

“GOVERNANCE OF PAHO” - PREPARED BY BARBADOS

Comments from Canada

General Comment

Canada has been an active member of PAHO for over 30 years and intensified its relationship when it joined the OAS in 1990. We acknowledge that PAHO has played an important (and in some cases even vital) role in improving health conditions in the Americas over the past 100 years. But it is also important and timely to examine PAHO’s role in the current century and determine if its activities need to be adjusted to reflect new realities.

We believe that PAHO has an important contribution to make at both the regional level and at the country level. As a convenor of health experts and Ministers of Health, PAHO’s activities are well known and appreciated. Perhaps greater attention needs to be focussed on how PAHO staff can be of greater utility, at the country level, in improving the health and well being of people living in Latin America and the Caribbean.

Health Canada has utilized its BPB funds almost exclusively to facilitate technical cooperation activities between Canadian, Latin American and Caribbean health experts. These experts originate from Health Canada, from provincial ministries of health, from universities, NGOs and from the private sector. They respond to needs identified by countries, by PAHO staff and by Canadian health experts working in Latin America and the Caribbean.

This form of technical cooperation is important to Health Canada. We consider that one of PAHO’s future key roles should be to facilitate country to country collaboration, where feasible, and to concentrate future efforts towards more direct activities designed to elicit improved health outcomes.

It is in this that Canada notes on page 8, in the section “Challenges for PAHO” that in the context of the “challenges of globalization along with the changing needs and expectations of the Member States...” there is a call for organizational reform of PAHO, with the following aspects high-lighted: governance, budgeting, resources allocation, negotiation processes. Canada would thus add to this key list that the role and purpose of PAHO needs to be re-considered or re-confirmed within this context. What exactly do we want PAHO to do in the region? How can it be best utilized? Thus, an answer to this key question has impacts on all other aspects listed above and throughout this working paper. Canada would suggest that PAHO’s role and purpose be clarified first.

A. STRUCTURE AND GOVERNING BODIES

Specific Issue 1 - Improve communication within governing bodies and amongst Member States.

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Regarding *comment #1*: Canada is in agreement that new mechanisms should be designed to ensure timely and systematic information sharing before and after the Executive Committee meetings, including opportunities for member countries to provide feedback and input into decisions. Is there a model or suggested framework which could be adapted? This clearly links to comment #3 on page 10 related to Member States’ input into the Secretariat’s agenda with a “bottom up approach in policy, planning and decision making activities”.

Regarding *comment #4* - involvement of civil society partners. Canada would suggest that “civil society partners” be clearly defined and would add that non-profit or not-for-profit status be a requirement to be part of this public organization. Are there current models (within the UN system for example) of such relationships which we could consult?

Regarding *comment #5* - Canada agrees that health determinants involve multi-sectoral interests. However, caution should be taken to ensure that trade and macro economics interests not overpower the health agenda. Health specialists (not limited to bio-medical) should still take a lead role in any delegation.

Specific Issue 2 - Organizational and budgetary structure to fulfil the mission of the Governing Bodies and meet the needs of the countries

Regarding comments #1-4, Canada is in agreement with these suggestions. The proposed Regional Program Budget Policy document (recently presented at the meeting of the Executive Committee) makes reference to PAHO’s commitment to results based management, and the importance of effective monitoring and evaluation. This is in line with comments #1-4 in the “Governance” document. Any guidelines or systems developed should be made accessible to all member states, posted on the public access website, and actively promoted within the Secretariat, PWRs and affiliated PAHO centres. In addition, it would be important to develop measurable criteria against which the value, success and impact of activities can be measured.

Regarding comments on strengthening auditing - Canada suggests that a full accounting of PAHO’s budget be brought to member states. Currently input is requested only with the portion of the budget related to country allocations. Comment #3 refers to the establishment of a standing Audit and Evaluation Committee comprised of PAHO stakeholders. “Stakeholders” should be clearly defined - does this refer to member states only, or other entities?

Specific Issue 3 - Assessment of regional centres

Regarding comment #6 which suggests a study and evaluation on PAHO’s recruitment policy regarding geographical distributions - reference should be made to equitable distribution among Latin American, Caribbean and North American countries.

Regarding comment #7 - Canada would be interested in some clarification on the suggestion for “compensation and incentives from PAHO as well as governments for national technical staff on assignments.” This appears to imply that there is not enough interest among Health professionals in the region to provide their technical expertise without some financial incentive. Is this the best use of limited resources? There is concern that excessive amounts of money will be used to the benefit of the individual (who shouldn’t need an incentive to do the work that we are all committed to doing) rather than going towards benefiting the community in which they are providing their technical expertise.

B. FUNCTION

Specific Issue 1 - Enhancing efficiency of PAHO by the use of country offices...

Regarding the Country Focus Initiative (CFI) and the Country Cooperation Strategy (CCS), it would be useful to have member countries discuss these guiding policy documents in the context of PAHO’s governance, work planning and functions. Have these strategies been discussed at

previous governing body meetings? Integration of these strategies into PAHO's work would help to align the work with similar approaches in other regions, as endorsed by the WHO.

Specific Issue 2 - Bringing focus to the operational side of what PAHO does

Regarding comment #3 - Country-specific plans and strategies would greatly benefit the work of PAHO. A systematic process, perhaps informed by the Poverty Reduction Strategy Paper (PRSP) process (led by the World Bank but endorsed by the WHO) which provides regular updates to country priorities. This would warrant further discussion in the context of the CFI and CCS as mentioned above.

Regarding Comment #4 which provides suggestions on priority setting, evaluation, measuring results, needs analysis, strategic planning/budgeting - all of these warrant further discussion in the context of the newly proposed Regional Program Budget Policy (which also reflects request for results-based management approaches). Clearly there is a need for improved accountability and visibility of how money is spent, an evaluation of results, etc.

C. PROCESS WITH REGARDS TO RELATIONSHIP WITH STAKEHOLDERS

Specific Issue 4 - Decentralization of resources and staff from headquarters to country offices

It would be important here to articulate what the specific roles should be of headquarters offices and country offices in order to establish appropriate utilization of human and financial resources. It might not be appropriate to decentralize certain areas depending on the work profile. There would clearly be a need for a centralized structure which ensures regional collaboration and connectivity.

Any decisions or recommendations related to decentralization, should take into consideration the impact that drastic human resource shifts would have on employees, and appropriate measures be taken to minimize any negative effects this might have on them. This whole issue of decentralization warrants further discussion among member countries. Consideration should be given to other WHO regions - what level of decentralization has taken place? What is the percentage split between headquarter and country officers?

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