



**AFRICA HEALTH
ORGANISATION**

2020

2025

AHO STRATEGIC PLAN 2025



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Foreword by the Founder/President

1. This ambitious Plan is the product of intensive consultation and collaboration with Members and staff across the organisation. While ensuring a country focus, it provides a clear direction for the coming years, allowing the organisation to remain in the forefront of efforts to improve the health and quality of life of the people in Africa.
2. In developing this Plan, the organisation continues to be responsive to members and to Africa's public health priorities while ensuring programmatic alignment with the global health objectives.
3. The continent of Africa has struggled to make progress in addressing the determinants of health and improving the health of its population. Human development indicators are not improving, employment income is falling, there is no progress on reducing poverty and inequality, and not significant advances have been made toward achieving universal primary education. All of these factors have a negative impact on health. Together with these social ills, Africa has seen negative trends in health indicators, including rise in infant and maternal mortality, an increase in HIV morbidity and mortality, increase rates of tuberculosis, and an increase burden of malaria in countries where that disease is endemic.
4. An important challenge facing Africa over the next five years is to halt and reverse the epidemic of chronic non-communicable diseases. Our Members have shown considerable eagerness on this issue, which has dramatic social and economic impacts on individuals, families, communities, and health services, and demands an integrated, multi-sectoral response.
5. The leadership, involvement, and ownership of our Members will be critical for the success of this Strategic Plan. Accordingly, the Plan establishes the joint responsibility and commitment of Members and the community to support the range of interventions needed to sustain progress and meet new challenges. The Plan also details targets and indicators by which the performance of the organisation will be assessed. In this way, the Plan reflects Africa Health Organisation (AHO)'s commitment to a results-based approach, leading to improved efficiency, effectiveness, accountability, and transparency.
6. Through ongoing collaboration and dialogue with the range of stakeholders, we will build upon and implement this Plan together. Our commitment to **health redesign, social innovation** depends upon the organisation's leadership and its ability to build a broad coalition with engaged partners across sectors. The Strategic Plan 2020-2025 commits AHO to improve the health of the peoples of Africa in the years to come.



Graciano Masauso
Founder & President

The Context



7. The context analysis highlights the leading health gains, gaps, and trends in Africa as the basis for defining the strategic agenda and corresponding interventions outlined in the Strategic Plan 2015-2025.

8. Despite these encouraging indicators, **poverty and inequities** continue to be challenges for Africa. Some recent evidence qualifies Africa as the most inequitable region in the world, with 59% of the population below the poverty line and the poorest 70% of the population receiving less than 15% of total income.

9. Gender gaps persist in employment, as unemployment among women continues to be 1.4 times the male unemployment rate. There are concerns about the exclusion of young people from the labour market, as youth unemployment is triple that of the adult population.

10. Education and health are interrelated cornerstones of development. A boost in educational levels is associated with improvements in population health and increases in productivity, social mobility, poverty reduction, and citizenship building. Adolescent pregnancy is most concentrated among girls who have dropped out of school and the highest child mortality and morbidity rates are seen in children born to adolescent mothers

11. Between 2005 and 2012, Africa's **total population** rose from 886 million to 1 billion inhabitants. In tandem with population growth, **urbanisation** is having a direct influence on the environment and its sustainability. **Solid waste** management remains a concern. Hazardous waste without prior treatment is frequently disposed of alongside common waste in many African countries

12. Regarding ambient and indoor **air pollution**, it is estimated that more than 100 million people in Africa are exposed to concentrations of environmental contaminants exceeding the recommended limits in WHO air quality guidelines. Indoor air pollution from the burning of solid fuels is the environmental risk with the greatest disease burden in Africa. Vulnerability to **natural disasters** and the effects of **climate change** is a big problem for Africa.

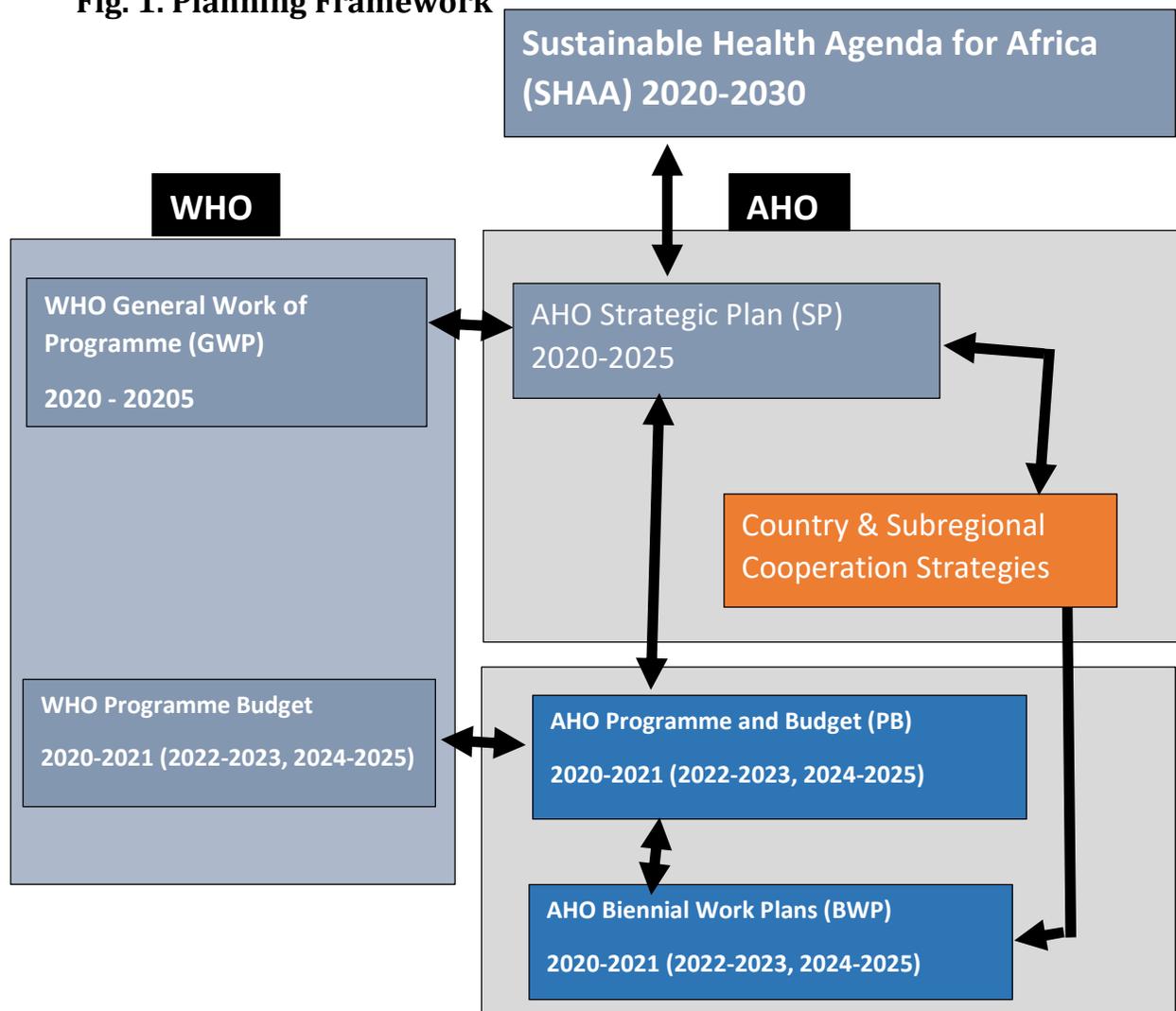
13. Infant mortality continues to increase in Africa. The Infant Mortality Rate (IMR) increased from 16 per 1,000 live births in 1990 to 42 per 1,000 in 2011, a 62% increase. **Maternal mortality** has increased in the continent but remains too high in some countries. Many countries failed to meet the MDG target by 2015. Estimates of new **HIV infections** in the countries of Africa reflect a reduction in morbidity and mortality. In 2011, the continent accounted for nearly 60% of all new HIV infections worldwide. Africa reported a 58% increase in morbidity and a 70% increase in mortality from **malaria**.

14. Multidrug-resistant **tuberculosis (TB)** and **HIV**-associated tuberculosis pose serious challenges that must be addressed. Africa faces an important burden of **non-communicable diseases (NCDs)**, with an estimated 250 million people suffering from at least one of them. **Cardiovascular diseases (CVDs)** are the leading cause of death from

NCDs. Shared **risk factors** for NCDs are tobacco consumption, harmful use of alcohol, unhealthy diet, and physical inactivity. **Violence**, including gender-based violence, is a growing problem and a major public health challenge in Africa.

Figure 1 shows the key elements of AHO planning frameworks and their alignment with the Sustainable Health Agenda for Africa 2020-2030 as well as with WHO's planning frameworks. The SP 2020-2025 will be implemented over the course of three consecutive programs and budgets (2020-2021, 2022-2023, and 2024-2025). Increased alignment and harmonization between the Strategic Plan and the CCSs is an important aspect of the formulation and implementation of the Plan. The Biennial Work Plans (BWPs) are operational plans developed by AHO entities to implement the Program and Budget, and by extension the AHO Strategic Plan.

Fig. 1. Planning Framework



Overview

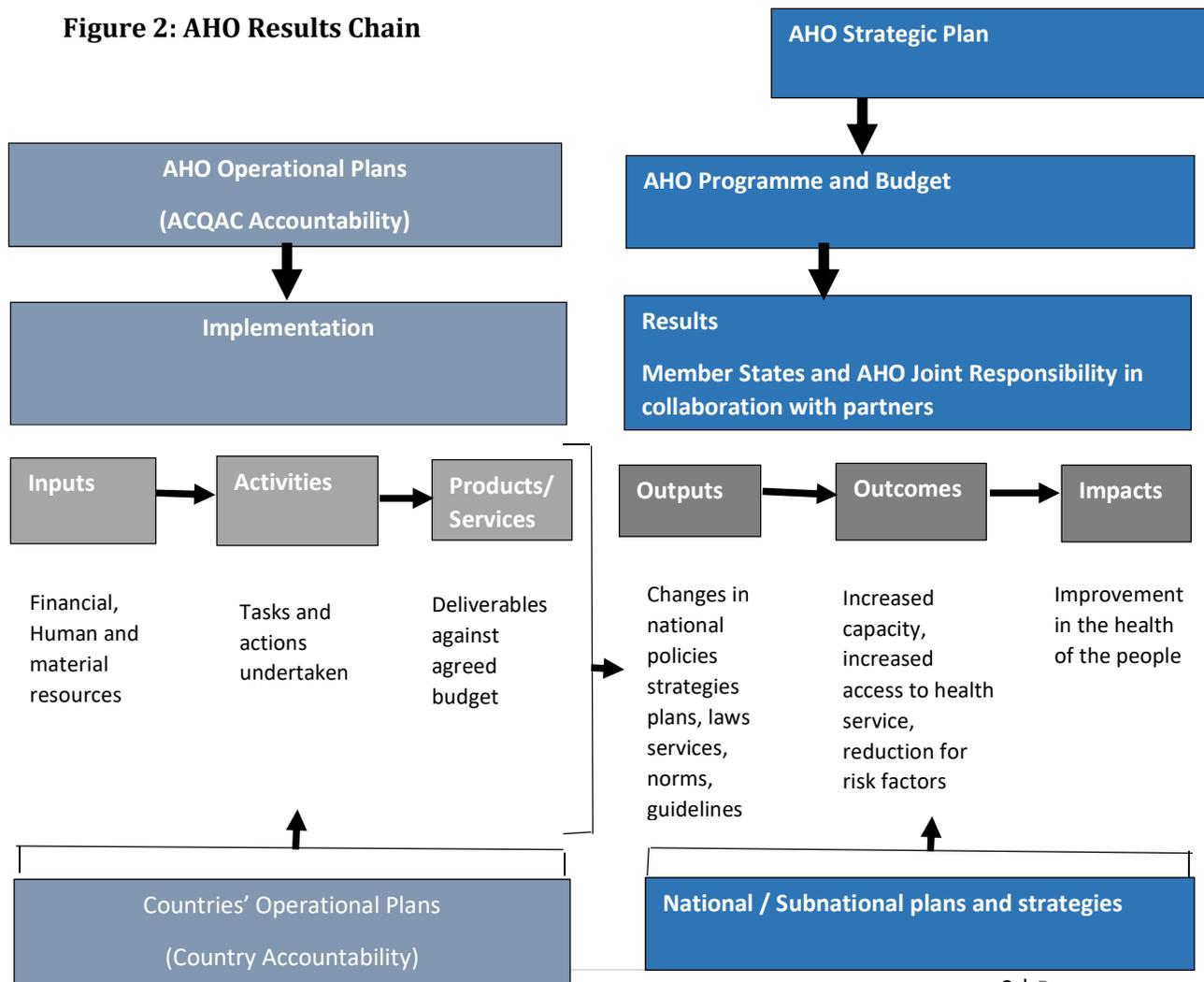


Results-based Management Framework for Planning, Programming, and Budgeting

Results chain: The SP 2020-2025 adapts the WHO results chain, clearly identifying the relationship between planning instruments at different levels as well as the accountability and respective responsibilities of PAHO Member States and PASB. Because the Plan is a joint commitment of AHO Member States and AHO, results will be derived from the implementation of individual countries' plans and strategies (at national or subnational level), AHO operational plans, and the collective efforts of the Organization, as shown in Figure 2. Section VIII includes details on monitoring, reporting, accountability, and transparency for the Plan.

The Strategic Plan and the Program and Budget together cover the complete chain of results. The Strategic Plan contains impact and outcome results with their respective indicators, while the PB outlines the outputs that Member States and PASB agree jointly to achieve in a particular biennium, as well as the biennial outcome indicator targets.

Figure 2: AHO Results Chain



15. The implementation of a new results chain is a key element of AHO brings a greater level of clarity and coherence to the stated outcomes in the GPW. The improved results chain has also been incorporated into the AHO proposed planning framework and is reflected in the structure of both the Business Plan and the Program and Budget. The new results framework links the work (outputs) to the health and development changes in the countries to which it contributes (outcomes and impact).

16. **Impacts** are sustainable changes in the health of populations, to which AHO Member States, the organisation, and other partners contribute. Such changes will be assessed through impact indicators that reflect a reduction in morbidity or mortality or improvements in well-being of the population (e.g., increases in people’s healthy life expectancy). Consequently, implementing the AHO Strategic Plan will also contribute to both regional and global health and development.

17. **Outcomes** are collective or individual changes in the factors that affect the health of populations, to which the work of the Member States and the ASB will contribute. These include, but are not limited to, increased capacity, increased service coverage or access to services, and/or reduction of health-related risks. Member States are responsible for achieving outcomes, in collaboration with other AHO partners. The outcomes contribute to the Plan’s impact goals. Progress made toward achieving outcomes will be assessed with corresponding indicators that measure changes at national or regional level.

18. **Outputs** are changes in national systems, services, and tools derived from the collaboration between AHO Member States, for which they are jointly responsible. These outputs include, but are not limited to, changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines. The outputs will be defined in the respective PB and will be assessed with a defined set of output indicators that will measure the organisation’s ability to influence such changes.

19. The **operational plans** include the following components:

(a) **Products and Services:** deliverables against an agreed budget for which AHO is directly accountable during the biennium. Products and services are tangible and observable.

(b) **Activities:** actions that turn inputs into products or services.

(c) **Inputs:** resources (human, financial, material and other) that AHO will allocate to activities and that produce products or services.

20. **Risks and Assumptions:** The full results chain is predicated upon a number of risks and assumptions. They include the premise that resources and country collaboration are in place to ensure that interventions contribute to and achieve the outputs and outcomes as outlined in the Plan.

AHO's Vision, Mission, and Values

Vision

Africa Health Organisation (AHO) will be the major catalyst for ensuring that all the peoples of Africa enjoy optimal health and contribute to the well-being of their families and communities.

Mission

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

Values

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

Excellence - Achieving the highest quality in what we do.

Solidarity - Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.

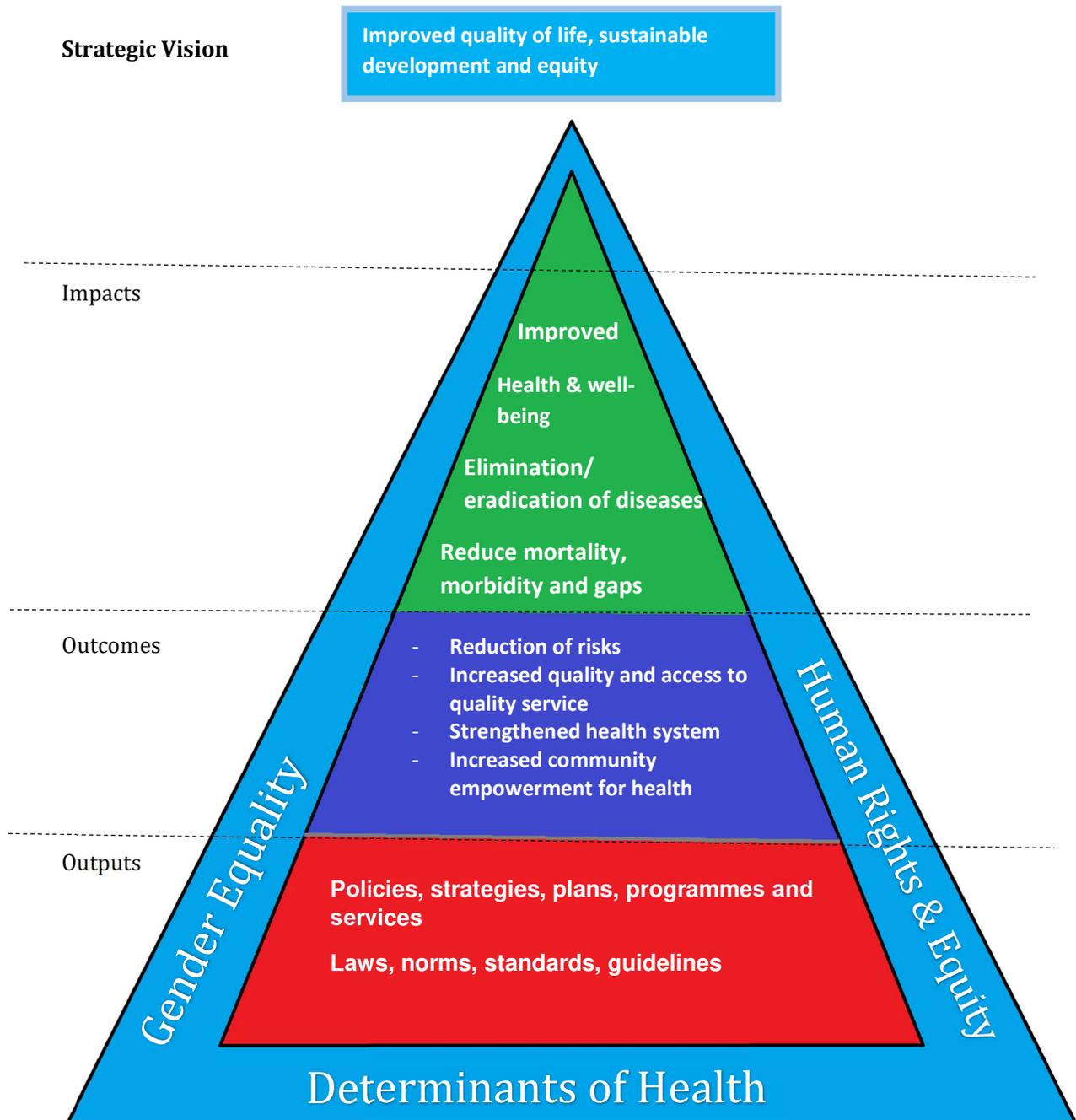
Respect - Embracing the dignity and diversity of individuals, groups, and countries.

Integrity - Assuring transparent, ethical, and accountable performance.

AHO's Core Functions

- i. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
- ii. Shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge.
- iii. Setting norms and standards and promoting and monitoring their implementation.
- iv. Articulating ethical and evidence-based policy options.
- v. Establishing technical cooperation, catalysing change, and building sustainable institutional capacity.
- vi. Monitoring the health situation and assessing health trends.

Figure 4. Strategic Vision and Hierarchy of Results



In line with the above, and building upon the experiences and lessons learned, four **cross-cutting themes** are central to addressing the determinants of health: **gender, equity,**

human rights, and ethnicity. In addition, the Plan will apply key public health strategies, such as health promotion, primary health care, and social protection in health. The CCTs are programmatic approaches to improving health outcomes and reducing inequalities in health and are applicable to Categories 1 through 6. The public health strategies are overarching approaches to attaining better health for all and by all, with special emphasis on proven public health policies and community-wide interventions.

Impact Goals and Strategic Focus

The success of the Plan will be measured by the Organization’s contribution to the attainment of the impact goals outlined in Table 1, as measured by their corresponding indicators.

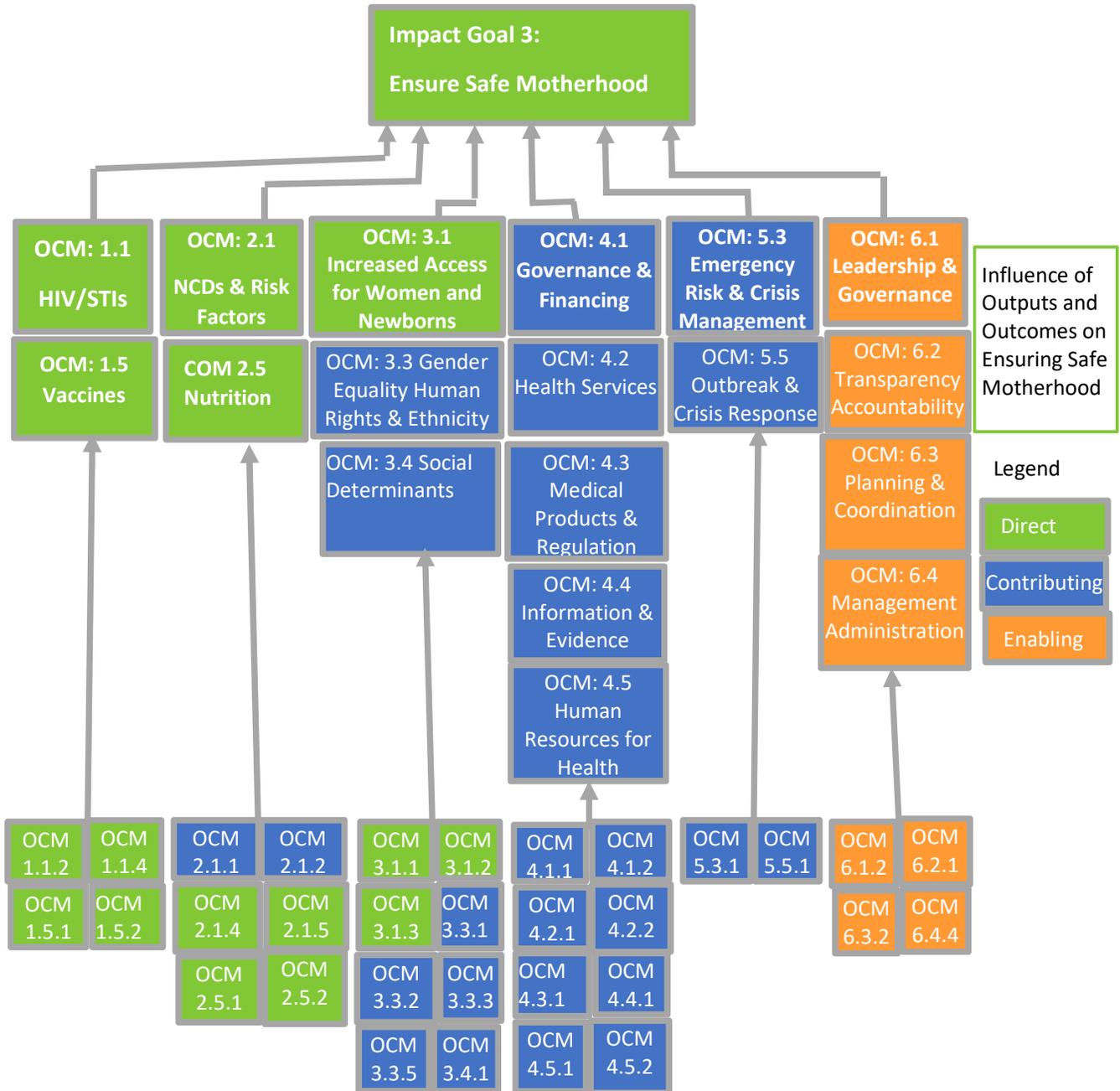
Aligned with the impact goals at the global level (as expressed in the WHO 12th GPW 2014-2019), and addressing the specific goals for Africa, Table 1 outlines the impact goals and indicators of the Plan. The rate of change during the planning cycle will be the basis for measuring the success of the Plan, according to the established impact indicators

Table 1: Impact Goals

1.	Improve health and well-being with equity
1.1	At least a 1.0% increase in Healthy Life Expectancy (HALE) for the Africans achieved by 2025 (65.3 years), as compared to the baseline rate in 2019. (This information will be updated once the most recent data from the Institute for Health Metrics and Evaluation is received.)
2.	Ensure a healthy start for newborns and infants
2.1	At least a 15% reduction in the Infant Mortality Rate (IMR) achieved by 2025 (10.5 per 1,000 live births) compared to 2019.
2.2	A relative gap reduction of at least 10% in the IMR between the top and bottom country groups of the Health Needs Index (HNI) by 2025 compared to 2019.
2.3	An absolute reduction of at least 3 excess infant deaths per 1,000 live births between 2019 and 2025 across the HNI country gradient.
3.	Ensure safe motherhood
3.1	At least an 11% reduction in the Maternal Mortality Ratio (MMR) achieved by 2025 (43.6 per 100,000 live births) compared to 2019.
3.2	A relative gap reduction of at least 25% in the MMR between the top and bottom country groups of the HNI by 2025 compared to 2019.
3.3	An absolute reduction of at least 18 excess maternal deaths per 100,000 live births between 2019 and 2025 across the HNI country gradient.

4. **Reduce mortality due to poor quality of health care**
 - 4.1 At least a 9% reduction in the rate of Mortality Amenable to Health Care (MAHR) achieved by 2025 (77.2 per 100,000 population) compared to 2019.
 - 4.2 A relative gap of no more than 6% increase in the MAHR between the top and bottom country groups of the HNI by 2025 compared to 2019.
 - 4.3 An absolute reduction of at least 8 excess preventable deaths per 100,000 population between 2019 and 2025 across the HNI country gradient.
5. **Improve the health of the adult population with an emphasis on NCDs and risk factors**
 - 5.1 At least a 9% reduction in the regional Premature NCD Mortality Rate (PNMR) achieved by 2025 (239.6 per 100,000 population) compared to 2019.
 - 5.2 A relative gap of no more than 6% increase in the PNMR ratio between the top and bottom country groups of the HNI by 2025 compared to 2019.
 - 5.3 An absolute reduction of at least 18 excess premature deaths due to NCDs per 100,000 population between 2019 and 2025 across the HNI country gradient.
6. **Reduce mortality due to communicable diseases**
 - 6.1 At least a 15% reduction in the mortality rate due to HIV/AIDS by 2025 compared to 2019.
 - 6.2 At least a 30% reduction in the case-fatality rate due to dengue achieved by 2025 (0.05%) compared to 2019.
 - 6.3 At least a 24% reduction in tuberculosis mortality rate achieved by 2025 (0.8 per 100,000 population) compared to 2019 (1.1 per 100,000 population).
 - 6.4 At least a 75% reduction in the number of deaths due to malaria by 2025 (28,000 deaths) compared to 2019 (112,000 deaths).
7. **Curb mortality due to violence, suicides, and accidents among adolescents and young adults (15-24 years of age)**
 - 7.1 At least a 6% reduction in the homicide rate achieved by 2025 (25.7 per 100,000 youth 15-24 years of age) compared to 2019 (27.3 per 100,000 youth 15-24 years of age).
 - 7.2 No increase in the suicide rate achieved by 2025 compared to 2019 (7.8 per 100,000 youth 15-24 years of age).
 - 7.3 No increase in the mortality rate due to road traffic injuries by 2025 compared to 2019 (20.5 per 100,000 youth 15-24 years of age).
8. **Eliminate priority communicable diseases in the Region**
 - 7.1 Elimination of mother-to-child transmission of HIV and congenital syphilis in 16 countries and territories.
 - 7.2 Elimination of onchocerciasis in 4 countries.
 - 7.3 Elimination of malaria in at least 3 of 7 endemic countries in the pre-elimination phase
 - 7.4 Zero human cases of dog-transmitted rabies in 35 Member States.
9. **Prevent death, illness, and disability arising from emergencies**
 - 9.1 At least 70% of emergencies in which the crude mortality rate returns to accepted baseline (pre-disaster levels) within three months.

Figure 5. Relationships between Outputs, Outcomes, and Impacts: An Illustrative Example



In keeping with the results-based approach, and as noted above, Organizational outputs (OPT) and outcomes (OCM) contribute toward the achievement of impacts. These outputs and outcomes may be located in several different categories, as detailed below and shown in Figure 5. Some outcomes, including enabling functions, may contribute toward the

achievement of several impacts, as there is not a one-to-one relationship between outcomes and impacts.

In addition to the impact goals, the Plan contains six **strategic areas of focus**, or categories, to guide its implementation:

Table 2. Categories and Programme Areas

<p>1. Communicable Diseases</p> <ul style="list-style-type: none"> 1.1 HIV/AIDS and STIs 1.2 Tuberculosis 1.3 Malaria and Other Vector-borne Diseases (including Dengue and Chagas) 1.4 Neglected, Tropical, and Zoonotic Diseases 1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)
<p>2. Noncommunicable Diseases and Risk Factors</p> <ul style="list-style-type: none"> 2.1 Noncommunicable Diseases and Risk Factors 2.2 Mental Health and Psychoactive Substance Use Disorders 2.3 Violence and Injuries 2.4 Disabilities and Rehabilitation 2.5 Nutrition
<p>3. Determinants of Health and Promoting Health throughout the Life Course</p> <ul style="list-style-type: none"> 3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health 3.2 Aging and Health 3.3 Gender, Equity, Human Rights, and Ethnicity 3.4 Social Determinants of Health 3.5 Health and the Environment
<p>4. Health Systems</p> <ul style="list-style-type: none"> 4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans 4.2 People-Centered, Integrated, Quality Health Services 4.3 Access to Medical Products and Strengthening of Regulatory Capacity 4.4 Health Systems Information and Evidence 4.5 Human Resources for Health
<p>5. Preparedness, Surveillance, and Response</p> <ul style="list-style-type: none"> 5.1 Alert and Response Capacities (for IHR) 5.2 Epidemic- and Pandemic-Prone Diseases 5.3 Emergency Risk and Crisis Management 5.4 Food Safety 5.5 Outbreak and Crisis Response
<p>6. Corporate Services/Enabling Functions</p> <ul style="list-style-type: none"> 6.1 Leadership and Governance 6.2 Transparency, Accountability, and Risk Management 6.3 Strategic Planning, Resource Coordination, and Reporting 6.4 Management and Administration 6.5 Strategic Communications

Programmatic Priorities for AHO's Technical Cooperation for 2020-2025

21. AHO's general programmatic direction for the next six-year period has been extensively informed by the AHO reform dialogue. With a view to maintaining programmatic alignment with AHO will use the same programmatic structure developed by AHO for the Strategic Plan 2020-2025 and Program and Budget 2020-2021.

22. The programmatic structure consists primarily of the six major categories of work and their program areas, as follows:

(a) *Communicable diseases*: Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

(b) *Non-communicable diseases and risk factors*: Reducing the burden of non-communicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of non-communicable diseases and their risk factors.

(c) *Determinants of health and promoting health throughout the life course*: Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

(d) *Health systems*: Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal health coverage; organising people-centred, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health.

(e) *Preparedness, surveillance, and response*: Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multi-sectoral approach to contribute to health security.

(f) *Corporate services/enabling functions*: Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organisation, enabling it to deliver effectively on its mandates.

Table 3 presents the regional results of the priority-setting process. It organizes 23 program areas into three priority strata or tiers and assigns each area a priority ranking within these strata. This stratification will inform resource allocation in the Program and Budgets for the SP 2020-2025.

Table 3. Stratification of Programmatic Priorities

No.	Program Area	Tier
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	1
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	1
2.1	Noncommunicable diseases and risk factors	1
5.2	Epidemic- and pandemic-prone diseases	1
2.5	Nutrition	1
1.1	HIV/AIDS and STIs	1
1.3	Malaria and other vector-borne diseases (including dengue and Chagas)	1
5.1	Alert and response capacities (for IHR)	1
5.3	Emergency risk and crisis management	2
1.2	Tuberculosis	2
4.5	Human resources for health	2
4.1	Health governance and financing; national health policies, strategies, plans	2
4.3	Access to medical products and strengthening of regulatory capacity	2
3.4	Social determinants of health	2
2.3	Violence and injuries	2
5.4	Food safety	3
4.2	People-centered, integrated, quality health services	3
3.5	Health and the environment	3
2.2	Mental health and psychoactive substance use disorders	3
4.4	Health systems information and evidence	3
3.2	Aging and health	3
2.4	Disabilities and rehabilitation	3
1.4	Neglected, tropical, and zoonotic diseases	3

Funding the Program and Budget

23. AHO uses a Results-based Management framework for the development of its biennial Program and Budget. The Program and Budget represents the estimated cost of achieving the stated outputs under the responsibility of the Bureau that contribute toward attainment of the stated outcomes shared with the Member States, expressed through an integrated budget with multiple funding sources.

24. AHO receives funding from two major types of resources: (a) Assessed Contributions, and (b) Voluntary Contributions. These, however, can be further delineated into six distinct funding streams, each with its own origin and characteristics, to show a full view of the funding dynamic of the Organization.

25. The six main sources of funding are as follows:

(a) *The AHO Regular Budget*, which comprises Assessed Contributions from the AHO Member States plus estimated Miscellaneous Income.

(b) *The share of the Regular Budget portion of the approved AHO budget*, which is the portion of the total AHO Regular Budget.

(c) *AHO Voluntary Contributions and special funds*, most of which are institutionally mobilized donor-based resources that are negotiated directly by AHO and special funds such as the Master Capital Investment Fund, the Holding Account, and the Surplus Account.

(d) *The share of AHO Voluntary Contributions*, derived from donor-based resources negotiated by AHO.

(e) *National Voluntary Contributions*, provided to AHO for the implementation of national activities in the respective country. This source of funding is fairly unpredictable in nature, in terms of both the level that can be provided during a biennium, and the program areas that the monies address. Consequently, this funding source is shown separately and is not included in the presentation of the budget by base programs. Nevertheless, these funds are encouraged as a means of supplementing the Organisation's resources in a given country for furthering the attainment of national priorities.

(f) *Outbreak, Crisis, and Response*, subject to emerging needs of the Region due to natural disasters or catastrophic events.

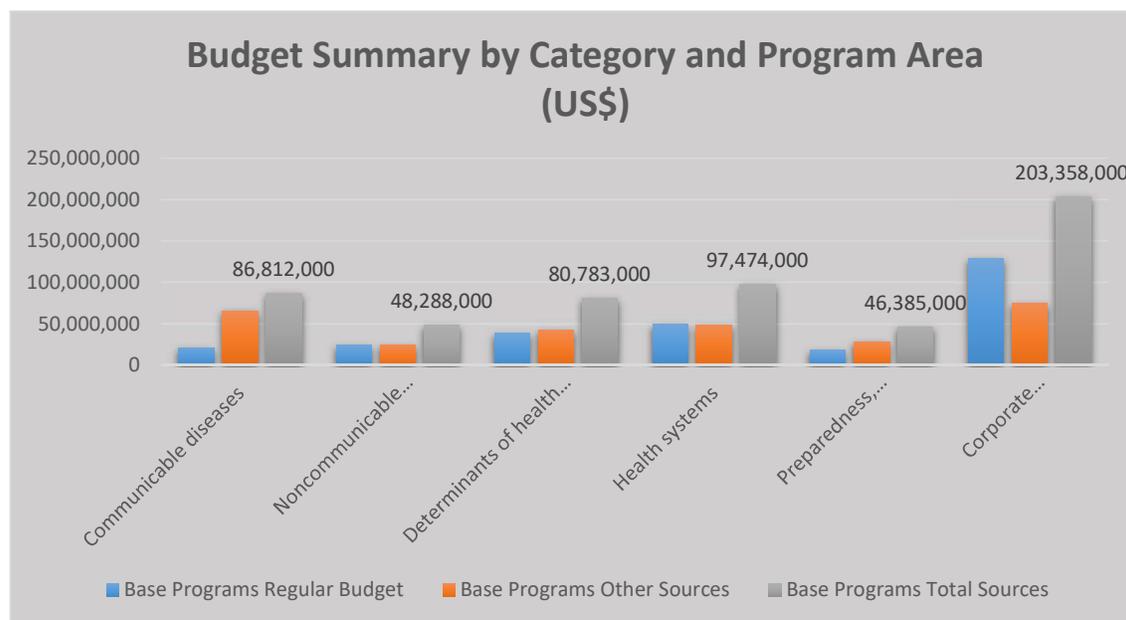
Budget by Program Area

26. The Program and Budget by category and program area reflects the planned investment required to carry out the two-year program of work. The budget also applies a cap on increases in the budget assigned to program areas in tier 1 (20%) and tier 2

(10%), as a mechanism to balance the shifts as the Organization redirects its focus and reflects the decisions of Member States and the direction of technical cooperation for the biennium.

Table 1. Budget Summary by Category and Program Area (US\$)

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
1	Communicable diseases	21,144,000	65,668,000	86,812,000
2	Non-communicable diseases and risk factors	23,864,000	24,424,000	48,288,000
3	Determinants of health and promoting health throughout the life course	38,428,000	42,355,000	80,783,000
4	Health systems	49,034,000	48,440,000	97,474,000
5	Preparedness, surveillance, and response	17,970,000	28,415,000	46,385,000
6	Corporate services/enabling functions	128,660,000	74,698,000	203,358,000
Total (Categories 1 through 6)		279,100,000	284,000,000	563,100,000



Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

Scope

34. Prevalent infectious diseases, as well as newly re-emerging communicable diseases, result in significant morbidity and mortality in Africa, which can dramatically increase during times of outbreaks (e.g., dengue). These diseases are a crisis for the developing world, exacerbating poverty, inequities, and ill health. They also present substantial challenges for developed countries by placing an unnecessary burden on health and social systems, national security, and the economy. This category covers the following program areas: (a) HIV/AIDS and sexually transmitted infections (STIs); (b) tuberculosis (TB); (c) malaria and other vector-borne diseases (including dengue); (d) neglected, tropical, and zoonotic diseases; and (e) vaccine-preventable diseases (including maintenance of polio eradication).

Priorities for AHO Technical Cooperation for the Biennium

1.1 HIV/STIs

(a) Implement HIV-related strategies aligned with the four flagships: (a) strengthen and expand treatment programs; (b) eliminate mother-to-child transmission of HIV and congenital syphilis; (c) advocate for policy and priority setting and strengthen outreach to key populations; and (d) strengthen health information systems and the analysis and dissemination of information.

(b) Support countries in the development and updating of national strategic plans and guidelines for STI prevention and management.

(c) Support countries in the development of comprehensive national plans for the prevention and control of viral hepatitis, with emphasis on monitoring and surveillance.

1.2 Tuberculosis

(a) Improve country capacity in the use of rapid TB diagnostic tools, application of improved laboratory practices, and delivery of care for multidrug-resistant tuberculosis (MDR-TB) patients, and integrated community-based management.

(b) Strengthen surveillance systems and increase access to quality first- and second-line drugs.

(c) Adapt TB-related emerging policies and technical guidelines to the national context.

1.3 Malaria and Other Vector-borne Diseases

(a) Strengthen efforts to prevent, control, and/or eliminate malaria in areas where it is endemic and prevent reintroduction in malaria free-areas.

(b) Strengthen national capacities in prevention, comprehensive surveillance, patient care, and early detection, preparedness, and control of outbreaks within the framework.

(c) Sustain efforts to eliminate vector-borne Chagas disease and improve the identification, diagnosis, and treatment of infected patients.

1.4 Neglected, Tropical, and Zoonotic Diseases

(a) Expand preventive, innovative, and intensified disease management and increase access to essential medicines for neglected, tropical, and zoonotic diseases.

(b) Strengthen national capacity for disease surveillance and the timely monitoring of progress toward certification/verification of the elimination of select neglected, tropical, and zoonotic diseases.

(c) Implement sound strategies for the prevention, control, and elimination of human rabies transmitted by dogs.

(d) Establish and/or strengthen inter-sectoral coordination mechanisms for managing zoonotic risks, with special focus on marginalized and indigenous populations.

1.5 Vaccine-Preventable Diseases

(a) Strengthen national immunization programs to improve access of vulnerable populations to quality vaccination services and achieve >95% coverage in at-risk municipalities.

(b) Sustain efforts to keep the Region free of polio, measles, rubella, and congenital rubella syndrome, with particular emphasis on strengthening surveillance systems.

(c) Build country capacity to generate the necessary evidence to facilitate decision making on the introduction of new vaccines (e.g., rotavirus, pneumococcal conjugate, human papillomavirus), thus accelerating the reduction of morbidity and mortality related to vaccine-preventable diseases.

(d) Identify, secure, and rigorously monitor collections of wild-type polio viruses, destroy remaining stocks, or transfer collections from inadequately secured laboratories to a minimal number of facilities that meet internationally recognised standards for biosafety and biosecurity.

Programme Areas, Outcomes, and Outputs

1.1 HIV/AIDS and STIs

Program Area: HIV/AIDS and STIs				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.1 Increased access to key interventions for HIV and STI prevention and treatment	OCM 1.1.1	Coverage of antiretroviral therapies (ART) in eligible populations	60%	80%
	OCM 1.1.2	Coverage of HIV prophylaxis treatment for prevention of mother-to-child transmission of HIV	65%	85%

	OCM 1.1.3	Coverage of syphilis treatment in pregnant women	60%	80%
OPT 1.1.1 Implementation and monitoring of the regional HIV/STI strategy through technical cooperation at the regional and national levels		Level of implementing the national HIV/STI strategies in accordance with the AHO health sector strategy on HIV/STIs	0	5
OPT 1.1.2 Adaptation and implementation of the most up-to-date norms and standards in preventing and treating paediatric and adult HIV infection, integrating HIV and other health programs, and reducing inequities		Level of adopted/adapted the AHO guidelines on the use of antiretroviral therapies (ART) for the treatment and prevention of HIV infection	0	7
OPT 1.1.3 Facilitation of development, implementation, and monitoring of national strategies for the prevention and control of sexually transmitted infections		Number of countries and territories that have updated their STI strategy based on AHO recommendations	0	6
OPT 1.1.4 Updating and implementation of national plans of action for the elimination of mother-to-child transmission of HIV and congenital syphilis		Level of implementing AHO plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis	0	5

1.2 Tuberculosis

Program Area: Tuberculosis				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.2 Increased number of tuberculosis patients successfully diagnosed and treated	OCM 1.2.1	Number of TB bacteriologically confirmed patients successfully treated in programs that have adopted the AHO recommended strategy	TBC	9 million
	OCM 1.2.2	Annual number of tuberculosis patients with confirmed or presumptive MDR-TB, including rifampicin-resistant cases, placed on MDR-TB treatment worldwide	TBC	2 million
	OCM 1.2.3	Percentage of new TB patients diagnosed in relation to AHO estimated cases from 2016 to 2020	TBC	80%
OPT 1.2.1 Countries enabled to implement new diagnostic approaches and		Level of implementing AHO-recommended rapid diagnostic for TB	0	6

tools to strengthen TB diagnosis				
OPT 1.2.2		Level of implementing AHO guidelines for early diagnosis and treatment of MDR-TB	0	5
Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of MDRTB patients				
OPT 1.2.3		Level of implementing AHO guidelines for early diagnosis and treatment of TB-HIV	0	7
Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of TBHIV patients				

1.3 Malaria and Other Vector-borne Diseases

Program Area: Malaria and Other Vector-borne Diseases				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases	OCM 1.3.1	Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy (based on AHO recommendations)	60%	80%
	OCM 1.3.2	Percentage of installed capacity to eliminate malaria	57%	70%
	OCM 1.3.3	Number of countries and territories with installed capacity for the management of all dengue cases	0	5
	OCM 1.3.4	Number of countries and territories where the entire endemic territory or territorial unit has a domestic infestation index (by the main triatomine vector species or by the substitute vector, as the case may be) of less than or equal to 1%	0	3
OPT 1.3.1 Countries enabled to implement malaria strategic plans, with focus on improved diagnostic testing and		Number of malaria- endemic countries and territories in which an assessment of malaria trends is being undertaken using routine surveillance systems	0	5

treatment, therapeutic efficacy, and monitoring and surveillance				
OPT 1.3.2 Updated policy recommendations and strategic and technical guidelines on vector control diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection, and response		Number of malaria-endemic countries and territories that are applying malaria strategies to move toward elimination based on AHO criteria	0	3
OPT 1.3.3 Implementation of the new AHO dengue classification to improve diagnosis and treatment within the framework of IMS-Dengue		Level of implementing AHO-recommended strategies to improve comprehensive dengue epidemiological surveillance and patient management	0	6
OPT 1.3.4 Implementation of the Strategy and Plan of Action for Dengue as Disease Prevention, Control and Care		Percentage of established integrated control programs for dengue in the endemic territorial units where the transmission is domiciliary	0%	56%

1.4 Neglected, Tropical, and Zoonotic Diseases

Program Area: Neglected, Tropical, and Zoonotic Diseases				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.4 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination of neglected, tropical, and zoonotic diseases	OCM 1.4.1	Annual increases in diagnosed cases and etiological treatment as a result of an increase in the quality and coverage of medical attention for human Leishmaniosis	0	5
	OCM 1.4.2	High burden of leprosy that have reduced by 35% the rate of new cases with grade-2 disabilities per 100,000	0	7
	OCM 1.4.3	Level of having achieved the recommended target coverage of population at risk of lymphatic Filariasis	0	3

	OCM 1.4.4	Level of having achieved the recommended target coverage of population at risk of Onchocerciasis	0	4
	OCM 1.4.5	Level of having achieved the recommended target coverage of population at risk of Trachoma	0	5
	OCM 1.4.6	Level of having achieved the recommended target coverage of population at risk of Schistosomiasis	0	5
	OCM 1.4.7	Level of having achieved the recommended target coverage of population at risk of soil-transmitted helminths	0	6
	OCM 1.4.8	Established capacity and effectiveness processes to eliminate human rabies transmitted by dogs	0	3
OPT 1.4.1		Implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status	0	4
Implementation and monitoring of the AHO Roadmap for neglected infectious diseases (NIDs) through the Regional NID Plan				
OPT 1.4.2		Number of endemic countries and territories that have integrated surveillance of human Leishmaniosis	0	3
Endemic countries enabled to establish integrated surveillance of Leishmaniosis in human population				
OPT 1.4.3		Number of endemic countries and territories applying AHO-recommended strategies for elimination of leprosy as a public health problem at the first subnational administrative level	0	4
Implementation of the AHO Plan of Action for the Elimination of Leprosy				
OPT 1.4.4		Number of countries and territories implementing the plans of action to strengthen rabies prevention, prophylaxis, surveillance, control, and elimination	0	5
Countries enabled to implement plans of action for the prevention, surveillance, control, and elimination of rabies				
OPT 1.4.5		Number of countries and territories implementing plans of action to strengthen zoonosis prevention,	0	5
Countries enabled to implement				

plans of action for strengthening zoonotic disease prevention, surveillance, and control programs	surveillance, and control programs according to international standards
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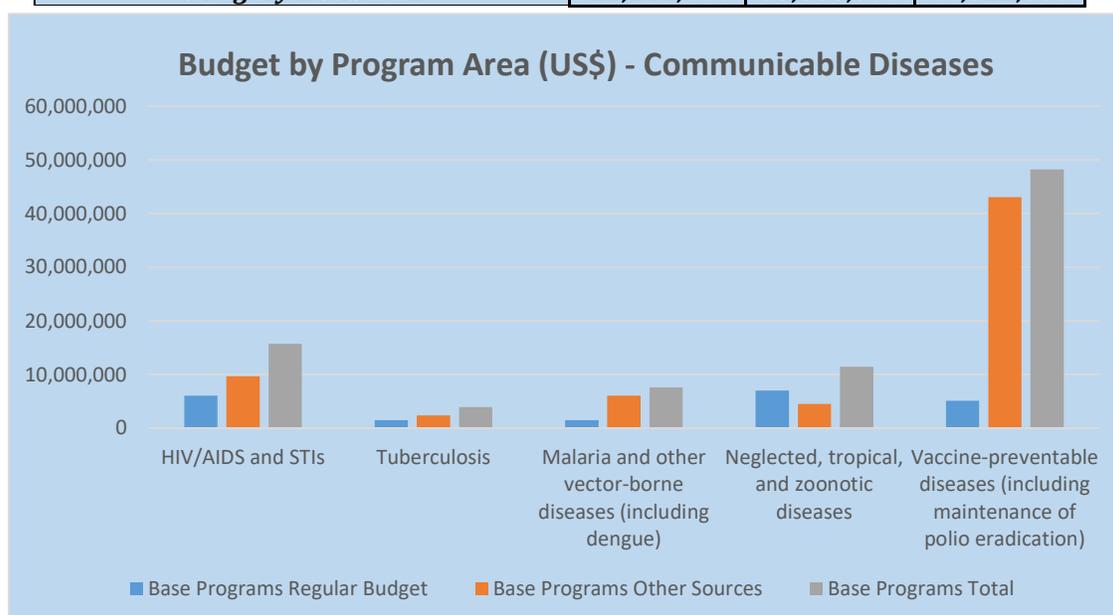
1.5 Vaccine-Preventable Diseases

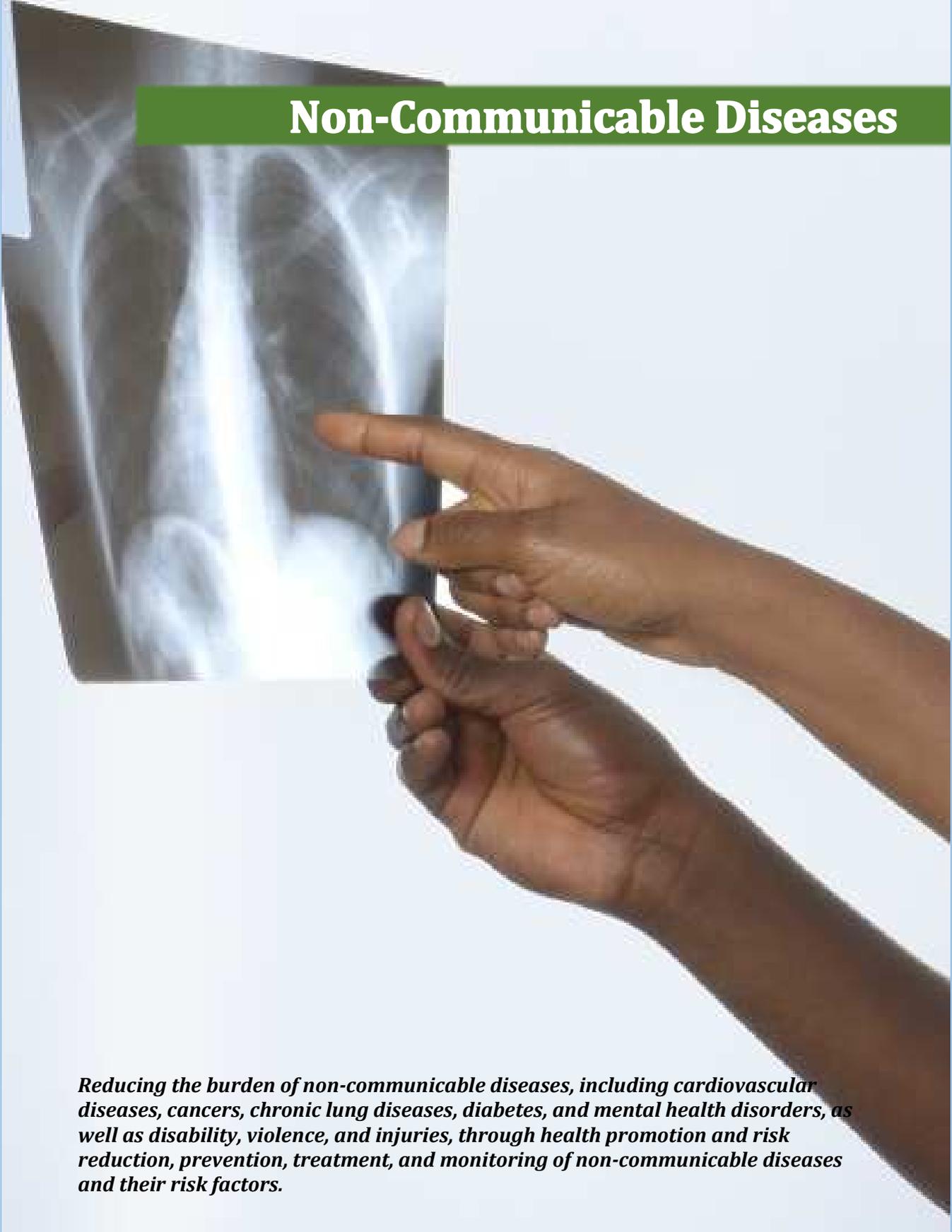
Program Area: Vaccine-Preventable Diseases				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 1.5 Increased vaccination coverage for hard-to-reach populations and maintenance of control, eradication, and elimination of vaccine-preventable diseases	OCM 1.5.1	Average coverage with three doses of diphtheria, tetanus, and pertussis-containing vaccine	75%	90%
	OCM 1.5.2	Reestablishment of endemic transmission of measles and rubella virus	0	5
	OCM 1.5.3	Number of countries and territories that have introduced one or more new vaccines	0	4
	OCM 1.5.4	Number of countries and territories reporting cases of paralysis due to wild or circulating vaccine-derived poliovirus (cVDPV) in the preceding six months	0	4
OPT 1.5.1 Implementation of the of the Global Vaccine Action Plan as part of the Decade of Vaccines Collaboration to reach unvaccinated and under-vaccinated populations		Number of countries and territories with immunization coverage >95% that are implementing strategies within their national immunization plans to reach unvaccinated and under-vaccinated populations	0	5
OPT 1.5.2 Implementation of the Plan of Action to Maintain the Americas Free of Measles, Rubella, and Congenital Rubella Syndrome		Number of countries and territories implementing the Plan of Action to for Maintain Measles, Rubella, and Congenital Rubella Syndrome Elimination in Africa	0	3
OPT 1.5.3 Countries enabled to generate evidence on the introduction of new vaccines		Number of countries and territories generating evidence to support decisions on the introduction of new vaccines	3	5
OPT 1.5.4 Countries enabled to implement new algorithms for the isolation		Number of countries and territories implementing the new diagnostic algorithms at the national or subnational level	0	6

and intratypic differentiation of poliovirus with improved performance indicators			
OPT 1.5.5 Processes established for long-term poliovirus risk management, including containment of all residual poliovirus and the certification of polio eradication in Africa	Number of countries and territories implementing Phase II of the Polio Containment Action Plan	0	7

1.6 Budget by Program Area (US\$) Communicable diseases

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
1.1	HIV/AIDS and STIs	6,061,000	9,671,000	15,732,000
1.2	Tuberculosis	1,500,000	2,364,000	3,864,000
1.3	Malaria and other vector-borne diseases (including dengue)	1,500,000	6,043,000	7,543,000
1.4	Neglected, tropical, and zoonotic diseases	6,983,000	4,497,000	11,480,000
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	5,100,000	43,093,000	48,193,000
Category 1 Subtotal		21,144,000	65,668,000	86,812,000



A hand with a dark skin tone is pointing towards a chest X-ray image. The X-ray shows the lungs and the heart. The hand is positioned in the lower right quadrant of the image, with the index finger pointing towards the right lung. The X-ray is held in place by another hand, which is partially visible at the bottom. The background is a plain, light-colored wall.

Non-Communicable Diseases

Reducing the burden of non-communicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of non-communicable diseases and their risk factors.

Scope

35. AHO, together with partner organizations in various sectors, will address the burden of non-communicable diseases (NCDs) with a focus on cardiovascular diseases (in particular hypertension), cancer, diabetes, lung disease, and chronic renal disease.

Emphasis will be placed on the common risk factors of tobacco use, harmful use of alcohol, unhealthy diet, salt consumption, physical inactivity, and obesity. In the NCD response, AHO will also focus on nutrition and other NCD-related conditions, including mental health, violence and injuries, and disabilities and rehabilitation. The primary aims of the work in this category will be to address the underlying determinants of NCDs, including socioeconomic, environmental, and occupational factors across the life course, as well as to strengthen the primary care response to NCDs, risk factors, and related conditions. The specific approaches are set out in the various AHO mandates related to NCDs, including the regional Plan of Action for the Prevention and Control of Non-communicable Diseases 2015-2020.

Priorities for AHO Technical Cooperation for the Biennium

2.1 Non-communicable Diseases and Risk Factors

(a) Strengthen national capacities for implementing evidence-based and cost-effective NCD and risk factor policies, programs, and services for primary prevention, screening, early detection, diagnosis, and treatment.

(b) Improve country capacity for surveillance and monitoring of NCDs and risk factors to support reporting on progress toward global and regional commitments on NCDs and risk factors

2.2 Mental Health and Psychoactive Substance Use Disorders

(a) Strengthen national capacity in the area of mental health and substance use to provide responsive treatment and care and social welfare in community-based services.

(b) Protect and promote the human rights of people with mental health conditions against human rights violations and gender-based discrimination.

2.3 Violence and Injuries

(a) Support countries and territories in implementing evidence-based policies and programs for preventing violence and injuries, with focus on road safety and violence against women, children, and youth.

(b) Improve the quality and use of data on violence and injuries for evidence-based policies and programming.

2.4 Disabilities and Rehabilitation

(a) Support governments in providing access for people with disabilities to all key services; invest in programming to meet specific identified needs of people with disabilities; and adopt a national disability strategy and plan of action.

(b) Support the development of national eye, ear, and oral health policies, plans, and programs, and strengthen service delivery as part of wider health system capacity building.

2.5 Nutrition

(a) Strengthen the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the leadership, necessary practical knowledge, and capacities required in order to scale up actions; and promote multi-sectoral approaches involving key factors such as ministries of education, agriculture, and the environment.

Program Areas, Outcomes, and Outputs

2.1 Non-communicable Diseases and Risk Factors

Program Area: Non-communicable Diseases and Risk Factors				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.1 Increased access to interventions to prevent and manage non-communicable diseases and their risk factors	OCM 2.1.1	Reduce harmful use of alcohol, as appropriate within the national context	8.67 litters/person/year	7.8 litters/person/year (10% reduction)
	OCM 2.1.2	Prevalence of current tobacco use (15+ years of age)	21%	15%
	OCM 2.1.3	Prevalence of insufficient physical activity	60%	55%
	OCM 2.1.4	Percentage of persons with controlled hypertension (<140/90 mmHg)	15%	35%
	OCM 2.1.5	Prevalence of raised blood glucose/diabetes	18%	18%
	OCM 2.1.6	Number of countries and territories with a halt in the rise of obesity at current national levels	3	5
	OCM 2.1.7	Mean population intake of salt (sodium chloride)	11.5 grams	7 grams
	OCM 2.1.8	Percentage cervical cancer screening coverage of 70% by 2019 among women aged 30-49 years, at least once, or more often and for lower and higher age groups according to national policies	50%	70%

OCM 2.1.9	Number of countries and territories with a prevalence rate of treated end-stage renal disease of at least 700 patients per million population	0	4
OPT 2.1.1 Countries enabled to develop national multi-sectoral policies and plans to prevent and control NCDs and risk factors, pursuant to the regional plan of action on NCDs	Number of countries and territories implementing national multi-sectoral action plans for the prevention and control of non-communicable diseases and risk factors	0	5
OPT 2.1.2 Countries enabled to strengthen evidence-based interventions, regulations, and guidelines for the prevention and control of NCDs and risk factors	Number of countries and territories implementing at least one of the most cost-effective interventions to tackle each of the four major NCDs and four risk factors (total of eight interventions)	0	5
OPT 2.1.3 Countries enabled to strengthen their NCD and risk factor surveillance systems	Number of countries and territories reporting regularly on NCDs and risk factors, including chronic kidney disease (CKD) risk markers	0	5
OPT 2.1.4 Countries enabled to increase the percentage of persons with hypertension taking blood pressure-lowering medication	Number of countries and territories in which at least 50% of persons with hypertension are taking blood pressure-lowering medication	0	4
OPT 2.1.5 Countries enabled to increase the percentage of persons with diabetes taking blood glucose lowering medications	Number of countries and territories in which at least 50% of persons with diabetes are taking blood glucose-lowering medication	0	5
OPT 2.1.6 Implementation of the WHO Framework Convention on Tobacco Control (FCTC)	Number of countries implementing policies, strategies, or laws in line with the FCTC	0	6

OPT 2.1.7 Countries enabled to improve their CKD surveillance	Number of countries and territories with high-quality dialysis and a transplantation registry for CKD cases	2	5
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2.2 Mental Health and Psychoactive Substance Use Disorders

Program Area: Mental Health and Psychoactive Substance Use Disorders				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.2 Increased service coverage for mental health and Psychoactive substance use disorders	OCM 2.2.1	Number of countries and territories that have increased the rate of users treated through mental health outpatient and substance abuse treatment facilities above the regional average of 975/100,000 population	0	5
OPT 2.2.1 Countries enabled to develop and implement national policies and plans in line with the Regional Strategy on Mental Health and the Global Mental Health Action Plan 2013-2020		Number of countries and territories that have a national policy or plan for mental health in line with the Regional Strategy on Mental Health and the Global Mental Health Action Plan 2013-2020	0	4
OPT 2.2.2 Countries enabled to integrate a mental health component into primary health care using the Mental Health Global Action Plan Intervention Guide		Number of countries and territories that have established a program to integrate mental health into primary health care using the Mental Health Global Action Plan Intervention Guide	0	3
OPT 2.2.3 Countries enabled to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and substance abuse		Number of countries and territories with a national alcohol policy or plan for the prevention and treatment of alcohol use disorders in line with the Regional Plan of Action/Global Strategy to Reduce the Harmful Use of Alcohol	0	5

2.3 Violence and Injuries

Program Area: Violence and Injuries				
Outcome	Ind. #	Outcome Indicator	Baseline 2016	Target 2020
OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	OCM 2.3.1	Number of countries and territories with at least 70% use of seat belts by all passengers	3	5
	OCM 2.3.2	Number of countries and territories that use a public health perspective in an integrated approach to violence prevention	3	6
OPT 2.3.1 Countries enabled to develop and implement multi-sectoral plans and programs to prevent injuries, with focus on achieving the targets set under the Decade of Action for Road Safety 2011-2020		Number of countries and territories implementing comprehensive laws on reducing risk factors for road traffic injuries (speed and drunk driving) and increasing protective factors (helmets, seatbelts, and child restraints)	3	5
OPT 2.3.2 Countries and partners enabled to assess and improve national policies and programs on integrated violence prevention, including violence against women, children, and youth		Number of countries and territories implementing national policies, plans, or programs on violence prevention that include evidence-based public health interventions	4	6
OPT 2.3.3 Countries enabled to develop and implement a national protocol for the provision of health services to victims of intimate partner and sexual violence in accordance with WHO 2013 guidelines		Number of countries and territories with a national protocol in place for the provision of health services to victims of intimate partner and sexual violence in accordance with AHO 2016 guidelines	3	6

2.4 Disabilities and Rehabilitation

Program Area: Disabilities and Rehabilitation				
Outcome	Ind. #	Outcome Indicator	Baseline 2016	Target 2020
OCM 2.4 Increased access to social and health services for people with disabilities, including prevention	OCM 2.4.1	Number of countries and territories reaching 12% access to social and health services for people with disabilities, developed as part of the global plan of action on disability	0	5
	OCM 2.4.2	Number of countries and territories reaching cataract surgical rate of 2,000/million population/year	2	5
OPT 2.4.1 Implementation of the recommendations of the World Report on Disability and the United Nations General Assembly High-Level Meeting on Disability and Development		Number of countries and territories implementing comprehensive programs on health and rehabilitation pursuant to the World Report on Disability and the United Nations High-Level Meeting on Disability and Development	0	4
OPT 2.4.2 Countries enabled to implement more effective policies and provide integrated services to reduce disability due to visual impairment and hearing loss		Number of countries and territories implementing eye and ear health policies and services in line with AHO recommendations	2	5

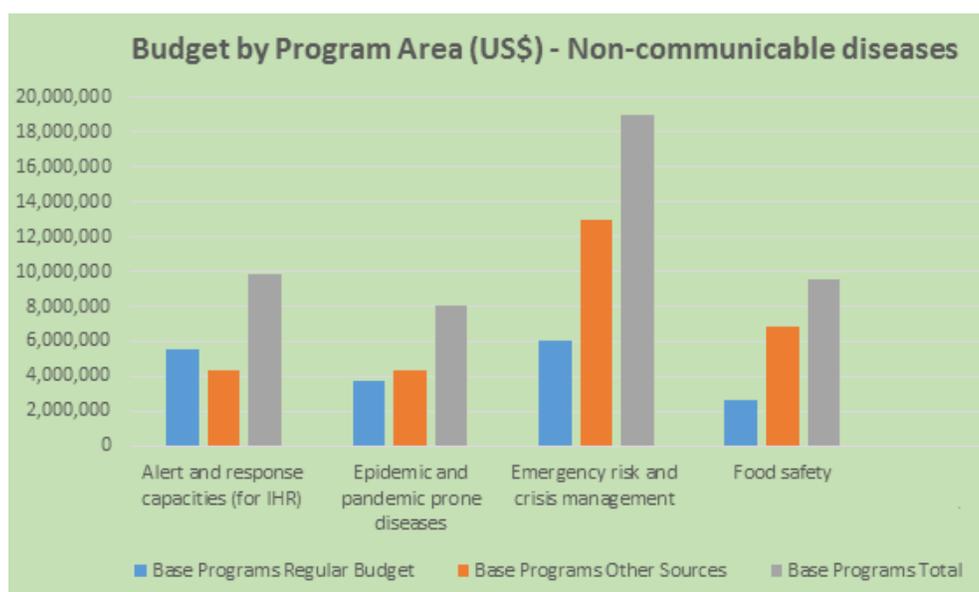
2.5 Nutrition

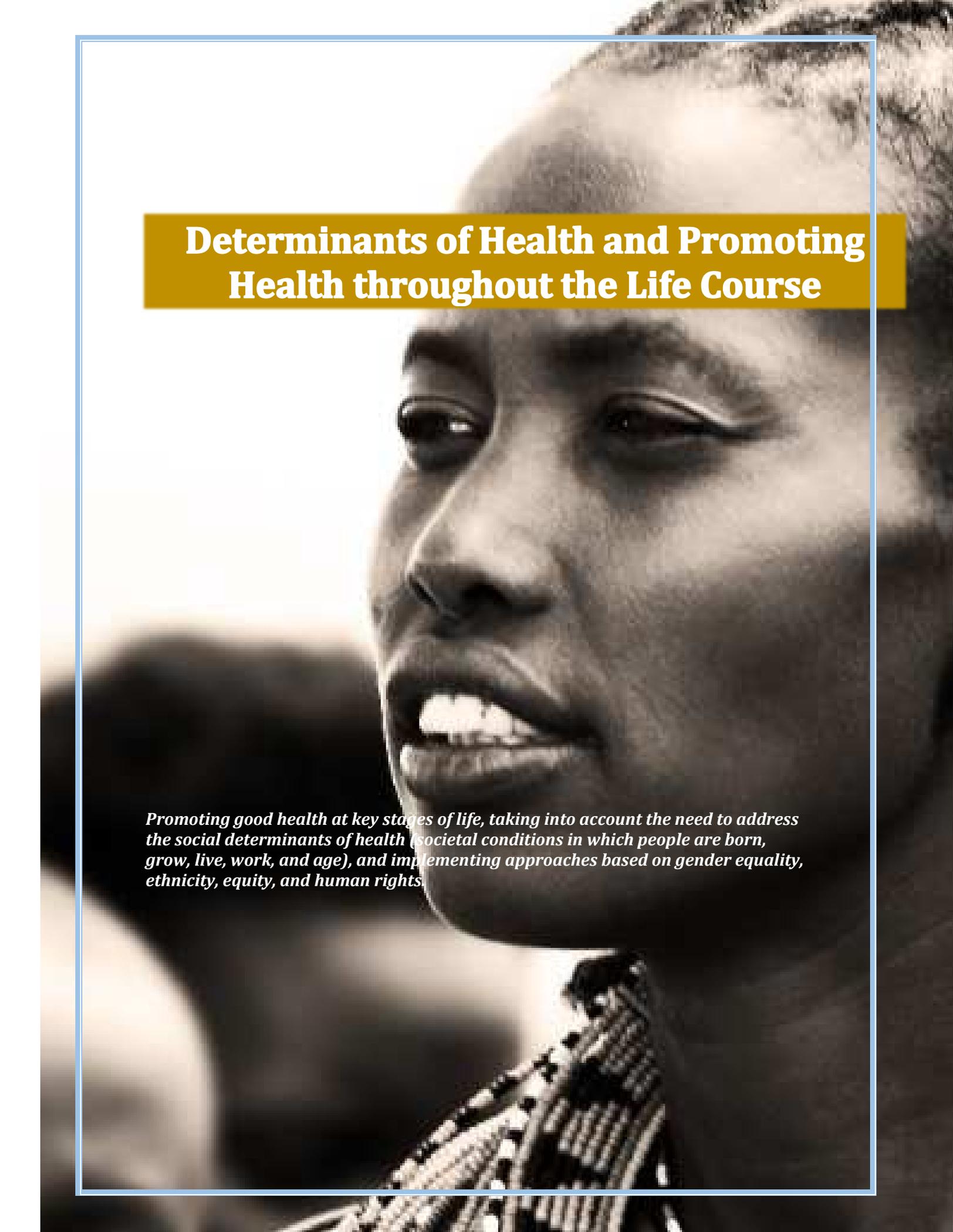
Program Area: Nutrition				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 2.5 Nutritional risk factors reduced	OCM 2.5.1	Percentage of children less than 5 years of age who are stunted	13.5%	10.5%
	OCM 2.5.2	Percentage of women of reproductive age (15-49 years) with anaemia	22.5%	18%
	OCM 2.5.3	Percentage of children less than 5 years of age who are overweight	6.9%	7%
OPT 2.5.1 Countries enabled to develop, implement, and monitor their action plans based on the global		Number of countries and territories implementing national action plans based on the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition	0	5

Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition			
OPT 2.5.2 Updated norms and standards on maternal, infant, and young child nutrition, population dietary goals, and breastfeeding; policy options provided for effective nutrition actions for stunting, wasting, and anaemia	Number of countries and territories implementing effective nutrition actions for stunting, wasting, and anaemia, and overweight according to the national context	0	4

Budget by Program Area (US\$)
Non-communicable Diseases

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
2.1	Non-communicable diseases and risk factors	12,320,000	8,643,000	20,963,000
2.2	Mental health and psychoactive substance use disorders	2,344,000	915,000	3,259,000
2.3	Violence and injuries	1,500,000	6,085,000	7,585,000
2.4	Disabilities and rehabilitation	1,500,000	664,000	2,164,000
2.5	Nutrition	6,200,000	8,117,000	14,317,000
<i>Category 2 Subtotal</i>		23,864,000	24,424,000	48,288,000





Determinants of Health and Promoting Health throughout the Life Course

Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

Scope

36. This category brings together strategies for promoting health and well-being from preconception to old age. It is concerned with (a) health as an outcome of all policies; (b) health in relation to development, including the environment; and (c) the social determinants of health, which embrace gender, equity, human rights, and ethnicity mainstreaming and capacity building.

37. The category is by its nature cross-cutting and is critical for addressing the social determinants of health and equity in order to improve health outcomes in the Region. It addresses population health needs with a special focus on key stages in life. This approach enables the development of integrated strategies that respond to evolving needs and changing demographics, to epidemiological, social, cultural, environmental, and behavioural factors, and to health inequities and equity gaps. The life course approach considers how multiple determinants interact and affect health throughout life and across generations.

Health is considered as a dynamic continuum rather than as a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next. It defines protective and risk factors and prioritizes investment in health care and social determinants, gender, human rights promotion and protection, and ethnic/racial approaches in health. Moreover, the work undertaken in this category contributes to the achievement of the Sustainable Development Goals (SDGs). It is also consistent with universal and regional human rights treaties and standards and responds to the vision of the post-2015 development agenda.

Priorities for AHO Technical Cooperation for the Biennium

3.1 Women, Maternal, New-born, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Mandates from the Governing Bodies to fulfil regional plans on maternal, new-born, child, adolescent, and adult health are guiding priorities for the biennium 2014-2015 and beyond. To address these priorities, this program area will target the improvement of strategic information; implement guidelines and standards to enhance the quality of health services; and conduct capacity building in human resources, with emphasis on primary health care (PHC) and obstetric emergencies. Furthermore, a core priority will be to revise policies and legislation to facilitate universal access in health and build and strengthen strategic alliances.

3.2 Aging and Health

This program area will emphasize implementation of the regional Plan of Action on the Health of Older Persons and will focus specifically on the following priorities: promoting integration of the health of older persons into national public policies; adapting health

systems to respond to the challenges associated with aging; retraining human resources in primary health care and public health to deal with issues of aging; and building the information capabilities necessary in order to implement and evaluate interventions in the area of aging and health.

3.3 Gender, Equity, Human Rights, and Ethnicity

This program area has the following priorities: developing inter-programmatic plans, policies, and laws on gender, equity, human rights, and ethnicity; maintaining and expanding training modalities on gender, equity, human rights, and ethnicity; generating and publishing technical documents on gender, equity, human rights, and ethnicity; completing the final evaluation of the current Plan of Action for Implementing the Gender Equality Policy; developing a new Plan of Action 2015-2020; and finalizing a regional strategy on ethnicity.

3.4 Social Determinants of Health

The priorities for this program area will be to implement the Abuja Declaration on Social Determinants of Health adopted by the Member States. This effort will entail strengthening governance through partnerships with different sectors of society to address the stark inequities seen in the Region with concrete actions and consensus-based public policies; integrating the social determinants of health within health sector programs; and developing a standard set of indicators to monitor action on the social determinants of health.

3.5 Health and the Environment

Guided by the large body of global and regional commitments, agreements, and mandates on issues pertaining to environmental/occupational health, the priorities in this area are (a) to increase institutional capacities, including professional competencies in environmental and occupational health risks and health impact assessment, in monitoring health-related inequalities, and (b) to generate policies that are informed and evidence-based.

Program Areas, Outcomes, and Outputs

3.1 Women, Maternal, New-born, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Program Area: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health				
Outcome	Ind. #	Outcome Indicators	Baseline 2019	Target 2025
OCM 3.1 Increased access to interventions to improve the health of women, new-	OCM 3.1.1	Percentage of unmet need for modern family planning methods	44%	25%
	OCM 3.1.2	Percentage of live births attended by skilled health personnel	70%	95%



borns, children, adolescents, and adults	OCM 3.1.3	Percentage of mothers and new-borns receiving postnatal care within seven days of childbirth	40%	55%
	OCM 3.1.4	Percentage of infants under 6 months of age who are exclusively breastfed	43.8%	49%
	OCM 3.1.5	Percentage of children aged 0-59 months with suspected pneumonia receiving antibiotics	TBC	TBC
	OCM 3.1.6	Specific fertility rate in women 15-19 years of age	60	55
	OCM 3.1.7	Number of countries and territories increasing access and coverage of medical occupational evaluations for working adult populations (18-65 years of age)	0	5
OPT 3.1.1 Implementation of the regional Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, New-born, and Child Care		Number of countries and territories implementing an integrated plan for maternal and perinatal mortality in line with regional plans of action on maternal mortality and neonatal health	2	5
OPT 3.1.2 Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with emphasis on the most vulnerable		Number of countries and territories implementing a national integrated child health policy/strategy or plan consistent with legal frameworks and regulations	2	6
OPT 3.1.3 Implementation of the global Strategy for Sexual and Reproductive Health, focusing on addressing unmet needs		Number of countries and territories implementing AHO guidelines on family planning	0	3
OPT 3.1.4 Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, new-born, child,		Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, new-born, child, adolescent, and adult health	0	4

adolescent, and adult health, and other related conditions and issues				
OPT 3.1.5 Implementation of the regional Plan of Action on Adolescent and Youth Health		Number of countries and territories implementing national health-related policies or plans on comprehensive adolescent health	0	3

3.2 Aging and Health

Program Area: Aging and Health				
Outcome	Ind. #	Outcome Indicators	Baseline 2019	Target 2025
OCM 3.2 Increased access to interventions for older adults to maintain an independent life	OCM 3.2.1	Number of countries and territories with increased access to integrated community service and self-care programs for older adults	0	3
OPT 3.2.1 Implementation of the regional Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging		Number of countries and territories that have incorporated strategies to promote active and healthy aging or access to an integrated continuum of care in their national plans	0	4
OPT 3.2.2 Countries enabled to assess and address the health needs of older persons for improved care		Number of countries and territories monitoring and quantifying the diverse health needs of older people, pursuant to AHO recommended measures and models	0	5
OPT 3.2.3 Countries enabled to implement policies and plans focusing on the health of women beyond reproductive age		Number of countries and territories implementing national health-related policies, legislation, or plans on the health of women beyond reproductive age	0	3

3.3 Gender, Equity, Human Rights, and Ethnicity

Program Area: Gender, Equity, Human Rights, and Ethnicity				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 3.3 Increased country capacity to integrate gender, equity, human rights, and ethnicity in health	OCM 3.3.1	Number of countries and territories with an institutional response to inequities in health (gender and ethnicity) and human rights	0	5
OPT 3.3.1 Gender, equity, human rights, and ethnicity integrated into PAHO programs		Proportion of AHO entities integrating gender, equity, human rights, and ethnicity into operational planning	0	80%
OPT 3.3.2 Countries enabled to implement and monitor health policies/plans that address gender equality		Number of countries and territories and territories implementing health policies or plans that address gender equality	0	4
OPT 3.3.3 Countries enabled to implement health policies/plans and/or laws to address human rights		Number of countries and territories using human rights norms and standards to formulate policies, plans, or legislation	0	5
OPT 3.3.4 Countries enabled to implement health policies/plans to address equity in health		Number of countries and territories implementing health policies/plans or laws that address health equity	2	5
OPT 3.3.5 Countries enabled to implement health policies/plans and/or laws to address ethnicity		Number of countries and territories implementing health policies/plans or laws for ethnic/racial populations	0	5

3.4 Social Determinants of Health

Program Area: Social Determinants of Health				
Outcome	Ind. #	Outcome Indicators	Baseline 2019	Target 2025
OCM 3.4 Increased leadership of the health sector in addressing the social determinants of health	OCM 3.4.1	Number of countries and territories implementing at least two of the five pillars of the Rio Political Declaration on Social Determinants of Health	0	3

	OCM 3.4.2	Number of countries and territories that have reoriented their health sector to address health inequities	0	4
OPT 3.4.1				
Implementation of the AHO Health in All Policies Framework for Country Action, including inter-sectoral action and social participation to address the social determinants of health		Number of countries and territories implementing the Health in All Policies Framework for Country Action	0	5
OPT 3.4.2				
Countries enabled to generate equity profiles to address the social determinants of health		Number of countries and territories producing equity profiles that address at least two social determinants of health	0	4
OPT 3.4.3				
Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation and empowerment		Number of countries and territories implementing health promotion strategies to reduce health inequities and increase community participation	0	3
OPT 3.4.4				
Countries enabled to address health in the post-2015 development agenda, responding to the social determinants of health		Number of countries and territories integrating health in the post-2015 development agenda into their national planning processes	0	5

3.5 Health and the Environment

Program Area: Health and the Environment				
Outcome	Ind. #	Outcome Indicators	Baseline 2019	Target 2025
OCM 3.5	OCM			
Reduced environmental and occupational threats to health	3.5.1	Number of countries and territories that have reduced the gap between urban and rural populations' access to quality-controlled water according to AHO guidelines	0	3



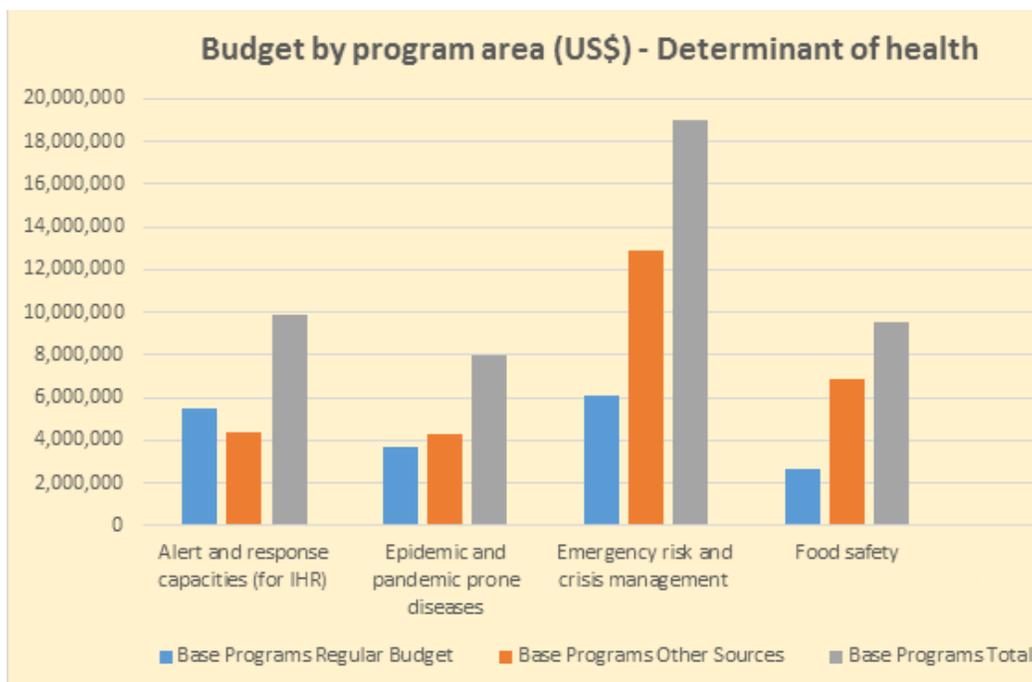
	OCM 3.5.2	Proportion of the population with access to improved sanitation	45%	55%
	OCM 3.5.3	Number of countries and territories in which the proportion of population relying on solid fuels is reduced	0	3
	OCM 3.5.4	Number of countries and territories with capacity to address workers' (occupational) health with emphasis on critical economic sectors and occupational diseases	0	4
	OCM 3.5.5	Number of countries and territories with capacity to address environmental health	0	5
OPT 3.5.1		Number of countries and territories with national monitoring systems to assess health risks and inequities resulting from inadequate water and sanitation	0	3
Countries enabled to strengthen their capacity to assess health risks and develop and implement policies, strategies, and regulations for the prevention, mitigation, and management of the health impact of environmental risks				
OPT 3.5.2		Number of countries and territories with national air quality standards based on WHO guidelines and public health services on chemical safety	3	3
Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety				
OPT 3.5.3		Number of countries and territories with an occupational carcinogen exposure (CAREX) matrix and national information systems on occupational injuries and diseases	0	4
Countries enabled to develop and implement national policies, legislation, plans, and programs on workers' health				
OPT 3.5.4		Number of countries and territories implementing the AHO Strategy and	0	4
Implementation of the AHO Strategy and Plan				

of Action on Climate Change	Plan of Action on Climate Change		
OPT 3.5.5 Countries enabled to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking	Number of countries implementing large-scale programs to replace inefficient cook stoves with cleaner models that comply with AHO indoor air quality guidelines	0	5

Budget by Program Area (US\$)

Determinants of health and promoting health throughout the life course

Category and Program Area0		Base Programs		
		Regular Budget	Other Sources	Total
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	13,680,000	29,059,000	42,739,000
3.2	Aging and health	1,500,000	181,000	1,681,000
3.3	Gender, equity, human rights, and ethnicity	4,759,000	3,851,000	8,610,000
3.4	Social determinants of health	9,352,000	2,203,000	11,555,000
3.5	Health and the environment	9,137,000	7,061,000	16,198,000
Category 3 Subtotal		38,428,000	42,355,000	80,783,000





Health Systems

Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal health coverage; organizing people-centred, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health

Scope

38. Universal health coverage (UHC) is one of the most powerful ideas in public health. It combines two fundamental components: (a) access to the quality services needed to achieve good health for every individual and community, including promotion, prevention, treatment, rehabilitation, and palliative/long-term care, along with actions to address the determinants of health; and (b) financial mechanisms, policies, and regulations required to guarantee financial protection and prevent ill health from leading to or worsening poverty.

39. Advancing universal health coverage means promoting universal access to well-trained and motivated health care workers and to safe and effective health technologies, including medicines and other medical products, through well-organized delivery networks. It means building and maintaining strong health systems based on primary health care and grounded in a sound legal, institutional, and organizational foundation. Work in these areas must be guided by innovation, scientific evidence, and relevant knowledge. AHO Member States are diverse in size, resources, and levels of development; UHC provides a powerful unifying concept to guide health and development and to advance health equity in the coming years. AHO's leadership, both technical and political, will be crucial in championing UHC and enabling countries to achieve it.

Priorities for AHO Technical Cooperation for the Biennium

40. ASB will work with the Member States on championing UHC and enabling countries to achieve it through the identification of evidence-based policy options, through documentation and dissemination of country best practices using a variety of platforms, and through the development of methodologies and tools for the areas below.

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

During 2020-2025, this program area will support countries in the strengthening of health systems with a focus on governance for social protection in health. It will do so through the revision of national health strategies and plans, including the financing component, in a manner that is consistent with the progressive realization of UHC. ASB will also help strengthen legislative and regulatory frameworks and increase financial protection to guarantee the right to health. Country capacity to institutionalize the tracking of financial resources for health will be improved. Furthermore, ASB will work to support the monitoring and evaluation of health systems and service indicators related to UHC and equity.

4.2 People-Centred, Integrated, Quality Health Services

During the biennium, this program area will focus on increasing access to people-centred, integrated services. This will be done through support for implementation of the Integrated Health Service Delivery Networks (IHSDNs) initiative and the Regional

Agenda for Hospitals in IHSDNs, which ultimately will help to strengthen systems based on primary health care. Another key priority will be the implementation of quality care and patient safety plans and programs.

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

The priority in this program area will be to promote access to and rational use of safe, effective, and quality medicines, medical products, and health technologies. Support will be provided for the development, implementation, monitoring, and evaluation of national policies on access, quality, and use of medicines and other health technologies. In addition, cooperation for the strengthening of country regulatory capacity will be provided. Another key priority will be implementation of the AHO Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. Finally, this program area will support the development of processes and mechanisms for assessment, incorporation, management, and rational use of health technologies.

4.4 Health Systems Information and Evidence

Health information is a key input, supporting all aspects of health action, such as research, planning, operation, surveillance, monitoring, and evaluation, as well as prioritization and decision making. However, disparities remain between the countries regarding coverage, reliability, timeliness, and quality of the information being provided by health information systems. There are also differences between countries regarding capacities to understand the causes of problems, the best available options for addressing them, and the strategies for implementing interventions that are effective and efficient. Also, analytical skills and standards for the production and use of research for health vary between populations.

Improving the living conditions of the population and reducing inequities in health outcomes require strengthening the capacity for health situation analysis, improving evidence generation and sharing, and translation/application of the results in public health practice. Scientific evidence and other forms of knowledge, such as health information, and their integration into decision-making processes (e.g., evidence-based health care, evidence-informed policy making) at all levels of the health system are key inputs. ASB will maintain its work developing guidelines and tools, producing multilingual and multi-format information products, enabling sustainable access to up-to-date scientific and technical knowledge by ASB staff and national health care professionals, empowering patients through reliable information, managing and supporting knowledge networks, translating evidence into policies and practices, and promoting the appropriate use of information and communication technologies. Health information is considered a basic right of people. A more active role in the generation and dissemination of evidence will better guide the actions aimed at improving health status.

4.5 Human Resources for Health

This program area will focus its work on the development and implementation of human resources for health (HRH) policies and plans in order to advance toward UHC and

address current and future health needs of the population. Technical guidance will be provided to countries to improve the performance, working conditions, job satisfaction, and stability of their health workforce. Another key priority is to work with academic health institutions to support the reorientation of health science education programs toward PHC. Finally, support will be provided to countries to develop and implement innovative strategies to improve the public health, managerial, and clinical health workforce.

Program Areas, Outcomes, and Outputs

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

Program Area: Health Governance and Financing; National Health Policies, Strategies, and Plans				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 4.1 Increased national capacity for achieving universal health coverage	OCM 4.1.1	Number of countries and territories that have increased health coverage through social protection mechanisms	0	3
	OCM 4.1.2	Number of countries and territories committing at least 5% of gross domestic product (GDP) to public expenditure for health	0	4
OPT 4.1.1 Countries enabled to develop comprehensive national health policies, strategies, and/or plans, including UHC		Number of countries and territories that have a national health sector plan or strategy with defined goals/targets revised within the last five years	0	5
OPT 4.1.2 Countries enabled to develop and implement financial frameworks for health		Number of countries and territories that have financial strategies for UHC	0	4
OPT 4.1.3 Countries enabled to develop and implement legislative and regulatory frameworks for UHC		Number of countries and territories that have legislative or regulatory frameworks to support UHC	0	5
OPT 4.1.4 Countries enabled to monitor and evaluate health systems and service indicators related to UHC and equity		Number of countries and territories that have conducted studies to monitor and evaluate their health systems and service indicators related to UHC and equity	0	3

4.2 People-Centered, Integrated, Quality Health Services

Program Area: People-Centered, Integrated, Quality Health Services				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 4.2 Increased access to people-centered, integrated, quality health services	OCM 4.2.1	Number of countries and territories with increased utilization of first-level care services after implementation of new people-centered model of care	0	4
OPT 4.2.1 Policy options, tools, and technical guidance provided to countries to enhance equitable people-centered, integrated service delivery and strengthening of public health approaches		Number of countries and territories implementing integrated service delivery network strategies	0	3
OPT 4.2.2 Countries enabled to improve quality of care and patient safety in accordance with AHO guidelines		Number of countries and territories implementing national strategies and/or plans for quality of care and patient safety	0	5

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

Program Area: Access to Medical Products and Strengthening of Regulatory Capacity				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies	OCM 4.3.1	Number of countries and territories that have improved financial protection mechanisms ensuring access to medicines included in the national essential medicines list	0	4
	OCM 4.3.2	Number of countries and territories that have increased their regulatory capacity toward achieving the status of functional regulatory authority of medicines and other health technologies	0	3
OPT 4.3.1 Countries enabled to		Number of countries and territories with national policies on access, quality, and use of	0	5

develop/update, implement, monitor, and evaluate national policies for better access to medicines and other health technologies	medicines and other health technologies updated within the last five years		
OPT 4.3.2 Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property	Number of countries and territories reporting access and innovation indicators through the AHO Regional Platform on Access and Innovation for Health Technologies (PRAIS) Observatory	0	3
OPT 4.3.3 Countries enabled to assess their national regulatory capacity for medicines and other health technologies	Number of countries and territories having conducted an assessment of their regulatory functions for at least two of the following: medicines, medical devices, radiation safety, blood safety, and organ transplantations	0	5
OPT 4.3.4 Countries enabled to implement processes and mechanisms for health technologies assessment, incorporation, and management, and for rational use of medicines and other health technologies	Number of countries and territories with mechanisms for health technologies assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	0	4

4.4 Health Systems Information and Evidence

Program Area: Health Systems Information and Evidence				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 4.4 All countries have functioning health information and health research systems	OCM 4.4.1	Number of countries and territories that have increased coverage and improved quality of their national health information system	0	2
	OCM 4.4.2	Number of countries and territories with functional mechanism for governance of health research	0	3
OPT 4.4.1 Countries enabled to comply with comprehensive monitoring of the regional and country		Number of countries and territories monitoring the health situation, trends, and determinants biennially	0	5

health situation, trends, and determinants			
OPT 4.4.2 Implementation of the regional Strategy and Plan of Action on eHealth	Number of countries and territories implementing an eHealth strategy	0	4
OPT 4.4.3 Implementation of the regional knowledge management strategy	Number of countries and territories implementing the regional knowledge management strategy	0	3
OPT 4.4.4 Implementation of the regional Policy on Research for Health (CD49/10)	Number of countries and territories implementing the regional Policy on Research for Health	0	5
OPT 4.4.5 Countries enabled to strengthen their capacity to generate and apply scientific evidence	Number of countries and territories integrating scientific evidence into practice, programs, or policies using standardized methodologies	0	3
OPT 4.4.6 Countries enabled to address priority ethical issues related to public health and research for health	Number of countries and territories with accountability mechanisms to review research or incorporate ethics into public health	0	3
OPT 4.4.7 AHO Core Health Data and Country Profile Initiative expanded to effectively monitor the SP 2014-2019	Proportion of outcome indicators of the SP 2014-2019 being reported through the Core Health Data and Country Profile Initiative	0	5

4.5 Human Resources for Health

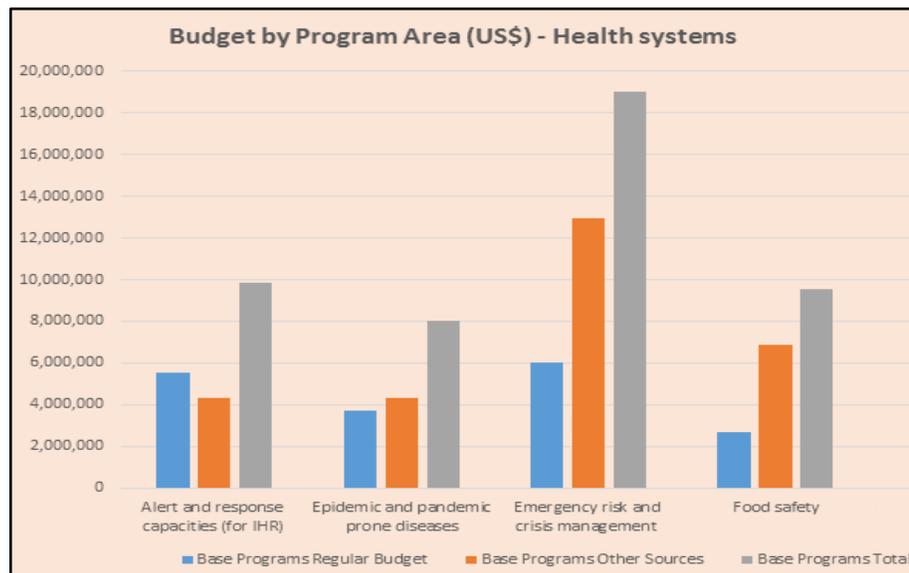
Program Area: Human Resources for Health				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 4.5 Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce	OCM 4.5.1	Number of countries and territories not facing health workforce shortages	0	4
	OCM 4.5.2	Number of countries and territories with 100% of primary health care workers having demonstrable public health and intercultural competencies	0	3
	OCM 4.5.3	Number of countries and territories that have reduced by half the gap in distribution of health personnel between urban and rural	0	5
OPT 4.5.1 Countries enabled to develop and implement HRH policy and/or plans to achieve UHC and address current and future health needs of their population		Number of countries and territories with an HRH action plan aligned with the policies and needs of their health care delivery system	0	2
OPT 4.5.2 Countries enabled to improve the performance, working conditions, job satisfaction, and stability of their health workforce		Number of countries and territories with a comprehensive legal framework that ensures appropriate treatment of health workers	0	4
OPT 4.5.3 Technical guidance being provided to academic health institutions and programs for health science education oriented toward primary health care		Number of academic curricula reoriented toward primary health care	0	5
OPT 4.5.4 Countries and territories enabled to develop and implement innovative strategies to improve the public health, managerial, and clinical		Number of countries and territories that have established a node of the Virtual Campus for Public Health or equivalent e-learning network	0	4

health workforce

Budget by Program Area (US\$)

Health systems

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
4.1	Health governance and financing; national health policies, strategies, and plans	7,700,000	4,247,000	11,947,000
4.2	People-centered centered , integrated, quality health services	5,711,000	7,869,000	13,580,000
4.3	Access to medical products and strengthening of regulatory capacity	8,305,000	14,596,000	22,901,000
4.4	Health systems information and evidence	17,418,000	15,439,000	32,857,000
4.5	Human resources for health	9,900,000	6,289,000	16,189,000
<i>Category 4 Subtotal</i>		49,034,000	48,440,000	97,474,000



Preparedness, Surveillance, and Response

Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multi-sectoral approach to contribute to health security.

Scope

41. This category focuses on strengthening countries' capacities in prevention, risk reduction, preparedness, surveillance, response, and early recovery in relation to all types of human health hazards that may result from emergencies or disasters. Particular attention is given to capacities that come under the requirements of the International Health Regulations (IHR) 2005. Work in this category aims to strengthen hazard-specific capacity building in relation to a range of diseases with the potential to cause outbreaks, epidemics, or pandemics, and also in relation to food safety-related events, zoonosis, antimicrobial resistance, chemical and radiologic emergencies, natural hazards, and conflicts. It considers the human security approach to building coherent inter-sectoral policies to protect and empower people to increase community resilience against critical and pervasive threats. In addition, this category includes adequate and coordinated international health assistance to help Member States respond to emergencies when required.

Priorities for AHO Technical Cooperation for the Biennium

42. During the biennium, emphasis will be placed on the expansion and integration of a comprehensive, efficient, and effective multi-hazard approach to emergency risk management within the ASB, the Member States, and the international health community.

43. The ASB's technical cooperation for the development of comprehensive national policies and plans for health emergency risk management will integrate the essential elements for building resilience and protecting populations, considering their social gradient vulnerabilities and the principles of the human security approach. Accordingly, a set of criteria and reference standards will be developed to guide countries and the ASB on the actions required in order to meet or exceed minimum capacities to manage public health risks associated with emergencies, with special focus on populations in situation of greatest vulnerability.

44. Emphasis will be placed on the use of existing and new health partnerships and disaster management networks within and external to the health sector, fostering intercountry collaboration and building on country-specific experiences and capacities. Efforts will also be redoubled to increase political awareness concerning the relevance of infection prevention and control programs within the framework of IHR core capacities, as well as the prevention of exposure to contaminants through the food chain and the safety of new technologies.

45. The ASB will continue to build its internal capacity to efficiently assist countries in the management of acute public health threats. It will further improve its coordinated response mechanisms, when required, including strengthening the event management system and ensuring its operational capacity at all times.

5.1 Alert and Response Capacities

(a) Activities will focus on support of country efforts to comply with the commitment and obligation to attain core capacities and establish mechanisms to maintain them, as stipulated in the IHR 2005, and on continued cooperation with those countries that do not attain the core capacities by June 2017.

(b) AHO, as the regional contact point for the IHR, will continue to develop its regional ability to provide evidence-based and timely policy guidance, risk assessment, information management, and communication for all acute public health events and coordinate the regional response to outbreaks.

5.2 Epidemic- and Pandemic-Prone Diseases

(a) The focus of this program area during the biennium will be on improving the sharing of knowledge and information available on emerging and re-emerging infectious diseases, enhancing surveillance and response to epidemic diseases, and networking to contribute to global mechanisms and processes, in accordance with IHR provisions.

(b) AHO will support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans for responding to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, guidance for case management and infection control, and inter-sectoral coordination to address the needs of marginalized populations and those in situations of vulnerability.

5.3 Emergency Risk and Crisis Management

(a) Emphasis will be placed on strengthening the national leadership roles of preparedness, monitoring, and response within the ministries of health; promoting the adoption of benchmarks for disaster preparedness; and strengthening AHO response capacity.

(b) AHO will promote coordination, monitoring, and implementation of the Plan of Action on Safe Hospitals through the integration of actions by the AHO program areas in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in situations of greatest vulnerability.

5.4 Food Safety

(a) AHO will enable countries to establish efficient food safety systems to prevent and reduce foodborne diseases and promote consumer safety. AHO will work toward the strengthening of risk-based integrated national food safety systems, increase the scientific advice and implementation of food safety standards and guidelines, and promote cross-sectoral collaboration for reducing foodborne risks, including those arising from the human-animal interface.

5.4 Outbreak and Crisis Response

(a) During the biennium, the ASB will support countries in establishing efficient and effective response teams and adapted tools for coordination of international humanitarian assistance in the health sector. Additionally, the Organization will enhance its own capacity to respond based on the Institutional Response to Emergencies and Disasters policy and fully perform all its functions as a health cluster lead agency.

Program Areas, Outcomes, and Outputs

5.1 Alert and Response Capacities (for IHR)

Program Area: Alert and Response Capacities				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	OCM 5.1.1	Number of countries and territories meeting and sustaining IHR 2005 requirements for core capacities	5	5
OPT 5.1.1 Countries enabled to develop the core capacities required under the International Health Regulations (2005)		Number of countries provided with direct technical cooperation that enabled them to meet and sustain IHR core capacities within the biennium	0	5
OPT 5.1.2 PAHO has the capacity to provide evidence-based and timely policy guidance, risk assessment, information management, and communications for all acute public health emergencies		Proportion of public health emergencies of international concern for which information is made available to IHR National Focal Points in the Region within the first 48 hours of completing the risk assessment	60%	70%

5.2 Epidemic- and Pandemic-Prone Diseases

Program Area: Epidemic- and Pandemic-Prone Diseases				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 5.2 All countries are able to build resilience and adequate	OCM 5.2.1	Number of countries and territories with installed capacity to effectively respond to major	0	3

preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics	epidemics and pandemics		
OPT 5.2.1 Countries enabled to develop and implement operational plans in line with AHO recommendations on strengthening national resilience and preparedness to cover pandemic influenza and epidemic and emerging diseases	Number of countries and territories implementing a national preparedness plan for major epidemics and pandemics	0	4
OPT 5.2.2 Countries with improved disease control, prevention, treatment, surveillance, and risk assessment, and risk communications	Number of countries and territories with a surveillance system for influenza based on international standards	0	5
OPT 5.2.3 Mechanisms in place to strengthen country capacity for risk management of emerging zoonotic diseases	Number of countries and territories with risk management mechanisms for emerging zoonotic diseases	0	5

5.3 Emergency Risk and Crisis Management

Program Area: Emergency Risk and Crisis Management				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 5.3 Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations	OCM 5.3.1	Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies addressing vulnerable communities	0	4
	OCM 5.3.2	Number of countries and territories implementing disaster risk reduction interventions in the health sector that increase community resilience	0	5
OPT 5.3.1 Country health clusters reformed in line with the Transformative		Number of countries and territories with a health emergency coordination mechanism that meets minimum requirements for	0	3

Agenda of the Inter-Agency Standing Committee	satisfactory performance		
OPT 5.3.2 Health established as a central component of global multi-sectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard Emergency and Disaster Risk Management for Health (ERMH)	Number of countries and territories conducting an ERMH capacity assessment	0	2
OPT 5.3.3 Mechanisms in place to ensure organizational readiness to fully implement the AHO Emergency Response Framework (ERF) and PAHO Institutional Response to Emergencies and Disasters	Number of AHO offices fully complying with AHO readiness checklist	0	3
OPT 5.3.4 Development, implementation, and reporting on health sector strategy and planning in all targeted protracted-emergency countries by an in-country network of qualified and trained PAHO emergency staff	Percentage of protracted emergency countries meeting AHO performance standards	0%	67%
OPT 5.3.5 Implementation of the Plan of Action on Safe Hospitals, in accordance with specific national priorities and needs	Number of countries and territories with a safe hospitals program to ensure continuity of health services for the population in need	0	4

5.4 Food Safety and Security

Program Area: Food Safety				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 5.4 All countries have the capacity to mitigate risks to	OCM 5.4.1	Number of countries and territories that have adequate mechanisms in place for preventing or	0	4

food safety and respond to outbreaks	mitigating risks to food safety and for responding to outbreaks, including among marginalized populations		
OPT 5.4.1 Countries enabled to implement the Codex Alimentarius Commission guidelines and recommendations	Number of countries and territories having adopted the international standards and recommendations to promote their implementation	0	5
OPT 5.4.2 Multi-sectoral collaboration mechanisms in place to reduce foodborne public health risks, including those arising at the animal-human interface	Number of countries and territories with a mechanism for multi-sectoral collaboration on reducing foodborne public health risks, including among marginalized populations	0	3
OPT 5.4.3 Countries enabled to establish risk-based regulatory frameworks to prevent, monitor, assess, and manage foodborne and zoonotic diseases and hazards along the entire food chain	Number of countries and territories with risk-based policies and regulatory and institutional frameworks for their food safety systems	0	4
OPT 5.4.4 Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)	Number of countries and territories implementing prevention, control, and elimination programs for foot-and-mouth disease (FMD) in accordance with the timeline and expected results established in the PHEFA Plan of Action 2011-2020	0	5

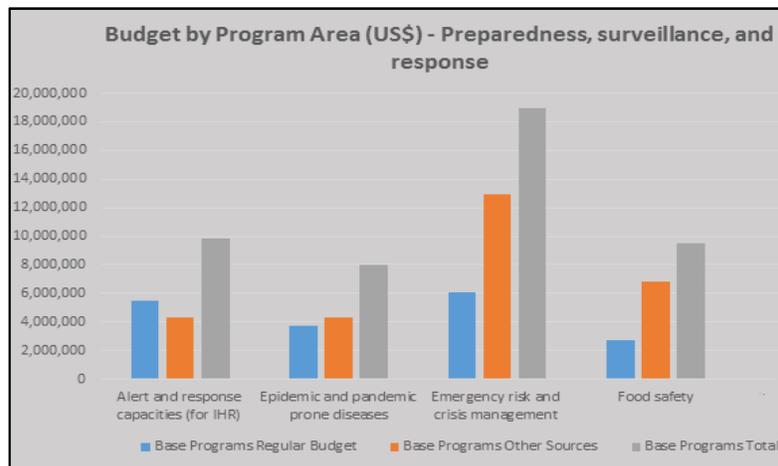
5.5 Outbreak and Crisis Response

Program Area: Outbreak and Crisis Response				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 5.5 All countries adequately respond to threats and emergencies with public health consequences	OCM 5.5.1	Percentage of countries that demonstrated adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within 72 hours of onset	0%	50%

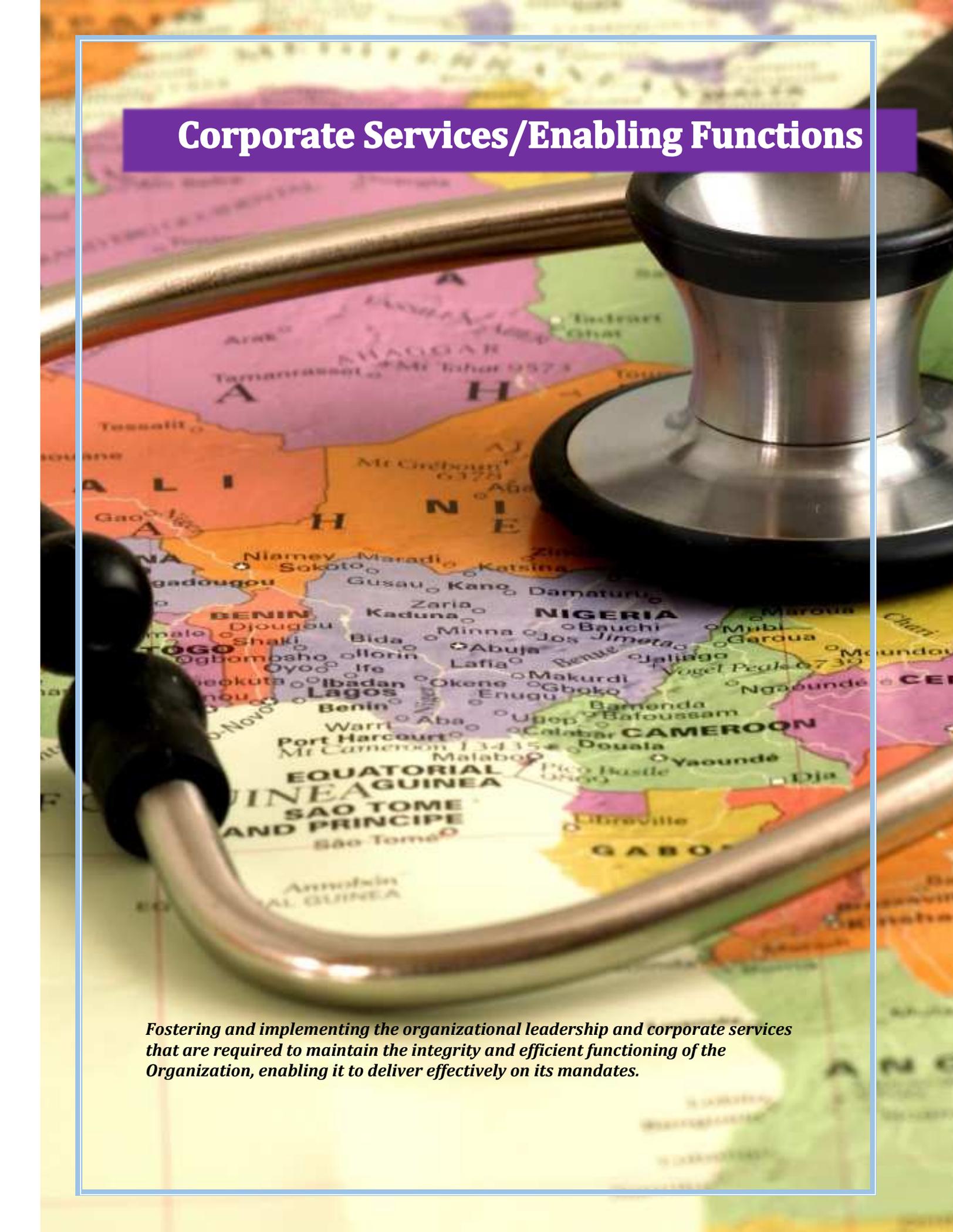
OPT 5.5.1 Implementation of the WHO Emergency Response Framework (ERF) in acute emergencies with public health consequences	Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threats, in which the ERF has been fully implemented	0%	60%
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**Budget by Program Area (US\$)
Preparedness, surveillance, and response**

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
5.1	Alert and response capacities (for IHR)	5,520,000	4,334,000	9,854,000
5.2	Epidemic- and pandemic-prone diseases	3,720,000	4,296,000	8,016,000
5.3	Emergency risk and crisis management	6,050,000	12,930,000	18,980,000
5.4	Food safety	2,680,000	6,855,000	9,535,000
5.5	Outbreak and crisis response	-	-	-
Category 5 Subtotal		17,970,000	28,415,000	46,385,000



Corporate Services/Enabling Functions

A close-up photograph of a stethoscope resting on a map of West Africa. The stethoscope's chest piece is positioned over Nigeria, while the earpieces are visible on the left. The map shows various countries including Nigeria, Benin, Cameroon, and Equatorial Guinea, with numerous cities and geographical features labeled. The stethoscope's tubing is a metallic color, and the chest piece has a black rubber seal. The overall image conveys a sense of medical care or health services applied to a geographical region.

Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organization, enabling it to deliver effectively on its mandates.

Scope

46. This category includes functions and services that contribute to strengthening AHO's leadership and governance, as well as transparency, accountability, and risk management. It also seeks to enhance strategic planning, resource coordination, resource mobilization and reporting, management and administration, and strategic communications. The work in this category will continue to strengthen AHO's leading role in Africa to enable the many different actors to play active and effective roles in contributing to the health of all people. It will also result in an Organization that is responsive and transparent, and will enhance the work of the ASB in supporting the delivery of technical cooperation in all categories in an effective and efficient manner. The work in this category will be important to improve coordination with national authorities, international agencies and other intergovernmental organizations, public-private partnerships, and civil society in line with the Quadrennial Comprehensive Policy Review.

Priorities for AHO Technical Cooperation for the Biennium

47. For the biennium, the focus will be on organizational effectiveness to meet the changing health needs and realities of Member States and the demands of the international community. The Organization's governance will be strengthened to develop capacity at all its levels to act as leaders and conveners for health; to make its work more efficient and effective in delivering technical cooperation; and to implement a system of control and accountability, including risk management. Major focus will be on strengthening the Organization's position by enhancing its presence and the capacity of its leaders as health diplomats and conveners and by updating and modernising the Organisation's financial systems, including program planning, budget, procurement, and human resources management. This will include revising profiles and training for its personnel and changing current business processes so they more efficiently support the work of AHO at all levels, resulting in a more agile and effective Organization.

6.1 Leadership and Governance

(a) Support Member States in their governance role with respect to AHO, as well as in their involvement in the process.

(b) Establish strategic partnerships with relevant stakeholders to ensure that health figures prominently in the political and development agendas at the regional and country levels.

(c) Strengthen country presence in order to efficiently address country health needs.

(d) Develop and enhance the concept of global health diplomacy. This will call for an enhanced role at the regional level, as well as for AHO Representative Offices, to reach beyond the health sector with greater focus on the human rights dialogue within a solid framework for understanding and negotiating global health issues. It will also be

necessary to identify instruments and mechanisms for engaging with other stakeholders and promoting an inter-sectoral approach to addressing health inequalities and the social determinants of health.

(e) Strengthen the role of AHO in convening and advocating, building partnerships, mobilising resources, sharing and brokering knowledge, and analysing and monitoring progress.

48. Performance of these functions will be informed by the nine AHO overarching leadership priorities:

(a) Strengthen the health sector's capacity to address the social determinants of health, utilising the Health in All Policies strategy and promoting increased community participation and empowerment.

(b) Catalyse the progressive realization of universal health coverage, including promotion and preventive interventions, with emphasis on the eight key countries.

(c) Increase inter-sectoral and multi-sectoral action for prevention and care of non-communicable diseases.

(d) Enhance the core capacities of countries to implement the International Health Regulations (2005).

(e) Accelerate actions for the elimination of priority communicable diseases in the Region.

(f) Conclude work on the health-related SDGs and influence the integration of health in the post-2015 agenda for sustainable development.

(g) Strengthen the health sector's capacity to generate information and evidence to measure and demonstrate progress on healthy living and well-being.

(h) Leverage the knowledge and expertise in countries of the Region for the provision of technical cooperation, sharing successful experiences and lessons learned.

(i) Increase accountability, transparency, efficiency, and effectiveness of the Bureau's operations.

6.2 Transparency, Accountability, and Risk Management

49. AHO will strengthen existing mechanisms and introduce new measures designed to ensure that it continues to be accountable, transparent, and adept at effectively managing risks.

(a) A coordinated approach and ownership of the evaluation function will be promoted at all levels of the Organization. Objective evaluation will be facilitated, in line with the

proposed PAHO evaluation policy, and will be supported by tools, such as clear guidelines.

(b) The internal audit function in AHO has been significantly strengthened in the past few years. The Organization will continue to perform audits of Headquarters and PWR operations, taking into account specific risk factors.

(c) The Ethics Office will continue to focus on strengthening standards of ethical behaviour by staff and will perform risk assessments to identify any vulnerability that may affect the image and reputation of the Organization.

(d) AHO will continue to develop its risk management processes and monitoring systems to ensure that all risks are properly identified, managed, and reported regularly to PAHO senior management to enable informed decisions and actions to be taken on a timely basis. To ensure the effective working of the risk management system, as well as compliance and control activities, AHO will continue to operationalize an Enterprise Risk Management (ERM) system at all levels of the Organization.

6.3 Strategic Planning, Resource Coordination, and Reporting

(a) ASB will continue to advance and consolidate Results-based Management (RBM) as the central operating framework for the improvement of organizational effectiveness, efficiency, alignment with results, and accountability. During the biennium, efforts will focus on optimizing and simplifying the operational planning and program management processes based on lessons learned. This will include the implementation of a refined performance, monitoring, and assessment process.

(b) In line with the programmatic approach and the prioritization framework of the SP, approved by the Member States, the Organization will refine its mechanisms for resource management. This should result in increased effectiveness of the resources available to ASB.

(c) Based on lessons learned and recommendations, PASB will develop and implement a comprehensive framework for project management using the appropriate guidelines and tools.

(d) The development, negotiation, and implementation of new approaches to external relations, resource mobilization, and partnerships will be designed to increase the visibility of health in the development agenda and health outcomes. During the period AHO will implement a corporate resource mobilisation strategy in coordination with WHO that will focus on diversifying AHO sources of Voluntary Contributions while developing a more coordinated and strategic approach to resource mobilization. AHO will draw on its lessons learned in multi-stakeholder partnerships and develop and enhance the capacity of AHO staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.

6.4 Management and Administration

(a) The Bureau will seek to implement the ASB Management Information System (PMIS), a modern system that will simplify administrative processes and improve performance controls and indicators. In the area of financial resources management, financial processes will be reviewed and updated along with efficiencies and personnel skills as they relate to integration of the new system. In addition, this function will include oversight of financial transactions and financial assets, investment of financial resources, and general management and financial administration activities across all levels of the Organization.

(b) Human resource management equally involves all executives, managers, supervisors, and staff. Under this function, the Organization will strive to be a steward of good human resource practices; further the awareness and accountability of managers, supervisors, and staff; and ensure consistent and fair application of AHO human resource policies, regulations, and rules in order to promote a productive work environment. Key focus in the biennium will be placed on maintaining strategic performance goals with corresponding objectives and performance targets to attract top talent; reducing the time spent in recruitment processes (including selection integrity and efficiencies); and promoting motivation and retention strategies that encourage increased job satisfaction, improve staff performance management, encourage continuous learning and knowledge sharing, promote work-life balance and staff well-being, foster accountability and innovation, and enhance organizational flexibility and staff mobility.

(c) Procurement is a key component of the Organization's mission, supporting technical cooperation through the procurement of goods and services on behalf of Member States to ensure access to affordable drugs, vaccines, and other public health supplies. Focus during the biennium will be on strengthening knowledge and awareness at all levels (internal and external) to ensure optimal use of tools, efficiency, and effectiveness of actions and processes, as measured by the implementation of a business intelligence model. In an effort to continuously improve procurement capabilities within the Organization, there will be increased focus on the use of partnerships and strategic alliances with agencies in the UN system and other critical stakeholders at every level of the procurement supply chain, as well as on policy and process compliance to sustain integrity of the procurement processes. In addition, there will be emphasis on development of a market intelligence approach in order to better understand market dynamics and anticipate challenges and opportunities.

(d) AHO will ensure a safe and healthy working environment for its staff through the effective and efficient provision of operational and logistics support, infrastructure maintenance, and asset management.

(e) During the biennium, AHO will continue to work on the AHO information technology (IT) governance structure to ensure an IT decision-making process that promotes optimal IT investments throughout AHO. Emphasis will be placed on advancing the

consolidation of infrastructure support services, improving customer service, ensuring business continuity for corporate applications, and creating a data management strategy to improve stewardship of the Organization’s corporate information. All these activities will be carried out in concert with the Organization’s new management information system, PMIS.

6.5 Strategic Communications

Health is an issue of public and political concern in the Americas. The increasingly complex institutional landscape, the emergence of new players influencing health decision making, the changes in the news media and social media, the Region’s marked inequality in access to health, and a growing demand from donors, governments, and the public for information on the impact of AHO’s work will require appropriate positioning of the Organization in the external environment. Rapid, effective, well-coordinated, and segmented communications efforts to reach the various audiences are essential. Key elements of the communications strategy include a more proactive approach to working with the news media

and social media in order to explain AHO’s role and impact; developing and sharing evidence-based information and knowledge produced by the Member States and ASB; and promoting the individual, social, and political changes necessary for the achievement and maintenance of health.

Program Areas, Outcomes, and Outputs

6.1 Leadership and Governance

Program Area: Leadership and Governance				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 6.1 Greater coherence in regional health, with PAHO/WHO playing a leading role in enabling the many different actors to contribute effectively to the health of all people in the Americas	OCM 6.1.1	Level of satisfaction of stakeholders with AHO’s leading role on global and regional health issues	0	High
	OCM 6.1.2	Number of national health plans or strategies that incorporate the Areas of Action of the Health Agenda for Africa 2016-2030	0	5
	OCM 6.1.3	Percentage of Summit of the Africa declarations reflecting priorities of the AHO Strategic Plan 2014-2019	0%	60%
OPT 6.1.1 Effective AHO leadership and management in place		Number of countries and territories with country cooperation strategies in which at least 50 percent of the implications of the CCS	0	4

	have been addressed		
OPT 6.1.2 Effective engagement with other stakeholders in building a common health agenda that responds to the priorities of the Member States	Number of countries and territories having an active multi-partner country coordinating mechanism for implementation of the principles of the Busan Partnership for Effective Development Cooperation that affect health	0	5
OPT 6.1.3 Strengthened AHO governance with effective oversight of the meetings of the Governing Bodies	Proportion of agenda items of AHO Governing Bodies aligned with the AHO Strategic Plan	0	5

6.2 Transparency, Accountability, and Risk Management

Program Area: Transparency, Accountability, and Risk Management				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 6.2 PAHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks	OCM 6.2.1	Proportion of corporate risks with approved response plans implemented	0%	50%
OPT 6.2.1 Increased accountability through strengthened corporate risk management and evaluation at all levels of the Organization		Proportion of entities in the Organization with completed risk assessment and approved mitigation response plans implemented	20%	50%
OPT 6.2.2 AHO evaluation policy implemented across the Organization		Percentage of Director approved evaluations' lessons learned implemented during the biennium	0	80%
OPT 6.2.3 Improved ethical behaviour, respect within the workplace, and due process across the Organization		Level of staff satisfaction with the ethical climate and internal recourse procedures of the Organization	Medium	High
OPT 6.2.4 Strengthened audit function		Proportion of internal audit recommendations accepted by the Director closed within the	0	70%

biennium

6.3 Strategic Planning, Resource Coordination, and Reporting

Program Area: Strategic Planning, Resource Coordination, and Reporting				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 6.3 Financing and resource allocation aligned with priorities and health needs of the Member States in a Results-based Management framework	OCM 6.3.1	Percentage of approved AHO budget funded	0%	60%
	OCM 6.3.2	Percentage of outcome indicator targets achieved	50%	70%
OPT 6.3.1. Consolidation of the AHO Results-based Management framework, with emphasis on the accountability system for corporate performance assessment		Percentage of outputs achieved	70%	80%
OPT 6.3.2 Alignment of AHO allocation of resources and financing with agreed priorities facilitated through strengthened resource mobilization, coordination, and management		Percentage of program areas with funded budgets of 75% or greater	50%	80%
OPT 6.3.3 AHO resource mobilization strategy implemented		Number of partners contributing at least 10% of the AHO Voluntary Contributions budget	0	5

6.4 Management and Administration

Program Area: Management and Administration				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 6.4.1 Effective management and administration across the three levels of the Organization	6.4.1	Proportion of management and administration metrics (as developed in Service Level Agreements) achieved	60%	80%
OPT 6.4.1 Sound financial practices in place through an adequate control		Unqualified audit opinion	YES	YES

framework, accurate accounting, expenditure tracking, and timely recording of income				
OPT 6.4.2 Effective and efficient human resources management in place to recruit and support a motivated, experienced, and competent workforce in an environment conducive to learning and excellence	Proportion of HR-agreed Service Level Agreements achieved	50%	70%	
OPT 6.4.3 Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training services	Proportion of end-user support provided according to Service Level Agreements	50%	80%	
OPT 6.4.4 Effective and efficient operational and logistic support, procurement, infrastructure maintenance, asset management, and secure environment for AHO staff and property	Proportion of agreed Service Level Agreements reached	50%	80%	

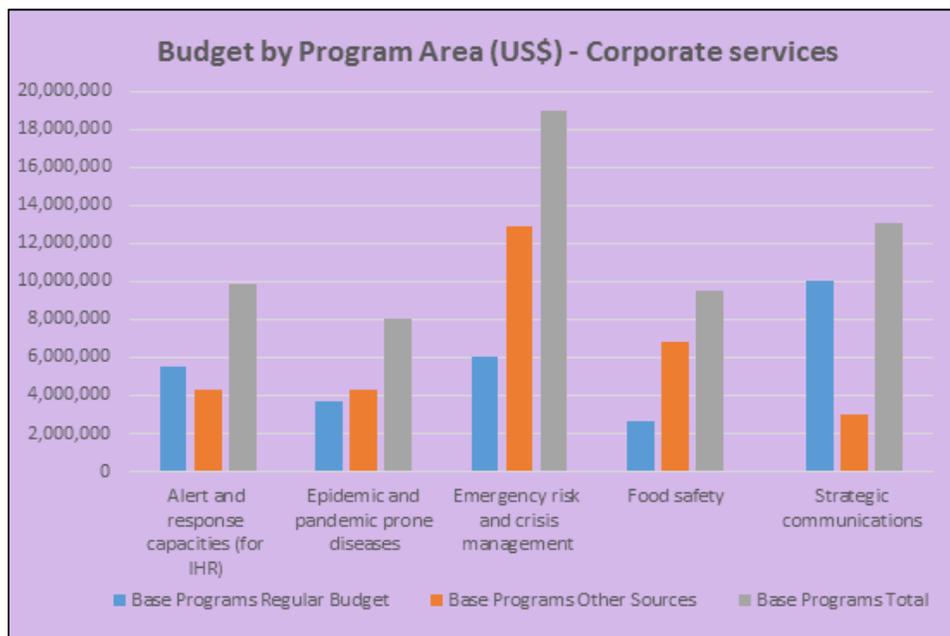
6.5 Strategic Communications

Program Area: Strategic Communications				
Outcome	Ind. #	Outcome Indicator	Baseline 2019	Target 2025
OCM 6.5 Improved public and stakeholders' understanding of the work of AHO	OCM 6.5.1	Percentage of Member States and other stakeholder representatives evaluating AHO performance as excellent or good	50%	80%
OPT 6.5.1 Improved communication by AHO staff, leading to a better understanding of the Organization's action and impact		Number of AHO offices having completed the training component of the Organization's knowledge management and communication strategy	0	5
OPT 6.5.2 Effective and innovative communication platforms,		Number of AHO offices having completed the platform, policy, and network component of the	0	5

policies, and networks	Organization’s knowledge management and communication strategy
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Budget by Program Area (US\$)
Corporate services/enabling functions

Category and Program Area		Base Programs		
		Regular Budget	Other Sources	Total
6.1	Leadership and governance	54,235,000	4,232,000	58,467,000
6.2	Transparency, accountability, and risk management	2,790,000	2,052,000	4,842,000
6.3	Strategic planning, resource coordination, and reporting	21,960,000	27,584,000	49,544,000
6.4	Management and administration 6.4.1 Special project - PMIS	39,602,000	27,830,000	67,432,000
		-	10,000,000	10,000,000
6.5	Strategic communications	10,073,000	3,000,000	13,073,000
		128,660,000	74,698,000	203,358,000



Monitoring and Reporting, Assessment, Accountability, and Transparency

50. Performance monitoring and assessment are essential for proper management of the Program and Budget and to inform the revision of policies and strategies and interventions.

As a result, assessment of the Program and Budget 2014-2015 is the means by which the AHO Strategic Plan itself will be monitored and assessed. Monitoring of implementation of the Program and Budget will be conducted in two stages:

(a) a midterm review at the end of the first 12-month period; and, *(b)* a full assessment upon completion of the biennium (Program and Budget Performance Assessment), which is reported to the Member States.

51. The midterm review provides a means of tracking and appraising progress made toward the achievement of results—in particular, progress made in delivering outputs. It facilitates corrective action and the reprogramming and reallocation of resources during implementation. This process allows AHO to identify and analyse the impediments and risks encountered, together with the actions required to ensure achievement of results. The end-of-biennium Program and Budget Performance Assessment is a comprehensive appraisal of the performance of the Organization at the end of the two-year period. It will include an assessment of the achievement of the outputs along with an assessment of progress made toward attainment of the stated outcomes.

52. The improved results chain is expected to lead to greater clarity and coherence in the division of labour and the reporting of achievements. Demonstrating how AHO's work contributes to, or influences, health outcomes and impacts is important for the Member States. This not only allows for assessment of the effectiveness of the work of the Bureau but also enables the Member States to better communicate the Organization's contribution toward achieving better health for the peoples of Africa.

List of Tables

Table 1: Budget Summary by Category and Program Area (US\$)

Category and Program Area	Base Programs		
	Regular Budget	Other Sources	Total

1 Communicable diseases

1.1	HIV/AIDS and STIs	6,061,000	9,671,000	15,732,000
1.2	Tuberculosis	1,500,000	2,364,000	3,864,000
1.3	Malaria and other vector-borne diseases	1,500,000	6,043,000	7,543,000
1.4	Neglected, tropical, and zoonotic diseases	6,983,000	4,497,000	11,480,000
1.5	Vaccine-preventable diseases	5,100,000	43,093,000	48,193,000
Category 1 Subtotal		21,144,000	65,668,000	86,812,000

2 Non-communicable diseases and risk factors

2.1	Non-communicable diseases and risk factors	12,320,000	8,643,000	20,963,000
2.2	Mental health and psychoactive substance use disorders	2,344,000	915,000	3,259,000
2.3	Violence and injuries	1,500,000	6,085,000	7,585,000
2.4	Disabilities and rehabilitation	1,500,000	664,000	2,164,000
2.5	Nutrition	6,200,000	8,117,000	14,317,000
Category 2 Subtotal		23,864,000	24,424,000	48,288,000

3 Determinants of health and promoting health throughout the life course

3.1	Women, maternal, new-born, child, adolescent, and adult health, and sexual and reproductive health	13,680,000	29,059,000	42,739,000
3.2	Aging and health	1,500,000	181,000	1,681,000
3.3	Gender, equity, human rights & ethnicity	4,759,000	3,851,000	8,610,000
3.4	Social determinants of health	9,352,000	2,203,000	11,555,000
3.5	Health and the environment	9,137,000	7,061,000	16,198,000
Category 3 Subtotal		38,428,000	42,355,000	80,783,000

4 Health systems

4.1	Health governance and financing; national health policies, strategies & plans	7,700,000	4,247,000	11,947,000
4.2	People-centered, integrated, quality health services	5,711,000	7,869,000	13,580,000



4.3	Access to medical products and strengthening of regulatory capacity	8,305,000	14,596,000	22,901,000
4.4	Health systems information and evidence	17,418,000	15,439,000	32,857,000
4.5	Human resources for health	9,900,000	6,289,000	16,189,000
Category 4 Subtotal		49,034,000	48,440,000	97,474,000

Category and Program Area	Base Programs		
	Regular Budget	Other Sources	Total

5 Preparedness, surveillance, and response

5.1	Alert and response capacities (for IHR)	5,520,000	4,334,000	9,854,000
5.2	Epidemic- and pandemic-prone diseases	3,720,000	4,296,000	8,016,000
5.3	Emergency risk and crisis management	6,050,000	12,930,000	18,980,000
5.4	Food safety and security	2,680,000	6,855,000	9,535,000
5.5	Outbreak and crisis response	-	-	-
Category 5 Subtotal		17,970,000	28,415,000	46,385,000

6 Corporate services/enabling functions

6.1	Leadership and governance	54,235,000	4,232,000	58,467,000
6.2	Transparency, accountability, and risk management	2,790,000	2,052,000	4,842,000
6.3	Strategic planning, resource coordination, and reporting	21,960,000	27,584,000	49,544,000
6.4	Management and administration	39,602,000	37,830,000	77,432,000
6.5	Strategic communications	10,073,000	3,000,000	13,073,000
Category 6 Subtotal		128,660,000	74,698,000	203,358,000

Total (Categories 1 through 6)		279,100,000	284,000,000	563,100,000
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