160th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26-30 June 2017

UPDATE ON WHO REFORM

1.   The World Health Organization (WHO) reform was introduced by the Director-General in 2011 to improve health outcomes, promote coherence in global health, and build WHO into an organization that pursues excellence by being effective, efficient, responsive, objective, transparent, and accountable.[1] WHO reform includes three main areas of focus: programmatic, governance, and managerial reform. Each of these areas included specific outputs for which delivery has been monitored and measured against the results framework for reform.

2.   The WHO Secretariat has reported significant progress towards meeting the objectives of WHO reform in the areas of programmatic, governance, and management reform. The Overview of WHO Reform Implementation (Document EB140/38) presented by the WHO Secretariat to the Executive Board in January 2017 noted that many of the reform items were well advanced, and WHO had made significant progress since the last report to the Sixty-ninth World Health Assembly in 2016. In January 2017 the WHO Secretariat reported on the progress and impact of the work undertaken through WHO reform, as evidenced by the status of the outputs, which are now all being implemented.[2] The WHO Secretariat reports that work in these areas will continue building on lessons learned and adapting to the changing health environment and capacities of WHO Member States. However, WHO has discontinued a defined output for WHO Reform in the draft Proposed programme budget 2018-2019 presented to the Executive Board in January 2017.

3.   Since WHO reform began in 2011, the Pan American Sanitary Bureau (PASB) has reported annually to the Pan American Health Organization (PAHO) Member States through PAHO's Governing Bodies on progress made by WHO in the various reform components. In 2015, in response to a request by PAHO Member States, PASB began reporting on the implications and status of implementation of WHO reform components within PAHO. As reported to PAHO Member States, many of the reform components in

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[1] About WHO: Why reform? http://www.who.int/about/who_reform/change_at_who/what_is_reform/en/.
[2] Overview of WHO reform implementation - Report by the Secretariat EB140/30 (2017).

the Organization were more advanced than in WHO, primarily because of prior reform efforts within PAHO which began in 2003.

4.   The present update includes progress and achievements since the last PASB report to the PAHO Governing Bodies.[3]

Programmatic Reform

5.   The WHO Secretariat reports that programmatic reform has consistently been the most advanced aspect of reform in WHO. Programmatic reform has been geared towards achieving "improved health outcomes, with the Secretariat meeting the expectations of Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus." Since last reported by the WHO Secretariat, the work of WHO has been focused mainly on the bottom-up planning process for development of the Programme budget 2018-2019.

6.   PASB continues to use a bottom-up planning approach, including the identification of national priorities and resource estimations in collaboration with Member States, as the basis for defining its Program and Budget. The Organization has applied the refined methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan (Resolution CD55.R2 [2016]) as part of the Program and Budget 2018-2019 development process, ensuring informed prioritization at the PAHO country level, with a strategic focus on those areas on which Member States believe that PAHO can have the most impact with its limited resources.

7.   Furthermore, the work of the Category and Program Area Networks at both the global and regional levels was integral to monitoring and assessing the previous program budgets, as well as development of the new WHO Programme budget 2018-2019. Within PAHO, face-to-face meetings of the six Category Networks were part of the program and budget development process and will continue to be held during refinement of the PAHO proposed Program and Budget 2018-2019 to be presented at the 29th Pan American Sanitary Conference in September 2017.

8.   Improved predictability, reliability, and flexibility of funding were the main approaches in financing the WHO Programme budget. WHO was successful in mobilizing flexible funding in the 2012-2013 and the 2014-2015 biennia through financing dialogues, and the respective WHO Programme budgets were well funded. However, the situation has changed in 2016, partly due to the budget increase associated with health emergency program reform. As a consequence, WHO currently has a US$ 471 million[4] shortfall for the 2016-2017 biennium. The lack of financing for the

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[3] Update on WHO Reform, Document CD55/INF/3 (2016) presented to the 55th Directing Council.
[4] Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

WHO Programme budget 2016-2017 may impact on funding for PAHO's Program and Budget, which receives around 30% of its financing from WHO.

9.   With respect to monitoring and assessment, PAHO will continue to strengthen the joint monitoring and assessment process with Member States on the PAHO Program Budget and Strategic Plan that was introduced in the 2014-2015 biennium. This is key to ensure that PAHO programmatic results are assessed not only through its internal assessment process, but more importantly by PAHO Member States, providing a far more objective basis for program performance assessment. The joint assessment has been identified as a global best practice.

10.   PAHO is developing a Program and Budget Web Portal to provide Member States with information on programmatic and budget implementation. PAHO's Web Portal, to be launched by the third quarter of 2017, will present information similar to that available on WHO's Programme Budget Web Portal.

Governance Reform

11.   WHO reports significant advancement in the area of governance reform since the Sixty-ninth World Health Assembly. WHO is now working to develop forward-looking scheduling of agenda items and improve agenda management for meetings of its governing bodies (see also Document EB140/INF./3). As previously reported to the PAHO Member States, PASB has already implemented similar reforms in PAHO.

12.   The performance metrics for WHO governance reform highlight the need for improved efficiency and effectiveness of the WHO governing body sessions. There has been a continued increase in the number of agenda items (more than 50%) and page content (threefold) of items discussed by the World Health Assembly over the past seven years. In this regard, PASB continues to work towards limiting the number of agenda items that are presented to the PAHO Governing Bodies and improve the quality of its reports, which is an ongoing challenge. PAHO has also established a 'sunsetting' system to review the status of the implementation of mandates and 'sunset' resolutions that have been completed.

13.   An important achievement in WHO governance reform was the adoption by the World Health Assembly in May 2016 of the Framework of Engagement with Non-State Actors (FENSA), which concluded years of intergovernmental negotiations. In September 2016, FENSA was adopted by PAHO's Member States at the 55th Directing Council through Resolution CD55.R3. The resolution instructed the Director of PASB to implement FENSA in a coherent and consistent manner in coordination with the Secretariat of WHO with a view to achieving full operationalization within a two-year time frame, taking into account the PAHO constitutional and legal framework. The Director was also requested to report on the implementation of FENSA at the PAHO Executive Committee's June sessions, under a standing agenda item, through its Subcommittee on Program, Budget, and Administration. Under Resolution

CD55.R3, FENSA also replaces the Guidelines of the Pan American Health Organization on Collaboration with Commercial Enterprises and the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations. PASB will report annually to the PAHO Governing Bodies on FENSA implementation and on Non-State Actors in official relations with PAHO.

Emergency Reform

14.   The WHO Secretariat continues its implementation of the new WHO Health Emergencies Program (WHE). The WHE officially began its activities on 1 July 2016. The Executive Director of WHE assumed his duties on 27 July 2016.

15.   The core budget of WHE is 56% funded; appeals are 33% funded; and the Contingency Fund for Emergencies is 34% funded. The WHO Secretariat reports that WHE completed its 2018-2019 results framework with new indicators, baselines, and targets. These modifications are detailed in the draft Proposed programme budget 2018-2019 (Document EB140/36) submitted to the Executive Board, where a $69.1 million increase is proposed for the WHE during that biennium, including only a slight increase of $1.8 million for activities in the Region of the Americas.

16.   In keeping with PAHO's commitment to align with WHO, and in accordance with the PAHO constitutional framework, the Director of PASB established the PAHO Health Emergencies Department (PHE) on 15 September 2016, bringing together the Organization's former Department of Emergency Preparedness and Disaster Relief and the Unit of International Health Regulations/Epidemic Alert and Response, and Water Borne Diseases under a consolidated management structure that reports directly to the Director of PASB. While the PHE functionally aligns its work in emergencies with WHE, it maintains priority areas of work for PAHO not otherwise included in WHO.

Management Reform

17.   WHO has focused management reform efforts in the following areas:

a)   Human resources: alignment of staff profiles with WHO needs by attracting and retaining talent and by providing an enabling work environment.

b)   Accountability and transparency: emphasis on delegation of authority, ethics, response to audit recommendations, identification of cost efficiencies, risk management, and participation in the International Aid Transparency Initiative.

c)   Evaluation: expansion of WHO evaluation activities and public access to the respective reports.

d)   Information management: most activities are planned for 2017, including assessment, development of a disclosure policy, and development of a new publications model.

e)   Communications: finalization of the WHO communications strategy and expansion of the emergency communications network, among other reforms.

18.   PAHO has begun implementation of its own human resources strategy in keeping with the transition to the PASB Management Information System (PMIS). PAHO has focused on improving its recruitment process (it is implementing the Taleo talent management system together with WHO), developing the *iLearn* platform, and implementing the revised compensation package for professional staff as mandated by the International Civil Service Commission.

19.   PAHO completed the transition to PMIS in 2016. Much of the work in 2016 has been focused on stabilizing the system and streamlining business processes for efficient delivery of technical cooperation. In December 2016, PASB completed its first annual financial closure using the new system. For the remainder of the biennium, the focus will be on steps to ensure compliance and quality data revisions to the grant management functionality, enhancements for data analytics and reporting, preparations for biennial closure and on system design, and testing for the new Program and Budget 2018-2019 structure.

Action by the Executive Committee

20.   The Executive Committee is invited to take note of this report and to formulate the recommendations it deems pertinent.

Annex

ANNEX

WHO Reform Results Framework: Implementation of Reform Outputs at PAHO as of May 2017

Reform Status	Completed/Implemented	In progress	Not started/ Not currently considered in implementation plan

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
1. Programmatic	**1.1 Program, planning and financing** **[Outcome 1.1 : WHO's priorities defined and addressed in systematic, transparent, and focused manner and financed accordingly]**		
	1.1.1 Needs driven priority setting, results definition and resource allocation aligned to delivery of results		1. The bottom-up planning process with country offices initiated for the 2016-2017 biennium has again been applied to the development of the PAHO Program and Budget 2018-2019. The exercise continued to engage all countries and territories and planning was completed in the new Strategic Plan Monitoring System (SPMS), which consolidates prioritization, costing, and human resource planning. A modified version of SPMS will also be launched to support the more detailed operational planning for the development of entity level biennial work plans 2018-2019. 2. Resolution CD55.R2 approved the Methodology for the Programmatic Priorities Stratification which was refined by Member States through the Strategic Plan Advisory Group. The methodology has been applied to the 2018-2019 bottom up planning exercise with Member States. 3. There are continued efforts to align resource allocation with programmatic priorities, with special attention to noncommunicable diseases (NCDs) and the unfinished agenda in Maternal Health.
	1.1.2 Improve the delivery model at the three levels of the Organization to better support Member States		1. The Bureau continues with the process of strengthening subregional cooperation, having completed the selection of the Subregional Coordinator for South America. The profile of staff for the subregional offices in Central America (CAM) and South America (SAM) have been completed and recruitment of the various positions is underway. It is expected that the subregional teams will be in place for the start of the new biennium. 2. The PAHO Category (CAN) and Program Area Networks (PAN) are functional and completed the end of biennium assessment of the Program and Budget 2014-2015/Interim Progress Report of the PAHO Strategic Plan 2014-2019 (Document CD55/5). The CANs and PANs are currently engaged in the revision of the PAHO Program and Budget 2018-2019 to be presented to the 160th Executive Committee in June and the 29th Pan American Sanitary Conference in September 2017. For the first time in 2017, the Bureau presented a full draft of the Program and Budget 2018-2019 to the Subcommittee on Program, Budget, and Administration (SPBA), allowing Member States more time to review and comment on the document. 3. The PAHO Program Management Network (PMN) was activated in 2015 and has been meeting annually (face to face) and periodically (virtually) to share experiences and lessons across all levels of the Organization. The next meeting of the PMN is scheduled for July 2017 in Colombia. 4. PAHO continues to actively participate in the Global Program Management Meeting and the Global Network of Budget and Finance Officers and contribute to the formulation of the WHO Programme Budget and methodology for operational planning. This involvement fosters programmatic alignment and harmonization between PAHO and WHO in planning, budgeting, and reporting processes.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
1. Program. (cont.)	**1.1.3** Adequate and aligned financing to support strategic focus		1. SPBA approval was received to present the PAHO Program and Budget (2018-2019) as the second integrated budget to the 160th Session of the Executive Committee and 29th Pan American Sanitary Conference. 2. Work is advancing on the development of the PAHO Program Budget Portal, which will make information more accessible to Member States and will facilitate improved reporting to WHO. In April 2017 PAHO, along with WHO, successfully uploaded the first data contribution to the WHO Web portal in compliance with International Aid Transparency Initiative (IATI) reporting requirements. 3. In line with the Organization's Resource Mobilization Strategy 2016-2019, the Bureau launched a Resource Mobilization Network in February 2017, which is expected to promote information sharing and organizational coordination, resulting in increased consistency regarding PAHO's interactions with partners.
	1.1.4 Transparent reporting of results delivery and use of resources		1. A Performance Monitoring and Assessment process was established and is functional across all levels. 2. In 2016, the first joint assessment with Member States of the PAHO Program and Budget 2014-2015 process was completed and the results were presented to the 55th Directing Council (Document CD55/5).
2. Governance	**2.1 Governance [Outcome 2.1: Improved decision making]**		
	2.1.1 Proactive engagement with Member States ahead of Governing Bodies meetings		1. The established orientation and training program for delegates of Governing Body meetings in PAHO and WHO continues to be used as a mechanism for briefing delegates attending the PAHO and WHO Governing Bodies Meetings 2. The workshop on *"How to write reader-focused Governing Bodies Documents"* has been institutionalized and is offered to all authors of Governing Body documents annually (2010 to present). 3. Briefing sessions were held with Member States' Ambassadors before the Executive Committee and before the Directing Council or Pan American Sanitary Conference (the latter two act as the Regional Committee of WHO for the Americas). 4. Scheduled briefing sessions with PAHO/WHO Representatives (PWR) before PAHO and WHO Governing Body sessions were implemented.
	2.1.2 Coordination and harmonization of Governing Bodies practices		1. Resolution WHA69.18 approved the process for the election of the Director-General of WHO. 2. The WHO Secretariat has completed the development of the schedule of expected agenda items for the next six years for the Executive Board, its standing committees, and the World Health Assembly (Document A70/50). Additionally, at the 140th session of the Executive Board, proposals were also considered for improving the number of items on the provisional agendas of Governing Bodies' sessions and the number, length, and timing of those sessions (Document A70/51). 3. In 2015, PAHO introduced the presentation of agenda items for the following three years.
	2.1.3 Member States work coherently in Global Health		1. Ensure more strategic focus of Governing Body sessions and greater alignment of strategies and plans of action to the PAHO Strategic Plan 2014-2019. 2. Member States in the Region of the Americas are working collectively to develop a Sustainable Health Agenda for the Americas 2030. This Agenda sets out a Vision, Goals, and Targets for health development in the Region, and is being developed through a working group led by the Minister of Health of Ecuador, with Vice Presidents from Panama and Barbados. The Agenda is expected to be approved at the 29th Pan American Sanitary Conference in September 2017.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
2. Governance (cont.)	note		**2.2 Engagement with non-State actors (NSAs) [Outcome 2.2: Strengthened effective engagement with other stakeholders]**
	2.2.1 Leverage NSAs to achieve WHO results		1. PAHO actively participated in the Global Framework of Engagement with Non-State Actors (FENSA) dialogue and in the Open-Ended Intergovernmental Working Group on FENSA. 2. FENSA was approved at the 69th World Health Assembly (Document WHA69.10). 3. FENSA was approved at the 55th Directing Council (Document CD55.R3) in 2016, and immediately began its implementation. It was approved in a coherent and consistent manner, and in coordination with WHO, with a view to achieving full operationalization within a two-year time frame, taking into account PAHO's constitutional and legal framework. PASB continues to coordinate with WHO's Secretariat to ensure coherent and consistent implementation of FENSA. Additional details are provided in Document CE160/6 (2017) on the implementation of FENSA.

	2.2.2 Risk Management engagement	(yellow)	1. Resolution WHA 69.10 notes that "WHO takes a risk-management approach to engagement, only entering into an engagement with a non-State actor when the benefits in terms of direct or indirect contributions to public health and the fulfilment of the Organization's mandate outweigh any residual risks of engagement, as well as the time and expense involved in establishing and maintaining the engagement".
			2. The main actions taken by PAHO in this programmatic area are:
			   a. Close collaboration with WHO offices responsible for compliance, risk management, and ethics (CRE).
			   b. Institutionalization of PAHO's risk register and the establishment of the Enterprise Risk Management (ERM) Standing Committee.
			   c. Compliance with the auditors recommendations to identify the top risks and monitor their evolution at the executive management level.
			   d. Advancement to embedded risk management within the risk register and in particular in the planning process, emphasized by the achievement of, for the first time, the inclusion of a list of risks in the Proposed PAHO Program and Budget 2018-2019.

	2.2.3 Maximize convergence with the UN system reform to deliver effectively and efficiently on the UN mandate	(green)	1. PASB has taken the following actions:
			  a) Active engagement with the Latin America and the Caribbean team of the United Nations Development Group (UNDG) (regional and country) and with WHO at the global level.
			  b) Participation in the WHO Country Support Network.
			  c) Collaboration and participation in the UNDGs and United Nations country teams.
			    – Membership in the United Nations country teams and United Nations Development Assistance Framework (UNDAF) Peer Review Team for the development of UNDAFs (to ensure alignment between Country Cooperation Strategies, UNDAFs, and the national health and development plans).
			    – Support to countries to adopt the "Delivering as One" framework and principles and for the adoption of relevant standard operations procedures where feasible.
			    – Engagement with the UN as chair on health-related interagency working groups at the country level.
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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3. Managerial	**3.1 Human Resources [Outcome 3.1: Staffing matched to needs at all levels of the organization]**		
	3.1.1 Strengthened and more relevant Human Resource Strategy		1. In keeping with the Global Strategy for Human Resources for Health: Workforce 2030, a prerequisite for workforce planning now requires that forecast plans be created for 80% of the positions retiring, up from 62% in the 2014-2015 biennium. 2. PASB continues to explore means to participate in the WHO Mobility Strategy including existing inter-organizational arrangements that permit frequent staff transfers between WHO and PAHO. Since the last report to the 55th Directing Council, there have been five interagency transfers (one from PAHO to another UN Agency and four from other UN Agencies to PAHO). 3. The integration of human resources planning into the biennial planning process and routine monitoring as part of the performance monitoring and assessment process continues for the 2018-2019 operational planning cycle. 4. In 2017, PAHO successfully transferred to the human resources platform used by WHO (Stellis).
	3.1.2 Attract talent		1. WHO reports on the timelines of recruitment (time between advertisement and selection decision) for full time, internationally recruited staff; PAHO is doing this in the implementation of its People Strategy approved in 2015.
	3.1.3 Retain and develop talent		1. WHO reports on the percentage of staff in the professional category and higher that have changed duty station in the last year. PASB will begin doing this as it implements its People Strategy.
	3.1.4 Enabling environment		1. This is measured by WHO by the number of appeals or possible appeals resolved by informal means and administrative review. PASB has its own Board of Appeals.
	3.2 Accountability and Transparency [Outcome 3.2: Effective managerial accountability, transparency, and risk management]		
	3.2.1 Effective internal control and risk management processes		1. PASB has done the following in this programmatic area: a) Established the corporate risk management policy (May 2013). b) Established risk registers in all 87 PAHO entities. c) Risk focal points established in each PAHO entity and risk focal points network meeting held. d) Internal audit recommendations accepted by the Director have increased to 87%.
	3.2.2 Effective disclosure and management of conflicts framework		1. This area is measured by annual reports of staff completing declarations of interest. 2. The Declaration of Interests Questionnaire 2017 has been issued in May 2017. The last questionnaire was issued in 2014. 3. The Bureau's Ethics Office serves as the coordinator of the PAHO Integrity and Conflict Management System (ICMS)[5] and as secretariat of the Standing Committee on Asset Protection and Loss Prevention. 4. There were 91 ethical consultations in 2016 compared to 115 in 2015.

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[5] The ICMS members include the Ethics Office, the Office of the Ombudsman, the Office of the Legal Counsel, the Department of Human Resources Management, the Office of Information Security, The Office of Internal Evaluation and Oversight Services, the Board of Appeal, and the PAHO/WHO Staff Association.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3. Managerial (cont.)	**3.2.3** Effective promotion and adherence to core ethical values		1. The 2016 annual report on investigations and updates on disciplinary measures in response to misconduct was prepared (Document CE160/8). 2. There are continued briefings on the role of the Ethics Office, Code of Ethical Principles and Conduct, and on ICMS given to staff of PAHO Country and subregional Offices and HQ entities. 3. An online course on promoting a healthy and respectful workplace has been established and will be instituted as a mandatory training course for all staff.
	3.3 Evaluation [Outcome 3.3 : Institutionalized corporate culture of evaluation and learning]		
	3.3.1 Strengthened WHO Policy on Evaluation		1. Compliance with the WHO Evaluation Practice Handbook to harmonize the evaluation methodology. 2. PAHO is complying with the United Nations Evaluation Group (UNEG) guidelines: *Impact Evaluations in the UN Agency Evaluation Systems: Guidance on Selection, Planning and Management*; *Standards for Evaluation*; and *Norms for Evaluation.* 3. PAHO is in compliance with UNEG's Norms and Standards: (positive) UNEG Norms and Standards underpin PAHO's evaluation policy. "Impact evaluations" are one of several types of evaluation conducted in PAHO. UNEG's Norms and Standards for Evaluation were revised in 2016 (into a joint document which replaced the 2005 UNEG Norms and the 2005 UNEG Standards).
	3.3.2 Institutionalization of evaluation function		1. The Office of Internal Evaluation and Oversight (IES), established in 2008, is now fully functional with staff dedicated to evaluation. 2. PAHO's Evaluation Policy states that evaluation is an essential function at PAHO, carried out in all levels of the Organization. The document also states that "PAHO has a centralized and objective evaluation function in IES/Evaluations that avoids conflict of interest and guides and brings into line evaluation efforts by harmonizing evaluations carried out at different levels in the Organization…" A full time staff member in IES is dedicated to advising on evaluation planning and methodologies as well as in reporting lessons learned.
	3.3.3 Staff and programs plan evaluation and use results of evaluation to improve their work		1. The proportion of internal audit recommendations accepted by the Director closed within the biennium has increased to 90%.
	3.3.4 WHO champions and rewards learning from successes and failures		1. Work on consolidating and analyzing all evaluation reports and their major lessons learned is ongoing. 2. More needs to be done to promote an evaluative culture that embraces learning from failures as well as from successes.
	3.4 Information Management [Outcome 3.4: Information managed as a strategic asset]		
	3.4.1 A strategic framework for streamlined and standard information management		1. Strategy and Plan of Action on Knowledge Management and Communication (2012).

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3. Managerial (cont.)	**3.4.2** Streamlined national reporting		1. The Regional Core Health Data Initiative is functional. 2. The Strategic Plan Monitoring System (SPMS) was launched in 2015 and the first joint end of biennium assessment was completed. 3. The Platform for Health Information is still under development. A module has been incorporated to include monitoring and reporting on the Impact Goals of the PAHO Strategic Plan. 4. Discussions are underway on the monitoring and reporting of the Sustainable Development Goals.
	3.4.3 ICT systems in place to create an enabling environment for information management		1. PASB Management Information System (PMIS) has been successfully implemented on time and within budget. Phase 1 has been operational since January 2015, and Phase 2 has completed its first year of operations as of January 2017. 2. The IT Strategy has been completed. Successful implementation is in progress.
	3.4.4 Promoting a knowledge sharing culture		1. The Office of Knowledge Management, Bioethics, and Research was established in 2008. 2. The Institutional Repository for Information Sharing (IRIS) was established in 2014.
	3.5 Communications [Outcome 3.5: Improved reliability, credibility and relevance of communications]		
	3.5.1 Clear communications roadmap		1. The Strategy and Plan of Action on Knowledge Management and Communication was adopted in 2012. 2. The Communication Strategy was adopted in 2014. 3. The PAHO Publications Policy was adopted in 2015 (currently available on PAHO Intranet).
	3.5.2 Showcasing the consistent quality and how WHO works to improve health		1. WHO Perception Survey 2015 results available. Participants from the Region of the Americas include Barbados, Brazil, Chile, Dominican Republic, Guatemala, Honduras, and Suriname. The survey results indicated that there was 70-80% satisfaction with WHO/PAHO as a leading health organization. A total of 792 participants from AMR were included in the survey with a 25% response rate – the third highest of all WHO Regions.). 2. PAHO has issued/conducted stakeholder perception surveys/interviews with partners, Executive Management, and Technical Department Directors and has issued digital surveys for PAHO Staff and national counterparts. All data will be collected by the end of June 2017 and results of the surveys reported in the update of this item to the 29th Pan American Sanitary Conference.
	3.5.3 Provide accurate, accessible, timely, understandable, useable health information		1. All countries have and maintain an updated internet site, and the PAHO website was upgraded and redesigned to enhance mobile access and information delivery. 2. The corporate image was strengthened on the Intranet to serve as main hub of the PAHO corporate identity system. 3. Social network activities were established and consolidated to improve efficiency.
	3.5.4 WHO staff all have access to the programmatic and organizational information they need		1. All staff have access to PASB Management Information System which provides access to financial and programmatic information on a real-time basis. 2. The Spotlight section of the PAHO Intranet is utilized to disseminate current information to staff on key issues affecting PASB and Member States. 3. There are now monthly budget implementation reports by Category, Program Area, and Entity and publication on the Intranet for access by all staff.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3. Managerial (cont.)	**3.5.5** Quick, accurate and proactive information and communications in disease outbreak, public health emergencies and humanitarian crisis		1. PAHO provided a timely response to all acute emergencies with potential health impacts that occurred during the reporting period through the rapid mobilization and deployment of response experts to the field to conduct early damage/needs assessments and develop action plans within 72 hours of onset. In 2016, PAHO responded to the Earthquake in Ecuador (April 2016), Hurricane Earl (August 2016), Hurricane Matthew in Haiti, Bahamas, and Cuba (October 2016), and to Hurricane Otto in Costa Rica and Nicaragua (November 2016). As part of the response, PAHO has provided direct technical assistance to the Ministry of Health of Haiti (MSPP) and other agencies, including restoring health services and cholera treatment facilities, strengthening of the epidemiological surveillance in affected departments, and deployment and administration of 1 million Oral Cholera Vaccine. 2. The Peruvian Government declared a State of Emergency in 12 regions due to ongoing intense rains and flooding associated with the El Niño phenomenon since mid-February 2017. As of 18 April, PAHO/WHO has deployed 26 national field experts to affected departments, as well seven international experts to support the emergency operations in the Tumbes, Chiclayo, Trujillo, Piura, Ica, and Lima departments. PAHO's experts have increased the national surge capacity in health services, WASH, epidemiology, mental health, and infectious diseases surveillance in the most affected areas. 3. Since the 2014-2015 biennium, PAHO has provided direct technical assistance to Member States and coordinated the regional response to emerging arthropod borne viruses as Chikungunya (2014-15), Zika (2015-16), and Yellow fever (2017). Strategic information has been shared with Member States through International Health Regulations (IHR) channels within 48 hours of onset/declaration of the outbreak. In the context of the PAHO response to Zika and Yellow fever, an Incident Management System was established in order to coordinate the organization wide response. 4. PAHO continues to participate in ongoing discussions regarding the reorganization of WHO's critical functions and core commitments during and after emergencies, the WHO Program for Health Emergencies, the Platform to support the scale-up and outreach of outbreak and emergency operations, the Contingency Fund, and the Global Health Emergency Workforce. 5. PAHO successfully established the new PAHO Health Emergencies Program consistent with WHA Document A69/26. This program incorporates all of the work presently included in Category 5, with the exception of Antimicrobial Resistance (AMR) and food safety. PAHO functionally aligned its work in emergencies with WHO´s new Health Emergencies Program while maintaining the area of Disaster Risk Reduction not included in WHO. 6. The Report of the Independent Oversight and Advisory Committee to the 70th World Health Assembly on the overall progress of the WHE Program highlighted that: *a)* WHO needs to identify trade-offs within a more limited staffing footprint, and reconsider the balance of HQ, regional offices, and field staff; *b)* the WHE Program will take several years to fully implement the ambitious plan has been set forth by Member States; and *c)* that Member States must play their part by providing the required political and financial support.

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