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

I. INTRODUCTION

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

II. TERMS OF REFERENCE

Political Framework

2. The PAHO/WHO Management Strategy responds to the special characteristics of the Organization and to the specific characteristics of the Region in which it operates within the framework of resolution

*Preliminary version
WHA33.17 on the "Study of the Organization's Structures in the Light of its Functions" and the "Managerial Framework for Optimal Use of WHO's Resources in Direct Support of Member States," DGO/83.1.X".

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

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

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

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

7. The Governing Bodies of PAHO and WHO and the Member Countries which comprise those entities have adopted the goal of Health for All by the Year 2000. In pursuit of that goal, they have approved the Global and Regional Strategies for the achievement of Health for All by the Year 2000, the Global and Regional Plans of Action for the Implementation of the Strategies, the Seventh General Program of Work, the goals of the International Drinking Water Supply and Sanitation Decade, the Five Year Plan of Action for Women in Health and Development, and the goal of providing immunization services to all children of the world by 1990.
8. Among the particularly relevant decisions of the Governing Bodies in this regard, which emphasize the demand for more efficient and active utilization of PAHO/WHO resources, were the following:

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

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

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

Basic Principles

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

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

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

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

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

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

18. The new Management Strategy also demands that the Organization act to promote and support national activities aimed at the achievement of national and regional health goals through a more vigorous assertion of leadership than in the past. That same active attitude also must extend to external cooperation in the field of health, assisting countries in identifying potential external economic and technical cooperation and assisting them in the steps needed to obtain that cooperation in a form consistent with national needs and priorities and national and regional objectives.
19. The mechanism for the integration of resources and cooperation will continue to be the Ministries of Health which will remain the major entranceway in each country for the Organization and, through it, the Organization's access to the broader health sector and to other sectors.

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

III. GUIDELINES FOR ACTION

Mission

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

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

Definition of Priorities

23. The definition of regional priorities in the use of resources rests on the determinations expressed in resolutions of the Governing Bodies and on the process of joint dialogue between the Organization and the Member Countries at the country level. That joint dialogue is not a single act but a continuous and permanent process, redefining priorities in light of the changing demography, circumstances and capabilities of each nation and of the Region as a whole. The process will yield modifications in national priorities and in national demands on the Organization and, over time, should be reflected in new regional priorities as well.

Role of the Governing Bodies

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

Structure of the Secretariat

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

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

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

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

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

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

Role of the Country Office

26. The entire design of the management structure is aimed at being better prepared to convert into action the first principle of the management strategy which designated the country as the primary object of and the decisive force in determining the Organization's technical cooperation.
27. The role of the country office is to serve as the basic unit for the generation, coordination, execution and evaluation of scientific and technical cooperation of the Organization in the countries of the Region. It also is the administrative management arm of the Organization in the country.

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

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

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

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

Role of the Regional and Subregional Centers

32. The Regional and Subregional centers are critical components of the Regional Programs of the Organization, their resources devoted and their activities designed to assist in meeting the technical cooperation needs of the Member Countries. By concentrating technical expertise in fields of high priority, these centers constitute a rich potential for generating technical cooperation among and between the countries of the Region. They will promote the network concept with national institutions and development of systems of information and technology transfer.

33. The dominant PAHO strategy will be to mobilize existing national centers within the various countries, to speed their attainment of a high level of expertise and see that they become more active in providing technical cooperation to the countries. The Pan American centers will be
a central force in promoting this process and in developing the professional skills of those national centers. The Country Office will provide a linkage between national centers, regional centers and national needs.

**Intersectoral Linkages**

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

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

**Interaction with other Agencies**

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

**IV. OPERATING MECHANISMS**

**Coordination**

37. The coordinating mechanisms are designed to reflect the basic principles of the strategy and promote the guidelines for action. Within the Regional Office, coordination must be promoted at all levels and the technical officers with supervisory responsibilities in their respective programs have been designated as coordinators to emphasize this responsibility. At the same time, the Office of Program Operations Coordination has the basic responsibility for coordinating the programming and for coordinating the activities of cooperation of the
Organization with the Member Countries. Health program analysts have subregional geographic responsibilities. Their role is visualized as one serving the Country Offices by helping to facilitate the delivery of technical cooperation by the technical areas.

38. Several units with direct responsibility to the Director have the fundamental objective of serving as internal mechanisms for coordination. The Office of Analysis and Strategic Planning will be responsible for coordinating a continuing assessment of socioeconomic and political factors within the Region which affect progress toward Health for All. The Office of External Cooperation has the responsibility for coordinating relations with other bilateral and multilateral agencies of technical and economic cooperation as well as of providing direct support to countries, at their request, in enhancing their own ability to mobilize external resources. The Office of Information Coordination has a separate responsibility for coordinating the information systems of the Organization. The Office of Research Coordination is responsible for assuring an active and aggressive role by the Organization in the promotion and support of research within each of the technical programs, through collaborating centers and through close consultation with the countries.

39. At the country level and for the Organization as a whole, it is the Country Representative who has the primary role of coordinating the activities of the Organization.

Member Country Participation in the Conduct of the Organization

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

Joint Government/PAHO Policy and Program Reviews

41. Perhaps the most important innovation in achieving more active participation of the Member Countries in the conduct of the Organization and in translating the principles of the new Management Strategy into practice is the Joint Government/PAHO policy and program review. This review incorporates the Office of the Director, the Country Representatives, and principal regional program coordinators as well as
the Country Office technical program. The counterparts include the highest political and technical levels of Ministries of Health and other leading institutions of the health sector. These reviews have been initiated to ensure that future directions in PAHO/WHO technical cooperation conform to national policies and strategies and target specific national needs within a framework of Regional and Global Strategies of Health for All. These joint reviews and the expanded role of the Country Representatives, complemented by the planning and programming of the Organization's resources through AMPES, are designed to secure the optimal use of resources in attaining national, regional and global health goals.

**Planning, Programming and Budget**

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

43. For short-term planning and programming, the Organization will continue to utilize AMRO's Programming and Evaluation System (AMPES) which provides the key managerial tool for PAHO's technical cooperation. The PAHO Programming and Evaluation system (AMPES) has been revised to strengthen the system of programming of the Organization's resources consistent with defined national policies and activities and with the collective priorities promulgated by the Governing Bodies. The revisions in the system are designed to simplify its procedural aspects and increase its effectiveness in programming regional resources in support of country needs. The use of the AMPES makes it possible for the Regional Office to negotiate with each country on the optimal use of PAHO/WHO resources. The resultant document not only constitutes the program of technical cooperation in light of country needs and priorities and PAHO's governing mandates but the composite for all countries and for the region represents the short-term plan of technical cooperation of the Organization.
44. Negotiations with each specific country during the AMPES process are carried out between the government authorities and the PAHO/WHO Country Representative. The initial stage consists of a joint exploration of the country's health and socioeconomic situation, the national health goals and objectives, and the implications of regional mandates. A second stage involves an analysis of available national resources in the relevant program areas. A third stage involves allocation of PAHO country program services to help fulfill program objectives where domestic technical, physical and financial resources are insufficient. A fourth stage involves the proposed use of additional regional and external resources to offer further support for national priority programs.

45. In the process of planning, programming and budgeting, the Organization observes the following periods and cycles: there is long-term planning directed towards the year 2000; medium-term planning in periods of six years in accordance with the General Plan of Work; a two-year period as the basis for the program and budget presented in detail to the Governing Bodies and the operational budget of the Organization constructed on an annual basis.

Management Information System

46. An integral part of the PAHO Management Strategy is the development of an Information System. Reliable, timely and relevant information is required at all stages of the managerial processes and at all levels of the Organization to support management decision-making.

47. A Management Information System will provide information on a continuing basis, not only to the Organization's program but also health statistical information to the governments in support of national programs.

Decentralization

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

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

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

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

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

Research

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

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

Network of National Centers of Technical Excellence

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

Organizational Mobilization of Resources

56. The Organization and mobilization of resources for regional support to national and intercountry activities is a vital operating mechanism of the Management Strategy. That process occurs both at the country and regional office levels. At the country level, an essential base for optimum use of national resources in the program of cooperation is a well-defined and operative national health planning process. Applying PAHO/WHO resources to assist governments in developing this process could produce a significant multiplier effect for the effective and efficient use of national resources devoted to national health programs. That same mutual planning process can be the instrument for spurring the process of technical cooperation among countries.

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

58. Finally, at the regional level, the Organization has a vital role to play in assisting the countries in seeking additional financing from
other bilateral and multilateral financing institutions. The identification of prospective donor agencies, their requirements, and assistance in the development of guidelines for proposals for submission to those agencies, are mechanisms which the Organization is developing. In each instance, close consultation between the country office and the regional office will insure that proposed international cooperation conforms to national health programs and national and regional health priorities.

**Monitoring and Evaluation**

59. Monitoring and evaluation within the Organization will occur at both the country level and the regional office level. At the Country level, the objective of monitoring and evaluation is to collaborate with the country in developing its own capacity to manage the use of resources in pursuit of program objectives and goals, to provide the necessary information in a progressively more reliable and more timely manner enabling decisionmakers to identify unforeseen obstacles, and to adjust programs accordingly. Since the very process of insuring a more adequate utilization of national resources contributes to a more effective utilization of PAHO/WHO resources, enhancing the national capacity for monitoring and evaluation will be a continuing priority of the Organization.

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

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

62. The process of implementing the new Management Strategy is a continuing one. The dissemination of the elements of the strategy will occur throughout the Organization at the same time as the final stages of the new organizational structure are being completed. As individuals have been named to the new posts and as programs of the two technical areas and the coordinating units have been reviewed and as steps have been taken for the elimination of the area office structure, the elements of the new management strategy have been discussed. A permanent General Advisory Committee has been established to serve as a continuing forum for advising the Director on immediate and long-term problems as well as offering a regular opportunity for policy formulation. Regular meetings of senior staff are held to examine obstacles to program implementation and discuss future directions.

63. The increased responsibility and expanded role accorded to the Country Offices and the Country Representatives has produced a series of efforts to augment the skills and capacities of the Organization at the country level. Intense small group sessions with selected Country Representatives have taken place to orient them to the new managerial framework and to the new policy directions of the Organization. Country Representatives themselves have been given the responsibility for sharing this information with the country team and for instituting mechanisms at the country level to give force to the new strategy.

64. The joint Government/PAHO policy and program reviews already have involved visits by the Director to Mexico, Brasil, Bolivia, Venezuela, Peru, Costa Rica, Nicaragua, Colombia, Ecuador and Panama. These high-level policy and program reviews include a discussion of the key elements in the new managerial framework, a joint assessment of country needs and an analysis of the priority areas for technical cooperation. This process will continue to include all countries. The implementation of the Management Strategy will be aimed at guaranteeing a continuing dialogue between Member Country and PAHO, through the Country Office, with the full support of the Regional Office. The product of these reviews will be reflected in each country's AMPES which is itself undergoing continuing review to increase its effectiveness as a management tool.

65. The training and staff development of the regional and country offices has begun in line with the new Management Strategy. Staff seminars have been instituted at the regional office level, and a process has been begun of incorporating active staff participation in an analysis of the workings of the Organization. At the same time, identification of individuals with unique skills within the Organization is occurring along with an effort at all levels to identify persons and institutions with technical excellence who can be drafted for fulfilling specific technical cooperation needs within the Region. Each country office currently is
engaged in preparing rosters of such centers and experts within their own countries. The regional office will serve as a clearinghouse for dissemination of the data throughout the Organization, to other agencies and to all Member Countries.

66. A review of the administrative procedures of the Organization has been initiated to pursue the dual objective of insuring that its administrative operations serve to support the technical program areas and of identifying ways to reduce administrative costs. This activity includes a review of the existing agreements between the Organization and Member Countries, between the Organization and subregional institutions and between the Organization and international agencies. In each instance, the purpose of the review is to insure that the agreements reflect current realities and needs and respond to the new Management Strategy and to the policies of the Organization.

67. An "ad hoc" task force has begun a comprehensive review of the Management Information System. The task force has visited selected countries to survey the adequacy of the current information system, to obtain country office assessment of information needs and national information capacities, and to receive recommendations for obtaining timely and reliable information. The task force also has examined the information needs of the technical and administrative areas of the regional office. Its recommendations are in the process of being implemented.

68. As a crucial part of the strategy of coordinating international cooperation in health and assisting in the mobilization of resources for health, the Organization has pursued the strengthening of its formal and informal relationships with the Inter-American Development Bank, the World Bank, the Economic Commission on Latin America and its affiliate agencies, UNDP, UNICEF, UNFPA and others. More than merely liaison, the effort has been aimed at identifying possible joint programs and projects which respond to national and regional health priorities. Some of these activities already have produced formal agreements for joint activities in specific countries or for regional programs.

69. At the national level, the Organization is collaborating with specific countries in the establishment of effective mechanisms for the coordination of external cooperation. Those mechanisms include both permanent entities within the national authorities and joint PAHO/national committees engaged in the process of identifying needed external resources to complement national resources for the conduct of national health programs. The appropriate mechanism in each instance will depend on national characteristics and its activities will tend to reflect the current national political and socioeconomic situation.