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FINAL REPORT

Opening of the Session

1. The 152nd Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 17 to 20 June 2013. The Session was attended by delegates of the following nine members of the Executive Committee elected by the Directing Council: Brazil, Canada, Chile, El Salvador, Grenada, Jamaica, Paraguay, Peru, and the United States of America. Representatives of the following other Member States, Participating States, and Observer States attended in an observer capacity: Aruba, Barbados, Colombia, Dominican Republic, Guatemala, Honduras, Mexico, Spain and Venezuela (Bolivarian Republic of). In addition, one United Nations agency and five nongovernmental organizations were represented.

2. The Committee also held a special meeting prior to the formal opening of the Session to discuss matters relating to the allocation of funds to the Region by the World Health Organization (WHO). The report of that meeting is contained in Annex D to the present report.

3. Dr. Victor Raúl Cuba Oré (Peru, President of the Executive Committee) opened the session and welcomed participants. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]) added her welcome, noting that the Committee was meeting at a very important juncture in global public health. There was increasing recognition of the crucial role of health as both an input for and an outcome of sustainable development, and PAHO and WHO were working to position health prominently on the post-2015 development agenda. The Committee would be discussing a number of very important matters, including the Strategic Plan 2014-2019, which would shape the work of the Organization for the next six years, and the next biennial budget, which would ensure that the Bureau had the funding needed to carry out the Plan. In addition, the Committee would be examining a proposed regional plan of action for the prevention and control of noncommunicable diseases, an issue of huge importance, given the social, economic, and health impact of such diseases. She looked forward to a rich discussion on that and the other topics on the Committee's agenda.

Procedural Matters

Officers

4. The following Members elected to office at the Committee's 151st Session continued to serve in their respective capacities during the 152nd Session:

<i>President:</i>	Peru	(Dr. Victor Raúl Cuba Oré)
<i>Vice President:</i>	El Salvador	(Dr. Matías Villatoro)
<i>Rapporteur:</i>	Jamaica	(Hon. Dr. Fenton Ferguson)

5. The Director served as Secretary ex officio, and Dr. Jon Kim Andrus (Deputy Director, PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE152/1, Rev. 1, and CE152/WP/1)

6. The Committee adopted the provisional agenda contained in Document CE152/1, Rev. 1, with one addition: at the request of the Delegate of El Salvador an item on chronic kidney disease in agricultural communities in Central America was added under Program Policy Matters (Decision CE152[D1]). The Committee also adopted a program of meetings (CE152/WP/1).

Representation of the Executive Committee at the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas (Document CE152/2)

7. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Peru and El Salvador, its President and Vice President, respectively, to represent the Committee at the 52nd Directing Council, 65th Session of the Regional Committee of WHO for the Americas. Chile and Jamaica were elected as alternate representatives (Decision CE152[D2]).

Provisional Agenda of the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas (Document CE152/3)

8. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) presented the provisional agenda of the 52nd Directing Council, 65th Session of the Regional Committee of WHO for the Americas. She noted that, pursuant to Resolution CSP28.R6, which had delegated responsibility for certain items to the Executive Committee, the reports on the Master Capital Investment Plan and the project for modernization of the PASB Management Information System would not be included on the Council's agenda, although the Council would receive information on those two items in the report of the President of the Executive Committee. The report on chronic kidney disease in agricultural communities in Central America would be added to the agenda under Program Policy Matters. The WHO regional committees had been asked to discuss several matters, including WHO reform, health in the post-2015 development agenda, and the criteria for extension of the deadline for meeting the core capacity requirements under the International Health Regulations (2005); accordingly those items had been placed on the agenda, the latter under Program Policy Matters. In addition, the Bureau

was awaiting a document from WHO on the terms of reference for a global coordination mechanism for action on noncommunicable diseases; once the document had arrived, the Director would decide whether the matter should be placed on the agenda for the Directing Council.

9. The Delegate of Brazil, referring to the presentation made by her delegation on the Third Global Forum on Human Resources for Health (see paragraphs 202 to 206 below), requested that an item on human resources for health be added to the agenda under Program Policy Matters. She noted that her delegation had already circulated a draft proposed resolution on the matter, the aim of which was to strengthen attention to human resources for health in the light of the anticipated outcome of the Global Forum and the discussions under way concerning health in the post-2015 development agenda. The Delegate of El Salvador requested that a report on tuberculosis be added under Matters for Information, noting that the mid-term evaluation of the Health Agenda in the Americas (see paragraph 14 below) had highlighted the need to step up efforts to prevent and control the disease. The Delegate of Guatemala drew attention to the Declaration of Antigua (Guatemala) “For a Comprehensive Policy Against the World Drug Problem in the Americas,” adopted during the forty-third regular session of the General Assembly of the Organization of American States (OAS), noting that the Declaration mandated a process of consultation on the issue of illicit drugs in preparation for a special session of the OAS General Assembly to be held in 2014. He requested that an item on the drug problem in the Americas be added to the agenda under Program Policy Matters.

10. It was agreed that an item on human resources for health would be added to the agenda under Program Policy Matters and that the Bureau would work with the delegation of Brazil in order to draw up a report and proposed resolution on the matter. Ms. Huerta suggested that information on tuberculosis prevention and control could be included in the report on the Millennium Development Goals and Health Targets in the Region of the Americas.

11. The Director, responding to the request by the Delegate of Guatemala, recalled that the Governing Bodies had recently adopted a regional strategy and a plan of action on psychoactive substance use and public health¹ and suggested that a progress report on the activities under way in that context might suffice. Several delegates, while welcoming a report on the matter, expressed the view that the topic should be dealt with under Matters for Information, either in the form of a progress report on the strategy and plan of action as suggested by the Director or as part of the report on resolutions and other actions of intergovernmental organizations of interest to PAHO. After further discussion it was decided to include it under the latter item.

¹ See Resolutions CD50.R2 (2010), and CD51.R7 (2011).

12. The Committee adopted Resolution CE152.R12, approving the provisional agenda (Document CD52/1) contained in Document CE152/3, with the above-mentioned modifications.

Committee Matters

Report on the Seventh Session of the Subcommittee on Program, Budget, and Administration (Document CE152/4)

13. Dr. Matías Villatoro (El Salvador, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its Seventh Session from 18 to 22 March 2013 and had also held a special virtual meeting on 17 April 2013 to conclude its discussions on the allocation of funds by WHO to the Region of the Americas. The Subcommittee had discussed a number of important financial, administrative, and program matters, including the proposed PAHO Strategic Plan for 2014-2019, the proposed PAHO program and budget for 2014-2015, and the results of the Mid-Term Evaluation of the Health Agenda for the Americas. He noted that, as all but one of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, he would report on them as they were taken up by the Committee.

14. The only item discussed by the Subcommittee that was not forwarded to the Executive Committee for consideration was the Mid-Term Evaluation of the Health Agenda for the Americas 2008-2017, which examined how the Health Agenda had contributed to health planning and programming at the national and subregional levels and the extent to which it had influenced the activities of international organizations working in the area of health. A key finding was that while countries had made extensive use of the Agenda in the design of their health strategies, policies, and plans, international organizations had used it only to a limited extent. The evaluation found that good progress had been made in all of the eight areas of action identified under the Health Agenda. Nevertheless, redoubled effort was needed with respect to several areas, including maternal mortality, dengue, tuberculosis, HIV infection/AIDS, obesity, public spending as a percentage of GDP, and private out-of-pocket spending on health. Dr. Villatoro reported that the Subcommittee had emphasized the importance of promoting greater awareness of the Agenda and encouraging its continued use in planning and policy-making at the national and subregional levels and, especially, among other international cooperation organizations. Advocacy among the latter had been considered critical in order to help address health determinants that fell outside the direct control of the health sector.

15. Following Dr. Villatoro's remarks, a delegate underlined the importance of a clear methodology and criteria for the transfer of resources from WHO to the Region. Dr. Villatoro noted that he would address that matter in greater detail when the

Committee discussed the PAHO program and budget for 2014-2015 (see paragraphs 56 to 68 below).

16. The Executive Committee thanked the Subcommittee for its work and took note of the report.

PAHO Award for Administration (2013) (Documents CE152/5 and CE152/5, Add. I)

17. Mr. Luis Castillo (Chile) reported that the Award Committee of the PAHO Award for Administration (2013), consisting of representatives of Canada, Chile, and the United States of America, had met on 18 June 2013. After reviewing the information on the single award candidate nominated by Member States, the Award Committee had decided to confer the PAHO Award for Administration (2013) on Dr. Brendan Courtney Bain, of Jamaica, for his contributions to the strengthening of the public health workforce in the Caribbean.

18. The Executive Committee congratulated Dr. Bain and adopted Resolution CE152.R10, noting the decision of the Award Committee and transmitting its report (Document CE152/5, Add. I) to the 52nd Directing Council.

Nongovernmental Organizations in Official Relations with PAHO (Document CE152/6)

19. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported that in accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee had held a closed meeting during its seventh session to consider the applications of one nongovernmental organization (NGO) seeking to enter into official relations with PAHO and to review the status of seven nongovernmental organizations currently in official relations with the Organization. The Subcommittee had decided to recommend that the Executive Committee admit the American Public Health Association (APHA) into official relations with PAHO for a period of four years and that it continue official relations between PAHO and the American Society for Microbiology (ASM), the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the International Diabetes Federation (IDF), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), the March of Dimes, the U.S. Pharmacopeial Convention (USP), and the World Association for Sexual Health (WAS, formerly World Association for Sexology), also for a period of four years.

20. A representative of the American Public Health Association expressed gratitude to the Committee for endorsing his organization's application to enter into official relations with PAHO. He noted that APHA had been collaborating with PAHO for a number of years with a view to improving the health of the peoples of the Region. It welcomed the opportunity to formalize its partnership with the Organization, particularly in order to advance the shared mission of ensuring universal access to health care.

21. Dr. Irene Klinger (Area Manager, External Relations, Resource Mobilization and Partnerships, PASB) thanked the Subcommittee for its work in reviewing relations with the various NGOs and acknowledged the presence of representatives of several of the organizations with which PAHO maintained official relations. Welcoming the American Public Health Association into official relations with the Organization, she said that PAHO's ongoing work with APHA would be very important in several areas, including environmental health, youth advocacy and leadership, United States-Mexico border health issues, and strengthening of capacity for resource mobilization.

22. The Executive Committee adopted Resolution CE152.R9, endorsing the recommendations of the Subcommittee.

Annual Report of the Ethics Office 2012 (Document CE152/7)

23. Mr. Philip MacMillan (Manager, Ethics Office, PASB) presented an overview of the 2012 annual report of the Ethics Office, noting that as coordinator of PAHO's Integrity and Conflict Management System (ICMS), he would also present information relevant to some of the statements made in the report of the PAHO/WHO Staff Association (see paragraphs 164 to 169 below). He recalled that the Ethics Office had two main responsibilities: to provide ethics guidance to staff and to investigate allegations of misconduct. In 2012, the Office had received 85 consultations on a variety of topics and had handled 43 reports about behavior that raised ethical concerns. About two thirds of those reports had been submitted anonymously via the Ethics Help Line, a much higher proportion than usual. It was noteworthy that none of the 2012 reports had involved allegations of financial fraud or corruption, but rather had reflected general workplace concerns and perceptions of unethical behavior, including several instances of perceived conflict of interest and one serious case of sexual harassment that had led to the dismissal of a staff member. The Office had received 21 reports of theft or loss of PAHO property, primarily laptops and smart phones. The total losses incurred as a result of those cases had amounted to \$10,968.² It had been determined that some of the losses stemmed from failure to exercise reasonable care and due diligence, and an asset accountability policy had therefore been implemented in July 2012.

24. Turning to the Organization's internal justice system, he observed that while no such system was perfect and improvements could always be made, PAHO's Integrity and Conflict Management System had many attributes that were considered to be at the forefront of dispute resolution systems in international organizations. The PAHO/WHO Staff Association was an integral part of the system and met regularly with the other ICMS members to discuss issues of concern and needed policy changes. One noteworthy change in 2012 had been the introduction of a more progressive policy on prevention and resolution of harassment in the workplace, under which the range of behaviors constituting harassment had been expanded to include bullying, abuse of authority, and

² Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

creation of a hostile work environment. The policy also established a timeframe for the resolution of complaints.

25. The Ethics Office, which coordinated the ICMS, was an independent entity with no direct reporting relationship to any other entity or individual in the Organization. That independence was instrumental in ensuring objective and impartial investigations into allegations of misconduct. The Board of Appeal, another component of the system, had recently been reconstituted to include an external chair, a significant step towards improving its independence, objectivity, and professionalism and towards expediting the resolution of cases. Complete externalization of PAHO's appeals process, as had been suggested by the Staff Association, would require a thorough review of the Organization's internal justice system.

26. An investigation protocol had been implemented in 2010, following extensive consultation with all ICMS members, including the Staff Association, which now asserted that the protocol was inadequate. That and the other issues raised by the Staff Association in its statement³ could be discussed at the next ICMS meeting. Though staff had the right to appeal if they felt that the protocol had not been applied correctly, to date no investigation had been questioned or overturned on that basis. The Ethics Office was of the view that more needed to be done to educate staff on the various resources available to them to address workplace concerns or to exercise their right of appeal. In addition, more proactive measures were needed to promote awareness of ethics issues and to prevent situations from escalating to a point where a formal complaint was the only viable option. To that end, the Ethics Office had conducted surveys, awareness campaigns, and training courses and intended to produce a series of leaflets to provide guidance on topics such as fraud and corruption, conflicts of interest, outside employment and activities, and gifts and hospitality.

27. In the discussion that followed, members of the Committee welcomed the efforts of the Ethics Office to promote a culture of integrity and accountability among staff. It was stressed that prevention was the best medicine, and the Office was encouraged to continue striving to avoid conflicts by promoting ethical conduct and disseminating information about what constituted acceptable behavior. It was suggested that ethical conduct in the case of PAHO went beyond simple adherence to ethics guidelines and included behavior that exemplified the values and mission of the Organization. A delegate inquired about the ethics unit currently being set up within WHO and asked whether a mechanism was in place for sharing best practices that might be mutually beneficial to both PAHO and WHO.

28. Mr. MacMillan replied that he had provided information to the WHO Secretariat on PAHO's ethics program and had offered advice on the post description for WHO's ethics officer. He agreed that continued education and awareness-raising were essential in

³ Document CE152/24 (2013).

order to foster a respectful working environment and prevent unethical behavior. All new staff received training in ethics and such training had also been provided to staff in all country offices, but more needed to be done. The Ethics Office would intensify its efforts to improve awareness of the boundaries of acceptable behavior, not only to prevent conflicts, but also to protect PAHO staff from having to deal with frivolous claims.

29. The Director said that PAHO's ethics program was one of the best among international organizations in terms of the number of resources available to staff for dealing with ethical concerns in the workplace. Those resources included the Office of the Ombudsman, the Ethics Office, Human Resources Management, the Office of the Legal Counsel, the Office of Internal Oversight and Evaluation Services, Information Security, PAHO's Board of Appeal and the Administrative Tribunal of the International Labour Organization (ILO). Together with the Staff Association, those resources comprised the Integrity and Conflict Management System. They provided an array of services that ranged from informal conflict resolution to formal hearings before the ILO Administrative Tribunal, whose decisions were binding. Of course there was always room for improvement, and the Bureau would continue striving to ensure that the system as a whole was working as effectively as possible. She would do her utmost to encourage a spirit of openness and honesty and to build a work environment in which all staff felt respected and were motivated to respect their colleagues.

30. The Committee noted the report.

Report of the Audit Committee of PAHO (Document CE152/8, Rev. 1)

31. Mr. Alain Gillette (President, Audit Committee of PAHO) summarized the content of the Audit Committee's report, recalling that the Audit Committee played an advisory role with regard to financial and accounting matters. He noted that the report contained eleven recommendations, which represented the final outcome of the two sessions and the country field visits conducted by the Audit Committee during the reporting period. For the first time, the report also contained a self-assessment by the Audit Committee of its work.

32. Highlighting various aspects of the report, he said that the Audit Committee had been fully satisfied with the work of the Organization's new external auditor (see paragraphs 118 to 126 below). With regard to internal audit, the activities of the Office of Internal Oversight and Evaluation Services (see paragraphs 127 to 133 below) and follow-up of its recommendations had also been satisfactory overall. There was proper synergy, with no duplication, between the activities of the internal and external auditors. The Office of Internal Oversight and Evaluation Services was now fully staffed, although additional staff might be needed to enable the Office to carry out its new evaluation functions effectively. Progress had been made in implementing previous audit recommendations, but there was room for improvement, particularly with regard to some recurrent issues, which required stronger action by Management. The Audit Committee

had suggested that the Office of Internal Oversight and Evaluation Services should consider introducing a “partially implemented” category in its reports to indicate that action had been taken on a recommendation but it had not been fully implemented.

33. The Organization’s financial statements had been found to be fully compliant with the International Public Sector Accounting Standards (IPSAS). However, some financial data were still being processed manually, which inevitably entailed risks. That situation would persist until the new PASB Management Information System (PMIS) was in place (see paragraphs 188 to 196 below). The recent re-engineering of the PMIS project had addressed most of the red flags raised by the Audit Committee in previous years. However, additional human resources might be needed to ensure that the project was completed on time. Progress had been made with regard to internal controls and risk management, but the issues raised by the Office of Internal Oversight and Evaluation Services should be addressed, particularly those relating to outdated and fragmented procedural guidance. Regarding ethics and fraud, the Audit Committee welcomed the Zero Tolerance for Fraud and Corruption leaflet and recommended that similar guidance be developed on other issues, such as conflicts of interest. It also recommended that the zero-tolerance policy should apply not only to staff but also to implementing partners and suppliers.

34. In the ensuing discussion, delegates emphasized the need to ensure that policies and procedures were updated and were being consistently applied, not only at PAHO Headquarters but also in country offices. Concern was expressed about lack of procedural consistency in country offices and it was suggested that all offices should receive an audit visit. The Bureau was asked to comment on the Audit Committee’s finding that a significant number of previous audit recommendations had only been partially implemented. More information was requested on the definition of the functions of the Pan American Health and Education Foundation (PAHEF) and on the periodicity of evaluations of the Pan American centers and the possibility of conducting independent evaluations of the Latin American and Caribbean Center on Health Sciences Information (BIREME) and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), as recommended by the Audit Committee.

35. Mr. Guillermo Birmingham (Director of Administration, PASB) said that the Bureau had completed an extensive review of old policies and procedures and had announced in March 2012 that the only official policies and procedures of the Organization were those contained in the PAHO/WHO E-Manual. However, PAHO was a decentralized organization with geographically dispersed country offices that had different characteristics; consequently, not every policy or procedure could be implemented in the same way. In such cases, it was appropriate that certain standard operating procedures should be followed, provided they were in line with the overall policy of the Organization. Regarding the suggestion that all country offices should receive audit visits, the decision to conduct such visits was based on the offices’ risk

profiles, consistent with the practice of WHO and many public-sector agencies. However, the Bureau was exploring ways of ensuring that risk management was adequately monitored in all country offices. As to the inclusion of a “partially implemented” category in future internal audit reports, he believed that the Office of Internal Oversight and Evaluation Services had agreed to that suggestion.

36. The Director said that all Pan American centers were regularly reviewed and reports were presented to the Governing Bodies. She was uncertain of the periodicity of those reviews, but undertook to find out. She thanked the Audit Committee for its work and its recommendations, which the Bureau would seek to address.

37. The Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE152/9)

38. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of one of the original members of the Audit Committee would expire in June 2013 and that it would therefore be necessary for the Executive Committee to appoint a new member to the Audit Committee during its 152nd Session. The Subcommittee had also been informed that the Director had determined that the member in question, Ms. Amalia Lo Faso, would be willing to serve a second term and that she therefore recommended that Ms. Lo Faso be reappointed as a member of the Audit Committee for a three-year period. The Subcommittee had endorsed the Director’s recommendation and accordingly recommended that the Executive Committee appoint Ms. Lo Faso to a second term of office. However, in 2014, when a new member would be elected, the Subcommittee had suggested that there should be more than one candidate.

39. The Committee adopted Resolution CE152.R2, appointing Ms. Lo Faso to a second term on the Audit Committee for the three-year term, from June 2013 to June 2016.

Program Policy Matters

Proposed PAHO Strategic Plan 2014-2019 (Documents CE152/10, Rev. 1 and CE152/10, Add. I, Rev. 1)

40. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration), reporting on the Subcommittee’s discussion of an earlier version of the document on this item (see paragraphs 8 to 25 of the Subcommittee’s final report, Document SPBA7/FR), said that the Subcommittee had endorsed the general structure of the Strategic Plan 2014-2019, but had recommended that the Countries Consultative Group (CCG) should examine further the categories of work under the Plan and their alignment with the categories in the WHO Twelfth General Programme of Work (GPW)

2014-2019 (see paragraphs 181 to 187 below). Some members of the Subcommittee had been of the view that social determinants of health should be included in a specific category, while others had felt that the categories in PAHO's Strategic Plan should match those in the WHO General Program of Work in order to avoid confusion and facilitate monitoring of progress.

41. Dr. Victor Raúl Cuba Oré (Peru), speaking on behalf of the Countries Consultative Group, summarized the work undertaken by the CCG following the Subcommittee's session in March. He reported that the CCG had met on 29 May 2013 and had reviewed drafts of both the Strategic Plan 2014-2019 and the Program and Budget for 2014-2015, the first of the three bienniums covered by the Plan. As a result of that meeting, the results chain had been enhanced and the Plan's strategic agenda had been reviewed, ways of measuring its impact had been discussed, and the program areas under each category of work had been defined. In addition, a pilot exercise had been conducted to validate the methodology proposed by the Bureau for stratifying programmatic priorities. The results of that exercise had been used to formulate the preliminary allocation of the 2014-2015 budget among program areas. In order to ensure greater Member State ownership of and participation in the process of developing the plan, the CCG had recommended that national consultations on the Plan should be carried out. While alignment with the WHO Twelfth General Programme of Work had been an important consideration in drawing up the Strategic Plan, it reflected the specific regional priorities identified by Member States. Both the plan and the program and budget would be refined on the basis of the input received from the Executive Committee and from the national consultations.

42. Dr. Amalia Del Riego (Senior Advisor, Planning and Resource Coordination, PASB) noted that the national consultations on the Plan were already under way and were due to be completed by 12 July 2013. The aim of those consultations was to obtain input from Member States with regard to baselines and targets and the stratification of programmatic priorities. Input on the 2014-2015 budget proposal was also being sought.

43. Summarizing the progress made on the Strategic Plan and highlighting some key issues for consideration by the Executive Committee, she said that noteworthy revisions made to the document since its examination by the Subcommittee included the addition of outputs to the results chain and a clearer delineation of results for which the Bureau alone would be responsible and those for which Member States would share responsibility. She noted that the CCG had emphasized the need for that delineation in order to ensure a strong sense of Member State ownership of the Plan. A strategic vision had also been incorporated, represented graphically by a pyramid that showed how the outputs, outcomes, and impacts of the Plan would all contribute to its ultimate aim: improved quality of life, sustainable development, and equity.

44. The section on the Plan's strategic agenda now included specific impact goals, indicators, and targets. She noted that the impact goal "improve health and well-being

with equity” had been included at the request of the CCG because, despite the difficulties inherent in monitoring the achievement of such a goal, it was considered important to make an effort to find way of assessing health and well-being that went beyond indicators of morbidity and mortality. A complete compendium of indicators would be submitted for discussion by the CCG and then final adjustments would be made before the document was presented to the Directing Council.

45. The Plan’s categories of work and program areas were fully aligned with those of the WHO Twelfth General Programme of Work, except that “determinants of health” had been added to the name of category 3 in order to highlight the importance that the Region attached to that issue. Similarly, some of the program areas had been expanded to reflect regional priorities. Leadership priorities for the Bureau had also been included, the top one being social determinants of health. The Plan also set out the method for stratifying programmatic priorities and allocating resources among the various categories and program areas.

46. The Executive Committee was asked to provide guidance for the finalization of the Strategic Plan, with particular attention to the areas and outcome indicators highlighted in Document CE152/10, Rev. 1 for possible budget reductions (e.g., viral hepatitis, animal health, oral health).

47. The Committee welcomed the progress made on the Strategic Plan since the March session of the Subcommittee and applauded the participatory process through which it was being developed. It was pointed out that that process, though time-consuming, would ensure that Member States felt ownership of the Plan and were fully committed to achieving its objectives. The Committee also expressed appreciation to CCG members for their work and welcomed the ongoing national consultations on the Plan. It was emphasized that those consultations should be conducted jointly by the PAHO country offices and national ministries of health and should take account of internal processes and circumstances. In order to enable countries to verify the proposed baseline indicators, additional information was requested on how the baselines had been established.

48. Delegates highlighted a number of ways in which the Plan could be further enhanced, with several indicating that their recommendations would be submitted in writing to the Bureau, in some cases as part of their country’s national consultation reports. Most of the comments concerned indicators. One delegate noted that the Plan contained no indicator for measuring the performance of the fourth of PAHO’s core functions (Articulating ethical and evidence-based policy options). The same delegate emphasized the need for more attention to adult health under the Plan and for an indicator relating to adult health; he suggested that one such indicator might be annual preventive medical exams for adults aged 19 to 65. He also emphasized the need to facilitate access to health care for adults by making health services available at or near workplaces, supermarkets, and similar places frequented by this population.

49. Another delegate pointed to the need for a surveillance indicator under program area 2.3 (Violence and injuries) and to the need for an indicator to measure equity of access and quality of care in program area 3.1 (Women, maternal, newborn, child, and adolescent health, and sexual and reproductive health). In relation to the latter, he suggested that an indicator of equitable access might be a skilled birth attendance rate of at least 90% in all population sub-groups and an indicator of quality of care might be percentage of women receiving uterotonic drugs as a standard part of labor and delivery care. While the inclusion of impact goals was welcomed, several delegates had questions about how the indicators and targets for those goals had been selected, particularly in relation to goal 1 (Promote health and well-being with equity) and to the use of the Health Needs Index as an indicator for some but not all of the goals. It was recommended that the CCG should reexamine health impact indicators and targets. One delegate expressed concern that Member States would not have sufficient time before the 52nd Directing Council to evaluate all the indicators in terms of measurability, meaningfulness, and achievability.

50. It was emphasized that the Strategic Plan 2014-2019 should build on the outcomes and outputs of the Strategic Plan 2008-2012 and that the weaknesses in the prior plan and the reasons for failure to achieve some expected results should be analyzed in order to extract lessons learned, which should be applied in developing and implementing the new plan. Several delegates underscored the need also to ensure that the resolutions, strategies, and plans of action adopted under the previous plan were followed-up under the new one. The importance of alignment with global strategies and plans of action was also stressed. For example, it was considered that the target and indicator relating to harmful use of alcohol should coincide with those agreed on by WHO Member States under the global strategy on the issue.⁴ In addition, it was suggested that the methodology for setting programmatic priorities should be clarified and that priorities should be set in accordance with formal ethical guidelines. It was also suggested that the results chain should be refined in order to show short-, medium-, and long-term results for each category of work, the aim being to ensure that work done in the short term would contribute to desired impacts in the medium and long terms.

51. Several delegates drew attention to specific issues that should receive particular attention under the new Plan, including health technology assessment, dengue, rabies, onchocerciasis and other neglected diseases, the International Health Regulations (2005), and, especially, social determinants of health. In relation to the latter, it was emphasized that approaches tailored to the needs and context of each country were needed and that one-size-fits-all approaches should be avoided. In keeping with the idea that “what gets measured gets done,” it was considered crucial to ensure the collection of solid data to enable Member States to monitor and address inequities, and the Bureau was encouraged to provide technical assistance to help countries strengthen their information systems for

⁴ See Resolution WHA63.13 (2010).

that purpose. It was also considered essential to address health determinants in a comprehensive and coherent manner, while also ensuring a special focus on specific cross-cutting issues, including gender, ethnicity, and human rights.

52. Dr. Del Riego, noting that the Plan included a program area devoted specifically to the mainstreaming of gender, equity, human rights, and ethnicity, assured the Committee that all comments and recommendations received from Member States, both during the preceding discussion and following the national consultations, would be taken into account in the further revision of the Strategic Plan. She agreed on the importance of utilizing the lessons learned from the previous Strategic Plan and of ensuring continued attention to the resolutions adopted under it. She noted in that connection that the communicable disease elimination targets under the new Strategic Plan derived from resolutions adopted under the Strategic Plan 2008-2012. Annex IV of the document contained a list of existing resolutions, strategies, and plans of action by program area; the Bureau would verify that the list was complete.

53. In the compendium of indicators currently being compiled, the Bureau would include a clear definition of each indicator and identify the data sources for monitoring it. It would also ensure that PAHO was aligned with WHO in that regard. The relationship between short-, medium-, and long-term results would be shown in the biennial program budgets, since the Strategic Plan did not include immediate outcome indicators. The reason for that was that progress might be more rapid in some areas than in others, and therefore immediate results might vary from one biennium to the next. The Bureau would endeavor to elucidate the linkages between the results chain of the Strategic Plan and that of the biennial program budgets.

54. The Director said that it was appropriate that Member States should lead the process of drawing up the Organization's Strategic Plan, since PAHO belonged to its Member States and they would be jointly responsible with the Bureau for achieving the Plan's outputs, outcomes, and impacts. She assured the Committee that social determinants of health would be a guiding light for the work of the Organization during the period 2014-2019. She had taken due note of delegates' comments regarding the need to emphasize gender, ethnicity, equity, and a human-rights approach and hoped that Member States would provide additional guidance during the national consultations on how to ensure that those areas received the attention they required. She would also welcome additional input on targets and indicators. In that regard, she wished Member States to know that every effort was being made to avoid creating any onerous new data collection or reporting requirements for Member States or for the Bureau.

55. Clarification of the priority-setting methodology would be provided through the PAHO/WHO representatives during the national consultations. It was important to note, however, that not all areas could receive the same level of priority. Indeed, in view of the budgetary challenges that the Organization would face in coming bienniums, it would be essential for the Bureau and Member States to work together to identify program areas

that could be reduced or phased out altogether. The Committee adopted Resolution CE152.R7, endorsing the proposed PAHO Strategic Plan for 2014-2019.

Proposed PAHO Program and Budget 2014-2015 (Documents CE152/11, Rev. 1, CE152/11, Add. I, and Add. II)

56. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of a draft outline of the proposed program and budget (see paragraphs 25 to 36 of the Subcommittee's final report, Document SPBA7/FR), noting that concern had been expressed about a chronic shortfall in resources from WHO, and it had been suggested that the countries of the Americas should mount a regional effort aimed at negotiating a larger share of the WHO budget for the Americas and ensuring that the Region received its full allocation from WHO. The Subcommittee had recommended that the matter should be raised by Member States from the Americas during the World Health Assembly in May 2013. The Subcommittee had recommended that the Executive Committee hold a special meeting in order to adopt a resolution on the matter (see report of the special meeting in Annex D).

57. Ms. Verónica Ortíz (Advisor, Program and Budget, PASB) introduced the proposed program and budget for 2014-2015, highlighting key considerations in relation to the budget and the programmatic implications of the level of funding requested. She stressed that the program budget would be transitional in nature for several reasons: it would be the first to become operational under the Strategic Plan 2014-2019 and the WHO Twelfth General Programme of Work. It would also be the first budget to which the new PAHO Budget Policy⁵ and the new programmatic priority stratification framework would apply. Moreover, 2014-2015 was the last biennium before the target date for achievement of the Millennium Goals and was the biennium during which the post-2015 development goals would be decided.

58. The budget proposal had been drawn up on the basis of historic trends, current projections, the global and regional financial context, and the WHO budget for 2014-2015 (see paragraphs 181 to 187 below). A regular budget floor of \$1.5 million had been set for each program area. Remaining funds would be allocated in accordance with the PAHO Budget Policy and the foregoing criteria, as well as availability of flexible and non-flexible voluntary contributions, country needs, and gap analyses. The proposal called for zero nominal growth in the overall regular budget. Accordingly, the total budget level would remain the same as in the 2011-2012 biennium: \$285.1 million. As the United States dollar had lost significant purchasing power since 2011, maintaining the budget at that level would require the absorption of approximately \$15.4 million. An increase of 3.1% in assessed contributions would be needed in order to compensate for a \$6 million reduction in miscellaneous income with respect to the budget for 2012-2013.

⁵ See Document CSP28/7 and Resolution CSP28.R10 (2012).

59. It had been assumed that the WHO contribution to PAHO's regular budget would remain the same as in the previous biennium; however, the actual amount would not be set until November 2013, when the second financial dialogue on the WHO budget took place. Any decrease would obviously have an impact on PAHO's program budget and operational planning. Total PAHO and WHO voluntary contributions were also expected to decline by approximately 13.5%, which would reduce the voluntary portion of the budget by around 7.2%.

60. The budget reductions would obviously affect the Organization's programs, in particular new program areas in the Strategic Plan and outcome indicators and targets not directly related to impact goals. Some potential areas for reduction and eventual elimination had been identified. The Bureau would finalize the proposed program and budget in collaboration with the Countries Consultative Group on the basis of input from the Committee and the national consultations on the budget and the Strategic Plan 2014-2019.

61. In the discussion that followed, delegates expressed appreciation for the Bureau's efforts to prepare a budget that responded to the 2014-2019 Strategic Plan and addressed the priorities identified by Member States, while also recognizing the global and regional financial climate. It was acknowledged that the proposal would require the Organization to absorb \$15.4 million in cost increases, some of which were beyond its control, and the difficulties created by that situation were recognized. Nevertheless, the Bureau was urged to seek greater efficiencies that could lead to cost reductions. In particular, it was suggested that efficiencies might be found and duplication avoided in the inter-country and subregional components of country-level spending and that it might be useful to commission an independent evaluation of the efficiency of technical cooperation at the subregional level. The Bureau was encouraged to look at areas that might be reduced or phased out, as suggested by the Director in the discussion of the Strategic Plan (see paragraph 55 above).

62. The decline in miscellaneous income was also acknowledged, but it was considered that such reductions should not be compensated with increases in assessed contributions. With regard to the anticipated drop-off in voluntary contributions, the Bureau was encouraged to examine the reasons for that reduction and to adjust programming accordingly. The need to ensure that the Region received its full allotment of WHO voluntary contributions was stressed.

63. Several delegates, noting many countries in the Region faced severe budgetary constraints, said that their Governments could not agree to any increase in their assessed contributions. At the same time, it was pointed out that a 3.1% rise would not require a major effort on the part of some countries, and it was suggested that countries that were in a position to do so might wish to voluntarily increase their contributions to the Organization. Several delegates underscored the need to step up efforts to collect outstanding quota contributions (see "Report on the Collection of Assessed

Contributions,” paragraphs 107 to 110 below). It was also considered important to try to collect voluntary contributions that had been pledged but not paid. Additionally, it was suggested that the Organization might explore opportunities for public-private partnerships as a means of mobilizing resources to support work in areas such as prevention and control of noncommunicable diseases.

64. Ms. Ortíz, responding to the comments regarding funding for the subregional and inter-country levels, clarified that technical cooperation provided under the subregional component was linked to subregional integration mechanisms, whereas cooperation under the inter-country component was not.

65. The Director added that the inter-country component of the budget provided for advisors and activities that covered several countries and had been devised as a means of increasing efficiencies and reducing costs.

66. She recognized that some—though not all—Member States were facing financial constraints, but in her view it was important to put the budget situation into perspective: the Bureau was seeking a \$6 million increase to be shared among all Member States, whereas, if that increase was not approved, Member States would be asking the Bureau to absorb a total of over \$65 million. The Bureau would, as requested, seek ways to economize further, but it could not compensate for an amount of that magnitude. It would therefore be necessary for Member States to begin looking at alternative ways of ensuring that the Bureau had the resources it needed to carry out the work that they were asking it to do under the new Strategic Plan. It would also be necessary to begin examining areas where activities could be reduced or programs eliminated.

67. The Bureau was asked to prepare a proposed resolution reflecting a further reduction in the budget, with zero nominal growth in Member States’ assessed contributions, in line with the tenor of the Committee’s discussion. Committee members acknowledged the challenges that zero nominal growth in assessments would create for the Bureau and recognized that Member States must exercise discipline in setting priorities under the Strategic Plan 2014-2015 and not ask the Bureau to do more than was feasible with available funding. It was also considered necessary to begin identifying program areas for which primary responsibility could eventually be shifted to Member States, with the Bureau’s role being limited to capacity-building and technical support.

68. The Committee subsequently considered an amended version of the proposed resolution contained in Document CE152/11, Add. I, which allowed for no increase in Member States’ assessed contributions and showed the corresponding reductions in allocations for the various categories of work and program areas. That resolution was adopted by the Committee as Resolution CE152.R16. The proposed resolution establishing the assessments of Member States, Participating States, and Associate Members (contained in Document CE152/11, Add. II) was modified accordingly and adopted as Resolution CE152.R17.

Social Protection in Health (Document CE152/12, Rev. 1)

69. Mr. James Fitzgerald (Acting Area Manager, Health Systems based on Primary Health Care, PASB), introducing the concept paper contained in Document CE152/12, Rev.1, said that the paper reflected the political and social dialogue on universal health coverage and human development taking place in the Region and beyond. It noted that most countries in the Region had established the right to universal health coverage and that the enjoyment of that right called for the development of systems that were more integrated and less fragmented and segregated and that protected families from falling into poverty as a result of catastrophic out-of-pocket expenditures on health care. Ensuring an integrated set of quality health services, pooling funds, and eliminating out-of-pocket fees were essential elements of social protection in health, a concept that encompassed the principle of equity and could provide a framework for policy-making aimed at ensuring universal health coverage and improved access to health services. The concept paper proposed lines of action for strengthening policies and legal frameworks and promoting social protection as a cornerstone of health governance and reform processes.

70. The Committee expressed support for the concept paper and welcomed its focus on addressing social determinants of health and reducing inequity. Its rights-based approach was also welcomed. It was suggested, however, that some concepts needed to be more clearly defined, including the concept of social protection in health itself, as well as those of effective access and timeliness and quality of health care services. As primary health care meant different things in different countries, it was felt that an explicit definition of that concept should also be included in the paper. Numerous delegates stressed the importance of sharing best practices, especially with regard to approaches for expanding access to health care and ensuring universal coverage. The delegates of the Bolivarian Republic of Venezuela and Peru highlighted their countries' experiences in that regard and asked that a reference to them be included in the summary of country experiences in the concept paper. The Inter-American Social Protection Network was cited as a mechanism for sharing best practices.

71. It was pointed out that there were many ways of achieving social protection in health and that approaches would vary, depending on the context, system of government, and other national specificities in each country. Accordingly, it was suggested that reference should be made in the concept paper and the proposed resolution on this item to approaches other than conditional cash transfer programs. It was emphasized that PAHO's technical support and policy advice should offer approaches tailored to countries' specific needs and characteristics. The importance of coordinating PAHO's activities with respect to social protection in health with those of WHO in relation to universal health coverage was underlined.

72. In relation to the proposed resolution contained in Document CE152/12, Rev. 1, a number of amendments were proposed, reflecting points raised during the discussion. A

delegate, noting that the resolution called on the Bureau to develop a strategy on the basis of the concept paper, appealed to the Bureau to find a way of collecting data on the implementation of that strategy that did not create additional reporting requirements for Member States.

73. Dr. Fitzgerald said that additional examples of best practices would be incorporated into the paper and that the Bureau would continue to compile, analyze, and share information on successful experiences with Member States. Responding to the comments on conceptual elements in the paper, he observed that social protection in health and universal health coverage were fully coherent concepts. The latter entailed ensuring that all citizens could access quality health services without incurring individual financial hardship, whereas social protection in health was society's guarantee to provide those health services based on principles of universality, solidarity, and equity. Hence, social protection in health could be viewed as means of achieving universal health coverage.

74. The Director said that the Region could be proud of the advances made by Member States in reducing social exclusion and extending social protection in health, which could indeed be accomplished in a variety of ways. The Bureau would continue to advocate universal health coverage and would develop broad policy guidelines on the matter, but it would be for Member States to decide, based on their specific needs and characteristics, how they wished to go about achieving social protection and universal health coverage. Financial protection was an integral component of social protection in health, but the concept of social protection was broader and should not be equated only with measures such as national health insurance. There must be flexibility with regard to how to ensure financial and social protection and universal coverage, the timeline for achieving them, and the health services to be covered. Whatever benefit package was chosen, it should provide comprehensive care, including health promotion, disease prevention, rehabilitation, and palliative care.

75. The proposed resolution on this item (contained in Annex A of Document CE152/12, Rev. 1) was amended to incorporate matters raised in the Committee's discussion and was adopted as Resolution CE152.R4.

Plan of Action for the Prevention and Control of Noncommunicable Diseases (Documents CE152/13 and CE152/13, Rev. 1)

76. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) introduced the proposed plan of action contained in Document CE152/13, noting that it had been prepared in consultation with Member States, civil society organizations, and other stakeholders. The proposed plan would cover the period 2013-2019 and basically provided a roadmap for implementing the Strategy for the Prevention and Control of Noncommunicable Diseases (NCDs), adopted in 2012 by the

Pan American Sanitary Conference.⁶ It built on various resolutions adopted by the World Health Assembly and PAHO's Governing Bodies.

77. The proposed plan portrayed noncommunicable diseases as a development issue and put forward an inclusive, whole-of-government, and whole-of-society approach. It acknowledged the importance of access to technologies and medicines, which was key to ensuring prevention, control, and treatment of noncommunicable diseases. The plan focused primarily on cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, but also took into account diseases and risk factors of importance in the Region, including chronic kidney disease (see paragraphs 102 to 106 below). The overall goal was to reduce avoidable mortality and morbidity, minimize exposure to risk factors, increase exposure to protective factors, and reduce the socioeconomic burden of noncommunicable diseases through multisectoral and multi-stakeholder actions that would promote well-being and reduce inequity within and among Member States. The proposed regional plan of action comprised four strategic lines of action and was aligned with the WHO Comprehensive Global Monitoring Framework and Targets for the Prevention and Control of Noncommunicable Diseases and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases,⁷ but introduced 10 Region-specific indicators. Flexibility had been allowed for periodic updating in light of new evidence. The proposed plan also provided for the engagement of multiple stakeholders from the private sector, civil society, and affected communities.

78. The Committee welcomed the proposed plan of action, which was considered a sound framework for reducing noncommunicable diseases in the Region. Committee members expressed appreciation of PAHO's leadership on the issue. The need for multisectoral, whole-of-government and whole-of-society approaches to the prevention and control of NCDs was stressed, and it was suggested in that regard that PAHO's role in catalyzing and mobilizing the efforts of a range of sectors, including the private and nongovernmental sectors, should be further emphasized in the plan. It was also suggested that, consistent with the WHO global action plan, PAHO's plan should envisage actions for international partners and non-State actors as part of a multisectoral response. The Pan American Forum for Action on NCDs was seen as a good platform for promoting such actions. A representative of a nongovernmental organization pointed out that a number of countries lacked the resources to conduct research and collect the data that would be needed to implement some aspects of the plan and suggested that the Organization might wish to reexamine its policy on conflicts of interest in relation to the provision of funding for research by the food industry and other private-sector parties.

79. Numerous suggestions were made with a view to aligning the regional plan more closely with the global action plan and monitoring framework. For example, it was suggested that the definition of multisectoral action in footnote 5 of Document CE152/13

⁶ See Document CSP28/9, Rev. 1, and Resolution CSP28.R13 (2012).

⁷ See WHO Documents A66/8, A66/9, and A66/9, Corr. 1 (2013).

should coincide with the definition put forward by the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. It was also suggested that the indicator relating to harmful use of alcohol should be one of the menu of indicators agreed on by WHO Member States under the global action plan and monitoring framework, which in turn were consistent with the Global Strategy to Reduce the Harmful Use of Alcohol.⁸

80. While alignment with the global action plan and monitoring framework was viewed as very important, it was also stressed that PAHO's plan must be tailored to the specificities of the Region. The need to adapt global targets and indicators to regional and national circumstances was underlined, and it was suggested that some regional targets should be even more ambitious than the corresponding global targets. The need for indicators that would allow for comparison both among countries of the Region and within individual countries was highlighted, as was the need for greater specificity in some indicators and clearer definitions of some terms and concepts, including that of "chronic care model" mentioned under strategic line of action 3. The Delegate of Aruba noted that her country had recently hosted the Third Pan American Conference on Obesity and requested that the recommendations on childhood obesity⁹ that had emanated from that gathering be taken into account in both the plan of action and the proposed resolution on this item (contained in Annex A of Document CE152/13).

81. It was pointed out that the indicators for the global action plan were still being defined through a consultative process scheduled to wrap up at the end of 2013, and it was suggested that it might be preferable to postpone further discussion and agreement on the indicators for the regional plan until the global plan indicators had been agreed.

82. Dr. Espinal, noting that the Pan American Sanitary Conference had called for the regional plan of action to be presented during the 52nd Directing Council,¹⁰ suggested that the Committee might wish to form a working group to work in collaboration with the Bureau to prepare a revised version of the proposed plan to be sent forward to the Directing Council in September. He had taken note of all the suggestions for improvement of the plan and would see that they were taken into account. With regard to regional targets, he observed that it was complicated to establish targets in a region as diverse as the Americas. The significant size differences between countries made it especially difficult, since targets measured in terms of percentages, means, or medians might not reflect the true situation in small countries. However, regional targets were needed in order to enable the Bureau and the Governing Bodies to track progress and identify which countries were progressing well and which ones were in need of additional

⁸ See Resolution WHA63.13 (2010).

⁹ Available from:

<http://www.paco.aw/paco3docs/Principal/RECOMMENDATIONS%20OF%20THE%20HIGH%20LEVEL%20MEETING%20ON%20CHILDHOOD%20OBESITY%20PREVENTION%20PACO%20III.pdf>

¹⁰ See Resolution CSP28.R13 (2012).

technical support. The Bureau would continue working with Member States to identify suitable targets and to refine the indicators.

83. The Director encouraged the Committee to form a working group to revise the plan and complete a draft document that could serve as the basis for further consultations among Member States during the months preceding the Directing Council in September.

84. The Committee decided to form a working group consisting of Aruba, Brazil, Canada, Colombia, El Salvador, Granada, Jamaica, Mexico, and the United States of America, which subsequently presented a revised version of the proposed plan of action (Document CE152/13, Rev. 1). Dr. Jean Dixon (Jamaica), speaking as Chair of the working group, summarized the main changes made, which included more explicit emphasis on multisectoral policies and actions and revision of the definition of multisectoral approaches in footnote 5 so that it corresponded to the definition in the Political Declaration of the United Nations High-level Meeting on Non-communicable Diseases. Technical definitions of Region-specific indicators and a menu of global and regional actions would be added as appendices.

85. References to the Pan American Conference on Obesity and to the issue of childhood obesity had been included throughout the document. A premature mortality indicator and target for the Region had been moved to Strategic Area 4. For each strategic line of action, actions for intergovernmental partners and non-State actors had been added. Indicators had been revised in order to align them more closely with the WHO global monitoring framework while also respecting national governments' autonomy in setting national targets. The proposed resolution had also been revised in order to strengthen the definition of multisectoral approaches. Various editorial changes had also been made.

86. The Committee adopted Resolution CE152.R15, endorsing the proposed plan of action. It was agreed that further consultations on the document would be held in the months preceding the 52nd Directing Council in September.

Evidence-based Policy-making for National Immunization Programs (Document CE152/14)

87. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB), highlighting the need for sound evidence to support planning and decision-making about immunization programs, explained that Document CE152/14 put forward a threefold approach for ensuring that national immunization programs had the necessary capacity for evidence-based decision-making. Specifically, it proposed that Member States should (a) expand the evidence base beyond considerations of cost-effectiveness, taking into account criteria such as equity and financial sustainability; (b) institutionalize, through legal frameworks, an evidence-based decision-making process for the introduction of new vaccines; and (c) integrate and harmonize costing processes with planning and

budgeting for national immunization programs. The approach would build on the progress already made under the ProVac Initiative with regard to the generation of evidence on new vaccines and would enable countries to make better use of limited resources. It would also constitute a practical and effective first step towards an approach to health technology assessment and would foster the development of competencies that would be applicable in other program areas, such as prevention and control of noncommunicable diseases.

88. The Committee welcomed the proposed approach, which some delegates noted was consistent with the approach their countries were employing in decision-making with regard to their national immunization programs. Particular support was expressed for the focus on criteria other than cost-effectiveness and for the establishment and strengthening of National Immunization Technical Advisory Groups to enhance informed, evidence-based decision-making on immunization policy. Support was also expressed for expanded implementation of the ProVac Initiative to enhance capacity to generate economic evidence, particularly to aid countries in weighing the pros and cons of introducing expensive new vaccines.

89. The need to take account of country-specific characteristics, including disease burden, immunization program capacity, and budgetary constraints, was underscored, and some corresponding modifications to the proposed resolution contained in Document CE152/14 were suggested. It was also suggested that a subparagraph should be added to paragraph 2 of the proposed resolution, urging the Director to provide policy advice and facilitate dialogue to strengthen governance and policy coherence and prevent undue influence from real or potential conflicts of interest, the aim being to prevent any conflict of interest that might arise with respect to the “relevant stakeholders” mentioned in paragraph 1.

90. Dr. Tambini, thanking Member States for their useful suggestions, said that, while the Region was a model for the world with respect to immunization, the Bureau believed that immunization programs could be further strengthened through evidence-based decision-making and sharing of experiences between countries in and outside the Americas.

91. The Director added that, as expensive new vaccines had the potential to markedly increase the cost of national immunization programs and therefore drive up overall health care costs, the decision to include a new vaccine should be based on analysis of cost-effectiveness and cost-benefit. The Bureau had accumulated considerable experience in that regard and had developed tools that could be useful for Member States in making decisions about new vaccines.

92. She wished to bring to Member States’ attention that the Bureau was increasingly being pressured to apply a tiered approach to vaccine pricing—particularly for expensive new vaccines—rather than adhering to the lowest pricing policy followed under the

Revolving Fund for Vaccine Procurement. In order to obtain input from Member States on the issue, she intended to propose that it be placed on the agenda for discussion by the Governing Bodies in 2014.

93. The proposed resolution contained in Document CE152/14 was amended to reflect the suggestions made in the course of the Committee's discussion and was adopted as Resolution CE152.R5.

Cooperation among Countries for Health Development in the Americas (Document CE152/15)

94. Dr. Mariela Licha-Salomón (Senior Advisor, Country Focus Support, PASB) traced the history and evolution of cooperation among countries in the Region, noting that the matter had been discussed by the Governing Bodies on two previous occasions: in 1998 on the 20th anniversary of the Buenos Aires Plan of Action, adopted by the 1978 United Nations Conference on Technical Cooperation among Developing Countries, and in 2005, when the Directing Council had discussed a document on technical cooperation among countries of the Region, with particular emphasis on triangular cooperation involving the Bureau and Member States.

95. She pointed out that the concept of technical cooperation among countries had gained momentum in recent years and had continued to evolve. It was now commonly referred to as "South-South cooperation," which went well beyond mere technical cooperation. The Bureau was therefore seeking to establish a policy for the Organization that reflected the current context. The policy aimed to encourage Member States to proactively seek and share solutions for effectively and sustainably addressing common health problems and challenges, such as achieving universal health coverage and addressing social determinants of health. It delineated clear roles and responsibilities for the Bureau and Member States, which were described in Document CE152/15.

96. In the Committee's discussion of this item, delegates expressed appreciation for the Bureau's leadership in facilitating cooperation among countries in the Region and voiced support for the proposed policy. Particular support was expressed for the sharing of knowledge and best practices. It was pointed out that considerable public health expertise now existed in the countries of the Region, which could be tapped in order to increase the effectiveness of health initiatives and enhance capacity at the national level. It was emphasized that the policy should seek to ensure the sustainability and synergy of activities carried out in the framework of cooperation among countries and to build the capacity of national institutions, which was seen as the ultimate aim of all cooperation activities. It was also emphasized that the cooperation activities envisaged under the policy should be in line with the priorities identified under PAHO's Strategic Plan 2014-2019 and should contribute directly to the achievement of its objectives. In that connection, several delegates highlighted the importance of cooperation with respect to social determinants of health and the International Health Regulations (2005).

97. It was considered that the Bureau's role should be to facilitate and help to coordinate and optimize opportunities for cooperation among countries. At the same time, it was pointed out that cooperation initiatives were under way in the framework of subregional integration initiatives such as the Union of South American Nations (UNASUR) and the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), and it was stressed that PAHO's activities should complement, not duplicate, those efforts. The need to promote alignment of the health agendas of subregional organizations with that of PAHO in order to strengthen cooperation was also underscored.

98. Further information was requested on the cooperation projects mentioned in paragraph 11 of the concept paper. It was suggested that both the paper and the proposed resolution on this item (contained in Annex A to Document CE152/15) should reference Resolution CD50.R13 (2010), concerning national institutions associated with PAHO in technical cooperation and that the proposed resolution should request Member States to identify national institutions that could potentially take part in technical cooperation initiatives with countries in the Region on specific issues. Given the broad scope of the cooperation proposed in the concept paper, it was suggested that its title and that of the proposed resolution should be changed to "Cooperation for Health Development in the Americas." It was noted that the adoption of the resolution would entail reporting requirements, and the Bureau was urged to find a way of collecting information for that purpose that would not impose an additional reporting burden on Member States.

99. Dr. Licha-Salomón said that information on the projects mentioned in the paper was available on the PAHO website.¹¹ She agreed that it was important to promote cooperation with and through national institutions in association with PAHO, but noted that the aim of the proposed policy was to encourage cooperation and partnerships among a broad range of actors, including professional associations and other nongovernmental organizations working in the area of health. She assured the Committee that the Bureau would continue to pursue cooperation with subregional organizations and with networks of institutions. As an example of the latter, she noted that PAHO had been promoting the formation of laboratory networks to assist the countries of the Caribbean in meeting the requirements of the International Health Regulations (2005).

100. The Director said that it was clear that Member States wished to see a dynamic process of cooperation that would enhance the Bureau's technical cooperation, in terms of both technical excellence and scope, and contribute to institutional strengthening and capacity-building in Member States and thereby catalyze health development in the Region. As had been pointed out, considerable knowledge and experience had been accumulated in Member States, and it was important to take advantage of resources

¹¹ Available from:
http://www.paho.org/hq/index.php?option=com_content&view=article&id=2128&Itemid=1850&lang=en

available at the national level. To that end, the Bureau would undertake a mapping of national expertise and put in place a mechanism for matching that expertise to Member States' cooperation needs. It would require support from Member States, however, in making their needs known and in identifying national institutions capable of providing cooperation. Similarly, as the Bureau was not always aware of cooperation initiatives and opportunities occurring in the context of subregional groups and organizations, it would rely on Member States to keep it informed.

101. The proposed resolution was revised to incorporate the various issues raised in the discussion and adopted as Resolution CE152.R13.

Chronic Kidney Disease in Agricultural Communities in Central America (Document CE152/25)

102. Dr. James Fitzgerald (Acting Area Director, Health Systems based on Primary Health Care, PASB) noted that the Bureau had prepared the concept paper contained in Document CE152/25 at the request of El Salvador and other Member States. The paper proposed a series of actions for responding to tubulo-interstitial chronic kidney disease, a form of kidney disease whose etiology had not yet been determined with certainty, although numerous studies had found associations with environmental and occupational factors. The disease occurred most frequently in the Central American countries, where it had caused high mortality, especially in El Salvador, Guatemala, and Nicaragua. The disease was not confined to Central America, however; rates in Peru, for example, were also high. The paper provided background information on the disease, described its impact on health services and on affected populations, and pointed out the need for urgent action to address it. The concept paper and accompanying proposed resolution put forward an approach for doing so from a public health and equity-oriented perspective.

103. Members of the Executive Committee acknowledged the seriousness of the problem and welcomed PAHO's attention to it. It was acknowledged that, although the disease appeared to be most prevalent in Central America at present, other countries were affected and the problem might become regional in scope if action was not taken promptly. Given the lack of knowledge about the causes and extent of the disease, research was considered a top priority. Strengthening of health systems to enable them to deal effectively with the disease was also seen as essential. It was suggested that those priorities might be addressed in the framework of the plan of action on noncommunicable diseases (see paragraphs 76 to 86 above).

104. Dr. Fitzgerald agreed that research was key to pinpointing the causes of the disease and determining how best to address it. He emphasized that a holistic and systemic approach encompassing surveillance as well as diagnosis, treatment, and care was needed.

105. The Director said that the disease was already affecting a significant population in the Americas and its reach might extend well beyond the Central American subregion. Given its impact in terms of both contribution to the burden of disease and cost to health systems, she believed that specific action was needed to tackle it. It would not be sufficient to include it as one of the issues to be addressed under the plan of action on noncommunicable diseases. PAHO's precise role must be identified, however. The Organization would not be able to undertake on its own all of the necessary research and evidence-gathering. It would need to work with other partners and stakeholders to clarify the epidemiological profile of the disease.

106. The proposed resolution contained in Annex A of Document CE152/25 was amended to lay greater stress on the need for research and was adopted as Resolution CE152.R14. The Bureau was asked to report to the Governing Bodies annually on implementation of the resolution.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE152/16, Rev. 1, and Add. I)

107. Mr. Michael Lowen (Area Manager, Financial Resources Management, PASB), noting that Document CE152/16, Rev. 1, and Add. I, provided information on quota contributions as of 10 June 2013, reported that since that date the Bureau had received a further payment of \$18,683 from Costa Rica. As a result of the Bureau's strategy for increasing the rate of assessed contribution collections and the demonstrated commitment of Member States to the work of the Organization, 92% of arrears had been paid, leaving an unpaid balance of \$2.4 million. No Member States were currently subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution.

108. Thirteen Member States had paid their 2013 assessments in full. However, collection of current-year assessments amounted to only \$14.8 million, 13.9% of the total amount due for 2013. As a result, the Bureau had been obliged to utilize approximately \$6 million in funds from the Working Capital Fund and other internal cash resources to finance implementation of the regular budget. Disbursements from the regular budget averaged around \$7.5 million per month, with year-to-date disbursements totaling \$38.1 million.

109. The Director affirmed that halfway through the calendar year the Bureau had had to resort to internal borrowing to meet its obligations, which had put it in a difficult situation and jeopardized the implementation of technical programs. She expressed gratitude to those Member States that had paid their assessed contributions for the year and appealed to those that had not yet made payments for 2013 to take all possible steps to do so.

110. The Executive Committee adopted Resolution CE152.R1, thanking Member States that had made payments for 2013 and prior years and urging other Member States to pay all outstanding contributions as soon as possible.

**Financial Report of the Director and Report of the External Auditor for 2012
(Official Document 344)**

Financial Report of the Director

111. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of a preliminary, unaudited version of the Financial Report (see paragraphs 59 to 67 of the Subcommittee's final report, Document SPBA7/FR), noting that the Subcommittee had requested comparative information on budgeted and actual expenditures in 2012 and 2011.

112. Mr. Michael Lowen (Area Manager, Financial Resources Management, PASB) presented the highlights of the Financial Report of the Director, which revealed that the Organization's financial position remained strong, although it faced some significant challenges, in particular the global economic environment and the funding of long-term after-service liabilities. Total consolidated revenue for 2012 had amounted to \$978.6 million, a 17% increase with respect to 2011. The increase was primarily due to substantially increased revenue from the Organization's procurement funds, especially the Revolving Fund for Vaccine Procurement. PAHO voluntary contributions had also increased by \$19.3 million, or 10%, with respect to 2011. Regular budget revenues for 2012 had totaled \$137.6 million, as compared to \$138.9 million in 2011. That total included \$99.8 million in PAHO assessed contributions and miscellaneous revenue and \$37.8 million in WHO funds for the Region of the Americas.

113. Continued low global interest rates had significantly reduced the interest earned on the Organization's investment portfolio, as a result of which miscellaneous income had totaled only \$3.3 million, \$1 million less than in 2011 and \$2.7 million under the \$6 million budgeted for the year. The global economic climate in general and global interest rates in particular continued to be a hindrance to meeting the Organization's miscellaneous revenue expectations. The Working Capital Fund had been drawn down by \$5 million owing to the biennial budgetary deficit.

114. Consolidated expenses had reached \$969.7 million in 2012, including expenses for the procurement funds, the Caribbean Epidemiology Center (CAREC), and the Caribbean Food and Nutrition Institute (CFNI). Expenses for procurement activities on behalf of Member States had accounted for \$547 million of that total. As of 31 December 2012 long-term liabilities for employee after-service health insurance and termination and repatriation expenses totaled \$318.5 million, with after-service health insurance accounting for the lion's share: \$305.5 million. The Bureau would provide more

information on plans for funding long-term liabilities at future Governing Bodies sessions.

115. In the discussion that followed, it was noted that PAHO's total revenues of \$978.6 million in 2012 had been the highest in its history. It was also pointed out that the largest proportion of those revenues had come from procurement activities and that such funding could be highly variable, which made the Organization's funding situation fragile.

116. Mr. Guillermo Birmingham (Director of Administration, PASB) explained that procurement fund revenues were used only to purchase vaccines and other public health supplies on behalf of Member States. Hence, variation in those revenues did not significantly affect the Bureau's ability to implement the programs covered under the program budget.

117. The Director said that she would not want Member States to be left with the false impression that PAHO had a budget of close to a billion dollars. It was important to recognize that a huge part of that figure was received and spent for procurement on behalf of Member States, and while such procurement activities were an important aspect of the Organization's technical cooperation with Member States, they were not part of its technical cooperation program per se and the funds received for that purpose were not part of its regular budget. That budget was much smaller and the portion of the regular budget derived from assessed contributions was smaller still. Most of the rest had to be raised in the form of voluntary contributions. Moreover, the miscellaneous income portion of the regular budget was continuing to shrink because of the global financial situation. Therein lay the fragility of the budget.

Report of the External Auditor

118. Ms. María Dolores Genaro Moya (Court of Audit of Spain), introducing the report of the External Auditor, reported that following visits to PAHO Headquarters and to the PAHO/WHO country offices in Brazil and Costa Rica, as well as a thorough review of the Organization's consolidated financial statements for 2012, the External Auditor had prepared the documents comprising the report of the External Auditor contained in Official Document 344. The most significant conclusions of the External Auditor's work were found in the Long Form Report on the 2012 Financial Statements Audit and the Opinion of the External Auditor. In addition, the external audit team had prepared letters of confirmation on the statements of financial position of both CAREC and CFNI, which had been decommissioned and their functions transferred to the Caribbean Public Health Agency (CARPHA), as well as an Interim Report to Management and reports on site visits to the country offices in Costa Rica and Brazil. She was pleased to report that the External Auditor had issued an unqualified audit opinion on the Organization's financial statements.

119. Mr. Miguel Ángel Sánchez del Águila (Court of Audit of Spain), highlighting figures from the Long Form Report, noted that the Organization had posted a net surplus of \$8.875 million in 2012. Although cash balances had grown by 54%, rising to \$160.9 million, the balance of accounts receivable had declined, largely as a result of a significant drop in voluntary contribution receivables. That situation, coupled with growing liabilities for current and retired staff benefits and continued low returns on investments, could create significant financial challenges in the long term.

120. The report contained a number of recommendations aimed at mitigating those challenges, including measures to reduce exchange rate risk. Specific recommendations designed to ensure more robust financial oversight and operations included a review of the use of letters of agreement, open bidding for service contracts to ensure greater competition, continued training in the application of the IPSAS and the principles of accrual-based accounting, updating of the E-Manual, and the creation of a dedicated risk management unit. Given the importance of the new PASB Management Information System (see paragraphs 188 to 196 below), it was also recommended that every effort should be made to achieve the objectives of the pre-implementation phase on schedule, that staff should be kept informed of progress and should receive training on the new system, and that indicators and targets for monitoring implementation progress should be established. The audit team had also reviewed the action taken on the recommendations made by the previous External Auditor and had determined that most of them either had been or were being implemented.

121. The Executive Committee congratulated the Court of Audit of Spain for its successful completion of its first audit for the Organization and thanked the members of the audit team for their hard work. Committee members welcomed the unqualified audit opinion, which was seen as evidence of the Bureau's transparency and accountability, and endorsed the External Auditor's recommendations. The Bureau was encouraged to view the recommendations as an opportunity to achieve greater efficiencies and effectiveness in PAHO's operations; improve its systems, processes, and procedures; and enhance its management, internal controls, and transparency. Delegates drew attention, in particular, to the recommendations on exchange rate risk, IPSAS training for staff, letters of agreement, courses and seminars, sole-source contracts, and the PASB Management Information System and enterprise risk management framework. In relation to the latter, the Bureau was urged to address the recommendations concerning adherence to the timetable for implementation of the system and the need to ensure sufficient human resources with the necessary expertise to oversee implementation. It was suggested that a focal point should be designated for that purpose.

122. With regard to sole-source contracts, more information was sought as to the reasons for the Bureau's heavy reliance on such contracts. Information was also requested on the reasons for the 14.9% rise in personnel and travel costs. The Bureau was encouraged to make use of communications technologies in order to reduce the need for

travel. The External Auditor's remarks concerning the reduction in accounts receivable for voluntary contributions were noted, and the Bureau was urged to adjust its activities to ensure that they would be fully funded with available revenue. It was also urged to improve its internal controls in order to ensure that optimum use was being made of voluntary contributions and that they were not being returned to donors because projects were not fully implemented. That was considered especially important if the Organization was experiencing reductions in voluntary contributions. The Bureau was asked to make its plan for meeting long-term liabilities available to Member States well in advance of the 52nd Directing Council.

123. Mr. Lowen assured the Committee that the Bureau was continually striving to improve its work and, to that end, would certainly implement the External Auditor's recommendations. Some of them were already being addressed: the Bureau's Investment Committee was exploring ways of reducing exchange rate risk, the policies on letters of agreement and on courses and seminars were being reviewed, country office staff were receiving training in accrual accounting and application of the IPSAS, the E-Manual was being revised with an eye, in particular, to incorporating new policies and procedures in connection with the implementation of the new PASB Management Information System.

124. Mr. Birmingham, responding to the questions on sole-source contracts, explained that more than half of the service contracts awarded in 2012 had been contracts for which the price had already been established under a long-term agreement or had been for amounts under the threshold amount of \$5,000 for which competitive bidding was required. For contracts over that amount, the Bureau always sought competitive bids; however, the highly specialized nature of the technical services that PAHO required often made it difficult or impossible to find more than a single vendor. With regard to the rise in staff costs, they were due in large part to the post occupancy charge approved by Member States to help finance the implementation of the PASB Management Information System project.¹²

125. The Director thanked the members of the external audit team for their report and valuable recommendations and affirmed that the Bureau would work to continue effecting improvements in all the areas highlighted by the auditors. She believed that PAHO had made considerable progress over the years in enhancing its management and accountability and that it was doing a better job in that regard than most United Nations agencies. Nevertheless, there was always room for further improvement. The Bureau had already begun to take action on some of the External Auditor's recommendations and by September would have a full plan of action for addressing each one.

126. The Committee took note of the reports.

¹² See Document CD50/7 and Resolution CD50.R10 (2010).

Report of the Office of Internal Oversight and Evaluation Services (Document CE152/17)

127. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB), highlighting the main points in the report, said that paragraphs 1 to 11 covered the general scope of the Office's independent advisory work, including its resources; paragraphs 12 and 13 described the ways in which the Office coordinated its work with that of the External Auditor and WHO's Office of Internal Oversight Services; paragraphs 14 to 31 summarized the findings and recommendations of the thematic audits and the audits of country offices and Pan American centers undertaken during the year; paragraphs 32 to 39 examined other aspects of the Office's work and the evolving nature of that work, including the preparation of a draft evaluation policy that was in line with WHO's evaluation policy but tailored to PASB's circumstances; paragraphs 41 to 44 reviewed the action taken to implement prior recommendations of the Office of Internal Oversight and Evaluation Services (IES); and paragraphs 45 to 50 provided the Office's overall opinion on the internal control environment and made some broad recommendations for improvement.

128. The Committee expressed appreciation for the work of the Office of Internal Oversight and Evaluation Services and urged swift implementation of all the recommendations contained in the report. A delegate inquired under what circumstances the Bureau might elect not to implement an IES recommendation and suggested that Member States should be informed of the reasons for the Bureau's decision. Clarification was requested of the new collaborative approach to evaluations, in particular with respect to whether there would be an annual program of work for evaluations and what degree of authority the Office would have in selecting evaluations to be conducted.

129. Mr. O'Regan explained that IES had previously conducted two evaluations a year. Under the new approach, the Office would seek to consolidate and interpret a much larger number of evaluations that were already being conducted by various actors within the Bureau, the aim being to capture the lessons learned. That change was similar to one already implemented by WHO. As to the Office's role in selecting the evaluations to be conducted, the draft evaluation policy gave management the authority to commission evaluations; IES's role would be to extract and consolidate information and provide reports to management.

130. On the rare occasions when the Bureau opted not to accept an IES recommendation, the Office would enter into discussions with management, and if an agreement could not be reached, IES would drop the recommendation. Member States would be informed of such cases in the Office's annual reports. He undertook to include more information on the reasons for non-acceptance in future reports.

131. Mr. Guillermo Birmingham (Director of Administration, PASB), noting that the only recommendation not accepted in 2012 had concerned the method of calculating the

daily subsistence allowance paid to staff on duty travel, said that the Bureau's practice was to reimburse 100% of the actual cost of lodging, provided that amount did not exceed the maximum level mandated by the United Nations. That method saved upwards of \$250,000 a year, and the Bureau had therefore wished to retain it, rather than paying a gross per diem, as was the practice in many other agencies.

132. The Director said that, although IES carried out its activities independently, management worked closely with the Office, looked to it for continual guidance, and greatly valued its advice. That working relationship was important so that issues could be addressed as they arose. With respect to the new approach to internal evaluations, the Bureau was exploring ways of ensuring that evaluations were more objective and that they yielded more information that could be used to make programmatic and managerial improvements.

133. The Committee took note of the report.

Amendments to the Financial Regulations (Document CE152/18)

134. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget and Administration) reported that the Subcommittee had examined several proposed changes to the Financial Regulations (see paragraphs 68 to 71 of the Subcommittee's final report, Document SPBA7/FR), including one that would permit funds to be drawn from a biennial budget up to three months after the end of the biennium in order to pay for work contracted for in that biennium. It had been explained that the proposed amendments were designed to solve an accounting problem that arose when services or activities begun in one biennium were not completed until the following one. Without the proposed carryover mechanism, the whole contractual amount would have to be paid out of the budget for the new biennium, thereby reducing the resources available for that biennium's work plan.

135. The Committee adopted Resolution CE152.R8, recommending that the Directing Council approve the proposed amendments to the Financial Regulations.

Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States (Document CE152/19)

136. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget and Administration), reporting on the Subcommittee's discussion on this item (see paragraphs 72 to 80 of the Subcommittee's final report, Document SPBA7/FR), said that the Subcommittee had supported the proposed increase but that some members had questioned whether it was sufficient to avoid subsidization of procurement activities from the Organization's regular budget. The Subcommittee had recommended that the Executive Committee approve the proposed change, but had also recommended that the matter should be reconsidered in 2015.

137. Ms. Florence Petizon (Area Manager, Procurement and Supply Management, PASB), highlighting the many strategic benefits of PAHO's procurement mechanisms, noted that those benefits came at an operating and staffing cost of roughly \$12-\$14 million per biennium. Based on projections and historical patterns, the current 3.5% fee charged for those services would generate \$5 million per biennium, leaving a critical gap of \$7 to \$9 million, which was currently being cross-subsidized out of the regular budget. The proposed 0.75% increase would significantly close that gap, enabling the procurement funds to move towards self-sustainability. It would also make it possible to build capacity in areas such as demand planning, operation management, and quality management; improve communications with national authorities, customs and regulatory agencies; better track supplier performance; and build strategic alliances and partnerships with key players.

138. In the discussion that followed, it was stressed that activities funded with voluntary and other extrabudgetary resources should not be disproportionately subsidized with regular budget funds. The proposed increase was welcomed, but concern was expressed that it might not be sufficient, and support was expressed for a subsequent review of the charge in 2015 and for periodic reviews thereafter. The Bureau was asked to notify Member States in advance of any future proposed increases so that they could be accommodated in national immunization budgets.

139. Ms. Petizon agreed that the increase was modest compared with the fees charged by other organizations, but assured the Committee that it would allow the Organization's procurement activities to be self-sustaining at the present time. She would ensure that Member States were informed in a timely manner of future increases.

140. The Director acknowledged that the increase was minimal and said that she would monitor the situation to ensure that the procurement funds were self-sufficient. Both the Strategic Fund and the Revolving Fund were currently being assessed with a view to streamlining administrative processes and ensuring greater efficiency and thus realizing savings.

141. The Committee adopted Resolution CE152.R3, endorsing the proposed increase.

Status of Projects Funded from the PAHO Holding Account (Document CE152/20)

142. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget and Administration) summarized the Subcommittee's consideration of this item (see paragraphs 81 to 85 of the Subcommittee's final report, Document SPBA7/FR) and reported that the Subcommittee had endorsed the Bureau's proposal to transfer unused balances totaling \$93,000 from projects 3.A and 3.C to project 3.D, the second phase of the project for modernization of the PASB Management Information System.

143. Ms. Verónica Ortíz (Advisor, Program Budget, PASB), welcoming the Subcommittee's support of the proposed transfer, noted that Document CE152/20 reflected the status of all projects as of 30 April 2013.

144. The Committee adopted Resolution CE152.R6, approving the proposed transfer of funds.

Master Capital Investment Plan (Document CE152/21)

145. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 86 to 93 of the Subcommittee's final report, Document SPBA7/FR), noting that, in response to a question from a delegate, the Subcommittee had been informed that no further funding was expected from WHO for expenditures under the Real Estate Maintenance and Improvement subfund and the Information Technology subfund.

146. Mr. Edward Harkness (Manager, General Services Operations, PASB) reviewed the history of the Master Capital Investment Fund and highlighted the principal activities carried out under the Master Capital Investment Plan during the first year of the 2012-2013 biennium and the activities projected for 2014-2021, the remaining term of the 10-year Plan. He pointed out that in the area of information technology, equipment and software must be continually maintained, repaired, and replaced in order to ensure that the Bureau could carry out its communication functions. Safe and secure office space must also be maintained at Headquarters and in country offices. The Bureau worked closely with country office administrators to identify and budget for needed repairs and improvements over a 10-year period. Noteworthy developments in that area, described in Document CE152/21, included continued work on the new country office in Haiti, which was expected to be ready for occupancy in December 2013. That facility would replace office space destroyed in the 2010 earthquake and had been paid for jointly by WHO and PAHO. WHO had also provided funding to enable the Bureau to conduct an assessment of all PAHO-owned properties in order to plan any needed repairs in the coming 10 years.

147. In the Committee's discussion of this item, a delegate sought confirmation that no additional funding was expected from WHO and requested additional information on funding sources for the Organization's Information Technology Strategy. Another delegate suggested that future reports on the Master Capital Investment Plan should include information on the sources of funding for the various expenditures.

148. Mr. Harkness said that PAHO had received \$500,000 from WHO in 2013 to carry out the real estate assessment to which he had alluded; no further funding was expected during the year. Additional funding for real estate investments had come from the IPSAS Surplus Fund. Those monies would be used strategically to explore possible savings that might be realized by, for example, constructing a building to house a country office rather

than continuing to occupy expensive rental property. As requested, future reports would include more detailed information on funding sources and on the strategic thinking behind planned investments.

149. Mr. Guillermo Birmingham (Director of Administration, PASB), providing additional information on sources of funding for capital expenditures and investments, explained that the Master Capital Investment Fund was typically financed from any surpluses remaining at the end of a biennium. At the end of the 2010-2011 biennium, funding had also been transferred to the Master Capital Investment Fund from the IPSAS Surplus Account, which had been established in 2012 with funding left over following the implementation of the International Public Sector Accounting Standards.¹³ In addition, the Pan American Sanitary Conference in 2012 had approved the creation of the Revolving Strategic Real Estate Subfund,¹⁴ the aim of which was to enable the Bureau to take advantage of precisely the kinds of opportunities that Mr. Harkness had mentioned. As had been noted, PAHO also received funding from the WHO Real Estate Fund.

150. The Director added that ensuring staff safety in all of the Organization's locations, in accordance with United Nations security policy, was a priority, as was continual review and modernization of existing information technology systems. She assured the Committee that the Bureau would review and prioritize needed capital expenditures and would ensure transparency and accountability in the use of funds for that purpose.

151. The Executive Committee took note of the report.

Personnel Matters

Amendments to the PASB Staff Rules (Document CE152/22)

152. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) summarized the Subcommittee's deliberations on this item (see paragraphs 94 to 99 of the Subcommittee's final report, Document SPBA7/FR) and reported that the Subcommittee had recommended that the Executive Committee confirm the amendments to the PASB Staff Rules set out in Document CE152/22. He noted that the Subcommittee had been informed that action on a number of recommendations of the International Civil Service Commission had been deferred until the resumption of the Sixty-seventh Session of the United Nations General Assembly in early 2013 and that if those recommendations were approved before June 2013, the Director would submit the corresponding Staff Rule changes to the Executive Committee for confirmation.

153. Ms. Kate Rojkov (Area Manager, Human Resources Management, PASB) gave an overview of the Staff Rule amendments, explaining that they were intended to

¹³ See Resolution CSP28.R16 (2012).

¹⁴ See Resolution CSP28.R17 (2012).

maintain consistency with the Staff Rules of WHO and to reflect good practices in human resources management. Other amendments were being made pursuant to decisions taken by the Sixty-Seventh Session of the United Nations General Assembly. However, the General Assembly had not approved the proposed changes in remuneration for staff in the professional and higher categories, so no amendments were being recommended in that regard. The implications of the higher retirement age for new participants in the United Nations Joint Staff Pension Fund were still being reviewed, and the Bureau would await a decision by the United Nations General Assembly before proposing further amendments.

154. The Director said that the Staff Association had been consulted about the amendments to the Staff Rules, and although it had initially been unhappy with some of the proposed changes, consensus had been reached following consultations and the Association now fully supported the amendments.

155. The Committee adopted Resolution CE152.R11, confirming the amendments to the Staff Rules, as set out in Document CE152/22.

PASB Staffing Statistics (Document CE152/23)

156. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's consideration of this item (see paragraphs 100 to 113 of the Subcommittee's final report, Document SPBA7/FR), noting that the Subcommittee had expressed concern about the large number of staff due to retire in the near future and had underlined the need for a well-planned recruitment policy. He also noted that the Subcommittee had requested more detailed information on consultancies and on the percentage of temporary staff who were former or retired staff members. Information had also been requested on the cost implications of the large number of non-traditional contractual arrangements in use.

157. Ms. Kate Rojkov (Manager, Human Resources Management, PASB), highlighting some of the data presented in the report, provided further information on the distribution of Headquarters and country office staff by appointment type, sex, age, and country of origin, as well as additional information on temporary staffing, including temporary appointment of retirees, which was detailed in Annex A of Document CE152/23.

158. In the Committee's discussion of this item, delegates welcomed the additional information provided in response to the Subcommittee's requests and lauded the Bureau's continued progress towards sex parity at all levels of the Organization. Concern was expressed about the risks associated with relying on a large percentage of temporary staff and about the use of a variety of non-traditional contractual mechanisms. Several delegates asked whether recruitment plans had been drawn up with a view to mitigating the loss of expertise resulting from the large number of impending retirements. In that regard, specific questions were raised about plans for transferring knowledge and

ensuring continuity in the work of the Organization and about how the recruitment process would be linked to the new PASB Management Information System (see paragraphs 188 to 196 below).

159. Ms. Rojkov said that her Office was working closely with managers to assist them with human resources planning and was conducting a large-scale review aimed at developing a recruitment strategy and plan based on strategic goals and objectives and programmatic needs. The implementation of the PASB Management Information System was expected to enable the Office to provide more strategic advice to managers. Procedures were already in place to ensure continuity and transfer of knowledge when staff retired. Her Office would continue to refine those procedures.

160. Mr. Guillermo Birmingham (Director of Administration, PASB), responding to the comments about the various types of contractual mechanisms, recalled that the contract reform process launched several years earlier had reduced the overall number of contractual arrangements from over 22 to around 9, which was a much more manageable number. The Bureau would continue to explore ways to simplify contractual arrangements and reduce their associated risks, but it was important to remember that consultancies and other short-term contracts provided opportunities and dividends, particularly when a very specific service was needed for a limited time. In his view, the Bureau had succeeded in striking a good balance between traditional and non-traditional contractual arrangements.

161. The Director observed that human resources were particularly crucial for an organization charged with delivering technical cooperation. The Bureau would be developing a human resources strategy and plan in response to the Strategic Plan 2014-2019, which would provide the context for determining human resource needs. The process of human resources planning would begin immediately following the Committee's 152nd session. Staff would be fully involved in the process, which would ensure that they felt ownership of the human resources plan. Additional information on the human resources planning process would be provided during the Directing Council in September.

162. Echoing Mr. Birmingham's comments, she emphasized the importance of maintaining a flexible workforce. While the Bureau needed to maintain a core staff that could address the Organization's core functions and the priorities identified in the Strategic Plan, it also required the flexibility to hire in response to specific situations that might arise and to meet the need for specific short-term expertise. Flexibility in human resources planning would also be essential in the light of ongoing resource constraints. She also noted that the Bureau currently had robust mechanisms for ensuring adequate staffing. One such mechanism was the annual work plan which all PASB entities were required to submit and which provided the basis for the hiring of new staff.

163. The Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE152/24)

164. Ms. Carolina Báscones (Representative of the PAHO/WHO Staff Association) highlighted the matters that the Staff Association wished to bring to the Committee's attention, in particular its views and concerns in relation to the internal administration of justice and the management of human resources. She began by emphasizing that the Staff Association welcomed the new Director's openness to dialogue and appreciated the actions she had taken to ensure a working environment free of harassment and abuse of authority. While the Staff Association acknowledged the existence of various mechanisms for the resolution of conflicts (see Annual Report of the Ethics Office, paragraphs 23 to 30 above), it remained concerned about shortcomings in the internal administration of justice and believed that the United Nations Joint Inspection Unit should be asked to undertake an independent review of the Integrity and Conflict Management System. Of particular concern was the Board of Appeal, which had not elected members in the previous 10 years, had still not adopted its rules of procedure, and was chaired by an individual from outside the Organization. In the Association's view, the time to conduct such a review was now: the Organization had a new Director and was poised to adopt a new Strategic Plan and was therefore at a historic juncture.

165. The Staff Association welcomed Member States' obvious interest in staffing matters and strongly supported the development of a comprehensive human resources plan to accompany the new Strategic Plan and ensure that the competencies required to implement it were in place. She emphasized that it would be important to review the plan regularly in order to verify that human resources were being managed in accordance with the mandates established by the Governing Bodies.

166. In the discussion that followed, a member of the Committee sought clarification of paragraph 11 of the Staff Association's written statement (contained in Document CE152/24), which indicated that the Integrity and Conflict Management System did not meet the minimum standards of an internal justice system and violated the Universal Declaration of Human Rights, an assertion that did not appear to square with what had been said earlier about the system (see paragraphs 23 to 30 above). The Director was encouraged to work with the WHO Global Policy Group with a view to improving the system for internal administration of justice throughout WHO.

167. Ms. Báscones replied that a system of justice should have certain attributes, including independence and separation of roles and functions, the right of parties to legal representation, the right to examine any relevant evidence, the right to swift justice, and the right to appeal. At present, only the Administration had access to all evidence; staff did not because some documents were considered the confidential property of the Organization. The Board of Appeal sometimes took up to three years to reach a decision in a case. Moreover, only staff with United Nations contracts had access to the Integrity and Conflict Management System. All of those factors had created a situation of mistrust

among staff. The System did not meet the minimum standards that such bodies were required to meet in Member States, and the Staff Association therefore reiterated its request that a thorough review of the system should be conducted, the aim being to make PAHO a model among international organizations with regard to human resources practices.

168. The Director said that if staff had the perception that the internal justice system was not working effectively—whether that perception was right or wrong—their concerns had to be taken seriously, particularly as staff were central to the mission of a technical cooperation organization such as PAHO. She had already pledged that she would work with the Staff Association and stood willing to open a dialogue on the perceived problems in the system, though she could not promise that all staff wishes and demands would be met, and she expected respect and cooperation from staff. Above all, she wished to avoid a situation of confrontation and conflict and to foster an environment in which staff felt respected, appreciated, and motivated to do their best in order to fulfill the Organization's mission.

169. The Committee took note of the statement.

Matters for Information

Update on WHO Reform (Document CE152/INF/1)

170. Mr. Colin McIff (United States of America), speaking as a representative of a Member State currently entitled to designate a person to serve on the WHO Executive Board, reviewed the programmatic, governance, and management objectives of WHO reform and summarized the action taken on the matter by the Board and by the recently concluded Sixty-sixth World Health Assembly, including the adoption of the Twelfth General Programme of Work 2014-2019, which represented a key strategic and programmatic reform for the Organization. He noted that the Health Assembly had also decided to adopt the entire program budget for 2014-2015, rather than just the portion funded from assessed contributions, as had been the case in the past, and to hold a two-part financing dialogue aimed at mobilizing the resources needed to fully fund the budget. The Executive Board had also taken several decisions regarding WHO reform, including its decision to develop a single set of underlying principles to guide WHO's engagement with non-State actors.¹⁵ Those principles had been reviewed by the Board in May 2013 and would be considered further in January 2014 before being submitted to the Sixty-seventh World Health Assembly.

171. Mr. Guillermo Birmingham (Director of Administration, PASB) noted that the sixty-sixth World Health Assembly had also—largely at the behest of Member States from the Americas—called on the Director-General of WHO to develop a strategic

¹⁵ Decision EB132(11) (2013).

resource allocation methodology that would ensure transparent and fair allocation of funds across the major offices and organizational levels of WHO.¹⁶ The methodology would be applied for the first time in the 2016-2017 biennium. The WHO Secretariat had indicated that it would undertake a consultative process involving representatives from all WHO regions in order to develop the methodology and that it would draw in particular on the Region's experience in formulating the PAHO Budget Policy.

172. The process of mobilizing resources to ensure full funding of the WHO program budget for 2014-2015 would comprise three phases, as outlined in WHO Document A66/48 (Annex A to Document CE152/INF/1). The first phase, approval of priorities and adoption of the program budget had already concluded. In the second phase, the financing dialogue, two meetings would be held, the first on 24 June 2013. The objectives of the first meeting would be to provide participants with information on funding needs and the amount of funding already available, review the work planned under the 2014-2015 program budget, and decide on the structure of the second meeting and on how to monitor progress in mobilizing contributions in the interval between the first and second meetings.

173. At the second meeting, to be held on 25 and 26 November 2013, the WHO Secretariat would provide information on resources already mobilized and remaining funding shortfalls, together with programmatic details on what it intended to achieve under the 2014-2015 program budget. In addition, the Director-General would provide an initial plan for the distribution of flexible funds available to finance the various categories of the budget and the major offices of the Organization. The third phase would entail Organization-wide resource mobilization throughout the biennium. A resource mobilization plan would be developed and progress would be reported to the WHO Governing Bodies.

174. In the ensuing discussion, delegates requested information on the trend of WHO allocations to the Americas and inquired what could be done to ensure greater stability and security in the amounts received in the medium and long terms. Information was also sought on whether the strategic resource allocation methodology would be used for the allocation of WHO voluntary contributions and for distribution of the budget by category and programmatic area. Clarification was requested of the WHO Secretariat's expectations regarding the role of the various WHO regions in raising voluntary funding. In that connection, it was pointed out even after the strategic resource allocation methodology was in place, the Region might not be assured of receiving its full allotment of WHO voluntary contributions. It was also pointed out that, because of PAHO's identity as a separate, independent organization, there were differences in the way its voluntary contributions were accounted for: funds mobilized by PAHO were not

¹⁶ Decision WHA66(9) (2013).

necessarily counted towards the Region's share of WHO voluntary contributions, whereas funds mobilized by the other five WHO regions were.

175. Mr. Birmingham replied that the regional allocation of WHO assessed contributions had remained fairly stable at around \$80.7 million for several years. The Region's allocation of WHO voluntary contributions, on the other hand, had declined steadily, falling from around \$59 million in 2008-2009 to \$40 million in 2010-2011 and to \$30 million in 2012-2013. As for what could be done to ensure greater stability in the resources coming to the Region, Member States had taken a step in that direction through the adoption of the resolution of the special meeting of the 152nd Session of the Committee¹⁷ and the very clear and strong stance taken during the recent Sixty-sixth World Health Assembly by representatives of Member States from the Americas, who had stressed the need for a fair and transparent method for allocating WHO resources across regions and levels of the Organization.

176. It had been suggested that some of the resources mobilized in the Region for PAHO should be counted towards the Americas' share of WHO voluntary contributions, but that was not currently the case. The Bureau would continue discussing the matter with the WHO Secretariat. However, ensuring a fair share of global voluntary contributions for the Region might not be a simple matter of accounting.

177. The strategic resource allocation mechanism would not apply to the allocation of voluntary contributions or to the distribution of resources among categories of work and programmatic areas in the 2014-2015 biennium, as the mechanism would not be implemented until the 2016-2017 biennium. The allocation of resources for the categories of the Twelfth General Programme of Work and for the various offices and levels of the Organization would be decided largely on the basis of the financing dialogue. Active participation by Member States in the dialogue would therefore be critical in order to ensure that the Region's requirements were fairly taken into account.

178. The Director affirmed the importance of participation by PAHO Member States in the financing dialogue, noting that the Region's total share of the WHO program budget had declined from \$141 million in 2008-2009 to \$111 million in 2012-2013. Reductions in voluntary contributions accounted for the vast majority of that decline. Moreover, those figures reflected budgeted amounts, not what the Region actually received. It was important that Member States from the Americas continue working to ensure that their Region received a fair share of the WHO budget.

179. She wished to assure the Committee that the Bureau recognized the implications of WHO reform for PAHO and had taken them fully into account in the process of

¹⁷ Resolution CE152.SS.R1 (2013), *Allocation of Funds by WHO to the Region of the Americas*. See Annex D.

drawing up, in close collaboration with Member States, the PAHO Strategic Plan 2014-2019 and the proposed program and budget for 2014-2015.

180. The Committee took note of the report.

WHO Twelfth General Programme of Work 2014-2019 and Programme Budget 2014-2015 (Document CE152/INF/2)

181. Mr. Colin McIff (United States of America), again speaking as a representative of a Member State currently entitled to designate a person to serve on the WHO Executive Board, introduced the document on this item, observing that both the Twelfth General Programme of Work (GPW) 2014-2019 and the WHO Programme Budget 2014-2015 marked milestones in WHO reform efforts. The development and adoption of the new six-year General Program of Work had been the culmination of a multi-year strategic priority-setting process that had begun in 2010 and had included all Member States. As part of WHO reform, it had been decided to streamline WHO's strategic planning documents and reduce the time period for the GPW from ten years to six years. The GPW provided the high-level strategic vision for the work of WHO during the six-year period and established categories of work and leadership priorities, which were key areas in which WHO would seek to exert its influence in the global health arena. The document also set out a results chain, which would be the primary tool for monitoring and evaluating WHO's performance.

182. The program budget, which flowed from the GPW, contained a detailed work plan for the first two years of the GPW. The results chain included a set of outputs for which the WHO Secretariat would be held accountable, together with outcomes and impacts, for which the Secretariat, Member States, and partners would be jointly responsible. The World Health Assembly had approved a total budget of \$3.98 billion, which was a small increase overall with respect to 2012-2013, but with no increase in assessed contributions. Among the categories of work, communicable diseases had received the largest share by far, despite a substantial reduction vis-à-vis the current biennium. As noted under the preceding item, for the first time the World Health Assembly had approved the budget in its entirety, an important financing reform through which Member States would exercise collective ownership of the entire budget and its priorities.

183. The approval of the Twelfth General Programme of Work 2014-2019 and the program budget 2014-2015 did not mark the end of the reform process, however. The WHO Secretariat had made it clear that 2014-2015 would be a transitional biennium during which it would continue to refine the output and outcome indicators and provide greater detail, including, better costing of activities and linking of expenditures with outputs. Those refinements would strengthen the results chain, thus enhancing results-based management and transparency.

184. Ms. Amalia Del Riego (Senior Advisor, Planning and Resource Coordination, PASB) agreed that the approval of the Twelfth General Programme of Work and the WHO program budget for 2014-2015 had been important milestones in the programmatic aspect of WHO reform. She noted that the Americas had made a significant contribution to the formulation of both documents, including through the regional consultation held during the 28th Pan American Sanitary Conference in 2012. Both the GPW and the program budget for 2014-2015 had heavily influenced the proposed PAHO Strategic Plan 2014-2019 and Program and Budget 2014-2015. As Mr. Birmingham had pointed out, the fact that the World Health Assembly had not approved a fixed appropriation of assessed contributions could have implications for PAHO, especially with regard to the operational planning that would take place after the 52nd Directing Council.

185. In the discussion that followed, a delegate pointed out that addressing the social, economic, and environmental determinants of health was one of the leadership priorities identified for WHO and underscored the need for concrete programmatic action, with a clear strategy and targets and progress indicators, for tackling health determinants. He emphasized that it was not sufficient merely to pay lip service to the importance of social determinants of health.

186. The Director acknowledged that social determinants of health was an issue of great importance for the Region, as had been demonstrated by the discussions surrounding the Twelfth General Programme of Work, wherein the Member States of the Americas had insisted that health determinants should figure more prominently at the category level. Health determinants had been included explicitly in one of the categories of the PAHO Strategic Plan (see paragraphs 40 to 55 above), and in order to ensure that the matter received the attention it deserved, she was establishing within the organizational structure of PAHO a special program that would deal with social determinants of health and sustainable development.

187. The Committee took note of the report.

**Project for Modernization of the PASB Management Information System (PMIS):
Progress Report (Document CE152/INF/3)**

188. Dr. Matías Villatoro (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 114 to 122 of the Subcommittee's final report, Document SPBA7/FR). The Subcommittee had been informed that the Bureau was investigating lower-cost software packages because those put forward in response to the original request for proposals had been too expensive. The Subcommittee had expressed the hope that suitable software could be found and the project implemented within the established timeframe and budgeted amount. An updated report for the Executive Committee had been requested.

189. Dr. Caterina Luppi (Area Manager, Information Technology Services, PASB) reported that, since the Subcommittee's meeting in March, the Bureau had held information workshops with various enterprise resource planning software providers, evaluated the proposals received, and identified the software solutions best suited to PAHO's purposes. It had also identified the shortcomings in the various software packages under consideration and was currently evaluating additional software that could be integrated into the system to fill functional gaps. The project management team expected to provide a recommendation for a technical solution by mid-July 2013, after which it would undertake the financial evaluation of the preferred software. Once the technical and financial evaluations had been completed, the Bureau would begin the search for a firm to assist with project and change management and with communications. The Bureau intended to recruit a firm that had first-hand experience with the software product chosen. It was expected that the project would be completed within the original budget and by the scheduled completion date of June 2015. However, the Bureau was drawing up a "plan B" in order to mitigate additional costs and ensure that the Organization could continue to operate with its current legacy systems in the event of any unexpected delays.

190. She emphasized that sufficient attention to the "human element" would be critical to successful implementation of the new system. Effective communication and change management would therefore also be essential. It would also be necessary to put in place a comprehensive connectivity strategy in order to ensure that all PAHO country offices could access the system.

191. In the Committee's discussion of the item, concern was expressed that it had not been possible to identify a total software solution that could be purchased with the funding allocated by the Directing Council in 2010 and that, according to the report of the External Auditor, the work done and the \$1.1 million expended thus far on the project had not been useful for PAHO.¹⁸ A delegate inquired whether the expenditure of those funds was expected to create a shortfall in funding for the project. The Bureau was encouraged to make every effort to stay within the original budget and to advance as quickly as possible in order to adhere to the original timetable and completion date for the project. The need to plan for and monitor the risks, costs, and areas of concern identified in the document on this item was underscored. It was also stressed that PASB's system must be fully aligned and integrated with the WHO Global Management System and provide a similar level of strategic and operational planning, workplan management, monitoring and reporting, and transparency and accountability—in accordance with the terms of Resolution CD50.R10 (2010). More information was requested on the business case for the project, in particular with regard to the relative advantages of the various enterprise resource planning solutions under consideration and the benefits expected from the new system.

¹⁸ See paragraph 43 of the *Report of the External Auditor*, contained in *Official Document 344* (2012).

192. Dr. Luppi assured the Committee that implementation of the new system would be closely monitored in order to ensure strict cost controls, as well as transparency and accountability. Member States would be kept informed of progress throughout the implementation process. The Bureau was confident that once all components were in place, the system would meet all the Organization's needs with regard to reporting and integration and alignment with WHO's Global Management System (GSM) and that it would provide sufficient flexibility to adapt to changing needs in the future. That was important, as the system was intended to remain in use for a number of years. Indeed, flexibility and integration capability were among the foremost considerations in the Bureau's evaluation of possible software packages. Minimizing the need to customize software to the Organization's processes was another top priority. In that connection she noted that the experience of the GSM had shown that it was far less costly and time-consuming to adapt processes to software than vice versa.

193. As to the anticipated benefits of the new system, it was expected to facilitate reporting, not only for the Bureau but also for Member States, and to improve the transparency of processes. For example, it would make it easier to break down project costs. Consequently, decisions about technical cooperation could more easily be made on the basis of solid facts and figures. With regard to the \$1.1 million already spent on the project, she recalled that the initial project proposal had envisaged the expenditure of a significant amount of funding during the preparatory phase of the project and said that the Bureau did not expect any shortfall in the amount needed to complete the project.

194. Mr. Guillermo Birmingham (Director of Administration, PASB) affirmed that the total cost of the project was not expected to exceed the original budgeted amount of \$20.3 million, \$10 million of which was to come from the Holding Account. The transfer of the balance remaining from the first phase of the project would help to ensure that the project remained within budget. He disagreed with the External Auditor's view regarding the usefulness of the \$1.1 million already expended. The two main outcomes of that expenditure had been the initial software solicitation process and the development of the business case for the project, as a result of which the Bureau had gained important knowledge and skills and would therefore not need to hire an external consultant to assist in the ongoing search for suitable enterprise resource planning software.

195. The Director assured the Committee that she was fully cognizant of the importance of the PMIS for both Member States and the staff of the Bureau and was committed to ensuring that the system would meet the Organization's current and future needs. The Bureau was taking fully into account the lessons learned from WHO's experience with the Global Management System, and would strive to ensure, through the change management process, that staff were prepared to use the system efficiently. She appealed to Member States not to seek to micromanage the project implementation process and pledged that they would be kept abreast of progress and that the Bureau would not hesitate to seek advice from their technical experts if needed.

196. The Committee took note of the report.

Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16) (Document CE152/INF/4)

197. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) reported that the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16) had been held in Santiago, Chile, from 26 to 27 July 2012. The meeting had addressed the growing demand for affordable, high-quality food and the challenges of producing environmentally friendly food while protecting the health of consumers and individuals in the agri-food chain. It had also highlighted the need for intersectoral and international collaboration in the analysis and management of existing and emerging health risks at the human-animal-environment interface. The meeting had also pointed out the need to strengthen national capacities for surveillance, prevention, control, early warning, and response to foodborne diseases, zoonoses, and other health-related challenges. RIMSA 16 had recognized the role of food safety in the eradication of hunger and malnutrition and the prevention of antimicrobial resistance and foodborne disease. While international food trade, travel, and tourism contributed to development, they were also risk factors for the occurrence of public health events of national and international concern.

198. RIMSA 16 had taken note of the resolutions and recommendations of the 12th Meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA 12) and the Sixth Meeting of the Pan American Commission on Food Safety (COPAIA 6) and had adopted the Consensus of Santiago, Chile, urging countries to set up early warning systems and mechanisms for intersectoral coordination as part of their efforts to eliminate human rabies transmitted by dogs and eradicate foot-and-mouth disease. The Consensus also called on countries to collaborate in efforts to guarantee the production of safe and healthy food, which was essential, inter alia, for the prevention and control of chronic noncommunicable diseases. The importance of technical cooperation initiatives for national capacity-building had been noted, and it had been urged that such initiatives be implemented with maximum interagency cooperation.

199. Delegations welcomed the Consensus of Santiago and agreed on the importance of an adequate and safe food supply. It was emphasized that strong regulatory controls were needed to ensure the safety of veterinary drugs and animal feeds in order thus to ensure the safety of human foods derived from animals. The need for countries to adopt common, high food safety standards in order to protect consumers in a global marketplace was stressed. Consumer education about food safety was also considered essential, as were strong food and health surveillance systems. The reference in the RIMSA 16 report to “one health” approaches was welcomed. Such approaches were seen as essential in the battle against emerging infectious diseases such as avian influenza. The meeting’s focus on the environment and on the human-animal-environment interface was also applauded. It was hoped that that focus would be strengthened at future RIMSAs.

200. The Delegate of Canada announced that her country would host the 24th Rabies in the Americas meeting in Toronto from 27 to 31 October 2013.

201. The Committee took note of the report.

Third Global Forum on Human Resources for Health: Report on the Preparations (by Brazil) (Document CE152/INF/5)

202. Mr. Alberto Kleiman (Brazil) presented an overview of preparations for and expected outcomes of the Third Global Forum on Human Resources for Health, to be held in the Brazilian city of Recife from 10 to 13 November 2013, with the theme “Human Resources for Health: Foundation for Universal Health Coverage and the post-2015 Development Agenda.” The Forum, which would bring together numerous stakeholders from governments, civil society organizations, and international organizations, would build on the progress made in the wake of the first two forums, held in Uganda in 2008 and Thailand in 2011, seeking to renew the commitments made at those two gatherings and to establish new ones. It would also seek to raise the priority of the issue of human resources for health on the global health agenda, highlighting the crucial role of health personnel in continued progress towards the Millennium Development Goals and in the achievement of universal health coverage. In addition, the Forum would identify key human resources issues for the post-2015 development agenda.

203. The program would consist of high-level roundtables with technical follow-up discussions on five themes: leadership, partnership and accountability; the financial requirements for strong health resource policies; legal and regulatory support; empowering health workers; and innovation and research. Expected outcomes included a Declaration of Recife, which, it was hoped, would help to shape the global health agenda and the post-2015 development agenda; a mechanism to foster further cooperation on the issue of human resources for health; and a mechanism for monitoring progress on the commitments assumed at the various Global Forums. Further information could be found on the Global Health Workforce Alliance website.¹⁹ In addition, his delegation intended to put forward a proposed resolution on the topic for consideration by the PAHO Governing Bodies.

204. The Delegate of the United States of America thanked the Government of Brazil for organizing and hosting the upcoming Forum and noted that her Government was committed to increasing health workforce training in order to reduce its reliance on foreign personnel from resource-limited countries. It was also supporting training opportunities for health care personnel in other countries, especially in Africa, in order to help increase their pool of trained professionals.

¹⁹ Available from: <http://www.who.int/workforcealliance/forum/2013/en/index.html>

205. The Director added her thanks to the Government of Brazil for its leadership and encouraged Member States to participate in the Third Global Forum, observing that the two prior forums had helped to position human resources for health as a crucial part of health systems strengthening. The forums generally attracted a large number of participants and offered a valuable opportunity to share experiences and best practices.

206. The Committee took note of the report.

Health in the post-2015 Development Agenda: Report on the Panel Preparations (Document CE152/INF/6)

207. Dr. Luiz Augusto Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) said that the panel on health in the post-2015 development agenda, to be held during the 52nd Directing Council, would review, from a health perspective, the discussions that had taken place on the topic following the 2012 session of the United Nations General Assembly, the United Nations Conference on Sustainable Development (Rio+20), and other forums. The overall objective of the panel discussion would be to inform the Region's health ministers about the post-2015 development agenda consultation processes. In addition to the Director-General of WHO, Dr. Margaret Chan, it was proposed that participants should include the Honorable María Angela Holguín, Foreign Minister of Colombia; José Ignacio Carreño Ayala, director of the nongovernmental organization Coordinación en Salud Integral (PROCOSI) of Bolivia; and Dr. Carissa Etienne, Director of PASB. Additional speakers might include Shamshad Akhtar, United Nations Assistant Secretary-General for Economic Development, and Heraldo Muñoz, chair of the United Nations Development Group, Regional Team for Latin America and the Caribbean.

208. Member States would be invited to engage in an open dialogue on, among other topics, the role of health in the sustainable development framework and measures that might be taken in the Americas to ensure that the Region's health priorities were included in the larger global discussion, in particular making universal health coverage and attention to social determinants of health core goals of the post-2015 development agenda.

209. Following Dr. Galvão's introduction, Member States affirmed the importance of highlighting the role of health in sustainable development, but also noted that sustainable development had three dimensions: social, economic, and environmental. The importance of continued attention to the Millennium Development Goals and of convergence between those goals and future sustainable development goals was also underscored. While attention to noncommunicable diseases was viewed as a priority, the question was raised of whether they should be addressed as a specific objective on the post-2015 development agenda or as part of the broader objective of achieving universal health coverage. It was suggested that the concepts of "well-being" and "living well," mentioned in subparagraph 6(e) of the document on this item, should be clarified.

210. Dr. Galvão said that delegates had raised a number of important issues, which would be taken into account in preparing the background document for the panel discussion.

211. The Director, noting that health considerations had remained largely on the margins of the discussions on the post-2015 development agenda, emphasized the need for advocacy in order to secure a place for health among the sustainable development goals to be pursued. It would be important to reach consensus on a specific health-related goal to be included in the sustainable development agenda. That goal needed to be overarching, encompassing continued work to achieve any unmet Millennium Development Goals, attention to social determinants of health, and strengthening of health systems based on primary health care. As many of the negotiations on the matter would be conducted by foreign affairs ministers and other diplomatic representatives, it would also be important for the Region's health authorities to enter into dialogue with those officials on how health should be positioned on the post-2015 agenda and to make the point that without equal access to health care and attention to social determinants of health, there could be no sustainable development. She encouraged health authorities to begin that dialogue immediately.

212. Observing that there appeared to be considerable confusion regarding the meaning of "universal health coverage," she said that the Bureau would organize a side event on the topic to be held during the week of the 52nd Directing Council. A concept paper currently being prepared could serve as background for the event.

213. The Committee took note of the report.

Progress Reports on Technical Matters (Documents CE152/INF/7-A, B, C, D, E, F, G, H, and I)

A. *Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation*

214. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB), expressing appreciation for Member States' efforts to reduce neonatal mortality, noted that significant progress had been made, but challenges remained, particularly with respect to training of health professionals and enhancement of the quality of care.

215. The Director paid tribute to Dr. Ricardo Fescina, Director of the Latin American Center for Perinatology/Women and Reproductive Health, who would be retiring on 30 June 2013. The Committee joined the Director in thanking Dr. Fescina for his dedication to neonatal health and to PAHO.

216. The Committee noted the report.

B. Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis: Mid-term Evaluation

217. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) reported that five Member States had met the target established under the Plan of Action with regard to reduction of mother-to-child transmission of HIV and another 10 were very close to doing so. Fourteen Member States had met the target for reduction of congenital syphilis, and three others were close to doing so. The results thus far demonstrated that it would be possible to eliminate congenital syphilis in the Americas.

218. The Committee noted the report.

C. Millennium Development Goals and Health Targets in the Region of the Americas

219. The Committee noted the report.

D. Implementation of the WHO Framework Convention on Tobacco Control

220. The Director emphasized the need for Member States to stand in solidarity with one other in order to counter efforts by the tobacco industry to thwart effective tobacco control.

221. The Committee noted the report.

E. Regional Plan on Workers' Health

222. Gratitude was expressed to the Bureau for its work in implementing the Regional Plan, and the impact of occupational illnesses and noncommunicable diseases in terms of health statistics and the cost of health care was highlighted.

223. The Committee took note of the report.

F. Towards the Elimination of Onchocerciasis (River Blindness) in the Americas

224. It was noted that no new cases of onchocerciasis had been reported in the Region since 1995, and that achievement was commended. Member States were encouraged to mobilize the political will and resources needed to overcome remaining barriers to elimination of transmission of the disease among at-risk populations. To that end, dialogue and coordination at the highest level were considered essential. It was recommended that the lessons learned from the onchocerciasis elimination effort should be applied to the control and elimination of other neglected tropical diseases. The Delegate of Brazil affirmed her Government's commitment to action at the highest

political level in order to eliminate the disease, especially among the Yanomami population along her country's border with the Bolivarian Republic of Venezuela.

225. The Committee noted the report.

G. Regional Plan of Action for Strengthening Vital and Health Statistics

226. It was recommended that the scope of PAHO's efforts to strengthen vital and health statistics should be expanded to encompass the generation and monitoring of data from health information systems more broadly, including projection of human resource and health care financing needs, generation of data to measure the quality and efficiency of health care delivery, and monitoring of progress towards disease prevention and control goals. It was also recommended that the Plan of Action should incorporate activities aimed at establishing and strengthening collaborating and reference centers to provide technical cooperation with regard to international health-related classifications and coding. The Bureau was encouraged to foster technical cooperation among countries in this area and to promote mortality auditing as a means of enhancing statistical information.

227. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) pointed out that the Plan of Action included cooperation with regard to the WHO Family of International Classifications. The progress report to be submitted to the Directing Council in September would include more information on that aspect of the Plan and would reflect the recommendations and comments made by Member States.

228. The Director said that information beyond vital statistics would clearly be needed in order to monitor, evaluate, and report progress on the indicators included in the Strategic Plan 2014-2019. The Bureau and Member States would need to work together to ensure that the necessary data were being collected.

229. The Committee noted the report.

H. Implementation of the International Health Regulations

230. The Director, underlining the importance of ensuring that the core capacities required under the International Health Regulations (2005) were in place, observed that some small States, especially in the Caribbean, would not be able to meet all of the core capacity requirements individually, and it would therefore be necessary to find ways of establishing capacities on an inter-country or subregional basis.

231. The Committee took note of the report.

I. Status of the Pan American Centers

232. The Director noted that the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) had recently been disestablished, with some of their functions being subsumed within the new Caribbean Public Health Agency (CARPHA). She pointed out that it might well prove necessary to revisit the work done by other centers in the light of ongoing budget constraints.

233. The Committee took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: (A) Sixty-sixth World Health Assembly; and (B) Subregional Organizations (Documents CE152/INF/8-A and B)

234. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) reported on the resolutions and other actions of the Sixty-sixth World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies, noting that the Health Assembly resolutions had only been published a week before the opening of the Committee's 152nd Session and that the Bureau would present a detailed analysis of their implications for the Region during the forthcoming Directing Council. She drew particular attention to the resolutions on the Twelfth General Programme of Work 2014-2019 and the WHO program budget for 2014-2015 (WHA66.1 and WHA66.2), universal eye health (WHA66.4), mental health (WHA66.8), disability (WHA66.9), noncommunicable diseases (WHA66.10), health in the post-2015 development agenda (WHA66.11), neglected tropical diseases (WHA66.12), agreement between WHO and the South Centre (WHA66.20), and health workforce education in support of universal health coverage (WHA66.23), all of which would have a direct bearing on PAHO's activities.

235. With regard to the actions of other bodies of interest to PAHO, the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) had adopted a strategy for sustaining a comprehensive response to HIV, an agreement for joint negotiations on medicines, and a declaration on chronic kidney disease. The Council for Human and Social Development of the Caribbean Community (CARICOM) had examined several items relating to the health of children and youth, while the Caucus of Ministers of Health of the Caribbean had discussed noncommunicable diseases and human resources for health, among other topics. The Meeting of Ministers of Health of the Southern Common Market (MERCOSUR) had approved a number of agreements relating to public health, including one on tuberculosis control and one on the design of a nutritional assessment instrument for pregnant adolescents. The South American Health Council of the Union of South American Nations (UNASUR) had addressed the price of medicines and production capacity in South America, care for persons with disabilities, and other topics. The Andean Community of Nations had adopted various resolutions that

were linked to PAHO programs and initiatives, as was described in Document CE152/INF/8-B.

236. In the discussion that followed, it was pointed out that the report made no mention of Resolution WHA66.22 or Decision WHA66(12) concerning follow-up of the report of the Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination, which called for regional consultations to be held in preparation for a technical consultative meeting to be convened by the Director-General of WHO before the end of 2013. The Bureau's role in coordinating the consultation process was highlighted, and it was emphasized that consultations should begin as soon as possible.

237. Ms. Huerta explained that some Health Assembly resolutions had not been published at the time that the Bureau's report was being drawn up and assured the Committee that the report to be submitted to the Directing Council would include all of the WHA resolutions.

238. The Director affirmed that the relevant technical area within the Bureau would coordinate the CEWG consultation process.

239. The Committee took note of the report.

Other Matters

240. During the week of the 152nd Session, Committee members heard presentations on the Middle East respiratory syndrome coronavirus, Vaccination Week in the Americas 2013, and the recently published *Manual for Developing Tobacco Control Legislation in the Region of the Americas*.²⁰

Closure of the Session

241. Following the customary exchange of courtesies, the President declared the 152nd Session of the Executive Committee closed.

Resolutions and Decisions

242. The following are the resolutions and decisions adopted by the Executive Committee at its 152nd Session:

²⁰ *Manual for Developing Tobacco Control Legislation in the Region of the Americas*. Washington (DC): Pan American Health Organization; 2013. Available from: http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=22031&Itemid=270&lang=en

Resolutions

CE152.R1: Collection of Assessed Contributions

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Document CE152/16, Rev. 1 and Add. I);

Noting that no Member State is in arrears in the payment of its assessed contributions to the extent that it can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that there has been a significant reduction in arrears of contributions;

Noting that 24 Member States have not made any payments towards their 2013 quota assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Document CE152/16, Rev. 1 and Add. I).
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making significant efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2013 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
4. To request the Director to continue to inform the Member States of any balances due and to report to the 52nd Directing Council on the status of the collection of assessed contributions.

(First meeting, 17 June 2013)

CE152.R2: Appointment of One Member to the Audit Committee of the Pan American Health Organization

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to

function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist on the PAHO Audit Committee,

RESOLVES:

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint Ms. Amalia Lo Faso to serve as a member of the PAHO Audit Committee for a term of three years from June 2013 to June 2016.

(Third meeting, 18 June 2013)

CE152.R3: *Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States*

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CE152/19),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

**REVIEW OF THE CHARGE ASSESSED ON THE PROCUREMENT OF
PUBLIC HEALTH SUPPLIES FOR MEMBER STATES**

THE 52nd DIRECTING COUNCIL,

Having considered the document *Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CD52/__);

Recognizing the significant contribution of the PAHO procurement mechanisms to promote access to and ensure a continuous supply of high-quality, safe, and effective essential public health supplies, to address regional priorities and reduce morbidity and mortality in the Americas;

Considering that the PAHO procurement mechanisms facilitate the development of country capacity to scale up access to critical public health supplies, in order to prevent, control, and treat priority diseases in the Region;

Noting the increase in the procurement activity and the critical gap in the budget needed to fund overall costs—administrative, operating, and staffing—associated with its management,

RESOLVES:

1. To increase the current three and one half percent (3.5%) charge assessed on the procurement of all public health supplies for PAHO Member States by the Pan American Sanitary Bureau by three quarters of one percent (0.75%) to a total of four and one quarter percent (4.25%), effective 1 January 2014.
2. To credit the additional charge assessed (0.75%) to the Special Fund for Program Support Costs to defray the costs of procurement activities throughout the Organization for the following three procurement mechanisms:
 - (a) reimbursable procurement on behalf of Member States,
 - (b) Revolving Fund for Vaccine Procurement,
 - (c) Regional Revolving Fund for Strategic Public Health Supplies.
3. To review the charge assessed by the Pan American Sanitary Bureau on the procurement of all public health supplies for Member States at the end of each biennium.
4. To request the Director to present a report on this issue to the Governing Bodies at the end of each biennium.

(Third meeting, 18 June 2013)

CE152.R4: Social Protection in Health

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the concept paper *Social Protection in Health* (Document CE152/12, Rev. 1),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution written in the following terms:

SOCIAL PROTECTION IN HEALTH

THE 52nd DIRECTING COUNCIL,

Having reviewed the concept paper *Social Protection in Health* (Document CD52/__);

Considering Resolution CSP26.R19 (2002), which supports the extension of social protection as a line of work in PAHO's technical cooperation activities;

Taking into account that the United Nations General Assembly, at its 67th session, recognized that improving social protection towards universal coverage is an investment in people that empowers them to adjust to changes in the economy and the labor market;

Aware of the framework of the Inter-American Social Protection Network (IASPN) committed to by leaders and heads of state at the Fifth Summit of the Americas to alleviate poverty and reduce inequality by sharing social protection good practices, and of the Joint Summit Working Group, of which PAHO is a member, and which supports the implementation of the IASPN;

Recognizing that while the countries of the Region have made significant progress in reforming their health systems (despite the persistence of major challenges, such as continuing to improve the quality of health services for all) and addressing segmentation and fragmentation, which creates inequity;

Aware of the need to continue to develop policies and programs focused on the construction of more integrated, equitable, and solidarity-based health systems that support the right to the enjoyment of the highest attainable standard of health;

Considering that, from a strategic standpoint, social protection in health is implemented through primary health care, based on its three core values, namely equity, solidarity, and the right to the enjoyment of the highest attainable standard of health, and in accordance with its principles,

RESOLVES:

1. To take note of the concept paper *Social Protection in Health*.
2. To urge the Member States, as appropriate within their particular contexts, to:
 - (a) recognize the need for strengthening health initiatives and social protection to reduce poverty in the Region;
 - (b) incorporate the concept of social protection in health as a cornerstone of health system governance and reform processes;
 - (c) establish legal frameworks, as appropriate, that set out measures related to social protection in health;
 - (d) strengthen the health components of social protection programs (especially focusing on primary health care and social determinants of health), including conditional cash transfer and other social programs;
 - (e) promote social participation and raise awareness about the rights and duties associated with individual, family, and community health in society as a whole and all workers in the health system;
 - (f) utilize established mechanisms, such as the Inter-American Social Protection Network and other subregional and regional initiatives, to share good practices in health-related antipoverty programs implemented by governments and institutions throughout the Region.
3. To request the Director to:
 - (a) strengthen technical cooperation for social protection in health as a priority work area on the path toward universal coverage;
 - (b) promote the systematic production of information and evidence on the gaps and progress in social protection in health observed in the countries of the Region, including evidence and best practice around conditional cash transfers;
 - (c) disseminate and promote good practices for social protection in health and also promote the communication and linkage of progress made in the Region in social protection with discussions in the World Health Organization on universal health coverage, leveraging existing mechanisms;
 - (d) strengthen inter-institutional efforts in relation to social protection;

- (e) develop a strategy based on this concept paper that sets a course for addressing social protection in health in the Region, which recognizes the particular contexts of Member States in the Region, taking into account that there are many ways to achieve social protection in health.

(Fourth meeting, 18 June 2013)

CE152.R5: Evidence-based Policy-making for National Immunization Programs

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Evidence-based Policy-making for National Immunization Programs* (Document CE152/14),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

**EVIDENCE-BASED POLICY-MAKING
FOR NATIONAL IMMUNIZATION PROGRAMS**

THE 52nd DIRECTING COUNCIL,

Having considered the document *Evidence-based Policy-making for National Immunization Programs* (Document CD52/__);

Recognizing the increasing need for governments to have strong evidence bases for their resource allocation decisions in order to ensure positive, equitable, and sustainable health results;

Recalling the commitment of all Member States and stakeholders to bolster national capacities for evidence-based immunization decision-making documented in the Global Vaccine Action Plan endorsed by the 65th World Health Assembly;

Aware of ongoing efforts to institutionalize evidence-based decision-making in public health, as stated in Resolution CSP28.R9, and acknowledging the existing capacity in several countries to foster a broader scale-up of these efforts;

Noting the need for Member States to prepare and plan for evaluating the adoption of vaccines in the pipeline that may come at a substantially higher cost than traditional vaccines, while maintaining other achievements in immunization,

RESOLVES:

1. To urge Member States, as appropriate within their particular contexts, to:
 - (a) Implement the policy approaches described in *Evidence-based Policy-making for National Immunization Programs*, in collaboration with the Pan American Sanitary Bureau and other relevant stakeholders, with particular emphasis on:
 - i. formally establishing and strengthening existing National Immunization Technical Advisory Groups (NITAGs) or regional policy bodies that serve the same purpose, as is the case of the Caribbean Advisory Committee, which provides recommendations for the whole subregion;
 - ii. grounding immunization policy-making in a broad national evidence base comprising the technical, programmatic, financial, and social criteria necessary to make informed decisions;
 - iii. developing technical working groups, where a need is identified, to synthesize and/or generate locally derived evidence to inform NITAG recommendations;
 - iv. institutionalizing activities to harmonize planning and costing processes of the national immunization programs, forging strong links between the uses of cost information in budgeting, planning, and decision-making;
 - v. sharing these experiences to evaluate other health interventions within the health technology assessment (HTA) framework.
 - (b) Seek measures to formalize these policy approaches by:
 - i. enacting comprehensive legal frameworks to promote and protect evidence-based decision-making around immunization;
 - ii. ensuring a small budget to support data collection and synthesis and use of evidence in the decision-making process for immunization.
2. To urge the Director to:
 - (a) continue providing institutional support to Member States to strengthen capacities for the generation and use of evidence in their national immunization decision-making processes through the regional immunization program's ProVac Initiative;
 - (b) foster the participation of Member States in the ProVac Network of Centers of Excellence;

- (c) promote among Member States the harmonization of national program planning and costing processes, taking into consideration the specific aspects of each country;
- (d) support resource mobilization efforts to allow the regional immunization program to continue the efforts of the ProVac Initiative;
- (e) provide policy advice and facilitate dialogue to strengthen governance and policy coherence and prevent undue influence from real or potential conflicts of interest.

(Fourth meeting, 18 June 2013)

CE152.R6: Use of the Balance Resulting from the Completion of Holding Account Projects

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE152/20 on the status of the implementation of Holding Account projects as of 30 April 2013;

Considering that project 3.A “Modernization of the PASB Management Information System – Phase 1” was completed leaving a balance US\$ 80,249¹ and that project 3.C “Strengthening of the Organization’s Capacity to be IPSAS Compliant by 2010” was also completed leaving a balance of \$13,088;

Noting that the Pan American Sanitary Bureau proposes to transfer both of the above mentioned balances to project 3.D “Modernization of the PASB Management Information System – Phase 2,” which would represent an increased allocation of \$93,337 to this project,

RESOLVES:

1. To reduce the approved funding from the Holding Account to project 3.A “Modernization of the PASB Management Information System – Phase 1” by \$80,249, leaving the total funding for project 3.A at \$919,751.
2. To reduce the approved funding from the Holding Account to project 3.C “Strengthening of the Organization’s Capacity to be IPSAS Compliant by 2010” by \$13,088, leaving the total funding for project 3.C at \$286,912.

¹ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

3. To increase the funding for project 3.D “Modernization of the PASB Management Information System – Phase 2” by a total of \$93,337; the total funding from the Holding Account for project 3.D will result in \$9,228,337.

(Fourth meeting, 18 June 2013)

CE152.R7: Proposed PAHO Strategic Plan of the Pan American Health Organization 2014-2019

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Proposed PAHO Strategic Plan 2014-2019* (Document CE152/10, Rev. 1) presented by the Director in collaboration with the Countries Consultative Group (CCG) for developing the Plan;

Acknowledging the briefing provided by the President of the Subcommittee on Program, Budget, and Administration (SPBA);

Acknowledging the briefing provided by the Chair of the CCG;

Anticipating that the Pan American Sanitary Bureau will take into consideration the comments of the Executive Committee and the feedback from the national consultations in the finalization of the Strategic Plan,

RESOLVES:

To recommend to the 52nd Directing Council that it adopt a resolution along the following lines:

**PROPOSED PAHO STRATEGIC PLAN OF THE
PAN AMERICAN HEALTH ORGANIZATION 2014-2019**

THE 52nd DIRECTING COUNCIL,

Having considered the proposed *PAHO Strategic Plan 2014-2019* presented by the Director (*Official Document*__);

Noting that the Strategic Plan provides a flexible multi-biennial framework to guide and ensure continuity in the preparation of programs and budget and operational plans over three biennia, and that the Strategic Plan responds to the Health Agenda for

the Americas, the regional mandates, and collective priorities of Member States, as well as the Twelfth General Programme of Work of the World Health Organization;

Welcoming the strategic vision of the Plan, under the theme “Championing Health: Sustainable Development and Equity,” which focuses on reducing inequities in health in the Region within and among countries and territories by addressing the social determinants of health and the progressive realization of universal health coverage;

Acknowledging the participatory process for the formulation of the Strategic Plan through the Countries Consultative Group (CCG) and the wider national consultations carried out by Member States, in collaboration with the Pan American Sanitary Bureau (PASB);

Acknowledging that the Strategic Plan represents a comprehensive and collective set of results that the Pan American Health Organization (Member States and PASB) aims to achieve, and that future performance reporting on the implementation of the Strategic Plan will constitute the principal means of programmatic accountability of PASB and Member States;

Applauding the advance in transparency and results-based planning that the Strategic Plan represents;

Recognizing the need of PASB to channel its efforts and resources towards collective regional health priorities in order to help ensure that all the peoples of the Region enjoy optimal health,

RESOLVES:

1. To approve the Strategic Plan of the Pan American Health Organization 2014-2019 (*Official Document* ___).
2. To thank the members of the CCG for their commitment and technical and strategic input to the development of the Strategic Plan 2014-2019 and express its appreciation to the Director for ensuring the effective support of all levels of PASB to the CCG and the participatory approach utilized for this important process.
3. Taking into account country priorities and context, encourage Member States to identify the actions to be taken and resources needed in order to achieve the targets of the Strategic Plan.
4. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions,

nongovernmental organizations, and private sector and other entities to consider their supporting the attainment of the results contained in the Strategic Plan.

5. To review the mid-term evaluation of the Strategic Plan 2014-2019 with a view to revising the Plan, including its indicators and targets, as may be necessary.
6. To request the Director to:
 - (a) use the Strategic Plan to provide strategic direction to the Organization during the period 2014-2019 in order to advance the Health Agenda for the Americas and the global health agenda contained in the Twelfth General Programme of Work of the World Health Organization;
 - (b) use the Strategic Plan and the programmatic priorities stratification established in the Plan as the main framework for resource coordination and mobilization;
 - (c) establish a comprehensive and accountable monitoring and assessment system, with the input of Member States, to report on implementation of the Strategic Plan utilizing and expanding, where necessary, the existing information systems of the Organization;
 - (d) report on implementation of the Strategic Plan through biennial performance assessment reports;
 - (e) conduct a mid-term evaluation and an evaluation at the end of the Strategic Plan;
 - (f) recommend to the Directing Council, through the Executive Committee, with the proposed biennial program and budgets 2016-2017 and 2018-2019, such revisions of the Strategic Plan as may be necessary.

(Sixth meeting, 19 June 2013)

CE152.R8: Amendments to the Financial Regulations

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the amendments proposed to the Financial Regulations, as they appear in Annex A to Document CE152/18;

Taking into consideration that these amendments to the Financial Regulations reflect modern best practices of management which increase the efficiency and effectiveness of the implementation of the Program and Budget, as well as of the administrative operations that support PAHO's technical programs,

RESOLVES:

To recommend to the 52nd Directing Council that it approve the amendments to Financial Regulations III and IV by adopting a resolution along the following lines:

AMENDMENTS TO THE FINANCIAL REGULATIONS

THE 52nd DIRECTING COUNCIL,

Having considered the proposed amendments to the Financial Regulations of the Pan American Health Organization as they appear in Annex A to Document CD52/__;

Taking into consideration that the amendments to the Financial Regulations reflect modern best practices of management which increase the efficiency and effectiveness of the implementation of the Program and Budget, as well as of the administrative operations that support PAHO's technical programs,

RESOLVES:

To approve the amendments to Financial Regulations III and IV of the Pan American Health Organization pertaining to the Program and Budget and to Regular Budget Appropriations, as set forth in Annex A of Document CD52/__, and to make these amendments effective as of 1 January 2014.

(Sixth meeting, 19 June 2013)

CE152.R9: Nongovernmental Organizations in Official Relations with the Pan American Health Organization

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with PAHO* (Document CE152/6);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations,*

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations (NGOs) for a period of four years:
 - (a) American Society for Microbiology (ASM),
 - (b) Inter-American Association of Sanitary and Environmental Engineering (AIDIS),
 - (c) International Diabetes Federation (IDF),
 - (d) Latin American Federation of the Pharmaceutical Industry (FIFARMA),
 - (e) March of Dimes,
 - (f) U.S. Pharmacopeial Convention (USP), and
 - (g) World Association for Sexual Health (WAS, formerly World Association for Sexology).
2. To admit the American Public Health Association (APHA) into official relations with PAHO for a period of four years.
3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
4. To request the Director to:
 - (a) advise the respective NGOs of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) continue fostering relationships between Member States and NGOs working in the field of health.

(Sixth meeting, 19 June 2013)

CE152.R10: PAHO Award for Administration (2013)

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Administration (2013)* (Document CE152/5, Add. I);

Bearing in mind the provisions of the Procedures and Guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), and by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), and 146th (2010) sessions,

RESOLVES:

1. On the recommendation of the Award Committee, to confer the PAHO Award for Administration 2013 on Dr. Brendan Courtney Bain, of Jamaica, for his extensive contributions in administration and his work to strengthen the public health workforce in the Caribbean through education, training, and research.
2. To congratulate Dr. Brendan Courtney Bain for his excellent professionalism and outstanding work on behalf of his country and the Region.
3. To transmit the *Report of the Award Committee of the PAHO Award for Administration (2013)* (Document CE152/5, Add. I) to the 52nd Directing Council.

(Seventh meeting, 20 June 2013)

CE152.R11: Amendments to the Staff Rules of the Pan American Sanitary Bureau

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE152/22;

Bearing in mind the provisions of Staff Rule 020 of the Pan American Sanitary Bureau;

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

RESOLVES:

To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 July 2013 concerning: appointment policies, working hours and attendance, the mandatory age of retirement, completion of appointments, and the education grant, as follows:

420. APPOINTMENT POLICIES

...

420.3 A “fixed-term appointment” is a time-limited appointment for one year or more. Any extension is subject to conditions determined by the Bureau.

420.4 A “temporary appointment” is a time-limited appointment for less than one year. A temporary appointment may be extended, provided that the total duration of uninterrupted service under consecutive temporary appointments does not exceed two years. A staff member who has completed the maximum period of uninterrupted service on one or more temporary appointments may not be employed by the Organization unless more than 30 calendar days have elapsed since his separation from service. Any future employment is subject to conditions established by the Bureau.

610. WORKING HOURS AND ATTENDANCE

...

610.5 No salary shall be paid to staff members in respect of periods of unauthorized absence from work unless such absence was due to reasons beyond their control. Payment may be withheld pending a determination as to the reasons for the unauthorized absence. If it is determined that the absence was beyond the control of the staff member, the withheld salary will be paid.

1020. RETIREMENT

1020.1 Staff members must retire on the last day of the month in which they reach retirement age, specifically when they reach:

(1) Age 60, if they became participants in the United Nations Joint Staff Pension Fund (UNJSPF) before 1 January 1990.

(2) Age 62, if they became participants in the UNJSPF on or after 1 January 1990.

(3) Age 65, if they became participants in the UNJSPF on or after 1 January 2014.

1020.2 In exceptional circumstances, a staff member’s appointment may be extended beyond their mandatory age of retirement provided that the extension is in the interest of the Bureau and that not more than a one-year extension shall be granted at a time. In no case shall any extension be granted beyond the staff member's sixty-fifth birthday.

1020.3 A staff member whose years of service and age qualify him for receipt upon separation of an early retirement benefit under the United Nations Joint Staff Pension Fund regulations may retire before the normal retirement age, subject to the conditions stated in Rule 1010.

1040. COMPLETION OF APPOINTMENTS

1040.1 Fixed-term and temporary appointments carry no right to extension or conversion of the appointment. In the absence of any offer and acceptance of extension, such appointments shall end on the completion of the agreed period of service.

1040.1.1 A fixed-term staff member shall be notified of the end of the appointment no less than three months before its end date.

1040.1.2 A temporary staff member shall be notified of the end of the appointment normally no less than one month before its end date. Such notice shall not be required in the case of a staff member holding a temporary appointment who has reached the maximum duration of uninterrupted service under consecutive temporary appointments, as defined in Staff Rule 420.4.

1040.2 At the discretion of the Bureau, payment in lieu of the notice period prescribed in Rule 1040.1 may be given to a staff member. Eligible staff members who do not wish to be considered for reappointment shall also give notice of their intention within the minimum period specified above.

1040.3 When a fixed-term or temporary appointment is due to expire during a period of maternity leave, paternity leave where applicable, or adoption leave, the appointment may be extended for a period determined, and under conditions established by the Bureau.

[AMENDMENTS TO THE EDUCATION GRANT (APPENDIX 2 OF THE PASB STAFF RULES)]
EDUCATION GRANT ENTITLEMENTS APPLICABLE IN CASES WHERE EDUCATIONAL
EXPENSES ARE INCURRED IN SPECIFIED CURRENCIES AND COUNTRIES
(effective school year in progress 1 January 2013)

	(1)	(2)	(3)	(4)	(5)	(6)
<i>Country/ currency area</i>	<i>Maximum admissible educational expenses and maximum grant for disabled children</i>	<i>Maximum education grant</i>	<i>Flat rate when boarding not provided</i>	<i>Additional flat rate for boarding (for staff serving at designated duty stations)</i>	<i>Maximum grant for staff members serving at designated duty stations</i>	<i>Maximum admissible educational expenses for attendance (only when flat rate for boarding is paid)</i>
Part A						
Austria (euro)	18 240	13 680	3 882	5 824	19 504	13 064
Belgium (euro)	16 014	12 011	3 647	5 470	17 481	11 152
Denmark (krone)	122 525	91 894	28 089	42 134	134 028	85 073

Country/ currency area	(1)	(2)	(3)	(4)	(5)	(6)
	Maximum admissible educational expenses and maximum grant for disabled children	Maximum education grant	Flat rate when boarding not provided	Additional flat rate for boarding (for staff serving at designated duty stations)	Maximum grant for staff members serving at designated duty stations	Maximum admissible educational expenses for attendance (only when flat rate for boarding is paid)
France ¹ (euro)	11 497	8 623	3 127	4 691	13 314	7 328
Germany (euro)	20 130	15 098	4 322	6 484	21 582	14 368
Ireland (euro)	17 045	12 784	3 147	4 721	17 505	12 849
Italy (euro)	21 601	16 201	3 223	4 836	21 037	17 304
Netherlands (euro)	18 037	13 528	3 993	5 990	19 518	12 713
Spain (euro)	17 153	12 864	3 198	4 797	17 661	12 888
Japan yen (yen)	2 324 131	1 743 098	609 526	914 290	2 657 388	1 511 429
Sweden (krona)	157 950	118 462	26 219	39 328	157 790	175 641
Switzerland (Swiss franc)	32 932	24 699	5 540	8 310	33 009	25 545
United Kingdom of Great Britain and Northern Ireland (pound sterling)	25 864	19 398	3 821	5 731	25 129	20 769
Part B						
United States dollar (outside the United States of America)	21 428	16 071	3 823	5 735	21 806	16 331
Part C						
United States dollar (in the United States) ²	45 586	34 190	6 265	9 399	43 589	37 233

(Seventh meeting, 20 June 2013)

¹ Except for the following schools where the US\$ in the US levels will be applied: (a) American School of Paris; (b) American University of Paris; (c) British School of Paris; (d) École Active Bilingue Victor Hugo; (e) European Management School of Lyon; (f) International School of Paris; (g) Marymount School of Paris; (h) École Active Bilingue Jeanine Manuel.

² US dollar in the USA applies, as a special measure, for China, Indonesia, Hungary, Romania and Russian Federation. Effective school year in progress on 1 January 2013 special measures for Romania are discontinued. Special measures are introduced in Thailand and for the American Cooperative School in Tunis, Tunisia and the American International School of Johannesburg, South Africa.

***CE152.R12: Provisional Agenda of the 52nd Directing Council of PAHO,
65th Session of the Regional Committee of WHO for the Americas***

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda prepared by the Director for the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE152/3;

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Directing Council,

RESOLVES:

To approve the provisional agenda prepared by the Director for the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas.

(Seventh meeting, 20 June 2013)

CE152.R13: Cooperation for Health Development in the Americas

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Cooperation among Countries for Health Development in the Americas* (Document CE152/15),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

COOPERATION FOR HEALTH DEVELOPMENT IN THE AMERICAS

THE 52nd DIRECTING COUNCIL,

Having reviewed the document *Cooperation for Health Development in the Americas* (Document CD52/__);

Taking into account United Nations Resolution 33/134, which endorses the Buenos Aires Plan of Action regarding technical cooperation among developing countries (1978); United Nations Resolution A/RES/64/222, which endorses the outcome

document of the High-level United Nations Conference on South-South Cooperation, held in Nairobi (2009); and the Busan Partnership for Effective Development Cooperation statement (2011);

Recalling Resolution EB60.R4 of the WHO Executive Board, which recommends that programs and activities promote and stimulate cooperation among countries, and Resolution CD25.R28 of the PAHO Directing Council, which recommends that technical cooperation programs be conducted jointly by countries both inside and outside subregional groupings;

Taking into account the reports provided by the Pan American Sanitary Bureau in 1980 (27th Directing Council), 1984 (30th Directing Council), 1985 (31st Directing Council), 1986 (22nd Pan American Sanitary Conference), 1998 (25th Pan American Sanitary Conference), and 2005 (46th Directing Council) on progress in the implementation of initiatives of technical cooperation among countries within PAHO;

Aware that both international health cooperation and the concept of technical cooperation among developing countries have evolved over time towards a broader concept of cooperation among countries and horizontal partnerships that can include a wide range of health development actors, including governmental entities, multilateral organizations, private sector, civil society, and academic institutions, among others;

Noting that traditional development assistance for health is declining among middle-income countries, including most of those in the Region of the Americas, and that complementary health development and cooperation mechanisms must be fostered and strengthened in order to continue advancement of the regional and global health agendas;

Recognizing that many countries and partners in the Region have made important health development advances and have acquired development expertise that may be beneficial to others in the Region and in other regions; and appreciating that many countries in the Region actively participate in South-South, triangular, and other forms of cooperation among countries, particularly in health development issues,

RESOLVES:

1. To approve the renewed policy for cooperation for health development in the Americas as contained in Document CD52/___.
2. To urge Member States to:
 - (a) continue their advocacy in international forums and dialogue for the mobilization of political will and resources to support and further strengthen cooperation

- among countries and other donors, and solidify its role as a complementary approach to international cooperation;
- (b) initiate, lead and manage initiatives of cooperation for health development and continue ongoing efforts to strengthen national capacity to participate in international health cooperation both within and across regions, in coordination with PAHO, as deemed appropriate by Member States;
 - (c) promote and intensify ongoing initiatives to share good practices and experiences that then form the basis for exchanges and collective learning among countries, including the sharing of methodologies for the assessment of activities of cooperation among countries;
 - (d) support the mobilization of resources for strengthening cooperation for health development within the Region and across regions;
 - (e) identify national institutions associated with PAHO/WHO in technical cooperation that could potentially take part in technical cooperation initiatives with countries in the Region on specific issues;
 - (f) promote harmonization and alignment of the health agendas of subregional organizations with that of PAHO in order to strengthen cooperation between countries, organizations, and other agents of change in order to effectively address common health issues.
3. To request the Director to:
- (a) promote and collaborate with Member States and other donors in South-South and triangular cooperation and resource mobilization efforts, to strengthen cooperation among countries as a viable and sustainable modality of cooperation for health development;
 - (b) mainstream the policy for cooperation for health development into the Organization's technical cooperation programs and the new strategic plan, while avoiding duplication of efforts across the Region;
 - (c) promote the Organization's brokering role and facilitate the linking of supply and demand for health expertise, experience, and technology at the national, regional, and global levels in coordination with other WHO offices, other agencies of the United Nations and Inter-American systems, and other partners, with particular attention to those entities supporting health development and humanitarian assistance in health, including the development of the appropriate mechanisms for interregional exchanges;
 - (d) strengthen relations with subregional organizations including, as appropriate, by signing agreements that designate the Organization as their specialized health

- agency, in order to facilitate the performance of PAHO's strategic role in the coordination and optimization of cooperation between countries;
- (e) facilitate the development of methodologies and guidelines for the assessment and evaluation of modalities of cooperation and their impact on health development in order to strengthen evidence-based approaches and identify how best to use these modalities to strengthen and accelerate health progress in the Region;
 - (f) continue the development and enhancement of the regional knowledge-sharing platform in order to facilitate the exchange and sharing of good practices and methodologies based on the countries' experiences;
 - (g) promote the forging of sustainable and flexible strategic partnerships and networks among national and subregional institutions, regional centers of excellence, and nongovernmental actors that can be called upon to address shared health issues both within and across regions;
 - (h) strengthen the mechanisms of technical cooperation among countries, promoting its strategic use to address targeted health priorities and health problems that are most effectively addressed through collective action within and across regions;
 - (i) present to the Directing Council or Pan American Sanitary Conference periodic assessments of the implementation of the policy on cooperation for health development in the Americas, with the aim of highlighting possible challenges and/or success factors that may contribute to the further improvement of the policy, beginning with the 29th Pan American Sanitary Conference.

(Eighth meeting, 20 June 2013)

CE152.R14: Chronic Kidney Disease in Agricultural Communities in Central America

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the concept paper *Chronic Kidney Disease in Agricultural Communities in Central America* (Document CE152/25),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

CHRONIC KIDNEY DISEASE IN AGRICULTURAL COMMUNITIES IN CENTRAL AMERICA

THE 52nd DIRECTING COUNCIL,

Having considered the concept paper *Chronic Kidney Disease in Agricultural Communities in Central America* (Document CD52/__);

Recalling the importance that the Member States place on the objective of achieving universal health coverage and equitable access to health services;

Aware of the Political Declaration of the High-level Meeting of the General Assembly of the United Nations on the Prevention and Control of Noncommunicable Diseases (A/66/L.1);

Recognizing the existence of chronic kidney disease in agricultural communities in Central America and that additional research is urgently needed to inform an evidence-based response;

Taking into account the Declaration of San Salvador, which recognizes this chronic kidney disease as a serious public health problem that requires urgent action;

Aware of the obligation of the Member States to provide a comprehensive, integrated, and solidarity-based response to the health problems of its populations,

RESOLVES:

1. To take note of the concept paper *Chronic Kidney Disease in Agricultural Communities in Central America* (Document CD52/__).
2. To urge the Member States, as appropriate, to:
 - (a) support the Declaration of San Salvador, which recognizes chronic kidney disease from nontraditional causes in Central America as a serious public health problem;
 - (b) promote the design and implementation of domestic and regional research agendas for chronic kidney disease in order to bridge the knowledge gap;
 - (c) develop an interministerial approach and forge partnerships with other sectors of government, development agencies, civil society, affected communities, academia, private enterprise, and other interested parties, to coordinate efforts, mobilize resources, establish plans at the regional, national, and subnational level,

- and prioritize the sustainability of actions to promote evidence-based public policies and mitigate, on an urgent basis, the health, social, and economic consequences of this disease;
- (d) strengthen surveillance for chronic kidney disease, with emphasis on at-risk populations and communities;
 - (e) strengthen their capabilities in environmental and occupational health, taking into account the regulatory frameworks and international commitments and standards;
 - (f) strengthen the health services network to enhance quality of care and patient safety, the availability of human resources, medicines, and health technologies, and the financing of the evidence-based services package.
3. To request the Director to:
- (a) continue to advocate on behalf of effective resource mobilization and to encourage Member States to play an active role in the implementation of this resolution;
 - (b) lend technical support to the strengthening of surveillance systems and facilitate advancement of research priorities for chronic kidney disease;
 - (c) promote the strengthening of the countries' capabilities in regard to environmental and occupational health, taking into account the regulatory frameworks and international commitments and standards;
 - (d) support country efforts to take a comprehensive approach to evidence-based interventions to address chronic kidney disease, including human resource management and procurement mechanisms for medicines and other critical public health supplies, such as the PAHO Strategic Fund, in order to increase coverage, access, and quality of care;
 - (e) continue to alert countries that might face similar situations, and submit an annual progress report to the Governing Bodies on the implementation of this resolution.

(Eighth meeting, 20 June 2013)

CE152.R15: Plan of Action for the Prevention and Control of Noncommunicable Diseases

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Plan of Action for the Prevention and Control of Noncommunicable Diseases* (Document CE152/13, Rev. 1),

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION FOR THE PREVENTION AND CONTROL
OF NONCOMMUNICABLE DISEASES**

THE 52nd DIRECTING COUNCIL,

Having reviewed the document *Plan of Action for the Prevention and Control of Noncommunicable Diseases* (Document CD52/__);

Considering the PAHO Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1), which provides an overall framework for action on noncommunicable diseases (NCDs) in the Region for the period 2012-2025; the consensus on the World Health Organization (WHO) NCD global monitoring framework, which comprises nine voluntary global targets and 25 indicators, including a global target of 25% reduction in premature mortality from NCDs by 2025; as well as the WHO global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, which sets forth actions for the Secretariat, Member States, and partners;

Recognizing that NCD morbidity and mortality impose substantial social and economic burdens, especially because more than one-third of NCD deaths are premature deaths, and that these burdens pose a threat to regional and national development;

Recognizing that the social determinants of health are major drivers of the NCD epidemic and lead to the disproportionate burden of NCDs on socially and economically

vulnerable populations, which calls for urgent multisectoral¹ actions for the prevention and control of NCDs;

Recognizing that cost-effective, evidence-based interventions are available for NCD prevention and control, including public policy interventions as well as health service strengthening based on primary care, and provision of essential medicines and technologies;

Recognizing that there are large inequities in access to NCD prevention and treatment services within and among countries in the Region and that these inequities have implications for development;

Recognizing the need for regional coordination and leadership in promoting and monitoring regional action against NCDs and engaging all sectors, as appropriate, both at the governmental level and at the level of a wide range of non-state actors, in support of national efforts to reduce the burden of NCDs and exposure to risk factors,

RESOLVES:

1. To approve the *Plan of Action for the Prevention and Control of Noncommunicable Diseases* for 2013-2019.
2. To urge Member States to:
 - (a) give priority to NCDs in national health and subregional development agendas and advocate at the highest levels for sustainable implementation of cost-effective, evidence-based interventions to prevent and control NCDs;
 - (b) implement national and subregional NCD policies, programs, and services aligned with the regional Plan of Action on NCDs and appropriate to the context and circumstances in each Member State and subregion;
 - (c) promote dialogue and coordination between ministries and other public and academic institutions and United Nations offices in the countries, and with the public and private sectors and civil society, with a view to integrated implementation of effective NCD prevention interventions that take into account the social determinants of health;

¹ Multisectoral approaches for health include all of government and all of society approaches. At the government level, it includes, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development. All of society approaches include all relevant stakeholders, including individuals, families, and communities, intergovernmental organizations and religious institutions, civil society, academia, media, voluntary associations, and, where and as appropriate, the private sector and industry.

- (d) develop and promote multisector policies and national health plans that protect and promote the health of whole populations by reducing exposure to NCD risk factors and increasing exposure to protective factors, particularly among people living in vulnerable situations;
 - (e) build and sustain the public health capacity for effective planning, implementation, and management of programs, recognizing that effective NCD prevention and control requires a mix of population-wide policies and individual interventions, with equitable access to prevention, treatment and end-of-life quality care, with an emphasis on the primary health care approach;
 - (f) support research and the sustainable implementation of surveillance systems to collect NCD and risk factor data as well as information on socioeconomic determinants of health to build the knowledge base on cost-effective and equitable policies and interventions to prevent and control NCDs.
3. To request the Director to:
- (a) lead a regional response to NCDs by convening Member States, other United Nations agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others towards advancing multisectoral action and collaborative partnerships for the purpose of implementing the Plan of Action for the Prevention and Control of Noncommunicable Diseases, while safeguarding PAHO and public health policies from undue influence by any form of real, perceived, or potential conflicts of interest in a way that complements the WHO global coordination mechanism;
 - (b) support existing regional networks such as CARMEN, strategic alliances like the Pan American Forum for Action on NCDs, subregional NCD bodies, and Member States to promote and strengthen the whole-of-society and whole-of-government response; and facilitate intercountry dialogue and the sharing of experiences and lessons on innovative and successful experiences in NCD policies, programs, and services;
 - (c) support Member States in their efforts to strengthen their health information systems to monitor NCDs, their risk factors, relevant socioeconomic indicators, and the impact of public health interventions;
 - (d) support continuation of the regional strategies for control of specific NCDs and risk factors that are informing the regional Strategy and Plan of Action for NCDs, including the development or adaptation of technical guidelines and tools on specific NCDs and risk factors to facilitate implementation of the Plan of Action;

- (e) monitor and provide a progress report to the PAHO Directing Council on the implementation of the Plan of Action for the Prevention and Control of Noncommunicable Diseases for 2013-2019, at the mid-term and end of the implementation period.

(Eighth meeting, 20 June 2013)

CE152.R16: Proposed Program and Budget of the Pan American Health Organization 2014-2015

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed PAHO Program and Budget 2014-2015* (Document CE152/11, Rev. 1) which is the first program and budget of the Strategic Plan 2014-2019, and the first to be implemented under the new PAHO Budget Policy;

Having considered the *Report of the Subcommittee on Program, Budget, and Administration* (Document CE152/4);

Acknowledging the participatory process followed in the preparation of this proposal through the work of the Countries Consultative Group (CCG) and the national consultations;

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program and budget that takes into account both the global and regional financial climate and its implications for Member States and the Member States' position for zero nominal growth in assessed contributions;

Noting that the zero nominal growth in assessed contributions represents absorption of US\$ 21.4 million in costs, with corresponding programmatic implications, and requires increased emphasis on priorities and improving efficiencies in order to offset the resource reduction;

Taking into account the continued efforts of PASB to improve effectiveness, efficiency, accountability, and transparency, as well as to maintain its relevance in addressing Member States' collective priorities as outlined in the Strategic Plan 2014-2019;

Mindful of the impact that the timely payment of assessments has on the Organization's ability to plan for and deliver appropriately funded programs;

Acknowledging the potential implications of the Programme Budget 2014-2015 of the World Health Organization with respect to the uncertainty of the appropriation of assessed contributions for WHO Regions, coupled with the declining trend in voluntary contributions to the Regional Office for the Americas (AMRO);

Recognizing that AMRO continues to receive the lowest percentage of the approved WHO budget and allocations against that budget;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6 of the PAHO Financial Regulations,

RESOLVES:

1. To thank the Subcommittee on Program, Budget, and Administration for its preliminary review of and report on the proposed Program and Budget.
2. To express appreciation to the Countries Consultative Group for its input and strategic direction in the development of the proposed Program and Budget.
3. To express appreciation to the Director for the leadership and attention given, in the development of the program and budget, to the application of the programmatic priorities stratification framework as a key input into the proposed budget distribution by program areas and initiatives, for consolidation of the results-based management framework in PAHO with emphasis on simplification, greater transparency and accountability.
4. To request the Director to incorporate the comments made by the Members of the Executive Committee in the revised document that will be considered by the 52nd Directing Council, as well as to make the necessary adjustments to reflect the results of the national consultations (baselines, targets, and budget adjustments based on the regional programmatic priorities strata).
5. To recommend that the 52nd Directing Council adopt a resolution along the following lines:

**PROPOSED PROGRAM AND BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION 2014-2015**

THE 52nd DIRECTING COUNCIL,

Having examined the proposed *Program and Budget of the Pan American Health Organization 2014-2015 (Official Document ____)*;

Having considered the report of the Executive Committee (Document CD52/__);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program and budget that takes into account both the global and regional financial climate and its implications for Member States and the achievement of the Member States and the Organization's public health commitments;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6 of the PAHO Financial Regulations,

RESOLVES:

1. To approve the program of work for PASB with a zero increase in net assessments, as outlined in the PAHO Program and Budget 2014-2015.
2. To encourage all Member States, Participating States, and Associate Members to make fully flexible voluntary contributions, to be managed in a special fund, which will offset the reduction in the regular budget (US\$ 6 million¹) resulting from a zero nominal growth, to be used to address priorities identified in the Program and Budget 2014-2015.
3. To encourage Member States to continue advocating for an equitable share of WHO's resources and specifically for WHO to maintain the allocation of assessed contributions at least at the same level of the current biennium, \$80.7 million.
4. To encourage Member States to make payments of their 2013 assessments and arrears for 2011 and 2012 and commit to making timely payments in 2014-2015.
5. To appropriate, for the financial period 2014-2015, the sum of \$297,340,000 in the following manner: (a) \$279,100,000 for the effective working budget (categories 1-6) that represents a zero nominal growth in the assessments of PAHO Member States, Participating States, and Associate Members against the 2012-2013 assessed contributions; and (b) \$18,240,000 as a transfer to the Tax Equalization Fund (section 17), as indicated in the table that follows:

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

Category and Program Area		Base Programs
		Regular Budget (in US dollars)
1	Communicable Diseases	
1.1	HIV/AIDS and STIs	4,904,000
1.2	Tuberculosis	5,011,000
1.3	Malaria and other Vector-Borne Diseases (including Dengue and Chagas)	5,052,000
1.4	Neglected Tropical and zoonotic diseases	3,980,000
1.5	Vaccine-preventable Diseases (including maintenance of Polio Eradication)	3,495,000
	<i>Category 1 Subtotal</i>	22,442,000
2	Noncommunicable Diseases	
2.1	Noncommunicable Diseases and Risk Factors	12,053,000
2.2	Mental Health	1,527,000
2.3	Violence and Injuries	3,074,000
2.4	Disabilities and Rehabilitation	1,509,000
2.5	Nutrition	6,233,000
	<i>Category 2 Subtotal</i>	24,396,000
3	Determinants of Health and Promoting Health throughout the Life Course	
3.1	Women, maternal, newborn, child, and adolescent health and sexual and reproductive health	13,416,000
3.2	Aging and health	1,043,000
3.3	Gender, equity, human rights and ethnicity mainstreaming	5,501,000
3.4	Health and the environment	7,198,000
3.5	Social determinants of health	5,937,000
	<i>Category 3 Subtotal</i>	33,095,000
4	Health Systems	
4.1	Health governance and financing, national health policies, strategies and plans	10,583,000
4.2	People-centered integrated health services	7,630,000
4.3	Access to medical products and strengthening regulatory capacity	8,946,000
4.4	Health systems information and evidence	12,590,000
4.5	Human resources for health	5,188,000
	<i>Category 4 Subtotal</i>	44,937,000

Category and Program Area		Base Programs
		Regular Budget (in US dollars)
5	Preparedness, Surveillance and Response	
5.1	Alert and response capacities	4,721,000
5.2	Epidemic and pandemic-prone diseases	6,267,000
5.3	Emergency risk and crisis management	4,504,000
5.4	Food safety	3,171,000
	<i>Category 5 Subtotal</i>	18,663,000
	Subtotal Categories 1 through 5	143,533,000
6	Corporate Services/Enabling Functions	
6.1	Leadership and governance	56,319,000
6.2	Transparency, accountability, and risk management	2,929,000
6.3	Strategic planning, resource coordination, and reporting	23,987,000
6.4	Management and administration	43,291,000
	Management and administration (PMIS)	
6.5	Strategic communications	9,041,000
	<i>Category 6 Subtotal</i>	135,567,000
	Sub-total (Category 1-6)	279,100,000
	Staff Assessment	18,240,000
	TOTAL BUDGET	297,340,000

6. That the appropriation shall be financed from:

(a) Assessment in respect to:

Member States, Participating States, and Associate

Members assessed under the scale adopted.....210,640,000

(b) Miscellaneous Income6,000,000

(c) AMRO share (estimated based on 2012-2013 allocations).....80,700,000

TOTAL297,340,000

7. That, in establishing the contributions of Member States, Participating States, and Associate Members, assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

8. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 2 shall be available for the payment of obligations incurred from 1 January 2014 to 31 December 2015, notwithstanding the provision of this paragraph, obligations during the financial period 2014-2015 shall be limited to the effective working budget, i.e. Categories 1-6 of the appropriations table in paragraph 2.

9. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the program area from which the transfer is made; transfers in excess of 10% between program areas may be made with the concurrence of the Executive Committee, with all transfers of budget credits to be reported to the Directing Council or the Pan American Sanitary Conference.

10. That up to 5% of the budget assigned to the country level will be set aside as the “country variable allocation,” as stipulated in the PAHO Budget Policy. Expenditure in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 2nd Session of the Subcommittee on Program, Budget, and Administration, as presented to the 142nd Session of the Executive Committee in Document CE142/8. Expenditures made from the country variable allocation will be reflected in the corresponding appropriation categories 1-6 at the time of reporting.

11. That an additional 5% of the budget assigned to the country level will be set aside as the “results-based component” as stipulated in the PAHO Budget Policy. Allocation in the results-based component will be authorized by the Director in accordance with the criteria set forth in the Budget Policy.

12. To estimate the amount of expenditure in the program and budget for 2014-2015 to be financed by other sources at \$290,000,000, as reflected in *Official Document* _____.

(Eighth meeting, 20 June 2013)

CE152.R17: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2014-2015

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Whereas in Resolution CE152.R16 the Executive Committee has recommended that the 52nd Directing Council approve the PAHO Program and Budget (*Official Document* ___);

Taking into consideration that the PAHO Scale of Assessments for the period 2012-2014 is based on the scale of assessments of the Organization of American States,

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

**ASSESSED CONTRIBUTIONS OF THE MEMBER STATES,
PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015**

THE 52nd DIRECTING COUNCIL,

Whereas in Resolution CD52.R__ the Directing Council approved the PAHO Program and Budget 2014-2015 (*Official Document* __);

Bearing in mind that the Pan American Sanitary Code establishes that the scale of assessed contributions to be applied to Member States of the Pan American Health Organization will be based on the assessment scale adopted by the Organization of American States for its membership, and that in Resolution CD52.R__ the Directing Council adopted the scale of assessments for the PAHO membership for the biennium 2014-2015,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2014-2015 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent no increase with respect to the biennium 2012-2013.

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES
AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015

(1) Membership	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustments for taxes imposed by Member States on Emoluments of PASB Staff		(6) Net Assessment	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Member States										
Antigua and Barbuda	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Argentina	2.408	2.408	2,536,106	2,536,106	219,610	219,610			2,316,496	2,316,496
Bahamas	0.062	0.062	65,298	65,298	5,654	5,654			59,644	59,644
Barbados	0.045	0.045	47,394	47,394	4,104	4,104			43,290	43,290
Belize	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Bolivia	0.049	0.049	51,607	51,607	4,469	4,469			47,138	47,138
Brazil	9.941	9.941	10,469,861	10,469,861	906,619	906,619			9,563,242	9,563,242
Canada	11.972	11.972	12,608,910	12,608,910	1,091,846	1,091,846	45,000	45,000	11,562,064	11,562,064
Chile	1.189	1.189	1,252,255	1,252,255	108,437	108,437			1,143,818	1,143,818
Colombia	1.049	1.049	1,104,807	1,104,807	95,669	95,669			1,009,138	1,009,138
Costa Rica	0.221	0.221	232,757	232,757	20,155	20,155			212,602	212,602

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES
AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015**

(1)	(2)		(3)		(4)		(5)		(6)	
Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Cuba	0.183	0.183	192,736	192,736	16,690	16,690			176,046	176,046
Dominica	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Dominican Republic	0.257	0.257	270,672	270,672	23,438	23,438			247,234	247,234
Ecuador	0.258	0.258	271,726	271,726	23,530	23,530			248,196	248,196
El Salvador	0.114	0.114	120,065	120,065	10,397	10,397			109,668	109,668
Grenada	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Guatemala	0.168	0.168	176,938	176,938	15,322	15,322			161,616	161,616
Guyana	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Haiti	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Honduras	0.051	0.051	53,713	53,713	4,651	4,651			49,062	49,062
Jamaica	0.093	0.093	97,948	97,948	8,482	8,482			89,466	89,466
Mexico	8.281	8.281	8,721,549	8,721,549	755,227	755,227			7,966,322	7,966,322

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES
AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015

(1) Membership	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustments for taxes imposed by Member States on Emoluments of PASB Staff		(6) Net Assessment	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Nicaragua	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Panama	0.158	0.158	166,406	166,406	14,410	14,410			151,996	151,996
Paraguay	0.093	0.093	97,948	97,948	8,482	8,482			89,466	89,466
Peru	0.688	0.688	724,602	724,602	62,746	62,746			661,856	661,856
Saint Kitts and Nevis	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Saint Lucia	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Saint Vincent and the Grenadines	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Suriname	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Trinidad and Tobago	0.180	0.180	189,576	189,576	16,416	16,416			173,160	173,160
United States of America	59.445	59.445	62,607,474	62,607,474	5,421,384	5,421,384	10,000,000	10,000,000	67,186,090	67,186,090
Uruguay	0.214	0.214	225,385	225,385	19,517	19,517			205,868	205,868
Venezuela	2.186	2.186	2,302,295	2,302,295	199,363	199,363	0	0	2,102,932	2,102,932

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES
AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015

(1) Membership	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustments for taxes imposed by Member States on Emoluments of PASB Staff		(6) Net Assessment	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Subtotal	<u>99.583</u>	<u>99.583</u>	<u>104,880,815</u>	<u>104,880,815</u>	<u>9,081,969</u>	<u>9,081,969</u>	<u>10,045,000</u>	<u>10,045,000</u>	<u>105,843,846</u>	<u>105,843,846</u>
Participating States										
France	0.219	0.219	230,651	230,651	19,973	19,973			210,678	210,678
Kingdom of the Netherlands	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
United Kingdom	0.046	0.046	48,447	48,447	4,195	4,195			44,252	44,252
Subtotal	<u>0.282</u>	<u>0.282</u>	<u>297,002</u>	<u>297,002</u>	<u>25,718</u>	<u>25,718</u>			<u>271,284</u>	<u>271,284</u>
Associate Members										
Aruba*	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Curaçao*	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Puerto Rico	0.084	0.084	88,469	88,469	7,661	7,661			80,808	80,808
Sint Maartin*	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Subtotal	<u>0.135</u>	<u>0.135</u>	<u>142,181</u>	<u>142,181</u>	<u>12,311</u>	<u>12,311</u>			<u>129,870</u>	<u>129,870</u>

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES
AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015

(1) Membership	(2) Scale Adjusted to PAHO Membership		(3) Gross Assessment		(4) Credit from Tax Equalization Fund		(5) Adjustments for taxes imposed by Member States on Emoluments of PASB Staff		(6) Net Assessment	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
TOTAL	<u>100.000</u>	<u>100.000</u>	<u>105,319,998</u>	<u>105,319,998</u>	<u>9,119,998</u>	<u>9,119,998</u>	<u>10,045,000</u>	<u>10,045,000</u>	<u>106,245,000</u>	<u>106,245,000</u>

(5) This column includes estimated amounts to be received by the respective Member Governments in 2010-2011 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for the difference between the estimated and the actual for prior years.

* Aruba, Curaçao and Sint Maarten were admitted as Associate Members during the 28th Pan American Sanitary Conference. Final scale is pending discussion with Member States and will be presented to the Directing Council in September 2013.

(Eighth meeting, 20 June 2013)

Decisions

Decision CE152(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director, as amended by the Committee (Document CE152/1, Rev. 1).

(First meeting, 17 June 2013)

Decision CE152(D2): Representation of the Executive Committee at the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to appoint Peru and El Salvador, its President and Vice President, respectively, to represent the Committee at the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas. Chile and Jamaica were elected as alternate representatives

(Sixth meeting, 19 June 2013)

IN WITNESS WHEREOF, the President of the Executive Committee, Delegate of Peru, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this twenty-first day of June in the year two thousand thirteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau.

Víctor Raúl Cuba Oré
Delegate of Peru
President of the 152nd Session of the
Executive Committee

Carissa Etienne
Director of the
Pan American Sanitary Bureau
Secretary ex officio of the
152nd Session of the Executive Committee

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda and Program of Meetings
- 2.2 Representation of the Executive Committee at the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the Seventh Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Administration (2013)
- 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 3.4 Annual Report of the Ethics Office (2012)
- 3.5 Report of the Audit Committee of PAHO
- 3.6 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

- 4.1 Proposed PAHO Strategic Plan 2014-2019
- 4.2 Proposed PAHO Program and Budget 2014-2015
- 4.3 Social Protection in Health
- 4.4 Plan of Action for the Prevention and Control of Noncommunicable Diseases

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.5 Evidence-based Policy-making for National Immunization Programs
- 4.6 Cooperation among Countries for Health Development in the Americas
- 4.7 Chronic Kidney Disease in Agricultural Communities in Central America

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2012
- 5.3 Report of the Office of Internal Oversight and Evaluation Services
- 5.4 Amendments to the Financial Regulations
- 5.5 Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States
- 5.6 Status of Projects Funded from the PAHO Holding Account
- 5.7 Master Capital Investment Plan

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Rules
- 6.2 PASB Staffing Statistics
- 6.3 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Update on WHO Reform
- 7.2 WHO Twelfth General Programme of Work 2014-2019 and Programme Budget 2014-2015

7. MATTERS FOR INFORMATION (*cont.*)

- 7.3 Project for Modernization of the PASB Management Information System (PMIS): Progress Report
- 7.4 Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16)
- 7.5 Third Global Forum on Human Resources for Health: Report on the Preparations (by Brazil)
- 7.6 Health in the post-2015 Development Agenda: Report on the Panel Preparations
- 7.7 Progress Reports on Technical Matters:
 - A. Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation
 - B. Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis: Mid-term Evaluation
 - C. Millennium Development Goals and Health Targets in the Region of the Americas
 - D. Implementation of the WHO Framework Convention on Tobacco Control
 - E. Regional Plan on Workers' Health
 - F. Towards the Elimination of Onchocerciasis (River Blindness) in the Americas
 - G. Regional Plan of Action for Strengthening Vital and Health Statistics
 - H. Implementation of the International Health Regulations
 - I. Status of the Pan American Centers

7. MATTERS FOR INFORMATION (*cont.*)

7.8 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

- A. Sixty-sixth World Health Assembly
- B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

Off. Doc. 344 Financial Report of the Director and Report of the External Auditor for 2012

Working Documents

CE152/1, Rev. 1 Agenda
CE152/WP Program of Meetings

CE152/2 Representation of the Executive Committee at the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas

CE152/3 Provisional Agenda of the 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas

CE152/4 Report on the Seventh Session of the Subcommittee on Program, Budget, and Administration

CE152/5 and Add. I PAHO Award for Administration (2013)

CE152/6 Nongovernmental Organizations in Official Relations with PAHO

CE152/7 Annual Report of the Ethics Office (2012)

CE152/8, Rev. 1 Report of the Audit Committee of PAHO

CE152/9 Appointment of One Member to the Audit Committee of PAHO

CE152/10, Rev. 1, and Add. I, Rev. 1 Proposed PAHO Strategic Plan 2014-2019

CE152/11, Rev. 1, and Add. I & II Proposed PAHO Program and Budget 2014-2015

CE152/12, Rev. 1 Social Protection in Health

CE152/13, Rev. 1 Plan of Action for the Prevention and Control of Noncommunicable Diseases

Working Documents (*cont.*)

CE152/14	Evidence-based Policy-making for National Immunization Programs
CE152/15	Cooperation among Countries for Health Development in the Americas
CE152/16, Rev. 1 and Add. I	Report on the Collection of Assessed Contributions
CE152/17	Report of the Office of Internal Oversight and Evaluation Services
CE152/18	Amendments to the Financial Regulations
CE152/19	Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States
CE152/20	Status of Projects Funded from the PAHO Holding Account
CE152/21	Master Capital Investment Plan
CE152/22	Amendments to the PASB Staff Rules
CE152/23	PASB Staffing Statistics
CE152/24	Statement by the Representative of the PAHO/WHO Staff Association
CE152/25	Chronic Kidney Disease in Agricultural Communities in Central America

Information Documents

CE152/INF/1	Update on WHO Reform
CE152/INF/2	WHO Twelfth General Programme of Work and Programme Budget 2014-2015
CE152/INF/3	Project for Modernization of the PASB Management Information System (PMIS): Progress Report

Information Documents (*cont.*)

- CE152/INF/4 Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16)
- CE152/INF/5 Third Global Forum on Human Resources for Health: Report on the Preparations (by Brazil)
- CE152/INF/6 Health in the Post-2015 Development Agenda: Report on the Panel Preparations
- CE152/INF/7 Progress Reports on Technical Matters:
- A. Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation
 - B. Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis: Mid-term Evaluation
 - C. Millennium Development Goals and Health Targets in the Region of the Americas (Rev. 1)
 - D. Implementation of the WHO Framework Convention on Tobacco Control
 - E. Regional Plan on Workers' Health
 - F. Towards the Elimination of Onchocerciasis (River Blindness) in the Americas
 - G. Regional Plan of Action for Strengthening Vital and Health Statistics
 - H. Implementation of the International Health Regulations (Rev. 1)
 - I. Status of the Pan American Centers
- CE152/INF/8 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Sixty-sixth World Health Assembly
 - B. Subregional Organizations

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American Public Health Association

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Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

**Healthy Caribbean Coalition/Coalición del
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Dr. Victor Coombs

U.S. Pharmacopeia

Dr. Damian Cairatti

**Latin American Federation of Hospitals/
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Dr. Norberto Larroca

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**PAN AMERICAN HEALTH ORGANIZATION/
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PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



152nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 17-21 June 2013

CE152/FR (Eng.)
Annex D

CE152/SS/FR (Eng.)
29 April 2013
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FINAL REPORT SPECIAL SESSION OF THE 152nd SESSION OF THE EXECUTIVE COMMITTEE

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**FINAL REPORT
SPECIAL SESSION OF THE 152nd SESSION
OF THE EXECUTIVE COMMITTEE**

Opening of the Session

1. The Executive Committee held a special meeting on 29 April 2013 pursuant to a request by the Subcommittee on Program, Budget, and Administration and in accordance with Article 17(a) of the PAHO Constitution. Representatives of all nine members of the Committee (Brazil, Canada, Chile, El Salvador, Grenada, Jamaica, Paraguay, Peru, and United States of America) participated in the meeting, as did representatives of the following other Member States and Associate Members: Argentina, Aruba, Bahamas, Barbados, Colombia, Cuba, Curaçao, Guatemala, Mexico, Nicaragua, Panama, and Sint Maarten. Dr. Mohamed Abdi Jama (Assistant Director-General for General Management, WHO) participated on behalf of the WHO Secretariat. Some participants attended the meeting in person at PAHO Headquarters in Washington, D.C., while others took part via telephone or web conferencing software.

2. Dr. Víctor Raúl Cuba Oré (Peru, President of the Executive Committee) opened the meeting and welcomed the participants, noting that the main purpose of the meeting was to discuss the allocation of funds by WHO to the Region of the Americas.

3. The Director added her welcome to participants. She observed that the meeting was being held just before the Sixty-sixth World Health Assembly, at which the WHO program budget for 2014-2015 would be discussed. The program budget proposal to be presented to the Health Assembly reflected earlier discussions by Member States during and after meetings of the WHO Programme, Budget and Administration Committee and Executive Board. A great deal of work had gone into the preparation of the proposal, which was an important consideration to be borne in mind in the course of the Committee's discussions. An equally important consideration, however, was the strongly held view among PAHO Member States that there must be equity in the allocation of the Region's portion of the WHO budget. She noted that the Director-General of WHO had asked her to make it clear to the Committee that she was fully committed to putting in place a mechanism to ensure transparency with regard to budget allocations among the WHO regions.

Procedural Matters

Adoption of the Agenda

4. The Committee adopted the proposed agenda contained in Document CE152/SS/1.

Program Policy Matters

Allocation of Funds by WHO to the Region of the Americas (Document CE152/SS/2)

5. Dr. Matías Villatoro (El Salvador, President of the Seventh Session of the Subcommittee on Program, Budget, and Administration) recalled that during the Subcommittee's consideration of the draft proposed program and budget at its Seventh Session in March 2013 (see Document SPBA7/FR, paragraphs 26 to 36), the Delegate of Mexico had presented data on the historic trend of WHO funding for the Region of the Americas (AMRO). The Bureau had been requested to validate the data. Subsequently, in his capacity as President of the Subcommittee, he had requested the Bureau to convene a special virtual meeting of the Subcommittee in order to discuss the data presented by Mexico and to provide additional guidance to assist Member States in preparing for the World Health Assembly in May 2013.

6. The special meeting had been held on 17 April 2013.¹ The Subcommittee had examined a document prepared by the Bureau (Document SPBA7/SS/2), which presented an overview of the legal framework and budgetary considerations that distinguished PAHO from WHO, as well as a comparison of the amounts budgeted by WHO for the Region of the Americas and the amounts actually received by the Region in the previous three bienniums. The Subcommittee had also heard a presentation by the Delegate of Mexico and had examined a document prepared by the Government of Mexico (Document SPBA7/SS/3), which contained a proposed declaration by Member States of the Americas regarding the allocation of funds by WHO to the Region. The proposed declaration requested the WHO Secretariat to guarantee full funding of the Region's allocation of the WHO budget for 2014-2015 and to review regional budget allocation criteria.

7. The Subcommittee had expressed concern about the decline in the Region's share of the WHO budget and had called for a more transparent and equitable approach to resource allocation among the WHO regions. The fact that the Region routinely failed to receive its full allocation from the WHO budget had also been seen as cause for serious concern. It had been considered essential to bring the matter to the attention of the World Health Assembly and had been deemed timely to do so during the Health Assembly's Sixty-sixth session in May, in the context of the discussion of WHO reform, the Twelfth General Programme of Work of WHO, and the WHO program budget for 2014-2015.

8. The Subcommittee had therefore recommended that the Executive Committee hold a special meeting prior to the formal opening of its 152nd Session so that the Committee might adopt a resolution on the matter, to be transmitted to the WHO Programme, Budget and Administration Committee. It had also recommended that the

¹ The final report of the meeting appears in Annex D of Document SPBA7/FR.

matter should be discussed by the Group of the Americas (GRUA), which would meet prior to the World Health Assembly, and that a statement should be made on behalf of the Americas during the Assembly.

9. Ms. Verónica Ortíz (Advisor, Program and Budget, PASB) introduced Document CE152/SS/2, highlighting several important considerations in relation to the allocation of funds by WHO to the Region of the Americas. One was that, in addition to serving as the Regional Office of WHO for the Americas, PAHO was an independent international organization, which meant that its Governing Bodies, not the World Health Assembly, approved its budgets and its Member States paid assessed contributions to PAHO as well as to WHO. It also meant that PAHO received assessed contributions both directly and through its share of the WHO budget. The same was true of voluntary contributions. Another important consideration was that PAHO voluntary contributions (i.e., funds mobilized by PAHO as an independent organization) could not legally be accounted for as voluntary contributions within the Region's share WHO voluntary contributions.

10. Summarizing the figures shown in Table 1 in Document CE152/SS/2, she noted that while PAHO had received virtually all of its regular budget allocation from the WHO budget in 2010-2011, it had received only 25% of its budgeted share of WHO voluntary contributions. As of 31 December 2012 it had received about \$30 million of the Region's budgeted share of over \$80 million of WHO voluntary contributions for the current biennium. Figure 1 in the document, which showed the trend of budgeted and received funds over three bienniums, revealed a consistent pattern of underfunding of the WHO voluntary contributions for the Region, with PAHO receiving only around 30% of its budgeted share.

11. A comparison of amounts received versus amounts budgeted (including both regular budget funds and voluntary contributions) for all WHO regions in 2010-2011 revealed that the Americas had received the lowest proportion of expected funding from WHO (49%, as compared with 57% for the African Region, 62% for the South-East Asia Region, 79% for the European Region, 59% for the Eastern Mediterranean Region, and 83% for the Western Pacific Region). The Region had also been allocated the lowest proportion of the WHO budget for base programs: 6.1% in 2012-2013, although the strategic resource allocation validation mechanism approved in 2006² called for the Region to receive between 6.3% and 7.7%. For 2014-2015, the Region's projected share of the total WHO budget would be 4.4%, while its share of the WHO budget for base programs would be 5.4%. While the Bureau expected the Region's regular budget allocation from WHO to remain the same as in the previous two bienniums (\$80.7 million), regular budget allocations had not yet been established. The WHO strategic resource allocation validation mechanism had been abandoned and would not

² See WHO Documents EB118/7 and EBSS-EB118/2006/REC/1.

apply to the 2014-2015 budget. It was not known why it had been discarded or when it might be replaced by a new validation mechanism.

12. The Executive Committee was invited to consider the proposed resolution contained in the annex to Document CE152/SS/2, which included a proposed statement by the Member States of the Americas to be presented to the Eighteenth meeting of the WHO Programme, Budget and Administration Committee and to the Sixty-sixth World Health Assembly.

13. The Committee expressed strong concern about the Region's dwindling share of the WHO budget, noting that not only was that share below the percentage envisaged under the strategic resource allocation validation mechanism approved in 2006, but that the amounts received were routinely less than the amounts allocated. The fact that the Region was receiving significantly less, both in absolute and proportional terms, than other WHO regions was also a source of concern. Delegates noted that the voluntary contribution portion of the budget, in particular, was underfunded and that the Americas' portion was funded at a far lower level than that of other regions. An explanation was sought from the WHO Secretariat as to the rationale for that discrepancy. Delegates also wished to know why the 2006 resource allocation mechanism had not been applied and what criteria that had been used in its place to determine allocations to the various regions under the 2014-2015 budget. It was stressed that any new resource allocation method that might be devised to replace the 2006 mechanism must be fair, equitable, and transparent, and must ensure accountability. It was also emphasized that the heterogeneity and asymmetries existing in the Americas must be taken into account in setting the Region's allocation.

14. Several delegates pointed out that the lack of certainty and predictability in funding of the WHO portion of the Region's budget could make it difficult to ensure adequate attention to priorities such as noncommunicable diseases and social determinants of health. Several delegates inquired what impact the reductions and funding shortfalls in the WHO portion of the budget had had on PAHO's fulfillment of its responsibilities vis-à-vis WHO and on the Region's achievement of the strategic objectives and Organization-wide expected results established under the WHO Medium-term Strategic Plan. In order to present a strong case for increased WHO funding for the Region, it was considered essential to supply hard data demonstrating the impact of the funding gap. It was also considered necessary to "sell" PAHO as a nimble, efficient, results-oriented organization.

15. Ms. Ortiz affirmed that the Region's share of the WHO budget for 2012-2013 had amounted to 6.1%, which was indeed below the range of 6.3% to 7.7% provided under the 2006 resource allocation mechanism; moreover, the percentage actually received had been lower than that. In 2010-2011, the Region had been allocated \$245 million, but had received only about half that amount: \$121 million. The funding gap had certainly had an

impact on the Bureau's ability to deliver technical cooperation, and there had been a fairly direct relationship between the percentage of funding received and the extent to which expected results had been achieved.

16. Dr. Amalia del Riego (Senior Advisor, Planning and Resource Coordination, PASB) added that, in day-to-day operations, gaps in funding from one source were covered with funds available from other sources, and it was therefore not possible to identify specific areas that had been impacted by failure to receive expected funding from WHO. However, the impact on the Organization's overall budget was evident, as Ms. Ortíz's presentation had shown.

17. The Director said that it was her understanding that the discrepancies in allocation of voluntary contributions among regions had to do with the fact that voluntary funding mobilized by other regions was accounted for in the voluntary contribution component of the WHO budget, whereas voluntary funding mobilized by PAHO was not. Senior officials at the WHO Secretariat had expressed the view that a portion of PAHO voluntary contributions should be counted as part of the Region's share of WHO voluntary contributions. She agreed that transparent criteria for allocating the budget among regions were needed. However, given that WHO did not receive all of the voluntary funding for which it had budgeted, in her view it was also necessary to establish clear guidelines for determining what percentage of available voluntary contributions would go to each Region.

18. As the Committee contemplated what action to take on the matter, she encouraged Member States to bear in mind that the development of a budget was a lengthy and complex process. If Member States from the Americas were to insist that the 2006 strategic resource allocation mechanism be applied to the proposed WHO program budget for 2014-2015, the budget proposal would have to be reworked, which would doubtless cause delays during the May 2013 World Health Assembly. She would therefore suggest that Member States simply call for the development of a clear, equitable, and transparent validation mechanism to be applied to future budgets.

19. Dr. Mohamed Abdi Jama (Assistant Director-General for General Management, WHO), speaking via telephone from WHO Headquarters, explained that the strategic resource allocation validation mechanism approved in 2006 had been a time-limited measure set to expire in 2013. A replacement mechanism had not yet been devised, but options were being discussed as part of the WHO reform agenda by a task force led by the Regional Director for Europe and the Deputy Director-General of WHO; the matter would be opened for discussion by Member States in the next few months. In the meantime, the Director-General had suggested that resources should follow functions—meaning that resources should go to the level or part of the Organization where particular functions were being carried out. That idea had informed the proposed allocation of the

2014-2015 budget. The main criterion applied in determining allocations had been expenditures as of December 2012.

20. Regarding the reasons why the Americas appeared to receive a lesser amount of WHO voluntary contributions than other regions, he explained that the amounts allocated to other regions comprised funds raised by the Region itself and voluntary contributions channeled through the WHO Secretariat. In all regions except the African Region, funding raised in the Region accounted for more than half of that Region's allocation of voluntary contributions and could account for up to 80%. The Region of the Americas was the only Region in which voluntary funding mobilized at the regional level was not counted as part of the Region's share of WHO voluntary contributions. He underlined that the Americas did, however, receive the same percentage as all other regions—except Africa—of the voluntary contributions channeled through the WHO Secretariat. That percentage ranged from 20% to 30%.

21. In response to Dr. Jama's remarks, a delegate pointed out that the document setting out the strategic resource allocation validation mechanism did not appear to specify any time limit on its application and asked for clarification of the expiration date mentioned by Dr. Jama. Another delegate sought confirmation that when Member States collectively approved the WHO budget, PAHO's budget as an independent organization was not taken into account in determining the amount to be allocated to the Region of the Americas. If that was the case, she wondered why that amount had been steadily declining.

22. Dr. Jama confirmed that the WHO budget reflected only voluntary contributions generated through WHO Headquarters. It did not show any such contributions generated at the regional level in the Americas. He reiterated that for all the other regions except Africa the voluntary contribution component of their budgets comprised voluntary funding mobilized by the Region itself, complemented by voluntary contributions channeled through WHO Headquarters.

23. Several delegates expressed the view that the underfunding of the Region's voluntary contribution allocation had not been adequately explained. It was pointed out that for the past several bienniums the Americas had received less than 50% of its allocation, whereas other regions had received as much as 80%, and it was emphasized that the lack of predictability in WHO funding made it difficult for PAHO to develop and carry out its budgets and to evaluate the results achieved. In relation to Dr. Jama's comment that the 2014-2015 budget proposal had been drawn up on the basis of expenditures in the previous biennium, clarification was sought of whether expenditure levels had been appraised against amounts allocated or amounts actually received. It was emphasized that expenditures should not be the only factor considered in budget allocation.

24. Regarding the 2006 resource allocation mechanism, several delegates expressed the view that unless there had been an explicit written agreement by Member States to cease its application, the mechanism should continue to be used until a new mechanism had been approved. It was stressed that Member States must be involved in developing the new mechanism. The need for clear allocation criteria in order to ensure transparency and accountability was reaffirmed.

25. The proposed resolution and declaration contained in Document CE152/SS/2 were discussed at length and the declaration was revised extensively to reflect the points raised in the discussion and to strengthen the language and render it more concise. Paragraphs 2, 4, and 5 were removed altogether, either because their content was considered redundant or subjective in nature or because it appeared to be based on assumptions, not fact. It was pointed out that paragraphs 4 and 5, for example, referred to arguments that might be debated or rejected, but did not offer any evidence that such arguments had, in fact, been advanced. In relation to paragraph 5, it was emphasized that the point to be made was that PAHO was committed to transparency and accountability in its strategic planning and budgeting and that Member States expected the same transparency and accountability from WHO.

26. Subparagraphs 6(b) and 6(c) of the original proposed declaration (which became subparagraphs 5(b) and 5(c) in the amended declaration) were shortened considerably and the wording revised to call on the WHO Secretariat to make known the criteria by which budgets were allocated and resources distributed among WHO Headquarters and the regional offices and to underline the need to involve Member States in developing a new strategic resource allocation model.

27. The Committee adopted Resolution CE152.SS.R1 and requested that it be transmitted to the Eighteenth Meeting of the WHO Program, Budget and Administration Committee and to the Sixty-sixth World Health Assembly.

Closure of the Session

28. Following the customary exchange of courtesies, the President declared the Special Session of the 152nd Session of the Executive Committee closed.

Resolutions

29. The following is the resolution adopted by the Executive Committee in the course of the 152nd Special Session.

Resolution

CE152.SS.R1 ***Allocation of Funds by WHO to the Region of the Americas***

THE SPECIAL SESSION OF THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the background document *Allocation of Funds by WHO to the Region of the Americas* (Document CE152/SS/2);

Mindful of the fact that the Directing Council of the Pan American Health Organization (PAHO) does not meet until September 2013 and that input is urgently needed for the Sixty-sixth World Health Assembly of May 2013;

Noting the need for an open and interactive discussion of the allocation of budget envelopes and resources at both global and regional levels, and

Considering the complex health challenges we face going forward and the need to work responsibly and with common strategies that promote solidarity among the regions,

RESOLVES:

To request that the following statement be presented to the Eighteenth Meeting of the WHO Programme, Budget and Administration Committee of the Executive Board (PBAC) and to the Sixty-sixth World Health Assembly.

STATEMENT BY THE MEMBER STATES OF THE AMERICAS REGARDING WHO BUDGETARY ALLOCATIONS TO THE REGION OF THE AMERICAS

1. For several biennia the Member States of the Region of the Americas have noted a continuous reduction in the allocation of both budget envelopes and financial resources to the Region of the Americas by the World Health Organization (WHO). Concern was expressed at the Sixty-fourth World Health Assembly in 2011 through a Manifesto presented by the Member States of the Americas advocating for a fair share of budget allocation to the Region. The concern was not heeded. The Regional Office of WHO for the Americas (AMRO) is consistently funded under 50% of the budgeted voluntary contributions.

2. For the 2014-2015 biennium, the WHO Secretariat has proposed a base program budget envelope of 5.4%¹ for AMRO. While the Secretariat has declared in the *Proposed Programme Budget 2014-2015*² that the Strategic Resource Allocation (SRA) mechanism approved in 2006³ is not being used, it is nonetheless worth remembering that this model—an objective means for budget allocation based on needs-based criteria—recommended a budget allocation to AMRO of 6.3% to 7.7%. The lack of information on the criteria used to allocate resources for the 2014-2015 biennium is a shared concern of the Member States of the Americas. Therefore, until a new means for global budget allocation is agreed by the Executive Board, the SRA mechanism is the best objective basis for discussion.
3. PAHO is committed to transparency and accountability, and presents its Strategic Plan and Program and Budget to its Governing Bodies and publishes them on its web pages.
4. The Region of the Americas acknowledges that WHO endeavors to present a realistic budget that reflects the functions of all levels of WHO and the health priorities of the countries. However, the Region of the Americas expresses its concern that the implementation of past budgets should not be the only factor considered in budget allocation, given that the allocated resources were never fully provided to the Region.
5. Guided by a clear commitment to transparency and accountability, the Member States of the Americas hereby request that the Programme, Budget and Administration Committee of the Executive Board and the World Health Assembly agree to provide the following directions to the WHO Secretariat:
 - (a) That while it is acknowledged that allocation of 4.4% of WHO's 2014-2015 total budget to AMRO is less than optimal, such an allocation is acceptable for this biennium only, on the condition that actual funding to fill this envelope includes 100% funding of the assessed contribution portion and, if feasible, at least 75% funding of the voluntary contribution portion, on the principle of equitable treatment for all regions.
 - (b) The Region of the Americas requests that the Secretariat provide the criteria by which budgets are allocated and resources are distributed to WHO Headquarters and the regional offices.

¹ This figure (5.4%) corresponds to the WHO base program budget envelope for AMRO (not including the Outbreak and Crisis Response [OCR] funds which are conditional on the occurrence of an outbreak or crisis). The WHO total budget allocation for AMRO (including the OCR funds) is 4.4%.

² WHA Document A66/7 of WHO's Sixty-sixth World Health Assembly.

³ WHO Document EB118/7.1 of WHO's 118th Executive Board

- (c) The WHO Secretariat should work with Member States with regard to a process for a new strategic allocation model for WHO resources starting with the 2016-2017 biennium.

(Single Plenary, 29 April 2013)

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

2.1 Adoption of the Agenda

3. PROGRAM POLICY MATTERS

3.1 Allocation of Funds by WHO to the Region of the Americas

4. OTHER MATTERS

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LIST OF DOCUMENTS

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Agenda

CE152/SS/2

Allocation of Funds by WHO to the Region
of the Americas

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