDP 08-09 Programmes.</li> <li>13. Conduct the technical support by the different PWR management areas and TUs provided to national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>14. Participate actively in the United Nations Country Team.</li> <li>15. Supervise, at the first level, the Programme Officer, Administration Officer, Interprogrammatic Coordination Area Managers, Technical Unit Coordinators, International, Regional and Subregional Aides, Secretaries and the Country Representative's Office driver.</li> <li>16. To act temporarily in the place of Interprogrammatic Coordination Area Managers.</li> </ol>



PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
Programme Officer	<ol style="list-style-type: none"> <li>1. Assist and support the PWR, the Area Managers, ADP and TU Coordinators in the integral process of Results-based Management (RBM/BWP, SWP and SPR).</li> <li>2. Take charge of the implantation of the Country Office's Management Model as part of the integral process of technical cooperation planning, programming, control and evaluation.</li> <li>3. Assist with the preparation of the projects cycle.</li> <li>4. Assist and support the PWR and PAG with the process of the annual and half-yearly programming of the TC/TA, Special Projects, TCC and Regular Funds for operational expenditure.</li> <li>5. Assist and support the PWR in conducting and coordinating interprogrammatic and interagency TC processes.</li> <li>6. Assist and support the PWR in conducting, programming and controlling the TC/TA and TCC for regional and global health integration.</li> <li>7. Assist and support the PWR and the PAG in conducting the programming and evaluation of the BWP 08-09 and in preparing the BWP 10-11; preserve the technical, administrative and financial coherence of the process.</li> <li>8. Build and monitor his/her area's SRN.</li> <li>9. Assist and support the PWR in convening, with pre-defined agendas, OCR, PAG, IG, EIG, GPM. Prepare the aide-mémoire of the PAG, IG and EIG, specifying commitments taken on and informing the PWR of their fulfilment.</li> <li>10. Assist and support the PWR in convening, accompanying and evaluating the OGs and ITG.</li> <li>11. Assist and support the PWR in the IDP programming and evaluation process.</li> <li>12. Assist and support the PWR in the process of the transversalization of knowledge management, information and communication PAHO/WHO TC.</li> <li>13. Assist and support the PWR in conducting the technical support provided to national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>14. Assist and support the PWR in participating in the United Nations Country Team.</li> <li>15. To act temporarily in the place of Administration Officer.</li> </ol>
Administration Officer	<ol style="list-style-type: none"> <li>1. Supervise and control the Country Office administrative process.</li> <li>2. Take charge of the implementation of the Country Office Management Model in relation to the integral administration process.</li> <li>3. Control the administrative and financial coherence of budget allotment execution.</li> <li>4. Coordinate the execution of the programme for administrative deconcentration and strengthening of the Administration Unit control, supervision and internal audit processes.</li> <li>5. Support the PWR in the process of delegation of authority and signature at the Country Office.</li> <li>6. Approve the payment of administrative instruments.</li> <li>7. Approve obligatory payments to NAP, CLT, TA, STC, STP, with prior PWR authorization.</li> <li>8. Approve petty cash reimbursements, travel refunds and import and export requests (DSI/DSE).</li> <li>9. Build and monitor the Administration Unit's SRN, based on management efficiency and transparency.</li> <li>10. Convene, with pre-defined agendas, the following CCM spaces of participation:</li> <li>11. AUG</li> <li>12. Participate actively in the PAG, IG, EIG, GPM.</li> <li>13. Participate in OGs and encourage Administration Unit staff participation.</li> <li>14. Programme, control and evaluate the IDP Programmes under his/her responsibility.</li> <li>15. Supervise the performance of the Administration Unit staff, at the first level, and the ADP and TU Administrators, at the second level.</li> <li>16. To act temporarily in the place of the Programme Officer.</li> </ol>

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
Interprogrammatic Coordination Area Manager	<ol style="list-style-type: none"> <li>1. Manage strategically and technically the technical cooperation process expressed in the BWP Project, 2008-2009 and 2010-2011, under his/her responsibility.</li> <li>2. Manage the planning, programming, control and administration process of the TC/TA, TCC, Special Projects of his/her Management Area (RBM/BWP, SWP and SPR).</li> <li>3. Actively take on the process of delegation of authority in his/her Management Area for the approval of the SWP.</li> <li>4. Mobilize resources and their programming in the BWP.</li> <li>5. Manage the administrative deconcentration process in his/her Management Area</li> <li>6. Supervise the performance of the international, national, administrative and secretarial professional staff at PPES first or second level, when appropriate.</li> <li>7. Supervise technically the TU Coordinator.</li> <li>8. Build and monitor the SRN of his/her Management Area, taking on the responsibility for its technical coordination and the excellence of cooperation.</li> <li>9. Convene, with pre-defined agendas, the CAMG.</li> <li>10. Participate actively in the PAG, CAMG, IG, EIG and GPM.</li> <li>11. Participate in OGs and encourage the formation of OGs in his/her Management Area.</li> <li>12. Programme, control and evaluate the IDP Programmes under his/her responsibility.</li> <li>13. Manage the interprogrammatic and interagency participation processes of his/her Management Area.</li> <li>14. Manage the programming, control and evaluation of the BWP Project, 2008/2009, under his/her responsibility; prepare the BWP Project, 2010/2011.</li> <li>15. Manage the process of the integration of knowledge management, communication and information with the BWP Project, 2008/2009, under his/her responsibility.</li> <li>16. Participate actively in providing technical support to the national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>17. To act temporarily in the place of the PWR, other Area Manager or TU Coordinator, when requested.</li> <li>18. Develop the competencies for fulfilling the post description in relation to technical functions.</li> </ol>
Area Administrator/Planner	<ol style="list-style-type: none"> <li>1. Under the supervision of the Area Manager, control the Project's RBM/BWP, SWP and SPR processes, as well as decentralized administrative processes.</li> <li>2. Control the administrative and financial coherence of the TC/TA, TCC and Special Projects planning, programming and control process.</li> <li>3. Control the administrative and financial coherence of the BWP 08-09 and 10-11 planning, programming, control and evaluation process.</li> <li>4. Take on the responsibility for the effectiveness and transparency of the administrative deconcentration process in his/her Area.</li> <li>5. Build and monitor his/her area's SRN.</li> <li>6. Support the Area Manager in convening, with pre-defined agendas, the CAMG and prepare the aide-mémoire of the meetings, specifying commitments taken on and submit reports on commitment fulfilment to the Area Manager.</li> <li>7. Participate actively in the CAMG, IG, EIG and GPM.</li> <li>8. Participate actively in OGs.</li> <li>9. Learn the planning and administration norms of his/her Area.</li> <li>10. Supervise the functional performance of the TU Administrators in his/her Management Area to ensure the observance of administrative procedures in accordance with PAHO/WHO norms.</li> <li>11. To act temporarily in the place of ADP of other Management Areas, when requested.</li> <li>12. Carry out the TU Administrator functions.</li> </ol>

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
TU Coordinator	<ol style="list-style-type: none"> <li>1. Define the OSER and execute the Technical Unit's respective technical cooperation activities (RBM/BWP, SWP and SPR).</li> <li>2. When delegated, sign the following administrative instruments: product-based contracts with individuals and companies, letters of agreement, financial support for courses and seminars, national and international purchase orders, authorizations for collective travel, authorizations for domestic travel funded with voluntary contribution resources.</li> <li>3. Coordinate the TC/TA, TCC and Special Projects planning, programming and control processes of his/her TU.</li> <li>4. Coordinate the control and evaluation of the OSER, indicators and frameworks and the programming of the TU's BWP 2008/2009 activities and tasks and prepare TU's BWP 2010/2011.</li> <li>5. Coordinate and programme the TC/TA, TCC and Special Projects that support all the TU's initiatives and which contribute to regional and global health integration.</li> <li>6. Build and monitor the Technical Unit's SRN, taking on the responsibility to coordinate its technical cooperation processes.</li> <li>7. Convene the TU's Group, with pre-defined agendas.</li> <li>8. Participate actively in the IG, EIG, CAMG and GPM.</li> <li>9. Participate in OGs and encourage the formation of OGs in his/her TU.</li> <li>10. Implement knowledge management, communication and information in the TU.</li> <li>11. Participate actively in providing technical support to the national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>12. Supervise, at the first level, TU technical staff, the TU administrator and the secretaries and, at the second level, the administrative assistants.</li> <li>13. To act temporarily in the place of other TU Coordinators who are part of his/her Management Area, preferentially, when requested.</li> </ol> <p>N.B.: Specifically, the Coordinator of the Knowledge Management, Information and Communication TU shall also:</p> <ol style="list-style-type: none"> <li>1. Define the implementation policies for knowledge management, information and communication in a manner that is cross-cutting with PAHO/WHO's TC; coordinate, facilitate and accompany the implementation process.</li> </ol>

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
International Aide	<ol style="list-style-type: none"> <li>1. Ensure technical coherence between the national activities so that they respond to the subregional, regional and global technical cooperation mandates.</li> <li>2. Identify national and international processes that are examples of the exchange of experiences and lessons learned between countries.</li> <li>3. Plan, programme and control his/her respective TC/TA, TCC and Special Projects.</li> <li>4. Participate actively in his/her respective interprogrammatic and interagency spaces.</li> <li>5. Participate actively in the TC/TA and TCC in order to support the regional and global health integration processes.</li> <li>6. Prepare, control and evaluate the indicators and frameworks and the programming of the respective activities and tasks of the BWP 2008/2009 and prepare the BWP 2010/2011.</li> <li>7. Participate actively in the respective knowledge management, information and communication activities.</li> <li>8. Participate actively in providing technical support to the national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>9. Build and monitor his/her area's SRN, taking on the responsibility to coordinate its technical cooperation processes.</li> <li>10. Participate actively in the EIG, TUG, CAMG and GPM.</li> <li>11. Participate actively in OGs.</li> <li>12. To act temporarily in the place of other international aides with regard to the signing of administrative instruments, when requested.</li> <li>13. Monitor the execution of letters of agreement, courses and seminars and contracts and approve technical and financial reports and products under his/her responsibility.</li> </ol>
National Technical Professional	<ol style="list-style-type: none"> <li>1. Plan, programme and control the TC/TA, TCC and Special Projects under his/her responsibility.</li> <li>2. Prepare, programme and execute the TA, at the action level (Annual work plan, half-yearly programming and monthly review).</li> <li>3. Participate actively in his/her respective interprogrammatic and interagency coordination spaces.</li> <li>4. Participate actively in his/her respective TC/TA and TCC in order to support the regional and global health integration processes.</li> <li>5. Control and evaluate the indicators and frameworks and programming of BWP 2008/2009 activities and tasks under his/her responsibility, and the preparation of the BWP 2010/2011.</li> <li>6. Build and monitor his/her SRN taking on the responsibility to coordinate its technical cooperation processes.</li> <li>7. Participate actively in the EIG, TUG, CAMG and GPM.</li> <li>8. Participate actively in the OG.</li> <li>9. Participate actively in the respective knowledge management, information and communication activities.</li> <li>10. Participate actively in providing technical support to the national authorities who take part in the different levels of the PAHO and WHO Governing Bodies.</li> <li>11. To act temporarily in the place of other technical professionals from his/her TU or Coordination Area, when requested.</li> <li>12. Support the monitoring of the execution of letters of agreement, contracts and courses and seminars.</li> </ol>

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
TU Administrator	<ol style="list-style-type: none"> <li>1. Under the direct supervision of the TU Coordinator and the functional supervision of the ADP, execute and control the administrative procedures of the actions programmed in the SWP.</li> <li>2. Prepare the administrative and financial information on his/her respective TC/TA, TCC and Special Projects planning, programming and control processes.</li> <li>3. Implement administrative deconcentration in the TU and supervise the administrative assistants in accordance with approved procedures and norms: <ul style="list-style-type: none"> <li>• Analyse and review on a weekly basis financial reports and supporting documents (letters of agreement, courses and seminars, contracts and grants).</li> <li>• Monitor the expiry of administrative instruments and payments, monthly.</li> <li>• Control on a weekly basis the files on products and technical and financial reports.</li> <li>• Monitor obligatory payments on a monthly basis.</li> <li>• Monitor budgetary execution on a monthly basis.</li> <li>• Monitor and control on a weekly basis collective journeys and requests for travel expense reimbursements and per diem.</li> <li>• Perform the PAHO 110 claim and calculation.</li> <li>• Control the presence and the timekeeping of the TU staff.</li> <li>• Monitor the expiry of allotments and TC.</li> </ul> </li> <li>4. Support the TU Coordinators in the coordination of the BWP 2008/2009 programming, control and evaluation processes and in the preparation of the BWP 2010/2011.</li> <li>5. Support the technical staff in the annual and half-yearly programming processes and monthly revision processes.</li> <li>6. Train technical staff and administrative assistants with regard to norms and administrative procedures.</li> <li>7. Build and monitor his/her unit's SRN taking on the responsibility to coordinate its administrative processes.</li> <li>8. Participate actively in the TUG, EIG, GAD, CAMG and GPM.</li> <li>9. Participate actively in the OG.</li> <li>10. To act temporarily in the place of other administrators of his/her Coordination Area, when requested.</li> <li>11. Supervise, at the first level, the Administrative Assistants.</li> </ol>

PROFESSIONAL CATEGORY	GENERIC INDIVIDUAL PERFORMANCE GOAL – PPES 2009
Decentralized Manager	<ol style="list-style-type: none"> <li>1. Be familiar with all the Clauses of the Term of Decentralized Cooperation (TDC), contributing to its regular development.</li> <li>2. Be familiar with the AMPES/OMIS system and the Plan for the Integral Development of PAHO/WHO Technical Cooperation in Brazil, 2007-2012.</li> <li>3. Support the TU professionals (coordinator, technical aides and administrator) in preparing the administrative and financial information on the TDC planning, programming and control process.</li> <li>4. Support the counterpart administrative deconcentration process, in accordance with approved procedures and norms: <ul style="list-style-type: none"> <li>• Monitor and control on a weekly basis the rendering of accounts relating to Courses and Seminars, financial reports on Letters of Agreement and local or international Purchase Orders within the deadlines set in the documents signed with the beneficiaries.</li> <li>• Monitor on a monthly basis the expiry of administrative instruments and payments.</li> <li>• Control on a weekly basis the files on products and technical and financial reports.</li> <li>• Monitor on a monthly basis TDC budgetary execution, the execution of the SWP programming and the situation of current amounts due for obligatory payments, making adjustments on the AMPES system, informing the TU administrator when necessary and requesting the TU administrator to liquidate unnecessary obligatory payments;</li> <li>• Monitor budgetary execution on a monthly basis;</li> <li>• Monitor and control collective travel requests on a weekly basis, and travel expense reimbursements and per diem;</li> <li>• Monitor the expiry of TDC allotments;</li> <li>• Monitor, in conjunction with the contracted parties, the delivery of products and of technical reports within the deadlines provided for in the documents;</li> <li>• Analyse every six months the TDC financial reports issued by Headquarters, verifying variations with the Country Representative's Office, and submitting them to the external counterpart;</li> <li>• Monitor the internal execution of the PWR/BRA administrative processes with the Technical Unit and the Administration Unit.</li> </ul> </li> <li>5. Support the process of planning and programming the TDC signed with the counterpart.</li> <li>6. Participate actively in the preparation of the TDC Logical Framework and its Annual Work Plan (AWP) and Semester Work Plan (SWP).</li> <li>7. Support the TU coordinator and the TU administrator in the coordination of the technical and administrative procedures in support of TDC activities, in the execution of the Work Plan and Half-yearly Programming.</li> <li>8. Monitor the management of cooperation requests with PAHO/WHO technical staff and the counterpart In order to meet required formalities and prior time limits, in keeping with the deconcentration of the 8 PWR/BRA administrative procedures.</li> <li>9. Support the technical staff responsible for the TDC and its respective Terms of Agreement, at PWR/BRA and at the counterpart, in the preparation of the annual and half-yearly technical evaluation reports and other administrative and financial reports that may be requested.</li> <li>10. Analyse the technical and administrative matters and quantify the volume of operations for the proposed Terms of Agreement with the TU and the counterpart for the preparation of detailed Work Plans and execution schedules and transfer of financial resources.</li> <li>11. Support the implementation of the guidelines on Country Office Knowledge Management, Information and Communication with the counterpart.</li> </ol>

### Appendix 3: Situation of the PAHO/WHO Country Office/Brazil Optimal Groups

OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE				
UPDATED: JUNE 08, 2009				
OG underway				
OG appraised by the Country Representative and finalized				
Legend	Optimal group - OG	PARTICIPANTS	subject	Current Situation
1	Workplace Hygiene Procedures	Facilitator: Rogério Lima Adriana Bacelar Ana Carolina Santelli Ana Luiza Diego González Elânia Castro Maria Alice Barbosa	Review and propose standard operational workplace hygiene procedures.	1st Meeting held.
2	Green PAHO	Facilitator: Carlos Corvalán Mara Oliveira Cleuber Fortes Luciana Chagas Alessandra Sorôa Alex Pinheiro Machado Rodrigues Myrza Macedo Horst Daniel S. Panizzo Evanilda Vilela Mano Douglas Peluzio Melgaço Haroldo Bezerra Adriana Marques Jaqueline França da Silva Alfonso Tenorio-Gnecco Bernardino Vitoy Ana Carolina Faria e Silva Santelli Leonardo Decina Laterza Elania Maria da Silva de Castro	Propose an action plan to implement immediate, medium-term and long-term interventions in relation to Green PAHO	1st Meeting held.

OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE			
UPDATED: JUNE 08, 2009			
3	Technical and administrative products	Facilitator: Gustavo Bergonzoli Newton Lemos Sabrina Silva Ângela Fagundes Guillermo Gopceovich Rubén Figueroa	Propose criteria for the identification of PWR technical products. 3rd Meeting held.
4	Overtime	Facilitator: Myrza Horst Lúcia Silgueiro Alessandra Soroa National Professional: Janine Coutinho International Professional: Fernando Llanos-Zavalaga	Propose criteria for the use of overtime in the PWR. 3rd Meeting held.
5	Induction and reception of new Country Office staff	Facilitator: Luciana Chagas Diego González Lúcia Silgueiro Sabrina Silva Pâmela Bermúdez Micheline Meiners Adriana Trevizan Cristina Junqueira Zaida Yadon Giovanni Ravasi Márcia Pinheiro Susana Damasceno	Identify needs and possible solutions for supporting the process of reception and induction of new Country Office staff. 1st Meeting held.



OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE UPDATED: JUNE 08, 2009				
6	Editorial policy	Facilitator: Eliane Santos Éji Pons Luciana Chagas Priscila Almeida João Baptista Risi Pamela Bermudez Mara Lucia Oliveira Rosa Maria Silvestre Zaida Yadon	Propose a PWR-BRA Editorial Policy based on international and Brazilian standards for the presentation of documents.	2nd Meeting held.
7	Translations	Facilitator: William Rodrigues Alessandra Sorôa Cleuber Fortes Cristina Junqueira Fernanda Nahuz Helen Rigaud	Propose solutions to the problem of translating PWR-BRA publications.	5th Meeting held.
8	Events held in the Country Office	Facilitator: Elânia Castro Ângela Fagundes Angélica Castro Kátia Souza Paula Villas-Bôas William Rodrigues	Identify possible solutions for supporting the holding of priority TC and interagency events, promoting the quality of the services provided and efficient resource use.	1st Meeting held.
9	Systematization and organization of information on providers	Facilitator: William Rodrigues Ângela Fagundes Alex Rodrigues Caroline Habe Elania Castro Rogério Lima	Propose a solution capable of facilitating the quest for providers that have already taken part in price quotation processes undertaken by the Country Office, rationalizing the time taken to execute the Technical Units' work processes.	Final document approved by the Country Representative.

OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE				
UPDATED: JUNE 08, 2009				
10	Working hours	Facilitator: Cleuber Fortes Lúcia Silgueiro Alessandra Soroa Sabrina Baiocco Mauro Elkhoury José Moya	Review the Country Office's Flextime policy and propose an application plan appropriate for all staff.	Final document submitted for definition by the Country Representative.
11	Humanitarian aid	Facilitator: Mara Oliveira Ângela Fagundes Elânia Castro Guillermo Gopceovich Mauro Elkhoury Myrza Horst	Propose criteria, definition of responsibilities and establishment of internal instructions for PAHO support activities to the demands of the Interministerial Working Group so as to provide the collaboration requested.	Final document approved by the Country Representative.
12	HPV	Facilitator: Brendan Flannery José Moya José Peña Luis Codina Micheline Meiners	Discuss the Country Office's position on the anti-HPV vaccine.	Final document approved by the Country Representative.
13	TCC Policy	Facilitator: Luciana Chagas Luis Codina Mauro Elkhoury Rosa Silvestre	Support the definition of a PWR-BRA policy on TCCs.	Final document approved by the Country Representative.
14	Support to the Pan-Amazon Science and Technology and Health Innovation Network	Facilitator: Priscila Almeida Carlos Convalán Diego González Diego Victoria José Moya Luciana Chagas Roberto Montoya	Support the Network's development by sharing experiences and aligning methodological concepts.	Final document approved by the Country Representative. N.B.: This OG has now become the Interprogrammatic Task Group.

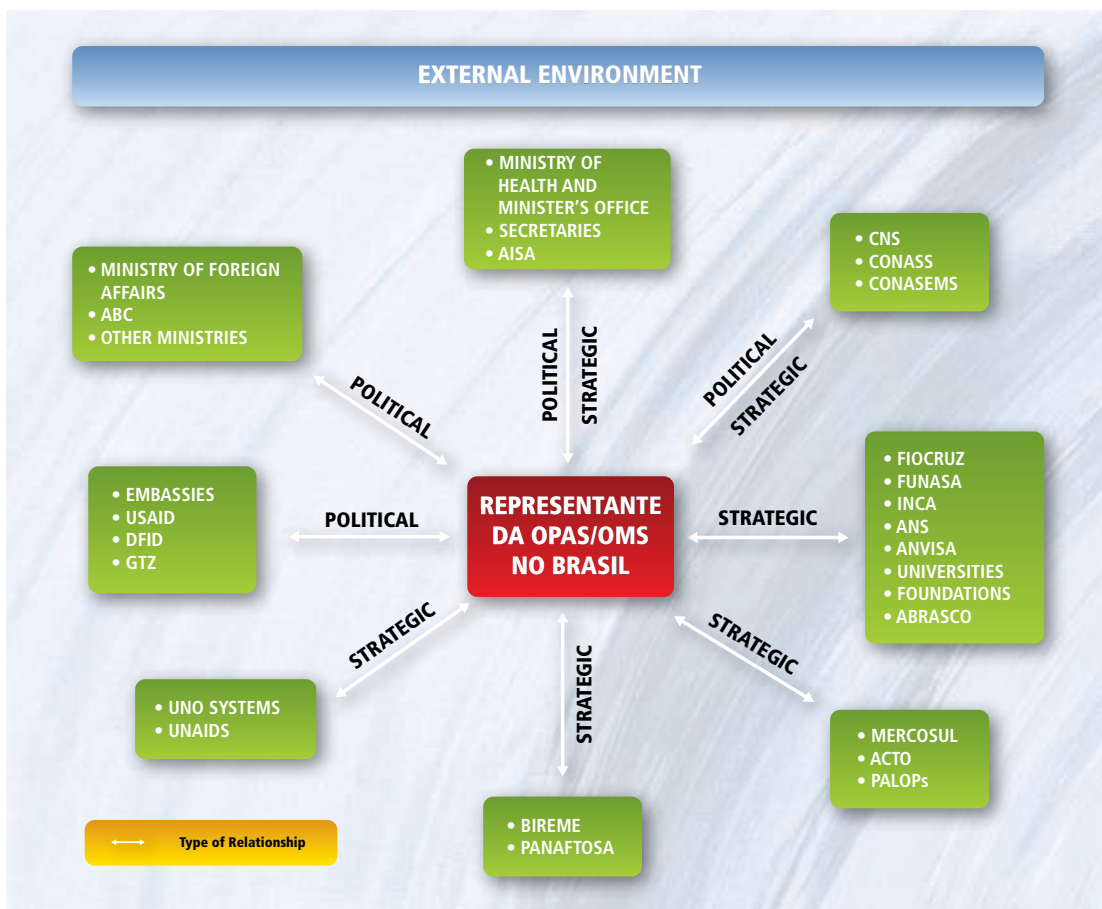
OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE				
UPDATED: JUNE 08, 2009				
15	Information technology infrastructure to provide communication and data storage services	Facilitator: Leandro Freitas Alex Rodrigues Guillermo Gopevich	Propose the reshaping of the Country Office's information technology infrastructure in order solve emergency problems and guarantee the functioning of the service.	Final document approved by the Country Representative.
16	Media	Facilitator: José Moya Adriana Marques Leandro Freitas Susana Damasceno	Propose PWR-BRA Policy on contact with the national and international media.	Final document approved by the Country Representative. N.B.: some adjustments to the document recommended by the Country Representative are pending.
17	Publicizing the Technical Cooperation products	Facilitator: Renato Tasca Alex Rodrigues Diego González Glauciane Oliveira José Moya Leandro Freitas Luciana Chagas Rosa Silvestre	Propose procedures for analysing, valuing (identification, selection, adjustments) and publicizing TC products.	Final document approved by the Country Representative.
18	Country Office correspondence and files	Facilitator: Alessandra Sorôa Angélica Castro Elânia Castro Leandro Freitas Nykolay Mendes	Discuss and propose solutions to current problems relating correspondence and filing flows and procedures.	Final document approved by the Country Representative
19	Connectivity of the Country Representative	Facilitator: Leandro Freitas Alessandra Sorôa Luciana Chagas William Rodrigues	Propose alternatives to guarantee the availability of data network services to the Country Representative, 24 hours a day, 7 days a week.	Final document approved by the Country Representative.

OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE			
UPDATED: JUNE 08, 2009			
20	Collaborating Centres	Facilitator: Diego González Leda Oliveira Mara Oliveira	Obtain information on the Collaborating Centres and propose a PAHO/WHO-BRA position on the issue.  Final document approved by the Country Representative. N.B.: discussion pending with the Country Representative on the role of PAHO/WHO in Brazil in relation to the Collaborating Centres.
21	General Plenary Meeting	Facilitator: Diego González Douglas Melgaço Luciana Chagas Paola Marchesini Sabrina Baiôcco	Propose solutions to improve the use of this space for interactivity between Country Office staff.  Final document approved by the Country Representative.
22	Administrative processes	Facilitator: William Rodrigues Cleuber Fortes Glauciane Oliveira Luciana Brant Myrza Horst Paula Villas-Bôas Rita Telles Sabrina Baiôcco	Discuss and propose solutions for the administrative processes.  Final proposal submitted and discussed by William Rodrigues with the Country Representative. Country Representative decision pending.
23	Working hours of the Country Representative's Office	Facilitator: Guillermo Gopceovich Alessandra Sorôa Luciana Chagas Susana Damasceno Vera Vasconcelos William Rodrigues	Discuss the working hours of the Country Representative's Office so that it is open from 8 a.m. to 7 p.m.  Final document approved by the Country Representative
24	Functions of the NAP, secretaries and administrative assistants	Facilitator: Paula Villas-Bôas Cleuber Fortes Glauciane Oliveira Luciana Brant Myrza Horst Rita Telles Sabrina Baiôcco William Rodrigues	Discuss and propose the functions of the administrative NAPs, assistants and secretaries.  Final document approved by the Country Representative

OPTIMAL GROUP MONITORING AND CONTROL PAHO/WHO BRAZIL COUNTRY OFFICE				
UPDATED: JUNE 08, 2009				
25	Country Office Correspondence	Facilitator: Luciana Chagas Alessandra Sorôa Susana Damasceno William Rodrigues	Orient the process of receiving / sending PWR-BRA correspondence and the management of information.	Final document approved by the Country Representative.
26	Local review committee on contracts, letters of agreement and purchasing	Facilitator: Guillermo Gopceovich Ângela Fagundes Fernando Rocabado Glauceane Oliveira Lúcia Silgueiro Luciana Chagas Paula Villas-Bôas Rubén Figueroa	Analyse and identify the difficulties and alternatives to improve the functions, purpose, procedures and composition of the Local Review Committee on contracts, purchasing and letters of agreement.	Final document approved by the Country Representative.
27	Signatures	Facilitator: Luciana Chagas Adriana Trevizan Elânia Castro James Fitzgerald Lúcia Silgueiro William Rodrigues	Present proposals to solve operational difficulties caused by the large number of requests made by the counterparts in relation to the scarce amount of time the Country Representative has to analyse and sign all the documents.	Final proposal submitted and discussed with the Country Representative. The OG prepared a document justifying the change in administrative procedures, to be discussed with the corresponding areas at PAHO Headquarters.
28	Management of Terms of Cooperation	Facilitator: Guillermo Gopceovich Éji Pons João Risi Luciana Chagas Paula Villas-Bôas William Rodrigues	Orient the processes of preparing and managing the Terms of Cooperation (TC) signed between PAHO/WHO and national institutions.	Final document approved by the Country Representative and by PAHO Headquarters; submitted to the Ministry of Health's Executive Secretariat.
29	Country Office driver	Facilitator: Luciana Chagas Alessandra Sorôa Susana Damasceno William Rodrigues	Prepare a proposal for optimizing the PWR driver's idle time.	Final document approved by the Country Representative.

## Appendix 4: Strategic Relations Networks of the Functional Work Area for the Integral Development of the PAHO/WHO Country Office/Brazil

### 1.1 Country Representative Office's Strategic Relations Network



#### I. Relations with the Health Minister, the Health Ministry's Health Secretariats and Department of International Health Matters

This relationship is of a political and strategic nature and is based on administering the priorities established in Technical Cooperation Strategy for PAHO/WHO and Brazil, 2008-2012, and the Mais Saúde (More Health) Programme, through permanent interpretation for action in relation to the priorities, focus areas and modalities of the Cooperation Strategy, as well as the guidelines, measures and priority goals on the Mais Saúde Programme, so that technical cooperation between the Ministry of Health and PAHO/WHO is executed

in accordance with this context and so that we can contribute to the country goals for health, regional health results and global health objectives.

**m. Relations with the National Health Council and the National Councils of State and Municipal Health Secretaries (CONASS and CONASEMS)**

This relationship is of a strategic nature, to fundamentally guarantee the technical positioning of our TC in the processes of NHS agreements or health pacts (pact for life, pact for NHS management and pact in defence of the NHS - pacto pela vida, pacto de gestão do SUS, pacto em defesa do SUS), as the articulating mechanism of the federal, state and municipal bodies that comprise the NHS with regard to health policies, plans and programmes.

**n. Relations with Ministry of External Relations**

This relationship is of a political and strategic nature, to ensure that our technical cooperation responds to Technical Cooperation Strategy for PAHO/WHO and Brazil, and to the Brazilian Government's health cooperation policies, which are managed by various departments within the Ministry, in particular the Department of Human Rights and Social Development, the Brazilian Government's Cooperation Agency (ABC) and also by the Ministry of Health's Department of International Health Matters (AISA). The relationship is characterized by the maintenance of a permanent dialogue with these bodies, providing and receiving information on the international processes, such as health and diplomacy, health and international trade and health and the regional integration agreements for the development and protection of global health.

**o. Relations with the United Nations System in Brazil**

This is a strategic relationship and takes place through our political and technical intervention on the *United Nations Country Team* (UNCT) and its various mechanisms of participation, based on the administration of our Organization's vision and mission as a United Nations agency specialized in health, and also on the priorities, modalities and focus areas of the Technical Cooperation Strategy for PAHO/WHO and Brazil.

p. Relations with the processes of regional integration and integration with other regions

This is a strategic and technical relationship. Cooperation is to be maintained with the Mercosul through Term of Cooperation 48, which is being executed as a technical cooperation process. We shall strengthen our relationship with the Amazon Cooperation Treaty Organization (ACTO) through a Common Cooperation Strategy/CCS and a permanent strategic dialogue with the ACTO Secretariat to formalize and strengthen jointly executed TC processes.

With regard to the African Portuguese-speaking Countries (PALOP), we shall continue with the processes of political and strategic negotiation within the context of the Community of Portuguese-speaking Countries (CPLP) and through WHO triangulation via AFRO and AMRO to support Brazil's health cooperation with these countries, before going on to the stage of preparing projects in accordance with the TCC.

q. Relations with other National Health System institutions

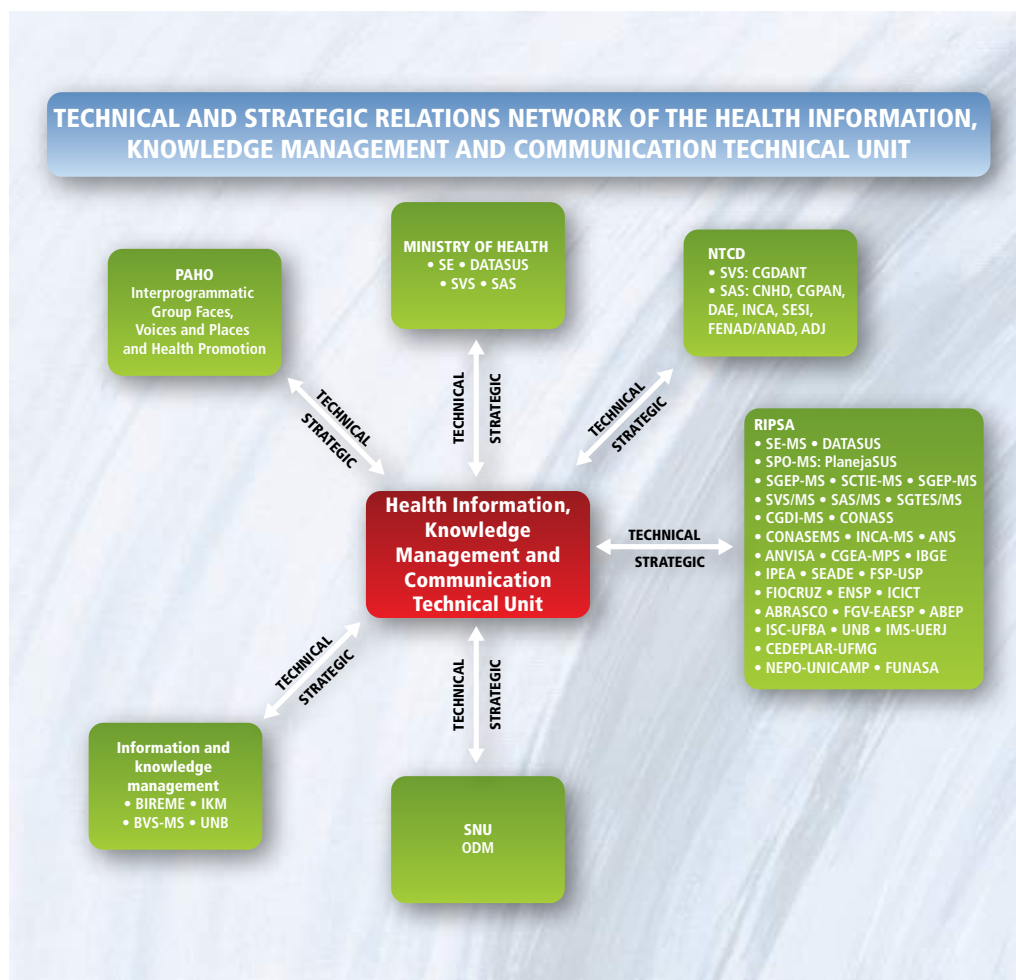
Our relationship is of a strategic and technical nature, given the Terms of Cooperation with the Oswaldo Cruz Foundation (FIOCRUZ), the National Health Foundation (FUNASA), the National Cancer Institute (INCA), the National Supplementary Health Agency (ANS) and the National Health Surveillance Agency (ANVISA). The relationship also involves permanent collaboration with Universities by means of Letters of Agreement, as well as with NGOs such as ABRASCO (Brazilian Postgraduate Collective Health Association) and AIDIS (Inter American Association of Sanitary and Environmental Engineering).

r. Relations with embassies and bilateral cooperation agencies

We have a strategic relationship with the embassies, especially those related to the regional integration processes or those that have leadership and participate in the World Health Assembly and on PAHO's Directing Council. Our relationship with the bilateral cooperation agencies is technical, given that we execute voluntary contributions made by the United States, United Kingdom and the Japanese governments, and that we chair the United Nations Expanded Theme Group on HIV/AIDS.



## 1.2 Technical and Strategic Relations Network of the Health Information, Knowledge Management and Communication Technical Unit



The TU has a technical relationship with the Ministry of Health, especially the Executive Secretariat (SE) and the Health Surveillance Secretariat (SVS). The TU's work themes relate to health information systems, analysis of health situations and non-transmissible chronic disease prevention and integral care activities. These activities are developed through TC 35 resources (5th TA).

TC 15 is being revised in order to orient some activities that promote human resource capacity building with regard to the strategic analysis of health information. As such, a new TA is being prepared to promote the reorientation of the health situation room (sala de situação de saúde), which is an activity undertaken with the Ministry of Health's Executive Secretary and the NHS database

service (DATASUS). Reports produced by the Getúlio Vargas Foundation (FGV) help to optimize DATASUS information resources and to promote their integration in platforms that support health analysis.

The Interagency Health Information Network (RIPSA) (TC 14) plays a relevant role, given that it is a formal network comprised of 30 national institutions involved in the production, analysis and dissemination of health information. The process of RIPSA's management occurs through PAHO/WHO's strategic relationship with the Ministry of Health's Executive Secretariat, via the NSH database service (DATASUS). RIPSA's member institutions jointly develop products agreed in the annual planning process, which is approved and accompanied on a half-yearly basis by the Interagency Working Group (Oficina de Trabalho Interagencial - OTI). The Ministry of Health's Health Surveillance Secretariat (SVS) is a fundamental partner, given its attributions, in the area of health information analysis. The Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística - IBGE) is another pillar of the Network's activities, being the central organ of the national statistics system. Standing out among RIPSA's technical bodies are the Indicator Management Committees (CGI) and the Interdisciplinary Thematic Committees (CTI) the members of which include a variety of institutions, including academic ones.

RIPSA's products are intended to inform the national health policy and NHS management, based on a set of Indicators and Basic Data (IDB) and analyses of health situations, available on the Internet, as well as on specific documents and publications. RIPSA has been promoting similar initiatives at state level (RIPSA no estado), in articulation with the National Council of State Health Secretaries (CONASS) and the National Council of Municipal Health Secretaries (CONASEMS). RIPSA's virtual health library (BVS-RIPSA) is being developed with the support of DATASUS, the Oswaldo Cruz Foundation (FIOCRUZ) and BIREME, and is conceived of as a national and international cooperation instrument. RIPSA supports the monitoring of the National Health Plan and the NHS Planning System (PlanejaSUS), which are under the responsibility of the Planning Sub-Secretariat of the Ministry of Health's Executive Secretariat (SPO/SE/MS), based on a specific Term of Cooperation (TC 15).

The technical relationship with BIREME (TC 12) and with universities is aimed at the development and the use of technologies to make available health information that is constantly being produced and updated by the institutions with which PAHO/WHO has partnerships.

A new TC is in the process of being prepared with the National Cancer Institute (INCA) which will strengthen the dissemination of national policies on integral cancer care, as well as the management of programmes, research and regional integration activities with emphasis on cancer prevention.

The relationship with the UNO system is strategic as part of the group that promotes the millennium development goals with the national, state and municipal segments.

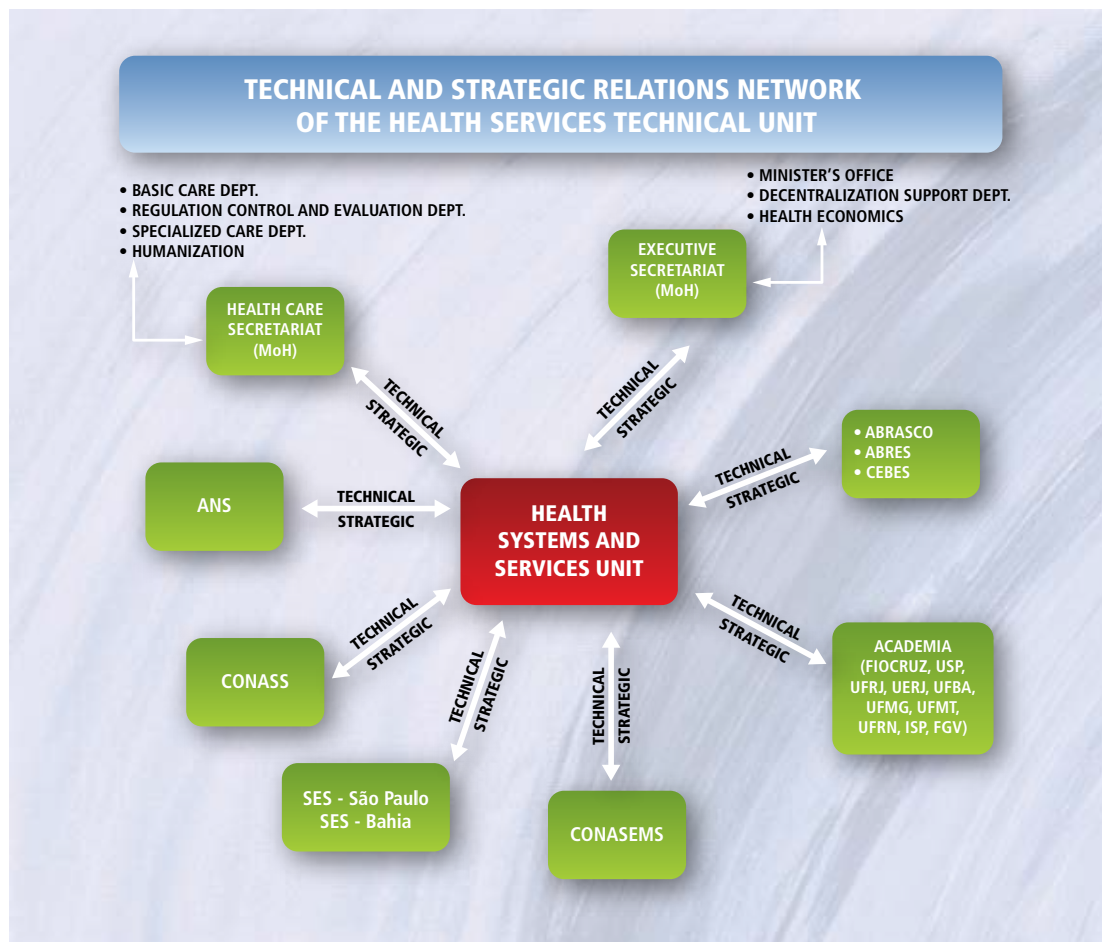
### 1.3 Administration Unit Strategic Relations Network



With regard to the description of the different relations networks, the need is justified to develop a strategic planning process to give political and technical visibility to our operational planning, as described below.

## 2. Strategic Relations Networks of the Health Systems Management Area

### 2.1 Technical and Strategic Relations Network of the Health Services Technical Unit



#### a. Health Care Secretariat/MoH

Together with the Executive Secretariat (SE), the Health Care Secretariat (SAS) is the unit's principal interlocutor with the Ministry of Health. The technical relationship is based on the implementation of two Terms of Cooperation:

- TC 43, managed directly with the SAS Secretary's Office, it includes activities relating to the National Humanization Policy; and

- TC 49, with the Department of Basic Care (DAB).

In addition to the specific objectives addressed by the TCs, SAS is an interlocutor of extreme relevance for several of the Health Systems and Services Unit's strategic themes, such as the health care funding mechanisms, regulation, control and evaluation and medium and high complexity care.

#### b. Executive Secretariat/MoH

Together with SAS, the Executive Secretariat (SE) is this Technical Unit's principal reference. The technical cooperation activities are based on 3 TCs:

- TC 50, relating to matters of national strategic relevance, such as the operationalization and implementation of the Mais Saúde Programme and health care organization in the frontier regions.
- TC 39, relating to the Decentralization Support Department (DAD), addressing issues regarding the implementation of the Health Pact (Pacto pela Saúde).
- TC 45, relating to health economics issues.

With regard to strategic themes, the relationship with SE is particularly important because it involves matters of high priority for the Ministry, such as the new networks proposal (Teias) and the discussion of the Ministry of Health's institutional and organizational development.

#### c. National Supplementary Health Agency

The technical cooperation actions with the National Supplementary Health Agency (ANS) take place through the implementation of TC 42, which involves an articulated work plan aimed at the agency's institutional strengthening and greater integration with other NHS actors.

From the strategic point of view, the relationship with ANS is important for this TU as the supplementary health regulation agency, which is of particular importance in the Brazilian health care system, especially in the metropolitan regions where large numbers of the population have private health plans.

#### d. São Paulo and Bahia State Health Departments

The health departments (SES) of the states of São Paulo and Bahia demonstrated interest in the issue of the Essential Public Health Functions (EPHF), and made a formal request to the Ministry of Health's Executive Secretariat to authorize TCs with PAHO/WHO to carry out a work programme. Both states stand out on the Brazilian public health panorama, not only because of their geographical size and large population, but also because they are developing processes to enhance the decentralization mechanisms.

From a strategic perspective, the technical cooperation activities with these states appear to be particularly relevant, since they may become "experimentation laboratories" with regard to health service and systems management innovation practices and instruments.

#### e. National Councils of State and Municipal Health Secretaries (CONASS and CONASEMS)

These National Councils are interlocutors empowered to represent the main issues relating to NHS management at the state and municipal levels, respectively.

This TU maintains technical cooperation relations with these bodies, with the aim of offering institutional support and backing, which is materialized through the joint holding of or participation in events, the preparation of documents, the discussion of highly relevant matters, etc. Especially noteworthy is the cooperation to strengthen the EPHF, undertaken in partnership with the National Council of State Health Secretaries.

#### f. Scientific associations and academic centres

The relationship with these institutions is fundamental for several reasons. Foremost is that this relationship guarantees that the technical cooperation actions are coherent and aligned with national scientific production in the area of public health. Secondly, the availability and the technical excellence of these institutions represent a solid basis for building partnerships for the development of technical instruments and tools or other innovative and updated technical products for the effective management of the NHS in Brazil.







ing activities: Pro-Health (Pró-Saúde) – reorientation of professional training with emphasis on primary health care; Management Capacity Building for National Health System Workers; Collaborative Networks; National Telehealth Programme; Management and regulation of health work; NHS Open University (UNA-SUS).

In order to give continuity TC 08 projects that extent beyond the Term's expiry date, and also in order to include new national priorities, such as the Technical Health Training Programme (PROFAPS), a new Term of Cooperation (No. 57) has come into force and will run until 2013. Its aim is to enhance National Health System (NHS) management, with emphasis on promoting the qualification and permanent education of NHS health professionals, as well as to promote the qualification of work management and to meet the needs of activities already agreed on within the scope of the Mais Saúde Programme.

The lines of work developed through TC 57 are as follows: Support to the National Telehealth Programme; Support to Health Work Management; Support to the Health Human Resources Observatory Network – ObservaRH; Support to the Health Training Programme – PROFAPS; Support to Health Training Reorientation Projects – PROSAUDE; Support to the Cooperation between Academic Institutions and NHS Managers – UNASUS; Support to the NHS Priority Postgraduate Programmes; Support to the NHS Manager Qualification Programme – REGESUS.

In addition to the specific projects of each national programme referred to above, TC 08 and TC 57 support their national and decentralized coordination, through Letters of Agreement to this end.

TC 08 and TC 57 coordination also requires the carrying out of direct technical cooperation activities jointly managed with SGTES/MS with other Ministry of Health units (SAS, SVS, ANVISA, INCA, National Public Health School-ENSP/FIOCRUZ, etc); other NHS bodies (such as the National Health Council's Technical Committees and the National State and Municipal Health Secretaries Councils); the Ministry of Education, universities and their support foundations; public or collective health schools and centres; HR observatories; and professional councils and associations (ABRASCO, Rede Unida, ABEM, ABEn, CEBES, etc.)

The interface of these terms of cooperation with TC 41 also involves articulations with other Country Offices in the region and, as planned for the current biennium, with the Portuguese-speaking Countries covered by AFRO.

#### b. Cooperation management in the context of TC 41

This term of cooperation relates to the International Health Cooperation Programme, which aims to strengthen Brazil's cooperation with the Organization's Member Countries, with priority for South America and the African Portuguese-speaking Countries (PALOP), in the scope of South-South cooperation with PAHO/WHO triangulation.

The interlocution of this term of cooperation within the Ministry of Health takes place via the Oswaldo Cruz Foundation, through its International Cooperation Department (ACI/FIOCRUZ) and the Ministry of Health's Department of International Health Matters (AISA/MS). The 1st Term of Agreement (TA), aimed at supporting projects in the HR component, includes the SGTES/MS in the Programming Commission, which is the TC 41 coordination body.

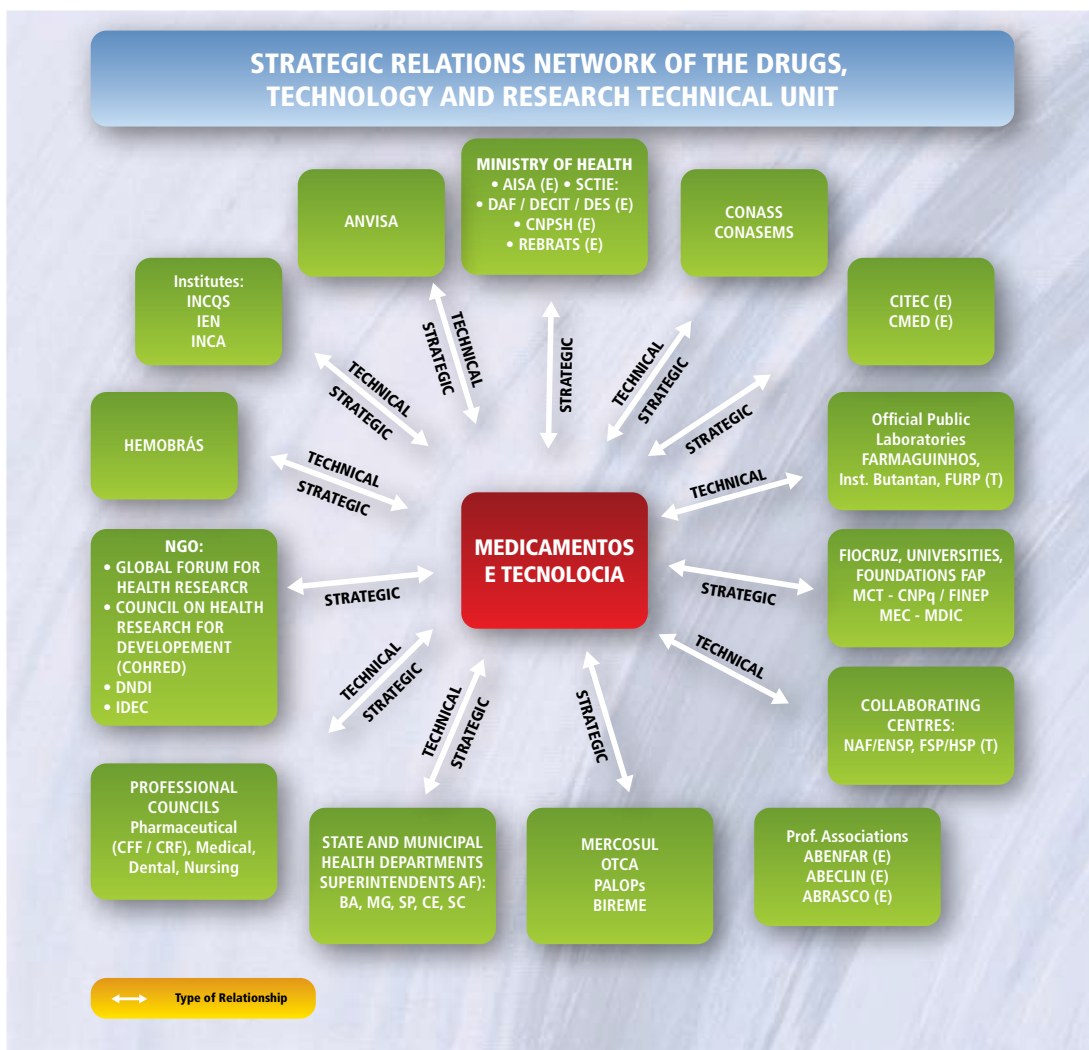
The 1st TA to TC 41 has a budget of fourteen million Real, which the Ministry of Health has already transferred to PAHO/WHO, for projects indicated in the work plan and which are aggregated into the following components: Support to the Programme for Advanced Qualification in Intersectoral Health Management; Support to the Mobilization to involve National Collaborative Networks in International Cooperation; Support to the Formation of International Consortia of Technical Cooperation Networks for the Development of Health Human Resources.

There are currently 23 projects approved and being executed distributed among these components, the technical coordination of which is shared between the technical units of the Country Office/Brazil and the national counterparts that promote these international cooperation Initiatives, such as technical and scientific units of FIOCRUZ (ENSP, Joaquim Venâncio Polytechnic Health School-EPSJV, ACI, Fernandes Figueira Institute-IFF, Strategic Planning Directorate-DIPLAN, International Centre for Technical Cooperation-CICT, Leônidas and Maria Deaene Research Centre-CPqLMD), the Federal Branch of the Government Health School, the Collective Health Education Centre/Federal University of Minas Gerais-NESCON/UFMG, the Collective Health Study Centre/

Federal University of Rio Grande do Norte-NESC/UFRN, the University of Brasília-UNB and the Institute of Applied Economic Research-IPEA. The execution of these projects includes the articulation and participation of institutions from several of the Region's countries, mobilized via the respective Country Offices, and with the support and guidance of the PAHO/WHO regional programmes.

Cooperation with the PALOP countries is already included in some of the projects of the 1st TA to TC 41, and is to be extended and scaled up in the current biennium by means of a new TA and the formalization of cooperation protocols between the WHO regional offices (AMRO and AFRO) and the PALOP and CPLP country intergovernmental entities.

## 2.3 Strategic Relations Network of the Drugs, Technology and Research Technical Unit



- a. Ministry of Health (Science, Technology and Strategic Supplies Secretariat-SCTIE, SAS, SVS, Strategic and Participative Management Secretariat-SGEP, SGTES) – TC 24, TC 47 and TC 45/4th TA

This is a strategic and technical relationship involving support to the policies on science, technology and innovation, drugs and pharmaceutical care and management of the industrial complex and health innovation; the formulation and implementation of policies on basic and specialized care, observing the National Health System principles; the strengthening and scaling up of epidemiological surveillance actions, including the national disease prevention

and control programmes; the formulation and implementation of the policy on democratic and participative NHS management and the strengthening of social participation; and the process of health professional training and qualification and professional regulation in the NHS.

#### b. National Health Surveillance Agency (ANVISA) – TC 37

This is a strategic relationship of cooperation and technical aid to facilitate the implementation of the National Health Surveillance System reorganization actions by means of projects of interest for the protection and defence of the population's health undertaken by diverse areas of ANVISA.

Two terms of cooperation signed between ANVISA and PAHO/WHO, TC 18 and TC 37, reflect the relationship between these institutions, contributing technically to strengthening ANVISA as an institutional actor on the national, regional and global scenarios. With regard to drugs, this cooperation has played a fundamental role in strengthening several areas, through the development of specific projects, including in particular: Economic Evaluation of Health Technologies; Official Public Health Laboratories; Regulation of Food Labelling and Advertising, Drugs and Health Products; Drug Falsification; Pharmaceutical Equivalence, Drug Bioavailability and Bioequivalence; Drug Prices; Monitoring and Prevention of Microbial Resistance In Health Services; Toxicology; Pharmacosurveillance and Technosurveillance; Health Information with emphasis on Health Surveillance and International Health Regulation.

The articulation between the Ministry of Health, PAHO and ANVISA can be clearly seen in events they have held, such as: Workshop on the "Rational Use of Drugs: a multiprofessional perspective" (2006); the celebration of the 25th anniversary of the Nairobi Conference on the Rational Use of Drugs, during the World Public Health Congress and the Congress of the Brazilian Postgraduate Collective Health Association (Associação Brasileira de Pós-Graduação em Saúde Coletiva – ABRASCO) (2006); the setting up of the National Committee on the Rational Use of Drugs (2007); ANVISA vaccine prequalification by WHO (2008); the International Seminar on the Economic Regulation of Drugs (2009).

As such, the term of cooperation currently in force – TC 37 – plays a role of catalyzing and adding positive values to the population's health, which is a permanent challenge for health surveillance actions.

c. Brazilian Blood Products and Biotechnology Company (Hemobrás) – TC 51

Technical and strategic cooperation to support the enhancement of the Brazilian National Blood and Blood Products Policy, which promotes joint activities in the areas of basic research, applied research, management and human resource capacity building. This partnership is focussed on the activities inherent to blood product production and the manufacturing of biological products obtained through biotechnology, including reagents in the area of haemotherapy.

d. National Health Council (CNS), National Council of State Health Secretaries (CONASS) and National Council of Municipal Health Secretaries (CONASEMS) – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

This is a strategic relationship through support with the formulation and control of the execution of the national health policy at the federal level, as well as criteria for the definition of care standards and parameters in the field of drugs and technologies; support with NHS normative processes, analyzing and deliberating on subjects in the field of drugs and technologies, through resolutions to be adopted by the Ministry of Health; and support with the promotion of universal and equal access by the population to drugs and technologies in the health services, so as to guarantee the integrality of these actions right from prevention through to rehabilitation, aimed at enhancing their respective health systems, taking care to ensure the exchange of information and technical cooperation.

e. State Health Departments (SES) and Municipal Health Departments (SMS) – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship through support with the process of the decentralization of health promotion, prevention and rehabilitation actions, the production and use of scientific and technological knowledge, ensuring that the population has universal and equal access to services, especially drugs and technologies.

f. National Supplementary Health Agency (ANS) – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship through support with the promotion and defence of the public interest in relation to supplementary health care and the regulation

of sectoral operators, including with regard to their relations with providers and consumers of drugs and technologies, contributing to the development of health actions in the country.

g. National Congress – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship through support with undertaking activities to enable the fulfilment of the population's wishes, through the discussion and approval of proposals relating to the social and economic areas, especially in the field of drug, pharmacy care and technology policies, making sure that the Federal Government makes the correct use of the resources levied from the population through taxation payments.

h. Ministry of Education, Ministry of Culture, Ministry of Science and Technology, Ministry of Industrial Development and Foreign Trade, National Council for Scientific and Technological Development – CNPq, Federal, State, Municipal and Private University Research Support Foundations, Brazilian Postgraduate Collective Health Association – ABRASCO, Higher Education Advancement Coordination – Capes, Studies and Projects Funder – FINEP, Oswaldo Cruz Foundation – FIOCRUZ, Brazilian Industrial Development Agency – ABDI – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship to support the decentralized implementation of the National Health Research Agenda, in order to produce knowledge in line with NHS priorities; the decentralized implementation of the National Health Science Technology and Innovation Policy, strengthening state level health research systems in the 27 Brazilian states; the academic formation of researchers; Brazil's South-South cooperation with other developing countries (Amazon and PALOP countries), by supporting the academic formation of researchers in areas that are a priority for the countries; the structuring of national health research networks, the development of multicentric studies and the promotion of scientific and technological research; the formation of public-private partnerships for the development of priority products for the NHS; the implementation of the Pan-Amazon Science and Technology and Health Innovation (ST&HI) Network and technical cooperation triangulation actions with African countries in the field of ST&HI (human resources training, strengthening of the research institutes and postgraduate programmes in the PALOP and Amazon countries); and national and regional technological development, facilitating

access to essential drugs by other countries in the region. A strategic relationship with key actors for the implementation of Brazil's Industrial, Technological and Foreign Trade Policy (PITCE). This relationship is crucial in supporting the implementation of the National Health Science, Technology and Innovation Policy and the National Biotechnology Policy with regard to the strengthening of the national health production complex in the field of biotechnology, pharmaceuticals and medical and hospital equipment.

- i. Global Forum for Health Research, Council on Health Research for Development (COHRED), Brazilian Drug Surveillance Society – SOBRAVIME, Consumer Defence Institute – IDEC, Mercosul, Amazon Cooperation Treaty Organization – ACTO , BIREME – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship to align global, regional, sub-regional and national health research priorities and strategies in the field of ST&HI; contribute with analyses and interventions for the construction of the drugs policy in accordance with the directives of the World Health Organization, the Pan American Health Organization and the rational drug use promotion networks on all the continents; support the promotion, education, awareness raising, defence of consumer rights and ethics in consumer relations, with total political and economic independence; support the regional economic integration process aimed at building a common market, and its basic goals, as stated in article 1 of the Treaty of Asuncion; adopt a Common External Tariff (CET); support the coordination of macroeconomic policies, free service trading, free circulation of labour and free circulation of capital; implement the Pan-Amazon ST&HI Network; and support the implementation of the Pan-Amazon ST&HI Network Virtual Health Library, as well as the national ST&HI Virtual Health Libraries coordinated by the Department of Science and Technology (DECIT).

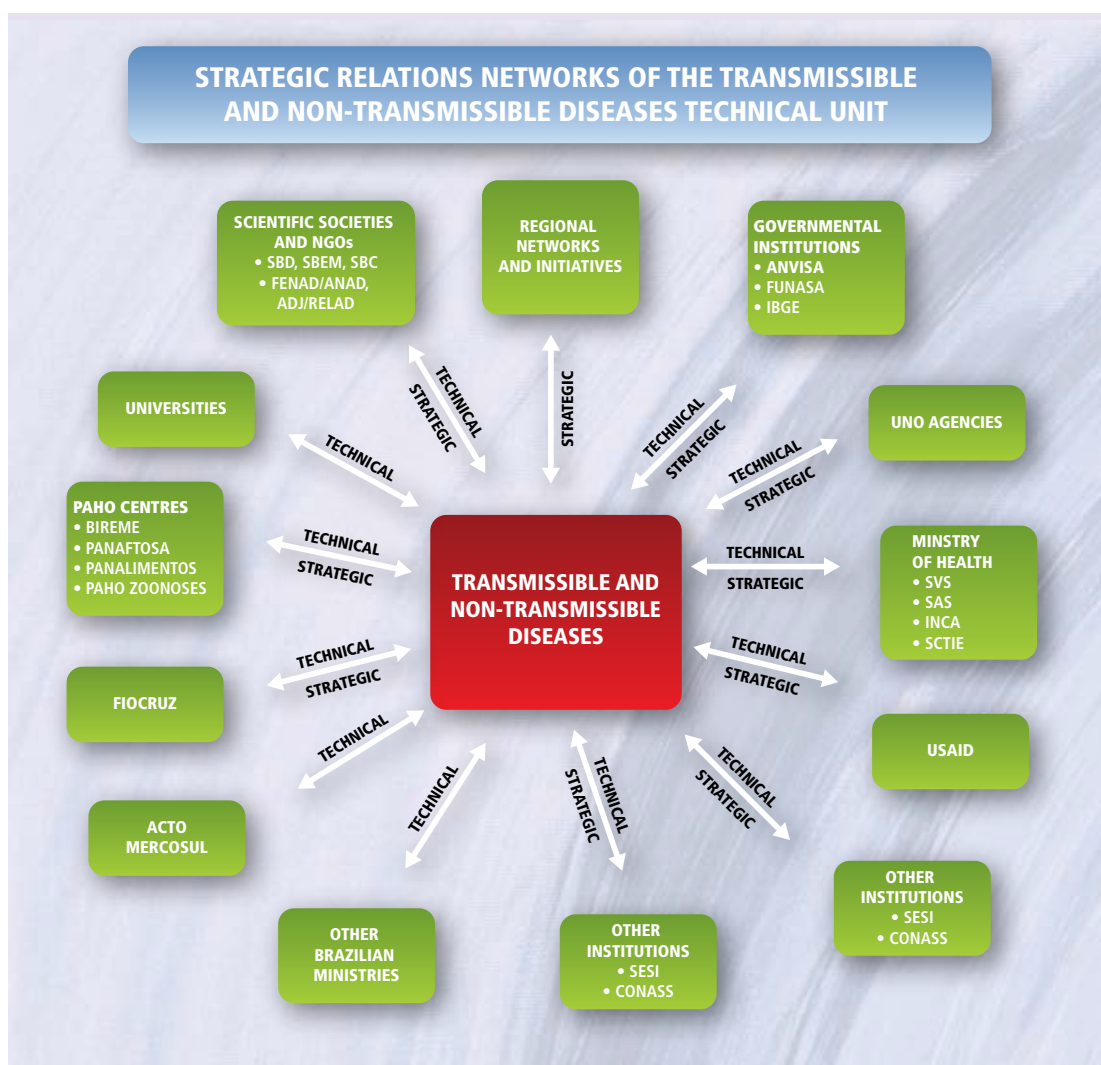
- j. Federal Council of Medicine; Federal Council of Pharmacy; Federal Council of Dentistry; Federal Council of Nursing; Federal Council of Nutrition; Federal Council of Physiotherapy – TC 24, TC 37, TC 45/4th TA, TC 47 and TC 51

A strategic relationship through support with the promotion of rational drug use as part of the national public policies, as a policy of the Brazilian State, observing its multiprofessional and intersectoral nature in agreement with the deliberations of the National Committee for the Promotion of Rational Drug Use.



### 3. Strategic Relations Networks of the Disease Prevention and Control and Sustainable Development Management Area

#### 3.1 Strategic Relations Networks of the Transmissible and Non-transmissible Diseases Technical Unit



##### a. Relations with the Ministry of Health and Health Departments

The relationship with the Brazilian Ministry of Health is of a technical and strategic nature, being aligned with the Regional Strategy and Action Plan and based on the application of the political and programmatic lines prioritized

by the country (Mais Saúde Programme), though support with the execution of technical cooperation projects and programmes and the strengthening of priority actions. The Terms of Cooperation [TC 54: Rede Câncer – Mais Impacto (Cancer Network - More Impact), TC 56: Health Promotion (RE 2) and TC 49: Basic Care (RE 4)] are part of this work and orient the TU in the execution of the technical cooperation. The partnerships established operate in the following areas:

- Surveillance and monitoring of non-transmissible chronic diseases and risk factors – Ministry of Health General Coordination of Non-transmissible Diseases and Complaints, Department of Health Situation Analysis, Health Surveillance Secretariat (CGDANT/DASIS/SVS/MS), in coordination with the Mercosul;
- Hypertension and Diabetes – Ministry of Health National Hypertension and Diabetes Coordination, Department of Basic Care, Health Care Secretariat (CNHD/DAB/SAS/MS), with a special project with the Bahia Diabetes and Endocrinology Centre/Bahia State Health Department [CEDEBA/SESAB] (TC 53: SESAB – Bahia) and the National Council of State Health Secretaries, as well as the participation of scientific societies and NGOs (World Diabetes Foundation (WDF), Brazilian Diabetes Society (SBD), Brazilian Society of Endocrinology and Metabolism (SBEM), Brazilian Cancer Society (SBC), National Federation of Diabetes Entities and Associations/National Diabetic Aid Association (FENAD/ANAD), Diabetes Youth Association/Latin American Diabetes Education Network (ADJ/RELAD) and Brazilian Diabetic Association (ADB).
- Chronic Respiratory Diseases – Ministry of Health Basic Health Care Management Coordination, Department of Basic Care, Health Care Secretariat (CGGAB/DAB/SAS/MS), the Federal University of Bahia (UFBA) and the GARD initiative in Brazil;
- Healthy Eating and Obesity – Ministry of Health General Coordination of the National Food and Nutrition Policy, Department of Basic Care, Health Care Secretariat (CGPAN/DAB/SAS/MS) in coordination with ANVISA (Advertising Management Area and Food Management Area);
- Cardiovascular and renal diseases and other associated complications: Ministry of Health High and Average Complexity Coordination, Department of

Specialized Care, Health Care Secretariat (DAE/SAS/MS) and the Brazilian Society of Nephrology (SBN).

- Sickle Cell Disease and other haemoglobin disorders – Ministry of Health Integral Care for People with Sickle Cell Disease Policy Team, Coordination of the National Blood and Blood Products Policy, Department of Specialized Care, Health Care Secretariat (CPNSH/DAE/SAS/MS) in partnership with the University of Minas Gerais (NUPAD/CEHMOB).
- Cancer – National Cancer Institute, which is subordinated to the Health Care Secretariat (INCA/SAS/MS).

The TU promotes technical and strategic cooperation with the Ministry of Health's Health Surveillance Secretariat (SVS) with regard to disease surveillance, prevention and control actions, which include the national coordination of relevant programmes such as those for the prevention and control of dengue, malaria, viral hepatitis, leprosy and tuberculosis, among others, as well as the investigation of and response to disease outbreaks of national relevance. Similarly, the unit technically supports the National Immunization Programme (PNI), the national network of public health laboratories and environmental health surveillance activities, as well as the strengthening of national zoonotic diseases and foodborne diseases programmes.

Another important item the unit collaborates with is the establishment of information and analysis systems that enable the country's health situation to be monitored and inform the formulation, implementation and evaluation of disease and harm prevention and control actions, the definition of priorities and the organization of health services and actions aimed at optimizing the NHS.

An important source of financial support for the development of the unit's technical and strategic cooperation with the Health Surveillance Secretariat are the Terms of Cooperation, which in our case are: TC 11 (for the reduction of *Aedes aegypti* infestation and the reduction of dengue incidence), TC 32 (tuberculosis control) and TC 35 (technical aid with the planning, development and evaluation of actions and projects of the "Epidemiological and Environmental Health Surveillance" Programme).

## b. State Health Departments and Municipal Health Departments

This relationship is of a technical and strategic nature and above all is directed towards frontier states and municipalities, principally with regard to the control of transfrontier zoonotic diseases and veterinary public health (foot-and-mouth disease, for example). There is also technical support for the development of dengue prevention and control strategies in articulation with state and municipal health departments, such as the activities undertaken in Salvador/BA and Olinda/PE, respectively.

With regard to Diabetes, a project is being developed with the Bahia State Health Department in partnership with the National Council of State Health Secretaries, the Ministry of Health, PAHO Headquarters and WHO entitled "Qualification of Community Diabetes Care and Mobilization", with TC 53, Ministry of Health and WHO resources. In addition, a strategic action on Sickle Cell Disease will be developed, with the aim of structuring the line of care of the Bahia State Health Department.

In relation to tobacco, strategic actions have been developed with the São Paulo State and Federal District Health Departments (SES-SP and SES-DF).

## c. Relations with Agencies and other International Bodies (UNFAO, Inter-American Institute for Cooperation on Agriculture - IICA) and PAHO/WHO Reference Centres (Foot-and-mouth [Panaftosa], Food [Panalimentos] and Zoonoses)

Support and technical collaboration with regional and sub-regional priorities relating to zoonotic diseases, animal welfare and health, food security and safety. Also noteworthy is the articulated action that is being planned in conjunction with Panaftosa regarding dengue and tuberculosis prevention and control in the municipality of Duque de Caxias/RJ.

We are seeking to encourage the involvement of other institutions in the area of non-transmissible chronic diseases to act as WHO collaborating centres here in Brazil: the Bahia Diabetes and Endocrinology Centre (CEDEBA) with regard to the qualification of diabetes health care and education and the Federal University of Bahia (UFBA) with regard to chronic respiratory diseases.

#### d. Relations with the Ministry of Agriculture, Cattle Raising and Supplies

A relationship of a technical and strategic nature with the Ministry's Agriculture and Cattle Raising Defence Secretariat – in relation to zoonoses among livestock and food security, through the national inspection service for products of animal origin – and with the International Agribusiness Relations Secretariat, specifically on matters relating to the *Codex alimentarius*.

#### e. Relations with ANVISA

A technical relationship based on support and collaboration with activities, such as courses and other technical and scientific events and investigations of outbreaks, as well as contributing to the formation of national food safety networks. Financial execution takes place via TC 37: Microbial Resistance, Hospital Infection Control and Patient Safety.

#### f. Relations with the Tuberculosis/Malaria CCM (Country Coordinating Mechanism/ Global Fund)

Support with the submission of national proposals for tuberculosis, malaria and HIV/AIDS funding, identifying the specific priorities of each programme and involving the strengths of the various parties interested in order to reach an agreed strategy, as well as to identify funding gaps so as to materialize the strategy given the existing support.

#### g. Relations with ACTO

Technical aid to the Amazon Cooperation Treaty Organization in the development of regional initiatives on transmissible disease control and care.

#### h. Relations with USAID

Technical and strategic support with:

A technical and financial cooperation project for the strengthening of tuberculosis control activities under the DOTS strategy, with priority for DOTS expansion in Rio de Janeiro and São Paulo, as well as the surveillance of resistance

to antituberculosis drugs in six Brazilian states and the supervised treatment of patients with tuberculosis/HIV co-infection in Rio de Janeiro and São Paulo.

A malaria control project with the Amazon Network (Rede Amazônica). USAID is the funding agency of the Anti-malarial Drug Resistance Surveillance Network (RAVREDA) Project. Other partners are also part of RAVREDA, which PAHO/WHO coordinates as well as being responsible for technical aid to the countries, along with CDC, USP (United States Pharmacopoeia), MSH (Management Sciences for Health) and Links Media.

#### i. Relations with FIOCRUZ

FIOCRUZ's transmissible disease investigation capacity has resulted in several of its departments being PAHO and WHO Collaborating Centres. The working partnership with the unit is established through several specific work areas, by means of TDR-WHO projects and TC 35.

#### j. Relations with the Brazilian Society of Tropical Medicine (SBMT)

The relationship with SBMT basically includes technical support with national and international events organized by the Society, principally the annual congress on this specialty.

#### k. Relations with the Ministry of Health's Science, Technology and Strategic Supplies Secretariat (SCTIE/MS)

The TU takes part in aspects of technical assistance with the formulation, implementation and evaluation of the National Policies on Health Science and Technology in relation to transmissible disease control, including technical collaboration in the areas of vaccines, immunobiological products and other related supplies, as part of the National Health Policy.

#### l. Universities

This relationship is of a technical nature and its purpose is to inform and qualify the disease prevention and control action implantation and implementation process, providing support to the Ministry of Health's actions and generating products of collective interest.

This work has been undertaken in the form of technical cooperation with the Federal University of Bahia (UFBA) and the Federal University of Minas Gerais (UFMG).

#### m. Brazilian Institute of Geography and Statistics - IBGE

Cooperation, in particular, with the development of the GATS population study, which was undertaken in partnership with INCA, Ministry of Health, ANVISA and the CDC and Bloomberg Foundations.

#### n. Relations with Scientific Societies, Associations and Foundations

We maintain technical relations with several associations that bring together professionals from a variety of areas of specialization, such as the Brazilian Diabetes Society (SDB), the Brazilian Society of Endocrinology and Metabolism (SBEM), the Brazilian Cancer Society (SBC) and the Brazilian Nephrology Society (SBN) and organizations that represent service users, such as the International Diabetes Federation/South and Central America (IDF/SACA), National Diabetic Aid Association/National Federation of Diabetes Entities and Associations (ANAD/FENAD), Diabetes Youth Association/Latin American Diabetes Education Network (ADJ/RELAD), National Federation of Sickle Cell Disease Associations (FENAFAL) and Brazilian Diabetic Association (ADB). With regard to the implementation of the Framework Convention on Tobacco Control (FCTC) we are able to count on the support of the Alliance for Tobacco Control in Brazil (ACTbr) which is comprised of various civil society organizations, medical associations, scientific communities, activists and people committed to reducing the tobacco epidemic. In addition, we are also able to count on the support of International Foundations that fund non-transmissible chronic disease projects, such as the Bloomberg Foundation, the CDC Foundation and the World Diabetes Foundation (WDF).

#### o. Social Service for Industry (SESI)

SESI has a parastatal role of promoting the quality of life of those who work in industries and their dependents, focussing on education, health and leisure, as well as encouraging the socially responsible management of industrial companies. It receives resources from compulsory contributions paid by companies based on their monthly payrolls. It has developed national level projects for

health promotion and the prevention and control of non-transmissible diseases and their risk factors, involving partnerships with the Ministry of Health.

p. National Council of State Health Secretaries (CONASS)

The Council is a body representing the state level health managers (as one of the three levels of government – federal, state and municipal). The relationship with this body is strategic, although some technical projects are also undertaken with it, principally with the aim of motivating or advocating, as is the case of the diabetes project.

q. Relations with the Mercosul and the PALOP Countries

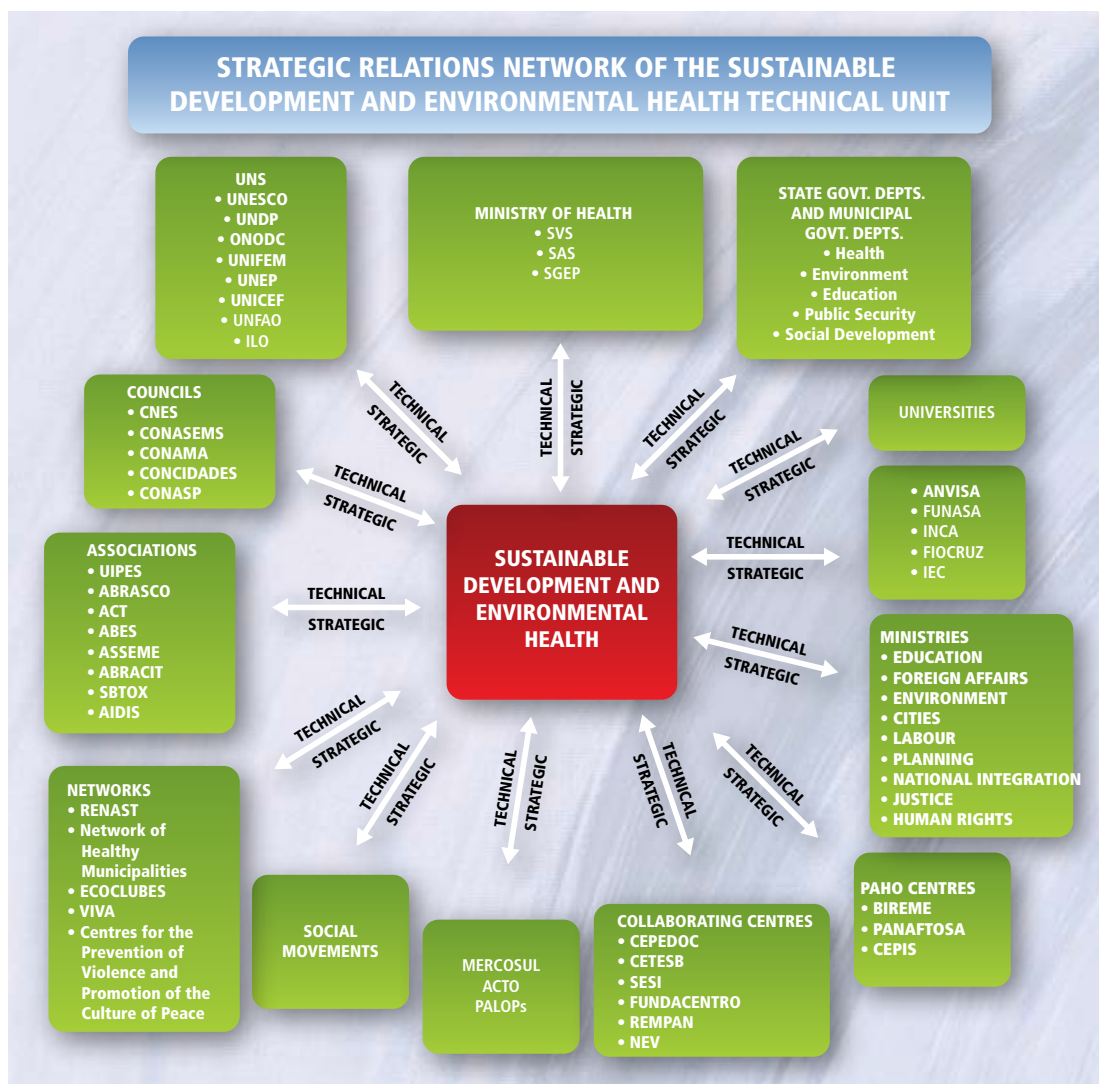
PAHO/WHO has also supported regional actions within the Mercosul. An *ad hoc group on Non-Transmissible Disease Surveillance* has been created recently, as part of the Epidemiological Surveillance group. The issue of tobacco is also dealt with in the Mercosul with the aim of strengthening the FCTC. In addition, support has been given to training technical staff from Portuguese-speaking African countries with regard to diabetes and sickle cell disease.

r. Relations with Regional Networks and Initiatives

We maintain technical and strategic relations with several thematic networks, such as: the Latin American and Caribbean Alliance for Cancer Control, the CARMEN Network (Set of Actions for Non-transmissible Disease Reduction and Management), the GUIA Project (Guide on Useful Interventions for Physical Activity in Brazil and Latin America). In addition, we have taken part in regional initiatives such as Trans Fat Free Americas, Task Force for the Reduction of Salt Consumption and the Forum of Non-transmissible Chronic Disease Partners.



### 3.2 Strategic Relations Network of the Sustainable Development and Environmental Health Technical Unit



#### a. Strategic relationship with the Ministry of Health

The relationship with the Brazilian Ministry of Health is strategic and technical and is based on the application of the political and programmatic lines prioritized by the country, through support with the execution of technical cooperation projects and programmes. The Terms of Cooperation (23, 35, 44 and 56) are part of this work and orient the Technical Unit in the execution of the technical cooperation. The TU has lines of actions relating to each of the Ministry of Health's secretariats. The partnerships established address the following issues:

The environmental and occupational health actions are undertaken by the Health Surveillance Secretariat (SVS), under the direct responsibility of the Environmental and Occupational Health Department (DSAST), which is responsible for managing the National Environmental Health Surveillance Subsystem, including the work environment. Among the issues it addresses are those relating to water for human consumption, contamination of the air and the ground, natural disasters, environmental contaminants and chemical substances, accidents with hazardous products, and the effects of physical factors and healthy conditions in the work environment.

The actions in support of emergencies, natural disasters and accidents with hazardous products are also developed with the Centre for Strategic Health Surveillance Information (CIEVS) and the Rapid Response Unit (URR). Also in partnership with the Health Surveillance Secretariat we support the National Policy on the Reduction of Morbidity and Mortality caused by Accidents and Violence, and the National Health Promotion Policy, through projects such as the Faces, Voices and Places project, the Healthy Municipalities project and the URBAN HEART initiative.

Also in partnership with the Ministry of Health the environmental and occupational health actions are developed together with the Health Care Secretariat through the Emergency Mobile Care Service (SAMU) at national and state level. Together with the Department of Basic Health Care (DAB) we will develop actions for building health environments and promoting a culture of peace. With the Department of International Health Matters (AISA) we undertake technical cooperation between countries on matters of environmental health, occupation health and international humanitarian aid.

With regard to the Strategic and Participative Management Secretariat (SGEP) we support the implementation of the National Policy on Strategic and Participative Management aimed strengthening social participation in and monitoring of NHS management.

#### b. Relations with State and Municipal Governmental Departments

This is a strategic relationship and its purpose is to prioritize certain states and municipalities for the development of intersectoral cooperation programmes (Health, Environment, Education, Social Development, Public Security, etc) such

as the Faces, Voices and Places and Healthy Municipality programmes, which can serve as an example for other municipalities and states. Technical cooperation agreements have been made with some states.

#### c. Relations with Universities

This is a technical relationship the purpose of which is to inform and qualify the process of environmental health and health promotion action implantation and implementation, thus generating products of collective interest and formulating public policies.

This work has been done through technical cooperation with a variety of universities such as the University of São Paulo (USP), the Federal University of Bahia (UFBA), the Federal University of Minas Gerais (UFMG), UNV, the University of Brasília (UnB), the Federal University of Rio de Janeiro (UFRJ) and the Campinas State University (UNICAMP), among others.

#### d. Relations with decentralized institutions: FUNASA, ANVISA, INCA, FIOCRUZ, IEC

This is a strategic and technical relationship, principally because it involves institutions of strategic importance for the country's public health. The technical relationship is based on support with the lines of action agreed with each of the institutions and financial execution takes place through technical cooperation Terms of Agreement.

The environmental health surveillance actions are developed in articulation with the Toxicology General Management Area (GGTOX/ANVISA), the Health Service Technology General Management Area (GGTES/ANVISA), as well as with areas of the FIOCRUZ and Evandro Chagas Institute (IEC) health and environment vice-presidency in relation to the Amazon.

With regard to the National Health Foundation (FUNASA), we highlight the evaluation of the impact of sanitation actions on health, involving the participation of PAHO/WHO and universities, as well as cooperation for the implementation of sanitation programmes in municipalities with less than 50 thousand inhabitants (Growth Acceleration Programme - Sanitation), in rural areas and small settlements and sanitation in indigenous areas.

#### e. Relations with the Brazilian Government

These relations are strategic and technical and are directed towards the development of intersectoral projects such as, for example, the “Health Promoting Schools” project, developed in partnership with the Ministries of Health and Education.

In the field of basic and environmental sanitation, together with the Ministry of Cities, we support the implementation of the policy dealing with urban development and sectoral policies on housing, environmental sanitation, urban transport and traffic, particularly in relation to metropolitan regions. Outstanding in the area of information are the National Sanitation System (SNIS) and the National Study on Basic Sanitation (PNSB).

We work with the Ministry of the Environment on issues relating to chemical emergencies.

PAHO also supports interministerial initiatives such as, for example, the holding of the 1st National Conference on Environmental Health, coordinated by three ministries – Health, Cities and Environment.

In partnership with the National Civil Defence Secretariat of the Ministry for National Integration, PAHO/WHO has supported the training of technical staff on matters relating to natural and chemical disasters.

In partnership with the Ministry for Foreign Affairs, PAHO/WHO participates as a collaborator on the Interministerial Working Group on International Humanitarian Aid.

In addition, PAHO also collaborates with the Ministry of Labour and the Ministry of Planning.

#### f. Relations with PAHO/WHO Regional Centres

The issue of environmental health has been the object of articulated action with the other PAHO regional centres, such as CEPIS with regard to sanitation, Panaftosa with regard to the Faces, Voices and Places project, as well as BIREME in relation to information and knowledge management.

#### g. Relations with PAHO/WHO Collaborating Centres

This is a strategic and technical relationship since it refers to PAHO/WHO collaborating centres that are contributing to the Brazilian Country Office's plan on several issues involving our Unit, such as accidents and violence, environmental and occupational health, healthy cities, information systems, chemical and radioactive emergencies, the Faces, Voices and Places project, among others.

#### h. Relations with Mercosul, ACTO, PALOP

PAHO/WHO has also supported regional actions developed by the Mercosul in relation to environmental health, climate changes, occupational health, disasters and so forth. With regard to ACTO, we support the ACTO/IDB environmental health surveillance project. In addition, support has been provided for training technical staff from African Portuguese-speaking countries on questions of health, development and disaster policies.

#### i. Relations with Social Movements

As social participation is one of the strategic lines of health promotion, we promote, together with organized social movements and other civil society institutions, projects that help to organize them, raise their empowerment and, above all, increase their awareness with regard to citizenship and health. Several initiatives support the achievement of this objective and are focussed principally on improving the health of vulnerable populations and communities (the Black population, Gypsies, LGBT, communities of descendants of Black slaves who fled from captivity [quilombolas] and others).

#### j. Relations with Networks

We maintain technical and strategic relations with various professional associations. In keeping with the Brazilian Country Office's networking strategy, the Unit maintains a strategic and technical relationship with a variety of thematic networks, such as: National Network of Integral Occupational Health Care (RENAST), Network of Healthy Municipalities, National Network of Toxicological Information and Care Centres (RENACIAT), ECOCLUBES, Network of Accident and Violence Sentinel Services (VIVA), National Network for Violence

Prevention and Health Promotion, and the Implantation of Violence Prevention Centres in States and Municipalities.

#### k. Relations with Associations

We maintain technical and strategic relations with a variety of associations of professionals from different branches of public health, environmental health and health promotion. ABRASCO (Brazilian Postgraduate Collective Health Association) is the largest network of professionals from this area. In addition, PAHO liaises with and participates in non-governmental organizations or associations such as ASSEMAE (Association of Municipal Water and Waste Water Services), ABES (Brazilian Association of Sanitary and Environmental Engineering), ABRACIT (Brazilian Association of Toxicological Information Centres), SBTOM (Brazilian Toxicology Society) and international associations such as AIDIS (Inter American Association of Sanitary and Environmental Engineering) and UIPES (International Union for Health Promotion and Health Education) which is formed of professionals committed to health promotion and health education.

#### l. Relations with Councils

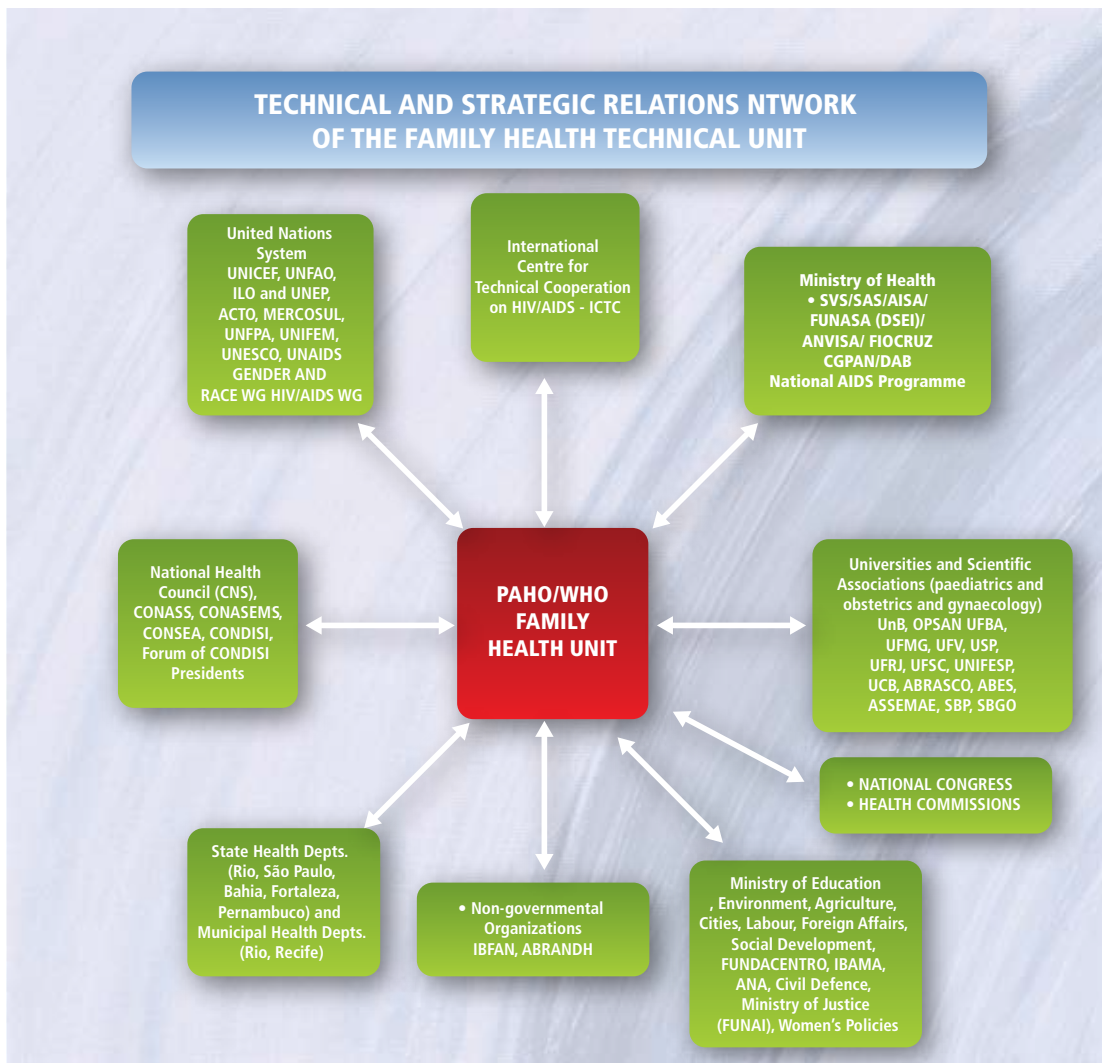
The Councils are nearly always organized on all three levels of government. The relationship with these bodies is strategic, although some technical projects are developed with them, principally with the aim of motivating or advocating, as is the case of priority projects such as the prevention of violence and accidents, healthy municipalities, health promoting schools and the Faces, Voices and Places project. The National Health Council (CNS) acts to formulate, propose strategies and control the execution of health policies. Its membership is equally divided between civil society representatives (service users), health workers, health service providers and NHS managers. It puts into practice what is called "social control" in Brazil, turning society into the system's manager. TC 23 is currently being executed with this council. PAHO/WHO takes part in several public policy evaluation fora, especially the City Council (Concidades) Technical Committee on Environmental Sanitation, the Intersectoral Commission on Sanitation and the Environment (CISAMA), the Intersectoral Commission on Occupational Health (CIST), the National Environment Council (CONAMA), the National Commission on Chemical Safety (CONASQ) and supports the National Councils of State and Municipal Health Secretaries. We are planning work on violence prevention in partnership with the Council on Public Security.

### m. Relations with UNO System

One of the TU's important tasks has been to promote the relationship with sister agencies in the UN system, principally to join efforts and find complementarities regarding lines of action or concrete projects. With UNESCO we have relations of mutual support in areas of school health and violence and environmental health. We have similar relations with UNODC and UNIFEM. In addition, PAHO relates with UNEP regarding the application of the geohealth methodology and climate change. With UNDP, UNFAO and UNICEF we work on the availability of water, food and humanitarian aid. Finally, with ILO we work on the issue of occupational health.

## 4. Strategic Relations of the Family Health, Food Security and Nutrition Management Area

### 4.1 Technical and strategic relations network of the Family Health Technical Unit



#### a. Relations with the Ministry of Health

These are the core element of cooperation, through the PAHO/WHO technical component, for exchange within the country itself and support at regional and global level. The TU's relationship occurs with:



the Ministry's Department of Programmatic and Strategic Actions (DAPE), which concentrates the majority of the life cycle programmes, i.e. children, adolescents, the elderly, men and women, as well as care for the disabled, mental health and health in prisons. In relation to all these programmes we are operating by means of a Term of Agreement under TC 43, which was drawn up directly with us, in which each programme has its actions defined, as well as the kind of support it requires from PAHO/WHO in relation to technical cooperation.

#### b. Relations with the State and Municipal Health Departments

The relationship with the state and municipal health departments can be technical with regard to specific issues, but it is much more strategic for the positioning of decentralization in the tripartite meetings (municipal, state and federal health managers in the same meeting) and in the processes of reaching agreements between these levels. The process of the decentralization of the Country Office's technical cooperation takes place through the Terms of Cooperation with the states. It is through this local cooperation, always based on national policies, that cooperation finds a privileged space to work on innovative instruments and proposals and creative projects that can bring about changes in the population's living conditions. Examples of this are the inter-agency human security project in a municipality in the state of São Paulo and the future International Adolescent Health Training and Knowledge Management Centre for Latin America and the PALOP countries.

#### c. Relations with Universities and Scientific Societies

Most of the relationship is technical but it is also political in those situations in which these segments bring great influence to bear on political decisions. The partnership with the academic world is very important in the process of constructing new knowledge and evidence on the processes of health and illness in the populations. As such, the TU forms partnerships with universities in several parts of Brazil in areas such as child and adolescent health.

#### d. Relations with the United Nations system

The relationship with the United Nations is technical in the technical groups (TG) on gender, race and HIV/AIDS, but it is also very strategic when putting forward PAHO/WHO's position on the interagency scenario. This TU participates

intensely in the TG meetings, especially in the capacity to formulate joint proposals, such as the human security project in a municipality in the state of São Paulo, which involves the participation of four of the system's agencies: PAHO/WHO, UNFPA, UNICEF and UNESCO. TU articulation in the area of gender and race is one of its strongest, given that the input of the national groups is also very strong.

#### e. Relations with other Institutions

Institutions such as the Rotary Club, the São Paulo Industries' Federation (FIESP), the Brazil-Germany Chamber of Commerce and Industry, as well as bilateral cooperation such as that with JICA and NGOs, are the object of strategic partnership at the different levels. This is demonstrated through the interest of these partners in supporting the adolescent health training centre in São Paulo, in addition to other initiatives. For example, JICA funds the human security project and other institutions are very interested in supporting specific actions.

## 4.2 Technical and strategic relations network of the Food Security and Nutrition Technical Unit



### a. Relations with Ministry of Health

These are the core element of cooperation, through the PAHO/WHO technical component, for exchange within the country itself and support at regional and global level. The TU's relationship occurs with:

- (1) the Ministry's Food and Nutrition Policy General Management Area (CGPAN) which is based in the Basic Care Department of the Health Care Secretariat. This area is responsible for the implementation of the National

Food and Nutrition Policy in Brazil. It is therefore responsible for nutrition actions, characterized by healthy eating and the prevention and control of nutrition-related diseases, as well as for carrying out food and nutrition surveillance. PAHO/WHO cooperates technically through TC 49.

- (2) the Ministry's Department of Programmatic and Strategic Actions (DAPE), which concentrates the majority of the life cycle programmes, i.e. children, adolescents, the elderly, men and women. Noteworthy are the child health actions, especially activities to encourage breastfeeding.

#### b. Relations with the State and Municipal Health Departments

The relationship with the state and municipal health departments can be technical with regard to specific issues, but it is much more strategic for the positioning of decentralization in the tripartite meetings (municipal, state and federal health managers in the same meeting) and in the processes of reaching agreements between these levels. Noteworthy is the evaluation study on health conditionalities of the Family Grant (Bolsa Família) Programme performed by the Bahia State Health Department.

#### c. Relations with Universities and Scientific Societies

Most of the relationship is technical but it is also political in those situations in which these segments bring great influence to bear on political decisions. The partnership with the academic world is very important in the process of constructing new knowledge and evidence on the processes of health and illness in the populations.

