

162nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2018

Provisional Agenda Item 3.1

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REPORT ON THE TWELFTH SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION

1. The Subcommittee on Program, Budget, and Administration held its Twelfth Session at the Headquarters of the Pan American Health Organization in Washington, D.C., from 21 to 23 March 2018. The opening of the Session had to be postponed to 22 March due to inclement weather conditions on 21 March.
 2. The meeting was attended by delegates of the following six Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Barbados, Chile, Ecuador, Panama, and United States of America. The seventh Member, Antigua and Barbuda, was unable to participate in the session. Delegates of Brazil, Canada, Colombia, Mexico, Paraguay, and Spain attended in an observer capacity.
 3. Elected as officers were the Delegates of Ecuador (President), Barbados (Vice President), and United States of America (Rapporteur).
 4. The Subcommittee discussed the following agenda items:
 - Outline of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report on the PAHO Strategic Plan 2014-2019
 - Evaluation of the PAHO Budget Policy
 - New Scale of Assessed Contributions
 - Engagement with non-State Actors
 - Non-State Actors in Official Relations with PAHO
 - Appointment of One Member to the Audit Committee of PAHO
 - Overview of the Financial Report of the Director for 2017
 - Programming of the Budget Surplus
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- Programming of the Revenue Surplus
 - Amendments to the Financial Regulations and Financial Rules of PAHO
 - Amendments to the PASB Staff Regulations and Rules
 - PASB Human Resources Management
 - Final Evaluation of the Health Agenda for the Americas 2008-2017
 - Proposed Process for Development of the PAHO Strategic Plan 2020-2025
 - Report on PAHO-WHO Strategic Issues
 - Cybersecurity in PAHO
 - Status of the PASB Management Information System (PMIS)
 - Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
 - Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas
 - Draft Provisional Agenda for the 162nd Session of the Executive Committee
5. The Subcommittee heard briefings on the Situation of Yellow Fever in the Region of the Americas and on the Celebrations for the 40th Anniversary of the Declaration of Alma-Ata.
6. The Final Report of the session is attached.

Annex



**12th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

Washington, D.C., USA, 21–23 March 2018

SPBA12/FR
23 March 2018
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FINAL REPORT

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FINAL REPORT

1. The 12th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., from 21 to 23 March 2018. The session was attended by delegates of the following six Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Barbados, Chile, Ecuador, Panama, and United States of America. The seventh Member, Antigua and Barbuda, was unable to participate in the session. Delegates of Brazil, Canada, Colombia, Mexico, Paraguay, and Spain attended in an observer capacity.

Opening of the Session

2. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau) opened the session, welcoming the representatives of the Members of the Subcommittee and the Member States participating as observers. After expressing thanks to Member States for electing her to a second term of office as Director of the Pan American Sanitary Bureau (PASB), she noted that the 12th session of the Subcommittee was taking place at a time of political change in the Region, including recent presidential elections in several countries. In addition, the Region continued to grapple with the effects of climate change and was currently contending with outbreaks of several diseases, including malaria, yellow fever, diphtheria, and measles. The latter three were vaccine-preventable, and she urged Governments to strive to maintain high vaccination coverage rates and to ensure early and decisive action to quell outbreaks and maintain the gains made in controlling and eliminating vaccine-preventable diseases in the Region. She assured the Subcommittee that the Bureau would continue to support countries' efforts in that regard.

Election of Officers

3. The following Member States were elected to serve as officers of the Subcommittee for its 12th Session:

President: Ecuador (H.E. Mr. José Valencia Amores)

Vice President: Barbados (Ms. Gabrielle Springer)

Rapporteur: United States of America (Ms. Laura Olsen)

4. The Director served as Secretary *ex officio*, and Dr. Isabella Danel (Deputy Director, PASB) served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents SPBA12/1, Rev. 2, and SPBA12/WP/1, Rev. 2)

5. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA12/1, Rev. 2) without change. The Subcommittee also adopted a program

of meetings (Document SPBA12/WP/1, Rev. 2), with some minor adjustments to the order in which various agenda items would be considered as the result of a 1-day delay due to inclement weather.

Program Policy Matters

Outline of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report on the PAHO Strategic Plan 2014-2019 (Document SPBA12/2)

6. Mr. Rony Maza (Senior Advisor, Planning and Performance Monitoring and Assessment Unit, Department of Planning and Budget, PASB) presented an overview of the process for conducting the end-of-biennium assessment of the PAHO Program and Budget 2016-2017, which would also constitute the second interim report on the PAHO Strategic Plan 2014-2019. He noted that the assessment would be the second joint assessment undertaken by the Bureau and Member States and that the process would build on the success and the lessons learned in the first joint assessment of the PAHO Program and Budget 2014-2015 and the first interim report on the Strategic Plan.¹

7. One of the lessons learned from the 2014-2015 assessment had been that it was necessary to involve other sectors closely linked to the achievement of the desired outcomes and outputs under the Strategic Plan and the program and budget; accordingly, officials from the environment, agriculture, education, and other sectors were participating in the assessments conducted at national level. Various PASB technical teams were also involved and had produced preliminary reports on internal progress assessments undertaken by the Bureau, including assessments of the impact indicators developed in collaboration with Member States in 2013 with a view to measuring equity gaps.

8. Steps taken thus far in the process included orientation and training for national health authorities. Joint assessments by national authorities and PAHO/WHO country office staff had been initiated in 38 countries and territories and the assessment exercise had been completed in 13 of them. During the month of April 2018, the Bureau would validate and consolidate the results and produce a draft assessment report to be submitted to the Executive Committee at its 162nd Session in June. The final assessment report was expected to be ready for submission to the 56th Directing Council in September. In order to keep the document to a reasonable length, the Bureau planned to produce a high-level executive summary, which would be accompanied by detailed annexes, with data shown by category and other criteria.

9. In the ensuing discussion, delegates welcomed the joint assessment, noting that it would provide an opportunity to identify best practices and lessons learned, which could be applied in developing the Organization's next Strategic Plan. To that end, it was suggested that the end-of-biennium assessment report should contain a section on lessons learned, which could be of value not only to the Region of the Americas but also to other

¹ See Document [CD55/5](#) (2016).

WHO regions. It was also suggested that, in a spirit of transparency, there should be a report on the results of monitoring and evaluation of biennial work plans for 2016-2017. The proposed inclusion of information on both programmatic and budget implementation was applauded, as such information would serve to highlight funding gaps.

10. One delegate, recalling that the joint assessment of the 2014-2015 program and budget had been hindered by a lack of data on the various indicators, questioned whether all the information needed for the assessment of the 2016-2017 biennium was, as indicated in Document SPBA12/2, available in the PAHO Strategic Plan Monitoring System. The same delegate emphasized the need to ensure that national authorities were familiar with the indicator definitions. Another delegate stressed the need for ongoing training for national authorities, not only for purposes of the joint assessment, but also to ensure that they were able to use the PASB Management Information System (PMIS) effectively. She also drew attention to the need to align timelines for planning and evaluation, noting that they often did not coincide, which made it difficult to apply the lessons learned from evaluations in future planning.

11. Delegates underscored the importance of close cooperation between the Bureau and national authorities in order to meet the deadlines of the proposed timeline for the joint end-of-biennium assessment. It was suggested that the deadline for completion of the country-level assessments should perhaps be extended in order to ensure the full involvement of national authorities in the process. It was also suggested that national authorities should undertake an independent validation of the assessment data. The need for a common agreement between the Bureau and Member States with regard to output and outcome indicators, baselines, and targets was also noted.

12. Mr. Maza said that the Bureau intended to include a section on lessons learned in the report. Those lessons would also be taken into account in drawing up the next Strategic Plan. With regard to the comments on the indicators, he noted that the outcome indicators being used to assess the implementation of the 2016-2017 Program and Budget were those approved under the original version of the Strategic Plan; the amended indicators introduced under the amended version of the plan approved in 2017² would be assessed as part of the final evaluation of the Strategic Plan in 2020. The PAHO Strategic Plan Monitoring System included a complete compendium of output and outcome indicators, with the technical specifications for each indicator. Feedback from the national authorities who had already completed the assessment at country level indicated that they had found the technical information on the indicators very useful. The Bureau would continue providing all necessary training and support to national authorities and would also continue to emphasize the importance of dialogue with and involvement of national authorities in all phases of the joint assessment.

13. The Director, assuring the Subcommittee that the Bureau was committed to transparency and accountability, thanked Member States for their participation in the joint assessment and for their continued engagement in the Organization's planning processes.

² See [Official Document 345](#) (Amended, September 2017).

She agreed that it was important to ensure that a systematic approach was in place to capture lessons learned and best practices, not only to inform PAHO's future work, but also to share with the WHO Secretariat and other WHO regions.

14. The Subcommittee took note of the report.

Evaluation of the PAHO Budget Policy (Document SPBA12/3)

15. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the current PAHO Budget Policy had been approved in 2012 and covered the same period as the PAHO Strategic Plan 2014-2019. The policy had been intended to apply only to regular budget resources (i.e., resources derived from assessed contributions and miscellaneous income). An interim assessment of the policy had been conducted in 2016 pursuant to Resolution CSP28.R10, which had also requested that a second assessment of the policy's implementation be conducted at the end of the 2016-2017 biennium. Document SPBA12/3 set out how the Bureau would address that request. It was important to note in that connection that several significant changes had taken place since the approval of the policy in 2012, including the adoption of an integrated approach to budgeting, as a result of which there was no longer a separate regular budget allocation.

16. The assessment of the policy would seek to determine whether resources had been allocated in accordance with the policy during the period 2014-2017. It would also identify lessons learned in the implementation of the policy, particularly in light of the integrated approach adopted in 2016. In order to ensure objectivity, the Bureau had retained an external evaluator. The assessment was being conducted under the auspices of the Office of Internal Oversight and Evaluation Services, with input from across the Organization, including country offices. The results would be presented to the Executive Committee at its 162nd Session in June 2018.

17. In the ensuing discussion, a delegate sought clarification as to the identity of the external evaluator and the criteria for the selection of the sample of internal and external stakeholders to be interviewed. She also inquired about the rationale for comparing the budget allocation policies of WHO and PAHO, one of the stated objectives of the assessment. In addition, she expressed the view that it was the role of Member States, not an external evaluator, to determine the relevance of the PAHO Budget Policy, although the evaluator might be invited to make recommendations regarding how to improve the policy.

18. Mr. Chambliss affirmed that the remit of the external evaluator would be to provide recommendations on the policy; it would fall to Member States to decide whether the Budget Policy remained relevant in the current integrated budget era. The Bureau had contracted for an external evaluation because it had understood, on the basis of Resolution CSP28.R10, that Member States wished it to do so. With regard to the comparison of the WHO and PAHO budget allocation policies, the Bureau considered that it would be of interest to Member States to see how PAHO's policy compared with WHO's budget space allocation policy. A major difference between the two was that the WHO policy took into account the integrated budget, whereas the PAHO policy applied only to the regular budget.

19. The Director added that, in keeping with the Bureau's emphasis on building a culture of evaluation within the Organization, it was relying increasingly on external evaluations, which brought greater independence and objectivity to the process.

20. The Subcommittee took note of the report.

New Scale of Assessed Contributions (Document SPBA12/4)

21. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the Member States of PAHO were assessed at the same rate as that used by the Organization of American States (OAS), but that the scale was adapted to include Participating States and Associate Members. At the 29th Pan American Sanitary Conference the PAHO adapted scale had been approved for 2018, based on a transitional scale adopted by the OAS General Assembly. The scale to be applied by PAHO for 2019 would depend on the outcome of discussions by the OAS General Assembly on the OAS scale for 2019 and beyond. As yet, there was no agreement among the OAS Member States about how to proceed. Negotiations were continuing, and a progress update would be provided to the Executive Committee in June.

22. The Subcommittee took note of the report.

Engagement with non-State Actors (Document SPBA12/5)

23. Dr. Heidi Jiménez (Legal Counsel, PASB) introduced Document SPBA12/5, which reviewed the steps taken by PAHO to implement the Framework of Engagement with non-State Actors (FENSA), adopted by the World Health Assembly in May 2016 and by the PAHO Directing Council in September 2016.

24. The Subcommittee welcomed the progress made in implementing the Framework and was pleased to note that the implementation process was proceeding in accordance with the two-year time frame established in Resolution CD55.R3. Delegates considered that the Framework provided clear rules for managing and reaping the benefits of partnerships with non-State actors. At the same time, it was pointed out that FENSA was a new mechanism that should be revisited periodically with an eye to identifying needed improvements.

25. It was suggested that the report would be more useful to Member States if it contained a timeline showing the implementation steps taken to date and if it presented a schematic roadmap of FENSA decision-making processes. It was also suggested that the report should present a summary of recurring issues that arose in the course of due diligence and risk assessment reviews. Clarification was sought regarding whether the criteria applied by PAHO for standard and simplified due diligence and risk assessment reviews were the same in all respects as those applied by WHO. An update on progress with regard to the WHO Guide for Staff and Handbook for non-State Actors was requested. The Bureau was also asked to indicate whether all of PAHO's data on non-State actors had been incorporated into the WHO Register.

26. Dr. Jiménez said that WHO had released the Guide for Staff in the first quarter of 2018. The Bureau was currently reviewing the Guide in order to adjust it to PAHO's legal framework, particularly with regard to rules, regulations, and constitutional provisions. It was expected that the review would have been completed by June, at which time the Bureau would begin training for all staff on the basis of the Guide. WHO was still in the process of implementing the Register of non-State Actors. The only components that were functional at present were those relating to the registration of non-State actors in official relations with the Organization. Once the register was fully operational, PAHO would participate therein in a coordinated manner with WHO.

27. PASB conducted due diligence and risk assessment reviews in exactly the same way as WHO, having adopted the same criteria with regard to whether standard or simplified reviews were carried out. During the next reporting cycle, the Bureau would seek to identify recurring issues that arose in such reviews. It would also endeavor to implement the other suggestions made by delegates.

28. The Director noted that there was a movement within WHO to simplify the application of FENSA in order to make the implementation process less onerous. The Bureau was hopeful that that initiative would result in a Framework that met Member States' requirements, but also made it easier for the Organization to engage with non-State actors.

29. The Subcommittee took note of the report.

Non-State Actors in Official Relations with PAHO (Document SPBA12/6, Rev. 1)

30. Mr. Alberto Kleiman (Director, Office of External Relations, Partnerships and Resource Mobilization, PASB) recalled that the Framework of Engagement with non-State Actors had replaced the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations (NGOs). Official relations were a privilege granted by the Executive Committee to non-State actors that had engaged in sustained and systematic collaboration with PAHO for their mutual benefit. The Executive Committee, through the Subcommittee, was responsible for reviewing applications from organizations seeking to enter into official relations with PAHO and for reviewing collaboration with organizations already in official relations and deciding whether such relations should be continued, suspended, or discontinued. Each year, about a third of the organizations in official relations with the Organization were reviewed.

31. Document SPBA12/6, Rev. 1, contained information on two organizations seeking admission into official relations with PAHO: Action on Smoking and Health and the Drugs for Neglected Diseases initiative–Latin America. The Bureau considered that both met the conditions for admission. The document also contained information on 11 organizations due for review. The Bureau recommended the continuation of relations with seven of those organizations: the American Speech-Language-Hearing Association, the Latin American Federation of the Pharmaceutical Industry, the Framework Convention Alliance, the InterAmerican Heart Foundation, the National Alliance for Hispanic Health, the Sabin

Vaccine Institute, and the Latin American Society of Nephrology and Hypertension. The Bureau recommended that the review of collaboration with the following three organizations should be deferred so that they could update their work plans: the American College of Healthcare Executives, the Latin American Confederation of Clinical Biochemistry, and the EMBARQ, the World Resources Institute Ross Center for Sustainable Cities. In addition, the Bureau recommended the discontinuation of official relations with Consumers International Regional Office for Latin America and the Caribbean, owing to a lack of collaboration in the past three years.

32. The Subcommittee considered the recommendations on each organization mentioned above. Delegates expressed support for the admission into official relations of the Drugs for Neglected Diseases initiative–Latin America (DNDi) and Action on Smoking in Health, with one delegate highlighting the active role that the latter organization had played in tobacco control efforts. Another delegate, noting that DNDi was working on medicines for hepatitis C, asked whether those medicines would be explicitly included in its plan for collaboration with the Organization.

33. With regard to the Latin American Federation of the Pharmaceutical Industry (FIFARMA), information was requested on the relationship between the Federation and the network of national regulatory authorities in the Region of the Americas and on the extent to which the latter would be involved in the online course on health regulation of biologicals and biotechnological drugs mentioned in Annex B to the document. With regard to the Framework Convention Alliance, it was pointed out that action taken with policy-makers should be carried out in collaboration with national health authorities so that they could provide appropriate support. Concerning the National Alliance for Hispanic Health, clarification was sought regarding the identification of demonstration programs and the engagement grants initiative mentioned in the document. Regarding Consumers International, Regional Office for Latin America and the Caribbean, a delegate inquired whether the organization had indicated that it did not wish to continue relations with PAHO or whether it had simply ceased responding.

34. As to the Latin American Society of Nephrology and Hypertension, the Delegate of Mexico asked for information about Mexican participants in the Society’s course on treatment and prevention of chronic renal disease. She also asked when the courses planned for the coming three years would be launched and whether they would be available via the PAHO Virtual Campus for Public Health. The same delegate asked what role the Inter-American Heart Foundation (IAHF) had played in respect of a tax on sugary drinks in Mexico and what it had done in support of the implementation of Article 14 of the Framework Convention on Tobacco Control. She also requested an explanation of the reference to a “scorecard” for monitoring progress on actions in relation to noncommunicable diseases, mentioned in the documentation on the Foundation.

35. Dr. Adriana Blanco (Chief, Risk Factors and Nutrition Unit, Department of Noncommunicable Diseases and Mental Health, PASB) responded that IAHF had long had a role in trainer training on smoking cessation. The Foundation had also been one of a number of NGOs that had worked to get the tax placed on sugary drinks in Mexico.

A member of the Subcommittee added that IAHF had worked to support passage of the sugary drinks tax law in Mexico and had also been engaged in evaluating the tax's impact. She also noted that the Foundation had supported the work of smoking cessation clinics in Mexico.

36. Dr. Analía Porras (Chief, Medicines and Health Technologies Unit, Department of Health Systems and Services, PASB) said that the relationship between FIFARMA and national authorities within the Pan American Network for Drug Regulatory Harmonization had developed over the years. The member States of the Network's Steering Committee had recently decided to change the role of such industrial associations to that of observers. As such, they were entitled to participate in the Network's discussions but not in its decision-making. With regard to DNDi, she explained that any interests of the Organization that had to do with that NGO's work could be included in its work plan, and new activities could be incorporated during the annual reviews of the plan. DNDi's work on hepatitis medications was still in a fairly early stage, with clinical trials under way in Asia. It was hoped that the work would soon be of benefit to countries in the Americas.

37. Dr. Massimo Ghidinelli (Chief, HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections Unit, Department of Communicable Diseases and Environmental Determinants of Health, PASB) added that DNDi played a very active role with regard to hepatitis and intended to expand the clinical trials of hepatitis C medicines to the Americas. Collaboration with DNDi might also include a model of care for hepatitis C at the primary care level.

38. Ms. Silvana Luciani (Chief, a.i., Noncommunicable Diseases, Violence and Injury Prevention Unit, Department of Noncommunicable Diseases and Mental Health, PASB) explained that the scorecard on noncommunicable diseases was a means of monitoring progress on global indicators for the prevention and control of such diseases. Information was being collected by means of a standardized national capacity survey. The scorecard provided a visual way of presenting the information, which was provided by Member States. She also explained that engagement grants were given by the National Alliance for Hispanic Health to NGOs working primarily in Latin America. The recipients were generally small community groups. The grants were intended to raise awareness of cervical cancer, its causes, and its linkages with human papillomavirus. Concerning the recommendation to discontinue official relations with the Regional Office for Latin America and the Caribbean of Consumers International, she explained that there had been good relations and collaboration with the organization in the past, but that in recent years it had simply ceased responding to the Bureau's attempts to engage with it.

39. Dr. Gloria Giraldo (Specialist, Cardiovascular Disease Prevention and Control, Noncommunicable Diseases, Violence and Injury Prevention Unit, Department of Noncommunicable Diseases and Mental Health, PASB) confirmed that all of the courses to be offered in collaboration with the Latin American Society of Nephrology and Hypertension would be provided via the PAHO Virtual Campus. The courses would be announced through various channels.

40. Having reviewed the information on each organization and having heard the explanations provided by the various members of the Bureau, the Subcommittee decided to recommend to the Executive Committee that it admit Action on Smoking and Health and the Drugs for Neglected Diseases initiative—Latin America into official relations with PAHO. The Subcommittee also decided to recommend that the Executive Committee approve the continuation of official relations between PAHO and the American Speech-Language-Hearing Association, the Latin American Federation of the Pharmaceutical Industry, the Framework Convention Alliance, the InterAmerican Heart Foundation, the National Alliance for Hispanic Health, the Sabin Vaccine Institute, and the Latin American Society of Nephrology and Hypertension and that the Committee defer a decision on the continuation of official relations with the American College of Healthcare Executives, the Latin American Confederation of Clinical Biochemistry, and EMBARQ, The World Resources Institute Ross Center for Sustainable Cities. Lastly, the Subcommittee decided to recommend that the Executive Committee discontinue official relations with Consumers International, Regional Office for Latin America and the Caribbean.

41. The President announced that the Subcommittee's recommendations would be submitted to the 162nd Session of the Executive Committee in the form of a proposed resolution.

Appointment of One Member to the Audit Committee of PAHO (Document SPBA12/7)

42. Dr. Heidi Jiménez (Legal Counsel, PASB) reviewed the background of the Audit Committee and drew attention to its terms of reference, which appeared as an annex to Document SPBA12/7. She noted that under those terms of reference the three Audit Committee members were elected by the Executive Committee and served terms of up to three years each. As the term of office of one member would end in June, it would be necessary for the Executive Committee to appoint a new member during its June 2018 session. Accordingly, the Bureau had advertised the post widely and had sent a *note verbale* to all Member States soliciting candidacies. That process had yielded 35 candidates, all of whom had been carefully reviewed, resulting in a short list of four. Confidential documentation on the four candidates had been distributed to the Subcommittee members.

43. The Subcommittee decided to establish a working group consisting of the delegates of Barbados, Chile, and Panama to review the list of candidates proposed by the Director. Subsequently, Ms. Gabrielle Springer (Barbados) reported that the working group had evaluated the four candidates on the basis of the criteria for membership set out in Section 4 of the Terms of Reference, and had selected five critical factors for ranking them. Each member of the group had ranked each of the candidates separately, and the scores had then been consolidated and the individual results averaged. Mr. Martin Guozden had been unanimously selected as the candidate to be recommended for appointment to the Audit Committee.

44. The Director thanked the working group for its recommendation and the members of the Subcommittee for accepting it. She added that, during the Executive Committee's

June session, there would be an opportunity to thank the Audit Committee and in particular the outgoing member.

45. The Subcommittee endorsed the working group's recommendation. The President announced that the recommendation would be communicated to the Executive Committee.

Administrative and Financial Matters

Overview of the Financial Report of the Director for 2017 (Document SPBA12/8, Rev. 2)

46. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) introduced the overview of the Financial Report of the Director for 2017, noting that the Report was still being finalized and the figures were still being audited by the Organization's External Auditor. He also noted that the Financial Report had been prepared using the new PASB Management Information System (PMIS) (see paragraphs 126 to 132 below), which had also been used for the first time for the closure of a biennium. In addition, Standard 39 of the International Public Sector Accounting Standards (IPSAS), which required immediate reporting of employee benefit liabilities, had been implemented. As a result of that change, figures for 2016 had been restated in order to permit comparison.

47. Highlighting the main trends with regard to revenue and expenditure, he reported that the Organization's consolidated total revenue in 2017 had amounted to approximately US\$ 1.509 billion,³ which was an increase of about 4% with respect to 2016. Consolidated revenue included funds received for procurement on behalf of Member States and national voluntary contributions received from Member States for technical cooperation projects to be carried out in the contributing State. Neither of those two sources was counted as part of the Organization's budget. In total for the 2016-2017 biennium, the Organization had managed more than \$2.95 billion, a reduction of some \$200 million with respect to the 2014-2015 biennium, when the total had been \$3.187 billion. Variations in consolidated revenue for the previous five years had mainly been the result of fluctuations in national voluntary contributions, which in turn had been a consequence of changes in the value of local currencies against the United States dollar. In terms of local currency, the amounts received had remained about the same.

48. Total consolidated expenditures for 2017 had amounted to \$1.511 billion, in comparison with \$1.428 billion in 2016, an increase of 6%. It should be borne in mind, however, that expenditures for the second year of a biennium were generally higher than in the first year. Procurement on behalf of Member States and transfers and grants of funding from national voluntary contributions had accounted for the largest shares of expenditures. Personnel costs had amounted to \$147.9 million, some \$7 million more than in 2016. Travel expenditures had totaled \$54.2 million; travel for technical cooperation events, such as technical meetings and training events, had accounted for 70% of that amount.

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

49. Budgeted PAHO assessed contributions in 2017 had totaled \$96.4 million, the same as in 2016. IPSAS rules required that the entire budgeted amount be recorded at the beginning of the financial year, regardless of the amount actually collected. Funds received from WHO in 2017 had totaled \$53 million, 31% more than in 2016. PAHO voluntary contributions had increased significantly, rising from \$31 million in 2016 to \$50.4 million in 2017, marking a reversal of the downward trend noted in recent years. Net national voluntary contributions (i.e., excluding program support costs) had totaled \$534.2 million, versus \$511.9 million in 2016, an increase of 9%. The majority of those contributions had come from Brazil for the *Mais Médicos* project.

50. Current-year assessed contributions collected in 2017 had totaled \$58.4 million, while contributions for earlier years had amounted to \$40.1 million; 27 Member States, Associate Members, and Participating States had paid their assessed contributions for 2017 in full, 12 had made partial payments, and 3 had made no payments. Arrears in the payment of assessed contributions had totaled \$44.4 million at the end of 2017, which was \$4 million more than in 2015. As of 31 December 2017, no Member States had been subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution.

51. Revenue received through the Organization's funds for procurement on behalf of Member States had totaled \$684.8 million in 2017, the largest amount ever in the Organization's history. The Revolving Fund for Vaccine Procurement had accounted for \$612 million of that total (as compared with \$582.3 million in 2016), the Revolving Fund for Strategic Public Health Supplies (commonly known as the "Strategic Fund") for \$69 million (versus \$92.2 million in 2016), and the Reimbursable Procurement Fund for \$3.8 million (versus \$4 million in 2016). While procurement under the Strategic Fund appeared to have declined, orders worth more than \$38 million had been in process at years' end; hence, the Fund's level of activity had, in fact, increased.

52. The Bureau expected a budget surplus of \$1 million and a revenue surplus of \$5.7 million for the biennium (see paragraphs 63 to 65 and 66 to 70 below).

53. The Subcommittee welcomed the positive trends in the Organization's finances and commended the Bureau for its sound financial management. Information was requested on the sources of the voluntary contributions received in 2017 and on the uses made of those funds. An explanation of the increases in expenditure for travel and other items was also requested. It was noted that total consolidated expenditure had amounted to \$1.511 billion, whereas total consolidated revenue had been \$1.509 billion, and clarification was sought as to how the excess expenditure had been financed. Further explanation was requested regarding the changes made to the financial figures for 2016 as a result of the introduction of IPSAS 39.

54. Several delegates remarked that it would have been useful to receive the information presented by Mr. Puente Chaudé in advance of the session and encouraged the Bureau to include such information in future financial reports submitted to the Subcommittee. With regard to the financial report to be presented to the Executive Committee, a delegate requested that it include a breakdown of funding by category,

information on how past recommendations of the External Auditor had been implemented and on how the recommendations made in respect of the 2017 financial report would be applied, and an explanation of the repercussions for PAHO of the new scale of assessed contributions adopted by the Organization of American States (see paragraphs 21 and 22 above).

55. Mr. Puente Chaudé, reiterating that expenditures always tended to be higher in the second year of a biennium than in the first, explained that the bulk of the expenses for travel—\$35.1 million of the total of \$54.4 million—had been for activities related to the Organization’s technical cooperation, including expert meetings, seminars, training sessions, and the like. The amount spent on travel and per diem for staff and consultants had decreased from \$17.4 million in 2016 to \$16.1 million in 2017.

56. The Bureau endeavored to make the information in the financial report available to Member States as early as possible, but it could not publish all the data until the audit was completed. The audit could not take place until all the accounts had been closed, and sometimes there were delays in receiving information that prevented the Bureau from closing some accounts. For example, the WHO Secretariat had been very late in sending the Bureau actuarial information for 2017, which had put the latter behind schedule in calculating total revenue and expenditure.

57. The apparent deficit of \$2 million did not reflect an excess of expenditure over revenue; rather, it was due to the revaluation of employee benefit liabilities (including after-service health insurance and terminal and repatriation payments), which had resulted in an apparently higher expenditure figure. That figure did not, however, reflect actual expenditure. Following the introduction of IPSAS 39, it had been necessary to update the information for 2016 in order to be able to compare the figures for that year with those for 2017.

58. The report submitted to the Executive Committee would include all the usual details, including complementary information that would provide information on financing by category and other data requested by delegates.

59. Mr. Alberto Kleiman (Director, Office of External Relations, Partnerships and Resource Mobilization, PASB) said that the rise in voluntary contributions during the 2016-2017 biennium was attributable in part to the number of new agreements signed with donors (94 new agreements and 67 amendments to existing agreements), which was 30% higher than in 2016. In addition, there had been a diversification of partners; the new agreements had been signed with 46 partners, including 11 new partners. Some 36% of the new voluntary contribution agreements were for less than \$100,000, 46 for between \$100,000 and \$1 million, and 16% for between \$1 million and \$10 million. Only 2% were for more than \$10 million. That situation demonstrated the Bureau’s commitment to resource mobilization and diversification of its donor base.

60. The Director explained that it would be very difficult for the Bureau to provide details of the financial report in the document submitted to the Subcommittee. Documents

had to be published in February, six weeks in advance of the Subcommittee's session, and the data were simply not ready that early in the year. The aim of the oral presentation made during the session was to supplement and update the information in the document on a real-time basis. The report submitted to the Executive Committee would contain full details on the Organization's financial situation and accounts, including the requested information on allocation of funds by category.

61. She assured the Subcommittee that the Bureau took seriously the recommendations it received, not only from the External Auditor but also from the Internal Auditor and the Audit Committee. Executive management met at least once, but often twice, per year to review all recommendations and ensure that appropriate action had been taken on them. As the External Auditor could attest, the Bureau had a very high compliance rate.

62. The Subcommittee took note of the report.

Programming of the Budget Surplus (Document SPBA12/9, Rev. 2)

63. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) drew attention to Financial Regulation 4.6, under which any budget surplus was allocated to the Working Capital Fund whenever the balance in that Fund was below its approved level. Accordingly, upon completion of the audit of the 2017 financial statements, the estimated budget surplus of \$1 million would be moved to the Working Capital Fund. It was not anticipated that there would be any additional surplus to be used for other purposes.

64. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB), in response to a question, stated that the Working Capital Fund currently stood at \$21.7 million. In line with earlier resolutions, PASB was required to use any budget surplus to replenish the Fund up to its approved level of \$25 million.

65. The Subcommittee took note of the report.

Programming of the Revenue Surplus (Document SPBA12/10, Rev. 1)

66. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB), noting that the revenue surplus from the 2016-2017 biennium was estimated at \$5.7 million, said that it was proposed to allocate \$4.1 million to the Master Capital Investment Fund and \$1.6 million to increase the capitalization of the Revolving Fund for the Purchase of Strategic Public Health Supplies (the Strategic Fund).

67. In the ensuing discussion, support was expressed for the proposed uses of the revenue surplus, although clarification was requested on how a decision was to be made by the Subcommittee in the absence of confirmed figures. It was suggested that it would be useful to have information on what use had been made of surpluses in previous years in order to provide guidance on possible uses for future surpluses. In relation to the proposed allocation of \$1.6 million to the Strategic Fund, it was pointed out that the percentage of

program support costs had sometimes been barely sufficient to cover the real cost of running the funds, and the Bureau was encouraged to look carefully at those costs.

68. Mr. Chambliss explained that the Subcommittee was asked simply to indicate whether it agreed with the proposal as it currently stood; the Executive Committee would make a final decision in June when the final figures were available. Information on the use made of earlier surpluses could be included in the document to be submitted to the Executive Committee.

69. The Director recalled that a huge investment was required for repairs to the Headquarters building.⁴ That was the reason for the recommendation that the bulk of the surplus should go to the Master Capital Investment Fund. However, some 11 or 12 new Member States had begun purchasing through the Strategic Fund. Its capitalization currently stood at \$10–\$12 million and needed to be increased to be able to assist Member States, especially with the purchase of medicines for noncommunicable diseases. She assured the Subcommittee that all procurement costs were met out of the program support fees collected.

70. The Subcommittee endorsed the Director’s proposal for the use of the expected revenue surplus.

Amendments to the Financial Regulations and Financial Rules of PAHO (Document SPBA12/11)

71. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) drew attention to Financial Rule XII, recalling that any changes would require confirmation by the Executive Committee. Rule 112.1 set the basis for the performance of internal audits in PAHO by the Office of Internal Oversight and Evaluation Services (IES). In line with recommendations from the Audit Committee and the Institute of Internal Auditors, it was proposed to include a reference to an internal audit charter in the Rule XII. The internal audit charter had existed for years in PAHO, but was not explicitly mentioned in the Financial Rules.

72. One delegation, while generally supportive of strengthening internal oversight services, did not agree with the proposed wording of the amendment because it did not align with United Nations system-wide best practice, recommendations from the United Nations Joint Inspection Unit (JIU), or the Institute of Internal Auditors auditing standards. The JIU recommended that the internal audit charter and financial rules relating to the internal audit function should be reviewed at least every three years by the executive head of an organization and by its governing body to ensure compliance with international standards and that the governing body should approve the internal audit charter. The delegation therefore proposed rewording the amendment to read: “The internal audit activity shall be determined by a formal internal audit charter, as established by the Auditor

⁴ See Document CE156/24, Rev. 1 (2015).

General in consultation with the Audit Committee, and be approved by the Director and the Executive Committee.”

73. Other delegations expressed support for the idea that the internal audit charter should be approved by the Organization’s Governing Bodies. Clarification was sought regarding the difference between the terms of reference of the Audit Committee and the internal audit charter.

74. Mr. David O’Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) explained that the terms of reference of the Audit Committee were distinct from the internal audit charter, a document required by professional standards for internal audit. The internal audit function was a part of the responsibilities of the Office of Internal Oversight and Evaluation Services. The charter set out the terms of reference for the audit function, but it also governed the independence of the Office, its interaction with management, and how it conducted its assignments. The proposed amendment would formalize the internal audit charter, which had long existed, as the Office’s governing document.

75. The Director noted that while the proposed rewording spoke of audit “activity,” a more accurate term might be the audit “function” of the Office of Internal Oversight and Evaluation Services. The Bureau would modify the wording as proposed, possibly using “function” instead of “activity” and forward the proposal to the Executive Committee.

76. The delegate who had proposed the modified wording said that either “function” or “activity” would be acceptable.

77. The Subcommittee endorsed the proposed rewording of the amendment.

Amendments to the PASB Staff Regulations and Rules (Document SPBA12/12)

78. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) summarized the proposed changes to the Staff Rules set out in the annexes to Document SPBA12/12, which were made in the light of experience and in the interests of good human resources management and were intended to align PAHO with WHO and maintain consistency in the conditions of employment of staff of the Pan American Sanitary Bureau with those of the United Nations Common System agencies.

79. The salary scale for staff in the professional and higher categories had been revised pursuant to a decision taken by the United Nations General Assembly at its seventy-second session on the basis of a recommendation by the International Civil Service Commission. A similar revision to the salaries for the posts of Director, Deputy Director, and Assistant Director would also be required. The financial implications associated with the International Civil Service Commission’s recommendation on the increase of the base/floor salary scale were estimated at approximately \$421,000 per year, system-wide.

80. Staff Rule 310.5.1 had been amended to clarify that the determination of the dependency status of a spouse should be made on the basis of all spousal income, including pensions and other retirement-related income. The Rule had also been amended to clarify that, for general service staff, the limit on spousal earnings was based on the scale in force at the duty station of the staff member and not the place of work of the spouse. Staff Rule 350.1.1 had been amended to delete reference to a “dependent” child in order to accurately reflect that the education grant was payable to a “child” as defined by the Bureau.

81. In line with WHO, Staff Rule 365.3.1 had been amended to allow for recovery of the lump sum portion of the settling-in grant on a proportional basis if a staff member was dismissed for misconduct or summarily dismissed for serious misconduct within one year of the date of his or her appointment or reassignment to a duty station. Also for consistency with WHO, Staff Rule 650 on special leave had been amended to consolidate it with Staff Rule 655 on leave without pay, thus eliminating duplication and uncertainty.

82. In the ensuing discussion, clarification was sought regarding the annual incremental financial impact of the increase in the base/floor salary scale and when the increase would take effect. Clarification was also requested of which article or articles of the Staff Rules dealt with cases of dismissal or summary dismissal for serious misconduct, referred to in the new text of Rule 365.3.1. It was suggested that the full text of the Staff Rules should be provided, as it was difficult to review paragraphs in isolation.

83. With regard to Staff Rule 650.1, it was suggested that the following existing wording of Staff Rule 650 should be retained: “Normally, such leave shall not be granted until all accrued annual leave has been exhausted, except in the cases of special leave to care for a child, serious illness of a family member or death of an immediate family member.” If that wording were kept, the new text of Staff Rule 650.4 would not be needed.

84. Dr. Barillas, responding to the question about the financial impact of the increase in the base/floor salary, said that the figure of \$421,000 per year was the result of a calculation that the International Civil Service Commission had performed for the entire United Nations system. The impact would be negligible at the level of individual agencies. She had taken note of the suggestion to provide the full text of the Staff Rules for greater clarity. She believed that the suggested wording relating to special leave would make it clear that staff could take special leave only once they had used up all annual leave.

85. The Subcommittee noted the proposed amendments.

PASB Human Resources Management (Document SPBA12/13)

86. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) introduced Document SPBA12/13, which summarized the most important initiatives undertaken in the sphere of human resources and the progress made in implementing the Bureau’s human resources strategy, known as the “People Strategy.” The report also contained statistics on the various categories of staff, the gender distribution of staff, the age and length of service of staff, and retirement trends.

87. Pointing out that one of the pillars of the People Strategy was “hiring the best,” she reported that, to that end, the Bureau had introduced a new cloud-based recruitment system and had simplified and updated the selection process in order to take full advantage of the efficiencies offered by the new electronic platform. The length of the selection process had thus been reduced from eight months to four or five. The Bureau had also undertaken a restructuring in order to better align human resources activities with the current Strategic Plan and had developed an operational plan for succession planning. Staff who were entitled to retire before the age of 65 and who elected to do so had been asked to give at least three months’ notice, which would enable the Bureau to plan better for the wave of upcoming retirements. The Bureau had also introduced the cloud-based iLearn Learning Management System to support the training and development for all PASB personnel. The new system was shared with WHO, allowing economies of scale. The Gender Parity Initiative had been approved and would be phased in during 2018-2019.

88. The Subcommittee welcomed the progress made towards gender parity, but encouraged the Bureau to continue striving to achieve parity at the P5, P6, and D levels. More information was requested on the features of the Gender Parity Initiative and the activities planned under it. More details on the changes made to the organizational structure of the Bureau were also requested. It was suggested that it would be useful in future reports to present staffing statistics broken down by numbers of staff in the various departments and units at Headquarters and in the PAHO offices around the Region.

89. With regard to succession planning, delegates asked for information on how the new electronic exit or reassignment reports would help to preserve institutional memory and on whether all staff, including consultants, were required to complete such a report. It was considered important to identify additional activities to ensure that newly appointed staff had an opportunity to benefit from the experience of their predecessors. In that connection, a delegate inquired whether any specific knowledge transfer strategy was in place for professional staff. Additional information was sought on how the cloud-based Operational Plan for Talent and Succession Management would expedite the filling of positions, and details were requested on the updated selection process guidelines.

90. It was pointed out that statistics on staff mobility were largely unchanged from those reported in 2016 and an update was requested on the implementation of the technical staff rotation plan and whether WHO’s mandatory rotation policy was also being implemented. A delegate asked which bodies in the United Nations system had transferred staff to PAHO. The same delegate asked for information on the criteria applied for the extension of contracts beyond the age of retirement, as well as those applied to hiring of retired staff for temporary positions.

91. Dr. Barillas recalled that the exit and reassignment report had been recommended by both Member States and the Organization’s auditors as a means of capturing PAHO’s wealth of institutional memory. Completion of the report was mandatory for all staff changing or leaving their positions, and that obligation could be extended to consultants, as well. The new selection process optimized and shortened the time needed to bring a new staff member on board, in part because it permitted the examination of several candidates

simultaneously, rather than one by one before a selection committee. The Operational Plan for Talent and Succession Management had various components, one of them being managerial development. Another component served to identify potential candidates for critical posts that needed to be filled without delay and support them in developing new skills and competencies. It was important to note, however, that PASB's policies did not allow automatic promotions; all posts had to be filled by competitive selection.

92. In relation to the Gender Parity Initiative, the first phase of implementation would be to raise awareness of unconscious bias through staff training, especially for managers. There would also be a series of initiatives to foster and develop career advancement opportunities for women. The new organizational structure basically sought to modernize the way in which the Organization addressed technical cooperation challenges. One of the most noteworthy organizational changes was the creation of a Department of Evidence and Intelligence for Action in Health. In addition, some programmatic components of the organizational structure that had been distributed across departments had been grouped to create synergy and increase the efficiency of the Organization's work.

93. The Director stressed that the Bureau's current management highly valued its human resources, seeing them as critical to the Organization's work. Consequently the Bureau paid great attention to staff welfare and career mobility and to the creation of a respectful workplace. It worked closely with the Staff Association on those and other human resources issues. In order to enhance career mobility for professional staff, the Bureau was considering the creation of two streams of advancement at the P5 level and above that would take into account both technical expertise and managerial experience. Currently, the only way that a staff member in a P4 post could advance to the P5 level was by taking on managerial functions, which meant that staff who preferred to focus on honing their expertise in a particular technical field were not eligible. It was important to consider ways of enabling persons with technical expertise—which the Organization unquestionably needed—to advance to higher-level posts. At the same time, the Bureau was looking at the best ways to prepare P4 staff to take on managerial responsibilities and to develop the competencies required for P5 managerial posts.

94. With regard to the organizational structure, towards the end of the biennium there had been an analysis of the existing structure and the technical cooperation needs of Member States. In addition to the Department of Evidence and Intelligence for Action in Health, a unit had been created within the Department of Family, Health Promotion, and Life Course to deal with social determinants of health and health promotion. Within the Department of Communicable Diseases and Environmental Determinants of Health, a unit had been created to deal with environmental risk and climate change. There was also a program on antimicrobial resistance, which was a high priority for the Organization. An Office of Equity, Gender, and Cultural Diversity had been created within the Office of the Deputy Director to emphasize the importance of mainstreaming a gender and cultural diversity focus in all the Organization's activities. The aim of all those changes was to enhance the Bureau's ability to address the priorities identified by Member States.

95. The Subcommittee took note of the report.

Matters for Information***Final Evaluation of the Health Agenda for the Americas 2008-2017***
(Document SPBA12/INF/1)

96. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the Health Agenda for the Americas, approved and launched by the Region's ministers of health in 2007, had served as the highest strategic policy document to guide health planning at the regional, subregional, and country levels. A midterm evaluation of the Agenda had been conducted in 2012, and the working group that had developed the Sustainable Health Agenda for the Americas 2018-2030 had undertaken a review of progress since then. That working group had also requested the Bureau to present a comprehensive final evaluation of the Health Agenda for the Americas to the Governing Bodies in 2018, documenting lessons learned that could inform the implementation of the Sustainable Health Agenda.

97. The methodology for the final evaluation would be similar to that used for the 2012 midterm evaluation, including the measurement of progress for 75 proxy indicators and a short survey conducted with Member States. A review of information from existing sources would be used wherever possible. The proposed report outline was contained in Document SPBA12/INF/1. A complete draft report would be submitted to the Executive Committee in June.

98. The Subcommittee expressed general agreement with the proposed methodology and outline for the report. Delegates emphasized the importance of identifying lessons learned from the implementation of the Health Agenda and incorporating them into the "Conclusions and Recommendations" section of the report in order to inform the implementation of the new Sustainable Health Agenda. It was also considered important to identify areas where improvements or additional efforts were needed. The need to evaluate the results and impact of the Health Agenda at regional, subregional, and country level was underlined. To that end, it was considered necessary to disaggregate the data in order to reveal disparities between subregions and countries and within countries.

99. It was suggested that particular emphasis should be placed on evaluating the status of health systems in countries at the end of the period covered by the Agenda, looking at aspects such as progress towards universal health coverage, quality of care, investment in and expenditure on health, preventive services, human resources, and emergency response capacity. It was pointed out that the midterm evaluation had been hindered by the fact that no targets or indicators had been established for the Health Agenda of the Americas, and clarification was sought regarding the approach for obtaining information on indicators for which existing sources of information were inadequate. The importance of avoiding duplication in regional evaluation efforts was stressed.

100. Mr. Chambliss said that the various comments and suggestions would be borne in mind in drafting the report on the final evaluation. He noted, however, that the report was intended to present a high-level evaluation of a 10-year period, and it might therefore not

be feasible to provide detailed information on the status of health systems or disparities between countries. Such information might be provided in the end-of-biennium report or in more specific thematic assessments prepared by individual technical departments within the Bureau. He acknowledged that the Health Agenda had not initially contained any indicators. A set of proxy indicators had therefore been used for the midterm evaluation, and a similar set of indicators would be used for the final evaluation.

101. The Director noted that Member States had expressed concern at the time of the midterm evaluation that the original intent of the Health Agenda for the Americas had not been sufficiently represented in the Bureau's plans, programs, and budgets or in Member States' relations with other agencies, which the Agenda had also been intended to guide. Member States had therefore indicated very clearly that they wanted the new Sustainable Health Agenda to be discussed and adopted within the Governing Bodies of PAHO and that the Sustainable Health Agenda's program areas be reflected in PAHO's Strategic Plan and biennial work plans.

102. She was grateful for delegates' suggestions regarding matters to be addressed in the final evaluation of the Health Agenda. However, she was doubtful that it would be possible to undertake an evaluation of health systems throughout the Region by June. Such an evaluation would be a major undertaking and would need to be carried out independently of the evaluation of the Health Agenda. The extent to which data could be disaggregated would depend on the data available at country level. The Bureau was working with countries to improve health information systems, but there continued to be deficits in terms of disaggregation. The Bureau would continue to support Member States with a view to ensuring the availability of such detailed information.

103. The Subcommittee took note of the report.

Proposed Process for Development of the PAHO Strategic Plan 2020-2025
(Document SPBA12/INF/2)

104. Mr. Rony Maza (Senior Advisor, Planning and Performance Monitoring and Assessment Unit, Department of Planning and Budget, PASB) summarized the proposed process for developing the PAHO Strategic Plan 2020-2025, noting that the process would afford an opportunity for Member States and the Bureau to review and renew commitments to priorities and continue advancing health development in the Region. The new Strategic Plan would represent not only the Region's response to national and regional priorities but also to global commitments, including the Sustainable Development Goals and WHO's Thirteenth General Program of Work. The process of developing the plan would build on the best practices and lessons learned from previous strategic planning exercises, from results-based management, and from the recently concluded process of developing the Sustainable Health Agenda for the Americas 2020-2030. It would comprise three phases: *a*) a preparatory phase, during which the proposal would be discussed and approved and the Strategic Plan Advisory Group would be formed; *b*) a drafting and analysis phase, during which the regional health situation would be reviewed on the basis of the most recent information available, priorities would be identified in consultation with Member

States, and a results chain would be developed; and *c*) a refinement and approval phase, during which the input received from Member States in the course of the consultation process would be incorporated and the final version of the document would be prepared and submitted for approval by the 57th Directing Council.

105. Consultations with Member States were expected to take place in October and November 2018. The first version of the document would then be drafted for submission to the Subcommittee in March 2019. A total of 18 months was being allowed for consultation with Member States in order to ensure their full involvement in the process and their ownership of the document. While all Member States would have the opportunity to participate in developing the new Strategic Plan, the Bureau recommended that the membership of the Strategic Plan Advisory Group (SPAG) should be limited to 10-12 Member States in order to facilitate management and logistics. It also recommended that there should be equitable representation of Member States from all subregions and that the group should include both States that had participated in previous strategic planning groups and States that had not had that opportunity. In addition, the group should be multidisciplinary and should include public health experts, health planners, health analysts, epidemiologists, and international health specialists. The Executive Committee would be asked to appoint the SPAG members during its 162nd Session in June.

106. The Subcommittee welcomed the proposed participatory process and the clear timeline for development of the new Strategic Plan. The Subcommittee also supported the proposed criteria for the appointment of members to the SPAG. Numerous delegates expressed their countries' interest in being part of the advisory group. The importance of aligning the plan with the Sustainable Health Agenda for the Americas, the WHO Thirteenth General Program of Work, the Director-General's transformation agenda, and the Sustainable Development Goals was underlined. It was also considered important to take into account other regional commitments, such as the Montevideo Consensus on Population and Development. The need for a strong country focus was emphasized.

107. Member States requested clarification regarding the proposed process for monitoring and evaluation of progress under the new Strategic Plan. Delegates considered that, where possible, existing targets and indicators should be used to monitor progress and that use should also be made of tools developed by previous Member State working groups, such as the compendium of indicators for the current Strategic Plan and the PAHO-Hanlon prioritization methodology. The importance of training for national health authorities and PAHO/WHO representatives in the use of the PAHO-Hanlon methodology was stressed, and the need to use indicators for which Member States were able to provide information was highlighted. In order to ensure that the implementation of the new Strategic Plan did not represent an undue burden for Member States, it was considered necessary, as a prelude to the drafting process, to carry out a regional assessment of the areas of work to be considered under the plan and to draw up a map of global and regional commitments to be addressed. It was also considered important to take into account the results of the 2014-2015 and 2016-2017 end-of-biennium assessments of national progress in order to identify areas in which the Organization's participation would be most useful in a scenario

of constrained resources. In addition, in keeping with the cross-cutting nature of the Sustainable Development Goals, it was considered essential to identify actors on the global stage who could serve as strategic partners in pursuing the plan's objectives.

108. Mr. Maza thanked delegates for their suggestions, which would be useful to the Bureau in preparing a more comprehensive proposal for consideration by the Executive Committee in June. He noted that the Bureau was already engaged in a preliminary mapping of mandates and indicators. That work would be taken forward by the SPAG, which would hold its first meeting following the June session of the Executive Committee. Prior to that session, the Director would send out a formal communication inviting Member States to express their interest in participating in the SPAG, with a request that they also provide information on the expertise of the individual they would designate to represent them. He agreed that it was important to use existing targets and indicators, particularly those identified in the Sustainable Health Agenda for the Americas. At the same time, it would be crucial to identify new indicators that needed to be monitored in order to fulfill reporting requirements under GPW13. That would be an important task for the SPAG. It would probably also be necessary for the SPAG to update the compendium of indicators and adjust the prioritization methodology to ensure consistency with the objectives of the new Strategic Plan and with global commitments.

109. The Director observed that the Region was fortunate to have accumulated considerable experience in strategic planning. In her view, Member States and the Bureau were well placed to develop a good Strategic Plan. Certainly, it was important to be mindful of global mandates, including GPW13 and the Sustainable Development Goals. At the same time, however, the new plan must be Region-specific. In some respects, the Region was more advanced than the rest of WHO, and it must not set targets that would represent a step backward simply for the sake of aligning with GPW13. For example, the Americas had gone much further than any other WHO region with regard to country focus and with regard to the level of resources and expertise available in country offices. She looked forward to an inclusive and participatory planning process.

110. The Subcommittee took note of the report.

Report on PAHO-WHO Strategic Issues (Document SPBA12/INF/3)

111. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that, during the 29th Pan America Sanitary Conference in September 2017, Member States had requested that the reports previously submitted to the Governing Bodies under the item entitled "Update on WHO Reform" should be transformed into a report on issues of strategic importance to the relationship between PAHO and WHO. Document SPBA12/INF/3 was the first such report. It covered a range of topics that fell under the broad headings of governance, program and budget matters, and select technical initiatives, including PAHO's participation in the WHO Director-General's transformation agenda and in the development of WHO's Thirteenth General Program of Work (GPW13), as well as PAHO's collaboration with WHO in the areas of health emergencies, universal health coverage, and noncommunicable diseases. When a topic was covered under another

Governing Bodies agenda item, reference was made to the relevant document. The Bureau would welcome Member States' comments on the format and content of the report and on how it might be improved in the future.

112. The Subcommittee generally agreed that the report was satisfactory in terms of format and structure, but several delegates were of the view that it lacked the detail and the strategic vision that Member States wished to see. It was suggested, for example, that future reports should indicate whether the Bureau believed that the activities described were on the right track and should propose concrete ways in which collaboration between PAHO and WHO might be improved. It was also suggested that future reports should include information on the sharing of best practices from the Region with WHO and on the extent to which such practices had been taken into account by the WHO Secretariat. It was pointed out that the sharing of best practices, in both directions, could help to drive real impact at country level. In addition, it was suggested that future reports should contain information on issues discussed during the most recent sessions of the WHO Executive Board and Programme, Budget and Administration Committee that were of particular relevance to the Region.

113. One delegate asked for an update on the WHO Secretariat's progress in addressing the concerns expressed during the January 2018 session of the Executive Board with regard to GPW13. Another delegate suggested that the report to be submitted to the Executive Committee in June should explain how PASB intended to adapt and implement GPW13 in the Region. The Bureau was requested to annex to the report for the Executive Committee an updated version of a matrix presented to the Group of the Americas (GRUA) during the Executive Board showing the relationship between the goals set out in the 2030 Agenda for Sustainable Development and in GPW13. The Bureau was commended for the support it provided to Member States with a view to facilitating regional participation in WHO Governing Bodies sessions and for its efforts to streamline the agendas of PAHO's Governing Bodies by analyzing the Organization's mandates.

114. Delegates welcomed the alignment of PAHO's work in the area of health emergencies with that of WHO. However, it was pointed out that the section in the report on that topic made no mention of the importance of prevention and emergency preparedness. It was considered that future reports should address various administrative and financial matters, including PAHO's participation in the WHO mobility policy, funding gaps, and coordination between PAHO and WHO on financing and resource mobilization. Noting that PAHO and WHO had employed different approaches to the assessment of their 2016-2017 programs and budgets, a delegate inquired whether the results were nevertheless comparable and whether there had been any problems with regard to communication, exchange of information, disaggregation of data, or other matters. It was requested that PAHO data should be systematically included in human resources reports to WHO.

115. Mr. Chambliss observed that the wide-ranging nature of the comments reflected the nature of the document itself, since PAHO and WHO engaged in strategic collaboration in a broad range of technical and administrative areas. He had taken note of the suggestions

made and would endeavor to incorporate the information requested in the version of the document to be prepared for the Executive Committee. He noted, however, that it would be important to be selective about what topics were addressed in future reports, bearing in mind that collaboration between PAHO and WHO was also covered in documents on specific agenda items.

116. It was his understanding that the second revision of the draft Thirteenth General Program of Work, which had been posted on the WHO website, was essentially the version that would be submitted to the World Health Assembly in May, although a few additional modifications might be made. PASB had been devoting considerable attention to the development of tools associated with the GPW, including the strategic impact framework, which encompassed the whole results chain, and indicators and targets relating to Sustainable Development Goal 3. Those associated tools would be important for measuring progress, and the Bureau would continue to collaborate closely with the WHO Secretariat on their development. It would also work to identify the regional contribution to the various targets. The PAHO Strategic Plan for 2020-2025 (see paragraphs 104 to 110 above) would incorporate the targets included in the GPW13 impact framework, as well as the targets established by PAHO Member States in the Sustainable Health Agenda for the Americas 2018-2030.

117. Concerning sharing of best practices, he noted that PASB staff engaged in active and ongoing dialogue with their counterparts in Geneva and had found the latter receptive to information about regional best practices, such as the Strategic Plan prioritization exercise⁵. Whether or not those practices were adopted by WHO varied. With regard to PAHO human resources data, that information would be included in the documentation for the May 2018 session of the WHO Programme, Budget and Administration Committee and the Seventy-first World Health Assembly.

118. The Director added that PASB staff could not be included in WHO human resources data because they were staff of the Bureau, not of WHO. She also pointed out that the Bureau routinely included reports on the implications of World Health Assembly resolutions for PAHO⁶. Noting that the Bureau had struggled to determine what content should be included in the report on PAHO-WHO strategic issues, she expressed thanks to delegates for their guidance. As Mr. Chambliss had indicated, the report was not intended to cover all aspects of the relationship between the two organizations. She assured the Subcommittee that PASB was participating fully in the Director-General's transformation agenda. To that end, she and the other members of the Bureau's executive management met often with their counterparts in Geneva and other WHO regions. In her view, however, documenting all such details would render future reports less, not more, strategic.

119. The Subcommittee took note of the report.

⁵ See Document [CD55/7](#) (2016).

⁶ See Document [CSP29/INF/8-A](#) (2017).

Cybersecurity in PAHO (Document SPBA12/INF/4)

120. Mr. Valentín Prat Padros (Director, Department of Information Technology Services, PASB), noting that cyberattacks were a growing threat and concern to organizations worldwide, introduced Document SPBA12/INF/4, which outlined the Bureau's efforts to ensure a safe digital environment in PAHO. He reported that a thorough information security assessment conducted in 2017 had found that current controls provided a good level of protection and that the PMIS had registered no critical security incidents in 2017 and had been able to detect and deal with minor cyberattacks.

121. Nevertheless, the assessment had identified some areas for improvement, in particular with regard to cyber-incident response and user awareness. The Bureau had drawn up a roadmap with a view to addressing the recommendations for improvement and continuously strengthening the Bureau's cybersecurity capabilities. Some of the initiatives in the roadmap were already under way, and others would be implemented later in 2018 and in 2019, including the enhancement of incident detection and response, a user awareness program, and monitoring of the dark web for information that could be used against the Organization. While it would be impossible to ensure 100% protection, the implementation of the roadmap would significantly improve the Bureau's cybersecurity situation and provide a good framework for mitigating any potential attacks.

122. The Subcommittee acknowledged the growing threat posed by cyberattacks and welcomed the Bureau's efforts to safeguard the Organization's data and maintain a safe digital environment. Its efforts to strengthen data backup and recovery capabilities were considered especially important in the face of generational change within the Organization. More detailed information was sought with regard to the Capability Maturity Model used to measure the maturity of information security controls implemented within PASB. It was suggested that the Bureau might consider implementing several additional measures with a view to strengthening its cybersecurity posture, including recruitment and training of a workforce knowledgeable in cybersecurity and information-sharing with agencies and industries with mature cybersecurity programs in order to spread best practice and knowledge. In addition, it was suggested that the Bureau might wish to develop its roadmap into a cybersecurity program incorporating enterprise risk management and budget and investment strategies. The need to ensure that the Organization's financial transactions were protected from cyberattacks was emphasized.

123. Mr. Prat Padros welcomed the suggestions regarding further development of the roadmap, protection of financial transactions, and information-sharing. In relation to the latter, he noted that the Bureau was already collaborating with other agencies in various information security networks, which enabled it to receive and provide information on cybersecurity threats. Regarding the Capability Maturity Model, he explained that the Bureau had applied International Organization for Standardization (ISO) standard 27001 to assess the maturity of its information security controls. While the assessment had identified several areas for improvement, it had not found any critical gaps that left the Organization open to attack.

124. The Director said that she had considered it important to update Member States on the steps being taken to protect the Bureau's data—particularly the data in the PMIS and other cloud-based systems—from threats and attacks. She welcomed Member States' suggestions for additional improvements and affirmed that the Bureau would work to implement them.

125. The Subcommittee took note of the report.

Status of the PASB Management Information System (Document SPBA12/INF/5)

126. Mr. Valentín Prat Padros (Director, Department of Information Technology Services, PASB) presented an update on the status of the PASB Management Information System, noting that the PMIS was a modern integrated information management system, bringing efficiency and better support for technical cooperation. The PMIS project had been successfully completed on time and on budget. The system was currently operating in four languages, handling transactions in 24 currencies, supporting 180 business processes, and serving more than 2,000 users in over 30 locations across the Americas. Owing to the complexity of the project, there had been many challenges, but all had been overcome, resulting in successful financial closure of the 2016-2017 biennium and successful transition to the current biennium. The system was already producing tangible benefits: streamlining business processes, providing better data management, and facilitating cooperation and mobility. The Bureau had an optimization roadmap for the PMIS to enable it to introduce further efficiencies and better support technical cooperation.

127. In the discussion that followed, a delegate suggested that the report should have contained information on how the PMIS was linked with the WHO Global Management System and whether it had facilitated communication. It was also suggested that the Bureau should produce a document on lessons learned from the implementation of the PMIS. The delegate also called for an external evaluation of the benefits of using the PMIS, noting that her country's experience with the system had shown that it slowed down administrative procedures, especially with regard to the disbursement of resources such as per diem payments.

128. Mr. Prat agreed that a report on lessons learned could be useful. With regard to the linkage between the PAHO and WHO systems, he affirmed that, despite the differences between them, the Bureau had always been able to submit the needed financial data in the format required, thus allowing full integration with the WHO system.

129. The Director, observing that the project had benefited greatly from suggestions made by Member States, said that both PASB staff and the Governing Bodies deserved credit for the successful implementation of the enterprise resource planning (ERP) system. She agreed that a document on lessons learned would be useful, not only to PAHO but also to other entities embarking on the implementation of an ERP system.

130. The PMIS had some significant advantages over the WHO Global Management System. The PMIS automatically produced updates every day, which was not the case with

the GSM. There were still challenges to overcome and adjustments to be made in the system. For example, when Member States received the report of the External Auditor, they would see references to the challenges of using the Workday system, one component of the PMIS. In some instances, it had been necessary to revert to manual procedures and spreadsheets because Workday was not efficient in handling a particular application. The Bureau was actively engaged with Workday in seeking solutions. Another challenge was the reluctance of some staff to fully embrace the new system. The Bureau was continuing to work on staff training.

131. With regard to assessing the benefits derived from using the system, it would be necessary to establish the current level of implementation, whether there were any gaps, and what savings could be realized in terms of staff time and cost in order to be able to say what efficiencies had been achieved as a result. In her view, however, it was too early to do an external evaluation. Such an evaluation would be conducted in the future, but it was important to allow the system to “settle” before that.

132. The Subcommittee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document SPBA12/INF/6)

133. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) presented an update on the activities undertaken since the release of the 2015 report on the Master Capital Investment Fund and reassessment of real estate projects in the Master Capital Investment Plan (Document CE156/24, Rev.1). Recalling that the Master Capital Investment Fund comprised five subfunds, she noted that Annex 1 to Document SPBA12/INF/6 provided information on each of them for 2017, including their net balances.

134. Following discussions in 2017 during the 160th Session of the Executive Committee, PASB was working with an expert real estate consultant on a proposal for future renovations, directed towards meeting safety and security requirements, enhancing energy efficiency, and renovating the rotunda building. It was expected that \$4.1 million of the revenue surplus from the 2016-2017 budget would be transferred to the Real Estate Maintenance and Improvement Subfund (see paragraphs 66 to 70 above), which would bring the balance in that fund to \$15.9 million and the total balance in the Master Capital Investment Fund to \$17.8 million.

135. In the ensuing discussion, Member States sought clarification regarding the planned improvements to Room A of the Headquarters building, given that the last renovation of that room had been done fewer than 10 years earlier. A delegate pointed out that the amount proposed for installation of solar panels at the country office in Haiti seemed very high in comparison with the amounts paid for work in other country offices. She also requested additional information on the proposed procurement of vehicles for the Haiti office and on whether old vehicles would be traded in to help cover the cost.

136. Ms. Angulo said that the Bureau would provide more information on the renovations to Room A. The installation of solar panels in Haiti was an initiative to promote the use of renewable energy. With regard to the vehicle replacement, the Bureau always sought to sell or trade in used vehicles. The number of vehicles purchased depended on the age and mileage of the existing vehicles, their date of purchase, and the use to be made of them.

137. Mr. Gerald Anderson (Director of Administration, PASB) added that the Bureau had implemented the best practice of selling old vehicles whenever they were due to be replaced and placing the proceeds into the Master Capital Investment Fund. Obviously, the amount to be realized from the sale of a used vehicle was far less than the cost of a new one. Therefore, in addition to the revenue from the sale of used vehicles, it was necessary to make an additional contribution to the fund on a regular basis in order to ensure that the vehicles for the country offices were safe and operable and could effectively support technical cooperation. The Bureau had replaced 13 vehicles in Haiti in 2017 because many of the vehicles at that country office were inoperable and unsafe. Road conditions in Haiti were punishing, and vehicles therefore suffered more than average damage. That in turn meant that it was not practical to buy cheap vehicles that would rapidly break down due to poor road conditions.

138. With regard to the solar panels, he explained that the project had come about as a result of the risk management activities undertaken by the Bureau, which had engaged a consultant to help prepare a bid for addressing the risks associated with an unreliable public electricity supply. The country office in Haiti suffered power cuts at least once a day, requiring it to use generators, which consumed fossil fuel. Such fuel was expensive and must be imported. The country office had to have an uninterrupted power supply in order to maintain communications with Headquarters and within Haiti and to operate the PMIS.

139. The Subcommittee took note of the report.

Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas (Document SPBA12/INF/7)

140. Mr. John Fitzsimmons (Chief, Special Program, Revolving Fund for Vaccine Procurement, PASB) recalled that, in response to the shortage of inactivated poliovirus vaccine (IPV), the 29th Pan American Sanitary Conference had requested the Director to negotiate the best possible price for the procurement of IPV and had authorized her, if necessary, to adjust the terms and conditions of the Revolving Fund for Vaccine Procurement in order to obtain adequate supplies. He noted that demand for the vaccine had risen steadily since its introduction in 2015, but that PAHO had been unable to meet that demand fully because one of its two suppliers had experienced production problems. The Bureau had succeeded in securing additional supplies and was currently negotiating for further quantities for 2018 and 2019. It expected to be able to obtain enough vaccine to meet a large proportion, though not all, of the demand for 2018.

141. The Bureau was working with immunization focal points in PAHO offices throughout the Region to monitor the use of available vaccine and reallocate supplies to countries in order to avoid stockouts. It was also coordinating closely with the WHO Secretariat and with the United Nations Children's Fund (UNICEF), which was responsible for procurement of the majority of IPV for other regions.

142. Dr. Cuauhtémoc Ruiz Matus (Chief, Comprehensive Family Immunization Unit, Department of Family, Health Promotion and Life Course, PASB) described the steps being taken to prepare countries to administer fractional doses of IPV in the event that it proved impossible to obtain sufficient supplies to fully meet demand for the vaccine. The Bureau had supported preparation efforts through the production of guidelines and training videos and the dissemination of bulletins and brochures. To date, nine countries had prepared to use fractional doses in accordance with recommendations of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization.

143. The Subcommittee underlined the importance of maintaining the eradication of poliomyelitis in the Region and commended the Bureau's efforts to ensure adequate supplies of IPV and to prepare countries to deal with potential shortages of the vaccine. Delegates expressed support for the administration of fractional doses, although it was pointed out that the decision to use fractional doses should be made at the national level in the light of regulatory and programmatic considerations and contextual factors. The Bureau was encouraged to continue providing training for health personnel on all aspects of IPV introduction, including the use of fractional doses. It was also asked to provide a detailed final report on the negotiations carried out pursuant to Resolution CSP29.R16.

144. Mr. Fitzsimmons said that a report on the negotiations would be issued as soon as they were completed. Coordination with the global community was crucial in order to resolve the supply issues confronting the Region, and the Bureau would therefore continue to work closely with the WHO Secretariat and UNICEF and with the two IPV suppliers.

145. Dr. Ruiz Matus expressed appreciation to Member States for their commitment to ensuring that the Region remained free of poliomyelitis and their efforts to strengthen epidemiological surveillance and for their willingness to introduce fractional doses if necessary.

146. The Director also expressed appreciation for Member States' commitment to ensuring high coverage of vaccination against polio and other diseases. Since the Region had been free of polio for 26 years, there might be a tendency to think that it was not necessary to maintain high vaccination coverage, but if coverage levels fell and the number of susceptible individuals rose, transmission could recur. She assured Member States that the Bureau would do whatever was necessary to ensure adequate supplies of the vaccine in the Region and would continue to provide technical support and capacity-building to enable health authorities to introduce fractional doses and address other issues related to vaccine-preventable diseases.

147. The Subcommittee took note of the report.

Draft Provisional Agenda for the 162nd Session of the Executive Committee (Document SPBA12/INF/8, Rev. 1)

148. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 162nd Session of the Executive Committee contained in Document SPBA12/INF/8, Rev. 1, which had been adjusted to reflect the recommendations made by the Executive Committee during its 161st Session.⁷ The main adjustments included the division of an agenda item provisionally entitled “Strategy for Strengthening Research Ethics Systems” into two items: “Bioethics: Towards the Integration of Ethics in Health: Final Report” and “Strategy and Plan of Action on Integration of Ethics in Health.” It was proposed that the latter item should be considered by the Governing Bodies in 2019. The Director also proposed to defer until 2019 the consideration of two other items that had been included in the tentative list of topics discussed by the Executive Committee during its 161st Session: “Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals” and “Plan of Action for Strengthening Information Systems in Health.”

149. In addition, the Director proposed to include a report on the development of the PAHO Strategic Plan 2020-2025 and an update on the Master Capital Investment Fund and the implementation of the Master Capital Investment Plan in the agenda for the 162nd Session of the Committee.

150. The Director said that she had proposed to defer the consideration of the health promotion item in order to allow more time to develop a document that would reflect the wealth of knowledge and information gleaned from the many health promotion experiences and initiatives that had been carried out in the Region. A new PASB unit chief would be coming on board in April 2018 and would work in consultation with Member States to produce a document that would truly add value and invigorate the work being done to implement the 2030 Agenda for Sustainable Development.

151. The Subcommittee endorsed the provisional agenda as proposed by the Director.

Closure of the Session

152. Following the customary exchange of courtesies, the President declared the 12th Session of the Subcommittee closed.

Annexes

⁷ See Final Report of the 161st Session of the Executive Committee, Document CE161/FR (2017).

IN WITNESS WHEREOF, the President of the Twelfth Session of the Subcommittee on Program, Budget, and Administration, Delegate of Ecuador, 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., United States of America, this twenty-third day of March in the year two thousand eighteen. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau. The Final Report will be published on the website of the Pan American Health Organization once approved by the President.

José Valencia Amores
Delegate of Ecuador
President of the 12th Session
of the Subcommittee on Program, Budget,
and Administration

Carissa F. Etienne
Director of the Pan American Sanitary Bureau
Secretary ex officio of the 12th Session
of the Subcommittee on Program, Budget,
and Administration

Annex A

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Election of Officers
- 2.2 Adoption of the Agenda

3. PROGRAM POLICY MATTERS

- 3.1 Outline of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report on the PAHO Strategic Plan 2014-2019
- 3.2 Evaluation of the PAHO Budget Policy
- 3.3 New Scale of Assessed Contributions
- 3.4 Engagement with non-State Actors
- 3.5 Non-State Actors in Official Relations with PAHO
- 3.6 Appointment of One Member to the Audit Committee of PAHO

4. ADMINISTRATIVE AND FINANCIAL MATTERS

- 4.1 Overview of the Financial Report of the Director for 2017
 - 4.2 Programming of the Budget Surplus
 - 4.3 Programming of the Revenue Surplus
 - 4.4 Amendments to the Financial Regulations and Financial Rules of PAHO
 - 4.5 Amendments to the PASB Staff Regulations and Rules
 - 4.6 PASB Human Resources Management
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5. MATTERS FOR INFORMATION

- 5.1 Final Evaluation of the Health Agenda for the Americas 2008-2017
- 5.2 Proposed Process for Development of the PAHO Strategic Plan 2020-2025
- 5.3 Report on PAHO-WHO Strategic Issues
- 5.4 Cybersecurity in PAHO
- 5.5 Status of the PASB Management Information System (PMIS)
- 5.6 Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
- 5.7 Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas
- 5.8 Draft Provisional Agenda for the 162nd Session of the Executive Committee

6. OTHER MATTERS

7. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Working Documents

SPBA12/1, Rev. 2	Agenda
SPBA12/2	Outline of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report on the PAHO Strategic Plan 2014-2019
SPBA12/3	Evaluation of the PAHO Budget Policy
SPBA12/4	Engagement with non-State Actors
SPBA12/5	New Scale of Assessed Contributions
SPBA12/6, Rev.1	Non-State Actors in Official Relations with PAHO
SPBA12/7	Appointment of One Member to the Audit Committee of PAHO
SPBA12/8, Rev. 2	Overview of the Financial Report of the Director for 2017
SPBA12/9, Rev. 2	Programming of the Budget Surplus
SPBA12/10, Rev. 1	Programming of the Revenue Surplus
SPBA12/11	Amendments to the Financial Regulations and Financial Rules of PAHO
SPBA12/12	Amendments to the PASB Staff Regulations and Rules
SPBA12/13	PASB Human Resources Management

Information Documents

SPBA12/INF/1	Final Evaluation of the Health Agenda for the Americas 2008-2017
SPBA12/INF/2	Proposed Process for Development of the PAHO Strategic Plan 2020-2025
SPBA12/INF/3	Report on PAHO-WHO Strategic Issues
SPBA12/INF/4	Cybersecurity in PAHO
SPBA12/INF/5	Status of the PASB Management Information System (PMIS)
SPBA12/INF/6	Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
SPBA12/INF/7	Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas
SPBA12/INF/8, Rev. 1	Draft Provisional Agenda for the 162nd Session of the Executive Committee

Annex C

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ORGANIZACIÓN PANAMERICANA DE LA SALUD

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