
ROADMAP FOR DEVELOPING THE STRATEGIC PLAN OF THE PAN AMERICAN HEALTH ORGANIZATION 2026–2031

Introduction

1. This document presents the proposed process to develop the new Strategic Plan of the Pan American Health Organization (PAHO) for the period 2026–2031 (SP26–31). It incorporates best practices in strategic planning and results-based management, and lessons learned from the current PAHO Strategic Plan 2020–2025, including the findings of evaluation reports,¹ audits, and internal performance monitoring and assessment reviews. The document outlines how the SP26–31 will respond to the health-related Sustainable Development Goals (SDGs) and address the regional priorities agreed by Member States in the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030)² and the global health priorities defined in the 14th General Programme of Work (GPW 14) of the World Health Organization (WHO) for the period 2025–2028.³
2. In accordance with the roadmap for developing the SP26–31 endorsed by the Executive Committee in its 174th Session, the objective of this document is to update the 61st Directing Council on the progress made in this regard, including the consultation with Member States.

Background

3. Since the adoption of the PAHO Strategic Plan 2008–2012, the Pan American Sanitary Bureau (PASB) has developed and presented to the PAHO Governing Bodies a strategic plan in which the joint commitments of PAHO Member States and PASB are established for a 6-year period. The SP26–31 will set the medium-term strategic direction of the Organization and specify the collective priorities and results to be achieved during the period, with a strong focus on those priorities to which PAHO adds value, on driving impact at the country level and on addressing inequities in health. It represents the final Strategic Plan before the end of the SHAA2030 and the SDGs, and will respond to the regional priorities agreed upon by Member States in the SHAA2030 and the global health priorities set out in the WHO GPW 14. The new Strategic Plan presents an opportunity to reflect on the strategic direction

¹ Examples include the evaluations of PAHO's Results-based Management Framework Implementation, available at <https://iris.paho.org/handle/10665.2/59260>, and of PAHO's Response to COVID-19 2020–2022, available at <https://iris.paho.org/handle/10665.2/57700>.

² Document CSP29/6, Rev. 3, and Resolution CSP29.R2.

³ World Health Organization, Draft fourteenth general programme of work, 2025–2028 [Document A77/16]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_16-en.pdf.

of the Organization and make necessary shifts to get the Region of the Americas back on track to meet regional and global commitments, including the SHAA2030, as well as emerging regional and global mandates. It will also present the Region's response to national and regional priorities.

4. The SP26–31 concludes in 2031, a year after the SDGs end in 2030. The new Strategic Plan will therefore give consideration to how targeted results that feed into the health-related SDGs will be delivered by 2030 and their status reported.

5. Reinforcing the Organization's commitment to results-based management, the new Strategic Plan will feature a revised results-based management framework. It will also build on ongoing efforts to innovate and streamline PAHO's results framework and business processes, foster a culture of efficiency, transparency, and accountability at all levels, and strengthen partnerships.

6. The consultative process to identify priorities and define results with Member States will continue as a key component of the strategic planning process, incorporating necessary innovations and refinements. In addition, a simplified process will be followed to obtain country-level strategic input. Through this process, each country will identify their priorities and results to be delivered during the period of the SP26–31, with technical cooperation provided by PASB and in collaboration with other partners. These country-level priorities and results will in turn inform the results to be targeted in SP26–31 and supported by PASB in each country.

7. Flexibility within the Strategic Plan is necessary to accommodate major changes in the situation or context and priorities during the period covered. It should be feasible to make revisions to ensure that results and strategies remain relevant and provide a meaningful platform for PASB to deliver technical cooperation. End-of-biennium assessment reports will serve as an opportunity for Member States to propose smaller-scale revisions, such as changes to indicators, through PAHO's Governing Bodies. However, any larger programmatic changes required owing to major situational changes that affect the Region may require an amendment to the Strategic Plan or the corresponding program budget. The proposed resolution on the SP26–31 will therefore include provisions for a formal process to adapt the Strategic Plan or its corresponding program budget, as necessary, should new and emerging priorities and needs arise (e.g. a new pandemic or health emergency).

Process and Methodology

8. The SP26–31 development process will utilize a wide-ranging participatory engagement approach for collaborating with Member States in a strategic and transparent manner in order to develop a realistic Strategic Plan that is results-based and country-focused. The process will include the holding of multiple virtual consultations and information sessions with Member States at key junctures in the process, such as to present and discuss the initial concept and outline of the Strategic Plan, the first complete draft, the proposed results framework, any subsequent drafts, and the final version to be presented to the 62nd Directing Council in 2025. Consultations will be held with all Member States at regional and subregional levels. It is imperative that Member States ensure the participation of health ministry personnel with the appropriate profile and knowledge of national, regional, and/or global health situations. Such personnel could include public health experts, health planners, health analysts, epidemiologists, and international health specialists who understand the breadth of PASB's technical cooperation.

9. Addressing health challenges requires the involvement of many actors, including those working in fields outside the health sector. Based on the experience of WHO and other United Nations entities in conducting stakeholder consultations as part of strategic planning processes, the involvement of such actors is not only feasible, but also adds value. The SP26–31 development process will therefore also involve consultations with other relevant stakeholders (e.g. civil society, international organizations, collaborating centers, academia, the private sector, and youth groups), including those outside the health sector. However, participation will be carefully managed to ensure the inclusion of persons and groups with the appropriate profile, as this will determine the quality and value of the contributions. Stakeholders will be invited to provide their input and perspectives on crucial areas of the proposed Strategic Plan, including its results framework. Importantly, the responsibility for the approval of the Strategic Plan rests with Member States through the Governing Bodies.

10. The collaboration of all Member States, PASB technical teams, and other actors will be pivotal to the development of a sound and comprehensive Strategic Plan. The input received from Member States and other stakeholders, the use of the latest health data analysis and forecasting methods, and the use of technology will be optimized to ensure that the new Strategic Plan is consistent with the global and regional context, the needs of countries of the Region, and the latest evidence for health development.

11. The SP26–31 will be developed in the following three phases, which are further detailed in the Figure in the Annex:

- a) **Phase 1 (completed)**— Preparation of the Strategic Plan development process (March–June 2024): development of the process by PASB and presentation to the 174th Session of the Executive Committee. A briefing session was held in June 2024, during which Member States provided input on the process, methodology for consultations, and timeline.
- b) **Phase 2**— Analysis and drafting (July 2024–February 2025): review of the health situation, including the application of strategic foresight methodologies; identification of priorities utilizing the theory-of-change approach; definition of results (including targets and indicators) by PASB in consultation with all Member States (including country-level strategic input and identification of priorities) and other stakeholders; draft the full SP26–31 and outline of the PAHO Program Budget 2026–2027, both for submission to the 19th Session of the Subcommittee on Program, Budget, and Administration, in March 2025.
- c) **Phase 3**—Refinement and approval (March–September 2025): refinement of the SP26–31 and the Program Budget 2026–2027 based on input received from the 19th Session of the Subcommittee on Program, Budget, and Administration and the 176th Session of the Executive Committee; finalization of both documents and their corresponding proposed resolutions for approval by the 62nd Directing Council.

Action by the Directing Council

12. The Directing Council is invited to provide comments and recommendations on the proposed process for developing the PAHO Strategic Plan 2026–2031.

Annex

Developing the PAHO Strategic Plan 2026–2031 and Program Budget 2026–2027:
Key Steps and Milestones

