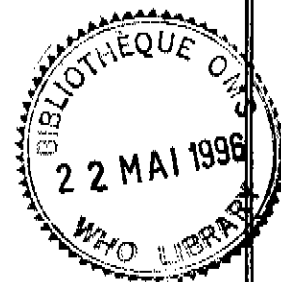


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**AMERICAN REGION
PLANNING, PROGRAMMING, MONITORING AND
EVALUATION SYSTEM**

AMPES



**Pan American Health Organization
Regional Office of the World Health Organization
Office of Analysis and Strategic Planning
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1. Introduction

Since 1976 the Pan American Health Organization (PAHO) has been developing the Planning, Programming, Monitoring and Evaluation System (AMPES) for the Region of the Americas, in an attempt to standardize and improve the management of technical cooperation and the work plans of the Organization.

AMPES is periodically the subject of discussion by the Governing Bodies of the Organization and in 1995 reported to them on new developments. On that occasion, the participants congratulated the Secretariat on the system and requested that the methodology be shared with the member countries to improve their own planning, programming, and management processes for projects.

They also pointed out that AMPES' linking of the policies and strategies approved by the Governing Bodies with the Secretariat's work programs and the incorporation of the logical approach to project management have the following advantages: they make it possible to lay the foundations for monitoring and evaluation; they establish a common language for interaction with national counterparts and other agencies; and they define the levels of responsibility assumed by the Secretariat in technical cooperation. (1)

This document summarizes the components of AMPES, the processes involved in their preparation, approval, and execution and in the evaluation and preparation of internal and external reports.

2. Planning, Programming, Monitoring and Evaluation System

The planning and programming of technical cooperation in AMPES is grounded in the principles set forth by WHO, which in 1977 replaced the concept of technical assistance with that of technical cooperation. In this approach, the Member States cooperate with the Organization as equal partners in order to define and meet their health goals through programs determined by their needs and priorities that promote self-sufficiency in the development of health. (2)

Since then, AMPES has been developed to incorporate the countries' needs for national development in health and the mandates of the Governing Bodies to meet regional objectives that will lead to the attainment of Health for All and by All, structuring the technical cooperation program into projects that clearly define the objective pursued.

In 1992, as a result of an analysis on extrabudgetary projects done at Headquarters, the need to strengthen the Organization's project management capability was identified. At this time a methodology for project management in PAHO was designed, called the logical approach, which was based on the Logframe originally developed by the U.S. Agency for International Development (USAID). The elements of the logical approach have been incorporated in AMPES.

A. The Logical Approach to Project Management in PAHO

The Logical Approach to Project Management in PAHO (3) provides a clear and complete method for designing complex projects and assisting in their execution and evaluation. It facilitates analysis and planning in project design; it facilitates direction, monitoring, and communication during project implementation; and it provides an adequate basis for comparison to evaluate the project. In the initial

stages of project planning, the logical approach provides elements for analyzing the problems and the principal parties involved; these provide the basis for determining whether to carry out the project. This approach employs a matrix with vertical components that explain the reasons for the project and horizontal components that indicate what is to be produced, how to measure success, and the underlying assumptions of the project.

The matrix identifies the main objectives of a project. These objectives are classified as the goal, the purpose, and the expected results; achieving these objectives requires that the activities and respective resources be specified, in addition to the indicators, the means of verification, and the assumptions.

The hierarchy of objectives constitutes the vertical logic of the project and should meet the requirements for internal fit. The vertical logic is verified through the determination of a cause-and-effect relationship between one level of the hierarchy and the next. The horizontal logic of the project incorporates the indicators, their means of verification, and the corresponding assumptions. Using these in combination, the project team can state that: a) *if* the activities are carried out *and* the assumptions are valid, the project's expected results will be achieved; b) several other things must happen in addition to these expected results for the project to achieve its purpose—among them, assumptions that are beyond the direct control of the project team; and c) *if* the purpose is accomplished and the associated assumptions are valid, the project will make a valuable contribution to achieving the goal.

Describing the project in this way establishes the responsibility of the project manager; that is, the manager is responsible for achieving the expected results. The project's purpose depends on factors that are beyond his/her control; hence, the project

manager cannot assume responsibility for achieving that purpose. However, he/she has a commitment to monitor the project environment and inform the higher authorities of any change in the assumptions that could have a bearing on the fruitful implementation of the project. The project manager is committed to the purpose and the goal of the project.

B. The Logical Approach in AMPES

The incorporation of these elements in AMPES has facilitated identification of a hierarchy of objectives, where the achievement of one level of objectives contributes to the fulfillment of the objectives of the next level. The expected results and the purpose of the project outlined in the Biennial Program Budget (BPB) should therefore help to achieve the objectives of the Strategic and Programmatic Orientations (SPOs); the achievement of the objectives of the SPOs should help to meet the goals established in the Ninth General Program of Work of WHO (9GPW) and, accordingly, achieve the ultimate objective of health for all and by all.

The planning process in AMPES is expressed in three hierarchically linked stages—policy planning, strategic planning, and operational programming—that provide a structured framework for the management of the Organization's technical cooperation program.

Policy planning provides the main political and programming orientation through the Ninth General Program of Work of WHO and the Strategic and Programmatic Orientations for the Pan American Health Organization (SPOs).

Strategic planning establishes the technical cooperation projects in the BPB derived from the SPOs and allocates the resources necessary for the biennium.

Operational programming establishes the annual plan for the execution of the biennial projects in accordance with the activities in the Annual Program Budget (APB) and allocates the resources necessary for carrying them out. The Four-month Work Plan (PTC) details the work corresponding to the annual activities planned for that four-month period.

Execution of the APB is decentralized to the managers at the country level (the PAHO/WHO Representatives-PWR), the Pan American centers, and the regional units.

Monitoring and evaluation is an area of the Organization that needs strengthening. However, the emphasis in AMPES on the structure of the planning instruments will lay the foundations for monitoring and evaluation at all levels of the management cycle. Monitoring and evaluation in AMPES is accomplished through the Four-month Progress Reports (IPC) and the Annual Evaluation of the Technical Cooperation Program (EAP).

Figure 1 illustrates the AMPES hierarchy of objectives in the structure of the three planning stages: policy planning, strategic planning, and operational programming.

AMPES

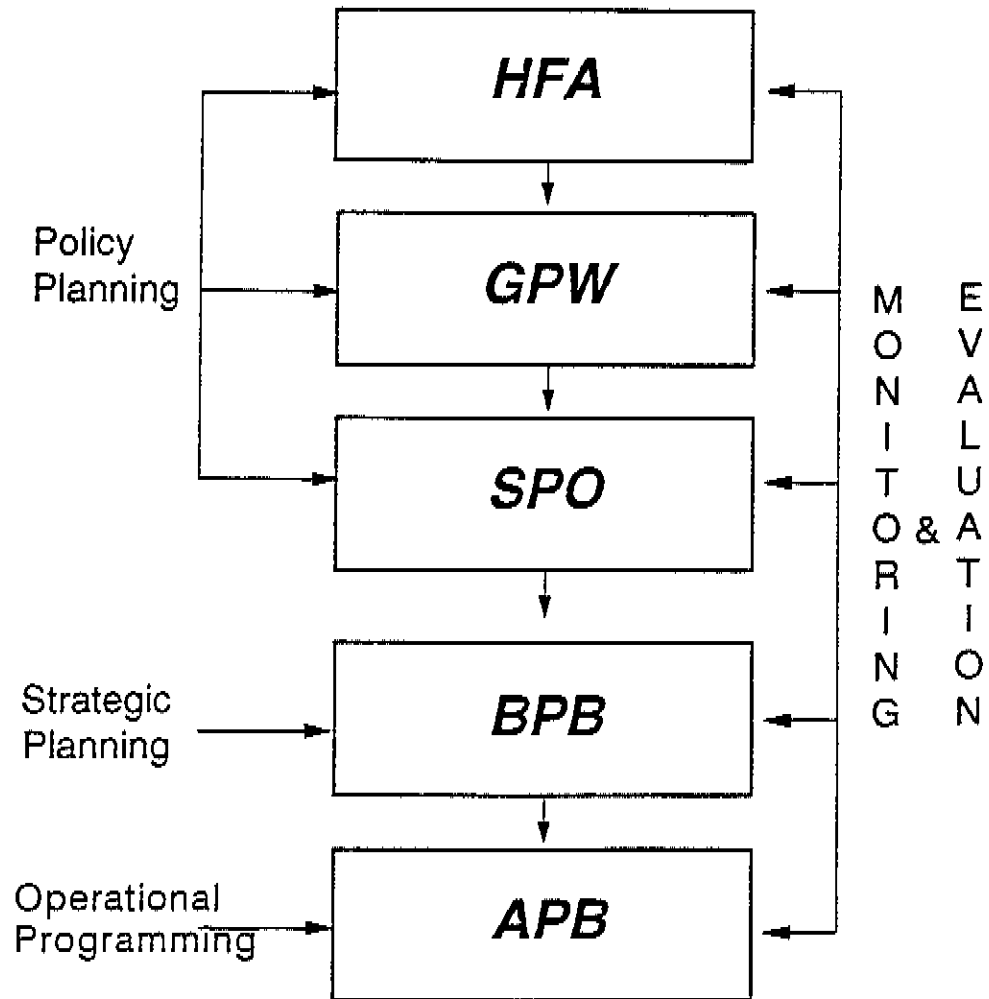


Figure 1

C. Products of the Planning and Programming Process

The products of the planning and programming process in PAHO are:

1. Policies

The Organization's policies establish its overall objectives and the strategies and priorities for achieving them, including the objectives that should be achieved by the Member Countries.

These policies cover periods of four, six, and more years. They are included in the strategies of Health for All and, more recently, in the Renewal of the Strategy of Health for All, in the General Program of Work of WHO, in the Strategic and Programmatic Orientations of PAHO for the quadrennium, and in specific Plans of Action approved by the Governing Bodies.

2. Strategic Plans

The strategic plans translate the policies and strategies approved by the Governing Bodies into plans of action for the Secretariat.

These plans specify what the Secretariat commits itself to contributing as the products of the technical cooperation, while establishing what impact these products or expected results will have on the national health processes and what they will contribute toward the achievement of the policies established.

The strategic plans are included in the Biennial Program Budgets (BPB) approved by the Governing Bodies.

3. Operational Plans

The operational plans are derived from the strategic plans, making adjustments to the biennial projects in the BPB.

Thus, every year the activities that must be carried out to achieve the expected results specified in the biennial projects should be included.

The operational plans are contained in the Annual Program Budgets (APB) with the annual activities and, subsequently, in the Four-month Work Plans (PTC), which include the tasks that should be performed in order to carry out the programmed activities.

3. Policy Planning

The Ninth General Program of Work of WHO for the period 1996-2001 identifies four policy orientations to focus the activities of the Organization, thus providing the framework for identifying the Secretariat's work priorities and the types of products that it should produce during the period (4).

For the Region of the Americas, the 9GPW has been adapted to the regional situation in the Strategic and Programmatic Orientations for 1995-1998, approved by the Pan American Sanitary Conference in 1994. The formulation of the SPOs included the participation of the national counterparts and Secretariat personnel at the country and regional level, as well as review and discussion by the Governing Bodies (Subcommittee on Planning and Programming, Executive Committee, and Pan American Sanitary Conference) (5).

The SPOs identify five main strategic orientations to guide the Organization's efforts toward achieving health for all with equity. These are: health in human development; health systems and services development; health promotion and protection; environmental protection and development; and disease prevention and control.

For each of the five strategic and programmatic orientations, the principal areas of work have been identified. These represent the commitments of the entire Organization (the Member Governments and the Secretariat) to concentrate their resources and efforts during the quadrennium. For each area of work lines of action have been determined, which should be followed by the technical cooperation program that the Secretariat will offer to the Member States.

On adopting the SPOs the XXIV Pan American Sanitary Conference resolved in its Resolution CSP24.R4:

1. To adopt the "Strategic and Programmatic Orientations for the Pan American Health Organization, 1995-1998," contained in Document CSP24/12 (Part B), with the observations made, as a basic frame of reference for the planning of the activities of the Organization.

2. To request the Member States to bear in mind the strategic and programmatic orientations for the Organization during 1995-1998 as they formulate their national health policies.

3. To request the Director to:

(a) Review and adapt the document in accordance with the observations made by the Delegates to the Conference in order to improve its presentation, and to submit it to the Subcommittee on Planning and Programming at its meeting in December 1994 for its final formal approval;

(b) Apply the strategic and programmatic orientations to the biennial and annual operating program budgets of the Organization throughout the 1995-1998 quadrennium;

(c) Disseminate the document "Strategic and Programmatic Orientations for the Pan American Health Organization, 1995-1998," to the Member States and transmit it to the Director-General of WHO for his consideration;

(d) Transmit the document to multilateral organizations and donor countries' technical cooperation agencies that participate in health sector activities in the Member States.

4. To request the Director, in developing the strategic and programmatic orientations for the coming quadrenniums, to:

(a) *Link the strategic and programmatic orientations to the basic indicators of Health Conditions in the Americas:*

(b) *Take into account the capacities and responsibilities of the Pan American Health Organization in defining its program of technical cooperation.*

(c) *Ensure that the priority areas and lines of action of the strategic and programmatic orientations are reflected in the Organization's program*

budgets and in the definition of the categories used for programming the Organization's work during the quadrennium.

Beginning in 1996 AMPES is incorporating not only all the elements of the logical approach but is also establishing the linkage between the instruments for policy planning, strategic planning, and operational programming. Thus, the SPOs will constitute the basis for all planning, programming, monitoring, and evaluation during the quadrennium and will serve as the origin of the BPB, the APB, the evaluation, and the report to the Governing Bodies. Figure 2.

SPO

BPB

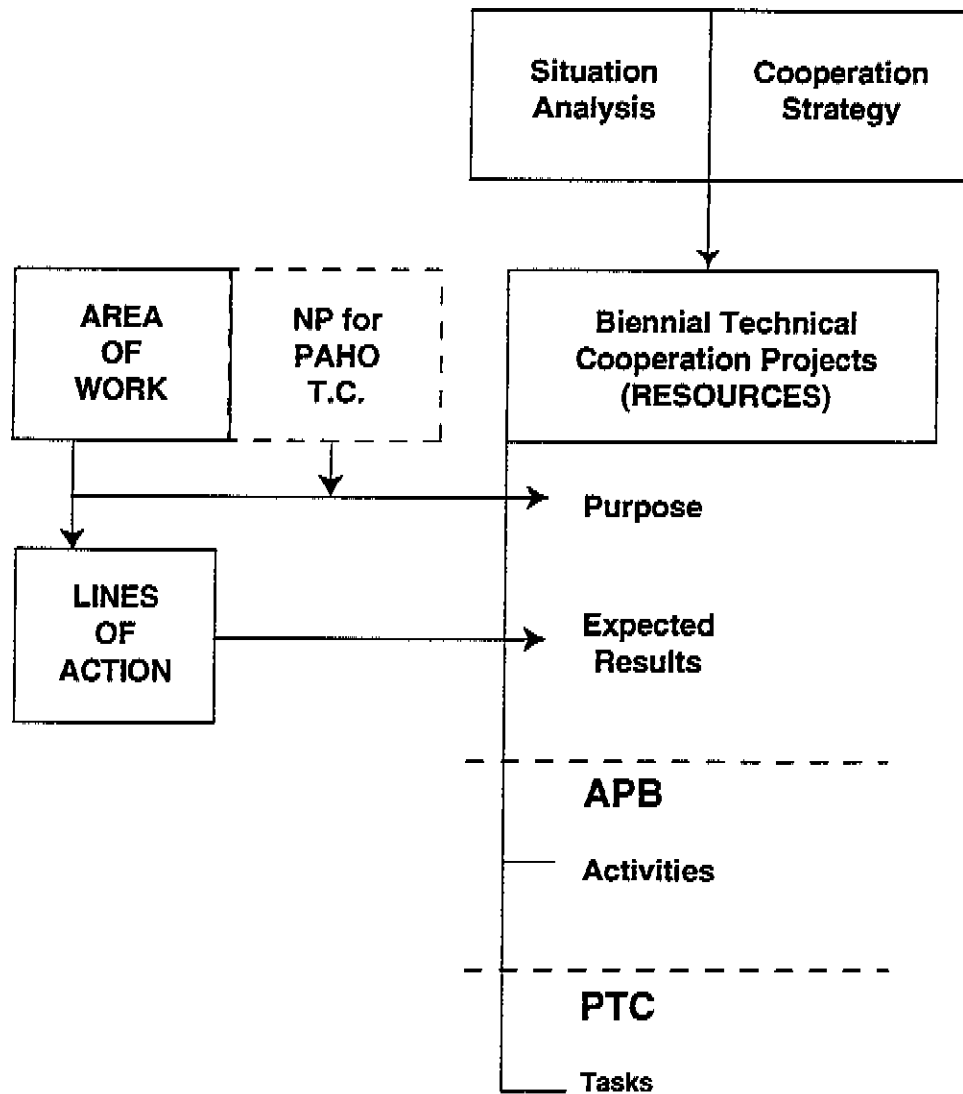


Figure 2

4. Strategic Planning

A. Biennial Program Budget (BPB)

The biennial program budget (BPB) is the mechanism for translating the SPOs, the GPW, and other policy statements into the technical cooperation program that allocates the resources for a period of two years.

Given the SPOs approved for 1995-1998, the countries' commitment to concentrate their efforts on the areas of work, and the mandate to the Secretariat to concentrate on the lines of action of the SPOs, the formulation of the BPB defines the technical cooperation projects that reflect how the Organization will help to achieve the stated objectives in the SPO areas of work.

The BPB is the product of a participatory exercise between the PWRs, their teams, their national counterparts, and the Regional Units and Centers.

B. Country BPB

The country BPB includes a description of the health situation that incorporates demographic aspects, health situation indicators and the factors that influence them, the status of each of the five orientations of the SPOs, national development plans and priorities in health, and the national technical cooperation priorities in health.

Based on that situation and within the framework of the SPOs, the national counterparts and the PWR come to an agreement on the national priorities that will require PAHO technical cooperation, establishing biennial projects to meet these priorities.

In addition, a technical cooperation strategy for the biennium is adopted in conjunction with these

same national counterparts, related to the functional approaches that the Bureau will apply for the execution of its technical cooperation program. The description of the functional approaches is included in Chapter 8. "AMPES Components."

The design of the biennial projects should employ the methodology of the "Logical Approach to Project Management in PAHO." Each project should include the hierarchy of objectives, indicators, means of verification, and assumptions.

Three levels in the BPB are identified in the hierarchy of objectives:

Goal: The national priority for PAHO technical cooperation.

Purpose: The purpose describes what the project is expected to accomplish. It should describe the project's anticipated impact on the national health processes. In other words, what the project beneficiaries (people, institutions) will do differently as a result of the project. The purpose is defined within the framework of the SPO areas of work, which describe what the countries have committed themselves to doing in the quadrennium.

Expected results: The expected results describe what the project is expected to produce that will lead to the achievement of its purpose. The results are the products of the project and describe the Secretariat's programmatic responsibilities. The results fit within the framework of the SPO lines of action, which establish the Secretariat's commitment for the quadrennium. While project managers may only assume responsibility for delivering the results, they have a commitment to achieving the project's purpose and to ensuring that the results are conducive to achieving it.

The goal, the purpose, and the results should include indicators that clarify their description. The indicators should include elements of quantity, quality, and time (QQT) and should serve as the basis for project monitoring and evaluation.

In addition, each level of the hierarchy of objectives should include the means of verification of the indicators and the principal assumptions that underlie the project.

In preparing the BPB, an estimate is made of the resources that will be required to achieve each project result. In preparing the two APBs for the biennium, project information is completed with the identification of the annual activities and the resources necessary for carrying them out.

The hierarchy of objectives for the project should include a cause-and-effect relationship between the results, the purpose, and the goal. In other words: if the results are accomplished then the project purpose will be achieved; if the project purpose is achieved, then the project will have effectively contributed toward reaching the goal.

C. Regional BPB

Similarly, in preparing the regional BPB, the Regional Technical Units (Divisions, Centers, and Special Programs) describe the health situation in the Region for their respective program area, and the administrative units and units under the Office of the Director describe the current situation of their area of responsibility.

In addition, the technical cooperation strategy to be adopted by the Regional Units and the Centers in response to the situation is determined, as is the work strategy of the administrative units and the units assigned to the Office of the Director.

Like the countries, the regional units establish biennial projects in order to structure their work plan, employing the methodology of the logical approach.

Three levels are identified in the hierarchy of objectives:

Goal: This reflects, in the case of the regional technical units', the respective areas of work of the SPOs. The administrative units and units assigned to the Office of the Director will determine the goal based on the established situation analysis method.

Purpose: This reflects the impact that the regional technical units expect to have on the area of work identified in the goal through the execution of the project. The administrative units and units assigned to the Office of the Director determine the purpose on the basis of the problem or situation to be solved or improved.

Expected results: These are the products of the technical cooperation that the regional technical units are going to provide during the biennium, and they are derived from the respective lines of action of the SPOs. The administrative units and units assigned to the Office of the Director also determine the products of their work at the level of the expected results.

The goal, the purpose, and the results should include indicators that clarify their description. The indicators should include elements of quantity, quality, and time and should serve as the basis for project monitoring and evaluation.

In addition, each level of the hierarchy of objectives should include the means of verification of the indicators and the principal assumptions that underlie the project.

In preparing the BPB, an estimate is made of the resources that will be required to achieve each project result. In preparing the APBs for the biennium, project information is completed with the identification of the annual activities and the resources necessary for carrying them out.

The project hierarchy of objectives should include a cause-and-effect relationship between the results, the purpose, and the goal. In other words: if

the results are produced, then the project purpose will be achieved; if the project purpose is achieved, then an effective contribution will have been made toward reaching the goal.

D. BPB Review and Approval Process

The proposed BPBs are subjected to a review process that involves all levels of the Organization to ensure that they meet the needs of the countries and are consistent with the regional mandates issued by the Governing Bodies.

This review includes an analysis performed by the Country Program Analysts (AD/CPA), the Regional Technical Units, the Office of Analysis and Strategic Planning (DAP), the Office of Budget (ABU), and the Office of Personnel (APL).

DAP prepares the consolidated reports for analysis and coordinates the special meetings of the Director's Cabinet for the internal review and

approval of the BPB. The BPB is subsequently transmitted for the approval of the Governing Bodies.

The first level of review is the Subcommittee on Planning and Programming (SPP), made up of seven Member Governments (four designated by the Executive Committee and three by the Director), in addition to observers designated by the Director. Once the recommendations of the SPP are incorporated in the BPB, it is submitted for the consideration of the Executive Committee.

The second level of review is the Executive Committee, which consists of nine Member Governments. The Executive Committee can also request the Secretariat to make other modifications in the BPB before sending it with its recommendations to the Directing Council.

Finally, the BPB is approved by the Directing Council at its annual meeting in September of the year prior to the one that will begin the biennium.

5. Operational Programming

A. Annual Program Budget (APB)

The APB is the operational adjustment to the BPB. The APB is approved internally by the Director and is not submitted to the Governing Bodies.

The preparation cycle of the APB is a participatory exercise that involves the entire Organization. As previously mentioned, the initial preparation of the proposals takes place at the Representative Offices (PWR) in discussions with the national counterparts. The Regional Units and Centers likewise prepare them in an internal discussion among themselves and with the countries.

The preparation of the APB starts with a review and adjustment of the BPB.

First, the Health Situation Analysis and the Technical Cooperation Strategy for the biennium are reviewed and adjusted for the current biennium.

Next, the biennial technical cooperation projects established in the BPB are supplemented with the annual activities and the resources necessary to carry them out.

Each activity programmed in the APB is identified with one of the six functional approaches, which furnishes systematic information on the utilization of the financial resources.

Execution of the approved APB is delegated to the program managers in the Secretariat who break them down further into Four-month Work Plans (PTCs). The PTC is a local managerial tool that helps managers to break down the APB activities into concrete tasks that include specific dates and the resources needed to implement the tasks.

B. APB Review and Approval Process

DAP is responsible for coordinating the preparation, review, and approval of the APB. This is an annual exercise that begins at the end of July, when the Director requests all the units to open discussions with the national counterparts for the preparation of the APB for the coming year. Although a date is set to begin preparation of the APB, there should be an ongoing process of dialogue and programming with the national counterparts.

The initial proposals that DAP receives in early October are distributed throughout the Organization for analysis and evaluation.

The analysis of the APB seeks to ensure that the proposals are consistent with the policies and priorities established for the Organization by the GPW, the SPOs, and other mandates from the Governing Bodies; that the projects have been designed with the methodology of the logical approach; and that the resources allocated are appropriate.

During the preparation and review of the APB there should be constant communication at all levels of the Organization in order to coordinate the regional and country activities programmed for the year, utilizing the available technology, such as electronic mail and fax.

Once the country APBs have been received by DAP, the regional technical units (AD/CPA, ABU, APL, and DAP) prepare assessments of every APB, which are transmitted to the PWRs for updating and review. The final version of the country APB is reviewed once more by AD/CPA to ensure that the respective adjustments have been made. AD/CPA

prepares a report to submit the revised APB for the approval of the Cabinet at its meeting in early December.

During the same meeting of the Cabinet the APBs of the regional units are analyzed and approved on the basis of the yearly evaluation and an assessment report on the regional APB prepared by DAP.

C. APB Execution

The APB is an instrument that can and should be modified as circumstances dictate.

The implementation of the APB is decentralized to the unit chiefs (country, regional, center). The

units have the flexibility to make adjustments and revisions, with certain exceptions that require approval by higher levels.

The rules established for the review and reprogramming of the APB are included in the AMPES Manual of Procedures.

D. Four-month Work Plan (PTC)

The last short-term programming instrument in AMPES is the Four-month Work Plan. The PTC is a local managerial tool that helps to detail APB activities into concrete tasks, including the specific dates and resources needed.

6. Monitoring and Evaluation

Monitoring and evaluation in AMPES is done through the Four-month Progress Reports (IPC) and the Annual Evaluation of the Technical Cooperation Program (EAP).

A. Four-month Progress Report (IPC)

The preparation of the IPC is closely linked to the programming of the PTC.

When units prepare the IPC, they should refer back to the APB, especially to the specific results expected from the execution of the technical cooperation projects.

The IPC offers the unit an opportunity to review internally, and with the counterparts, the direction and/or the deviation of the projects with respect to the original plans. The IPC is sent to DAP, which coordinates its distribution to the rest of the Organization for analysis and comments.

The IPC consists of three sections that analyze the delivery of technical cooperation:

- A general evaluation of the current situation in the country or the Region, to determine whether there have been any changes in the situation that have affected the technical cooperation program and which may require a change in the technical cooperation strategy;
- An analysis of the degree of achievement of the expected results of each project, as measured by its indicators.
- A summary of the execution of financial resources.

The IPC is used to submit reports on the execution of extrabudgetary projects to the external

financial agencies. It also serves as the basis for the preparation of the Annual Report of the Director.

B. Annual Evaluation of the Technical Cooperation Program (EAP)

The nature of technical cooperation is such that there is an intrinsic difficulty in establishing a cause-and-effect relationship in terms of its impact on government policies and programs and its effects on traditional health indicators. This is a well-known difficulty in all the social sectors, and health is no exception. Even so, the emphasis of the annual evaluation is to determine the achievement of the expected results and the impact of the technical cooperation projects through the result and purpose indicators.

The EAP includes information on: the human resources of the unit; the activities in which the unit participated for its own training and development; the financial resources utilized; and the utilization of other unit resources.

In addition, it describes the level of achievement of the expected results for each project using the assigned indicators, the factors that helped or hindered the achievement of these results, and the degree of achievement of the project purpose based on the results.

For the unit as a whole, it includes a summary of the most important achievements and difficulties found, by functional approach, and indicates what the unit proposes to do to avoid such difficulties in the coming year.

Based on the experience in delivering technical cooperation, the prospects for the coming year are discussed, together with the recommendations on

whether to continue with the same strategy or make pertinent changes. For the first year of the biennium, changes in the BPB should be recommended, and they should be reflected in the APB.

C. Reports to the Governing Bodies

By constitutional mandate the Director of PAHO should report annually to the Governing Bodies on the work of the Secretariat.

In recent years the Annual Report of the Director has been prepared using the information from the IPC

and EAP, in order to make this report the product of an evaluation of the technical cooperation and not a list of the activities carried out.

Only since 1996, when the BPB included the biennial technical cooperation projects broken down to the level of expected results, it is possible to report to the Governing Bodies on the progress made with regard to the program approved in the BPB. In addition, the justifications for changes in the execution of the projects originally approved in the BPB will be included, as well as information on new projects --particularly those that have external financing and were not included in the original BPB.

7. Programmatic Structure of PAHO

The Ninth General Program of Work of WHO for the period 1996-2001, approved by the 47th World Health Assembly in May 1995, defines the priority programmatic areas that should be reflected in each of the three bienniums. For this purpose a Classified List of Programs (CLP) has been established that facilitates identification of the resources for the programmatic component of the expenditure.

The PAHO Classified List of Programs for 1996-1997 is derived from the WHO Classified List of Programs and incorporates the changes and adjustments made to reflect the SPOs. Annex 1 includes this list, whose structure consists of:

Seven sections, five of which correspond to the SPOs (health in human development, health systems and services development, health promotion and protection, environmental protection and development, disease prevention and control). The other two sections correspond to the Governing Bodies and the Administration of the Organization. These seven sections are identified by one digit.

Twenty-one programs have been established under the seven sections (two digits of the list), six of which (GOB, PDM, PER, GAD, BFI, SUP) are applicable only to activities at the central level and the rest to technical cooperation activities.

"Programmatic allotment codes" have been established for each of the programs (three digits of the list), making it possible to identify the resources allocated to activities in specific programmatic areas. There are 61 codes in all, 11 of which correspond to activities at the central level and the rest to technical cooperation activities.

Unlike the earlier List, which served as the basis for the establishing technical cooperation projects, the Classified List of Programs is utilized for the identification of the specific resources that finance the project activities stipulated in the BPB and APB. In integrated projects within the SPOs, this makes it possible to define the various actions that will be taken to achieve the objectives of a project funded with resources having different programmatic emphases.

8. AMPES Components

A. Description of the Situation

1. Countries:

The description of the **Health Situation** in the countries should be prepared jointly by the PWRs and the national counterparts to determine the country's priority health problems and report on new developments in the national situation. This description should include information under the following headings:

- Demographics
- Health status indicators
- Factors affecting health status
- Status of the strategic and programmatic orientations (SPOs)
- National development plans and priorities in health
- National priorities for technical cooperation.

2. Regional (Centers and Regional Technical Units of Headquarters)

The Regional Units and the Centers should describe the health situation in the Region for the programmatic area for which they are responsible, including an evaluation of the major health problems and the challenges faced by the health sector as outlined in the SPOs.

3. Administrative Units and Units under the Office of the Director

The administrative units and units under the Office of the Director should describe the **current** situation in their areas of competence, identifying the problems to be solved or the areas that need improvement.

This situation is described for the BPB and can be reviewed and adjusted in the APB.

B. Technical Cooperation Strategy

All units should formulate the technical cooperation strategy (countries, centers and regional technical units) or work strategy (administrative units and those assigned to the Office of the Director) in response to the situation described.

The strategy should be developed within the framework of the SPOs and indicate the use of the functional approaches. In other words, the strategy should describe what the unit is going to do in the respective period in order to achieve its objectives.

The strategy for each unit is described in the BPB and is reviewed and updated, as necessary, for each APB.

C. National Priorities for PAHO Technical Cooperation

The description of the **health situation** identifies the national priorities for technical cooperation. These should be used in identifying the priorities for which PAHO technical cooperation is requested within the framework of the SPOs. Under the commitments acquired by the countries on adoption of the SPOs to provide orientation for national priorities and health plans, the national priorities for PAHO technical cooperation derive from the areas of work of the SPOs.

The national priorities for PAHO technical cooperation become the goal of the biennial technical cooperation projects described in the BPB.

D. Technical Cooperation Projects

The technical cooperation program of the BPB is organized into biennial projects. The projects are designed using the Logical Approach to Project Management in PAHO, establishing a three-level hierarchy of objectives. These are the goal, the purpose, and the expected results. Each level in the hierarchy of objectives includes the indicators, the means of verification, and the assumptions. In

addition, the resources required for each expected result are determined.

The projects are completed in the APB with the addition of the fourth level in the hierarchy: the activities and the specific resources.

In designing the projects, a matrix that includes all the elements of the logical approach is utilized.

MATRIX FOR PROJECT DESIGN

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
GOAL			
PURPOSE			
EXPECTED RESULTS			
ACTIVITIES	RESOURCES		
			Previous Conditions

Figure 3

In defining the hierarchy of objectives, a cause-and-effect relationship between each level should be established, so that the achievement of one objective contributes to the achievement of a higher-level objective.

The levels of the hierarchy include the goal, the purpose, the expected results, and the activities.

1. Project Goal

The project goal describes the most important reason for the project. In the case of country technical cooperation projects, the goal is dictated by the national priority requiring PAHO technical cooperation.

For regional projects (centers and technical units of Headquarters) the goal corresponds to the area of work of the SPOs to which the project will contribute.

For the projects of administrative units and units under the Office of the Director, the definition of the goal is based on the situation described by the unit.

2. Project Purpose

Each project should have a single purpose that reflects the expected impact or changes that will occur in national health process as a result of the project. The purpose should directly support the relevant national priority for PAHO technical cooperation, in the case of Country Offices; the areas of work of the SPOs, in the case of the Centers and Regional Technical Units of Headquarters and; the problem or situation to be solved with the project in the case of the administrative units and units under the Office of the Director.

The project purpose is described when the projects are designed in the BPB and, by definition, is outside the responsibility of the office that implements the project.

3. Project Expected Results

The expected results should indicate what PAHO will achieve through the successful implementation of the technical cooperation project or, in other words, the products of technical cooperation. The expected results should directly support the project purpose and reflect the lines of action of the SPOs, which are the Organization's commitments for the quadrennium.

The expected results, by definition, establish the level of responsibility of the Office that carries out the project.

4. Project activities

The activities listed for each technical cooperation project indicate how it is going to be carried out. These activities should be described in general terms since they will be detailed at the task level in the PTCs.

The activities should describe how the project will be carried out and should directly support the expected results and contribute to their achievement.

The activities are described in the biennial projects for each APB of the biennium. The APB of the countries, the centers, and the regional technical units should indicate the functional approach applied to the activity.

The hierarchy of project objectives should also include the following elements:

5. Indicators

Indicators for the goal, the purpose, and the expected results should be identified including elements of quantity, quality, and time; these will serve as basis for project monitoring and evaluation. The number of indicators should be the minimum necessary.

6. Means of verification

The means of verification should indicate where the data or information will be obtained in order to confirm the indicators.

7. Assumptions

The assumptions complete the horizontal logic of the project and should describe aspects external to the project that are important for achieving each of the objectives.

8. Functional approaches

The following is a listing of the six functional approaches that should serve as the basis for describing the cooperation strategy and for classifying the type of activity programmed in the APB projects. (6)

a. Mobilization of Resources

This is the most important component of PAHO technical cooperation, since the Organization must collaborate with the Member Governments in mobilizing a wide range of resources, if the proposed health objectives are to be met. The resources to be mobilized should be the following:

- **Financial resources:** These represent the traditional approach of the resource mobilization and refer not only to those that can be administered by the Organization, but also to those that the countries receive from other sources. One important function of PAHO technical cooperation is to channel these resources to respond to national priorities. The Organization's collaboration should include support to the national institutions for the mobilization of financial resources within the health sector.
- **Physical resources:** These are equipment and materials that can be utilized in the health sector.

PAHO cooperation should ensure the quality and applicability of the equipment donated by other countries.

- **Human resources:** PAHO should collaborate in the identification of personnel, their skills, and area of assignment in order to meet the needs of the country.
 - **Information resources:** This refers to the growing use of the communications media in promoting health and serving as agents of change in health.
 - **Political resources:** Collaboration in intersectoral activities at the national level to mobilize political resources outside the health sector. Incorporating health in the political agenda.
 - **Institutional resources:** Identification and designation of collaborating centers and cooperation agreements with universities, schools, etc.
- ### b. Dissemination of Information

PAHO technical cooperation includes the collection of information from the countries, its processing and analysis for the preparation of situation analyses and ascertainment of regional trends. PAHO should also collaborate in strengthening the national capability for collecting and analyzing data. This area includes the ability of PAHO to identify information sources and facilitate dissemination of this information among countries.

c. Training

Strengthening of national institutions in developing the plans and curricula for training personnel to meet the needs of the local market. Preparation of training materials, holding of seminars, courses, and workshops, and granting of fellowships.

d. Development of Policies, Plans, and Regulations

Cooperation in the implementation of policies adopted collectively by the Governing Bodies. Support in the preparation of plans and regulations to achieve the success of the national health programs.

e. Research Promotion

Financial support for research in technical areas in accordance with the priorities established by the PAHO Advisory Committee.

f. Direct Technical Cooperation

Support from PAHO staff in their specific areas of expertise, particularly staff from the regional level, to work with national counterparts in addressing specific problems.

9. Resources

The units program only regular resources in the BPB and incorporate extrabudgetary resources in the APB. Under no circumstance may the source of the funds constitute the reason for establishing a project in the APB. The extrabudgetary resources administered by PAHO complement the technical cooperation projects. However, in many cases, specific projects are designed within a technical cooperation program that are financed exclusively with extrabudgetary resources.

The AMPES software includes the capacity to identify financial institutions when their resources are part of a project or when they constitute a single project. The resources necessary for executing the technical cooperation projects are reflected in the BPB and the APB. The different types of resources are the following:

a. Regular Funds

Funds identified in the budget allotments as P1, 2, 3, 4, 5, 6, and 7 and W1, 2, 3, 4, 5, and 6. For these resources, the Budget Office (ABU) indicates the maximum ceiling available for financing posts (AAA) and for the funds designated for another purposes (non-post funds). (For the second year of the biennium, a ceiling is provided only for non-post funds).

b. Over-the-ceiling Funds (OTC)

Over-the-ceiling requests are approved only in cases where there is clear justification. OTC requests should be accompanied by a memorandum that fully justifies the request and includes details on the purpose of the expenditure.

c. Extrabudgetary funds

This refers to non-regular resources that are administered by the Unit. The BPB includes projections of the extrabudgetary funds. The APB proposals should incorporate all the active extrabudgetary resources that have already been committed through agreements and that will be available during the year. Any extrabudgetary resources that are approved or committed during the year should be incorporated in the APB of every organizational unit, following the procedures established for revisions of the APB.

d. Other resources

All units may indicate in their proposed APBs any funds from other PAHO units that are expected to contribute to the implementation of a given activity. In this event, it is not necessary to identify the funds with a budget allotment code; it is sufficient to indicate the amount and identify the unit from which

the funds are being requested. These resources do not become part of the budget of the unit that prepares the APB.

e. Allotment

Only resources administered by the unit that prepares the BPB or APB should include the budget allotment code. The identification of the allotment includes: the code of the unit or location (country, center, subregional, etc.); a three-letter programming code in accordance with the 61 codes established under the three-digit Classified List of Programs; the biennium; the source of the funds; and the budget element. (For further information, see the AMPES Manual of Procedures).

10. Tasks

The tasks are the concrete actions included in a Four-month Work Plan. They consist of a breakdown of the activities described in the APB.

The tasks allow project managers to program the specific actions that need to be conducted in the four-month period in order to carry out the annual activities.

They include the specific dates in order to establish a calendar of travel, meetings, and other important events, as well as the resources necessary for implementing them.

9. Automated System of AMPES

All programming and monitoring instruments of AMPES—that is, the BPB, APB, PTC, IPC, and EAP—should be prepared utilizing the automated system developed by AMPES.

The automated system reflects the linkage between the different programming instruments, since the data from one programming cycle is stored for the next to facilitate the review and the updating of:

- the health situation,
- the technical cooperation strategy,
- the national priorities for PAHO technical cooperation and,
- the technical cooperation projects identified in the BPB,

The system also allows the identification of extrabudgetary resources in the APB projects, which facilitates the response to the programming and reporting demands of the financial agencies and other external donors.

The proposals received from each unit in the automated system are coordinated by DAP, which prepares consolidated reports for the Organization.

The BPBs and APBs should be sent to DAP on diskette or by electronic mail, thereby establishing the automated link-up with ABU in order to prepare the Organization's budget.

Country offices and some Centers use the Financial Field Management System (FFMS) to link the execution of the financial resources with the APB.

The development of the automated system is an ongoing process adapted not only to the changes in the Organization but to the strategies and priorities for technical cooperation established by the Governing Bodies. It allows the standardization of procedures throughout the Organization with regard to the planning and monitoring of technical cooperation projects. Instructions for operating the automated system are included in the AMPES Manual of Procedures.

10. Conclusion

AMPES is continually being improved so that the work plans of PAHO clearly reflect the objectives that it hopes to achieve with technical cooperation. Therefore, it is important to maintain a constant flow of communication with PAHO staff, from whom we expect continuous feedback.

"The Logical Approach to Project Management in PAHO" adopted for AMPES helps to identify the objectives of technical cooperation, establish a cause-and-effect relationship among them, facilitate monitoring and evaluation activities, and promote a participatory process in the preparation, execution,

and evaluation of PAHO's work plans with national counterparts and other Units.

It is important that all staff members familiarize themselves with AMPES and with the Logical Approach to strengthen their project management capability.

DAP jointly with DEC and AD/CPA will continue to offer Seminars on AMPES and Project Management for Regional Units and in the countries to facilitate the application of the logical approach methodology in the process of planning, programming, monitoring and evaluation of technical cooperation in PAHO.

Glossary

AMPES:	Planning, Programming, Monitoring, and Evaluation of the Region of the Americas	HFA:	Health For All
APB:	Annual Program Budget	IPC:	Four-month Progress Report
BPB:	Biennial Program Budget	PTC:	Four-month Work Plan
EAP:	Annual Evaluation of the Technical Cooperation Program	PWR:	PAHO/WHO Representative in the country
GPW:	General Program of Work of WHO	JEM:	Joint Evaluation Meeting of PAHO and the Country
		SPO:	Strategic and Programmatic Orientations for the Pan American Health Organization during the Quadrennium 1995-1998.

References

1. 116th Meeting of the Executive Committee of the Directing Council of the Pan American Health Organization. Provisional Summary Records of the Third Plenary Session, 17 June 1995.
2. Organizational study on WHO role at the country level, particularly the role of the WHO representatives. Report of the Executive Board Working Group. EB61/27.
3. Pan American Health Organization. Logical Approach to Project Management in PAHO. PAHO/AD/96.1. February 1996.
4. World Health Organization. Ninth General Program of Work covering the period 1996-2001. Geneva, 1994.
5. Pan American Health Organization. Strategic and Programmatic Orientations for the Pan American Health Organization, 1995-1998. SPP23/3, November 1994.
6. Alleyne, George A.O., Hacia una taxonomía de la cooperación técnica en salud. Boletín de la Oficina Sanitaria Panamericana 112(1), 1992.

PAHO CLASSIFIED LIST OF PROGRAMS WITH DESCRIPTION
1996-1997

1. **GOV GOVERNING BODIES**
- 1.1 **GOB Governing Bodies**
- 1.1.1 **GOB Governing Bodies**

Activities related to the preparation and convening of meetings of the Organization's Governing Bodies (Pan American Sanitary Conference, Directing Council and Executive Committee); to such subcommittees as may be set up by the Governing Bodies; and to external audit.
2. **HHD HEALTH AND HUMAN DEVELOPMENT**
- 2.1 **PDM General Program Development and Management**
- 2.1.1 **EXM Executive Management**

Activities of the Offices of the Director/Deputy Director (D/DD); of the Chief of Administration (AM); and of two units under D/DD: Legal Affairs (DLA) and Internal Audit (IA).
- 2.1.2 **GPD PAHO/WHO Program Development and Management**

Activities of Analysis and Strategic Planning Office (DAP); activities of information support services (software development) for PAHO's management by Management and Information Support Office (ACS); and activities of information support for national health services.
- 2.1.3 **SDP PAHO/WHO Staff Development**

Activities of the Program of Staff Development and Training (APL/SD).
- 2.1.4 **DGP Regional Director's Development Program**

Budgetary provisions for innovative technical cooperation programs which cannot be specifically determined at the time of the program budget approval.
- 2.1.5 **ECO External Coordination**

Activities of a unit under D/DD: External Relations (DEC), including collaboration with United Nations and inter-American systems in the Region, with other organizations, and with multilateral and bilateral programs.

2.1.6 **INF Public Information**

Activities related to the mobilization of public opinion in support of major health objectives, including utilization of mass communication techniques in the promulgation of basic tenets of health promotion.

2.2 **PPH Public Policy and Health**

2.2.1 **HSD Health in Socioeconomic Development**

Analysis of institutional aspects in health policies; articulation of state services, social security, and the private sector in national health systems; strengthening of intersectoral action in the formulation and implementation of health policies; and participation of the health system in integrated programs to combat poverty. Analysis and search for alternatives for sectoral financing; economic-financial management of the sector for greater equity and efficiency in its benefits; and study of the impact of the adjustment policies on health and the relationships between health and economy.

2.2.2 **HLE Health Legislation, Human Rights, and Ethics**

Analysis of the political dimensions of health; identification of relevant entities in defining health policies; promotion of health goals in national and regional development agendas; implementation of the Documentation System of Basic Health Legislation for Latin America and the Caribbean; cooperation for the analysis, development, and evaluation of health legislation in the countries; and support for PAHO/WHO programs for development of the legal aspects involved in the respective health policies. Contributions to enhancing the quality of life of the region's populace by applying ethical principles to medical practice in general, biomedical research, and health regulations. Particularly, to contribute to the development of knowledge in bioethics and to cooperate with other countries in the establishment of rules and regulations for bioethics-related issues.

2.2.3 **RPS Research Policy and Strategy Development**

Activities aimed at development of a conceptual framework and analytical, administrative, and evaluation tools applied to technological development in health. An essential part of PAHO's main strategy of management of knowledge, comprising overall coordination of biomedical and public health research, highlighting the functions of the regional Advisory Committee on Health Research, its subcommittees and working groups; strengthening of national health research capabilities; promoting biomedical, socioepidemiological, and health systems research methodology; managing health research, including ethical aspects; providing research information support; and promoting national and international health research policies and development mechanisms.

2.2.4 **WHD Women, Health, and Development**

Activities aimed at strengthening the capacity of the health sector to analyze epidemiological data from a gender perspective so as to develop programs and policies aimed at reducing gender inequities in health. Includes information dissemination on the health situation of women from a gender perspective and the formulation of training and research initiatives that enhance the grasp of gender differentials in the health-illness process.

2.3 **NHP National Health Policies and Program Development and Management**

2.3.1 **CPS Support to the Development, Management and Coordination of Country Programs**

Promotion, initiation, and establishment of permanent functional mechanisms for the application of the process of broad national health program development and training of national personnel. Includes activities of the Office of Assistant Director (AD), Country Representative Offices, Caribbean Program Coordination, and the Field Office on the US-Mexico Border, as well as the activity of the Executive Secretariat for the Regional Plan for Investment in the Environment and Health (PIAS).

2.3.2 **HPL Health Planning**

Analysis of the constitution, organization, resources, and operation of the health sector in order to give strategic orientation to health policies and sectoral development projects.

2.3.3 **EHA Emergency and Humanitarian Action**

Activities related to disaster preparedness and emergency assistance, included in this program due to their close relationship to the support of country programs.

2.4 **BHT Biomedical and Health Information and Trends**

2.4.1 **HST Health Situation and Trend Assessment**

Improving the capability for generating and utilizing knowledge related to: a) assessment of the health status of the population, its determinants and trends, in order to contribute to the definition of health priorities, policies and intervention strategies, and b) evaluation of the impact of those policies, strategies, and interventions, so that they may be adjusted or redesigned as necessary. The above includes enhancement of the availability, quality, and timeliness of suitable data and the promotion of their appropriate utilization.

2.4.2 **HBI Health and Biomedical Information**

Production of publications and documents of the Organization. Development and promotion of health bibliographic and documentation services, including libraries and regional document centers. Activities related to simultaneous interpretation during executive, technical, and administrative meetings; and to translation of books, documents, and other publications of the Organization.

2.5 **TCC Technical Cooperation among Countries**

2.5.1 **TCC Technical Cooperation among Countries**

Promotion and support of activities of technical cooperation among countries, which would serve as a catalyst in supporting the governments' efforts in identifying, planning, and implementing mechanisms of intercountry cooperation at bilateral, subregional, regional, and global levels.

3. **HSS HEALTH SYSTEMS AND SERVICES DEVELOPMENT**

3.1 **PHC Organization and Management of Health Systems Based on Primary Health Care**

3.1.1 **UAH Universal Access to Health Care**

Technical cooperation activities for the reorganization of the sector on the basis of the primary care strategy with a view to achieving equity, effectiveness, quality, and efficiency in the health services. Support for the processes of decentralization and local health system development, the intersectoral approach, and social participation. Incorporation within the network of services of all health care resources, including those of the public sector, social security, and nongovernmental and private organizations, as well as hospital services and their accreditation and quality assurance. Support for specific programs to address the needs of high-risk groups. Development of local strategic administration and support for health services research.

3.1.2 **HSR Health Systems Research**

Research intended to identify mechanisms to make health services more effective and efficient, with special focus on primary health care, decentralization, and community participation.

3.1.3 **TRM Traditional Medicine and Indigenous Health**

Activities including technical cooperation and resource mobilization directed at improving the health and well-being of indigenous peoples of the Region. Development, implementation, and evaluation of health development projects in areas with large indigenous populations; health promotion efforts and projects addressing priority populations (indigenous women) and health problems (safe water, nutrition). Special consideration is given to the area of traditional medicine, including but not limited to medicinal plants. In particular, work in this area is directed at enhancing the articulation between traditional and occidental health systems, principally at local level, taking full advantage of all resources including traditional practitioners and making health services more culturally acceptable to the population.

3.1.4 **DPR Disability Prevention and Rehabilitation**

Support for the countries in their development of national policies and programs for disability prevention and community-based rehabilitation which are integrated into the health services systems as part of primary care.

3.1.5 **ORH Oral Health**

Activities related to community prevention and control of oral diseases and to general promotion of oral health.

3.2 HRH Human Resources for Health

3.2.1 HRH Human Resources for Health

Activities to coordinate the fellowship and textbooks program as well as the didactic and pedagogical development to ensure the continuing education of health services personnel. Promotion of the institutional development for personnel management with emphasis in the analysis of the labor market, formulation of human resource policies, and advanced training in these fields. Institutional and program development of education in the health professions with emphasis in medicine and nursing, promotion of leadership, and advanced education in public health.

3.3 EDV Essential Drugs

3.3.1 EDV Essential Drugs

Formulation and implementation of national drug policies to ensure quantification of needs, procurement, production, distribution, and management of essential drugs, including assurance of regular supply at the primary health care level. Includes activities geared to development of national programs for monitoring and maintaining the quality, safety, and efficacy of drugs.

3.4 QCT Quality of Care and Health Technology

3.4.1 QAC Quality of Care and Health Technology Assessment

Promotion of health technology assessment and health care quality assurance activities to improve effectiveness and reduce costs through information dissemination, training, and a network of collaborating centers. Support of national programs and cooperation among countries to exchange information and develop common standards.

3.4.2 CLT Clinical, Laboratory, and Imaging Technology

Activities concerned with the determination of standards for clinical, diagnostic, and treatment methods (including surgical) appropriate for delivery through primary health care and the immediate supporting levels; and promotional activities in the field of health technology, including radiological and health laboratory techniques and dissemination of relevant information.

3.4.3 DSE Quality, Safety, and Efficacy of Drugs and Biologicals

Activities aimed at assuring the quality, safety, and efficacy of drugs and biologicals, including establishment of norms, standards, and regulations; quality control procedures; and sharing of resources among countries.

4. **HPP HEALTH PROMOTION AND PROTECTION**

4.1 **FCH Family/Community Health and Population Issues**

4.1.1 **WCH Women and Child Health, and Family Planning**

Activities oriented towards strengthening technical, managerial and operative national capacity to design, implement, and evaluate programs and services for the reproductive health of the population and the comprehensive health of women and children, using intersectoral approaches for health promotion and protection to individuals, the family, and communities.

4.1.2 **ADH Adolescent Health**

Activities intended to promote development of programs and human resources, to provide better care for adolescent populations. Emphasis will be on intersectoral approaches to adolescent health promotion and prevention of risk behaviors. Development of instruments to obtain data on adolescent care, family health, and evaluation of services.

4.1.3 **HEE Health of the Elderly**

Promotion of better understanding of the normal and pathological aging processes to provide a basis for the establishment of comprehensive plans, policies and programs for this emerging social group. Promotion of training in gerontology and dissemination of current knowledge.

4.2 **HYL Healthy Lifestyles and Mental Health**

4.2.1 **HED Health Education and Social Communication**

Activities that will assist Member Governments in building and strengthening health sector capacity to implement and evaluate health education and social communications programs at all levels, particularly local health systems, schools, communities, and the work place. Involving people and all sectors of society in the analysis of knowledge, behaviors, and life styles that are associated with health and disease, developing skills and abilities to implement solutions to needs and problems. Of particular importance are social communications activities in the mobilization of society for the purpose of establishing healthy public policy. Also, the exchange of knowledge and experiences within and between countries in support of traditional healing practices among different indigenous cultures and ethnic groups.

4.2.2 **ADT Prevention and Control of Substance Abuse (Alcohol, Drugs, Tobacco)**

Promotional and technical advisory services on the formulation of national policies and programs for research on and prevention and treatment of problems resulting from substance abuse. Support to countries' actions aimed at reducing the incidence and prevalence of substance abuse. Efforts to educate societies and new generations to avoid substance abuse.

4.2.3 **MNH Mental Health**

Activities aimed at the development of policies, plans, programs, and standards for promoting and improving mental health and risk reduction. Prevention and care of mental and neurological disorders at the community level, with psychosocial determinants being taken into account.

4.2.4 **STP Settings for Health Promotion**

Activities aimed at strengthening health promotion in families, schools, community health systems and services, civil societies, cities, and municipalities. Mobilizing resources to formulate and establish healthy public policies and to implement and evaluate health education and communication programs for health action. Priority will be given to schools as privileged settings to develop and strengthen health promotion and education programs and supportive environments for healthy behaviors and lifestyles.

4.2.5 **PRV Protection from Violence**

Activities intended to develop intersectoral public policies on health promotion and violence prevention at national and local levels, establishing networks of healthy and non-violent local action groups, establishing social communications programs at the community level in support of a culture of health and non-violence, and assisting in the implementation of interventions at the community level.

4.3 **NFS Nutrition, Food Security, and Safety**

4.3.1 **NUT Food and Nutrition**

Activities related to the improvement of food supply and its availability and nutritional quality. Incorporation within the national and local development plans of interventions for the promotion of good nutrition and for reducing morbidity and mortality from malnutrition. Also included are activities to promote exclusive breast-feeding practices at least through the fourth month of life.

4.3.2 **FOS Food Safety**

Promoting activities for the development of national policies and programs to ensure quality and inocuity of food, harmonizing international and national norms and standards to facilitate access of food products to international markets, and developing inspection and integrated epidemiological surveillance systems to prevent and control food-borne diseases.

5. **EPD ENVIRONMENTAL PROTECTION AND DEVELOPMENT**

5.1 **PEH Environmental Health**

5.1.1 **CWS Water Supply and Sanitation**

Activities aimed at the implementation of programs of urban, peri-urban, and rural water supply and sanitation, including aspects of quality, coverage, and reuse. Also includes aspects of planning, legislation, community participation, and institutional development.

5.1.2 **ERA Environmental Health Risk Assessment and Management**

Activities concerned with the development of national capabilities for the protection, surveillance, conservation, and use of natural resources, incorporating the health dimension into the processes of evaluation, monitoring, and control of environmental impacts.

5.1.3 **MWH Management of Solid Waste and Health in Housing**

Support of activities regarding the aspects of collection, transport and disposal of municipal solid waste, including institutional development; promotion of activities related to the health aspects of housing and its perimeter.

5.1.4 **PCS Chemical Safety**

Support for activities aiming at the development of national capabilities for the evaluation of environmental risk to health and for measures aimed at the management of environmental quality as related to chemical substances, environmental contaminants, and natural and technological disasters.

5.1.5 **OCH Workers Health**

Support for activities aimed at the development of national capabilities for the improvement and protection of the health of workers and the quality of working environments.

6. **DPC DISEASE PREVENTION AND CONTROL**

6.1 **CCD Control of Communicable Diseases**

6.1.1 **VID Vaccine-preventable Diseases and Immunization**

Activities aimed at stimulating and supporting research on new vaccines, the organization of vaccines trials with the Member Governments, and the evaluation of the results of introducing new vaccines. Activities related to the Expanded Program on Immunization.

6.1.2 **ARI Acute Respiratory Infections**

Activities related to prevention and control of acute respiratory infections and asthma and broncho-obstructive syndrome in children, and prevention and treatment of the "sick child."

6.1.3 **CDD Diarrheal Diseases**

Activities related to diarrheal disease prevention and control, including actions against cholera.

6.1.4 **GPA AIDS**

Prevention and control of acquired immunodeficiency syndrome and HIV infection.

- 6.1.5 **STD Sexually Transmitted Diseases**
 Prevention and control of sexually transmitted diseases.
- 6.1.6 **TUB Tuberculosis**
 Prevention and control of tuberculosis.
- 6.1.7 **CTD Malaria and Other Tropical Diseases**
 Activities oriented toward the promotion of the prevention and control of vector-borne diseases, including malaria, arboviral diseases, American trypanosomiasis, schistosomiasis, filariasis (including onchocerciasis), and the leishmaniases, including the integrated control of vectors. Activities related to the prevention and control of the intestinal parasite infections.
- 6.1.8 **TDR Research in Tropical Diseases**
 Activities pertaining to and included in the special program only.
- 6.1.9 **OCD Other Communicable Diseases, Including Surveillance of Emerging Diseases and Antibiotic Resistance**
 Communicable disease program planning and general activities, including administration of the International Health Regulations; activities related to prevention and control of other communicable diseases of major public health importance such as meningitis, plague, influenza, dengue and yellow fever, viral hemorrhagic fevers, hantavirus pulmonary syndrome, and viral hepatitis.
- 6.1.10 **LEP Leprosy**
 Prevention and control of leprosy.
- 6.2 **NDI Control of Noncommunicable Diseases**
- 6.2.1 **CAN Cancer**
 Operational research and development support for activities in cancer prevention and control, with emphasis on programs for the prevention and early detection of cervical cancer and the development of cancer registries. Epidemiological support for the primary prevention of tobacco-related cancers, including dissemination of information and health promotion initiatives.
- 6.2.2 **CVD Cardiovascular Diseases**
 Support to strengthen prevention activities, with emphasis on the role of primary care and local health systems, in order to reduce the prevalence of cardiovascular risk factors. Activities for the detection and control of arterial hypertension. Training and support for the conduct of risk factor surveys and the development of model intervention programs.

6.2.3 **NCD Other Noncommunicable Diseases**

Operational research and development support for the improvement of diabetes case-finding and quality of care. Support for health promotion initiatives addressing the prevention and control of injuries, including demonstration projects and the dissemination of information on impact and cost-effectiveness of interventions. Support for noncommunicable disease prevention and control in the context of local health systems, health promotion initiatives, and environmental health, via training, priority-setting, and consultation. Analysis of current and projected impacts of noncommunicable diseases of public health importance, including economic burden and the projected impact of selected interventions.

6.3 **VPH Veterinary Public Health**

6.3.1 **FMD Foot-and-Mouth disease**

Prevention and control of foot-and-mouth disease.

6.3.2 **ZNS Zoonosis**

Prevention and control of the major zoonoses and related food-borne diseases.

7. **PAS ADMINISTRATIVE SERVICES**

7.1 **PER Personnel**

7.1.1 **PER Personnel**

Personnel services.

7.2 **GAD General Administration**

7.2.1 **GAD General Administration**

Conference, office, and building services.

7.3 **BFI Budget and Finance**

7.3.1 **BFI Budget and Finance**

Budget, finance, and accounting services.

7.4 **SUP Procurement**

7.4.1 **SUP Logistical Support to Country Programs**

Procurement services.