56th DIRECTING COUNCIL

70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

Introduction

1.   The present report responds to a request from Member States of the Pan American Health Organization (PAHO) during the 2017 meetings of the Governing Bodies to transform the information document Update on WHO Reform into a fuller review of key strategic issues in the relationship between PAHO and the World Health Organization (WHO). This first report covers the period from September 2017 to July 2018 and is intended to serve as an information document for review by Member States.

2.   The aim of this report is to provide the most relevant information on strategic issues in the relationship between PAHO and WHO. When a given topic is covered in greater detail under another agenda item of the corresponding Governing Body meeting, reference will be made to pertinent documents to avoid duplication. Similarly, when World Health Assembly (WHA) deliberations are covered in the document provided to the Executive Committee on resolutions and other actions of intergovernmental organizations of interest to PAHO, those discussions are for the most part not repeated here.

3.   Based on the recommendations of Member States during the 12th Session of the Subcommittee on Program, Budget, and Administration, and the 162nd Session of the Executive Committee, the Pan American Sanitary Bureau (PASB) will submit periodic updates of this document to Governing Bodies meetings.

Governance

WHO Transformation Agenda

4.   PASB senior management and staff have collaborated with the WHO Director-General and transformation team, sharing experiences and lessons learned from the Region of the Americas regarding practices and approaches that improve efficiency and effectiveness (e.g., country presence and joint planning, prioritization, and assessment with Member States).

5.   The transformation agenda is directly linked to the WHO Thirteenth General Programme of Work 2019-2023 (GPW13) *(2)*, with focus on strategic and organizational shifts. The practical implications of the transformation for the WHO Secretariat in terms of internal structure and budgets have yet to be seen. PAHO retains autonomous discretion in determining which, if any, of these changes will be applied in the Region.

Framework of Engagement with non-State Actors (FENSA)

6.   PAHO has begun implementation of FENSA in the Region in alignment with WHO global implementation and in accordance with the document Framework on Engagement with Non-State Actors *(3)* and its related resolution *(4)*.[1]

Governing Bodies

7.   PAHO has shared good practices with WHO in terms of improving the meetings of its Governing Bodies. One example is the document Analysis of the Mandates of the Pan American Health Organization *(6)*, presented to the Directing Council in 2016. This analysis facilitated the "sunset," or retirement, of certain resolutions and the identification of resolutions that are active and require follow-up. The document also served as a guide for the preparation of agendas for future sessions of the Governing Bodies. Member States mandated PASB to repeat this exercise every three years in order to maintain an up-to-date review of outstanding PAHO resolutions. Another example is the implementation of a paperless initiative for sessions of the Governing Bodies, which has reduced PAHO's ecological footprint, as well as the costs associated with printing and staff time to manage documents. In addition, the Bureau has actively promoted Member State participation in meetings of the WHO Governing Bodies through various regional coordination efforts. Preparatory virtual meetings with countries of the Region of the Americas that are members of the WHO Executive Board are held prior to each session. Member States are also provided with a summary of the agenda items linked to active PAHO resolutions. These efforts aim to reduce redundancy and increase meaningful participation of Member States in WHO meetings. PASB will continue to support WHO in actively identifying opportunities to improve the efficiency of Governing Body meetings.

Management, Program, and Budget

13th General Programme of Work 2019-2023

8.   The Region of the Americas has actively contributed to the development of GPW13. Since the WHO Director-General's presentation of the initial GPW framework and roadmap to the 29th Pan American Sanitary Conference, PASB has provided input and support to the WHO Secretariat. Comments and recommendations from Member States received during the Conference were submitted to the WHO Secretariat. Virtual briefings for PAHO Member States were provided prior to a special session of the Executive Board (EBSS4) in

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[1] For further information, refer to the document Engagement with non-State Actors *(5)*.

November 2017, the 142nd session of the Executive Board (EB142), in Jan 2018, and the Seventy-first World Health Assembly (WHA71), in May 2018.

9. GPW13, in its presentation to WHA71, sets the strategic vision and direction for WHO for the next five years, which is summed up in its mission statement: "promote health, keep the world safe, and serve the vulnerable." It is based on the Sustainable Development Goals *(7)* and defines three strategic priorities aimed at improving the health of 3 billion people by achieving universal health coverage, addressing health emergencies, and promoting healthier populations. A preliminary list of ten outcomes, eight of them technical and two of them corporate, are defined in the document. In addition, GPW13 identifies three strategic and five organizational shifts aimed at defining how WHO will work across these priorities.

10. GPW13 does not include a results framework that defines the impact and outcome goals and targets and their corresponding measurements. An Expert Group appointed by the Director-General is currently reviewing a draft Impact Framework that does contain these elements, which will be a document that is separate from but related to GPW13. A draft version of this Impact Framework was published on 4 May 2018 on the GPW13 consultation website and it is expected to be finalized by August 2018.

11. The implications for the Region include programmatic, budgetary, and chronological aspects. Over the past 10 years, PAHO has consistently worked toward aligning its Strategic Plan and Program and Budgets with the GPW, both chronologically and in terms of content. Full synchronization was achieved for the period 2014-2019, including a common results chain and lifespan for the GPW and the PAHO Strategic Plan. GPW13 is being presented for approval by WHA71 one year before the end of GPW12 and the Programme budget 2018-2019. Thus, there will be an overlap of the first year of the GPW13 with the final implementation year of the current PAHO Strategic Plan 2014-2019 *(8)* and PAHO Program and Budget 2018-2019.

12. Associated with the GPW is the WHO reform *Better value, better health: Strategy and implementation plan for value for money in WHO (9)*, commonly referred to as the "value-for-money paper." PASB was not closely involved in the initial preparation of this paper but is following its further development to determine whether any of the approaches to be adopted will serve to further enhance PAHO's own demonstrated effectiveness and efficiency in achieving measurable health results in the Region. The paper's Annex 1, *Implementation Plan*, contains some detailed elements that PAHO already employs in its own processes (e.g., prioritization with Member States, measurable results indicators, and targets focusing on health impacts), while others are new (inclusion of value-for-money calculations in donor proposals, network of value-for-money champions, etc.). PASB will participate in the implementation phase in its role as the Regional Office for the Americas (AMRO) and, in addition, it will adapt and expand any elements deemed to be particularly applicable within the Region.

Budget and Financing, 2018-2019

13.   The WHO budget space allocation for AMRO has risen in recent biennia, from US$ 164.5 million[2] in 2014-2015 to $186.9 million in 2016-2017 and $190.1 million in 2018-2019 for base programs. These increases are partly a result of prior discussions in Geneva regarding the strategic budget space allocation (SBSA), although the SBSA decisions only affect the country portion of the budget and not the Regional Office allocation. It should be noted that the WHO AMRO budget envelope has not been fully funded: for 2016-2017 it was funded at 76% (down from 84% in 2014-2015).

14.   For 2018-2019, the funding thus far towards the $190.1 million WHO budget allocation to the Americas is $76 million (or 40%). Indications from WHO are that an additional $51.5 million in flexible funding will be forthcoming, which would bring the total to $127.5 million (66%). The remaining gap could be funded by additional flexible resources and/or voluntary contribution funding from Geneva.

15.   The following table shows WHO Programme Budget 2018-2019 funding levels across the WHO regional offices as of the end of June 2018.

Table 1. WHO Programme Budget (PB) 2018-2019
Funding Levels across Regions
(in US$ millions)

Major Office	PB Approved	TOTAL Funds Available	% TOTAL Avail / PB App'd	Base Flexible Funding (excludes WHE)	WHE Flexible Funding	TOTAL Flexible Funding	% Flexible/ PB App'd	% Flexible/ TOTAL Avail.
AFRO	1,161.6	**615.8**	53%	147.0	28.7	**175.7**	15%	29%
AMRO	192.0	**76.1**	40%	51.6	6.1	**57.7**	30%	76%
EMRO	544.7	**358.7**	66%	62.8	20.2	**83.0**	15%	23%
EURO	261.9	**130.5**	50%	47.0	5.9	**52.9**	20%	41%
SEARO	344.3	**186.0**	54%	64.9	6.5	**71.4**	21%	38%
WPRO	285.9	**149.1**	52%	52.0	7.6	**59.6**	21%	40%
WHO HQ	1,631.1	**970.6**	60%	232.8	17.2	**250.0**	15%	26%
TOTAL	**4,421.5**	**2,486.8**	**56%**	**658.1**	**92.2**	**750.3**	**17%**	**30%**

16.   Taking into consideration the substantial shortfalls in previous biennial AMRO allocations from WHO, the PASB is working to be an active participant in WHO-coordinated resource mobilization efforts. Given that many partners prefer to engage with the WHO Secretariat in Geneva to cover global priorities, involvement in this process may be the only opportunity to reach these partners. Beyond collaboration with overall resource mobilization efforts, PAHO technical departments are actively engaged with their

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

WHO counterparts on the subject of voluntary contribution allocations and targeted resource mobilization efforts.

WHO and PAHO Web Portals

17.   PAHO periodically submits the necessary information to WHO regarding WHO Programme Budget implementation. This information is made available through the WHO Programme Budget web portal, as required by the International Aid Transparency Initiative (IATI). In 2017, PAHO developed its own Program and Budget web portal with technical support from WHO, which was launched at the 29th Pan American Sanitary Conference. PASB provides updated data for both the WHO and PAHO web portals on a quarterly basis.

WHO Programme Budget Performance Assessment 2016-2017

18.   While the Region of the Americas has been conducting its own end-of-biennium assessment of the PAHO Program and Budget 2016-2017 *(10)*, WHO has been carrying out a performance assessment process for the WHO Programme Budget 2016-2017. Information from the PAHO assessment feeds into the global assessment, avoiding duplicate reporting. Exchange of information between the Geneva- and Washington-based secretariats has been fluid, allowing for incorporation of the Region's outputs and outcomes at the global level.

19.   It should be noted that the WHO assessment is conducted internally, whereas the Region of the Americas conducts a joint assessment with Member States. PASB has shared its successful experience in the joint assessment of the PAHO Program and Budget 2014-2015 with counterparts in WHO.[3]

Global Mobility

20.   PAHO cannot formally participate in the WHO personnel mobility scheme because PAHO staff do not have WHO contracts and are not part of the WHO human resources system. However, PAHO maintains a common vacancy notice system with WHO for both internal and external vacancies (Stellis) and regards WHO staff as internal candidates in selection processes. Furthermore, PASB facilitates transfers to and from WHO; tracks transfers to WHO Headquarters and other regions; and reports this information annually to the Governing Bodies.

Management Initiatives Resulting from Collaboration

21.   In 2017, PAHO joined WHO in launching a Cloud-based talent management system, Stellis, which automates the recruitment and selection process from end to end. A revised

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[3] For further information, refer to 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 *(11).*

selection process was also implemented. These initiatives have significantly reduced the average time to fill vacant posts from the date of vacancy closing to appointment.

22.   PAHO has also implemented iLearn, the WHO global learning management system. To ensure relevance for PAHO, integration with the PASB Management Information System (PMIS) was established and access was extended to both employees and contingent workers. The iLearn system has already proven to be a catalyst for efficiently providing and recording learning activities for PAHO personnel, with more than 785 regional users. Approximately 200 different iLearn courses have been accessed across Headquarters, Country Offices, and centers.

Staff Health Insurance

23.   PAHO staff have participated in the WHO Staff Health Insurance (SHI) scheme for many years, and PAHO has had an active role in the SHI global governance process. Since 2015, PAHO and WHO have worked through the SHI Global Oversight Committee to harmonize PAHO and WHO administrative processes for SHI. The year 2018 will represent a major milestone with PAHO staff participation in the global SHI claims management platform (HIIS) and the SHI-Online portal for electronic claims submission in the Region of the Americas.

Selected Technical Initiatives

24.   Overall, PASB devotes significant effort to bilateral information exchange and dialogue with its Geneva-based counterparts in order to ensure awareness of the Regional health situation and point out topics of concern. These efforts serve both to highlight the Region's contributions to global achievements and to identify opportunities for collaboration, including for resource mobilization. The following paragraphs offer specific examples of collaboration during the period in question.

Reform of the Health Emergencies Program (Category 5)

25.   In September 2016, PASB reconstituted its emergencies program by integrating two entities—the Department of Emergency Preparedness and Disaster Relief and the International Health Regulations, Epidemic Alert and Response, and Waterborne Diseases Unit—into a consolidated Health Emergencies Department (PHE) that reports to the Director of PASB. This change takes into account the WHO emergency reform process and brings the Bureau's work on emergencies in functional alignment with the new WHO Health Emergencies Programme (WHE) while also maintaining areas of work not addressed by WHO. Since establishment of PHE, significant progress has been made, particularly with regard to structure (including budget and human resources), incident management, risk assessment, partnerships, and the International Health Regulations, as well as PAHO's performance in outbreaks and emergencies at the country level. PHE has also achieved close collaboration with the WHO WHE Programme, particularly in the aforementioned areas. PHE, working together with WHE and the global network of regional emergency directors, has identified a core set of human resources needed to maintain operational readiness and

efficiency and ensure adequate emergency response, while at the same time meeting the normative requirements of both PAHO and WHO.

Universal Health (Category 4)

26.   WHO continues to provide targeted normative support for technical cooperation to assist countries in moving toward universal access to health and universal health coverage, specifically around issues related to financial protection in health, human resources for health, and access to medicines and health technologies. Collaboration with WHO is ongoing on health information systems and on the development of indicators for monitoring trends in the training and distribution of human resources for health, as well as on the development of standardized tools to assess regulatory capacity for medicines and health technologies.

27.   While collaboration has been effective, there are still certain differences in approach between the Region of the Americas and the WHO Secretariat. An example is the term *universal health coverage*, which is preferred in WHO, whereas *universal health* is preferred in the Region, based on the understanding that the term includes both coverage and access. This preference reflects the understanding and approach adopted by the PAHO Member States.

Noncommunicable Diseases (Category 2)

28.   PAHO Headquarters and Country Offices collaborated with WHO headquarters in the planning and implementation of a global conference on enhancing policy coherence to prevent and control noncommunicable diseases (NCDs), held in Montevideo, Uruguay, on 18-20 October 2017. PASB participated on the global organizing committee and collaborated in development of the meeting agenda and the technical content of seminars, especially in the areas of nutrition and mental health. The PASB also provided funding support to facilitate the participation of Ministries of Health and other relevant ministries from the Region's eight priority countries and also provided logistic support for all aspects of planning and execution of the meeting. This meeting led to an outcome document, the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority *(12)*.

Tuberculosis (Category 1)

29.   WHO has a strong long-term collaboration arrangement with PAHO on the issue of tuberculosis (TB). Several countries in the Americas have served as global examples of excellent TB control, including Chile, Cuba, and Uruguay. PAHO played an integral role in discussions regarding preparation of the WHO End TB Strategy. Currently, several areas of collaboration can be highlighted, including: joint data collection; analysis and monitoring of key indicators under the End TB Strategy; global and regional coordination in addressing drug-resistant TB through the Green Light Committee Initiative under an agreement between WHO and the Global Fund to Fight AIDS, Tuberculosis, and Malaria; joint development of a TB elimination agenda for low-burden countries in the pre-elimination stages; and coordination of preparations for the United Nations High-Level Meeting on the

Fight to End Tuberculosis, to be held in New York in September 2018. In mid-January, the President of the UN General Assembly appointed two co-facilitators for the process, namely Japan and Antigua and Barbuda.

Action by the Directing Council

30.   The Directing Council is invited to take note of this first Report on Strategic Issues between PAHO and WHO and provide any comments it deems pertinent.

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