



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

Provisional Agenda Item 4.1

OD338, Add. II (Eng.)

8 June 2011

ORIGINAL: SPANISH

PROPOSED RESOLUTION

PROPOSED PAHO PROGRAM AND BUDGET 2012-2013

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the proposed PAHO Program and Budget 2012–2013 (*Official Document 338*);

Having considered the report of the Subcommittee on Program, Budget and Administration (Document CE148/4);

Noting significant mandatory cost increases in fixed-term posts for 2012–2013, despite the continuing and cautious efforts of the Pan American Sanitary Bureau to reduce the number of these posts;

Having examined the Addendum to the Program and Budget, *Justification for the Proposed Increase in the Assessed Contributions*, in which the Bureau outlines the justification for the increase in assessed contributions, the expected negative programmatic impact on PAHO's technical cooperation, the efforts to improve efficiency and productivity, as well as the performance monitoring and assessment process and program and budget execution in order to meet the objectives of the PAHO Strategic Plan 2008-2012;

Noting the efforts of the Director to propose a program and budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To thank the Subcommittee on Program, Budget and Administration for its preliminary review of and report on the proposed program and budget.
2. To express appreciation to the Director for the attention given, in the development of the program and budget, to programmatic prioritization and to cost savings through the implementation of instruments to measure efficiency and productivity as well as performance monitoring and assessment and institutional program and budget execution.
3. To request the Director to incorporate the comments made by the Members of the Executive Committee in the revised *Official Document 338* that will be considered by the 51st Directing Council.
4. To recommend that the 51st Directing Council adopt a resolution along the following lines:

PROPOSED PAHO PROGRAM AND BUDGET 2012–2013

THE 51st DIRECTING COUNCIL,

Having examined the proposed PAHO Program and Budget 2012–2013 (*Official Document 338*);

Having considered the report of the Executive Committee (Document CD51/__);

Noting the significant mandatory cost increases in fixed-term posts for 2012-2013, despite the continuing and cautious efforts of the Pan American Sanitary Bureau to reduce the number of these posts;

Noting the efforts of the Director to propose a program and budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To approve the program of work for the Bureau as outlined in the PAHO Program and Budget 2012–2013 (*Official Document 338*).

2. To appropriate for the financial period 2012–2013 the sum of US\$ 320,037,902, which represents a 6.7% increase in assessments of PAHO Member States, Participating States, and Associate Members with respect to the biennium 2010-2011, as follows:

| SECTION | TITLE | AMOUNT |
|---------|--|------------|
| 1 | To reduce the health, social and economic burden of communicable diseases | 23,900,000 |
| 2 | To combat HIV/AIDS, tuberculosis and malaria | 7,324,000 |
| 3 | To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries | 12,700,000 |
| 4 | To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals | 11,694,000 |
| 5 | To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact | 4,500,000 |
| 6 | To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions | 8,611,000 |
| 7 | To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches | 9,100,000 |
| 8 | To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health | 12,100,000 |
| 9 | To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development | 11,200,000 |
| 10 | To improve the organization, management and delivery of health services | 9,111,000 |
| 11 | To strengthen leadership, governance and the evidence base of health systems | 30,600,000 |
| 12 | To ensure improved access, quality and use of medical products and technologies | 7,565,000 |
| 13 | To ensure an available, competent, responsive and productive health workforce to improve health outcomes | 10,800,000 |
| 14 | To extend social protection through fair, adequate and sustainable financing | 5,207,000 |

| SECTION | TITLE | AMOUNT |
|---------|--|-------------|
| 15 | To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas | 65,885,000 |
| 16 | To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively | 64,203,000 |
| | | |
| | Effective Working Budget for 2012-2013 (Parts 1-16) | 294,500,000 |
| | | |
| 17 | Staff Assessment (Transfer to Tax Equalization Fund) | 25,537,902 |
| | | |
| | Total – All Sections | 320,037,902 |

3. That the appropriation shall be financed from:

(a) Assessment in respect to:

Member Governments, Participating Governments, and
Associate Members assessed under the scale adopted.....224,337,902

(b) Miscellaneous Income15,000,000

(c) AMRO share approved at the 64th World Health Assembly80,700,000

TOTAL320,037,902

4. In establishing the contributions of Member States, Participating States, and Associate Members, assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

5. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 2 shall be available for the payment of obligations incurred during the period from 1 January 2012 to 31 December 2013, inclusive; notwithstanding the provision of this paragraph, obligations during the financial period 2012–2013 shall be limited to the effective working budget, i.e., Sections 1–16 of the appropriations table in paragraph 2.

6. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; transfers between sections of the budget in excess of 10% of the section from which the credit is transferred may be made with the concurrence of the Executive Committee, with all transfers of budget credits to be reported to the Directing Council or the Pan American Sanitary Conference.

7. That up to 5% of the budget assigned to the country level will be set aside as the "Variable Country Allocation," as stipulated in the Regional Program Budget Policy. Expenditure in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 2nd Session of the Subcommittee on Program, Budget and Administration, as presented to the 142nd Session of the Executive Committee in Document CE142/8. Expenditures made from the country variable allocation will be reflected in the corresponding appropriation sections 1–16 at the time of reporting.

8. To estimate the amount of expenditure in the program and budget for 2012–2013 to be financed by other sources at \$348,451,000, as reflected in *Official Document 338*.

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