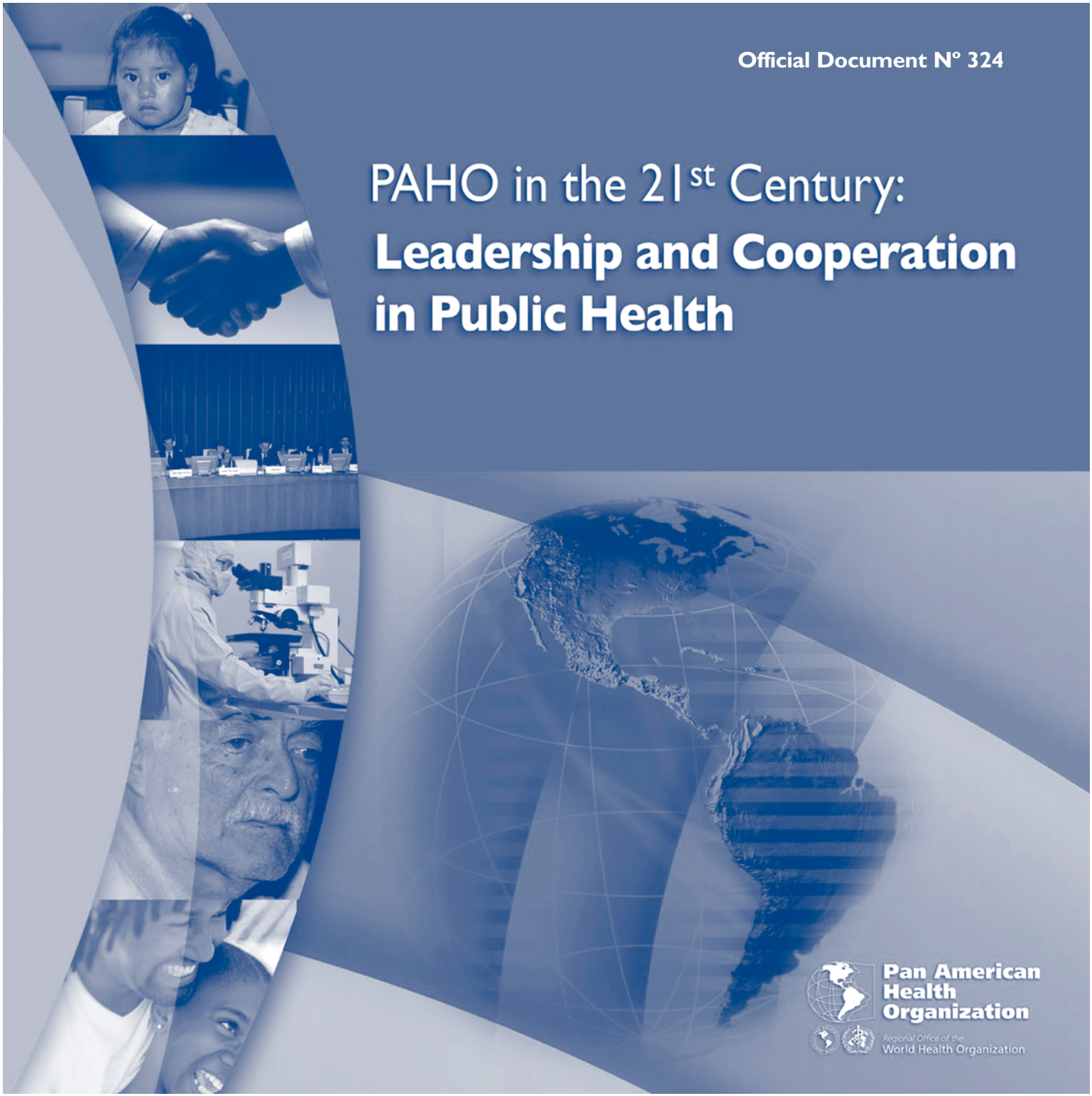
PAHO in the 21st Century:
Leadership and Cooperation in Public Health

Pan American Health Organization

Regional Office of the World Health Organization

Official Document N° 324



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Foreword

Convinced that "exchange and cooperation among countries and institutions are the essence of the work of the Pan American Health Organization (PAHO)", on 31 January 2003, I assumed the responsibility and commitment to make use of "the potential of the existing resources and interest in promoting health and development activities (…) to develop new programs that are both useful and relevant to all the countries".

Today is a good time to take stock of the progress toward fulfilling our initial commitments to cooperation in public health, an exercise that we shall replicate in subsequent publications with regard to many other priority areas of our Organization's work.

On approving the Strategic Plan 2003-2007, for the first time in PAHO, the Member States identified priority thematic areas, countries, and population groups and asked me to take the necessary steps for the implementation of the Plan.

From the very beginning, it was clear that fulfilling this mandate would require significant changes in program structure, resource allocation, and the structure and dynamic of the work of the secretariat, together with the adjustment of competencies and the expansion of partnerships.

However, the specific financing to accomplish all this was not available. Therefore, the decision was made to institute a number of parallel processes in which constant communication and interchange would be maintained to facilitate mutual enrichment and guarantee the coherence of the outputs, while efficiently moving forward with existing resources.

In 2003 closer regulatory policy relations were forged with the Member States, who decided to create the Working Group on "PAHO in the 21st Century" in order to study the regional scenarios and trends that are producing new demands in public health and emerging actors in the field of international technical cooperation, thus influencing PAHO's expected roles and functions.

At the same time, we presented a management strategy for implementing the Strategic Plan 2003-2007 to guide the development of the biennial program budgets, which are the operational expression that guarantees fulfillment of the Plan.

It was evident that the driving force of the process was the need for greater responsiveness to country needs and for modernization of the overall management of the Organization itself.

To this end, various steps were taken using specific modalities in an attempt to quickly achieve the expected improvements with very careful use of the existing human, financial, and technology resources. At the same time, the full and ongoing work of the Organization's programs of action was guaranteed, in the full knowledge that the member countries and community as a whole cannot dispense with PAHO's functions.

We also developed a common technical cooperation framework for all the members of PAHO, consisting of three components: the unfinished agenda (public health problems that are the greatest manifestation of inequity and require immediate action to overcome the current social debt); the protection of achievements (areas of substantive progress that require attention and investment to guarantee their sustainability); and responding to new challenges (new problems and situations or others that are reemerging with new characteristics, demanding new knowledge and successful interventions).

We have made the necessary adjustments and brought technical cooperation resources nearer to the countries, guided by a more strategic framework obtained through a national exercise in comprehensive participatory analysis—an exercise that considered the relationship between health and development and examined the influence of health determinants, avoidable and unacceptable inequalities, national priorities and commitments, and the presence of national alliances and partnerships. All these factors affect and determine PAHO's unique role as an instrument for national health development.

The internal organizational climate had to be addressed to ease the sense of threat induced by any intensive process of change and to commit all of our energy and talent to ensuring that the changes were made in right and most acceptable way. Therefore, in 2003, we created several open, mixed working groups within the Organization that identified situations that needed improvement, issued valuable recommendations, and helped tear down barriers to communication and develop measures for immediate or gradual application, as appropriate.

We also created the Change Management Team, and through the broad participation of the staff and Staff Association, 11 initiatives were developed that together constituted the Roadmap for the Institutional Transformation of PAHO.

In a parallel manner, through streamlined communication and consultation, the Working Group created by the Governing Bodies of the Organization, informed by the special reports of the United Nations' Joint Inspection Unit and of the external and internal auditors, concluded its deliberations in 2005, producing a resolution on institutional strengthening.

The two processes came together in the creation of the Institutional Development Unit, marking a new stage with continuous monitoring of the general progress of the Organization, a key strategy for results-based management.

Today we present the results of this period regarding the cooperation in public health that the Organization provides to the Member States through the simultaneous operations of the external and internal mechanisms for institutional change at PAHO.

I believe that this experience can become a model for good practice that illustrates how an intergovernmental public agency transforms and adapts itself with the commitment and support of its members, partners, allies, peers, and staff within the time frame and resources allocated without adversely affecting its clear and pressing functions.

I would therefore like to thank all who generously gave their time, enthusiasm, efforts, experience, creative thinking, and trust to strengthen this prestigious century-old institution that is PAHO so that it can continue for another hundred years, contributing to health for all in the Americas.

Mirta Roses Periago

Director

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Greater Resources for Health

Strengthening cooperation in public health is critical to providing a better response to countries' needs and promoting Health for All, tackling the unfinished agenda, protecting achievements, and facing new challenges.

PAHO has turned this priority into concrete action for the mobilization of greater resources for health, efforts that made it possible for budgetary income to reach record levels of voluntary contributions in the 2004-2005 biennium. This priority can also be seen in the design of the regional program budget policy, in the support to the countries to gain access to the growing resources available in global initiatives, and in the development of partnerships with other entities and organizations.

Mobilization of Resources

International cooperation trends are changing substantially due to accelerating globalization and a rethinking of its purpose, which is having extensive repercussions in the Region.

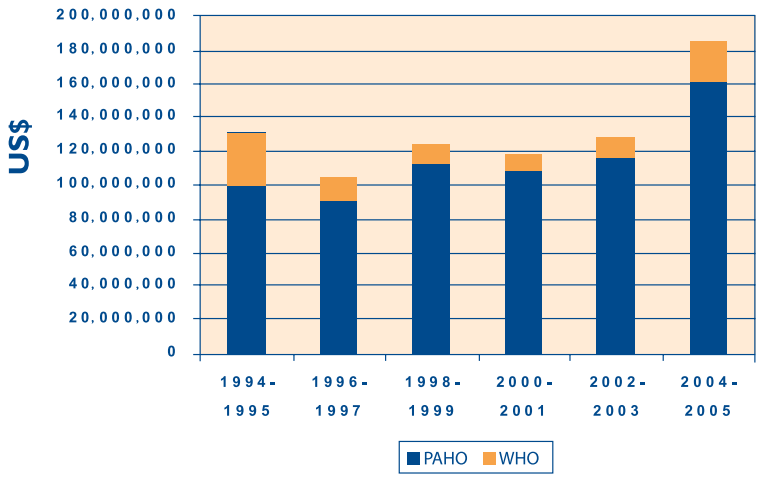
While in recent years, Official Development Assistance (ODA) has substantially increased worldwide, the Latin American and Caribbean countries have received a smaller share. ODA increased by US$ 10.4 billion in 2004 (to US$ 79.5 billion), for real growth of 5.9% over 2003; however, according to January 2006 data from the Organization for Economic Cooperation and Development (OECD), only US$ 6.34 billion was allocated to the countries of the Region, or barely 8% of the total. This proportion was approximately 10% in the late 1990s, but has been declining over the past three years due to the redirecting of international financing activities toward other regions.

In this general context, the Pan American Health Organization (PAHO) has successfully mobilized greater resources for public health in the Region through bilateral actions, strategic alliances and partnerships, the adoption of a programmatic approach, and an intensification of the public policy dialogue with regional and subregional organizations.

Record-Breaking Voluntary Contributions

The diversification and intensification of actions in this area, with both the Organization's traditional partners and new emerging partners and with the Member States, paved the way for voluntary contributions of US$ 185.3 million in the 2004-2005 biennium. This record figure represented 43% of the budget implemented by PAHO in the biennium. During this period, voluntary contributions from the World Health Organization (WHO) came to US$ 30 million. Furthermore, in-kind contributions were received, complementing PAHO's own resources.

PAHO Technical Cooperation Funded by Voluntary Contributions



Source: Planning, Program Budget, and Project Support (PPS).
Use of voluntary contributions administered by PAHO/WHO.

The programmatic approach facilitates greater coordination in managing voluntary contributions and in relations with the contributing partners, as well as the alignment of proposals with the Organization's public health priorities and giving attention to resource utilization capacity. It also makes possible the promotion of higher-impact processes and fosters speedier execution. The multiyear agreements reached with contributing partners, including Canada, Spain, the United States, Norway, and Sweden are representative of this progress.

Regional Program Budget Policy

In order to facilitate equitable resource allocation and better respond to new public health needs, based on the principles of equity, Pan-Americanism, and solidarity, a new Regional Program Budget Policy was adopted by the 45th Directing Council in September 2004.

The new policy increases resources targeted to the countries, raising the proportion of the regular budget allocated to the countries from 35% to 40%. The policy also establishes an allocation for the five subregions that will gradually increase until it reaches 7% of the regular budget:

- Andean Community of Nations (CAN),
- Caribbean Community and Common Market (CARICOM),
- Southern Common Market (MERCOSUR),
- Central American Integration System (SICA), and
- North American Free Trade Agreement (NAFTA).

The introduction of the subregion as a new programmatic, budgetary, and administrative level recognizes the subregional integration processes in which the Member States are involved. It responds to the need to support the attainment of health goals at that level—recognizing that certain health issues are better addressed through joint subregional action—and ensures that the Organization's programming strengthens the country focus.

The countries are allocated a budget in keeping with their needs in health, based on the size of their population and income level. Furthermore, all the countries are ensured a basic budget of US$ 300,000 per year, plus additional funds based on their special health needs, which vary from period to period. This policy is being phased in over three bienniums to facilitate gradual adjustment to the new resource levels.

Currently, US$ 16,676,000 in regular funds are allocated to the subregional level. This figure includes funding for the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Institute of Nutrition of Central America and Panama (INCAP), and the U.S.-Mexico Border Field Office.

Country Support for Accessing Global Resources

Strengthening the capacity of the countries of the Region to influence the definition of the resources from the global funds allocated for health and taking the utmost advantage of them is a priority in the Organization's cooperation that has yielded excellent results. The Region is comprised largely of middle-income countries that could be excluded by the criteria for resource allocation and participation in priority financing initiatives.

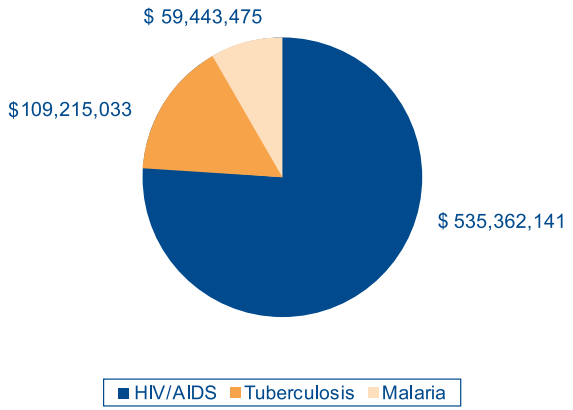
The Global Fund

With respect to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Organization has collaborated in the establishment of the Country Coordinating Mechanisms (CCM), which are an essential requirement

for presenting project proposals to the Fund. Governments, nongovernmental organizations (NGO), grassroots community organizations, private sector entities, and people affected by these diseases are represented by the CCMs. The Organization has been involved in the formulation and negotiation of the proposals, has lobbied on behalf of their eligibility, and has provided technical cooperation for their execution and monitoring.

Twenty countries in the Region have had proposals approved and there are five multicountry initiatives, for a total Global Fund contribution of US$ 704 million, making the Fund the main investor in the fight against HIV/AIDS, tuberculosis, and malaria in the Americas.

Global Fund Contributions: Latin America and the Caribbean (30 September 2005)



Source: Prepared by author with data from the Global Fund.

The Global Environment Facility

A Regional Program of Action and Demonstration of Sustainable Alternatives to DDT for Malaria Vector Control in Mexico and Central America (covering the 2003-2007 period) is being implemented with contributions from the Global Environment Facility (GEF) and the governments of those countries.

With a total investment of almost US$ 14 million, US$ 7.5 million of which was contributed by the GEF, this program was developed jointly by the Organization, the participating Member States, the United Nations Environment Program (UNEP), and the GEF. Its main components are:

- the implementation of malaria vector control demonstration projects without the use of DDT or other persistent pesticides that can be replicable in other parts of the world and which are cost-effective, environmentally sound, and sustainable;
- the strengthening of national and local institutional capacity to control malaria; and
- the elimination of DDT stockpiles in the eight participating countries (136 tons in total), which was already allocated and will be implemented, according to projections, at the start of 2007.

Global Alliance for Improved Nutrition

Access to the resources of the Global Alliance for Improved Nutrition (GAIN) for promoting food fortification initiatives has also been the object of the cooperation provided, in this case to Bolivia and the Dominican Republic.

By working with the Governments and the health authorities to organize the actors, develop the proposals, and present and defend them, two initiatives were approved, providing US$ 4.5 million in cooperation

resources. In Bolivia, the initiative included the fortification of wheat flour, vegetable oil, and milk, while in the Dominican Republic resources were allocated for the fortification of wheat flour and sugar.

Partnerships with other Entities

The Organization's public health cooperation has also been strengthened through partnerships with other entities in areas such as immunization, the fight against cervical cancer, violence prevention, among others.

Immunization Partnerships

The partnerships for implementing regional and national immunization programs are with the Centers for Disease Control and Prevention (CDC), the Global Alliance for Vaccines and Immunization (GAVI), the Canadian International Development Agency (CIDA), the Sabin Vaccine Institute (SVI), and the Spanish International Cooperation Agency (AECI), broken down as follows:

- The goals of CDC collaboration with PAHO include maintaining interruption of indigenous measles transmission and eliminating rubella, as well as contributing to efforts to contain outbreaks from imported cases, such as those associated with the recent World Cup soccer championship in Germany, and those that are anticipated around the World Cricket Cup championship in 2007 in the West Indies. Total CDC support to date for the current period (2004-2009) has been US$ 15.6 million, out of an expected US$ 27.3 million.

- Support from GAVI and other GAVI partners, including the Program for Appropriate Technology in Health (PATH) and the Pneumococcal Accelerated Development and Introduction Plan (PneumoADIP) of Johns Hopkins University, has focused on improving injection safety, strengthening

immunization services, and introducing the pentavalent vaccine (DPT-HepB-Hib), in accordance with the priorities set by the six eligible countries of the Region (Bolivia, Cuba, Haiti, Honduras, Guyana, and Nicaragua). GAVI and its partners have provided US$ 5.2 million in total contributions to date, out of an expected US$ 6.6 million.

- The focus with CIDA has been policies that promote vaccine quality —a critical role in strengthening national efforts to prevent and control other vaccine-preventable diseases of importance for public health—and the rapid introduction of new vaccines. Specific attention has been paid to the surveillance of diarrheal (rotavirus) and respiratory (pneumococci) diseases, as well as yellow fever. To date, total CIDA assistance has been US$ 4 million, out of an expected US$ 6.3 million.

PAHO Partnerships for Implementing Immunization Programs, August 2006

Partnership	Period	Pledged (US$)	Resources Received (US$)
CDC	May 04 - April 09	27,300,493	15,754,081
GAVI Fund			
GAVI (Country Project)		4,854,500	4,075,148
PATH	May 04 - June 07	476,000	412,000
PATH (RV)	June 06 - Oct. 07	113,000	106,227
PneumoADIP (JHU)	May 06 - Dec. 07	600,000	150, 000
GAVI (Regional)	Jan. 06 - Dec. 07	624, 500	489,500
	GAVI Subtotal	6,668,000	5,232, 875
CIDA	March 04 - July 08	6,296,296	4,072,455
Sabin Institute	Sept. 05 - Sept. 07	1,150,442	840, 707
AECI	June 06 - Dec. 08	145,000	47, 924
	TOTAL	41,560, 231	25,948,042

- The Sabin Vaccine Institute has targeted its support to documenting the lessons learned from implementing supplementary, comprehensive vaccination activities, as well as to coordinated strategies for programming, implementation, monitoring, and evaluation of vaccination programs, especially those aimed at adults (particularly for rubella). To date, the SVI has contributed US$ 840,000 in backing, out of an expected US$ 1,150,000.

- AECI's partnership with PAHO is aimed at reducing inequalities in vaccination in the five priority countries (Bolivia, Haiti, Honduras, Guyana, and Nicaragua) within the framework of Vaccination Week in the Americas. AECI has provided US$ 48,000 in support, out of an expected US$ 145,000.

In total, PAHO partnerships in support of regional and national immunization programs have mobilized approximately US$ 26 million to date, out of an expected total of almost US$ 42 million for the period covered by the existing agreements.

Partnership for Health Preparedness (PHP)

In 2000, the Emergency Preparedness and Disaster Relief Area promoted the creation of the Partnership for Health Preparedness (PHP), which is a mechanism for networking, dialogue, and collective notification among the major donors that support preparedness for public health emergencies in Latin America and the Caribbean. The members of the partnership meet annually to examine the successes and challenges in disaster preparedness, mitigation, and response, and to make the necessary adjustments to the work plans. This mechanism has been highly effective, permitting greater transparency and responsibility, and promoting close ties between all participating agencies and PAHO for the delivery of technical cooperation. The sustained financial contributions from these partners to a central program of activities for disaster reduction in the Americas has been confirmation of the commitment made and has enabled the Organization to multiply this support with that of other partners in disaster preparedness, mitigation, and response.

Partnership for the Eradication of Foot-and-Mouth Disease

Through the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the public and private sectors of the Member States have joined with PAHO in developing a plan of action for the final stage in the eradication of foot-and-mouth disease in the Americas 2005-2009. PANAFTOSA is recognized by the World Organization for Animal Health (OIE) as the Reference Center for the Americas in Foot-and-Mouth Disease. This partnership will increase the availability of animal protein in the world's largest area of commercial livestock production, promote its marketing in the countries of the Region, and further exports to world markets, in addition to preventing the enormous losses that the disease has represented for producers in the Region.

The partnership reflects the commitment expressed in the Declaration of the Hemispheric Conference on the Eradication of Foot-and-Mouth Disease, held in March 2004 in Houston, Texas, USA, under the auspices of PAHO and the U.S. Department of Agriculture (USDA), and which created the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA) for this purpose.

The Plan of Action for the eradication of foot-and-mouth disease provides for the investment of more than US$ 48.3 million in technical cooperation through GIEFA, in addition to the national programs financed by the governments and the private sector of the Member States. Through special attention to endemic zones and bi- or trinational border areas in the southern part of the Region, the plan includes the following five strategies:

- Strengthening of the information system on outbreaks of foot-and-mouth disease;
- Strengthening of the diagnostic laboratory network, with emphasis on the capacity for complete differential diagnosis;
- Creation of foot-and-mouth disease vaccine and antigen banks;
- Improvement of emergency prevention and response systems;
- Epidemiologic characterization of the presence or absence of the foot-and-mouth disease virus.

Through these key lines of action, the plan develops and implements activities specifically designed for each of the identified risk areas. This includes raising immunity levels in affected populations with safe and epidemiologically appropriate vaccines, mitigation of risks in the marketing and transport of livestock and animal products, improvements in the epidemiological surveillance and information system, and better prevention strategies and systems for rapid diagnosis, in addition to health education, social communication, and training.

Inter-American Coalition for the Prevention of Violence

The principal lines of work of the Inter-American Coalition for the Prevention of Violence (IACPV) are raising public awareness, promoting prevention, and establishing coordination and technical cooperation mechanisms. The Organization has held the Technical Secretariat since 2003. The following are also partners:

- CDC,
- United States Agency for International Development (USAID),
- World Bank (WB),
- Inter-American Development Bank (IDB),
- Organization of American States (OAS), and
- United Nations Educational, Scientific, and Cultural Organization (UNESCO).

The Coalition's Secretariat runs the Municipal Violence Observatories Program in El Salvador, Guatemala, Honduras, and Nicaragua, with backing from USAID, and provides support to the Central

American Coalition for the Prevention of Youth Violence. As part of the Coalition's coordination efforts, PAHO and the CDC have been working on establishing surveillance systems in hospital emergency rooms in Colombia, El Salvador, and Nicaragua, which are among the few systems of this type in the world.

Inter-American Alliance for Gender Violence Prevention and Health

Information systems and research, policy-making and implementation, models of care and training, and communication are the main work areas of the Inter-American Alliance for Gender Violence Prevention and Health, *InterCambios*. The Organization has participated as a strategic partner in this consortium in activities including:

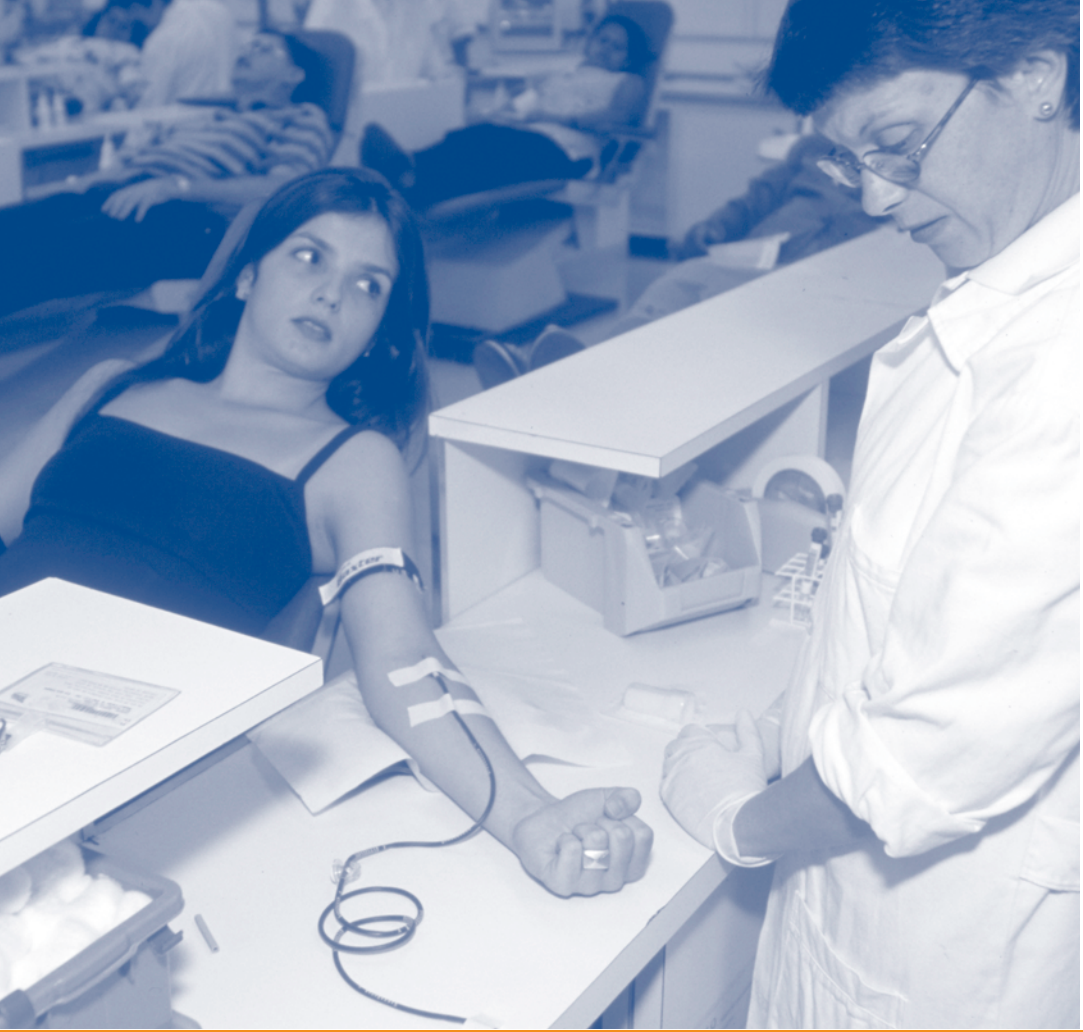
- Coordination of a meeting with researchers and activists to validate the manual "Metodologías de investigación sobre violencia doméstica" ("Domestic Violence Research Methods") and to develop a regional training plan on the subject, held in Nicaragua in August 2006 with CDC collaboration;
- Support for publishing the Spanish translation of the manual "Researching Violence against Women: A Practical Guide for Researchers and Activists," also in coordination with the CDC; and
- Adapting the "Walking in Her Shoes" educational material to the regional context, aimed at health providers and local authorities.

Alliance for Cervical Cancer Prevention

With financial support from the Bill and Melinda Gates Foundation, this partnership worked to improve cervical cancer detection, prevention, and treatment services in order to enrich the information targeted to women, strengthen training for health workers in this area, and promote action to address this

problem. In addition to PAHO, the Alliance for Cervical Cancer Prevention (ACCP) included the EngenderHealth alliance, a nongovernmental organization; the International Agency for Research on Cancer (IARC); JHPIEGO, a nonprofit organization affiliated with Johns Hopkins University; and PATH.

Within the framework of this alliance, PAHO secured US$ 10 million for a range of projects in Argentina, Bolivia, El Salvador, Guatemala, Honduras, Panama, Peru, Suriname, and Trinidad and Tobago that generated scientific evidence for improving cervical cancer detection and treatment in the Hemisphere. A second stage is currently under way in the Department of San Martin in the Amazon region of Peru (TATI-2) to further develop the long-term scientific evidence with respect to detection.



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New Cooperation Instruments and Modalities

The health-disease process is a complex social product that demands an integrated approach and requires linking efforts and strengthening to the utmost the utilization of the capacities and contributions of the countries, the Organization, other entities, and the cooperating partners. This is how we have responded to pandemic influenza, emergencies or disasters, and HIV/AIDS.

Pandemic Influenza

In the face of the global alert declared by WHO, an interprogrammatic multidisciplinary Task Force on Epidemic Alert and Response (the EAR Task Force) was created by the Director of PAHO, mobilizing internal talents and capacities and a wide range of sectors, including health, agriculture, environment, education, and natural disasters.

All activities of the EAR Task Force are framed within the new mandates issued by the International Health Regulations (IHR), which stipulate that countries develop, strengthen, and maintain core capacities to detect, assess, and intervene to control events of international public health importance.

The "PAHO Strategic and Operational Plan for Responding to Pandemic Influenza" was quickly developed. Its aim is to:

- prepare the Region to deal with an influenza pandemic,
- accelerate the development of national preparedness plans, and
- boost countries' capacities to detect and respond to influenza and other diseases.

Twenty-eight national plans have already been assessed using an evaluation tool developed by PAHO and used in four subregional exercises. The comprehensive national plans require national

coordination that is defined in legislation, a prevention and contingency plan for the human pandemic and avian influenza, and the support of other sectors, including disaster prevention, civil defense, and environment.

An integrated approach has also been promoted externally. The regional directors of the United Nations agencies have agreed to pool their institutional expertise to mitigate the consequences of a pandemic. PAHO is coordinating the national response teams for this initiative in 22 countries of the Region.

Joint projects with WHO, the CDC, USAID, IDB, the United Nations Food and Agriculture Organization (FAO), and the OIE have mobilized close to US$ 5 million in resources. The Summit of the Americas (Mar del Plata, 2005) studied the challenge posed by the pandemic and assigned responsibilities to PAHO and to IICA.

Emergency and Disaster Preparedness

There has been widespread recognition of the successful experience with the integrated approach used by the Organization, the countries, and the donors in three major interrelated work areas: disaster preparedness, improved safety, and disaster response.

The goal is to boost health sector capacity to deal with emergencies or disasters, to raise awareness about the associated public health risks, and to improve the knowledge and response capacity of all actors in the sector. Some of the key instruments are the LEADERS management course on disasters, health, and development; inclusion of the subject in the university curriculum for health specialists and in related areas such as engineering and architecture; information dissemination and management, through the Regional Disaster Information Center (RDIC), which has over 14,000 publications; and the creation of a regional network that links together over 26,000 people in this area.

The "Safe Hospitals" initiative seeks to ensure health facilities that remain accessible and functioning at maximum capacity and as part of the same infrastructure immediately following a destructive natural phenomenon. The initiative was approved by PAHO in September 2004 and became a global goal in January 2005 at the World Conference on Disaster Reduction in Kobe, Japan. The Central American countries adopted it in August 2006, and in July 2004 it was made part of the Andean Region Health Sector Disaster Preparedness and Strategic Response Plan 2005-2010, with European Union (EU) support. The OAS Member States, in the context of the Inter-American Committee for Natural Disaster Reduction (IACNDR), adopted the initiative for all new hospitals in June 2006.

For implementation of the "Safe Hospitals" initiative, the countries and subregions are receiving support through the Disaster Mitigation Advisory Group (DiMAG) through the development of instruments to assess their hospital infrastructure and in analysis and prioritization, cost-benefit studies, and in lobbying agencies that can provide the needed financing for carrying out the projects.

In addition, the Emergency Operations Center and the Regional Disaster Response Team, made up of experts with special training, have been established at PAHO Headquarters.

HIV/AIDS 3x5 Initiative

In January 2004, the Heads of State and Government gathered at the Special Summit of the Americas in Monterrey, Nuevo León, Mexico and set the goal of providing antiretroviral treatment to 600,000 people by 2005, promoting an integrated approach to the efforts of the various actors in the Region.

Based on five strategic orientations formulated by PAHO, 37 countries developed work plans and activities for increasing prevention, care, and treatment programs. CIDA and other partners provided assistance for the implementation of the initiative, and resources were allocated directly to the

countries to strengthen health system infrastructure, which included the hiring and training of human resources and the expansion of services. Major progress has been made in prevention, access to drugs, and improving strategic information gathering and management.

The significant expansion of the health sector in the majority of the countries, the notable rise in the number of treatment centers, the improved access to counseling, screening, and the prevention of mother-to-child transmission, as well as the substantial reduction in antiretroviral prices in late 2005 (due to subregional negotiations and additional donor support, as well as the use of the Strategic Fund) are factors that have made it possible to meet and even exceed the ambitious goal set in the Declaration of Monterrey. By December 2005, a total of 680,000 people were receiving antiretroviral treatment in the Region of the Americas, 310,000 of them in Latin America and the Caribbean.

Regional HIV/STI Plan 2006-2015

The Regional HIV / STI Plan for the Health Sector is a joint enterprise of the Organization, ministries of health, national AIDS programs, development organizations, people with HIV, and representatives of civil society. It is a key instrument for curbing and beginning to reduce the spread of HIV by 2015, as contemplated in Objective 6 of the Millennium Development Goals, and represents one of the three pillars identified for achieving significant progress against the virus.

With a total estimated investment of US$ 34.4 million, the Plan includes three general goals: a 50% reduction in the number of new HIV infections by 2010 and an additional 50% reduction by 2015; universal access to comprehensive health care services, including prevention, care, and antiretroviral treatment, by 2010; and an incidence rate for mother-to-child HIV transmission below 5% and for congenital syphilis of fewer than 0.5 cases per every 1,000 live births by 2015.

Furthermore, in July 2006, the Director of PAHO approved an internal policy on HIV in the workplace to establish the Organization's commitment to comprehensive HIV care and treatment for staff and their family members and to training and periodic refresher courses on HIV prevention for all staff. PAHO staff can request voluntary, confidential HIV testing as part of their routine annual physical check-ups and receive counseling.

Other Instruments

Strategic Fund

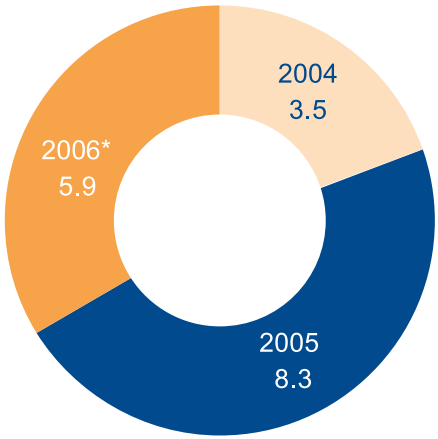
Seventeen Member States have already entered into agreements to use the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund), which facilitates the procurement of strategic public health supplies at lower, more stable prices due to economies of scale; increases continuous, timely availability of strategic supplies; and creates greater planning capacity for procuring and distributing products and projecting demand, enabling the industry to plan its investments more efficiently and reduce costs.

By the end of 2005, the participating countries had used this mechanism to acquire over US$ 35 million in essential public health supplies, including antiretrovirals and other HIV/AIDS products and antimalarial drugs. The figure below shows the increase in the last three years in Strategic Fund purchases, which were US$ 5.9 million in the first half of 2006.

Savings are quite significant. Guatemala has estimated that its purchases for 2005 and 2006 alone saved 52.7%. Furthermore, the Strategic Fund managed to obtain the price reductions for antiretroviral treatment negotiated by 11 South American countries and Mexico for purchases for Guatemala and El Salvador.

PAHO studies indicate that, on average, drugs represent 35% of household health expenditure in the Region, at times reaching 50% to 60% per family unit, and are also a major category in the public health budget. Therefore, improving procurement promotes universal, timely access to quality drugs.

Strategic Fund Purchases, 2004-2006 (in US$ millions)



* Includes only first semester of the year

Regional Strategic Plan for Tuberculosis Control 2005-2015

This plan is aimed at rolling back tuberculosis (TB) incidence, prevalence, and mortality, so that by 2015, the latter two have declined by 50% from 1990 levels.

The Plan has six specific objectives, with their corresponding lines of work for the Organization and the countries, for expanding, consolidating, or intensifying the DOTS strategy ("Directly Observed Treatment, short-course," the internationally-recommended TB control strategy) to over 90% of the population and decreasing TB and HIV incidence in populations affected by both diseases. Implementation of the plan will in itself require an US$ 4.7 million investment in the biennium 2006-2007 for the Organization's activities; to this the resources that the countries commit to fighting tuberculosis and guaranteeing the sustainability of the interventions must be added. PAHO will enter into negotiations to facilitate the procurement of external resources, in addition to those already obtained (see figure on page 12), to complement the significant financial efforts of the countries.

Malaria Control

With the objective of reducing the malaria burden by at least 50% by 2010 and by 75% by 2015, in September 2005, the PAHO Directing Council agreed on recommendations for regional action, including coordinated advocacy so that the countries and the partners in the Region achieve equitable access to the resources of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the designation of a "Malaria Control Day in the Americas" to acknowledge past and present malaria prevention and control efforts, raise awareness, and monitor progress.

An example of the integrated approach in this area is the Regional Program of Action and Demonstration of Sustainable Alternatives to DDT for Malaria Vector Control in Mexico and Central America, with total resources of almost US$ 14 million, as mentioned on page 13 and in which PAHO, the participating

Member States, UNEP, and GEF are a part. In addition, with USAID, the Organization is serving as coordinator for the Amazon Network for the Surveillance of Antimalarial Drug Resistance/Amazon Malaria Initiative, with annual resources of approximately US$ 1.5 million, and US$ 59.4 million in resources from the Global Fund have been obtained to finance the fight against malaria in several countries (see figure on page 12).

Gender Equality

The gender equality policy adopted in 2005 commits the Organization to mainstreaming, and to encouraging the Member States to mainstream, a gender equality perspective in the planning, execution, monitoring, and evaluation of policies, programs, projects, and research, in order to achieve the following objectives:

- An optimal state of health and well-being for women and men, throughout the life cycle, and in the various population groups. The elimination of all forms of violence against women, including the trafficking of women, is an integral component of this objective.

- Equitable allocation of resources to insure that women and men have access to appropriate health care according to their special needs throughout the life cycle, including, without a restrictive nature, their sexual and reproductive health needs. Equity means giving more to those who have less to correct imbalances in outcomes.

- Equal participation of women and men in decision-making related to their own health, the well-being of their families and their communities, and in defining health policy programs. Women's individual and collective empowerment is seen as a very important end in itself and as an essential condition for achieving gender equality and sustainable development.

- Fair distribution among women and men of the burden and the rewards associated with working for health development, both in the public arena and the home.

Strengthening Governance

The Organization has adopted a series of policies for strengthening institutional governance and management standards, focusing on areas such as ethical standards and the code of conduct, the hiring of staff and consultants, complaint procedures, management of external relations, and information technology security.

A Code of Ethical Principles and Conduct is now available that indicates the Organization's core values and ethical principles, along with a set of specific standards that clearly spell out what PAHO considers to be acceptable behavior, as well as an Information Security Officer and a system of clear, articulated procedures for addressing the reporting and investigation of complaints. A specific reference to the Standards of Conduct for the International Civil Service was included in the Staff Rules and Regulations.

PAHO has also been strengthened by the appointment of an Ethics Officer and an Ombudsman; by the adoption of the Standards on Collaboration with Private Enterprises, which will make it possible to evaluate the appropriateness of the Organization's potential collaboration with third parties, including private companies and nongovernmental organizations, avoiding possible conflicts of interests; and by expanding the Organization's relations with sectors important to progress in health.

3

Greater Solidarity and Pan-American Action

In order to promote equity in health, reduce risks, fight disease, improve quality, and prolong the lives of the peoples of the Americas, solidarity should be a key component of Pan-American action. This is the foundation for strategic collaboration between the Member States and their integration mechanisms and for making public health the linchpin of integral human development.

Health in the Political Agenda of the Americas

PAHO is involved in all the processes spearheaded by the Heads of State and Government, such as the Summits of the Americas and the Ibero-American Summits, promoting discussions on priority aspects of public health. The regional political agenda has included issues such as the expansion of social protection; universal access to treatment for people with HIV; workers' health and a strategic partnership among the health, labor, education, and environment sectors; preparedness for disasters and pandemic influenza; the Ibero-American organ donation and transplantation, and public health education and research networks; tobacco control, and drug policy.

Initiatives with Inter-American Agencies

PAHO collaborates closely with the Inter-American system, incorporating the public health approach in the agenda and interagency partnerships.

Working with the Inter-American Commission of Women (CIM) it has formulated a project on the issue of HIV and gender in the Caribbean that promotes the development of policies, communication and prevention strategies, and a policy monitoring system. A Regional Observatory on Gender Violence and Health for the Americas is also being developed to monitor the implementation of health policies on gender violence.

The Organization collaborates closely with the Inter-American Commission on Human Rights (IACHR) in the formulation of regional standards or guidelines for health and human rights and in the implementation of

precautionary measures regarding the health of vulnerable groups in public health institutions. It continually provides technical advice about health through topical or country reports and training workshops for public health personnel and civil society to disseminate human rights treaties and standards.

The joint effort of PAHO and Inter-American Drug Abuse Control Commission (CICAD) has resulted in the publication and distribution of the Spanish edition of *Neuroscience of Psychoactive Substance Use and Dependence*, a one-stop reference that integrates basic clinical and public health knowledge.

In collaboration with the Inter-American Committee for Natural Disaster Reduction (IACNDR), the Organization has developed a Strategic Plan for Natural Disaster Reduction in the Americas.

PAHO participates with the Inter-American Committee on Terrorism (CICTE), the Department of Sustainable Development of the OAS, the Inter-American Defense College, IDB, IICA, and the Pan American Development Foundation (PADF) in an initiative for the Caribbean on bioterrorism, geared to the tourism sector.

It has also entered into a strategic partnership with IICA to promote the health and well-being of rural communities that includes programs for the prevention, control, and eradication of animal diseases that are transmissible to people, integrated provincial and municipal food safety programs, and healthy markets in municipalities (a pilot area in Argentina). The partnership promotes horizontal technical cooperation through the joint organization of the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA) and coordinated technical cooperation activities for the final phase of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (for details on the latter, see pp. 17-18).

Strengthening Subregional Bodies

PAHO has been a pioneer in linking and recognizing the subregional and regional integration processes of its Member States as a strategic line of work for technical cooperation in priority health areas and meeting common goals in health.

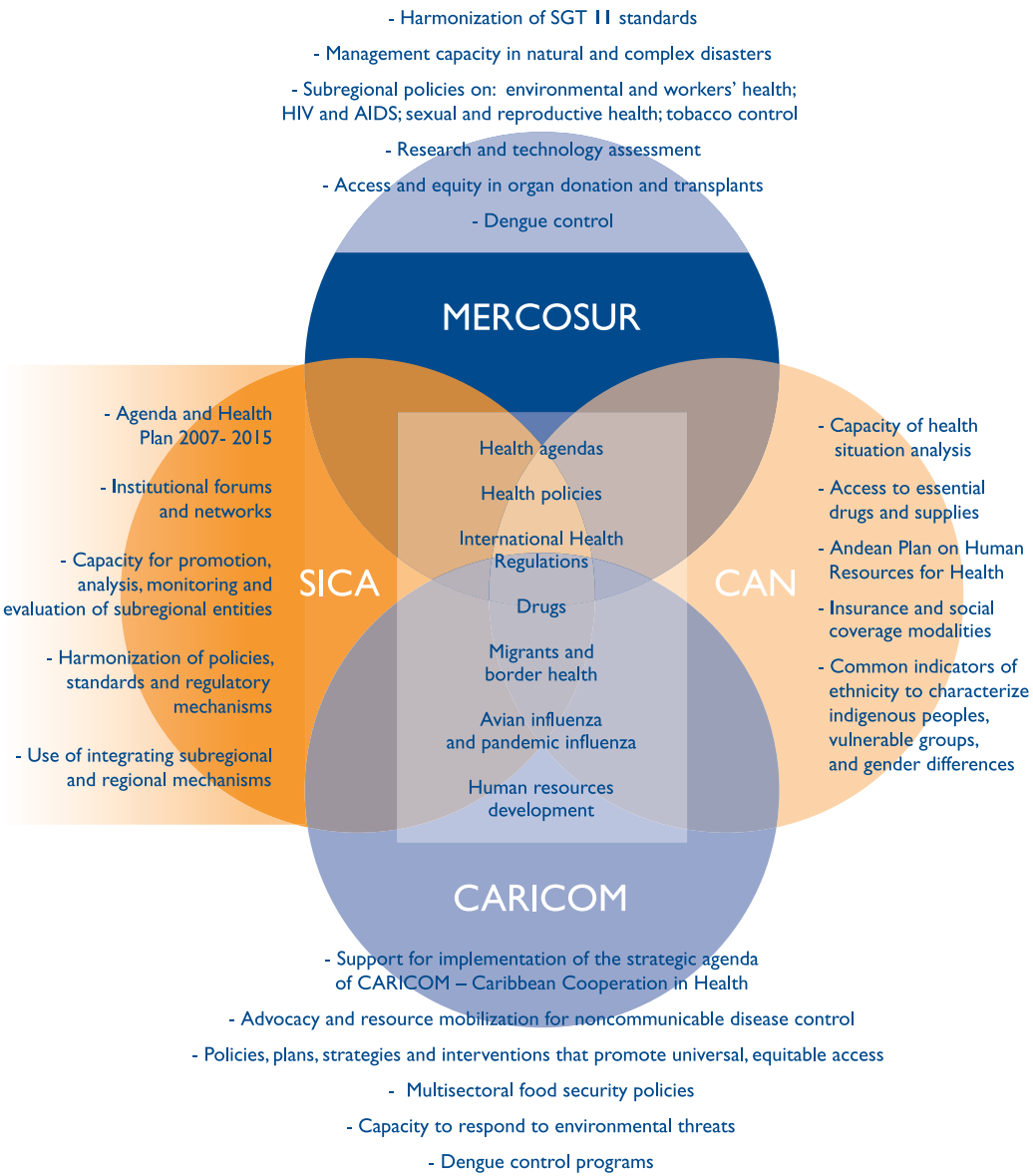
In order to buttress that process, PAHO has new instruments:

- A Regional Program Budget Policy that for the first time defines the subregional level.
- A subregional program budget 2006-2007 for Central America, the Southern Cone, the Andean Area, and the Caribbean, resulting in technical cooperation based on a formal subregional policy.
- The development of subregional agendas and health plans that systematize and strengthen the agreements among the States on subregional integration in health.

Technical Cooperation for the Subregional Health Agenda

- Comprehensively and intersectorally addresses the development of evidence-based public health, considering health determinants.
- Addresses the main health problems using a subregional approach.
- Develops a specific health agenda for each subregion, respecting the principle of equity among countries.
- Facilitates the coordination of international technical and financial cooperation in the subregions.
- Facilitates the use of information and communication technologies.
- Improves technical cooperation among countries and subregions.

Technical Cooperation Programs for the Subregional Levels



Closer to the Countries

The Organization adopted the strategy of decentralizing posts of regional advisers to enhance its technical cooperation capacity through specialized networks that strengthen national capabilities.

- In the period 2003-2006, 19 regional posts at Headquarters were decentralized to 9 countries.
- In that same period, 11 subregional posts were established outside of Headquarters as well as 7 intercountry posts.

Thus, for example, the Sustainable Development and Environmental Health Area (SDE) has modified its structure and reassigned functions according to these new orientations:

- The Basic Sanitation Unit was decentralized, integrating it to the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), headquartered in Peru;
- Eleven posts for regional advisers were decentralized to work with the countries and their centers of excellence on strengthening technical cooperation in critical areas such as urban health, local health development, environmental epidemiology, road safety, and health promotion.
- Regional technical functions have been assigned to some country consultants, taking advantage of their expertise and interaction with Collaborating Centers.

Benefits to the Countries

- Increase in specialized human capital to work closely and jointly with national centers of excellence;
- As much as a 300% increase in technical missions to priority countries;
- Lower operating costs;

- Greater country participation in technical cooperation;
- Strengthening and development of national capacity;
- Expansion and strengthening of networks for cooperation and information exchange among the countries.

Priority Countries

The new framework for cooperation with Bolivia, Guyana, Haiti, Honduras, and Nicaragua represents the most polished expression of Pan-American solidarity, responding to the health imperative and ethical urgency of completing the unfinished agenda and benefiting those facing the greatest challenges in terms of public health and human development.

Benefits to the Countries

- The Country Cooperation Strategies (CCS) in these five countries were given priority in order to develop a strategic agenda consistent with their needs. In the case of Haiti, activities were carried out under the "Interim Cooperation Framework", directed by the Government;
- PAHO lobbied to ensure that the agenda and technical cooperation needs of the priority countries would be taken up in the World Health Assembly and other international forums, and cooperation agencies;
- US$ 23.5 million in voluntary contributions was mobilized for the priority agenda;
- Greater technical support through joint interprogrammatic missions in several areas. Additional human and financial resources were allocated, and technical cooperation among priority countries and with other countries was intensified;

- The unfinished agenda was stressed, adding new initiatives, among them:

Bolivia

- Development of situation analysis to identify gaps that affect indigenous and native populations, promoting social protection mechanisms with a local development approach.
- The implementation of a technical proposal for zero malnutrition has resulted in a priority policy agenda for the Government.

Guyana and Haiti

- Strengthening of capacity in terms of health policies and programs aimed at attaining the Millennium Development Goals (MDG) in safe motherhood and communicable diseases, with funds from a partnership between WHO and the European Commission in the amount of US$ 3.4 million.

Guyana

- Health promotion in schools.
- Prevention of childhood blindness.
- Water, environment, and sanitation project within the framework of the health-promoting schools initiative.
- Expansion of mental health services in rural communities and areas.
- Promotion of sensitization and behavioral change with respect to HIV/AIDS in prisons.

Haiti

- PROLIFE Community in Action Program to empower communities to identify and respond to environmental problems in Cité Soleil in Port-au-Prince.
- Provision of drugs and supplies for emergencies, HIV/AIDS, tuberculosis, and vaccines administered by PROMESS (Central Agency for the Procurement of Drugs and Medical Supplies, created by PAHO).

Honduras

- Human Security Project on violence prevention in the municipios of Comayagua, Choluteca, and Juticalpa.
- Social protection strategies for the maternal and child population.
- Joint PAHO, UNFPA, and UNICEF Program on Adolescents and Youth.

Nicaragua

- Ministry of Health-CARITAS-Red Cross-PAHO partnership for developing the Community Integrated Management of Childhood Illness program.
- Technical cooperation in priority departments. For example, in Cusmapa, the Municipal Council, the SILAIS, and the community drew up the Plan of Action to increase and improve the supply of health care, tackle health determinants, and increase community participation.

Cooperation among Countries

Technical Cooperation among Countries (TCC) permits the sharing of efforts and capacities developed by the countries to achieve common objectives and promote strategic partnerships.

All the Member States have participated in at least in one TCC project supported by PAHO. In recent years, projects between neighboring countries or countries of the same subregion have prevailed. The proposals endorsed by the ministries of health also include the participation of other actors, such as Social Security Institutions, universities, research centers, other ministries (agriculture, education, women), municipalities, civil society organizations, and professional organizations.

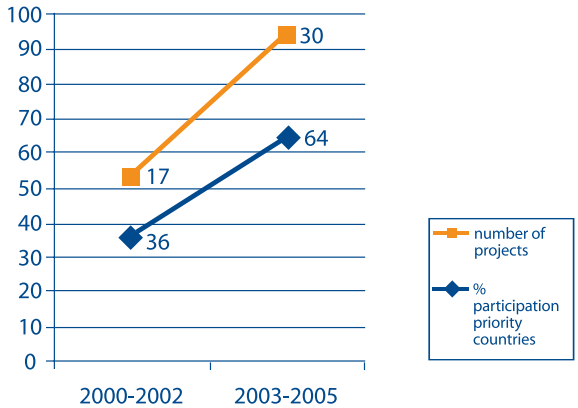
The projects reflect the countries' interests and priorities, as well as the strengths that they can offer for technical cooperation to the other nations in the Region. Between 2002 and 2005, 102 projects were carried out in five areas:

- intersectoral action and sustainable development;
- health information and technology;
- universal access to health services;
- disease control and risk management;
- family and community health.

Benefits to the Countries

- Improvements in national technical capacity;
- Optimization of national strengths in horizontal cooperation;
- A 14% increase in TCC funds for priority countries in 2002-2003 and a 23% increase in 2004-2005;
- A 76% increase in the number of TCC projects with priority countries between 2000-2002 and 2003-2005;
- Inclusion of regional and local entities;
- Better networking between the countries and their institutions and individuals;
- Strengthening of communication between neighboring countries or countries from different subregions;
- Adaptation of models, methodologies, and technologies.

Participation of Priority Countries in TCC Projects Supported by PAHO, 2000-2005



Vaccination Week in the Americas

This initiative, proposed by the Ministers of Health of the Andean Area, was launched in 2003 with the participation of 19 countries of the Region. In 2006, participation increased to 40 countries and territories in Latin America and the Caribbean. This is a collective Pan-American effort to work together toward a global goal with local action. Europe has followed suit, instituting an annual event beginning in 2007 that will coincide with the event in the Americas.

Benefits to the Countries

- Vaccination of 142 million people between 2003-2006, with emphasis on vulnerable and neglected populations;
- Greater access to the health services;
- Lessons learned in reaching at-risk communities and reducing inequities;
- Greater culture of prevention;
- Political commitment of the governments;
- Mobilization of society and the media.

Revolving Fund for Vaccine Procurement

The Revolving Fund for Vaccine Procurement is a purchasing mechanism created to guarantee the quality and timely mobilization of antigens at an affordable cost to the 37 participating countries.

Benefits to the Countries

- In 2005, purchases reached US$ 154 million, or 60% of the total vaccine purchases in the Region;
- The countries saved US$ 10 million in 2005, or 7% of the costs;
- The Fund has a list of 14 antigens used in the national immunization programs;
- Work is under way to study the vaccine supply chain to develop a better understanding of the regional market and guarantee the sustainability of the process for introducing new vaccines.

4

Strengthening the Regulatory and Governance Level

One of the main objectives of the Organization has been to ensure that public health considerations play a key role in decision-making to meet the countries' development goals. The Organization fulfills this objective by heightening the ability of health authorities to exercise their functions, optimizing technical cooperation and facilitating dialogue with a wide range of social actors to improve governance in the health sector.

Health at the Center of the Millennium Development Goals

The Millennium Development Goals (MDG) represent the global interests and thinking of the countries, expressed in a commitment and local action to improve the living conditions and quality of life of their peoples. Three goals, eight targets, and 18 indicators are related directly to health.

Pursuant to Resolution CE134.R8 adopted by the 134th Session of the Executive Committee of PAHO in 2004, activities such as the following have been carried out:

- incorporation of the MDGs into all Area work programs, through an integrated, synergistic, and indivisible approach;
- launch of the interagency publication of the United Nations system: *The Millennium Development Goals. A Latin America and Caribbean Perspective*, which describes the achievements and challenges a third of the way down the road to 2015;
- the call for an intersectoral partnership among the health, work, education, environment, and agriculture sectors, within the framework of the Inter-American System, to build consensus, reach agreements, and develop guidelines with respect to the MDGs, considering health as a factor in development;
- launch of a Web page to disseminate information and promote information exchange on national, subregional, and regional activities and initiatives, reflecting the countries' progress and good practices, success stories, and indicators of progress; and

- creation of the *Faces and Places* initiative, designed to analyze and shed light on subnational health gaps to facilitate decision-making to reduce inequities. Within this framework, a joint study with ECLAC and CELADE has been launched on the most vulnerable municipios in Latin America and the Caribbean. In initial phase, nine countries (Argentina, Costa Rica, Ecuador, El Salvador, Nicaragua, Paraguay, Panama, Peru and Trinidad and Tobago) will develop integrated strategies —as demonstrations—in order to make progress toward the attainment of the MDGs in the most vulnerable municipios selected.

Capacity Building

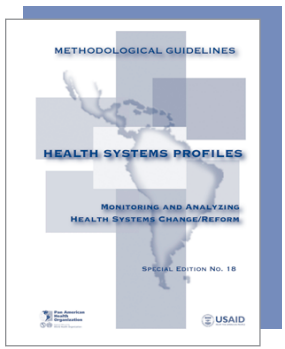
Strategies have been promoted and instruments developed to strengthen the health authorities' capacity in their substantive responsibilities and competencies in public policy; for example:

- The Declaration of the Americas on the Renewal of Primary Health Care (PHC), which revamped the strategic and programmatic orientations in this area and grew out of a process involving the intense participation of the Member States, several NGOs, professional associations, universities, and other United Nations agencies. These orientations offer a new perspective in the debate on health sector reform and the strengthening of health systems throughout the Region. Technical assistance has also been provided to the countries, and adoption of the renewed primary health care focus has been encouraged throughout the Region. Efforts inside the Organization have been geared to efficient implementation of the primary health care approach and strategy in all PAHO technical cooperation activities and the use of this approach and strategy in the planning process;

- The Methodology for Performance Evaluation and Strengthening of the Steering Role, which has facilitated the identification of the strengths and weaknesses in managerial and regulatory capacity;

- *Methodological Guidelines for the Preparation of Health Systems Profiles: Monitoring and Analyzing Health Systems Change/Reform.* Thirty-six countries have completed their profiles; and

- Health sector analyses in Bolivia, Nicaragua, Paraguay, Guyana, Costa Rica, Haiti, the Dominican Republic and Puerto Rico, which have served as priority resources for:
  - drafting development plans and health agendas in Costa Rica and Guyana,
  - renegotiating the financing for health sector reform with the IDB and preparing the Haiti Interim Cooperation Framework, and
  - preparing the "Bolivia Declaration for Health" signed by government officials and civil society, including representatives of native peoples.



Country Cooperation Strategy

PAHO adopted the Country Cooperation Strategy (CCS) proposed by WHO as institutional policy and adapted it to the characteristics of the Region. The Country Offices oversee the process, and as of 2006, 15 CCS exercises have been completed, including a multicountry exercise in the Eastern Caribbean involving 10 countries. Five countries are in the process of developing their CCS.

The CCS is a medium-term planning framework for identifying optimal, quality technical cooperation that:

- includes consultations with key actors and partners in the countries, always with the active participation of the ministries of health to improve their leadership;
- renews the foundations for cooperation in the countries;
- gathers evidence on the health situation and analyzes the national health development process within the framework of regional, subregional, and global mandates and agreements;
- sets consensus-based priorities for technical cooperation needs, supply, and demand;

"The country cooperation strategy was intended to ensure that PAHO was involved in countries as a partner to develop and implement national programs that addressed inequities and improved chances of attaining the Millennium Development Goals".
Dr Leslie Ramsammy, Minister of Health of Guyana.

"... the ECP considers national health development the substrate of the health situation in which cooperation processes unfold".
Dr. Carlos Vizzoti, Under Secretary of Health Relations and Health Research of Argentina.

Opinions taken from the summary records of the 46th Directing Council of PAHO, September 2005

- modifies the organizational structure and presence of the Country Offices;
- enlists the participation of the different levels of the Organization, focusing on integrated cooperation with the country; and
- promotes a multisectoral national agenda to address the social, economic and environmental determinants of health.

Building Social Dialogue in Health

The growth of active and informed civil society participation in health has fostered social dialogue in the Region of the Americas, helping to improve governance in the health sector.

The Organization participates and facilitates opportunities for social dialogue with a wide range of actors by joining forces and reaching consensus. PAHO partners with a multitude of professional, religious, civil society, and youth organizations, women's organizations and those of groups with an interest in health, as well as the media, and maintains official relations with networks of national and international organizations.

Social Roundtables for Dialogue in Argentina. Mass participation by society recemented the foundations for social harmony in the face of crisis. The Sectoral Roundtable on Health, with the Ministry of Health and Environment and the collaboration of PAHO/WHO, UNDP, and the Episcopal Conference, was a driving force and determinant factor in enlisting the support of broad sectors of society in the promulgation of the policy calling for the prescription of generic drugs; in implementing the *Remediar* [Remedy] Program for the distribution of basic drugs to the neediest people; and in laying the foundations for the Federal Health Plan 2002-2007.

National Congress for Health and Life in Ecuador. This initiative has made it possible to build and reach societal consensus on the State Health Policy and Health Agenda and to conduct evaluations and make adjustments to programmatic aspects, through broad community participation in the cantons and provinces. Its institutionalization was endorsed by the National Health Council, and two meetings have been held, one in Quito

(2002), and the other in Guayaquil (2004). Preparations are currently under way for the III Congress for Health and Life, to be held in Cuenca in April 2007, continuing the intensive participatory process that has made it possible to guarantee an organized social response in health. Throughout this process, PAHO has provided technical cooperation for the preparation and organization of activities linked with the Congress, closely coordinating with the National Health Council, made up of 17 governmental and nongovernmental organizations.

Donor Roundtable on Health and Reform (CESAR) in Honduras. This Roundtable is made up of international cooperation agencies. Advisory and proactive in nature, its objective is to improve the delivery of international cooperation to the health sector. The Roundtable is made up of UNICEF, UNFPA, WFP, IDB, the World Bank, AID, JICA, CIDA, SIDA, UNAIDS, and AECI, with PAHO/WHO as coordinator. Italian Cooperation and the European Union have expressed an interest in joining the Roundtable, which has promoted:

- the control of Chagas' disease, with JICA, CIDA, World Vision, IDB, the Embassy of Japan, CARE, and other NGOs;
- a strategic interagency consensus for reducing maternal and child morbidity and mortality and malnutrition;
- financing for the information system of the Ministry of Health;
- preparation of the National Health Plan up to 2021; and
- approval of the second phase of the proposal to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Forosalud in Peru. This joint effort by civil society stakeholders in health promotes discussion, research, the dissemination of studies and experiences, the preparation of proposals, consensus building, and dialogue on the country's health problems. It has ties with the Ministry of Health, ESSALUD, the Health Commission of the Congress of the Republic, the Office of the People's Advocate, and other government sectors. PAHO has provided ongoing assistance in this effort, cooperating in the organization of the National Health Conferences, inviting national and international speakers, as well as national participants, and channeling the results to the appropriate governmental agencies.

Forosalud has:

- drafted a health policy agenda for civil society that is under review by Government decisionmakers;
- organized the National Health Conferences in 2002, 2004, and 2006, facilitating discussion of issues on the public health agenda, such as sectoral reform to achieve the right to health, policies to guarantee the right to health 2006-2011, etc.;
- held regional health conferences in all the departments in the country, enabling the population to express its opinions and make proposals in health; and
- channeled the results of the discussions to the National Health Council, as the representative of civil society in this advisory body to the Ministry of Health.

Observatory of Human Resources. This is a place for information exchange and strategic thinking on human resources for public health among members such as the ministries of health, academic institutions, unions and professional organizations, and public and private employers. Twenty-two countries of the Region are already participating. The aim is to support national interinstitutional groups that gather data on human resources situation and trends to put together priority agendas for this issue and recommend medium- and long-term policies. The Observatory also seeks to promote national, subregional, and intercountry networks devoted to issues such as the emigration of professionals, incentive systems, training and policies related to the nursing profession. Brazil and Colombia have national networks in place, and there is a joint project between the network of Brazil and the Andean Network to develop a research plan.

> *"Starting with the fact that the health of the people is a complex social product and not simply a product of health services, it is necessary to ensure that society as a whole produces health. We must engage in a more open debate on what the health we are striving for looks like and how much we are willing to pay for it."*
>
> *Dr. Mirta Roses, Director of PAHO.*

5

Recognition of our Progress

Donors, international organizations, and other entities have noted the progress in the Organization's work, attributable to an increase in resources for health, the adoption of new instruments and work modalities, greater solidarity and action at the Pan-American level, and the strengthening of the steering role and governance in health.

The Swedish International Development Cooperation Agency (SIDA), the United States Congress, the Canadian International Development Agency (CIDA), and WHO itself, inter alia, have emphasized this in important official documents.

As SIDA stated in an audit of the cooperation program in late 2004, "PAHO is an organisation with a clear-cut vision and mandate, and with well-established working relationships with national government agencies/health ministries." In SIDA's view, there is "... a clarity of focus in terms of vision-goal-strategy-relationships that most other development agencies (bi-and multilateral) can only envy PAHO".

In SIDA's view, there is "... a clarity of focus in terms of vision-goal-strategy-relationships that most other development agencies (bi-and multilateral) can only envy PAHO".

In that same document, SIDA noted that "There is also a clear and growing strategic focus in headquarters in Washington on serving the country level, including in the overall budget- and planning process […] Strong 'ownership' by health ministries and related institutions in member countries provides incentives for good management".

As for the United States, on considering that country's financial allocation to the Organization in 2007, House Report 109-520, dated 22 June 2006, of the Appropriations Committee of the U.S. House of Representatives stated that "PAHO has taken the lead in health issues, including pandemic flu preparation, border health concerns, traffic fatalities, emerging diseases, and other health issues that have an

According to the House Appropriations Committee, "PAHO has taken the lead in health issues, including pandemic flu preparation, border health concerns, traffic fatalities, emerging diseases, and other health issues that have an impact on citizens of the United States and all citizens of the Americas".

impact on citizens of the United States and all citizens of the Americas". It is no doubt for this reason that in the midst of widespread budget constraints, the recommendation of the Committee [in charge of the budget] was "...full requested funding for the U.S. assessment for PAHO in fiscal year 2007".

CIDA, the Canadian cooperation agency, evaluated its working relationship with PAHO in October 2004, and stated in its respective report that PAHO must be seen as "a common good of the Americas region". The evaluation noted that "PAHO is well-respected in the region and its personnel and systems are as good and in some cases better than those of other multilateral organizations", while highlighting the successful partnership and joint efforts between CIDA and the Emergency Preparedness and Disaster Relief Area for almost two decades.

After adding that PAHO "can bring health expertise to bear that is tailored to the capacity building requirements of the region that cannot be found in CIDA or through any other organization", the report recommended a closer strategic partnership between the two organizations.

For CIDA, PAHO must be seen as "a common good for the Americas region". It pointed out that "PAHO is well-respected in the region and its personnel and systems are as good and in some cases better than those of other multilateral organizations".

WHO, in turn, was clear in a country evaluation report (Guyana) in March 2006, which stated that all interviewed stakeholders "perceived the work of the Organization as responsive to priority public health needs in Guyana. Some interviewees appreciated the role that the PWCO played anticipating the importance of health issues in Guyana and the need to structure programmes to address them" and noted the tremendous importance that the highest political and technical spheres of government accord the Organization and its Country Office.

The WHO report recommended that PAHO "consider disseminating the success of the CCS exercise in Guyana within the region and to other regions of WHO."

According to the report, "the implementation of the CCS in Guyana has been synergized with the identification of Guyana as a priority country at regional level. Both facts have allowed a considerable strengthening of the PAHO/WHO country team technically, administratively and managerially".

A result of this is a widespread recognition of "... the leadership role in health that WHO/PAHO plays in Guyana. Most of them [interviewees] referred to the critical role it had supporting the MOH and other national stakeholders in their response to the floods of early 2005. In the view of one donor partner: 'the way of working with the others during the flood response helped their decision to provide additional funding and opened the door for future collaboration.'"

Given all of the above, the WHO report recommended that PAHO "consider disseminating the success of the CCS exercise in Guyana within the region and to other regions of WHO as lessons learned."

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