

RELATIONSHIP AND MECHANISMS OF COORDINATION BETWEEN PAHO AND WHO

PASB/AMRO Secretariat
WHO HQ Secretariat

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Introduction

1. During the course of the deliberations of the Working Group on PAHO in the 21st Century, and in several documents produced by Member States as inputs for those discussions, reference has been made to the relationship between the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

2. At the last meeting of the Working Group held in Rio de Janeiro, Brazil, in December 2004, when analyzing the consolidated document that summarizes the different contributions, it was concluded that this topic warranted some additional clarification from the Secretariat. This conclusion was drawn because there were statements in the documents or views among the members of the Working Group that did not accurately reflect the nature of the institutional relationship between the two organizations, did not take stock of the existence of common policies and policy formulation processes, and did not account for the existing common and/or coordinated mechanisms of program management and administration of the Pan American Sanitary Bureau (which is, in turn, the Regional Office for the Americas of the World Health Organization) and the rest of the structure of the WHO Secretariat at large.

3. It was agreed by the Chairman of the Working Group and the Secretariat that a brief paper addressing the issues mentioned above would be prepared to provide additional input for consideration during the upcoming meeting of the Working Group to be held in Washington, D.C., in February 2005. Consequently, the present document has been prepared jointly by the Office of the Director of Program Management, Pan American Sanitary Bureau/Regional Office for the Americas of the World Health Organization, and the Department of Governance of the World Health Organization.

Legal Framework Which Defines the Institutional Relationship between PAHO and WHO

4. On 22 July 1946, 61 States signed the Constitution of the World Health Organization. Encompassing a preamble and 19 chapters, with 82 articles, this basic charter of the Organization set forth its overall objective, enumerated its functions, established its central and regional structure, defined its legal status, and provided for cooperative relationships between the organization and the United Nations and other organizations, both governmental and private, concerned with health matters. The WHO Constitution was adopted by the International Health Conference held in New York, from

19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States, and entered into force on 7 April 1948.

5. In January 1947, delegates of the 21 American Republics that formed the then Pan American Sanitary Bureau, which had been created in 1902, met to celebrate the XII Pan American Sanitary Conference, held in Caracas, Venezuela. All of the delegates signed the WHO Constitution. They assertively drew attention to the fact that they wanted to cooperate with and participate in the World Health Organization while preserving the identity of the existing hemispheric body called the Pan American Sanitary Bureau. As a consequence, the XII Conference decided to consolidate the Bureau's separate identity, reorganizing it as the Pan American Sanitary Organization (PASO),¹ with four organs:

- the Pan American Sanitary Conference, as the supreme Governing Body of the Organization;
- the Directing Council with one representative from each Member State;
- the Executive Committee, with seven Members elected by the Directing Council and serving for overlapping terms of three years; and
- the Pan American Sanitary Bureau, the Director, and staff, whose purpose would be to carry out the programs.

6. The Conference instructed the newly formed Executive Committee to draft a constitution for the Pan American Sanitary Organization. These instructions were followed immediately; and during the first meeting of the newly constituted Directing Council, held in Buenos Aires, Argentina, in September-October 1947, a constitution for the Pan American Sanitary Organization was adopted.

7. Article 54 of the Constitution of WHO stated that those intergovernmental regional health organizations that were in existence prior to the date of the signature of the Constitution shall be integrated with the Organization through common action based on mutual consent of the competent authorities. This was immediately addressed by the Pan American Sanitary Organization and the World Health Organization and was finally settled in May 1949, with the signature of an agreement between PAHO and WHO that defined common action while preserving the identity of both Organizations.²

8. To establish a relationship between the regional and global health bodies, the First Directing Council authorized the Executive Committee to act "as Negotiator with the Negotiating Sub-Committee of the World Health Organization on the conditions that the Pan American Sanitary Organization should continue to function with an independent identity for the solution of problems of a continental character."

¹ Renamed the "Pan American Health Organization" by decision of the XV Pan American Sanitary Conference, September-October 1958.

² Agreement between the World Health Organization and the Pan American Health Organization. Basic Documents of the Pan American Health Organization, Official Document No. 308, pp. 46-48.

9. The Council drafted a proposed agreement with WHO that was submitted to the First World Health Assembly in Geneva, in 1948, which approved the agreement. The first Director-General of WHO, Dr. Brock Chisholm, and the Director of the Bureau, Dr. Fred Soper, signed an agreement formally establishing the relationships between the two organizations on May 1949. The agreement was approved on 30 June 1949, and became effective on 1 July 1949, during the Second World Health Assembly. As a result, the Bureau was converted into the Regional Office of the World Health Organization, while at the same time maintaining its identity as the Pan American Sanitary Bureau.

10. This agreement stated that “the Pan American Sanitary Conference, through the Directing Council of the Pan American Sanitary Organization and the Pan American Sanitary Bureau, shall serve, respectively, as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere” (Article 2 of the agreement).

PAHO and WHO Common Policies and Policy Formulation Processes

11. In accordance with Article 28(g) of the Constitution of WHO, the Executive Board shall submit to the Health Assembly, for consideration and approval, a general program of work covering a specific period.

12. The current General Program of Work (GPW), the 10th, was endorsed by the Board at its 105th session in January 2000 (Document EB105/3). In contrast to some earlier programs of work, this program is shorter. It covers two biennia (2002-2003 and 2004-2005), concentrates on broad strategic direction and on the core functions of the WHO Secretariat, and serves as the framework for program development and for the formulation of the respective biennial program budgets of the World Health Organization, which, in turn, translate policy into programs and the corresponding allocation of resources necessary to carry them out.

13. WHO is currently in the process of formulating the 11th GPW, which will cover the period 2006-2015, in consonance with the Development Goals contained in the U.N. Millennium Declaration. The concept papers describing its scope and the process that will be followed for its formulation, as well as some initial drafts, were brought to the consideration of the Subcommittee on Planning and Programming, the Executive Committee, and the Directing Council of PAHO during 2004, presented jointly by the Pan American Sanitary Bureau (PASB)/Regional Office for the Americas (AMRO) Secretariat and by the WHO Headquarters (WHO HQ) Secretariat.

14. Recently the Executive Board of WHO, at its 115th session in January 2005, was informed about the progress towards the formulation of the 11th GPW and took note of the progress as well as of the prospective events that will take place during 2005 for completing the round of planned consultations. The new 11th GPW will be brought to the consideration of the 117th session of the Executive Board in January 2006, to be examined and transmitted to the 59th World Health Assembly in May 2006, for its

consideration and approval. The Board was also informed that the process of regional consultations will have two phases: an initial one with Member States and other relevant stakeholders, that will take place between February and March 2005, the first of which will be held in the Region of the Americas (14-16 February 2005) just before the upcoming meeting of the Working Group on PAHO in the 21st Century (17-18 February 2005); and a second one as part of the agenda of the Regional Committees and the PAHO Directing Council between September and October 2005.

15. The PASB/AMRO Secretariat informed the 115th session of the Executive Board of WHO about the efforts made so far to articulate the consultative process of formulation of the 11th GPW with the deliberations and the meetings of the Working Group on PAHO in the 21st Century (mandated by the 44th Directing Council of PAHO in September 2003), which include the discussion of the 11th GPW in the meeting of the Working Group held in Rio de Janeiro in December 2004, and convening the Regional Consultation in the Americas for the 11th GPW immediately before the Fourth Meeting of the Working Group on PAHO in the 21st Century.

16. It is also important to note that since 1986, PAHO embarked on a process of formulation of multiyear regional policy frameworks (initially spanning four years and currently with a scope of five years) fully consistent with the corresponding GPWs, albeit more specific in relation to addressing the regional health challenges and delineating regional strategies and policies for the Organization. These frameworks have sought to take into account specific regional mandates from PAHO Governing Bodies that supplement the global mandates emanating from the Governing Bodies of WHO. Initially entitled "Strategic Orientations and Program Priorities," later called "Strategic and Programmatic Orientations," and most recently labeled "Strategic Plan" (the one corresponding to the period 2003-2007), these regional policy frameworks have been considered and approved by the respective Pan American Sanitary Conferences at the time of the election of the Director of the PASB.

17. The future exercise of formulating a multiyear regional policy framework for PAHO for the period 2008-2012 will have to be carried out in such a way so as to ensure full consistency with the 11th GPW at the same time it incorporates the policy recommendations stemming from the Working Group on PAHO in the 21st Century.

18. The process described in the previous paragraphs clearly shows the inter-relatedness and coordination of the policy formulation processes and forward-looking exercises of PAHO and WHO as organizations, as well as the joint involvement of the PASB/AMRO Secretariat with the rest of the WHO Secretariat in their preparation.

Common and Coordinated Mechanisms of Program Management and Administration

19. There are multiple dimensions in the articulation of program management mechanisms and administrative practices between the PASB/AMRO Secretariat and the

rest of the WHO Secretariat that go beyond the scope of this paper. However, for the purposes of discussion by the Working Group on PAHO in the 21st Century the following salient developments are highlighted:

Results-based Management and Program Budget

20. WHO has been formulating over the previous three biennia and is proposing for the upcoming period 2006-2007 biennial program budgets that follow an organization-wide, results-based approach. The program formulation is based on a set of objectives, strategies, and organization-wide expected results. The objectives outlined in the program budget incorporate the combined commitments of Member States and the Secretariat. The specific contribution of the Secretariat (Country Offices, Regional Office, and Headquarters) to these objectives is described in terms of expected results, which form the basis for costing and estimating resource requirements over a two-year period. The resource requirements identified are broken down into regular (coming from assessments paid by Member States) and from other sources (coming from voluntary contributions). Actual achievements in implementing the program budget are measured through performance indicators, baselines, and targets.

21. The proposed program budgets are currently drawn up through a participatory and iterative process, involving dialogue between Member States, Country Offices, Regional Offices, and Headquarters. The plan for each area of work drawn up by Regional Offices and Headquarters form the framework in which the budget is processed. An internal peer review of a preliminary draft, involving all levels of the organization, has taken place for the first time as part of the formulation process in the preparation of the 2006-2007 program budget. Lessons learned in implementing the previous biennial program, as captured in a performance assessment report, constitute an important input into the process.

22. The consolidated PAHO/WHO program budget that is presented to the PAHO Directing Council for its consideration and approval every biennium is also formulated following a results-based approach. It defines the Regional Expected Results for the biennium in the Region of the Americas, incorporates the portion of the WHO program budget for the Region of the Americas in the corresponding WHO biennial program budget approved by the World Health Assembly, and identifies the resource requirements for the PAHO component of the program budget both of regular nature (financed through assessed contributions paid by the PAHO Member States) and those coming from other sources. Full convergence and compatibility between the Global Expected Results and the Regional Expected Results exist. A virtually identical structure of areas of work characterizes both the PAHO/WHO program budget and the WHO program budget.

Country Cooperation Strategy

23. The Country Cooperation Strategy (CCS) envisages the development of a medium-term framework that expresses the WHO areas of concentration and lines of action at country level, bringing together country needs and opportunities with global and regional priorities. The process to achieve this entails extensive dialogue with governments and development partners and seeks to articulate WHO Headquarters, Regional Offices, and the respective Country Office to undertake “coherent” action at the country level and respond to the needs posed by the national health development process in each country.

24. The proposed scheme consists of a preparatory phase to produce analytic information on the current situation, involving dialogue with the CCS team visits. During the intervening period, there is further discussion and reflection, and a preliminary draft strategy document is produced. By the end of the last visit, the strategic agenda is agreed upon and documented, and implications for implementation and enabling action are reviewed.

25. This approach has been adopted by PAHO and therefore the CCS exercises in the Region of the Americas are leading to the formulation of joint PAHO and WHO medium-term frameworks for work at the country level. This has major implications for the PASB/AMRO Secretariat particularly in relation to its involvement in the formulation of CCSs and the linkages with the biennial program budgets.

Participation of the PAHO/AMRO Secretariat in WHO Extraregional Initiatives, Activities, and Global Coordination Mechanisms

26. The PAHO/AMRO Secretariat work is not exclusively limited to initiatives and activities of regional, subregional, and country scope within the Region of the Americas. Although its roles and responsibilities are primarily centered on the implementation of the lines of action necessary to attain the Regional Expected Results defined in each biennial program budget, they also encompass participation in coordination mechanisms across WHO and sporadic contributions to extraregional initiatives of both global and interregional nature.

27. Technical, administrative, and managerial staff from the PAHO/AMRO Secretariat participate periodically in global and interregional consultations and networks aimed at defining organization-wide corporate policies and strategies; technical inputs for the formulation, implementation, and evaluation of programs; and common administrative procedures. The PAHO/AMRO Secretariat participates as well in global undertakings linked to the agenda of organizational change of WHO, such as the Global Leadership Program and the development of the General Management System. Occasionally staff members of regional units, centers, and country offices, take part in activities and operations outside the Region, such as the WHO relief and reconstruction efforts during the recent tsunami crisis in South East Asia.

Final Considerations

28. This paper is by no means a comprehensive review of the relationship between PAHO and WHO and the multiple dimensions and complexities present in the interaction and synergy of the two organizations. It is rather a brief annotated agenda of critical issues in the relationship between the global organization (WHO), which is part of the United Nations system, and the regional organization (PAHO), which is part of the inter-American system. The Secretariat has concentrated on what may be pertinent for the deliberations of the Working Group on PAHO in the 21st Century, including the articulated policies and strategies, the common framework for managing the operations of the Secretariat, and the “double but unified identity” of the Secretariat, both as the Regional Office for the Americas of WHO (AMRO) and as the Pan American Sanitary Bureau.

29. There are many other issues in the relationship of PAHO and WHO that could be analyzed, discussed, and reviewed. However, that undertaking goes beyond the scope of this paper. It is quite clear, though, from the notes contained here, that the relationship of PAHO with WHO is a matter of utmost importance in the life of both organizations and in the joint program they implement in the Region of the Americas in a consolidated fashion.

30. Perhaps one element that sometimes is forgotten and ought to be highlighted in this discussion is that the relationship of PAHO with WHO is not limited to the interaction with WHO HQ in Geneva. It also involves the exchange, collaboration, and synergies among the Regional Offices of WHO. It constitutes a complementary dimension to the relationship between WHO HQ and PASB/AMRO at the same time offering possibilities of cross-fertilization of regional experiences and exchange among regional staff members.

31. The multidimensional relationship has evolved in recent years at a faster pace and is characterized by far greater complexities than before. All of these bring to mind the need for granting priority attention and, therefore, more time and more analytical effort to the interaction between PAHO and WHO, both from Member States as well as from the PASB/AMRO Secretariat at regional and country levels. This encompasses the ways in which PAHO regional policies and strategies as well as PASB/AMRO managerial practices can contribute to global WHO policies, strategies, and managerial practices, as much as the ways in which PAHO needs to incorporate global WHO policies strategies and managerial practices into its policy framework and modus operandi.