



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE 54<sup>th</sup> SESSION OF THE REGIONAL COMMITTEE

*Washington, D.C., USA, 23-27 September 2002*

*Provisional Agenda Item 4.5*

CSP26/10 (Eng.)

15 August 2002

ORIGINAL: ENGLISH

### **STRATEGIC PLAN 2003-2007 FOR THE PAN AMERICAN SANITARY BUREAU**

Over the years, the Pan American Sanitary Bureau (PASB), the Secretariat of the Pan American Health Organization, has developed strategic frameworks for technical cooperation, and in 1995 crafted its own mission.

The Strategic Plan for the period 2003-2007 presents the Secretariat's values, vision, mission, and functions and the summary of an analysis of the context and environment for the execution of health development cooperation in the near future. Key forces of change that have significant implications for public health and current and emerging trends are highlighted. The analysis also summarizes outstanding goals from the Strategic and Programmatic Orientations, 1999-2002, and relevant mandates from various regional and international forums.

The Strategic Plan identifies the following priority areas for PASB's technical cooperation: prevention, control, and reduction of communicable diseases; prevention and control of noncommunicable diseases; promotion of healthy lifestyles and social environments; healthy growth and development; promotion of safe physical environments; disaster preparedness, management and response; ensuring universal access to integrated, equitable, and sustainable health systems; and promotion of effective health input in social, economic, environmental, and development policy.

Critical Organizational Issues on which the entire Secretariat must focus if it is to retain its leadership in the field of health cooperation are identified and objectives and strategies for addressing these defined. These issues include: bridging the information and communication gap: maximizing technologies; better foresight; harnessing science and technology; positioning PASB to influence transnational and global issues; attracting and retaining a creative, competent, and committed work force; and making PASB a high-performance organization.

The last section of the report contains an outline of the approach to be used in the implementation, monitoring, and evaluation of the Strategic Plan.

The Executive Committee discussed the draft Strategic Plan during its 130<sup>th</sup> Session and recommended the annexed Resolution (CE130.R1), which is submitted for consideration by the Conference.

The Pan American Sanitary Conference is invited to review and approve the Strategic Plan for the PASB for the period 2003-2007 and in doing so agree that the Objectives of the Technical Cooperation reflect the key common areas on which the countries would focus attention and are thus appropriate goals or higher-level objectives for the Secretariat's work.

## CONTENTS

	<i>Page</i>
1. Introduction .....	3
2. Strategic Planning for the Pan American Sanitary Bureau .....	5
2.1 PASB Planning Process .....	5
2.2 New Features of the Strategic Planning Process.....	5
2.3 Planning Assumptions.....	6
3. Values, Vision, and Mission of the Pan American Sanitary Bureau.....	6
3.1 Functions.....	7
4. Context and Environment for the Development and Execution of the Strategic Plan .....	8
4.1 Forces of Change .....	8
4.2 Health Situation Analysis .....	11
4.3 Determinants of Health: Regional Trends .....	12
4.4 Challenges of Development Cooperation .....	16
4.5 Internal Environment .....	17
4.6 Future Prospects: Implications of the Scenarios .....	18
5. Mandates and Regional Commitments.....	19
<u>Response of the Pan American Sanitary Bureau</u>	
6. Priorities for Technical Cooperation .....	21
6.1 Special Groups .....	21
6.2 Key Countries .....	21
6.3 Priority Areas .....	22
7. Critical Organizational Issues for the PASB .....	39
7.1 Bridging the Information and Communication Gap: Maximizing the Technologies .....	39
7.2 Better Foresight.....	41
7.3 Harnessing Science and Technology .....	42
7.4 Positioning PASB to Influence Transnational and Global Issues.....	43
7.5 Attracting and Retaining a Creative, Competent, and Committed Work Force .....	44
7.6 Making PASB a High-Performance Organization.....	45
8. Implementation, Monitoring, and Evaluation of the Strategic Plan.....	46
9. Action by the Pan American Sanitary Conference .....	47
Annex: Resolution CE130.R1	

## **1. Introduction**

The Pan American Sanitary Bureau (PASB) was founded in 1902 to bring countries together in the fight against the spread of pestilence and disease. In the middle of the twentieth century, the Bureau became the Pan American Health Organization (PAHO) and in 1949 agreed to function as the Regional Committee of the World Health Organization (WHO) for the Americas. At that time, PASB retained its legal identity as the Secretariat of PAHO.

The fundamental purpose of PAHO as established in the Constitution is “to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.”

Over the past 16 years, PAHO has approved strategic and programmatic orientations to guide technical cooperation with Member States. This present iteration, hereafter referred to as the Strategic Plan, was developed specifically for the Bureau. It defines the focus of the regional work of the Bureau and guides the programming of technical cooperation at the country level for the period 2003-2007. More specifically, the Strategic Plan:

- Clarifies the priorities for technical cooperation and sets objectives by which the Bureau’s performance will be evaluated; and
- Focuses attention on critical issues that must be addressed by the entire Secretariat in pursuit of its vision to be the most valued change agent for health in the Americas.

The Plan will allow the Bureau to assign and use its resources more effectively.

While the policy orientations are designed for the Bureau, the Plan can also serve as a useful reference for countries in their own planning efforts and for partners in the development of shared agendas or joint initiatives toward the common goal of improved health in the Americas.

The formulation of the Plan was guided by the two principles that guide PAHO:

### **EQUITY AND PAN AMERICANISM**

Equity in health is defined as the concept of distributing the means necessary to ensure health in a fair manner. It is a principle underpinning the goal of Health for All and is reflected explicitly in the values, vision, and mission of the Secretariat. As it promotes health equity, the Secretariat seeks to work with Member States to reduce differences or disparities that are non-volitional and avoidable, and where a responsible agent can clearly be identified.

Pan Americanism is the principle on which PAHO was founded, and this is now expressed in Member States' commitment to working together to improve the state of health in areas of common interest and to support those countries in greatest need, directly and indirectly. The recognition that many health problems require a collective effort, and that the health of one's neighbor, as well as public health, are a shared responsibility, is even more relevant in today's world of free trade and movement of people.

The Strategic Plan represents the product of work undertaken by the entire Bureau. A select group of technical advisers who comprised the Strategic Planning Working Group was critical to the process, particularly in finalizing the planning approach and exploring the field of futures and the use of scenarios in strategic planning. Staff at all levels of the Organization participated throughout the process, and selected Member States and the subregional integration agencies were consulted prior to finalizing this document.

The Strategic Plan is organized as follows:

- Strategic planning for PASB;
- Values, vision, and mission of the Bureau;
- Context and environment for the development and execution of the Strategic Plan;
- Mandates and regional commitments;
- Response of the Pan American Sanitary Bureau (priorities for technical cooperation and critical organization issues); and
- Implementation, monitoring, and evaluation of the Plan.

## **2. Strategic Planning for the Pan American Sanitary Bureau**

PASB recognizes the importance of maintaining and enhancing its added value to its clients through the continuous search for quality, high performance, and responsiveness to change. It has accomplished this through a continuous, future-oriented, strategic planning process, in order to make decisions that guide the Organization and its work.

Strategic planning for PASB is an essential process for the definition of priority areas of technical cooperation, which respond to the needs of Member States for improving the health situation in the Region as a whole, and for identifying organization-wide issues that will enhance the quality and value of cooperation. This framework guides but does not limit the scope of technical cooperation, as flexibility and relevance are central to joint programming with individual Member States.

### **2.1 *PASB Planning Process***

The Organization has a history of planning, including long-term planning, and these processes have had different iterations throughout the years. While early plans were frameworks for action by countries as well as the Bureau, starting with the Strategic and Programmatic Orientations (SPO), 1999-2002, the focus has been on defining the scope of technical cooperation of the Secretariat. The process used for the development of this plan was different from that used previously. Its design benefited from several internal and external studies which revealed a need for: rethinking the way the Bureau operates; incorporating anticipatory approaches that increase capacity to respond to changing internal and external environmental needs; defining and focusing more on goals for which the Bureau can be fully responsible; developing a more concise and user-friendly document; and improving communication.

The process sought not only to produce a plan, but also to increase foresight, creativity, and strategic thinking in the Bureau and to integrate organizational development.

### **2.2 *New Features of the Strategic Planning Process***

- The mission, vision, and values were collectively developed, explicit, and shared throughout the Bureau.
- The analysis included assessment of the internal as well as the external environment.
- Anticipatory tools, including visions, and scenarios were used.

- Inclusive internal and external stakeholders participation, and there was increased communication throughout the Organization.
- Objectives and strategies were developed for addressing cross-cutting organizational issues as well as for the priority areas for technical cooperation.
- Performance measures will be defined, and continuous monitoring will facilitate early adjustments, where necessary.
- There will be clear links to the organizational development of the Bureau as a means to ensure institutional realignment, where necessary.

### **2.3 *Planning Assumptions***

- The vision of Health for All is noble and worth pursuing.
- Commitment of Member States to equity and Pan Americanism remains unchanged.
- PASB, while focusing its cooperation on collective needs of health development, remains committed to the regional and international mandates that emanate from various sources and for which it has shared responsibility with Member States.

This Strategic Plan communicates to stakeholders, and in particular the staff, what PASB is, what it seeks to achieve, and how it will achieve it.

### **3. Values, Vision, and Mission of the Pan American Sanitary Bureau**

PASB, the oldest international health agency in the world, is the Secretariat of PAHO. The Bureau is committed to providing technical leadership and support to PAHO Member States as they pursue their goal of Health for All and the values therein. Toward that end, the following values, vision, and mission guide the Bureau's work.

### *Values*

*Equity:* Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.

*Excellence:* Achieving the highest quality in what we do.

*Solidarity:* Promoting shared interests and responsibilities and collective efforts to achieve common goals.

*Respect:* Embracing the dignity and diversity of individuals, groups, and countries.

*Integrity:* Assuring transparent, ethical, and accountable performance.

### *Vision*

PASB will be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities.

### *Mission*

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas.

### **3.1 Functions**

In order to achieve its mission, **PASB helps countries to help themselves and one another to improve health and related conditions and systems.** In collaboration with Member States, the Bureau carries out the following functions:

- Provides strategic vision for health development in the Americas;
- Generates and shares information in order to: monitor health conditions, risks, and disparities in the population and the environment; inform, advocate, and educate about regional health issues; and produce knowledge and find innovative solutions;
- Mobilizes resources and partnerships, nationally, regionally, and internationally, to increase cooperation in the search for shared solutions;
- Builds national and regional capacity;
- Customizes integrated and innovative technical solutions to address national and community health goals; and
- Develops norms and standards that protect health and ensure safety.

*PASB's unique role is one of its major strengths.* As an intergovernmental technical cooperation agency, PASB benefits from a fruitful and close relationship with Member States. While the ministries of health are recognized as primary partners, PASB is free to develop linkages, partnerships, and joint projects with a wide range of sectors and agencies to assist in the achievement of national health-related goals. PASB serves Member States while maintaining the objectivity that is critical to its technical leadership. Because of this, PASB is often called upon to play the role of broker in the multi-actor environment of development cooperation.

#### **4. Context and Environment for the Development and Execution of the Strategic Plan**

The context of the Plan refers to the complex and inter-related factors and forces that influence the pursuit of health by individuals and communities, as well as the environment in which the Bureau cooperates with Member States. Therefore, a comprehensive perspective necessitated taking a look at the internal as well as external environment. Further, because the external environment is rapidly changing, the analysis included consideration of the key forces of change and possible future scenarios as well as the current health situation. Presented below are the results of pertinent assessments and analyses, including: the forces of change; trends in health status and determinants of health; challenges of development cooperation; assessment of the internal environment; future studies; review of mandates and commitments of PAHO Member States; and the internal organizational environment.

##### **4.1 *Forces of Change***

Key forces shape the nature and quality of human interactions, and redefine practices, beliefs, and attitudes. The three most relevant to the environment affecting health and to understanding the challenges that the Strategic Plan must address are globalization, environmental change, and science and technology. These forces featured significantly in the selection of critical organizational issues and priorities for technical cooperation.



#### 4.1.1 *Globalization*

The long-term implications of globalization extend well beyond economics and the liberalization and elimination of trade barriers. Globalization is a critical, complex, and uncertain driver of economic, political, environmental, social, cultural, and technological cognitive transformations, changing life, work, and leisure, and causing tensions that affect society in fundamental ways. There are many benefits of an interconnected world of decentralized power, information, technology, and knowledge. For example, communities are able to learn of new drugs and technologies much faster than before and have direct and ongoing access to related expertise. The advantages of this have been most visibly demonstrated in the case of the accelerated access to drug treatment for AIDS. Telemedicine has contributed to the improvement in the access to and quality of care in remote areas or small countries in Latin America and the Caribbean. Unfortunately, such advantages sometimes are offset by the negative effects of the globalization process, such as, the deepening gaps between the rich and the poor, increased inequalities, greater vulnerability and exclusion, and unsafe human settlements and working conditions for many.

##### *Possible implications of globalization for public health:*

- The competition for goods and services in a globalized but unequal world has a negative impact on the noncompetitive economies in the developing world, with consequent migration of people from those countries to the countries where there are jobs. The movement of people and goods leads to the spread of disease.
- The health impact of the decisions relating to international trade liberalization has not received adequate attention. The new forms of trade modify the patterns of distribution of pharmaceuticals and health supplies, as well as food. While as a result consumers can purchase drugs at a lower cost, not all countries have the systems and infrastructure in place to ensure the quality of the products entering the country. The new patterns of consumption of food and other products (tobacco, alcohol, and psychoactive drugs) result in the exacerbation of unhealthy lifestyles.
- The creation of common virtual spaces and the application of information and communication technologies transform all forms of knowledge and have the potential for “real-time” epidemiological surveillance and improved public health communication, resource mobilization, and advocacy.

#### 4.1.2 *Environmental Change*

Population shifts, technological change, and sociocultural and economic forces shape environmental transformation that affect where people live, as well as their places

of work and leisure. Rapid urbanization in the Americas has generated pressure in urban and particularly in peri-urban areas, which are unprepared to respond to needs for water supply, and liquid and solid waste disposal. Other human activities, such as industrialization and the use of environmentally disruptive technologies, are altering the climate and the quality of water, land, and air, and therefore the quality of agricultural production and livestock. Nonrenewable resources are progressively being depleted and the contamination of water by the growing use of pesticides and other chemicals contributes to disruption of the ecosystem and extinction of species. Different levels of exposure to environmental health risks determine the nature and degree of disparities between groups by geographic location, social strata, labor affiliation, gender, and age.

*Possible implications of environmental change for public health:*

- Pollution of water, soil, and air results in increased diarrheal and respiratory diseases and the increasing incidence of diseases such as dengue fever. Other environmental and occupational exposure to chemical and biological pollutants has been linked to respiratory diseases, cancers, and birth defects.
- The effects of changes in climate patterns may contribute to the appearance of vector-borne diseases in new zones, where previously these vectors could not normally survive.
- Disrupted ecosystems and loss of biodiversity compromise human and animal health, negatively affecting agricultural production, with the concomitant impact on the economic productivity and the sustainability of food sources for individuals and communities.
- Some climate changes increase the frequency and/or severity of natural disasters, leading to an increase in population displacements, injuries, and loss of social and economic capital.
- The emergence of biosecurity issues is demanding new attention because of their effect on environmental and human health.

#### 4.1.3 *Science and Technology*

Science and technology dramatically influence our lives, and their long-term effects often bring unexpected consequences for equity, health, well-being, and happiness. Innovations are characterized by, among other things, economies of speed replacing economies of scale, customization of products and services, and maximization of convenience and “real time” processes where convenience and safety are favored over price. Selection and utilization of innovations in biotechnology, nanotechnology, and

pharmacogenetics for prevention, diagnosis, and treatment will change the practice of medicine. Health-oriented telecommunications, medical imaging, massive databasing, and satellite technology will radically transform health care organization and medical practice through teleradiology, telemedicine, and telehealth care. The deployment of scientific and technological innovations has raised concerns about ethics, security, and confidentiality. The current and expected transformations in the fields of genetics, information, and therapeutics, and their effects on access and availability of quality care pose new ethical issues about their deployment. Cyber threats, industrial espionage, and data theft have become real threats to security and health.

*Possible implications of science and technology for public health:*

- The widening gap between Internet users and non-users alienates those who could most benefit from public health communications.
- The identification and management of bioethical risks in the deployment of science and technology, as well as regulation of medical products, need to become critical pillars in the quest for health equity.
- On the other hand, the trends in science and technology offer opportunities for their application in health and medicine, particularly to identify and develop equity-enhancing technologies, and to forecast and manage health problems.

## **4.2 Health Situation Analysis**

### **4.2.1 Health Situation**

The estimated population of the Region in 2000 was 832.92 million, and it is expected to increase by 12.4% by the year 2010. Six percent of the population is indigenous. Fertility and mortality rates continue to decline, and overall life expectancy for both sexes and for all ages is increasing, with the consequent aging of the population. However, the pace of aging has slowed in some countries, due primarily to injuries and death from external causes. Motor vehicle accidents, violence, and drug abuse are growing causes of morbidity and mortality. It is estimated that 8% of the population in Latin America and the Caribbean (LAC) countries are over the age of 60, and aging of the population is an emerging priority in 5 of the 48 countries where 15% are over the age of 60.

Countries exhibit four distinct patterns of demographic transition depending on the relative levels of the birth and mortality rates. In all countries however, communicable and non-communicable diseases coexist, and the patterns of variation

within the epidemiological mosaics relate to the living conditions and reflect persistent disparities in health outcomes among the groups for which information is available.

Non-communicable diseases, injuries, and disabilities are responsible for two-thirds of reported mortality. Cardiovascular diseases, malignant neoplasms, and endocrine disorders such as diabetes mellitus type 2 are of particular importance.

In addition, nutrition-related conditions affect millions of people in the Region. Anemia is widespread among women of childbearing age and children, and possibly among the low-income elderly in an increasing number of countries. Obesity is recognized today as a risk factor for several noncommunicable diseases (NCDs) and as a major public health problem among adults, and increasingly among adolescents due to more sedentary lifestyles and unhealthy diets.

Some population groups have specific needs and generate demands that are not adequately addressed by the health care system. This is the case, for example, for most ethnic and racial groups (approximately 10% of the population of the Americas) who have shorter and lower quality lives; children who are disproportionately affected by inequities; adolescents, with whom it is critical to promote the healthy lifestyles desirable in adulthood, women, the poor, and uninsured. The needs of the growing elderly population who are living longer with NCDs, and segments of the working population (particularly migrant populations and informal workers who are exposed to a variety of chemical, biological, mechanical, and ergonomic risks) need to be given higher priority in some countries.

Malaria, cholera, dengue fever, and sexually transmitted infections (STIs), including the continuous spread of HIV/AIDS and tuberculosis, remain significant problems in many countries and among certain population groups, and they are expected to continue to cause a large percentage of morbidity and mortality. Some countries continue are yet to eliminate neonatal tetanus, congenital syphilis, and Chagas' disease.

Demographic and epidemiological transformations shift population demands and needs and add pressure to an already debilitated public health infrastructure. Countries are grappling with finding appropriate responses to the newer demands for treatment of disabilities, long-term care, new or emerging diseases, and conditions that were previously not given priority, like mental health.

### **4.3 *Determinants of Health: Regional Trends***

Health, as reflected in individual and community health status and outcomes, is conditioned by structural and process determinants. Structural determinants include: the genetic endowment of individuals (considered not modifiable until recent innovations in

the field of genomics); the socioeconomic and political environment; and the physical environment, such as water, air, buildings, parks, and roads, in areas where people live, work, and play. Process determinants include knowledge, attitude, behavior, practices of individuals and communities, and health care.

#### 4.3.1 *Socioeconomic and Political Trends*

Persistent and severe poverty is perhaps the most pervasive trend that affects approximately 211 million people and generates disparities in access to public services and in health outcomes within and between countries. The concept of poverty implies a lack of necessary income to satisfy individual and family needs, but it also reflects educational deprivation, and the inability to exercise citizenship rights and participate in global markets. In spite of higher social expenditures in some countries, economic reforms with conservative fiscal policies have, in some cases, exacerbated poverty and inequality. This Region remains the most unequal, with young people with few years of schooling and low levels of health literacy continuing to contribute to household poverty, thus creating a vicious circle from which it is difficult to escape.

One of the causes of poverty is unemployment. Unemployment, inappropriate employment, and underemployment have deleterious effects on physical and psychological health. Greater participation of women in the labor force has not ensured equal opportunities, income, or greater social benefits, as many women remain underemployed. There is concern for the growing number of children involved in the labor force, because this is a violation of their human rights and also exposes them to environmental and social risks, which jeopardize their development and opportunities for the future.

Peace, political stability, and economic growth contribute to individual, community, and societal health. Reinstatement or establishment of pluralistic governments in many countries over the past 20 years, has brought tolerance of social movements whose activities have resulted in the improvement in the rights of special groups like workers, women, and ethnic groups, and in the improvement of the environment. Innovative institutional development processes such as decentralization and deconcentration have contributed to increased citizen participation at the local level, but the changes have been insufficient to reduce the social and economic inequities that threaten social integration. In addition, many studies have identified Latin America as one of the most violent regions in the world.

On the other hand, democratization and decentralization have allowed communities and civil society to play a key role in planning and managing health systems and services. Social participation now features in the political agendas and health agendas in the Region. One indicator of this is the increased participation of indigenous people

and the willingness of countries to incorporate traditional and alternative medical practices.

Governments continue to make special efforts to modernize the state apparatus and strengthen their regulatory systems, with mixed results. The unevenness of the process, coupled with the effects of globalization and economic and political instability, often put the role of the state in ensuring equity into question. This is particularly true when economic decision-making moves to the private and global spheres.

The economic trade liberalization process has not benefited all countries to the same extent, but national economies are increasingly connected through trade, finance, and production in a global marketplace. According to the World Bank, the economic situation is characterized by volatility and uncertainty. The forecasted modest economic growth in the Region for 2001-2002 may not be attained as a result of severe politico-economic crises in some countries, natural disasters, and, last but not least, the September 11 events in the United States of America. Since recovery will be delayed in higher income countries, the rest of the countries may suffer the enormous losses resulting from declining tourism, exports, and foreign investments, and higher costs of trade in general.

#### 4.3.2 *Trends in the Physical Environment for Health*

The prevalence of certain communicable diseases, occupational injuries, and chronic diseases are associated with the quality of the physical environment. While there has been improvement, gaps remain in the provision of clean water and sanitation services. It is estimated that 15.4% of the population still does not have access to safe water; and while an increasing number of the poorest households have water and sanitation services, they spend proportionately more of their income on these services. Today, about 20.8% of the Latin American and Caribbean population still lack access to sanitation options, and only 13.7% of the wastewater collected by sewerage systems is treated before discharge. Adequate and environmentally safe solutions for the collection, transport, treatment, and final sanitary disposal of the more than 350,000 tons of waste produced daily in urban areas remain a challenge.

The leading causes of biological, chemical, and physical contamination of the air, water, and soil are related to the effects of urbanization, industrialization, transportation, and consumption patterns. The quality of life of large city dwellers, now 80% of the population in LAC countries, is affected by the discharge of contaminated solid and liquid waste into rivers, lakes, and oceans. The conditions are similar for household, hospital, and industrial solid waste. The extensive use of pesticides and fertilizers in agriculture is another major cause of pollution that presents direct risks to agricultural workers, populations living close to the fields, and the consumers of agricultural products.

Approximately 37% of the population of LAC countries live in unsafe housing and are exposed to a greater risk of diseases associated with poor housing and indoor pollution, mainly in rural and marginal urban areas. Dwellings cluster very near industrial areas, thus exposing people to toxins released into the air, water, and soil, and increasing risks related to traffic and to vehicle lead emissions. The pollution caused by the use of coal for cooking and heating can retard the growth of children and make them vulnerable to a higher number of acute respiratory infections. Vulnerability increases in areas where vector-borne diseases are endemic, and these populations are exposed to other infectious diseases, both gastrointestinal and respiratory. Some countries have begun to take steps to prevent and reduce pollution, through assessment of the impact of investments in the environment and health, and the introduction of mandatory mitigation and control measures.

The Region is particularly prone to natural disasters. Between 1972 and 1999, approximately 82,000 people died and another 11.9 million were left homeless as a result of disasters. Natural disasters have affected low-income populations disproportionately, because they often live in makeshift shantytowns in extremely vulnerable sites, in ravines, or on volcanic slopes. In addition to immediate sanitary vulnerability, the disasters revealed the fragility of social structures and fatalism that keeps prevention from receiving the emphasis it is due.

#### 4.3.3 *Trends in Process Determinants of Health*

Some of the process determinants of health include those related to health systems and services, as well as those related to individual responses to health. In Latin America, the initial impetus and direction for health sector reform was provided by the reform of the state, and progressively health system and services began generating autonomous transformations. Efforts of countries have focused on policy formulation and enforcement; the structure and organization of service delivery systems; financing and regulation; and the increased participation of the private sector and private insurance groups in the design and implementation of new models of health care and delivery. However, health system and service reforms have had less impact than expected and the following areas continue to need attention: the lead role of health authorities; the public health infrastructure; the discharge of essential public health functions; fair and sustainable financing mechanisms; social participation and accountability; social protection in health; equity in access to health services; human resources development; effectiveness of health interventions; and quality of care, including health technology management and evaluation.

Human resources are the most important and valuable assets of health systems, and the capacity for their management is weak throughout the Region. Old problems, for example, inadequate distribution, migration, low salaries, poor working conditions, and

the lack of connection between training and the needs of the health services, persist. In addition, there are new concerns related to the transformations generated by the reform of the health sector, for example, the inadequacy of the professional health profile as it relates to the new work requirements and to issues resulting from globalization, such as increased mobility of health professionals.

Notwithstanding the growing popular interest in health issues, general well-being, and diets and self-managed care, the impact on individual lifestyles has been limited. Except for the healthy communities/municipalities initiatives, efforts to influence individual lifestyles touch mainly those who have levels of education and socioeconomic situations that allow them to modify their behavior.

Public health has also been changing during the past decade, and for the most part there is a greater understanding of the determinants of health and disease. More emphasis still needs to be placed, however, on population health, prevention, proactive actions that focus on opportunities, self-care, wellness, healthy communities, public health infrastructure, and accessible, quality, integrated delivery systems. Awareness about disparities and inequities in health has made it possible for many to accept that people of dissimilar social class, income, ethnicity, gender, and age, or those living in different geographical localities, perceive health, promote well-being, and identify and treat illness differently. Public health is facing new and unexpected challenges represented by the real threat of biological and chemical attacks and their devastating consequences for national economies and health.

#### **4.4 *Challenges of Development Cooperation***

While official development assistance (ODA) to the Americas, including for health, has been relatively stable, the global trends do not augur well for the Region. The flow of total net ODA has declined by approximately US\$ 3 billion to \$53.1 billion in 2000. At the same time, the four major donors (Denmark, Netherlands, Norway, and Sweden) have decreased the proportion they spend on education, health, and population in the past few years. The goals of dedicating 0.7% of gross national product (GNP) to ODA have not been achieved. This has become even more critical in light of the conclusion of the Commission on Macroeconomics and Health which states that the external assistance needed for lower income countries to address targeted programs must increase from \$6 billion to \$27 billion per year.

Over the past 10 years, donors and recipients of development cooperation have increased their call for improvements in the effectiveness and efficiency of the process used to assist countries in development efforts and in addressing shared world problems. In this regard, the reform of the United Nations has been a long process that is evolving towards providing more comprehensive and coordinated responses of its agencies to



countries' needs. WHO, as one of its specialized agencies, participates optimally, within the mandate of its Constitution. The emergence of new types of institutions and funding arrangements within the United Nations for addressing health and other social problems is a trend that must be monitored closely.

More recently, health has been given priority on the international development agenda, as its contribution to economic and social development and to national and international security is becoming better understood. Although international lending institutions continue their upward trend in health lending, delivering capital loans and health-related cooperation, bilateral funding remains the major source of external funding. Bilateral assistance emphasizes greater programmatic, sector-wide support which maintains that explicit policy frameworks will lead to more effective organizational structures, and therefore to the achievement of better, longer-term outcomes. The development of Poverty Reduction Strategy Papers (PRSP) provides an opportunity for greater attention to the major health problems of the poor and improving equitable access to health services within the national development agenda. PSRPs promote increased allocation for health in within programs of the International Financial Institutions as well as among the public expenditures. Fortunately, PAHO's project approach to technical cooperation does not preclude its participation in these wider program or sector approaches to international cooperation. Further, the WHO Country Cooperation Strategy initiative has the potential for enhancing the strategic nature of its work in this environment.

#### **4.5 *Internal Environment***

Two self-assessments provided complementary information on the effectiveness and efficiency of the Bureau: the survey on the perception of managers regarding strengths and weaknesses that affect the achievement of the PASB mission and the Rapid Organizational Assessment and Diagnosis (ROAD) of the Bureau. In the first exercise, the history and prestige of PASB and PAHO, its physical presence in countries and its values were identified as strengths; however, human resources, managerial processes, and planning, programming, and evaluation were considered weaknesses. In the second exercise, the following areas were identified as priority for actions that would be beneficial for improving the performance of PASB: client/stakeholder satisfaction, technical cooperation outcomes, Bureau-specific improvements, resources allocation and mobilization, and human resources.

The study of the value added by the American Regional Planning, Programming, Monitoring, and Evaluation System (AMPES), conducted by the External Auditor, identified AMPES as one of the best practices for the international development sector. It pointed to a clear link between the budgetary process and the programming process; the computerization of much of the planning process and outputs; and the emerging link between the activity planning system and the staff appraisal system. However, that evaluation noted that there were areas in which the programming, monitoring, and

evaluation of technical cooperation projects could be improved. The conclusions of the three studies provided valuable information that contributed to the selection of the critical issues.

#### **4.6 *Future Prospects: Implications of the Scenarios***

PASB uses scenarios as images of possible, plausible, desirable, and undesirable futures for encouraging new ways of thinking to support the development of organizational foresight, a task at the heart of facilitating strategic thinking. The scenarios are not predictions, and it is possible that no single scenario will occur in its entirety.

Four alternative scenarios have been developed for PAHO, each of which includes three main dimensions: the big picture of macro-trends (population and society, economics, politics and governance, globalization, and science and technology); the environment and health care; and international cooperation in health, examining the role of PAHO.

Although development of the scenarios focused on PAHO as a whole, it was clear that there were implications for the Bureau. The emerging trends of importance to public health were:

- The effect of interactions of geopolitics, economics, religion, and technology on the people and the environment;
- Public health effects of urbanization, environmental distress, and terrorism;
- The increasing threat of more destructive terrorism and the difficulty of controlling it;
- The importance of peace for human development and environmental sustainability; and
- Intersections of ethnicity, race, and social class.

The scenarios were among the many sources of information that guided the definition of the strategic issues and will contribute to the identification of competencies to be developed for the successful implementation of the Plan. The scenarios also revealed some trends in the external environment that PASB will need to monitor, because their effects, while beyond the realm of PASB intervention, affect health and environmental outcomes:

- Global and regional environmental changes;
- Respect for human rights (including discrimination on the basis of race, ethnicity, age, and sexual orientation);
- Economic, social, and environmental globalization;
- Nature and dimensions of social exclusion;
- Extent, dimensions, and severity of poverty;
- Violence (social, environmental, political, and interpersonal);
- Rates of unemployment, and developments in the informal sector;
- Levels of education; and
- Science and technology (equity and ethical use).

## **5. Mandates and Regional Commitments**

The Bureau takes its regional mandates from many sources, but mainly the resolutions of the Governing Bodies of PAHO, of the Organization of American States (OAS), of WHO, and of other bodies of the United Nations system. Mandates also come from regional or international meetings in which WHO or PASB has assumed specific responsibility. In identifying the priorities of the Region, the following were considered:

PAHO Regional Goals known or estimated to remain outstanding from the last planning period, related to:

- child mortality and stunting of children under 5 years;
- iron deficiency among women in the reproductive age group; vitamin A deficiency in children under 5 years; and iodine deficiency in the general population;
- access to contraceptives; maternal mortality; low birth weight; perinatal mortality; and late neonatal mortality; and
- national policies to prevent tobacco consumption by children and adolescents.
- The eleven WHO priorities for the period 2002-2005;

- United Nations Millennium Declaration goals;
- Commitments made at the Summits of the Americas held in Miami, United States, in 1994; Santiago, Chile, in 1998; and Quebec, Canada, in 2001;
- Commitments made at the Ibero-American Summits; and
- Outstanding agreements from the global conferences held to discuss population and health, social development, and the environment, in Cairo, Copenhagen, and Rio de Janeiro, in 1990, 1995, and 1997, respectively.

A review of these indicates a series of general goals to which the Region is committed: reducing extreme poverty; equity in development; human rights and democracy; sustainable human development; and protection of vulnerable groups.

Further, significant commonality emerges among the specific health development issues being given attention at the various international forums: reduction in mortality of children under 5 years of age and in mothers; food security and reduction in malnutrition; increase in the population with access to safe water; natural disasters and more recently bioterrorism; universal access to care; increased access to technology and essential drugs, especially those for treatment of HIV/AIDS; and increased access to information on health.

## **RESPONSE OF THE PAN AMERICAN SANITARY BUREAU**

Given the health-related needs of the Region, and the ever-expanding magnitude of the global and regional agenda, it is evident that PASB cannot operate independently and must, rather, enhance the value of its work through cooperation with its many partners. PASB must be able to demonstrate that its work contributes to combating disease, improving environments of communities, improving health and related systems and changing behavior of individuals, so that the quality of life for many in the Americas is improved. The fundamental challenge is to identify and reduce the related inequalities.

**The Bureau will respond to the needs of the Region by a) focusing on priorities for technical cooperation and b) addressing critical organizationwide issues. Priorities are identified among population groups, countries, and technical areas.**

### **6. Priorities for Technical Cooperation**

#### **6.1 *Special Groups***

While inequities are to be reduced throughout the life cycle, PASB must work with countries to identify those groups for whom inequalities in health outcome or in related access to services can be addressed with available, cost-effective interventions. To this end, the Bureau will focus on low income and poor populations, ethnic and racial groups, especially indigenous people, women, and children.

#### **6.2 *Key Countries***

While PASB cooperates with all countries, it must give special attention to key countries in which the health status remains intolerable to the Members States of PAHO. Initially those are the Highly Indebted Poor Countries (HIPC), where the rate of debt payment leaves little national income for increasing expenditure in the development of the social sectors. In these countries, the health institutions and infrastructure are extremely weak. In the case of Haiti, while not an HIPC, its maternal and infant mortality rates, two of the most sensitive health development indicators, are the highest in the Region and among the highest in the world. PASB will, therefore, lead strategic collaborative efforts among countries and partners and maximize wider development initiatives like the PRSPs to accelerate the health improvements in Bolivia, Haiti, Honduras, Guyana, and Nicaragua.

### **6.3 *Priority Areas***

The priorities take into consideration the results of analyses of different epidemiological measures, application of agreed criteria, and the strategic direction provided by the results of analyses of the external environment, WHO medium-term priorities, the mandates of the Summits, and relevant global and millennium goals.

The selection of the priority areas was based on the population health approach, which addresses and acts upon the determinants of health, that is, those conditions and factors that through complex interactions and relationships influence and predict health status and outcomes. The selection, driven by the mission of PASB, emphasizes the diseases, health-related problems, and health conditions for which inequities are greatest among the countries and for which at least part of the solution requires the collective action of many countries. More specifically, the overall goal of the PASB's technical cooperation is to promote health, and reduce excess mortality, morbidity, and disability throughout the life cycle, especially among the poor and other groups that experience inequities in health.

PASB will achieve its mission during the period 2003-2007 by focusing its technical cooperation on the following priority areas:

- **Prevention, control, and reduction of communicable diseases;**
- **Prevention and control of noncommunicable diseases;**
- **Promotion of healthy lifestyles and social environments;**
- **Healthy growth and development;**
- **Promotion of safe physical environments;**
- **Disaster preparedness, management, and response;**
- **Ensuring universal access to integrated, equitable, and sustainable health systems; and**
- **Promotion of effective health input into social, economic, environmental, and development policies.**

*An overarching consideration must be the collection, analysis, and dissemination of information on and about health in the Americas. The success of activities and monitoring of results in all areas of technical cooperation will in large measure depend on the establishments of systems that assure the availability of reliable vital statistics, the collection and analysis of data and the timely provision of information on the state of health and health systems in the Americas.*

The priorities for technical cooperation reflect the collective responsibility of the Bureau at all levels. While they form the agenda of work for the regional units, they also guide the setting of priorities at the country level in response to national priorities.

At the time of preparation of the biennial program budgets (BPs) within the planning period of 2003-2007, further prioritization may take place, among or within the priority areas, in order to respond to the changing environment.

For each of the priority areas of technical cooperation, the following sections summarize the issues and challenges; set, as far as possible, outcome objectives for the Secretariat's technical cooperation to be achieved by the end of 2007; and highlight the opportunities for action and the relevant strengths and experience of PASB.

### 6.3.1 *PREVENTION, CONTROL, AND REDUCTION OF COMMUNICABLE DISEASE*

#### **ISSUES/ CHALLENGES**

- Communicable diseases exist in all countries, and their control is central to the promotion of health. A wide range of diseases must be addressed, such as vector-borne diseases, STIs, HIV/AIDS, diarrheal diseases, respiratory infections, TB, emerging diseases, including anti-microbial resistance, vaccine-preventable diseases and other diseases targeted for elimination such as leprosy.
- In some cases, the rates of mortality and/or morbidity are among the highest in the world. The rate of mortality due to HIV/AIDS in the Caribbean is surpassed only in sub-Saharan Africa, and morbidity due to dengue fever is continually rising.
- Communicable diseases do not recognize borders; therefore, increased travel and migration and the changing endemic patterns of vectors brought about by global environmental change require that even more emphasis be placed on surveillance and control of these diseases.
- New approaches are needed to address the fact that measures for the control of vector-borne diseases are not as effective in the areas inhabited by the poor. While human rabies is declining and other zoonoses like bovine tuberculosis are generally under control, many emerging diseases, e.g., Hanta virus and West Nile virus, are zoonotic. With the outbreaks of foot-and-mouth disease (FMD) in Argentina, Brazil, and Uruguay in 2001, there has been a heightened interest in the control of this disease in the Southern Cone, where meat is a major export and adherence to global trade regulations a matter of economic survival.
- Most of the inequity observed in controlling communicable diseases is due to unequal access to health services, even for immunization programs. Unequal access to education and to health-related information also contributes to the inequities in the case of STIs and HIV/AIDS. The poverty-driven practice of selling blood, coupled with weak quality controls in poor and rural areas, results in the inequitable distribution of safe blood.
- The control of communicable diseases is not possible without the collective and coordinated efforts of countries within the Region.

#### **OBJECTIVES OF PASB TECHNICAL COOPERATION**

- Reduce morbidity due to TB, to malaria, and to dengue fever.
- Eliminate measles and at least two other selected vaccine-preventable or targeted “eliminatable” diseases.
- Reduce mortality and morbidity due to childhood diseases (including diarrheal and respiratory infections) among children under 5 years of age in all countries by 10% of the 2002 level.
- In all countries, decrease the incidence of new AIDS cases and of at least one other STI and reduce mother-to-child transmission of HIV.
- Ensure that all transfused blood meets the minimum standards.
- All national systems monitoring key diseases, anti-microbial resistance, and food- and water-borne disease outbreaks, and the information is shared in real time.
- Extend the number of FMD-free countries and/or areas and reduce morbidity and mortality from common zoonotic diseases.



### **STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION**

- Wealth of experience in the clinical and social communication approaches, and is leading initiatives to test and prove interventions for the emerging and reemerging problems.
- Successful application of country-driven, multi-sector planning approach and building of national capacity for the control of vaccine-preventable diseases: these practices transferable to other programs, e.g., national AIDS expanded response programs.
- Effective adaptation of global strategy of Integrated Management of Childhood Illness (IMCI).
- All components of the safe blood initiative are in place, and expanding coverage to all countries is considered feasible.
- HIV/AIDS is now recognized as a priority regional and global problem and is the focus of attention of funding sources and many other partners.
- Outstanding management of vaccine procurement by the Bureau ; new Regional Revolving Fund for Strategic Public Health Supplies will decrease the costs of supplies for the control of some of the other diseases. The Global Alliance for Vaccines and Immunization (GAVI) will assist some of the key countries selected countries.
- The mandate of the Pan American Foot-and-mouth Disease Center (PANAFTOSA) was expanded at the Inter-American Ministerial Meeting on Health and Agriculture in 2001 to improve the effectiveness of inter-country surveillance.

### **STRATEGIES**

- Strengthen surveillance systems, conduct regional analyses regularly, and share information widely.
- Maximize global strategies, such as DOTS, Roll Back Malaria and IMCI.
- Build national capacity to implement social communication programs.
- Locate and provide supplies and vaccines at affordable costs.
- Train health manpower and communities in prevention and control methods, and expand the use of patient care protocols; integrate vector-borne disease control programs into health services delivery.
- Mobilize resources and widen partnerships.

### 6.3.2 PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

#### ISSUES/ CHALLENGES

- Noncommunicable Diseases (NCD) are responsible for two-thirds of the mortality in the Americas, and injuries are responsible for an additional 10%. This burden will increase further with the increasing aging of populations.
- The leading cause of death is cardiovascular disease, and the major risk factors are hypertension, diabetes, cigarette smoking, high-saturated fat consumption, and physical inactivity - all of them lifestyle related. The prevalence of hypertension and diabetes type 2 range from 14% to 35% and 5% to 15 %, respectively, and the two problems often coexist.
- The major burden of cancers is attributed to cancers of the cervix, lung, breast, and stomach, the first two of which are considered “preventable”. The major burden is experienced by the poor and uneducated, particularly women; and treatment is financially inaccessible, even when available. In the case of cancer of the cervix, new modalities are being tested to increase the sensitivity of the screening methods in developing countries.
- Social inequalities are observed in mortality from NCDs and cancers, depending on levels of education and income. The changes in patterns of consumption of food due to globalization and the drift to more sedentary lifestyles in urban areas multiply the challenges faced. Risks tend to cluster in population groups and some risks are common to more than one NCD.
- In spite of the high economic costs of these morbidities and known cost-effective interventions, countries are finding it difficult to integrate and incorporate prevention and control practices. New approaches to financing of health care limit access to nonmedical and continuing care.
- Injuries are a major cause of mortality and disability in the productive age groups. The mortality and disability caused by violence and motor vehicle accidents have significant economic and social consequences, and the cost of related health care is also high. Violence against women is of particular concern. Social and rehabilitation services are rudimentary, and the issue of disability from this and other injuries and from other chronic problems is an emerging priority.

#### OBJECTIVES OF PASB TECHNICAL COOPERATION

- In all countries, integrated prevention of NCDs established through application of community-based initiative to reduce risk factors (CARMEN).
- Increase surveillance, at national and regional levels, of NCDs, risk factors and injuries.
- In all countries, at least 60% of women between the ages of 35 and 59 would have been screened and treated for cervical cancer.
- Improve quality of chronic care in at least five countries.
- In 50% of the countries reduce mortality due to motor vehicle accidents by 20% in all countries.
- Increase reporting of domestic violence by 200%.

### **STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION**

- Successful experience with CARMEN in Latin America and approach recently adopted in the Caribbean.
- Participating in major partnerships, e.g., the Pan American Hypertensive Initiative and the Global Forum for the Prevention and Control of NCDs, which facilitates the use of common technical approaches and optimization of resources in countries.
- New technology for screening of cancer of the cervix expected to cost effectively increase coverage.
- Models of surveillance systems available and PASB collaborating centers experienced in technology assessments and risk factor surveys.

### **STRATEGIES**

- Support adaption of integrated, community-based interventions; optimize coalitions for this purpose.
- Build national capacity for surveillance of risk factors and NCDs.
- Provide evidence of effectiveness of technology and reorient systems for the incorporation of these into primary care systems.
- Implement complementary strategies as described in the priority area “Promotion of Healthy Lifestyles and Social Environments” .
- Collaborate with law enforcement agencies on legislation and incentives/disincentives for safe driving.
- Promote recognition of domestic violence as a public health problem and the adaptation of the multi-sectoral model for development of programs at all levels.

### 6.3.3 *PROMOTION OF HEALTHY LIFESTYLES AND SOCIAL ENVIRONMENTS*

#### **ISSUES/ CHALLENGES**

- Over the past few decades, most countries have seen an increase in the burden of diseases or problems that are caused by stressful lifestyles and health risk behaviors throughout the life cycle. Early pregnancies, STIs, HIV/AIDS, smoking and alcohol and illegal substance abuse are some of the problems that occur because of risky health choices by individuals. Violence, neglect, and abusive behavior, especially toward women and children, increasingly contribute to morbidity, mortality, and disability in the Region.
- There is increasing evidence that individual behavior change requires not only increased health knowledge and skills, but also enabling and supportive environments, public policies and health services. Further, there is need for integrated approaches that respond to the interrelatedness of behaviors of different age groups as demonstrated by the fact that children of parents who smoke are three times as likely to become smokers.
- Tobacco use contributes to the death of 854,000 people every year in the Americas. Tobacco promotion is largely unregulated, and slick and aggressive advertising campaigns entice children into believing that tobacco use is glamorous and a normal part of growing up.
- Mental disorders and alcohol and substance abuse are key underlying causes of accidents, violence, depression, and suicide. Use of alcohol and other psychotropic substances, such as marijuana, cocaine, and heroine, is increasing and much more surveillance of this complex social behavior is needed. Mental disorders represent approximately 12% of the burden of disease in the Americas. Despite their significant contribution to the global burden of disease and their influence on the well-being of individuals and on the productivity of society, these disorders continue to be a neglected area in the health system.
- Changing patterns of consumption and the lack of physical activity in adolescents and adults contribute to the emergence of obesity as a public health problem, which in turn contributes to the emergence of nutrition-related NCDs. This is superimposed on the long-standing problems of undernutrition in young children, including micronutrient deficiencies, and iron-deficiency anemia in women.
- The negative trends in sexual and reproductive lifestyles are reflected in teenage pregnancies and STIs. While there is increasing acceptance of the importance of healthy sexual and reproductive behavior, the situation varies greatly among countries.

**OBJECTIVES  
OF PASB  
TECHNICAL  
COOPERATION**

- Increase by 30% the number of countries that have undertaken at least 2 of the following: creating smoke-free spaces, eliminating advertising of tobacco and increasing the taxes on tobacco.
- Increase by 30% the number of countries with policies and incentives for the reduction in consumption of alcohol and in substance use.
- In 80% of the countries, increase the availability of life skills education programs to at least 50% of secondary schools.
- Mental health systems reformed in twelve more countries to protect the human rights of the mentally ill and to increase provision of community-based, primary mental health care.
- Increase by 25% the number of schools at the primary and at the secondary levels in which physical education is mandatory throughout the school life.
- Increase the number of countries in which all commercial flour is fortified with bioavailable iron.
- In the 11 high-risk countries, increase the coverage of at least 3 doses of Vitamin A supplementation to at least 50% of children less than 3 years.
- Increase by 30% the number of countries undertaking surveillance to identify trends in behavior and social conditions that influence lifestyles.

**STRENGTHS/ EXPERIENCES OF PASB AND OPPORTUNITIES FOR ACTION**

- Increased commitment of Member States to implement health promotion since Declaration of the Fifth Global Conference on Health Promotion in 2000 and increasing demand for technical support.
- Experience with a range of community-based, integrated strategies, such as creation of healthy settings, CARMEN, and with the multi-disciplinary team approach to community-based mental health care.
- Global priority and initiative on tobacco policy reform and effective strategies to reduce tobacco consumption.
- Two PAHO centers focusing on nutrition have a long and successful history of addressing the problem of undernutrition and have already expanded their mission to include the problem of obesity.
- Increasing focus on Essential Public Health Functions (EPHF) provides the opportunity for integrating health promotion.

**STRATEGIES**

- Integrate related health promotion programs within comprehensive programs for prevention and control of NCDs.
- Assist countries to plan integrated health promotion programs with measurable goals, emphasizing participation of citizens.
- Advocate for and support implementation of specific healthy public policies and promote evaluation research in this area.
- Expand network of settings-specific initiatives, such as healthy schools and healthy municipalities, and mainstream these into related sectoral developmental plans.
- Increase information, education and communication for public health and healthy lifestyle decision-making to communities as well as official agencies.

**6.3.4 HEALTHY GROWTH AND DEVELOPMENT**

**ISSUES/  
CHALLENGES**

- Attention needs to be focused on three particular phases in the life cycle in order to make available the full potential and creativity of a population towards national development: mothers, children, and adolescents.
- Maternal mortality is the most significant indicator of the existing inequities in social development policies and conditions. Eleven countries continue to have overall maternal deaths above 100 per 100,000 live births, and in other countries there are large geographic areas with equally high maternal mortality. It is estimated that more than 25,000 women die every year, due to largely preventable complications in pregnancy and childbirth. The challenge is to bring financially and culturally accessible care to disadvantaged groups of women. The death of a mother has a negative impact not only on the development of children, but also of the community, as females make up the majority of community development volunteers.
- While infant mortality continues to decrease in most countries, the quality of life has not substantially improved. Many children suffer from stunting and malnutrition and have low developmental scores. Little attention is paid to the psychological and emotional needs of children. This must be remedied if the rapidly increasing number of children in schools is to take full advantage of the education and development opportunities offered.
- The development of healthy lifestyles in adolescents is critical for the improvement of school performance and the development of creative and intellectual potential into income-producing activities. There must be a reduction in teen pregnancy and health risk behaviors, such as early onset of unprotected sexual activity, smoking, and use of alcohol and other substances that contributes to violence, suicide, and other intentional and unintentional injuries. In many countries, the required healthy public policies and supportive environments for the desired outcomes are missing.

**OBJECTIVES  
OF PASB  
TECHNICAL  
COOPERATION**

- Reduce the maternal mortality to no more than 100 per 100,000 live births or 20% of the 2000 level.
- Increase the percentage of pregnant women seeking care in the first trimester by 30% and the deliveries by skilled attendants to 90%.
- Reduce perinatal mortality to 10% of the 2002 level.
- Increase the number of countries carrying out developmental screening in preschool-aged children by 25%.
- Reduce the adolescent fertility rate (15-19 years of age) to 20% of the 2002 level.

**STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION:**

- PASB can share experiences of successful strategies for reducing maternal and infant mortality rates, including innovative technologies introduced by the Latin American Center for Perinatology and Human Development (CLAP).
- Strong linkages exist with the education sector.
- Alliances and partnerships test innovative reproductive health services for in- and out-of-school youth.
- Health-promoting school initiatives complement service delivery approaches.

**STRATEGIES**

- Test new models of care to entice women to seek maternity care early and to include stimulation and monitoring of bio-psychosocial development of children.
- Promote culturally sensitive, healthy eating habits for mothers and children and provide nutrition supplements to low income families.
- Promote healthy sexual behavior and integration of reproductive health services in appropriate settings for adolescents, women, and men.
- Promote policies and services for supportive environments for nursing mothers, child care, early childhood stimulation, and a wide range of programs to bridge adolescent needs for education and income production.

### 6.3.5 *PROMOTION OF SAFE PHYSICAL ENVIRONMENTS*

#### **ISSUES/ CHALLENGES**

- Improving the physical environment is critical to reducing the incidence and impact of diarrheal and respiratory infections, vector-borne diseases, poisonings and occupational related health problems. The environmental burden of disease is estimated at 11% of the global burden in the Americas, of which water and sanitation accounts for more than half. The other major causes, in order of priority, are air pollution, agro-industrial waste and chemical pollution, food safety, and workers' environments. Many countries do not conduct adequate surveillance, do not identify the main sources of pollution, and their capacity to enforce regulations is very weak.
- Poor and rural populations are less likely to have adequate and safe water, and the poor are particularly at risk of indoor air pollution caused by inappropriate use of cooking fuels. Urban populations and peri-urban settlements suffer the burden of pollution caused by inadequate disposal of human and industrial waste.
- Food safety has gained prominence throughout the Americas, especially in the tourism and hospitality sectors, and public debate in North America, on the use of new biotechnologies in agriculture is driving demand for technical advice in this area.
- With the growing role of the informal sector in many economies, ensuring that work conditions are not detrimental to health is a challenge. Capacity for evaluating risks in these environments is weak, and few countries monitor patterns of occupational diseases. There is an urgent need for harmonization of work place standards.

#### **OBJECTIVES OF PASB TECHNICAL COOPERATION**

- Towards the United Nations Millennium Development Goals and Vision 21 of Water for People, reduce by 25% the gaps in universal coverage and quality of potable water and in sanitation services identified in the "PAHO/WHO/UNICEF Regional Evaluation 2000".
- All countries will have established national policies, and local plans for the capitals and medium-sized cities for the effective management of solid waste.
- All countries-at-risk will have established programs for improving outdoor air quality in urban areas prone to air pollution, and/or indoor air quality in poor housing affected by the improper home use of fuel for cooking, heating, and cottage industries.
- At least 15 countries will have effective implementation of sanitary surveillance of pesticides and have made improvements in the operational regulations for the importation and use of pesticides.
- In all countries, integrated food safety programs ensure as a minimum that all major commercial establishments practice hazard analysis critical control point (HACCP) or other modern food safety approaches to handling of food.
- Increase by 50%, the number of countries undertaking risk assessment of environmental conditions of workers on a routine basis and in each country, increase by 30% the number of registered workplaces with programs for the promotion and protection of workers' health.



### **STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION**

- Technical leadership through Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), for environmental toxicology, epidemiology, risk assessments; Pan American Institute for Food Protection and Zoonoses (INPPAZ), Caribbean Food and Nutrition Institute (CFNI), Caribbean Epidemiological Center (CAREC), and the Institute of Nutrition of Central America and Panama (INCAP), for food safety.
- Extensive network of collaborating centers and partnerships at many levels to bring additional and coordinated resources to countries and assist in building consensus on necessary policy changes.
- Regional information systems support monitoring of water and sanitation situations and can be accessed by multiple players.
- Risk evaluation management capabilities exist in many areas.

### **STRATEGIES**

- Support implementation of regional and national plans for the achievement of the UN Millenium Goals and “ Agenda 21”.
- Design policies and plans for modernizing the environmental health sector, taking direction from state and health sector reforms.
- Implement joint approaches on key issues as mandated by the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA).
- Promote intersectoral action between health and environment sectors to ensure incorporation of environmental issues into health development planning.

### **6.3.6 DISASTER PREPAREDNESS, MANAGEMENT AND RESPONSE**

#### **ISSUES/ CHALLENGES**

- The Region of the Americas is prone to a range of natural disasters and bioterrorism is emerging as a priority. The economic and social costs of disasters are significant, and the recovery phase can be prolonged, often delaying development goals.
- The poorest segments of the population are disproportionately affected because of inappropriate location and construction of housing. A rapid multi-sectoral response capacity is needed to provide humanitarian assistance, to prevent spread of communicable diseases, and to maintain the mental health of populations in stressful post-disaster environments. In-country capacity has been increasing and response to emergencies evokes the ideal of Pan Americanism at its best. Continuous advocacy is needed to ensure that Governments finance the necessary institutional arrangements and the testing of preparedness plans.
- Mitigation remains a challenge, as countries do not see benefits unless a disaster has just occurred. Mitigation needs to focus on water utilities as well as health infrastructure and services. Financial resources for retrofitting are not easily mobilized.

**OBJECTIVES  
OF PASB  
TECHNICAL  
COOPERATION**

- Increase the national and intersectoral capacity for preparedness for and response to natural and manmade disasters.
- Building codes and other mitigation features for construction of new health and utilities infrastructure operational in all at-risk countries.
- In all countries, plans and programs to address biological, chemical and radiological (BCR) terrorism incorporated into national disaster plans.
- In all disaster situations, human, technological, and financial resources mobilized and coordinated at the national and regional levels within 24 hours.

**STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION:**

- Recognized leadership in regional and international coordination of health related response; outstanding record for effective mobilization of human and financial resources and efficient delivery of humanitarian projects.
- Extensive network of multi sectoral, multi-agency partnerships; ongoing collaboration with the defense sector, and experience in disease surveillance and diagnosis facilitate joint development and execution of projects related to bioterrorism.
- Timely sharing of experiences among countries of lessons learned from each disaster.
- Innovative approach to supplies management (SUMA), based on the concept of technical cooperation among countries, and including related software is now used in all WHO regions.
- Successful national capacity-building has taken place.

**STRATEGIES**

- Promote human resource development in health, environment, and other related sectors and agencies.
- Continue production and wide dissemination of training materials and update guidelines.
- Support development of building codes for health and water facilities and sensitize policy-makers to mitigation issues. Continue promotion of SUMA and development of inter-country SUMA teams.
- Develop guidelines on intelligence gathering and dissemination and on health surveillance, for the local health community, in the immediate post-disaster period.
- Strengthen capacity of PASB country offices and of the Disaster Task Force, and integrate disaster management approach into emerging efforts to combat bioterrorism.

**6.3.7 ENSURING UNIVERSAL ACCESS TO INTEGRATED, EQUITABLE AND SUSTAINABLE HEALTH SYSTEMS**

**ISSUES/  
CHALLENGES**

- At the 1994 Summit of the Americas held in Miami, it was agreed that health reforms should be built around five guiding principles: equity, effectiveness and quality, efficiency, sustainability, and social participation. However, not all of these have been incorporated into health sector reform projects.
- The steering role of public health authorities and public health functions has been neglected, and reforms have not included objectives relevant to technical programs or fully integrated health promotion. System and service planning and management are not adequately interrelated.
- New health financing approaches have been introduced to counter the decreasing participation of the State and to meet increasing and diverse demands. However, these have often led to a greater burden on families and potential restriction of access for the poor and those outside the formal sector. If the poor and other marginalized groups are to benefit maximally from health care services, cultural and geographical barriers will have to be removed, along with the financial ones.
- New technologies on the horizon will change the practice of diagnosis and treatment of various diseases. If these are not adequately deployed and properly managed, it is possible that the equity gap will be increased for those who need the technology but cannot pay. In a similar manner, the incorporation of drugs into the free market, will require formulation of shared policies for guaranteeing the access of the neediest to essential drugs and for monitoring the quality of drugs.
- The health sector is a labor-intensive one and the poor performance in matching profiles to health needs and in introducing new management approaches has crippled many of the reforms. The trend is to put too much emphasis on training, and countries need help with designing and implementing the necessary accompanying organizational development changes. The introduction of electronic training programs from countries outside the region will pose accreditation challenges, as will the freedom of movement of professionals mandated within global trade agreements.
- Attention will have to be paid to the development of emergency medical services to support disaster response needs. The linkages of these with primary and secondary services must be strengthened.

**OBJECTIVES  
OF PASB  
TECHNICAL  
COOPERATION**

- In all countries, the reform of the health sector is reoriented to strengthen the steering role of health authorities, and the essential public health functions.
- New manpower management approaches contribute to increased coverage and/or effectiveness and /or efficiency of the health services at national and institutional levels.
- In all countries, social protection in health extended to the informal labor sector.
- More effective technology management and evaluation in one third of the countries; and increased access of the poor to selected services through the use of telemedicine programs in at least half of these.
- Increase connectivity among information systems that support health management and planning at local, national, and subregional levels.

**STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION:**

- Substantial demand of technical cooperation from countries continues, as the expected impact from health sector reforms has not been realized.
- PASB has developed analytical management tools for the health sector as a whole, as well as for individual services and on-line health sector profiles facilitate comparison of experiences.
- Experience with bridging the gap between researchers and policy-makers and programs.
- Monitoring of performance is linked to cooperation in the improvement of health systems and services.
- Influential support to the management of change through its long-term relationship with schools of public health in LAC countries, the Human Resource Management Clearing House, and the Virtual Campus in Public Health.
- Partnerships have been established with many high-level institutions, organizations, and donors in areas of drug and medical supplies, laboratories, blood banks, and radiology/radiotherapy.
- The Virtual Health Library brings information from relevant sources throughout the Region to the desks of health professionals and managers at the time of need.

**STRATEGIES**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Building the capacity to apply tools for managing and monitoring of essential public health services and functions.</li><li>• Strengthen national capacity to organize, manage, and evaluate health systems, including health sector reform processes and outcomes.</li><li>• Foster national capacity to improve health services performance in order to reduce inequities in access, utilization, and impact on health.</li><li>• Plan, manage, and develop health manpower as a critical component of reforms and of the steering role of health authorities.</li><li>• Foster national capacity to regulate and manage essential drugs and other supplies and technologies, including improving connectivity among health information systems.</li><li>• Support implementation of quality standards for safe blood.</li></ul> |
|--|

**6.3.8 PROMOTION OF EFFECTIVE HEALTH INPUT INTO SOCIAL, ECONOMIC, ENVIRONMENT, AND DEVELOPMENT POLICIES**

**ISSUES/  
CHALLENGES**

- There is a continual need for understanding the mutually supportive relationships between health and human development at regional, subregional, and national levels. To this end, the benefits and risks that globalization, trade, and integration can bring to the health conditions of the American peoples needs to be assessed and information shared with relevant partners.
- Reducing the impact of poverty, gender, and ethnicity as determinants of inequities in the health situation and in access to health care needs to be integrated into all programs. The skills of staff and national counterparts must be developed to undertake the necessary analyses, to design policies, plans and projects for this purpose, and to participate in multi-sectoral initiatives aimed at reducing these determinants.
- There are still many areas in which the legal framework within which health policies and programs are developed is weak.

**OBJECTIVES  
OF PASB  
TECHNICAL  
COOPERATION**

- Increase the number of countries able to demonstrate inclusion of health priorities in sustainable human development plans and/or in the negotiation and implementation of trade and integration agreements at regional, subregional, and national levels.
- Increase availability of information on the impact of policies adopted by the health sector and other development sectors on health inequities related to poverty, gender, and ethnicity.
- Double the number of countries with effective legislation for effective control of selected health risks and equitable safeguard of health as a human right.
- At least half of the countries report routinely on surveillance of inequities in health, as well as in access to and financing of health care initiatives related to poverty, gender, and ethnicity at national and sub-national.
- All countries of the Region, utilize analysis of national health expenditures and other key financial measures in formulation, monitoring and evaluation of health policies and plans.

### **STRENGTHS/ EXPERIENCE OF PASB AND OPPORTUNITIES FOR ACTION**

- PASB has recognized analytical capacity in this area and there is increased demand for technical support from countries.
- Access to numerous databases: PASB's health legislation database and Virtual Health Library; national household surveys measuring health conditions related to poverty, gender, ethnicity. Initiatives underway for improvement in the design and utilization of household surveys.
- Opportunities exist for promoting the health sector participation in the negotiation of trade and integration agreements at the global, regional level, subregional levels.
- Increased momentum created by the report of the WHO Commission of Macroeconomics and Health and growing acceptance of health as a public good; the creation of the Global Health Fund also has clear implications for the Americas.
- LAC countries are beneficiaries of the HIPC Initiative, and other countries could eventually benefit from the Poverty Reduction Strategic Paper (PRSP) strategy.
- Opportunity has been created by the World Conference against Racism, Discrimination, Xenophobia and Related Intolerance – many agencies are interested in joint efforts to reduce ethnic inequities in health and development in the Region.

### **STRATEGIES**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Strengthen capacity for the development of intersectoral actions at the national level to facilitate incorporation of the reduction of health inequities related to poverty, gender, and ethnicity as integral components of national development policies and plans.</li><li>• Enhance the capacity of the health sector to participate in the negotiation of trade and integration agreements at global, subregional, and regional levels;</li><li>• Promote research and disseminate information on the impact of policies adopted by the health and the health impact of policies adopted by the health and other development sectors.</li><li>• Cooperate in the development of policies, plans and legislation at national and regional levels, with a view to eliminating inequities and contributing to the strengthening of health as a human right.</li><li>• Strengthen national capacity in the application and use of national health expenditures/financing and national health accounts as the basis for policy-making.</li></ul> |
|--|

## **7. Critical Organizational Issues for PASB**

If PASB is to add value and increase effectiveness and efficiency when working on priorities for technical cooperation, it must address the following cross-organizational issues. These have been developed mainly through an internal participatory process, and it is noteworthy that the results bear some similarity to the “new ways of working” identified in the WHO General Programme of Work, 2002-2005. **The critical organizational issues are:**

1. **Bridging the information and communication gap: maximizing the technology;**
2. **Better foresight;**
3. **Harnessing science and technology;**
4. **Positioning PASB to influence transnational and global issues;**
5. **Attracting and retaining a creative, competent, and committed work force; and**
6. **Making PASB a high-performance organization.**

The Critical Organizational Issues focus the work of the Secretariat on key objectives in critical areas, the achievement of which will add value to and accelerate the attainment of the mission. While the first four issues may appear to be of a more technical nature, addressing these issues will necessitate support from and realignment of some of the administration and staff units. In addition it must be noted that these Critical Organizational Issues must be considered when developing all technical cooperation programs or projects, regardless of source of funds.

This section reviews the issues, sets objectives, and proposes strategies for dealing with them.

### ***7.1 Bridging the Information and Communication Gap: Maximizing the Technology***

Information and communication processes are supported by information technologies that are critical to the effective operation of the PASB in a knowledge society. They are implemented in environments of differing complexity, require specialized human and organizational resources, use computer-based technologies and telecommunications, and are dependent on fast-changing innovations and markets. The application of appropriate technologies and effective strategies by suitably trained staff can contribute to ensuring resource efficiency, improved quality and effectiveness of

management functions and more meaningful participation of countries and partners in process of technical cooperation. Advances in communication technologies create opportunities to promote health, prevent disease, and assist in health recovery. They also contribute to the empowerment of individuals and communities to become agents of change, and to influence public and political dialogue.

PASB must expand its ability to collect and disseminate information about health in the Americas. Timeliness and targeting of different publics will make the Bureau more effective as will integration of communication strategies in all phases of technical cooperation.

---

**Organizational Development Goal**

*Communicate quality information in a timely manner to enhance process and impact of technical cooperation.*

---

<b>Organizational Development Objectives</b>	<b>Strategies</b>
Customized and timely access to information and knowledge meets the needs of staff and key stakeholders.	<p>Establish and resource a knowledge management function supported by integrated systems to ensure timeliness, access, and quality.</p> <p>Improve, update, and maximize existing communication instruments/technologies to provide relevant and value-added information to clients.</p>
Communication strategies incorporated to support execution of technical cooperation and policy level decision-making.	<p>Institute innovative mechanisms to ensure the continuous upgrading of information and communication technologies, related skills and applications to support a culture of information-sharing for inter-programmatic and teamwork.</p> <p>Make use of technologies to engage clients in all stages of technical cooperation.</p> <p>Expand and make user-friendly online planning and management systems throughout all levels of the Organization.</p> <p>Support capacity building in country offices and ministries of health for the use of information technologies.</p>
Public health information and information about the Secretariat targeted to a wider range of publics.	<p>Mobilize expertise through increasing partnerships with multilateral, government, research, and academic organizations, centers of excellence, NGOs, and industry.</p>

---



## 7.2 *Better Foresight*

Foresight can be defined as a process and the capacity that contribute to the understanding of the forces and relationships shaping the long-term future. The foresight capacity is closely linked to strategic thinking, a process that utilizes creativity, intuition, and intellectual innovation to shape the future of an organization or a community. Collective learning, ownership, and the incorporation of foresight methods in decision-making, policy, and program development are required features of the process. Foresight methods include scenarios, expert opinion, panels, Delphi surveys, environmental scanning, trend extrapolation, technological forecasting, risk management, social impact assessment, and cross-impact analysis. Better foresight can improve response preparedness, generate consensus about desirable futures, and spur action.

Today’s national, regional, and global complexities and uncertainties confirm the critical nature of foresight in the identification of successful pathways to achieving the vision and mission.

<b>Organizational Development Goal</b>	
<i>Generate and use strategic intelligence to anticipate and increase proactive responses to future challenges and to reap the benefit of opportunities.</i>	
<b>Organizational Development Objectives</b>	<b>Strategies</b>
<p>Analyses of trends and events, their relationships, and possible implications for PASB and public health communicated systematically to staff and clients.</p> <p>The development of technical and organizational priorities, plans, policies and strategies benefits from increased application of foresight approaches and tools.</p>	<p>Develop, fund execute and evaluate an organization-wide program to strengthen or develop related skills and competencies;</p> <p>Design and implement activities to encourage the understanding and use of foresight methods and processes for decision-making.</p> <p>Formalize and monitor process to anticipate and manage change as an integral part of the governance and managerial processes, focused on understanding of possible futures and their implications for action.</p>

### 7.3 *Harnessing Science and Technology*

Science and technology have become major social, political and economic forces that affect health and the environment, and that influence our lives dramatically, sometimes in unexpected ways. Managing the products of science and technology has acquired unprecedented importance in moving organizations and nations toward a future of sustainability, equity, and global value. PASB needs to use the available technology and involve those who are most appropriate to discharge its functions. PASB must also be in the mainstream of science and technology networks whose resources become effective inputs for the advancement of health development, and be present in discussions where the priorities and benefits derived from science and technology are discussed. The LAC countries have often been isolated in the various fields of science and technology, with disparities in access to information, limited resources for investment in research, and limited capacity to incorporate research results in the development of policies, programs, and plans. In order for PASB to fulfill its role in information and knowledge management, it needs to generate capacity to broker and mobilize resources to align research agendas with current and future societal needs, improve internal coordination, and allocate budget resources to this priority.

---

#### **Organizational Development Goal**

*Become a valued member of mainstream scientific and technological networks, harnessing knowledge to address regional health development.*

---

<b>Organizational Development Objectives</b>	<b>Strategies</b>
Active participation and recognized role of PAHO as a promoter of science and technology forums relevant to health development.	Widen partnerships to advocate health priorities and mobilize national, regional, and international resources for research and development of solutions for technical problems and processes.
Science and technology counterparts are included in essential junctions of the technical cooperation process; ethical, scientific, and technological research and deployment are included in priority health areas.	Establish a knowledge management function to address the demands and needs related to the effective and ethical use of scientific and technological information relevant to health.
Science and technology capacities become fundamental for the Bureau's human resource development.	Adopt and implement a policy on science and technology that considers staff recruiting, recognition, stimuli, training, and continuous education.

---

#### 7.4 *Positioning PASB to Influence Transnational and Global Issues*

The number of social actors interested and involved in transnational and global health issues has increased, and this interest is manifested in a variety of country initiatives. The activities of professional and non-governmental groups and international organizations—regional and global—provide an operational and legal framework for tackling these issues. However, some of these entities are increasingly overwhelmed by challenges not envisioned two or more generations ago, or by their inability to evolve in processes that could better fulfill their roles and functions. For the past decade, many countries of the Region have engaged in full-scale trade liberalization, with the ultimate goal of boosting exports and attracting investments. Several Member States have embarked upon joint ventures, often with health and environmental effects for populations located near borders. Even when recognized, those effects have been difficult to manage, as Governments have increasingly less control over many global and transborder matters, and it has become more difficult for countries to grapple with them in isolation. Turning to regional organizations should be a natural first step for Member States. Therefore, the leadership of PASB in this area is critical to anticipate and support the countries in the management of these issues.

---

#### **Organizational Development Goal**

*Become a recognized leader in transnational and global issues that affect regional and national health.*

---

<b>Organizational Development Objectives</b>	<b>Strategies</b>
Health-relevant transborder and global issues are identified, understood, and communicated to target audiences.	<p>Maximize knowledge and skills to develop proposals, models, standards, and norms to address transnational topics that impact on health.</p> <p>Develop an effective communication system to keep clients and stakeholders informed of transnational issues and developments that may affect their national health.</p>
Member states and partners consider valuable the role of the PASB in the mobilization of political, financial, and technical resources to address transborder and global issues.	Devise mechanisms to improve regional, political leadership and advocacy that emphasize interagency and intersectoral coordination to generate beneficial partnerships.

---

### 7.5 *Attracting and Retaining a Creative, Competent, and Committed Work Force*

The essential vehicle for PASB to become a major catalyst in health development is its work force, the Organization's most important and critical asset. A creative, competent, and committed workforce is required to provide technical excellence in rapidly changing environments with an increasing number of actors. Staff must possess maximum knowledge and optimal skills to perform their duties. They need to be life-long learners in areas relevant to their responsibilities and be able to generate and support innovative approaches to respond effectively and promptly to diverse country needs. The competence of the PASB work force must also include abilities that allow individuals to be efficient in technical cooperation in health. Staff needs to be proud of their work and satisfied with their work conditions, including career development opportunities and other benefits, in order to contribute in a meaningful way.

---

#### **Organizational Development Goal**

*Foster a creative, competent, and committed work force that is rated exceptional by its clients.*

---

<b>Organizational Development Objectives</b>	<b>Strategies</b>
Strategic Plan for human resource development (HRD) complements the Bureau's Strategic Plan and promotes appropriate mix of skills to bring multidisciplinary perspectives to address health needs.	Shift from personnel administration to human resource development; strengthen HRD planning and improve succession planning.  Establish mechanisms to recruit experienced staff from diverse disciplines.
Work designs, staff development, and rewards support creative thinking, technical excellence, and teamwork.	Develop the culture of a learning organization; continue and realign comprehensive staff development, including mechanisms to share information, perspectives, and experiences and to update and improve knowledge, skills, and competencies based on BPB and PPES.  Revise managerial and personnel evaluation processes to facilitate multidisciplinary teamwork.
Level of staff satisfaction and well-being increased from levels of 2001 ROAD exercise.	Monitor the level of staff satisfaction promoting staff rights, conflict resolution, and effective communication across the Organization; promote values of Secretariat to facilitate effective interpersonal relationships and positive work environments.

---

## 7.6 Making PASB a High-Performance Organization

Accountability for utilization of public resources has become a main concern of the public and other key stakeholders. In addition, the environment for technical cooperation in health has become competitive, as the number of actors has increased through emergence of new ones and/or by the diversification of the mission of existing ones. Maintaining and enhancing PAHO's value, leadership, and technical excellence for Member States will depend on its capacity to increase stakeholder satisfaction and demonstrate continuing improvements in the quality and levels of its performance. For this, a clear vision, mission, values, and defined priorities and objectives, must be complemented by a well-structured capability for evaluation, accountability, and communication to strengthen the work force's capacity and motivation. PASB needs to build on its experience in evaluation of delivery of technical cooperation, and focus on the optimization of resources. It also needs to establish and utilize effective performance measurement, monitoring, and benchmarking, and provide feedback to its staff and clients on the overall performance of the Organization.

### Organizational Development Goal

*Be a high-performance organization and set benchmarks for similar international health agencies.*

Organizational Development Objectives	Strategies
<p>Increase the overall performance of PASB from the level obtained through the Rapid Organizational Assessment and Diagnosis (ROAD) in 2001.</p>	<p>Strengthen Organizational Development and the integration of this with strategic planning through monitoring process that facilitate periodic adjustments; maintain effective communication and feedback mechanisms.</p> <p>Develop and institutionalize interventions in the four priority areas identified in the 2001 ROAD:</p> <ul style="list-style-type: none"> <li>◆ Clients/stakeholders satisfaction</li> <li>◆ Technical cooperation outcome</li> <li>◆ Secretariat-specific improvements</li> <li>◆ Resource allocation and mobilization</li> </ul>
<p>Report performance regularly through expanded range of performance indicators/criteria and foster use of internal and external bench marking.</p>	<p>Design key performance indicators and data collection processes with staff for measurement systems and ensure alignment with the objectives of PASB technical cooperation and to address the critical issues.</p> <p>Increase program and thematic evaluations to support performance management processes and integrate results of monitoring and evaluation into managerial decision making.</p> <p>Integrate existing individual performance measurement into the overall performance measurement systems.</p>

## **8. Implementation, Monitoring, and Evaluation of the Strategic Plan**

Once the Strategic Plan has been approved, an implementation framework will guide the rolling-out process. This will include revision of the programming guidelines, a communication and feedback strategy; revision of the regional budget policy; and creation of an environment-scanning database for the continuous monitoring of trends. Sustainability of the strategic planning approach will require building capacity for strategic thinking and planning throughout the Secretariat and the continuous promotion of the values, vision and mission by the managers.

The Strategic Plan will be the basis for the programming process that takes place every two years in PAHO and produces the Biennial Program Budget (BPB) for approval by the Governing Bodies. Each unit/area of work will be expected to demonstrate how the Strategic Plan is driving the mix and design of the projects. Specifically, the priorities and objectives for technical cooperation and the organizational development objectives to address the critical issues will guide the analysis of the program budget proposals.

At present, the Plan contains primarily outcome objectives and broad strategies. While most of these are specific and realistic, they need to be further refined and to be complemented by performance indicators for the Secretariat. This will call for intensive work with the teams responsible for execution to identify appropriate performance measurements and details of the data collection and analysis approaches for monitoring progress

Through the programming process, the Secretariat will describe the short-term objectives that must be achieved as a contribution to achieving the longer-term performance measures and objectives within the Strategic Plan. Thus, the biennial indicators at the expected result/output and purpose/short-term outcome levels will be milestones by which the Strategic Plan will be monitored. Through the programming process of the AMPES (among several sources of information) the Secretariat will be able to identify inputs and activities throughout the Bureau and the ability to link all levels will facilitate the more detailed levels of performance measurement desired.

The development of Country Cooperation (mid-term) Strategies (CCS) will provide the opportunity for a wide range of actors to participate in the process of reconciling the national health priorities with the collective objectives of the countries of the Region and of the technical cooperation. The CCS and the UNDAF processes will feed off of one another depending on the timing of the individual processes in each country.

General approaches that will be encouraged in the design and delivery of the technical cooperation include:

- Integrating health promotion strategies in the response to multi-dimensional health development issues;
- Joint initiatives with agencies in the UN and Inter-American systems and with a wide range of other partners, supported by creative mechanisms to maximize the strengths of each agency. Expansion of the Shared Agenda will benefit from the clearly defined objectives of the Plan;
- Weaving of the strategies to address critical organizational objectives into the programs of all units;
- Technical Cooperation among Countries (TCC) to take advantage of the increased institutional and human resource strengths in the countries;
- Support to sub-regional bodies for the development and execution of complementary plans for the achievement of the objectives of TC; and
- Inter-programmatic work by multi-disciplinary teams.

The Secretariat will build on the experience gained through the use of the logical approach to project design and introduce incentives to further reorient the managerial culture towards the results-based focus and shared responsibility for design and execution of projects by multi-disciplinary teams.

The implementation of the Plan will be supported with funds from two sources: the Regular Budgets (RB) of PAHO and WHO and extra-budgetary (EB) funds. Early in the first year of the planning period, the regional budget and resource allocation policy will be reviewed to ensure that it supports the priorities and more focused approach of the Plan.

Details of the monitoring and evaluation framework will also be finalized early in the planning period and submitted to the Sub-Committee for Planning and Programming. This framework will involve appropriate measures of each objective, the identification of sources of data, and the definition of data collection and analysis processes. It will also identify the frequency of additional studies and program evaluations which will be important in order to identify the factors that influence performance, to evaluate the strategies within the Plan and to verify independently that the desired impacts have been achieved.

## **9. Action by the Pan American Sanitary Conference**

The Pan American Sanitary Conference is being requested to review, discuss, and approve the Strategic Plan for the PASB for the period 2003-2007 and in doing so agree that the Objectives of the Technical Cooperation reflect the key common areas that will be the focus of attention of the Member States during the 5-year period.

The Conference is also invited to consider the annexed resolution CE130.R1 recommended by the Executive Committee.

Annex





PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **130<sup>th</sup> SESSION OF THE EXECUTIVE COMMITTEE**

*Washington, D.C., USA, 24-28 June 2002*

---

Annex

### ***RESOLUTION***

#### ***CE130.R1***

#### **STRATEGIC PLAN FOR THE PAN AMERICAN SANITARY BUREAU, 2003-2007**

##### ***THE 130<sup>th</sup> SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007 (Document CE130/12);

Noting with satisfaction the changes in the planning process and as a result the new emphasis on addressing critical organization wide issues in order to achieve the priorities of technical cooperation, and

Anticipating that the Secretariat will take into consideration the comments of the Executive Committee in the finalization of the Plan,

##### ***RESOLVES:***

To recommend to the Pan American Sanitary Conference the adoption of a resolution along the following lines:

##### ***THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007 (Document CSP26/10);

Mindful of the constitutional function of the Pan American Sanitary Conference in determining the general policies of the Organization; and

Recognizing the need of the Bureau to channel its efforts and resources towards the collective regional health priorities in order to help ensure that all the peoples of the Region enjoy optimal health,

***RESOLVES:***

1. To approve the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007.
2. To request the Director to:
  - (a) take into consideration the Strategic Plan and the human resource requirements for its execution in the development of the biennial program budgets during the period 2003-2007;
  - (b) monitor and evaluate the extent to which the objectives of the Strategic Plan are achieved;
  - (c) widely disseminate the document "Strategic Plan for the Pan American Sanitary Bureau, 2003-2007".