Pan American Health Organization

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REGIONAL OFFICE FOR THE Americas

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FINAL REPORT

* *(This version includes the Report of the Virtual Meeting of the Executive Committee held on 27 August 2019).*

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FINAL REPORT

Opening of the Session

1. The 164th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 24 to 28 June 2019.

2. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Barbados, Belize, Brazil, Canada, Colombia, Ecuador, Panama, Peru, and United States of America. Delegates of the following other Member States, Participating States, and Observer States attended in an observer capacity: Costa Rica, Dominican Republic, El Salvador, France, Guatemala, Honduras, Mexico, Paraguay, and Spain. In addition, five nongovernmental organizations were represented.

3. Mr. Michael Pearson (Canada, President of the Executive Committee) opened the session and welcomed participants.

4. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), also welcoming participants, noted that PAHO would celebrate its 117th anniversary in December 2019. While it was old, the Organization was by no means out of date. It had innovated extensively over the years in order to remain relevant and maintain its position as a regional and global leader in public health. Its survival had been assured by the wise guidance and continued financial support provided by Member States. There was no doubt that the foundation of the Organization's longevity was the solidarity that Member States had demonstrated and continued to demonstrate as they worked together to eliminate diseases, build resilient health systems, enhance emergency and disaster response, reduce inequities in health, and work towards universal access to health and universal health coverage. Indeed, PAHO and the Region of the Americas embodied what could be achieved through solidarity.

5. It was essential to maintain solidarity in the face of emerging global trends that were impacting quality of life and threatening the achievement of the Sustainable Development Goals. Those trends included a rise in polarization, an escalation in geopolitical and geo-economic tensions, and an expansion of environmental risks related to climate change, as well as a growing focus on State-centered politics and nationalism. While countries must, of course, act in their own best interests, it was important not to lose sight of the fact that the focus on the nation-State had a real potential to weaken or erode international agreements and multilateral engagement, making it more difficult to arrive at the essential collective responses that were required to resolve emerging global, regional, and cross-border challenges, such as migration, climate change, and cyberattacks. Against that background of challenges, the Organization must find the fortitude to continue to discharge its mission and continue to lead strategic collaborative efforts to promote equity

in health, combat disease, and lengthen and improve the quality of the lives of the peoples of the Americas.

6. During the session, the Committee would help to set the compass and establish the roadmap for the work to be done in relation the Organization's new Strategic Plan for the period 2020-2025. The Director looked forward to a productive session and had every confidence that the Committee's review of the matters on its agenda would be thorough and forward-looking.

Procedural Matters

Election of Officers

7. The following Members elected to office at the Committee's 163rd Session continued to serve in their respective capacities during the 164th Session:

President:	Canada	(Mr. Michael Pearson)
Vice President:	Belize	(Dr. Marvin Manzanero)
Rapporteur:	Peru	(Dr. Fernando Ignacio Carbone Campoverde)

8. The Director of the Pan American Sanitary Bureau (PASB or Bureau) 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 CE164/1, Rev. 2, and CE164/WP/1, Rev. 1)**

9. The Committee adopted the provisional agenda proposed by the Director without change (Document CE164/1, Rev. 2); the Committee also adopted a program of meetings (CE164/WP/1, Rev. 1) (Decision CE164[D1]).

Representation of the Executive Committee at the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas **(Document CE164/2)**

10. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Canada and Peru, its President and Rapporteur, respectively, to represent the Committee at the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas. Barbados and Panama were elected as alternate representatives (Decision CE164[D2]).

Draft Provisional Agenda of the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas **(Document CE164/3)**

11. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 57th Directing Council of PAHO, 71st

Session of the Regional Committee of WHO for the Americas, prepared by the Director in accordance with Article 12.C of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council. She noted that the proposed agenda included two matters for information not included on the agenda of the Executive Committee: Report of the Commission on Equity and Heath Inequalities in the Americas (item 7.6) and a report on resolutions of interest to PAHO adopted by the Forty-ninth Regular Session of the General Assembly of the Organization of American States (item 7.11-B).

12. The Committee adopted Resolution CE164.R.17, approving the provisional agenda for the 57th Directing Council.

Committee Matters

Report on the 13th Session of the Subcommittee on Program, Budget, and Administration **(Document CE164/4)**

13. Dr. Marvin Manzanero (Belize, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 13th Session from 27 to 29 March 2019. The Subcommittee had discussed a number of important financial, administrative, and other issues, including the Draft Proposed Strategic Plan of Pan American Health Organization 2020-2025, the Outline of the Program Budget of the Pan American Health Organization 2020-2021, and the overview of the Financial Report of the Director for 2018.

14. Dr. Manzanero noted that, as all of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, he would report on them as they were taken up by the Committee.

15. The Executive Committee thanked the Subcommittee for its work and took note of the report.

PAHO Award for Health Services Management and Leadership 2019 **(Documents CE164/5 and CE164, Add. I)**

16. Dr. Anton Best (Barbados) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2019, comprising the delegates of Barbados, Canada, and Ecuador, had met on 26 June to examine the information on the candidates nominated by Member States. The Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership 2019 should be awarded to Dr. Reina Roa Rodríguez of Panama for her dual contributions to promoting public health through tobacco control at the national, regional, and global levels and overseeing the formulation and implementation of her country's national health policy and its accompanying strategic guidelines. Dr. Roa Rodríguez had also contributed significantly to the drafting of the Sustainable Health Agenda for the Americas 2018-2030 and the Strategic Plan of the Pan American Health Organization 2020-2025.

17. Several delegates congratulated Dr. Roa Rodríguez, expressing admiration for her leadership on tobacco control and her positive influence on public policy in the Americas.

18. Dr. Roa Rodríguez (Panama) thanked the Award Committee for having considered her a worthy candidate.

19. The Executive Committee adopted Resolution CE164.R16, conferring the PAHO Award for Health Services Management and Leadership 2019 on Dr. Roa Rodríguez.

Engagement with non-State Actors **(Document CE164/6)**

20. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report on PAHO's progress in implementing the Framework of Engagement with Non-State Actors (FENSA). In the Subcommittee's discussion of the report, attention had been drawn to a paragraph in the report that alluded to difficulties that WHO had experienced in coming to a consistent definition of the phrase "furthering the interests" of the tobacco industry. It had been suggested that the WHO Secretariat should work with the Secretariat of the Framework Convention on Tobacco Control to determine how the phrase should be interpreted in the context of assessing engagement with non-State actors.

21. In the Executive Committee's discussion of the report, the Bureau's progress in implementing FENSA across the Organization was welcomed. The Framework was seen as a means of improving transparency and accountability, protecting the Organization from undue influence from external actors, and preventing conflicts of interest. The Bureau was encouraged to continue its efforts to foster engagement with a broad range of non-State actors, particularly Nongovernmental Organizations (NGOs) working on issues such as comprehensive health care and governance, in an effort to support Member States and to fulfill its mission. The importance of evaluating the application of FENSA tools at country levels was underscored.

22. Dr. Heidi Jiménez emphasized that the Bureau continued to collaborate closely with the WHO Secretariat in order to ensure the consistent and coherent implementation of the Framework. The WHO Guide for Staff had now been finalized and would be used in training for PASB staff, scheduled to begin in the second half of 2019. Overall, implementation of FENSA had improved transparency, increased the Organization's knowledge of its partners, and ensured that those partners were properly registered.

23. The Executive Committee took note of the report.

Non-State Actors in Official Relations with PAHO **(Document CE164/7)**

24. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report and a packet of confidential information provided by the Bureau on 12 NGOs whose status as non-State actors in official relations with PAHO was due for review. The Bureau had recommended

the continuation of relations with seven of those organizations. It had also recommended that the review of PAHO's collaboration with two organizations should be deferred so that their new work plans could be finalized, and that official relations with three non-State actors should be discontinued, owing to a lack of collaboration in the past three years.

25. After considering the information provided by the Bureau, the Subcommittee had decided to recommend that the Executive Committee approve the continuation of official relations between PAHO and the following organizations: Healthy Caribbean Coalition, Inter-American Society of Cardiology, Latin American and Caribbean Women's Health Network, Latin American Association of Pharmaceutical Industries, Latin American Confederation of Clinical Biochemistry, Mundo Sano Foundation, and World Resources Institute Ross Center for Sustainable Cities.

26. The Subcommittee had recommended that the Committee defer a decision on the continuation of official relations with the following two organizations until 2020: Pan American Federation of Associations of Medical Schools and Pan American Federation of Nursing Professionals. Lastly, the Subcommittee had decided to recommend that the Committee discontinue official relations with the American College of Healthcare Executives, the Inter-American College of Radiology, and the Latin American Federation of Hospitals.

27. A representative of the Latin American Society of Nephrology and Hypertension (SLANH, Spanish acronym) noted that kidney disease had reached epidemic proportions in the Latin American region, where mortality from the disease was among the highest in the world. Treatment, particularly for end-stage kidney failure, was extraordinarily expensive, leaving almost 50% of patients without access to the renal replacement therapies they needed. SLANH and PAHO had collaborated on various projects aimed at increasing access to kidney replacement therapy; raising awareness of more cost-effective therapies, such as peritoneal dialysis; and promoting the implementation of national kidney dialysis and transplant registers. They had also launched online training courses on topics such as using peritoneal dialysis and preventing chronic kidney disease. It was important to publicize the availability of those courses more widely, in particular in Central America. He urged Member States to ensure that kidney disease was properly taken into account in their public health policy and that sufficient resources for the prevention, early diagnosis, and treatment of the disease were allocated.

28. The Executive Committee welcomed the report. A delegate emphasized the importance of increasing cooperation with non-State actors, fostering joint research projects, and establishing partnerships with other health care stakeholders at regional and country levels. He suggested that particular attention should be paid to issues such as comprehensive health care and integrated health services networks, governance, management, and funding.

29. Mr. Alberto Kleiman (Director, Department of External Relations, Resource Mobilization, and Partnerships, PASB) acknowledged the contributions of non-State actors

in official relations with PAHO, noting that their efforts were critical to meeting the Organization's goal of improving public health in the Americas.

30. The Director emphasized that the Bureau placed a high value on its collaboration with non-State actors, which was crucial to the fulfillment of the Organization's mission and the maximization of its efforts.

31. The Executive Committee adopted resolution CE164.R11, endorsing the recommendations of the Subcommittee.

Annual Report of the Ethics Office for 2018 **(Document CE164/8)**

32. Mr. Philip MacMillan (Manager, Ethics Office, PASB), summarizing the activities undertaken by the Ethics Office in 2018, recalled that the Office's investigative function had been transferred to the newly created Investigations Office, leaving the Ethics Office to focus on providing advice, guidance, and training in order to assist staff in meeting their obligations under the Code of Ethical Principles and Conduct. In 2018 the Office had dealt with 154 ethics-related consultations—a record for a single year—and provided face-to-face training on ethics-related topics to more than 500 staff in five PAHO/WHO representative (PWR) offices and at Headquarters.

33. As part of its efforts to prevent and combat sexual harassment, the Office had launched a mandatory United Nations course on Prevention of Harassment, Sexual Harassment, and Abuse of Authority in the Workplace. In conjunction with the Office of the Ombudsman, it had developed a training program to raise awareness of sexual harassment and of the PASB resources responsible for preventing and addressing it and co-hosted a workshop on the costs to the Organization of incivility in the workplace, which included lower productivity and morale and greater absenteeism.

34. In 2018, the Office had automated its annual declaration of interests form and reviewed 178 responses, resolving any potential or actual conflicts of interest in favor of the Organization. It had also headed a working group tasked with formulating a new, comprehensive anti-fraud and corruption policy and had led efforts to develop a new policy to tackle sexual exploitation and abuse. Both policies were set to be finalized in 2019.

35. In 2019, the Ethics Office would dedicate more of its time to updating existing policies and developing new ones. In particular, it would be conducting a comprehensive review of PASB's whistle-blower protection policy, which dated back to 2009, taking into account best practices and the recommendations of the Joint Inspection Unit of the United Nations system regarding whistle-blower policies and practices in United Nations organizations. In the light of the results of the United Nations "Safe Spaces" survey on sexual harassment, the Office would also be developing a plan of action to tackle sexual harassment and raise awareness of the institutional resources responsible for preventing, reporting, and addressing sexual harassment in the workplace.

36. In the discussion that followed, the Bureau's efforts to encourage full and open debate between supervisors and their subordinates were welcomed. Such interaction was seen as a means of enabling staff to feel more involved in decision-making processes, which would improve staff engagement and promote civility in the workplace. Support was also expressed for the development of a plan of action to tackle sexual harassment. Information on the Bureau's current sexual harassment policy and the office responsible for it was requested. The need to involve the Investigations Office in efforts to deal with sexual harassment was underscored.

37. It was emphasized that strong whistle-blower protections and independent ethics and oversight offices were essential to creating a culture of transparency and accountability. The review of PASB's whistle-blower protection policy was welcomed, and the Bureau was encouraged to implement the recommendations of the United Nations Joint Inspection Unit in that regard. In light of the creation of the Investigations Office, a delegate asked whether the Ethics Office was still responsible for conducting preliminary reviews of retaliation complaints. Another delegate requested an update in the next report of the Ethics Office on the plan of action on sexual harassment at the Organization, noting that findings from the Office's work on retaliation could be useful in informing this work. The same delegate, noting that 10% of Ethics Office consultations related to the hiring of relatives of PASB staff, suggested that the requirement for relatives to participate in open, transparent, and competitive selection processes should be specified in the PASB Staff Regulations and Rules.

38. Mr. MacMillan replied that the requirement for relatives of PASB staff members to take part in competitive selection processes was stipulated in the Code of Ethical Principles and Conduct. On the concept of "respectful dissent," he stressed that staff members had consulted the Office precisely because they had dutifully provided advice, which they felt their supervisors had brushed aside, leading to conflict in the workplace. The Bureau was striving to foster a working culture in which advice could be provided and given due consideration, healthy disagreement could be tolerated, and staff could accept the final decisions taken by their supervisors.

39. All policies and initiatives, such as the forthcoming plan of action on sexual harassment, were discussed within the framework of PASB's unique Integrity and Conflict Management System (ICMS). It was composed of representatives from various departments, including the Investigations Office. All PASB policies and initiatives related to organizational integrity and conflict management benefited from the close cooperation and valuable input of ICMS members, who met once a month.

40. The terms of reference of the Investigations Office were currently being finalized and a decision would soon be taken on whether that Office or the Ethics Office would handle preliminary reviews of allegations of retaliation. He was aware that ethics offices in other United Nations organizations performed that function. The sexual harassment policy came under the remit of the Ethics Office, as did all other ethics-related policies, although the Office worked in close collaboration with the other members of the ICMS. A PAHO-led panel of ethics practitioners was due to review the recommendations of the Joint

Inspection Unit in 2019, after which the Office's review of the whistle-blower protection policy would begin in earnest.

41. The Director underscored her commitment to ensuring that PASB became a fully ethical and enabling work environment. To achieve that objective, the Executive Management ensured that the Ethics Office, the Investigations Office, and the internal auditors were entirely independent. She recognized that more needed to be done to make both new and existing staff aware of the various institutional mechanisms, resources, and policies governing staff conduct.

42. The Executive Committee took note of the report.

Annual Report of the Investigations Office for 2018 **(Document CE164/9, Rev. 1)**

43. Mr. Alexander Lim (Chief Investigator, Investigations Office, PASB), outlining the activities undertaken by the Investigations Office in 2018, recalled that the Office had been established in January 2018 to take on the investigative function previously carried out by the Ethics Office. It had a small team of two full-time fraud examiners, who conducted administrative fact-finding investigations into allegations of misconduct.

44. Since 2016, the average number of allegations of wrongdoing received annually had remained relatively constant. Conversely, the number of reports carried over from one year to the next had steadily decreased, demonstrating that cases were being dealt with more expeditiously. Not all reports led to investigations by the Office: some were referred to other relevant units, while others were closed due to lack of *prima facie* evidence. Matters involving occupational fraud and workplace harassment dominated the work of the investigators, a trend that was likely to increase.

45. Average case closure times for investigations ranged from two to six months, depending on the type of wrongdoing alleged. Typically, fraud and harassment cases took longer to investigate. As such cases were complex in nature, it was important to find ways of expanding the capacity of existing resources and improving the efficiency of the investigation process, without risking integrity or credibility. To that end, the Office was planning to implement digital forensic tools and was seeking the necessary support from the relevant units within the Bureau.

46. The Office's main product—investigation reports—usually focused on misconduct issues, although other issues sometimes came to light during the investigation process. The Office planned to introduce "observation letters" as a means of highlighting such issues, which currently often fell by the wayside.

47. The Executive Committee welcomed the detailed report of the Investigations Office, applauding the initiatives to tackle fraud and sexual harassment and the proposals to carry out additional awareness-raising activities to address underreporting, in particular in country offices. The relatively low number of reports of sexual harassment was highlighted as an area of concern, and support was expressed for the activities proposed to

raise awareness of reporting mechanisms. Clarification was sought regarding the reporting lines of the Investigations Office and the different types of investigative processes available, including any informal approaches. It was pointed out that the PWR office in one South American country accounted for a high number of reports of wrongdoing, and the Bureau was asked to comment on the reasons for that situation and on what was being done to address it.

48. Several delegates expressed concern about how fraud cases had been dealt with. One delegate wished to know why investigation reports concerning two unsubstantiated allegations of wrongdoing had been submitted to the Bureau and why, in one substantiated case of fraud, only an administrative letter had been issued as a disciplinary measure. Another delegate suggested that a tougher approach to fraud should be taken by the Organization, especially given that the US$ 60,000[1] net loss was the fourth highest recorded by the Standing Committee on Asset Protection and Loss Prevention (APLP) in the past decade. In that connection, a delegate asked how such losses were recorded in the Organization's financial reports and what measures were taken to recoup them. The same delegate inquired as to the reasons behind the variance in average case closure rates, the number of reports classified as groundless after an investigation, and the statistical evidence supporting the assertion that reporting rates in Central America and the Caribbean were inconsistent. She also asked why reports were carried over into subsequent years and what measures were envisaged to ensure that all cases were dealt with in the year in which they were reported.

49. Noting that there had been only one substantiated case of sexual harassment in 2018, a delegate expressed concern that only a disciplinary or administrative measure had been taken against the individual involved. She emphasized that a zero-tolerance approach should be adopted.

50. Mr. Lim explained that the Investigations Office was functionally independent and that, as Chief Investigator, he reported directly to the Executive Committee. On administrative matters, he liaised with the Deputy Director of the Bureau. The Investigations Office is an impartial, independent body with a fact-finding mandate. It did not play any part in determining or recommending what disciplinary action should be taken. That decision lay with the PASB executive management.

51. The current Investigation Protocol contained the heading "Formal Investigation," which might have given the misleading impression that informal investigations also existed. In fact, there was no such thing as an informal investigation of alleged wrongdoing, although there were less formal channels through which recourse might be sought, such as through the Office of the Ombudsman or the Ethics Office. The investigation process comprised the following steps: intake of the complaint, preliminary assessment of the evidence, and the investigation itself. There were a number of stages at which an investigation could be considered as closed: first, at the preliminary assessment stage, if the complaint was considered too vague or there was insufficient evidence to proceed;

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

second, if the matter was referred to other relevant units within the Bureau or if an investigation was not considered necessary; and third, at the end of the investigation process, once a finding had been reached.

52. The importance of ensuring that the findings of investigations could stand up to the scrutiny of a potential legal challenge had to be taken into account when considering the amount of time needed to investigate and close cases. Typically, cases of harassment and fraud took longer to investigate because there was a need to interview numerous witnesses, consult with different sources, and establish a timeline of events. The Office reported losses as a result of fraud to the APLP, which was a cross-departmental committee dealing with anti-fraud and fraud prevention issues.

53. The submission of investigation reports on unsubstantiated allegations was being reviewed and an update would be provided to the Executive Committee at a future session. As far as the high number of reports emanating from a single country was concerned, one reason might be that it was a large country and the PWR office employed a significant number of personnel.

54. Dr. Jarbas Barbosa da Silva Jr. (Assistant Director, PASB), emphasizing that all international organizations must be alert to issues of misconduct, said that the Investigations Office had been set up as an independent body to ensure that all such issues were investigated in a transparent and timely manner and to improve the way in which they were reported to the Governing Bodies.

55. The Executive Committee noted the report.

***Report of the Audit Committee of PAHO* (Document CE164/10)**

56. Mr. Martin Guozden (Member of the PAHO Audit Committee) reported that the Audit Committee had met twice during the reporting period, in December 2018 and April 2019. It had received briefings and presentations from senior management and other staff and had issued recommendations after each meeting. The Audit Committee had issued six recommendations during the reporting period. Recommendation 1 concerned the status of the PASB Management Information System (PMIS), the full advantages of which had yet to be fully leveraged. The Committee's second recommendation was to revise the terms of reference of the Investigations Office, taking into account the Committee's comments on the procedure for the intake of allegations, the Office's reporting lines, and follow-up on any action taken as a result of investigation findings.

57. Recommendation 3 concerned information security. The Audit Committee recommended that the Bureau should fully integrate cybersecurity actions into its business continuity and that the Information Technology Services (ITS) Department should develop metrics for all compliance issues detected and ensure periodic monitoring and reporting. The Committee's fourth and fifth recommendations were that the Office of Internal Oversight and Evaluation Services (IES) should develop a more formalized methodology for determining which country offices were selected for auditing each year and align its

draft Evaluation Policy with the standards and norms of the United Nations Evaluation Group.

58. Recommendation 6 related to the findings of the External Auditor, who had raised concerns with regard to the high volume of manual processes required to prepare financial statements and the potential risk of error. The Audit Committee recommended that the Bureau provide managers with a tool to ensure that the implementation of the budget was in line with the Organization's program budget and ensure accuracy in the reporting of budget expenses.

59. Among the other activities undertaken during the reporting period, the Audit Committee had continued to monitor the development and implementation of the Mais Médicos project; reviewed the draft anti-fraud policy of the Ethics Office; and requested information on the action taken to automate fraud prevention and detection functions. On the latter issue, the Audit Committee had been informed that further exploration of PMIS functionalities would be required in order to better address fraud detection and prevention, especially with regard to procurement. The Audit Committee had also received an update on the status of the Enterprise Risk Management (ERM) program. It had observed that 50% of risks had been categorized as strategic or external, thus making it difficult for cost centers to prepare mitigation plans. The Bureau had agreed that more needed to be done to formalize risk management and had proposed including it in the performance monitoring and assessment process.

60. The Audit Committee was pleased to learn that implementation of a previous recommendation concerning the internal control standard operating procedure was, according to the External Auditor, moving in the right direction. Overall, the Audit Committee was impressed with the Director's proactive approach and leadership with regard to ensuring the implementation of audit recommendations.

61. In the discussion that followed, the delegates praised the contribution of the Audit Committee to strengthening governance, transparency, and accountability. The Bureau was urged to implement all of the Committee's recommendations in a timely manner, but especially recommendations 1 and 5. The Bureau was also urged to implement stronger anti-fraud practices, raise awareness of the issue among staff, and integrate fraud prevention and detection practices into the PMIS, in particular with regard to procurement. Clarification was sought regarding the need to use multilateral development bank definitions in the draft anti-fraud policy. Action to reduce reliance on manual journal entries was encouraged. The recommendation to develop a more formal methodology for country office audits was welcomed, but it was suggested that some flexibility was needed in order to be able to respond to emerging issues. The Bureau was encouraged to standardize and enforce its cybersecurity policies and to consider building tools to prevent staff from using external applications or devices.

62. A delegate asked Mr. Guozden to elaborate further on the Audit Committee's concerns regarding the effectiveness and integrity of the investigation function and the Bureau's follow-up on investigation findings. She also sought more information on the

Audit Committee's proposed revisions to its terms of reference and encouraged it to consult the forthcoming report on the United Nations Joint Inspection Unit review of oversight committees in the United Nations system. Another delegate expressed concern about the lawsuit related to Mais Médicos that had been brought against PAHO in the Federal District Court in Florida. He sought an update on the status of that case and asked whether any other lawsuits had been filed in Brazil. He emphasized the need to conduct a comprehensive evaluation of the Mais Médicos project.

63. Mr. Guozden explained that the Audit Committee had raised some questions about the procedure for the intake of allegations and the reporting lines of the Investigations Office. It was important to keep in mind the Office's functional relationship to the Organization, identify any issues that could cause potential conflicts of interest, and determine how best to resolve those conflicts. The new Chief Investigator was well aware of such challenges and had proposed relevant changes, which would be reflected in the Office's terms of reference or in another policy or internal procedure, as appropriate.

64. The Audit Committee had compared the draft anti-fraud policy with what it knew to be best practices in other international organizations, especially within the United Nations system, which was increasingly using multilateral development bank definitions. He agreed that some flexibility should be built into any formal methodology for selecting country offices for auditing and noted that there was already a degree of flexibility, since IES was able to alter its work plan in line with the changing needs of the Organization.

65. Dr. Heidi Jiménez (Legal Counsel, PASB) said that she could provide only limited information on the Mais Médicos lawsuit in Florida, since the matter was ongoing. She assured the Committee that the Bureau was actively defending the Organization in the case and, to the extent possible, would keep Member States and the Audit Committee abreast of new developments. A number of lawsuits had been filed by Cuban and non-Cuban participants in the Mais Médicos program; however, the majority of those suits were against the Government of Brazil. The few that did mention PAHO were being defended by that Government. It was worth noting that the Supreme Court of Brazil had ruled that the program was legal under the Brazilian Constitution.

66. She drew attention to article 25 of the terms of reference of the Audit Committee, which provided that the Executive Committee had the authority to make recommendations regarding needed changes. Any proposed amendments to the terms of reference could be submitted to the Subcommittee on Program, Budget, and Administration for discussion in 2020, after which they would be referred to the Executive Committee and then to the Directing Council for approval.

67. The Director noted that the Audit Committee had assessed the evaluation process on the assumption that it was a wholly independent function, as was the case in WHO. It was not yet the case in PAHO, however, in part because, owing to budget constraints, a single staff member within the Internal Oversight and Evaluation Office was responsible for the evaluation function. Obviously, that limited what could currently be accomplished.

Nevertheless, the Bureau was committed to the evaluation of programs and processes and was working actively to ensure that evaluation was embedded in its day-to-day activities.

68. The Executive Committee took note of the report.

***Appointment of One Member to the Audit Committee of PAHO* (Document CE164/11)**

69. Ms. Adriana Salazar (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of office of one member of the Audit Committee would expire in June 2019, making it necessary for the Executive Committee to appoint a new member during its 164th Session. The Subcommittee had established a working group to review the list of candidates proposed by the Director. The working group had evaluated the proposed candidates on the basis of the criteria for membership set out in section 4 of the Terms of Reference of the Audit Committee and had decided to recommend that Mr. Alan Siegfried be appointed to the Audit Committee. The Subcommittee had endorsed the recommendation of the working group.

70. In the discussion that followed, a delegate expressed concern that none of the current members of the Audit Committee had more than two years' experience. She suggested that, in future selection processes, consideration should be given to ensuring that the Audit Committee always had at least one experienced member, with a view to maintaining consistency, safeguarding institutional memory, and providing guidance to new members. She wondered whether the selection process should be modified in order to enable a serving member to be selected for a second three-year term and asked whether the Audit Committee could propose changes to its terms of reference. Lastly, she suggested that information on the proposed candidate should be provided to the Executive Committee in order to facilitate informed decision-making.

71. Dr. Heidi Jiménez (Legal Counsel, PASB) recalled that, when the Audit Committee had been established, Member States had strongly opposed the automatic reelection of serving members. Instead, they had called for a new selection process, with more than one candidate, to be conducted each time a member's term of office was due to expire. The working groups appointed by the SPBA gave consideration to the need to maintain continuity and preserve institutional memory when making their recommendations. While information on all candidates was already circulated to Member States, information on the recommended candidate would be provided to the Executive Committee in the future. With regard to changes to the terms of reference of the Audit Committee, members of the Audit Committee, as well as the Subcommittee and Member States, were free to propose any modifications that they deemed pertinent.

72. The Executive Committee endorsed the recommendation of the Subcommittee and adopted Resolution CE164.R15, thanking Mr. Claus Andreasen for his years of service and appointing Mr. Alan Siegfried to serve as a member of the PAHO Audit Committee for a term of three years, from June 2019 to June 2022.

Program Policy Matters

Proposed Strategic Plan of the Pan American Health Organization 2020-2025 (Documents CE164/12, Rev. 1, and CE164/12, Add. I)

73. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had welcomed the proposed draft Strategic Plan for the period 2020-2025 and had applauded the participatory manner in which it had been developed. Members had been pleased to see the Plan's alignment with the Sustainable Development Goals (SDGs) and with the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and the WHO Thirteenth General Program of Work (GPW13). The need also to align the new Plan with the WHO transformation agenda had been highlighted.

74. While the need to limit the length of the document had been recognized, it had been suggested that the Plan's focus should be expanded in several areas, including the gender dimensions of health and the implementation of the International Health Regulations. Concern had been expressed about the large number of proposed impact and outcome indicators and the resulting reporting burden for governments. The need to reach consensus on the wording of some outcomes and scope statements relating to human rights and to sexual and reproductive health had been underscored.

75. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) provided an overview of the proposed Strategic Plan (Document CE164/12), which had been developed jointly by the Bureau and the Strategic Plan Advisory Group (SPAG), consisting of 21 Member States. He noted that the strategic priorities for both 2020-2025 and 2026-2031 would be those established in the SDGs, particularly SDG3, and in the SHAA2030. The Strategic Plan would be the main means of implementing the SHAA2030, and its 11 goals would be directly adopted as regional outcomes under the Strategic Plan. The Plan would also be aligned with the strategic orientations of the GPW13 and its impact framework, although the "triple billion" targets of GPW13 had not been considered integral to the new Strategic Plan, as those targets reflected work already under way in the Region with regard to universal health coverage, emergency response, and healthier populations.

76. The strategic orientations and technical priorities for the new Strategic Plan included putting equity at the heart of health; taking a more integrated approach to technical cooperation; enhancing technical cooperation at country level; mainstreaming equitable, gender-sensitive, and culturally sensitive approaches to health within a human rights framework; ensuring a rapid and effective response to disasters and health emergencies; maintaining health gains while striving for further progress, as expressed in the Plan's ambitious health impact and outcome targets; strengthening information systems for health and the production of data and evidence; and coordinating the response to cross-border health issues.

77. A total of 28 outcomes were proposed. Agreement had yet to be reached on some language in the title of outcome 1 and in the scope statements for outcomes 5, 8, 14,

and 26. The proposed 28 impact indicators and 102 outcome indicators were drawn from a broad pool of impact and outcome indicators arising from existing global and regional mandates, plus some new indicators. The PAHO-adapted Hanlon method[2] was being used to prioritize the technical outcomes at country level. Thus far, 46 of the 51 countries and territories in the Region had completed prioritization exercises. While all outcomes were considered priorities, the prioritization exercise would enable the Bureau to determine where to place emphasis in its technical cooperation with Member States.

78. The Plan included an update health needs index, the Sustainable Health Index expanded plus (SHIe+). In addition to health indicators, the new health needs index included indicators for economic, social, and environmental determinants of health, as well as inequality. The index had been used to identify key countries for technical cooperation and to calculate the needs-based component of the new PAHO budget policy (see paragraphs 102 to 110 below).

79. Member States were invited to continue submitting comments on the proposed Strategic Plan 2020-2025 until 15 July 2019. Any comments received would be taken into account in drafting the final proposal to be submitted to the 57th Directing Council for approval.

80. The Executive Committee expressed appreciation to the SPAG for its work on the proposed Strategic Plan and thanked Panama and Barbados for their leadership as Chair and Vice-Chair, respectively. The Committee also thanked the Bureau for its support of the process. Members were pleased to note the revisions made to the document since the 13th Session of the SPBA, in particular the inclusion of more detail on vector-borne diseases and the greater emphasis placed on gender-related considerations. The importance of sustained effort to address gender, social, and cultural, barriers that limited access to quality health services, particularly sexual and reproductive health services, was stressed. In that connection, it was pointed out that targeted investments, partnerships, innovation, and advocacy efforts that advanced the interests of women and girls had the greatest potential to close the gender gap. A delegate noted that it would be difficult for federated States to report on some indicators and welcomed the flexibility built in to the Plan to allow Member States to implement activities in accordance with their national context, priorities, and needs.

81. Members applauded the Plan's recognition of the importance of the issues of climate change and migration. In relation to the latter, a delegate noted the impact that the migration of large numbers of Venezuelans was having on the health systems of neighboring countries and highlighted the need to ensure the timely supply of vaccines to those countries. He expressed concern that the Plan did not include any outcome indicators relating to strengthening national capacity for epidemiological surveillance, and underlined the need to build such capacity, especially in the face of the mass migration occurring in the Region. Another delegate called for more specific incorporation of the International

[2] See Document CD55/7 and Resolution CD55.R2 (2016).

Health Regulations (IHR) Monitoring and Evaluation Framework, including the voluntary tools, such as joint external evaluations.

82. Support was expressed for the Plan's emphasis on results-based management, risk management, and the promotion of partnerships and stakeholder engagement, especially with the private sector. It was pointed out that insufficient resources and declining investment in health were potential risks to the achievement of the targets in the Plan, and the Bureau was encouraged to explore innovative methods of cooperation, including partnership opportunities with the private sector, international financial institutions, philanthropic organizations, and other donors.

83. The Bureau's efforts to strengthen accountability were commended; however, it was suggested that, in order to further strengthen accountability, the Bureau should report annually on the actions undertaken with the allocated budget and on the impact and outcome of those actions. It was also suggested that the PAHO/WHO representatives should present periodic reports to Member States on the technical cooperation carried out and the results achieved in their respective areas of responsibility.

84. With a view to reaching consensus on the still pending language in the outcome scope statements, it was proposed that an open-ended working group should be set up and that, if it did not prove possible to resolve all outstanding matters during the session, the group should continue working in the period leading up to the 57th Directing Council. Accordingly, a working group was formed, with Canada as its Chair.

85. Mr. Nicolas Palanque (Canada) subsequently reported that the United States of America had withdrawn some of its proposed changes and that agreement had been reached on the amendments proposed to paragraphs (a), (e), and (i) of the scope statement for outcome 8; the initial paragraph and paragraphs (f), (g), (h), and a new paragraph (i) of the scope statement for outcome 14; and the two paragraphs of the scope statement for outcome 26. Although the working group had agreed to several amendments to paragraph (d) of the scope statement for outcome 8, it had not reached consensus on a proposal by the United States to add the phrase "in particular where existing market mechanisms fail to provide incentives for research and development" at the end of that paragraph.

86. The Director announced that the agreed changes would be incorporated into a revised version of the proposed Strategic Plan (Document CE164/12, Rev. 1), which would be posted on the PAHO website.

87. The Executive Committee welcomed the consensus reached and thanked the members of the working group for the flexibility and collegial spirit shown during the discussions. Delegates expressed the hope that the same spirit would prevail in subsequent discussions on paragraph (d) of the scope statement for outcome 8 and that it would be possible to reach consensus before the 57th Directing Council. The Committee agreed that, if necessary, a virtual meeting of the Executive Committee could be held to continue the discussion on paragraph (d) and to review any additional comments or proposals submitted by Member States prior to 15 July.

88. The Committee adopted Resolution CE164.R18, recommending that the Directing Council approve the Strategic Plan for the period 2020-2025 as revised by the working group and in the light of any further comments submitted prior to 15 July.

Proposed Program Budget of the Pan American Health Organization 2020-2021 **(Documents CE164/13, CE164/13, Add. I, and Add. II)**

89. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the proposed program budget 2020-2021 called for a budget of 620 million dollars for base programs. Although the WHO allocation to the Region was expected to rise by $28.9 million, it was unlikely that the Region would receive the totality of its budgeted WHO allocation, and the Bureau would therefore have to look for ways of filling the resulting funding gap. Accordingly, the Bureau had proposed three budget scenarios for consideration: under scenario 1 there would be no increase, while under scenarios 2 and 3, assessed contributions would rise by 3% and 6%, respectively. In the Subcommittee's discussion of the proposal, delegates had pointed out that the contributions of all Member States except one would rise in 2020 as a result of the adoption by the Organization of American States (OAS) of a new scale of assessments (see paragraphs 111 to 116 below). Hence, most countries' assessed contributions to PAHO would increase even in a zero nominal growth scenario. Delegates had indicated that their Governments could therefore only agree to scenario 1. The Bureau had been encouraged to seek cost savings and identify efficiencies.

90. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the proposed program budget for 2020-2021, noting that it would be the first biennial program budget under the new PAHO Strategic Plan 2020-2025 and that the proposal would be revised as needed to reflect any relevant changes made to the Strategic Plan (see paragraphs 73 to 88 above). The program budget would define the health outcomes and outputs to be achieved collectively by the Bureau and Member States during the biennium and establish the budget for achieving those results. It would be aligned with and respond to regional and global mandates, including the Strategic Plan, the Sustainable Health Agenda for the Americas 2018-2030, and the WHO Thirteenth General Program of Work.

91. The number of outcomes would be reduced from 34 in the 2018-2019 biennium to 28 in 2020-2021, while the number of outputs would fall from 134 to 104. The prioritization of outcomes established by Member States for the period of the Strategic Plan would apply to the program budgets for 2020-2021 and the following two bienniums. Prioritization exercises would not be conducted every two years as in past.

92. It was important to bear in mind that in an integrated budget environment, the term "budget" did not refer to actual funds, but to empty fiscal space. It could be thought of as a bucket or envelope that must be filled with money. A total budget of $620 million was proposed. The Bureau estimated that total flexible funding would amount to around $360 million. That amount reflected no increase in net assessed contributions. The

projection for voluntary contributions was around $160 million. It would therefore be necessary to raise an additional $100 million to fill the remaining funding gap.

93. PAHO assessed contributions had not increased since the 2012-2013 biennium. While Member States had approved a 3% increase in WHO assessed contributions in 2018-2019, none of that increase had been transferred to PAHO. Furthermore, although the approved WHO allocation to the Americas for 2020-2021 had risen, it was highly unlikely that the Region would receive its full allocation. As noted by the representative of the SPBA, the Bureau was therefore proposing three scenarios for PAHO assessed contributions: no increase, a 3% increase, and a 6% increase.

94. The Bureau considered an increase necessary in order to implement new budget policy (see paragraphs 102 to 110 below); strengthen activities at country level and ensure adequate funding for all key countries; support under-funded strategic priorities that were heavily reliant on flexible funding, such as prevention and control of noncommunicable diseases and reduction of maternal mortality; maintain health gains; and provide catalytic funding for activities and countries, such as middle-income countries, that were not typically covered by voluntary contributions. The Bureau was well aware of the domestic funding constraints in some Member States and of the increases resulting from the adoption of the new OAS scale of assessment. Nonetheless, without adequate funding it could not continue to meet the expectations of Member States, and it therefore asked the Committee to give careful consideration to the three scenarios presented.

95. In the ensuing discussion, delegates welcomed the alignment of the proposed program budget with the new Strategic Plan, the Sustainable Health Agenda for the Americas 2018-2030, and the Thirteenth General Program of Work of WHO. The commitment to transparency and accountability evident in the proposal was commended, and the Bureau's engagement of Member States in the prioritization process was applauded. Delegates were pleased to note that the proposal clearly showed the distribution of the proposed budget by country.

96. It was suggested that the PAHO/WHO representatives should brief national health authorities on the methodology used in developing the program budget proposal, and it was emphasized that there must be close coordination with national health authorities to ensure that the Bureau's technical cooperation responded to country needs and priorities. The Bureau was asked to clarify the procedure for setting budget ceilings based on the priorities identified for each country. It was also asked to provide further information on the baselines and targets for indicators marked "TBD."

97. Concern was expressed about the proposed allocation for strengthening of epidemiological surveillance capacity. A delegate highlighted the need to build surveillance capacity in the face of increased migratory flows in the Region. He also underscored the need for PAHO support to ensure the effective implementation of the International Health Regulations. The same delegate drew attention to the relatively large proposed budget for administrative and managerial functions.

98. With regard to the proposed increase in assessed contributions, various delegates noted that their contributions would increase, in some cases substantially, as a result of the adoption of the new OAS scale of assessments and that the increases would occur not only in 2021, but also in 2022-2023. Consequently, their Governments could not accept any increase in their assessed contributions to PAHO. Several delegates affirmed that their Governments continued to advocate zero nominal growth in the budgets of multilateral organizations. Nevertheless, it was recognized that a zero growth policy created serious challenges for the Bureau. It was also acknowledged that there had been no increase in assessed contributions for six years and that such a situation was not sustainable. PASB's efforts to identify efficiencies, stretch resources, and prioritize cooperation activities were applauded.

99. Mr. Chambliss said that the Bureau recognized the need to strengthen the ability of country offices to support Member States. It also recognized the need for ongoing reporting and accountability for the use of funds. With regard to the indicators marked "TBD," he explained that there had been some delay in finalizing some aspects of the program budget proposal because it had been developed at the same time as the new Strategic Plan. The Bureau would endeavor to ensure that baselines and targets for all indicators were established before the opening of the 57th Directing Council.

100. The Director observed that any director of an international organization who failed to ask Member States for an increase in assessed contributions over a period of six years probably did not have the best interests of that organization in mind. She appreciated the impact that the new OAS scale of assessments would have on some Member States, but would ask them to take into consideration that if PAHO received no increase in assessed contributions, it would in fact suffer a reduction in income, since in real terms the money was worth much less than it had been six years earlier. At the same time, Member States would undoubtedly place new demands on the Bureau and would expect it to respond in a timely manner. The Bureau would continue to pursue efficiencies and strive to contain costs as much as possible, but its personnel and other costs would invariably rise.

101. The Committee requested the Bureau to provide additional information on the programmatic and administrative implications of a zero increase in assessed contributions (scenario 1) versus a 3% increase (scenario 2). On the understanding that such information would be provided in advance of the 57th Directing Council, the Committee adopted Resolution CE164.R8, recommending that the Directing Council approve the proposed program budget. The Committee also adopted Resolution CE164.R9, recommending that the Directing Council establish the assessed contributions of Member States, Participating States, and Associate Members in accordance with scenario 1, with no increase in total assessed contributions with respect to the 2018-2019 biennium.

PAHO Budget Policy **(Documents CE164/14)**

102. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the proposed PAHO budget policy, noting that it would replace the policy adopted in 2012, which had applied only to the Organization's regular budget and had

become largely irrelevant following the introduction of an integrated approach to budgeting that took into account not only assessed contributions and miscellaneous income, but also voluntary contributions. The new policy would cover the same period as the PAHO Strategic Plan 2020-2025 (see paragraphs 73 to 88 above). The policy's main objective was to provide an evidence-based empirical foundation for assigning budget ceilings across PAHO Member States, while allowing sufficient flexibility to respond to evolving political, health, and strategic considerations.

103. The most important change introduced by the new policy was that it would apply to the entire budget, not just to the regular budget. That change had created some challenges, as distributing budget space by means of a formula could result in budgets that were hard to fund for some countries. It was important to recall in that regard that the term "budget" referred to unfunded fiscal space, not to actual funds.

104. The core formula of the new budget policy included a 25% floor component, composed of staff and operating costs; a 50% needs-based component, calculated on the basis of the new health needs index included in the Strategic Plan 2020-2025; a 20% resource mobilization component; and a 5% variable component. As indicated in Document CE164/14, the Sustainable Health Index Expanded Plus (SHIe+) comprised six dimensions, which were those that had been deemed by the SPAG to be most appropriate for estimating health needs.

105. Initial scenarios of application of the formula had resulted in unrealistic allocations to some countries that had historically struggled to mobilize voluntary contributions. The resource mobilization component, an innovation in the budget policy formula, would adjust budget ceilings to reflect the Bureau's demonstrated ability to fund country budgets. The variable component would allow the Director to adjust the budget strategically in response to changes in health, economic, and sociopolitical events. The policy also provided for an "escape clause," whereby the Bureau could adjust budget allocations manually, provided Member States were in agreement with such adjustments and they were made in a transparent manner. The SPAG had supported the gradual implementation of the new policy over three bienniums and had also recommended that budget allocations should not increase or decrease by more than 10% per biennium in order to avoid adverse or unrealistic changes in budget allocations by country.

106. The Committee voiced solid support for the proposed new budget policy. Members found the policy consistent with an integrated approach to budgeting and responsive to the recommendations of the evaluation of the previous budget policy.[3] The policy was considered objective and evidence-based, but also sufficiently flexible to allow the Bureau to respond to emergencies and to changing practical and political considerations. Members welcomed the escape clause as a means of ensuring that the countries with the greatest needs would not be adversely affected by reduced investment. Members also welcomed the new health needs index, which would better reflect inequalities in health in the Region. The need to strengthen national capacity to calculate the index was highlighted. Support

[3] See Documents CD56/6 and CD56/6, Add. I (2018).

was expressed for the proposed phased approach to the implementation of the policy and for the +/−10% cap on changes in countries' budget allocations.

107. Members were pleased to note that the country and subregional levels would receive 45% of total allocations under the new policy. It was pointed out that, in monetary terms, the amount allocated to country offices under the policy would rise by nearly $33 million, and the Bureau was asked to indicate where those funds would come from.

108. Mr. Chambliss explained that, as the budget proposed for 2020-2021 would remain essentially the same as the budget for 2018-2019, any increases in budget space in one area would have to be offset by reductions in another. Hence, the increase at the country level would result in a reduction at the regional level.

109. The Director expressed thanks to the SPAG for its intensive work on the new budget policy. In her view, that work provided an excellent example of Member States' willingness to collaborate with the Bureau for the benefit of the entire Region.

110. The Committee adopted Resolution CE164.R6, recommending that the Directing Council approve the new budget policy.

Scale of Assessed Contributions for 2020-2021 **(Document CE164/15)**

111. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the General Assembly of the Organization of American States had adopted a new scale of quota assessments in October 2018. It had also been informed that the new scale differed from those of previous years in that it would apply different rates in the two years of the next biennium. For 2020, the OAS had applied the same percentage rates as those in place for 2018 and 2019. However, for 2021, the OAS had modified the percentage calculation, occasioning an increase for all OAS Member States except the United States of America. Accordingly, PAHO's 2019 scale of assessment would be maintained for the 2020 financial period and a new scale of assessment, based on the 2021 OAS scale, would be applied in 2021.

112. Mr. Dean Chambliss (Director, Department of Program and Budget, PASB) added that article 24.A of the PAHO Constitution provided for its Member States to be assessed at the same rate as OAS Member States. PAHO Participating States and Associate Members who were not Members of the OAS were assessed on the basis of their population. In keeping with its constitutional mandate, the Bureau was therefore submitting a scale aligned with that of the OAS. The new scale would be considered within the framework of the proposed Strategic Plan for 2020-2025 (see paragraphs 73 to 88 above) and the proposed program budget for 2020-2021 (see paragraphs 89 to 101 above).

113. In the discussion that followed, it was pointed out that the modified OAS scale would also apply to 2022 and 2023 and would entail significant increases in the contributions of some Member States. It was suggested that, in the interests of

transparency, the document should therefore reflect the fact that the modified OAS scale would have an impact on contributions beyond 2021. It was also suggested that it would be useful in future reports to see preliminary figures on the contributions of Member States in monetary as well as percentage terms. Delegates reaffirmed that, in light of the forthcoming increases in their assessed contributions, their Governments would not be able to support any increase in assessed contributions and would continue to advocate for zero nominal growth.

114. In response, Mr. Chambliss said that, while it was not usual practice, a reference to the modified OAS scale for 2022-2023 could be added to the document, but solely for information purposes.

115. The Director underscored that, in accordance with the Organization's Constitution, the PAHO scale was based on the formally approved OAS scale.

116. The Committee adopted Resolution CE164.R7, recommending that the Directing Council approve the scale of assessed contributions for 2020-2021.

PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas **(Document CE164/16)**

117. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) introduced the proposed policy, noting that PAHO had played a key role in advancing the elimination of communicable diseases, both in the Americas and globally. The Organization had spearheaded the eradication of smallpox and the elimination of polio, neonatal tetanus, rubella, and congenital rubella syndrome from the Region. Countries in the Americas had achieved substantial reductions in malaria, leprosy, trachoma, lymphatic filariasis, onchocerciasis, mother-to-child transmission of HIV and syphilis, hepatitis B, and Chagas disease. Moreover, significant progress had been made in containing the adverse impact of soil-transmitted helminth infections, schistosomiasis, and fascioliasis. Nevertheless, the job was not yet complete.

118. The policy document considered the Organization's mandates and plans of action and the strategies approved by the Governing Bodies in recent years to address a range of communicable diseases. It represented a corporate approach to disease elimination, targeting 30 diseases and related conditions. The disease elimination initiative also provided an additional framework for setting elimination targets. The initiative could be adopted, adapted, and implemented by Member States in accordance with their national context and priorities. The vision of the elimination initiative was a future free of the burden of the targeted diseases and health conditions. The initiative would benefit everyone, but primarily populations living in conditions of vulnerability.

119. The centerpiece of the elimination initiative was ensuring that functions, medicines, diagnostics, vaccines, and other commodities were available to everyone throughout the life course. The initiative sought to achieve economies of scale, boost the integration of

health services and laboratory networks, and facilitate advocacy, community empowerment, and sustainable health promotion efforts.

120. The Executive Committee welcomed the initiative, applauding the systematic approach to the elimination of communicable diseases. Members noted that infectious diseases were a global concern that disproportionally impacted resource-constrained communities and populations living in conditions of vulnerability, a situation that had been exacerbated by the phenomenon of migration. It was pointed out that implementing the initiative would depend on national capacities, particularly in surveillance and immunization programs, which needed strengthening in some countries.

121. Delegates stressed the importance of a community approach and regional collaboration to ensure that people were less vulnerable to disease, and several offered their country's expertise and best practices to contribute to the effort. Underscoring his country's support for collective efforts and an integrated and sustainable approach to communicable diseases and related conditions in the Region, one delegate noted the importance of engaging with civil society and the private sector and adapting to the community context. He called for a clear set of targets that included strong environmental health programs, measures to address risk factors, and public health and systems measures to reduce the disease burden. The same delegate stressed the importance of strong alignment with existing frameworks, such as WHO's Global Measles and Rubella Strategic Plan, and requested that the target for measles be revised to align with global targets.

122. Several delegates underscored the importance of aligning the initiative with additional global commitments, such as the 2030 Agenda for Sustainable Development. One delegate suggested including a reference to improved housing conditions and operations research, while another suggested that the initiative should perhaps have fewer indicators.

123. Dr. Espinal agreed that it would be useful to include a reference in the document to improved housing conditions and operations research on new diagnostics, vaccines, and medicines. Regarding a reduction in the number of indicators and targets, he reminded the Committee that the policy was based on policies, strategies, and plans of action already approved by the Governing Bodies of PAHO. The main thrust of the policy was to find synergies and pursue an integrated approach to the diseases targeted for elimination in order to reduce duplication of effort and make the best possible use of limited human and financial resources. The idea was to include four macro strategic lines of action, although others could be included. Similarly, existing mandates related to the International Health Regulations and epidemiological surveillance could be further developed in the document. He welcomed the suggestion of strengthening the document through greater emphasis on civil society and private sector engagement, which were vital to enabling every country to commit to and implement the initiative.

124. The Director said that the main aim of the policy was to move forward with the elimination of 30 communicable diseases. It sought to target people living in situations of vulnerability, thus contributing to the achievement of the Sustainable Development Goals.

The Bureau envisaged working toward those goals in an integrated, interprogrammatic manner. The policy was designed to bolster existing efforts where the Bureau considered it feasible to achieve the elimination of diseases within a certain period of time.

125. With regard to the target for measles, she pointed out that the Global Plan had the target of meeting global and regional elimination targets and achieving measles elimination. The Region had already met that target. Although it had suffered a setback in recent months, she was confident that it would soon meet the elimination target again. The Bureau would revise the document to clarify the matter.

126. The Executive Committee adopted Resolution CE164.R2, recommending that the Directing Council endorse the PAHO Disease Elimination Initiative.

***Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CE164/17)**

127. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) recalled that in 2007 PAHO had convened the Trans-fat-free Americas Task Force, a public-private initiative that had culminated in the 2008 Declaration of Rio de Janeiro, in which countries had committed to removing trans-fatty acids from the food supply. While significant progress had been made, that goal had not been met, and trans-fatty acids continued to be used in at least 27 of the 35 PAHO Member States. An important lesson learned from that initiative was that voluntary measures were not enough. In 2018, WHO had launched the REPLACE Action Package[4] to support government efforts to eliminate industrially produced trans-fatty acids (IP-TFAs) from the food supply through six areas of action. The elimination of IP-TFAs from the food supply was also included in WHO's Thirteenth General Program of Work.

128. The proposed PAHO plan of action had been developed in extensive consultation with Member States. It proposed four lines of action, including the enactment of regulatory policies aimed at eliminating partially hydrogenated oils (PHOs) from the food supply and awareness-raising activities to educate policy-makers, producers, suppliers, and the public about the negative health impacts of trans-fatty acid consumption and the health benefits to be gained from the elimination of IP-TFAs.

129. Dr. Hennis pointed out that work in public health usually involved policies and interventions to reduce or control public health risks; very rarely was there an opportunity to eliminate them. The plan of action afforded such an opportunity. It was a relatively straightforward, low-cost, one-time policy measure that could, for the first time, eliminate a key risk factor for cardiovascular disease. Eight countries in the Region had already led the way with policy actions that confirmed the feasibility of the plan. It was time to take

[4] REPLACE Trans Fat: An Action Package to Eliminate Industrially-Produced Trans-Fatty Acids. Geneva: WHO; 2018. WHO/NMH/NHD/18.4. Available from: https://www.who.int/docs/default-source/documents/replace-transfats/replace-action-package.pdf?Status=Temp&sfvrsn=64e0a8a5_10.

action to achieve the full elimination of trans-fatty acids from the food supply in the Region of the Americas.

130. The Executive Committee expressed wholehearted support for the plan of action, which was seen as timely and relevant. Delegates considered that the recommended policy actions would help to prevent heart disease and support regional efforts to meet SDG target 3.4 (reducing premature mortality from noncommunicable diseases) and that the plan's strategic lines would help countries to develop and implement legal and policy frameworks and monitor and communicate information about the strategies adopted to eliminate IPI-TFAs from the food supply. It was suggested that monitoring and evaluation of the plan of action should be aligned with the Strategic Plan 2020-2025. Delegates described their countries' experiences in eliminating IP-TFAs from the food supply, with several offering to share information on successful practices. Several delegates mentioned that their countries' plans to eliminate IP-TFAs from the food supply also included educational activities designed to improve eating habits and limit saturated fat intake.

131. Dr. Hennis said that Member States' positive comments were a demonstration of the Region's commitment to advance towards the full elimination of IP-TFAs from the food supply. Eight countries had already taken steps in that direction and three were in the process of doing so; however, 24 had yet to come on board. He was heartened, therefore, by the unanimous support expressed for the plan of action. He would ensure that the document was modified to reflect the suggestion concerning the alignment of monitoring and evaluation with the Strategic Plan, which he welcomed.

132. The Director thanked Member States for their input and their support for the plan of action. She emphasized that the goal of the plan would not be achieved until it was translated into national policy that was implemented and enforced. The Bureau would work closely with Member States to move forward with the plan at the national level once it had been approved by the Directing Council.

133. The Executive Committee adopted Resolution CE164.R3, recommending that the Directing Council approve the plan of action.

Plan of Action for Strengthening Information Systems for Health 2019-2023 **(Document CE164/18)**

134. Dr. Jacobo Finkelman (Interim Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the item, informing the Committee that the plan was the product of an extensive collaborative and consultative process that had commenced at a high-level meeting with the Caribbean countries in Kingston, Jamaica, in 2016. Consultations had continued in meetings with representatives of the Central American countries in Washington, D.C., and the South American countries in Bogotá, Colombia, in 2018. Twenty technical cooperation missions to countries in the three subregions had helped to strengthen the plan of action. Moreover, to ensure that the recommendations put forward in the plan reflected the state of the art in the field, consultations had been held

with experts from prestigious universities, specialized centers, and various countries of the Region.

135. The objective of the plan was to strengthen the activities necessary for Member States to develop interoperable, interconnected information systems. It was hoped that the plan would enable countries to introduce new information and communication technologies to support digital transformation of health systems, information exchange, and the management of structured and unstructured data to benefit public health.

136. The Region of the Americas had made great strides in the improvement of information systems for health. However, countries still faced serious obstacles to ensuring the availability of reliable, secure, and timely data in the right format and at the right time. The plan proposed strategic lines of action and tools that would support the implementation of the 2030 Agenda for Sustainable Development, as well as the goals of the Sustainable Health Agenda for the Americas 2018-2030, especially targets 6.1 and 6.2. The plan represented a holistic response to current and emerging needs in the area of health information. It was organized around four strategic lines of action that reflected the agreements reached in the consultations with Member States.

137. In the ensuing discussion, Committee members commended the plan of action, considering it a valuable tool in efforts to meet the targets of the Sustainable Development Goals and the Sustainable Health Agenda for the Americas. Stressing the importance of tailoring the plan to national contexts, priorities, and information technology policies, several delegates drew attention to jurisdictional, structural, and legal constraints that could hinder the implementation of some aspects of the plan, requesting changes to the document and/or the proposed resolution to accommodate differences in national situations and to reflect the diversity of health care systems in the Region.

138. There was agreement on the need for regulatory and governance systems to ensure the availability of timely and high-quality data, maintain transparency and confidentiality, and safeguard patients' right to access their health information. Delegates called for greater interoperability of health records, while also highlighting the need to enhance cybersecurity and respect patient privacy. Several delegates drew attention to the challenges of integrating data collected by private-sector health care providers. It was suggested that potential standards for health data exchange should be identified with a view to ensuring interoperable systems for the exchange of information among Member States. Noting the importance of robust integrated health information systems that went beyond vital statistics, a delegate stressed the need for the analysis of disparities to identify inequalities within and among the countries of the Region. The same delegate noted the need for information that would make it possible to monitor the behavior of health determinants. Delegates agreed on the importance of compiling data disaggregated by sex, age, and other variables in order to monitor and evaluate the achievement of the targets set.

139. Dr. Finkelman thanked the Committee for its comments and suggestions, indicating that the Bureau would endeavor to incorporate them, as they were important inputs that would ensure the necessary balance in the plan of action.

140. The Director recalled that for several years Member States had been requesting support for the strengthening of health information systems. In many cases, however, those requests had focused only on electronic patient records and vital statistics. The Bureau had considered it important to broaden the concept of health information to include other relevant information from a range of sources that would support patient care and program management, public health monitoring, and health sector intelligence. Disaggregated data that would provide insight into equity considerations was also of key importance. In response to the need for a greater focus on health sector intelligence and information systems in Member States, the Bureau had recently created a new department, the Department of Evidence and Intelligence for Action in Health.

141. The Executive Committee adopted Resolution CE164.R4, recommending that the Directing Council approve the plan of action.

***Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CE164/19, Rev. 1)**

142. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) introduced the proposed strategy and plan of action (Document CE164/19), noting that the proposal was based on the principles of primary health care and reflected various mandates adopted previously by the PAHO Governing Bodies, including the Strategy for Universal Access to Health and Universal Health Coverage, the Plan of Action on Health in All Policies, and the Strategy and Plan of Action on Urban Health. The proposal was also aligned with the Rio Political Declaration on Social Determinants of Health and the commitments made in the many international conferences on health promotion. The strategy emphasized the importance of local action to facilitate community and civil society participation, create healthy settings, and tackle social determinants of health with an equity-oriented approach. It also sought to address the challenges and leverage the opportunities offered by digital communication.

143. The goal of the strategy was to renew health promotion through social, political, and technical action that addressed social determinants of health—that is, the conditions in which people were born, grew, lived, worked, and aged—to improve health and reduce health inequities within the framework of the 2030 Agenda for Sustainable Development. The plan of action emphasized intersectoral action and social participation.

144. The consultative process for the development of the strategy and plan of action had included 31 national consultations and a regional consultation, held in Rio de Janeiro in November 2018, as well as consultations with experts, academics, civil society, and community organizations. The process had enabled PASB to prepare a document that was based on successful experiences and that reflected the needs identified by the countries of the Region. It was hoped that the strategy would foster the renewal of health promotion in the Region and thereby ensure better health and well-being for individuals, families, and communities, leaving no one behind.

145. The Executive Committee expressed firm support for the proposed strategy and plan of action, with one delegate affirming its importance for changing the history of health in the Region. Another delegate observed that health promotion could result not only in greater well-being, but also in significant savings to health care systems. The same delegate highlighted the need for a strong evidence base to show what action was needed and what interventions worked. Delegates welcomed the strategy's intersectoral and community-based approaches. The focus on social determinants of health was also welcomed. It was pointed out that civil society and the private sector could play a valuable role in advancing work on health determinants and health goals. At the same time, attention was drawn to the need for tools to avoid or manage potential conflicts of interest when engaging with partners.

146. Delegates suggested a number of ways in which the strategy and plan of action could be strengthened. Several delegates indicated the need for a broader, more intersectoral approach in order to address health determinants. It was also considered important to encourage intercultural and gender perspectives in the analysis of health inequities. The importance of emphasis on collective, rather than individual, behavior was highlighted, as was the need for primary health care services to engage in community outreach aimed at changing behaviors and reducing health risks. The need to encourage research on health promotion in order to build a strong evidence base was also emphasized.

147. One delegate pointed to a lack of attention in the proposal to violence and accident prevention, healthy diet, prevention of alcohol and other substance use, and promotion of physical activity. Another delegate noted that known environmental risks were responsible for about a quarter of deaths and disease worldwide and called for reference in the text to increasing environmental health awareness as part of health promotion efforts. A third delegate called for close collaboration with United Nations partners and urged that the strategy and plan of action be aligned as closely as possible with the Global Action Plan for Healthy Lives and Well-being for All.[5]

148. A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) offered technical cooperation on water and sanitation projects, in collaboration with the PAHO/WHO representative offices, ministries of health, and other entities in the water and sanitation sector.

149. Given the range of issues raised, several delegates called for intersessional discussions and/or the creation of a working group to further refine the strategy and plan of action. A delegate cautioned, however, against broadening the scope of the strategy too much, as its effectiveness and impact might thus be reduced.

150. Dr. Gerry Eijkemans (Chief, Health Promotion and Social Determinants Unit, PASB) said that the discussions on the strategy and plan of action had clearly demonstrated

[5] Global Action Plan for Healthy Lives and Well-being for All: Uniting to Accelerate Progress Towards the Health-related SDGs. Geneva: WHO; 2018. WHO/DCO/2018.3. Available from: https://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf.

the importance that Member States attached to health promotion. The emphasis in the strategy and plan of action was on social determinants of health and primary care, with two cross-cutting themes–intersectoral work on social determinants and community participation. It was gratifying to hear that Member States considered those areas important. The issue of healthy environments was multifaceted, and an effort would be made in the ongoing discussions to see how that aspect of the strategy could be strengthened.

151. The Director recalled the importance given to the health promotion strategy after the adoption of the Ottawa Charter in the 1990s and the significant achievements made under the strategy in the Region. Progress had been made in fostering healthy settings and a multisectoral approach, which had been followed by a focus on health in all policies and a whole-of-government approach. The new strategy and plan of action represented an attempt to ensure a significant and relevant role for health promotion in the era of the 2030 Agenda for Sustainable Development. She assured the Committee that the Bureau was working in close collaboration with its United Nations partners, both within the United Nations country teams and as a member of the United Nations Development Group for Latin America and the Caribbean (UNDG-LAC).

152. The Executive Committee decided to form a working group to consider the proposed amendments to the strategy and plan of action. Mr. Carlos Gallinal Cuenca (Brazil, Chair of the working group) subsequently reported that the working group had agreed to over 40 proposed changes to the text of the strategy and plan of action, which were reflected in Document CE164/19, Rev. 1. The working group did not consider it necessary to convene an intersessional consultation, but did recommend that Member States should be invited to continue submitting comments on the revised version of the strategy and plan of action until 15 July.

153. The Executive Committee endorsed the working group's proposal and adopted Resolution CE164.R19, recommending that the Directing Council approve the plan of action as revised by the working group and in the light of any further comments submitted prior to 15 July.

Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 **(Document CE164/20)**

154. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the proposed strategy and plan of action, the aim of which was to promote equitable access to organ, tissue, and cell transplants through voluntary donation. He noted that the term "cell transplants" referred to the use of hematopoietic cells obtained from peripheral blood, bone marrow, and umbilical cord blood that had not been substantially altered and were used for the treatment of certain types of cancer and non-cancerous blood disorders.

155. Organ, tissue, and cell transplants were medical interventions that prolonged and improved quality of life. Although the efficacy and cost-effectiveness of such interventions

had been clearly demonstrated and recognized, they were not accessible to many people who needed them. According to the WHO Global Observatory on Donation and Transplantation, the Region of the Americas accounted for 40% of global transplant activity, with a total of 53,000 transplants performed in 2016. While those numbers were encouraging, a more in-depth analysis revealed major disparities in access to transplant procedures in the Region, with the majority of transplants being performed in just a few countries.

156. The capacity to perform transplants varied in the Region. In the majority of countries, national programs were not sufficiently developed, skilled human resources were lacking, and legislation was not up to date. The high cost of transplant procedures and maintenance therapies, coupled with insufficient coverage and financial protection, were major barriers in health systems, resulting in marked inequities in access to transplantation services. Those weaknesses, in turn, predisposed the Region to a significant risk of organ trafficking and transplant tourism.

157. The strategy and plan of action sought to address those issues, focusing on two key areas: promotion of voluntary, non-remunerated donation to increase the availability of cells, tissues, and organs for transplantation, and strengthening of the governance, stewardship, and capacities of national health authorities to increase equitable access to transplants. The proposal was based on the principles and guidelines adopted by WHO, PAHO, and other stakeholders, such as the Ibero-American Network or Council for Donation or Transplantation. It provided a roadmap for the Bureau to address Member States' priorities and guide its technical cooperation.

158. In the ensuing discussion, delegates welcomed the proposed strategy and plan of action, with several noting that the proposal was well-aligned with their national policies. Members expressed support for the strategic lines of action as a means to increase the availability of transplants, improve the regulation and performance of donation and transplantation systems, and help protect populations from unethical practices and human rights abuses such as organ trafficking and transplant tourism. The need to ensure the timely availability of post-transplant medicines was stressed, as was the need for public awareness-raising and education to increase organ, tissue, and cell donation to meet national transplant needs. One delegate described how her country had used social media to encourage people to register as organ donors. Several delegates offered to share their countries' experience in enhancing the regulation and increasing the efficiency of transplant services.

159. Dr. Fitzgerald pointed out that one of the principal strategic lines in the plan of action was to strengthen governance and stewardship with regard to transplants, with clear policies, legislation, and regulations. One of the major challenges highlighted in the document was the need to increase the availability of organs, tissues, and cells for transplant. In that connection, he noted that there were long waiting lists for transplants throughout the Region, especially in the case of kidney and liver transplants. Another challenge was the need to ensure the financing needed to expand transplant programs, build hospital capacity, and develop the necessary structures, regulations, and frameworks to

improve access in a coordinated and equitable manner. The strategy and plan of action also recognized the need to improve information management, surveillance, monitoring, and the risk assessment associated with donation and transplantation services.

160. The Director said that organ transplantation was an area that really exemplified the disparities in the Region, both between and within countries. In some countries, there was zero possibility of receiving a transplant, but even in countries with well-established transplant services, large segments of the population lacked access to such tertiary care services. She welcomed Member States' keen interest in the strategy and plan of action and suggested that South-South cooperation should be strengthened with a view to sharing best practices and know-how in the establishment and strengthening of transplantation services.

161. The Executive Committee adopted Resolution CE164.R10, recommending that the Directing Council approve the strategy and plan of action.

Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 **(Document CE164/21)**

162. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the item, noting that in 2007 the PAHO Member States had adopted the Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety.[6] In 2015, quality experts from more than 30 countries of the Region had reviewed the progress made and had concluded that there was a need to transition from fragmented programmatic approaches to a new, more comprehensive and systemic approach to the improvement of quality of care. The proposed strategy and plan of action reflected that paradigm shift.

163. The attributes of quality were presented from a health systems perspective, with people, family, and community centered care as a key feature. The strategy proposed priority interventions to improve the quality and delivery of care at the point of service, while at the same time addressing complex determinants of quality within the organization, governance, and management of health care delivery systems. The systems approach to quality was consistent with recommendations and guidance in global reports published in 2018 by WHO, the Organization for Economic Cooperation and Development, the World Bank, the Lancet Global Health Commission on High Quality Health Systems, and the National Academies of Science, Engineering of the United States.

164. Dr. Fitzgerald concluded by thanking Member States for their participation and contributions during the prior consultations on the strategy and plan of action.

165. The Executive Committee voiced strong support for the proposed strategy and plan of action, with several delegates noting its alignment with their national efforts. The strategy's people-centered and rights-based approaches were welcomed. It was pointed out that quality of care in many countries had suffered as a result of limited or inequitable

[6] See Document CSP27/16 and Resolution CSP27.R10 (2007).

distribution of resources, which had reduced access for poor and marginalized populations, created user dissatisfaction, eroded trust in the health system, and widened health gaps. Member States were encouraged to utilize the plan of action to improve access to high-quality health care services and produce better health outcomes.

166. There was general agreement on the need to improve quality of care, without which it would not be possible to achieve universal access to health and universal health coverage. It was also agreed that a comprehensive, cross-cutting approach was needed, one that took account of a wide array of factors: quality should extend across all aspects of health care, from service delivery to health care financing and beyond. The need to take account of user perceptions as well as technical considerations was also emphasized. Several delegates underscored the importance of empowering health service users and engaging them as co-participants in the health care process. In that connection, a delegate highlighted the importance of social monitoring of the quality of care. He also recommended that assessments of quality should consider factors such as ease of access for vulnerable populations and discrimination in the provision of health services. Another delegate stressed the need to strengthen health stewardship and governance in order to ensure the sustainability of improvements in quality of care.

167. Delegates requested several edits to the language of the strategy and plan and to the proposed resolution contained in Document CE164/21 in order to clarify how the word "rights" was used in the document, better reflect the ambitiousness of the plan and the extent of the work required to meet the targets, and accommodate differences in the structure of national health systems.

168. Dr. Fitzgerald noted the clear link between the strategy and plan of action and the approach put forward in the document on primary health care for universal health (Document CE164/INF/4, Rev. 1, see paragraphs 284 to 294 below), which spoke to the need to move forward in the development of health systems based on the needs of people, families, and communities. As the Committee had noted, user engagement was key to ensuring a responsive health system. Member States had accumulated good experiences in that regard, for example through measures to promote patient involvement, patient rights charters, and programs to improve quality through primary health care.

169. The available data indicated that there were significant weaknesses in the coordination of care. Thus, part of the strategy addressed the need to organize and manage the health system in order to bring health services into the community, with a robust first level of care and referral services that offered continuity of care for individuals across the health system through integrated health care delivery networks. That could not be accomplished without strong governance, stewardship, and leadership from ministries of health and governments as a whole. As had been noted in the discussion, it was also important to consider both technical and perceived quality of care. Bringing the two together to ensure people's confidence in health services and systems was critical.

170. The Director affirmed that quality of care at both the systemic and service delivery levels were fundamental to the achievement of universal health, as had been reflected in

the statements made by delegates. She thanked the Member States that had worked with the Bureau on defining the concept of quality of care in the Region and on preparing the strategy and plan of action.

171. The proposed resolution was amended to reflect the suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE164.R12, recommending that the Directing Council approve the strategy and plan of action.

Strategy and Plan of Action on Ethnicity and Health 2019-2025 **(Document CE164/22)**

172. Dr. Anna Coates (Chief, Office of Equity, Gender, and Cultural Diversity, PASB) introduced the proposed strategy and plan of action, recalling that, during the 29th Pan American Sanitary Conference in September 2017, the PAHO Member States had unanimously approved the Policy on Ethnicity and Health, [7] which promoted an intercultural approach to health and equitable treatment of all ethnic groups. The Region of the Americas was the first WHO region to formally acknowledge the importance of addressing discrimination in access to health services and adopting an intercultural approach to tackle inequities in health.

173. The proposed strategy and plan of action aimed to guide and support the implementation of the policy's priority strategic lines. Representatives of indigenous, Afro-descendent, and Roma communities, together with ministries of health and multilateral organizations, had participated in and actively contributed to its development.

174. The strategy was based on established international instruments and standards adopted in response to the failure to uphold the rights of marginalized population groups. One such instrument was the 2030 Agenda for Sustainable Development, in which an explicit commitment had been made to leave no one behind. The strategy was also aligned with the recommendations of the PAHO Commission on Equity and Health Inequalities in the Americas and the report of the High-level Commission for Universal Health in the 21st Century, the latter of which highlighted the need for people- and community-centered models based on primary health care that took human diversity, interculturalism, and ethnicity into account.

175. The strategy proposed the promotion of intercultural approaches to health to increase access to health services and encourage action to tackle social determinants of health for groups facing some of the greatest vulnerabilities in the Region. Integrated implementation of the strategy's five lines of action was expected to have a positive impact on the health inequities that especially affected indigenous, Afro-descendent, and Roma populations. In particular, the proposed actions were expected to contribute to reductions in the priority areas of maternal mortality, infant mortality, and tuberculosis incidence. The Bureau was preparing methodological guidelines to support measurement of the indicators established in the proposed plan of action.

[7] See Documents CSP29/7, Rev.1, and Resolution CSP29.R3 (2017).

176. The Executive Committee welcomed the proposed strategy and plan of action, which was seen as a good means of operationalizing the Policy on Ethnicity and Health and a valuable tool for promoting access by individuals and communities to quality comprehensive health services. Delegates especially welcomed the strategy's focus on culturally appropriate approaches to health and its recognition of traditional medicine. It was suggested, however, that references to "traditional and complementary medicine" should be preceded by the words "evidence-based" in order to highlight the need to ensure safety, quality, and effectiveness. Delegates also applauded the focus on generating evidence and defining and recommending standards for the collection and analysis of data on health disparities in the Region. Given the highly diverse populations of the Americas, they emphasized the need to disaggregate data by ethnicity in order to identify disparities and inequalities and develop evidence-based policies to address gaps and ensure that no one was left behind.

177. Delegates raised several concerns and suggested a number of revisions to the strategy and plan of action and to the accompanying proposed resolution. One delegate considered that lumping indigenous peoples, Afro-descendants, and Roma groups together was problematic, since they had different needs. She emphasized that their differing contexts and challenges should not be generalized. The same delegate pointed out that the concepts of race and ethnicity were sometimes conflated in the document, and suggested that those terms should be defined and differentiated, either in the strategy and plan of action or in the methodological guidelines. Another delegate proposed several changes to align the language in the strategy and plan of action with the language of the Policy on Ethnicity and Health and that of the WHO Constitution.

178. The Bureau was asked to consider whether policies, strategies, and plans of action on issues such as ethnicity and health were the most efficient means of achieving the proposed objectives. It was suggested that it might be preferable to tackle challenges that affected vulnerable populations as cross-cutting issues in guiding instruments such as the Strategic Plan.

179. Dr. Coates said that the Bureau would revise the strategy and plan of action to ensure alignment between the English and Spanish versions and to reflect the terminology used in the Policy. Noting that the issue of combining the three groups—Roma, Afro-descendants, and indigenous peoples—had been a recurrent theme in the discussions on ethnicity and health, she pointed out that the plan of action called for reporting separately on the three groups, in accordance with the national context and ethnic make-up of each Member State. The Bureau regarded ethnicity as a cross-cutting issue, and the proposed new Strategic Plan (see paragraphs 73 to 88 above) continued to recognize it as such. The aim of the strategy and plan of action was to offer more specific, in-depth guidance, especially with respect to intercultural approaches and how to operationalize them.

180. With regard to the suggestion concerning evidence-based traditional medicine, she noted that the language in the strategy and plan of action was based on the language in the

WHO traditional medicine strategy,[8] which used the term "knowledge-based" to acknowledge the different forms of evidence that existed with respect to traditional medicine. The Bureau would, however, revise the document to reflect the comments made.

181. The Director affirmed that the Bureau treated ethnicity as a cross-cutting theme; however, because ethnicity was such a significant cause of health inequalities, it was believed that a more targeted approach was warranted. Disaggregated data showed that indigenous and Afro-descendent persons in the Region suffered disproportionally from disparities in health status. The Region would never be able to achieve SDG 3 and the other SDGs without specific attention to those groups.

182. The proposed resolution contained in Document CE164/22 was amended to reflect the suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE164.R14, recommending that the Directing Council approve the strategy and plan of action.

Expanded Textbook and Instructional Materials Program (PALTEX) **(Document CE164/23)**

183. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that PAHO had created the Expanded Textbook and Instructional Materials Program (PALTEX) in 1966 to provide medical textbooks and instruments for students and health professionals in the countries of the Region. At the time, access to materials for medical education in Spanish and Portuguese had been limited. During its 53 years of operation, PALTEX had provided affordable books and other quality instructional materials to more than 500 institutions, universities, and other training institutions. However, a significant decline in the uptake of its instructional materials had been observed in recent years, with a corresponding operational loss to the program.

184. Studies conducted by the Bureau between 2013 and 2016 had revealed several trends. First, undergraduate education in health had evolved in recent years, shifting from instructional methods that relied on textbooks to educational strategies that employed problem-based learning and student-centered teaching processes. In addition, access to textbooks and education and communication technologies in Spanish and Portuguese had increased, reducing demand for the materials supplied by the Program.

185. Assessments of the Program's operational model had found it to be costly and unsustainable. The Bureau had taken steps to strengthen PALTEX, exploring various options, such as digital sales. However, despite the Bureau's efforts, the number of books and instructional materials supplied by PALTEX had dropped significantly, falling from 134,500 to 80,000 during the period 2014-2018.

[8] WHO Traditional Medicine Strategy 2014-2023. Geneva: WHO; 2013. Available from: https://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

186. The Bureau therefore recommended that PALTEX operations be terminated on 31 December 2019. It would continue providing integrated technical support to Member States as part of the implementation of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage,[9] assisting them in developing strategies and initiatives and training students and professionals through mechanisms such as the PAHO Virtual Campus, which continued to grow and respond to training needs in Member States.

187. In the discussion that followed, delegates applauded the Program's work in providing textbooks and medical instruments for students and health professionals across the Region for 53 years. Appreciation was expressed for the Bureau's careful assessment of the matter, but more information was requested about the process that had led to the recommendation to terminate PALTEX, along with assurances that such action would not disproportionally affect Member States or certain populations within Member States that lacked the necessary technology infrastructure and systems to benefit from the greater availability of digital resources. Concern was also expressed about the future of the PALTEX staff.

188. The Bureau was asked to elucidate how its future work in health education would support equity in access to materials and information. It was also asked to indicate what type of partnerships it was considering to strengthen technical cooperation in health education and in the introduction of modern tools consistent with current educational trends. In particular, a delegate wondered whether there might be an opportunity to link the Bureau's efforts with relevant work in other regions through mechanisms such as the Virtual Campus and the new WHO Academy.

189. Dr. Fitzgerald explained that the proposal to terminate PALTEX's operations was the product of a lengthy deliberative process conducted over the previous four or five years. The Bureau had looked at the issues surrounding the complex supply chain, the warehousing of very high volumes of textbooks, and the PALTEX operational model, and had explored options for modernizing the program. The studies had made it clear that demand for instructional materials in medical and public health education had fallen sharply. Though more pronounced in the larger countries, that phenomenon had been observed in smaller countries, as well.

190. The question of whether the decision to terminate PALTEX would disproportionally impact some Member States had been considered. The Bureau had engaged in discussions with authorities in some of the smaller Member States about alternatives to the Program, such as the direct supply of instructional materials procured through the Organization's procurement mechanisms. Such an approach would allow PASB to meet the needs of smaller countries that might be impacted by the termination of PALTEX.

[9] See Document CD56/10, Rev. 1, and Resolution CD56.R5 (2018).

191. Dr. Fitzgerald noted that health education had been prioritized by Member States in the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, particularly strategic line 3, on increasing capacity in education and linkage with other sectors, especially education, health, and labor. PASB had been working with non-State actors that were active in the area of education, and had engaged with nurses' associations and other stakeholders to determine current educational needs at the undergraduate and post-graduate levels. The idea was to provide more focused technical cooperation to address educational needs based on the curriculum required for the prevailing model of care.

192. One of the Bureau's most important strategies was the use of information technology, particularly the Virtual Campus, an educational and training platform for students and health professionals, through which PASB identified gaps in health education and, in cooperation with universities and specialized centers, developed the curricula needed to address those gaps. The Virtual Campus also enabled the Organization to deliver state-of-the-art continuing education for health professionals. Demand for training and capacity-building through the Virtual Campus was enormous. More than 800,000 students were currently registered, and a recent PASB analysis had found that 64% of a sample of 250,000 enrollees were practitioners currently working in health services.

193. The Director pointed out that PALTEX offered a good example of why PAHO could not continue to operate as it had 50 years earlier. If the Organization was to remain relevant, it had to continuously evaluate what it was doing and consider whether there were other entities better suited to certain functions. PALTEX had been an important and necessary program 50 years earlier, but that was no longer the case, as evidenced by the steady decline in demand for its products. Moreover, many other institutions in the private sector were better placed to supply educational materials.

194. It was not financially viable or realistic for PALTEX to continue to operate in the current context of limited resources. The Organization needed to modernize and move with the times. She felt confident that, through the use of modern technology, the Bureau would be able to continue to respond to the needs of the Member States and address any disparities and gaps in medical and public health education.

195. The Executive Committee adopted Resolution CE164.R5, recommending that the Directing Council adopt the proposal to terminate PALTEX operations.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions **(Documents CE164/24 and CE164/24, Add. I)**

196. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) said that he was pleased to report that no Member State was in arrears to the extent that it could be subject to the application of Article 6.B of the PAHO Constitution. Eleven Member States, Participating States, and Associate Members had paid

their 2019 contributions in full, while eight had made partial payments.. He thanked those Member States for their prompt payment and their commitment to the Organization. As of 24 June, 23 Member States had made no payments for 2019. Only 11% of the amount due on 1 January 2019 had been collected. A total of $141.1 million remained outstanding for 2019 and prior years. Mr. Puente Chaudé stressed that timely receipt of assessed contributions was crucial to the implementation of the Organization's program and budget and urged those Member States with pending contributions to pay them at the earliest possible opportunity.

197. The Director thanked those Member States that had made timely payments and appealed to those that had not to make their payments as soon as possible, noting that many of the Organization's programs relied on the flexible funding provided by assessed contributions.

198. The Committee adopted Resolution CE164.R1, thanking the Member States that had made payments for 2019 and urging other Member States to pay all outstanding contributions as soon as possible.

***Financial Report of the Director and Report of the External Auditor for 2018* (Official Document 357)**

199. Ms. Adriana Salazar (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a preliminary, unaudited version of the Financial Report. The Subcommittee had been informed that the Organization's consolidated revenue for 2018 had been about 8% lower than in 2017, and that revenue received through the Organization's funds for procurement on behalf of Member States in 2018 had been $6.5 million less than in 2017. Subcommittee members had inquired whether the reduction in the amount received by the Revolving Fund for Vaccine Procurement might indicate reduced spending by countries on vaccines, a trend that would be worrying in light of recent outbreaks of measles and other vaccine-preventable diseases. In response to that question, it had been explained that some vaccine orders received in late December 2018 were not reflected in the figure presented in the report. The Bureau expected the total procurement funds for the biennium to be about the same as in 2016-2017. The need to maintain high vaccination coverage rates had been emphasized.

Financial Report of the Director for 2018

200. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources, PASB) presented an overview of the Financial Report of the Director, including figures on total revenue and expenditure, collection of assessed contributions, voluntary contributions, and procurement on behalf of Member States.

201. Total revenue in 2018 had amounted to $1.393 billion. Program budget revenue for the year had totaled $266.8 million, which was comparable to the total for 2016, the first year of the previous biennium. Voluntary contributions in 2018 had totaled $73.3 million,

virtually the same as in 2017. With regard to revenue from non-program budget sources, funds received for procurement on behalf of Member States had remained stable, while national voluntary contributions had declined 17% in 2018. The decline in national voluntary contributions, the bulk of which came from Brazil, was a consequence of a decrease in the value of the Brazilian real against the United States dollar and the restructuring of the Mais Médicos program. The Revolving Fund for Vaccine Procurement had accounted for the vast majority of procurement-related revenue: $605.3 million out of a total of $678.3. Although that amount was somewhat lower than in 2017, the Revolving Fund had had more than $181 million in pending orders at year's end, which meant that orders for 2018 had exceeded those for 2017 by $81 million.

202. Receipts of current and prior years' assessed contributions in 2018 had totaled $62.9 million and $42.0 million, respectively, bringing the total collected to $104.9 million, 6% more than in 2017. A total of 24 Member States, Participating States, and Associate Members had paid their assessed contributions for 2018 in full, 6 had made partial payments, and 12 had made no payments. Arrears in the payment of assessed contributions had totaled $42.8 million at the end of 2018, which was $1.6 million less than in 2017, but $2.3 million more than in 2016.

203. Expenditures for 2018 had totaled $1.369 billion, versus $1.438 billion in 2016, the first year of the previous biennium. Purchases of supplies, commodities, and materials had accounted for the largest share of expenditure in 2018. The vast majority of those purchases had been made on behalf of Member States through the Organization's procurement funds. Transfers and grants to counterparts had accounted for the second largest share of expenditures. Most of those transfers had gone to projects funded by national voluntary contributions. Travel expenses had decreased by 10% with respect to 2017. Travel for purposes of technical cooperation had accounted for the majority of the total travel expenditure.

204. As in previous years, the External Auditor had issued an unmodified, or "clean," audit opinion on the Organization's financial statements for 2018.

Report of the External Auditor for 2018

205. Mr. Damian Brewitt (Financial Audit Director-International, National Audit Office of the United Kingdom) introduced the report of the External Auditor, confirming that the Auditor's opinion on the Organization's financial statements had been unqualified, meaning that the audit had revealed no errors or weaknesses that had been considered material to the accuracy, completeness, or validity of the statements. The audit had nevertheless identified some areas for improvement with regard to internal control and financial management and governance.

206. The audit had revealed that the Working Capital Fund had used some $22 million from other funds intended to support activities funded by assessed contributions. The External Auditor had confirmed that such borrowing arrangements were permissible, but had highlighted the need to clarify the relevant financial regulations. The Auditor had also

recommended that PASB review its methodology for establishing the fee for program support in order to ensure the full recovery of costs associated with activities funded by voluntary contributions.

207. Given the Organization's growing reliance on voluntary contributions, the External Auditor believed there was a need for a comprehensive resource mobilization strategy and detailed resourcing plans, including options for funding long-term capital projects. The Auditor also believed that the plan for funding after-service health insurance liabilities should be approved and regularly reviewed by the Governing Bodies. In addition, the Auditor had made several recommendations aimed at improving the way in which the Bureau monitored and reported on the use of funds as approved by Member States.

208. The External Auditor had noted no significant weaknesses in internal controls, although some areas, such as oversight of the administration of staff health insurance claims, could be enhanced. Many routine business processes had been found to require significant manual intervention, and some weaknesses in the quality of data in the PASB Management Information System (PMIS) had also been identified. The Auditor encouraged the Bureau to implement the recommendations of the consultancy commissioned in 2018 to review the status of PMIS implementation and identify opportunities for future development.

209. The audit had indicated that risk management was not fully embedded in PASB. Project risks were not systematically considered, and compilation of the risk register was treated as an annual compliance exercise rather than as a means of managing and mitigating day-to-day operational risks. The External Auditor recommended that the Bureau develop an action plan to embed a culture of risk awareness throughout the Organization. It should also undertake a systematic fraud risk assessment, particularly as PAHO operated in some high-risk environments and worked with a range of partners and suppliers. The Auditor would work with the Bureau to identify how fraud risk mitigation could be improved, especially in the country offices.

210. Lastly, the External Auditor had made several recommendations aimed at enhancing the Statement of Internal Control and ensuring that the various oversight mechanisms worked in a coordinated and holistic manner.

211. Executive Committee Members welcomed the unqualified audit opinion and acknowledged the hard work that went into preparing the Organization's financial statements. The technical cooperation achievements documented in the report were applauded. It was noted that there had been a budget surplus of some $24 million in 2018, and the Bureau was asked to explain how such surpluses were allocated. The Bureau was also asked to provide further clarification regarding the $22 million borrowed from other funds to cover cash needs for activities that were expected to be funded by assessed contributions. It was pointed out that such borrowing was necessitated by Member States' significant delays to pay their contributions in a timely manner, and Governments were encouraged to honor their commitments to the Organization.

212. Concern was expressed about the significant differences between the amounts approved in the budget for 2018-2019 and the funds actually allocated. A delegate highlighted the need to ensure that the amounts being budgeted were realistic in the light of the Bureau's capacity for resource mobilization. The same delegate welcomed the reduction in travel expenses and encouraged the Bureau to make further use of virtual tools and other cost reduction measures in order to maintain that positive trend. She also inquired about the drivers behind the reductions in staff and other personnel costs and contractual services costs.

213. Delegates were pleased to note that all prior audit recommendations had been closed and encouraged the Bureau also to implement the new recommendations put forward by the National Audit Office in its report for 2018, particularly those relating to risk management, fraud prevention, overhead cost recovery, and oversight activities. It was noted that there had been 56 cases of fraud, theft, and loss of property. While that number was lower than the number of cases reported for 2017, the Bureau was encouraged to continue taking steps to improve internal controls in order to prevent such occurrences in the future. It was also encouraged to consider developing an overarching assurance map as a means of ensuring that the various oversight mechanisms worked together, avoiding duplication of effort, and leveraging knowledge, observations, and best practices.

214. Mr. Puente Chaudé said that expenses for staff duty travel had accounted for $15 million of the total travel expenditure, whereas travel for technical cooperation events, including technical meetings, had accounted for $31 million. Such events generally required the physical presence of the persons involved; however, the Bureau was promoting the use of Skype and other tools for internal meetings. With regard to staff and other personnel costs, he explained that an actuarial study conducted in 2017 to estimate long-term health insurance liabilities had increased the costs attributable to that category by some $24 million. However, actual staff and other personnel costs had, in fact, remained virtually the same in 2018 as in 2017.

215. The current balance in the Working Capital Fund was $21.7 million. Given the significant delays in the payment of assessed contributions, that amount would undoubtedly be insufficient to cover the Organization's expenses. The Bureau was analyzing what action could be taken to ensure full capitalization of the Fund; at the same time, it was also preparing a proposal to increase the authorized level of the Fund, which currently stood at $25 million. The proposal would be presented to the Governing Bodies in 2020.

216. There were several types of possible surplus. Budget surpluses related only to assessed contributions and miscellaneous income. Since such revenue was normally spent in its entirety during the biennium, such surpluses seldom occurred, but if they did they were used to replenish the Working Capital Fund. A revenue surplus occurred when actual miscellaneous income exceeded budgeted miscellaneous income. The Organization's Financial Rules provided that the Director, in consultation with the Subcommittee on Program, Budget, and Administration, would decide how to use any revenue surplus. The surplus of $24 million alluded to in the discussion represented a total consolidated surplus.

Such surpluses related to total revenue and total expenditure and could result from fluctuations in the balances in various subfunds or changes in the actuarial value of long-term employee benefit liabilities. Hence, the $24 million surplus should not be seen as cash that the Organization had at its disposal to use immediately.

217. Mr. Brewitt added that the auditors would work with PASB staff to ensure that future reports provided a more explicit breakdown of reserves and surpluses.

218. The Director expressed thanks to the external audit team and assured the Committee that the Bureau would, as always, carefully analyze and respond to the External Auditor's recommendations.

219. The Committee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation **(Document CE164/25)**

220. Ms. Adriana Salazar (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the Master Capital Investment Fund and its various subfunds and received an update on the activities undertaken since the release of a 2015 report on the Fund. It had also reported that a number of security enhancements had been implemented at PAHO Headquarters. In the Subcommittee's discussion of the report, the Bureau had been requested to provide information on the status of the updated real estate plan and to share the most recent version of the vehicle replacement plan, specifying the number of vehicles at each office. Clarification had been sought as to why the cost of the vehicles purchased in 2018 varied so widely across countries.

221. In response to those requests, it had been explained that the considerable sum expended on vehicle replacement in Guyana reflected the cost of one vehicle purchased in 2018 and the balance remaining from a vehicle purchased in 2017, which had been paid off. With regard to the real estate plan, it had been explained that the Bureau had needed to identify a source of financing before undertaking any significant capital expenditures. Thanks to the transfer of revenue surpluses remaining at the end of the last several bienniums, the balance in the Master Capital Investment Fund was now sufficient to make it possible to carry out the most urgent projects, which were related to safety and security.

222. The Executive Committee welcomed the report. A delegate inquired about the scope and costings of the planned refurbishment of the conference room and other facilities in the Uruguay country office.

223. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) responded that the project was still being developed and would be finalized later in 2019.

224. The Executive Committee noted the report.

Report of the Office of Internal Oversight and Evaluation Services for 2018 **(Document CE164/26)**

225. Mr. José Alpizar (Senior Internal Auditor, Office of Internal Oversight and Evaluation Services, PASB) presented the report, which summarized the work undertaken by the Office of Internal Oversight and Evaluation Services (IES) in 2018 and set out its overall opinion on the Organization's internal control environment. As detailed in paragraphs 45-49 of the report, the Office's overall opinion was that the internal control environment continued to provide reasonable assurance of the accuracy and timely recording of transactions, assets, and liabilities, and of the safeguarding of assets.

226. At the request of Member States, the report now included information on internal audit recommendations that had been pending implementation for more than two years. As of December 2018, there had been six pending recommendations, five of which had now been addressed to the Office's satisfaction. However, one priority recommendation relating to the need to improve the costing and income analysis of the production of testing kits at the Pan American Center for Foot-and-Mouth Disease, Food Safety, and Zoonoses (PANAFTOSA) remained pending. IES would continue to follow-up on the status of that recommendation. Overall, the implementation rate was good. As of June 2019, there had been just 24 pending recommendations. The Office commended the proactive approach taken by the Director, who led annual meetings where each pending recommendation was discussed in depth.

227. In the discussion that followed, speakers praised the work of the Office and its contribution to strengthening internal controls and risk management within the Organization. The Bureau was asked to explain the delay in implementing the six recommendations that had been pending for more than two years and was urged to ensure that all of the Office's recommendations were implemented in a timely manner. The need for more rigorous assurance mapping between the Organization's objectives, risks, and risk-mitigating internal controls was stressed. The importance of safeguarding the Organization's information and institutional memory was also emphasized. In that regard, the Bureau was encouraged to take decisive steps, to ensure that staff did not store information on standalone devices outside the official systems. A delegate expressed concern at the outcomes of the audits in the PWR offices in Haiti and the Bolivarian Republic of Venezuela and requested additional information on the measures that had been taken to address the issues identified. Another delegate sought clarification on the Office's evaluation function.

228. Mr. Alpizar responded that the Bureau was taking action to mitigate the risks identified in the Haiti and Venezuela country offices. There were specific complexities surrounding the transactions and operations involving those country offices, not least the crisis currently affecting Venezuela. He emphasized that the PASB internal control environment and risk-mapping processes were constantly evolving and maturing. IES had observed significant progress in that regard.

229. On the issue of protecting information and safeguarding institutional memory, it was important to point out that country offices were undergoing a period of transition. There was a need for personnel to adapt to the changing culture and the phasing out of hard disks and local devices. He reiterated that, of the six long-term pending recommendations, five had now been resolved. The only remaining recommendation was the one involving PANAFTOSA. The Office had contacted the Center some months earlier but had still not received an update.

230. The Office's two main activities—internal auditing and supporting evaluation services—constituted very different mandates. Internal audits were planned, executed, and reported on by the Office, which had full control of the entire process. However, for evaluations it provided an advisory and quality-assurance function only. IES did not commission, carry out, manage, or report on evaluation assignments. It advisory support was critical, however, given the range of evaluation assignments carried out by a variety of stakeholders.

231. The Director thanked the Office for its contribution to improving internal controls and enhancing transparency and accountability in the Organization. She assured Member States that every effort was being made to address the issues identified in the Haiti and Venezuela country offices. Staff had been dispatched from Headquarters to ensure that the internal controls in those offices met the organizational standards. PASB had also taken action to protect its institutional memory and would continue to review the recommendations made by IES in that regard and work with the Office to strengthen existing safeguards.

232. The Executive Committee took note of the report.

Personnel Matters

Amendments to the PASB Staff Regulations and Rules **(Document CE164/27)**

233. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Rules relating to revisions to the salary scale for professional and higher staff and the salaries for the posts of Director, Deputy Director, and Assistant Director. In the Subcommittee's discussion of the amendments, clarification had been sought as to the extent to which the PAHO Staff Rules were aligned with those of the rest of the United Nations system. In response to that question, Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) had explained that an expansive review of the compensation package for all United Nations organizations —conducted two years earlier—had confirmed that PAHO, like WHO, was in strict alignment with United Nations practice and resolutions concerning remuneration.

234. The Executive Committee welcomed the Bureau's continued efforts to align its Staff Rules with those of the rest of the United Nations system. A delegate commented that it would be useful to have a document showing the similarities and differences between

PAHO's practice and standard United Nations practice, in terms not only of salaries but also of pension and benefits.

235. Dr. Barillas said that a comparison could be drawn up if Member States thought it would be useful.

236. The Director added that, while PAHO had aligned with WHO and United Nations practice as far as was possible, on one aspect PAHO and WHO diverged: PAHO had already implemented the United Nations decision on the mandatory age of retirement, whereas WHO had deferred its application.

237. The Executive Committee adopted Resolution CE164.R13, confirming the amendments to the Staff Rules and establishing the salaries of the Director, Deputy Director, and Assistant Director, effective from 1 January 2019.

PASB Human Resources Management **(Document CE164/28)**

238. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update on the most important initiatives undertaken in the sphere of human resources during 2018 and the progress made in implementing the Bureau's human resources strategy, known as the "People Strategy." The Subcommittee had welcomed the progress made towards gender parity, but had encouraged the Bureau to continue striving for parity at the P-5 and higher levels.

239. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB), presenting an overview of the report, said that the Bureau had developed and launched guidelines for post reprofiling, an analytical exercise aimed at ensuring that the staff composition of each office was in line with evolving programmatic needs and reflected the specificities of the offices in question. Recruitment processes had also been streamlined, including through the introduction of the WHO cloud-based talent management system, Stellis. As a result, the average time to fill vacant positions had been reduced from eight months to five.

240. As far as gender parity was concerned, women continued to occupy 51% of all professional posts within the Organization. Parity had been achieved at the P-4 level, with women occupying 49% of posts, but more needed to be done with regard to positions at P-5 level and above, where men were in the majority. Efforts were being made to ensure that gender was taken into account in recruitment and selection processes, as a result of which the proportion of women appointed to fixed-term positions had increased from 49% in 2017 to 56% in 2018. A management and leadership certification program, implemented in partnership with the United Nations System Staff College, had been launched to help P-4 level staff acquire the managerial skills needed for future promotion.

241. In response to concerns raised previously by Member States, action had been taken to preserve the Organization's institutional memory. All staff retiring, rotating between

duty stations, or otherwise leaving the Organization had to complete a mandatory standardized offboarding report. It was expected that concerns about hard-to-replace professionals who were retiring would be met through the succession plan and the various other initiatives. It was also expected that, with the increased age of mandatory separation, most staff eligible to retire at 60 or 62 years of age would elect to remain in their posts until they reached 65.

242. The Executive Committee welcomed the efforts made towards implementing the People Strategy and improving gender parity in PASB. Information on the extent to which new recruitment practices had improved geographic representation and strengthened gender parity among staff was requested. The Bureau was encouraged to continue its efforts to enhance gender parity and to further improve its outreach to potential candidates in Member States that were underrepresented in the PASB staff. Information on the implementation status of the Gender Parity Initiative was sought.

243. Delegates expressed concerns about certain recruitment practices. One delegate inquired why retirees were increasingly being hired as temporary consultants. Another delegate noted a reported lack of quality control and selection criteria in respect of short-term contracts. While welcoming interagency transfers, which enabled staff to move between PAHO and WHO, the same delegate pointed out that the results of a PAHO staff survey cited lack of career mobility opportunities as a demotivating factor for staff. He urged the Bureau to continue seeking ways to provide staff development opportunities within the Organization, such as through short missions or assignments. He emphasized the need to share staff survey results with Member States, since they contained valuable information that could facilitate discussions and enhance decision-making. Lastly, he requested information on the recruitment process for the Ombudsman.

244. Dr. Barillas explained that some aspects of the Gender Parity Initiative had been implemented; others were planned for the new biennium, once funding from the new budget had been made available. The employment of retirees was a useful way of temporarily filling critical posts, especially those that might not be needed long term. It was also a stopgap until it could be determined whether the post would still exist under the new Strategic Plan 2020-2025 and, if so, until a recruitment campaign could be launched and the best candidate found. With regard to concerns about the selection criteria and processes for short-term contractors, she noted that an additional step had been added to the process in the PMIS. The Department of Human Resources checked that the requisite background information and documentation were in place and that they met the Bureau's minimum standards.

245. Although the results of the staff survey had not been included in the report submitted to the Committee, they had been disseminated widely to staff and management. Action plans were being drawn up for the relevant departments, offices, and entities in order to address the issues raised. Lastly, it was true that career mobility and development opportunities were limited, owing largely to the specific, technical nature of the roles in the Bureau. Scope for mobility was also reduced because staff tended to remain in their posts long term. The Bureau was exploring ways to increase career development and

mobility opportunities, such as through specific assignments, short-term projects, exchanges, and transfers, while bearing in mind the limited resources available for that purpose.

246. The Director assured Member States that Executive Management, the Staff Association, and PASB staff themselves were striving to ensure that the Organization had the appropriate combinations of technical and other expertise necessary to meet the current and emerging needs of Member States. However, it was important to ensure that the Organization was innovative, nimble, and flexible enough to respond to its changing objectives and programmatic requirements. At a time when the Organization's mandates were growing exponentially, while its financial resources were not increasing, short-term or temporary appointments were a necessity. Retirees were often hired temporarily in country offices as there were not enough Spanish-speakers on the WHO roster for PWRs. An internal process had been launched to remedy that situation.

247. Her goal was to create a respectful and nurturing work environment, with a happy, empowered, motivated, and knowledgeable workforce. For that purpose, in 2018, she had held 22 open meetings with every department and unit, at which staff had been encouraged to talk about their concerns and aspirations. She took the results of the staff engagement survey very seriously and had mandated managers to discuss the results with their teams and develop the necessary action plans. A corporate-level action plan was also being formulated. It was important to note, however, that both staff and personnel hired under other contractual mechanisms had participated in the engagement survey, which had led to an assortment of comments and complaints.

248. Limited possibilities for career mobility remained a problem. Too many staff were stuck at the P4 level with little chance for advancement because they lacked managerial competencies. More training was therefore needed to enhance managerial skills and enable individuals to fare better in recruitment to posts at the P-5 level and above.

249. The current Ombudsman's five-year term had come to an end. The process for recruiting a new Ombudsman had been launched, but the two candidates identified had subsequently withdrawn their applications. The search had therefore been restarted.

250. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association **(Document CE164/29)**

251. Ms. Ana Carolina Bascones (General Secretary, PAHO/WHO Staff Association) affirmed the commitment of the staff to the mission and values of the Organization, noting that the interaction between staff and management was characterized by collaboration and an effort to achieve consensus, particularly in the discussion of policies. She also noted that the Staff Association represented staff at all levels, including managers, at both Headquarters and in country offices. Its representatives were all volunteers. In personnel

selection committees, for example, a representative of the Association participated on a voluntary basis.

252. The Staff Association had been pleased to note the Executive Committee's expressions of concern about the future of the staff of the Expanded Textbook and Instructional Materials Program (PALTEX) (see paragraphs 183 to 195 above). The Association had taken steps to ensure that those staff were provided with the support they needed to facilitate their reabsorption or indemnification.

253. The Committee had also highlighted the importance of gender parity. In the Staff Association's view, gender parity meant more than merely ensuring that women made up 50% of staff at all levels. It was important also to ensure that a gender lens was applied in all aspects of the Organization's work. Combatting gender bias—including unconscious bias—was also important, as was ensuring mutual respect and preventing sexual harassment and other inappropriate conduct in the workplace. To that end, the Association had produced a series of videos on inappropriate workplace behaviors and had provided training to make staff aware of how to report such behavior and where to turn for support. The Association welcomed the introduction of the Plus@PAHO initiative, which provided new staff with information on a range of matters, including the internal conflict management system.

254. The Organization had numerous staff who had devoted their entire working lives to the international civil service. Those staff made a tremendous contribution to the Organization's collective knowledge and institutional memory and should be made to feel that they were free to provide "fearless advice" and that their input was valued.

255. Ms. Bascones pointed out that, in a context of constrained resources and zero budget growth, it was becoming increasingly difficult for staff to continue doing more with less. Nevertheless, the staff remained firmly committed to their work and to advancing the Organization's mission.

256. In the discussion that followed, it was pointed out that small gestures could go a long way towards making staff feel appreciated, which was essential to the Organization's effectiveness. It was considered important to ensure that the work of staff at all levels was recognized on a regular basis.

257. The Director expressed gratitude to the Staff Association for its continued willingness to work with her to enhance conditions for staff and enable them to do their best. Although she did not always agree with the Association's views, she had learned a great deal from its leaders and respected and valued their advice.

258. The Executive Committee took note of the report.

Matters for Information

Report on Strategic Issues between PAHO and WHO (Document CE164/INF/1)

259. Dr. Marvin Manzanero (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the Region had maintained a high-level dialogue with WHO on its transformation agenda. Once the transformation agenda was complete, the Bureau would assess which aspects should be implemented in the Region. The Bureau would also support WHO's implementation of United Nations reform, while also safeguarding PAHO's status and role as the specialized health agency of the inter-American system. The Subcommittee had also been informed that the total draft proposed budget for WHO in 2020-2021 was $4.7 billion, an 8% increase with respect to 2018-2019. The proposed allocation to the Americas was $219 million, which was 15% higher than in 2018-2019. Nevertheless, the Region's share of the total WHO budget remained the smallest of all WHO regions.

260. Members of the Subcommittee had expressed appreciation for the Bureau's efforts to maintain dynamic and effective communication and collaboration with WHO. The Bureau's commitment to supporting WHO and United Nations reforms had been applauded. Concern had been expressed about the Region's small share of the WHO budget. It had been pointed out in that, although the Region's allocation had risen in the past two bienniums, the amount it actually received had remained about the same, which in effect meant that its share of the total had shrunk.

261. The Executive Committee also expressed concern about the Region's portion of the WHO budget, with delegates noting that for decades PAHO had failed to receive its full allocation. It was considered important for PAHO Member States to continue to press for greater funding from WHO, not only by advocating for such funding within the World Health Assembly, but also by appealing to the WHO leadership. In that connection, a delegate recalled that the issue had been raised at the World Health Assembly in May 2019, and the Director-General of WHO had agreed to set up a working group of the WHO and PAHO budget teams to examine the situation. She emphasized the need to ensure that the leadership of WHO and PAHO followed through on that agreement and expressed the hope that the working group's deliberations would translate into the effective allocation of more resources to the Region.

262. While the need to safeguard PAHO's constitutional status as a specialized agency of the inter-American system was acknowledged, it was emphasized that, as the WHO Regional Office for the Americas, PAHO should continue to engage in and support United Nations system reform efforts, including by working closely with the resident coordinators at country level. Such coordination was considered especially important to help countries grapple with the challenges created by population migration. At the same time, it was acknowledged that PAHO and WHO required a degree of flexibility vis-à-vis the resident coordinator system in order to carry out their work effectively and respond to the urgent needs of governments and donors on the ground. It was pointed out that engaging in common business operations with the United Nations system could yield efficiencies and

cost savings, and the Bureau was asked to indicate whether PAHO planned to participate in such common operations at country level. The Bureau was also asked to comment on how it would align with WHO's new operational model.

263. The Bureau's support for efforts to achieve universal health coverage based on primary health care were applauded and it was encouraged to continue promoting dialogue on the matter, with special attention to the challenges associated with migration in the Region.

264. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) said that the Bureau appreciated Member States' efforts to ensure that the Region received its full allocation from the WHO budget. He had not yet been invited to participate in the working group alluded to in the discussion but would follow up with colleagues at the WHO Secretariat. He would also be pleased to invite his counterpart at WHO to attend the 57th Directing Council in order to engage in dialogue with PAHO Member States. The Bureau would carefully examine the changes being made in WHO's organizational structure to determine what changes would be appropriate at the regional level.

265. The Director added that the Global Policy Group had agreed that the regional offices would align with the new WHO organizational structure at a strategic level, but they would not necessarily do so insofar as the details were concerned. In fact, PASB was already well aligned in terms of responsibility for technical programs, which came under the Deputy Director-General at the WHO Secretariat and under the Assistant Director at PASB. Administrative and support functions were also well aligned.

266. At the country level, capacity was already quite strong in the Americas, and the changes made in that regard might therefore not be as significant as in other regions. Similarly, the Region was more advanced than other regions in some program areas—including, notably, that of emergency preparedness and risk reduction. While the Bureau would strive to align PAHO with WHO to the extent possible, it would also take care to ensure that the Region did not regress in terms of the level of development already achieved. It would continue to share regional experiences with a view to strengthening the work of WHO at Headquarters and in other regions.

267. The Bureau was participating actively in the United Nations country teams and was committed to collaborating with the resident coordinators to contribute to the achievement of the health-related SDGs. As the Regional Office of WHO, it would align with and support United Nations reform to the extent possible, given PAHO's separate legal status, governance structure, accountability system, and reporting frameworks. It would continue to work with the resident coordinators on agreed joint activities and would endeavor to synchronize the drafting of PAHO's country cooperation strategies with the drafting of the United Nations Sustainable Development Cooperation Framework (UNSDCF) in order to ensure that health was adequately prioritized in the latter. It would, however, retain the prerogative to engage directly with Governments and key partners on health-related matters. It was important to note in that regard that not all of PAHO's work was represented in the UNSDCF.

268. Like WHO, the Bureau would continue to analyze the feasibility of common business operations on a case-by-case basis. However, Member States should be aware that PAHO often ended up paying more under such arrangements. Obviously, combining business operations was not cost-effective in such instances. PAHO's participation in the UNSDCF would not entail any commitment of PAHO financial resources. Financial contributions to the Framework, including cost-sharing requirements for the resident coordinator system and the 1% levy on WHO voluntary contributions, would be paid by WHO for all regions, including the Americas.

269. The Executive Committee took note of the report.

***Monitoring of the Resolutions and Mandates of the Pan American Health Organization* (Document CE164/INF/2)**

270. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Office of Governing Bodies, PASB) recalled that the 55th Directing Council had examined a report prepared by the Bureau on the status of implementation of resolutions adopted in earlier years. The Council had asked the Bureau to present an update every three years. Document CE164/INF/2 contained the first update since the initial report had been presented in 2016. It related to resolutions adopted between 1999 and 2018. The Bureau had applied the same methodology and criteria as in 2016 to classify resolutions as active, conditionally active, or ready to sunset. Of the 163 resolutions examined, 92 had been characterized as active and 13 as conditionally active; 58 resolutions had been considered ready to sunset.

271. The Executive Committee expressed gratitude to the Bureau for its analysis and welcomed the use of a uniform methodology to assess the status of resolutions. The Bureau was encouraged to share the methodology with the WHO Secretariat. Support was expressed for the proposed sunsetting of 58 resolutions. At the same time, concern was voiced about the proliferation of strategies, plans of action, and policy documents submitted to the Governing Bodies for consideration. It was pointed out that the Strategic Plan and the Sustainable Health Agenda for the Americas provided a comprehensive mandate and that the various program areas did not need specific strategies or plans, each with its own reporting requirements, in order to deliver technical assistance. A delegate noted that the largest proportion of the resolutions analyzed related to leadership, governance, and enabling functions and highlighted the need to examine the content of those resolutions to identify possible overlapping and duplication of the matters addressed therein.

272. Ms. Zaccarelli Davoli, welcoming the suggestion that the Bureau should share the analysis methodology with WHO, affirmed that the methodology provided a solid analysis and weighting of the issues brought to the Governing Bodies. It also provided an instrument for identifying priority strategic issues to be submitted for consideration in the future. She noted that the preponderance of resolutions relating to leadership, governance, and enabling functions did not indicate any prioritization of such matters over technical topics; rather, it reflected the fact that the Governing Bodies were concerned with all aspects of the Organization, not just with technical matters.

273. The Director acknowledged the comments regarding the proliferation of strategies, plans of action, and resolutions and agreed that, in many cases, the Strategic Plan provided adequate guidance for the Bureau's work. She pointed out, however, that Member States continued to request new strategies and plans of action. Admittedly, sometimes they did so at the behest of Bureau staff, who feared that, without a specific mandate for action in a particular area, no funding would be forthcoming. She felt that in some cases it was necessary to seek additional guidance from Member States regarding the particular lines of action and targets they wished to pursue. Nevertheless, the Bureau would work with Member States to look more carefully at the strategies and plans of action that were being recommended in the future.

274. The Executive Committee took note of the report.

Implementation of the International Health Regulations (IHR) **(Document CE164/INF/3)**

275. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the report, which provided an update on Member States' progress in implementing the International Health Regulations and reviewed the actions taken by States Parties and the Bureau to strengthen IHR core capacities and respond to acute public health events. It also highlighted the actions needed to improve the situation. He was pleased to report that all States Parties had submitted their mandatory written annual reports in 2018 and 94% had submitted reports for 2019. The majority of those reports had been prepared on the basis of new self-reporting tool.

276. One third of all acute public health events reported worldwide during the reporting period (July 2018 to April 2019) had been reported from the Americas. Of those reports, only half had been reported by national authorities; the other half had been reported by other sources. The latter reports had all been forwarded to the States concerned, most of which had responded within 48 hours. Infectious hazards had accounted for 81% of the events reported.

277. During the reporting period, there had been continued improvement in the IHR core capacities, including with regard to chemical and radiological emergencies. Still, there were some causes for concern, particularly the presence of measles in the Region. Some Caribbean States had faced challenges related to vessels and travelers, which had affected tourism in those countries. The Bureau was working with those States to address the challenges.

278. A growing number of States had undertaken voluntary external evaluations and conducted simulation exercises and after-action reviews. Eleven States in the Region had expressed interest in conducting voluntary external evaluations in 2019 and three were currently doing so.

279. The Executive Committee welcomed the progress made in implementing the Regulations and strengthening core capacities in the Region, although delegates recognized

that further work was needed to achieve and sustain full implementation. Delegates also recognized that implementation was a joint responsibility requiring a collaborative multisectoral approach as part of efforts to achieve universal health coverage. The need for greater transparency and mutual accountability in the application of the Regulations was noted. Concern was expressed about failures and delays in reporting and responding to disease outbreaks and other events. States Parties were urged to redouble their efforts to ensure a transparent and timely response to all public health events of international concern. States were also encouraged to formulate national action plans to enhance health security. The Bureau was asked to continue providing support for States' efforts to implement the Regulations and strengthen their epidemiological surveillance capacity. Rigorous application of the IHRs and prompt response were seen as critical in the context of the mass migration occurring in some parts of the Region.

280. The value of voluntary external evaluations was highlighted, and States that had not carried out such an evaluation were encouraged to do so. Delegates called on the Bureau to continue supporting Member States in conducting evaluations and in making use of the other tools included in the IHR Monitoring and Evaluation Framework. While acknowledging the potential usefulness of the Framework's three voluntary monitoring tools, a delegate stressed that annual self-evaluation and reporting should remain the only requirement for States Parties.

281. Dr. Ugarte, noting that only two States Parties in the Americas had not yet submitted their annual reports in 2019, emphasized that public health emergencies must be identified and controlled at national level. It was of concern that only 55% of event reports during the period covered by the report had come from State Party officials. The remainder had been received through confidential channels and reported by PAHO so that all States were aware of the potential threat. The Bureau would, of course, continue to support Member States' efforts, but ultimate responsibility for compliance with the Regulations lay with States themselves.

282. The Director, echoing Dr. Ugarte's comments, affirmed that States Parties were primarily responsible for reporting events under the International Health Regulations. The earlier events were reported, the earlier other States could be alerted and appropriate action could be taken to contain threats to public health. She emphasized the importance of simulation exercises and urged all Member States to conduct such exercises. She assured the Committee that the Bureau stood ready to support States in the joint effort to ensure health security at the national, regional, and global levels.

283. The Committee took note of the report.

Primary Health Care for Universal Health **(Document CE164/INF/4, Rev. 1)**

284. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the item, noting that, for 40 years, the Declaration of Alma-Ata, adopted during the 1978 International Conference on Primary Health Care, had guided efforts in the Region of the Americas to make health for all a reality. Primary health care had also

been the cornerstone of health system development in the Region. From the primary health care renewal process launched in 2005 to the adoption of the Strategy for Universal Access to Health and Universal Health Coverage in 2014, PAHO Member States had embedded the vision, core values, and principles of primary health care in the Organization's core mandates. Member States from the Americas had also fully engaged in the global call for the renewal of primary health care through active participation in the Global Conference on Primary Health Care, held in Astana, Kazakhstan, in 2018, and had made significant contributions to the primary care declaration adopted at that event.

285. In addition, the Director of PASB had launched a regional forum and a high-level commission for "Universal Health in the 21st Century: 40 years of Alma-Ata." The High-level Commission, led by Dr. Michelle Bachelet, former President of Chile, and Ambassador Nestor Mendez, Assistant Secretary General of the Organization of American States, had been tasked with reviewing the achievements and lessons learned since Alma-Ata and examining the capacity of health systems to respond to current and future needs.

286. In its report, the Commission had recognized that the Region had failed to meet the Alma-Ata goal of health for all, owing to various factors, including persistent asymmetries within countries and barriers to health service access, social protection mechanisms that had not adequately addressed inequities, and health system transformation processes that had not embraced the primary health care strategy. Reform agendas, moreover, had not paid sufficient attention to public health or to processes of social determination of health. The Commission had reaffirmed primary health care as a necessary and sustainable path toward the achievement of universal health and had underscored that "health for all" remained a valid and fundamental imperative for the Region.

287. In response to the report, the Director of PASB had issued a regional call to action through the Regional Compact on Primary Health Care for Universal Health (PHC 30-30-30). The Compact called on countries to commit to transforming their health systems based on primary health care by 2030; making a concerted effort to reduce access barriers by 30%; and allocating at least 30% of public investment in health to the first level of care, while strengthening integrated health service networks.

288. The report of the High-level Commission and the Regional Compact on Primary Health Care provided important inputs for active engagement by PAHO Member States, civil society, and key stakeholders in the high-level meeting of the United Nations General Assembly on universal health coverage, to be held in September 2019. The Bureau urged Member States to work to ensure that the political declaration to be adopted at that event would reflect the context, challenges, and vision of the Region to transform health systems, focusing on primary health care, in order to achieve universal access to health and universal health coverage.

289. In the ensuing discussion, Committee Members welcomed the report and thanked PASB for its active engagement in efforts to advance primary health care, affirming that strong, sustainable, people-centered and gender-responsive primary health care was essential for achieving universal health coverage, reducing disparities in health, and

safeguarding public health and national security. A delegate pointed out that countries must choose their own path to the development of primary health care and tailor their health systems to their national context. She also stressed the need for a whole-of-society approach and highlighted the importance of partnerships with civil society, community, faith-based, and private-sector organizations. She requested that the document refer not only to regulation of the private sector but also to collaboration with it and that some of the references to "the right to health" be changed to reflect the language of the WHO Constitution. Another delegate affirmed that her country considered health a basic human right and was committed to working with the Bureau to make access to health and the right to health a reality for all, not only in her country but throughout the Region. Support was expressed for the PHC 30-30-30 initiative, but additional information on Member State engagement in the initiative was requested.

290. Dr. Fitzgerald noted that the countries of the Region had repeatedly demonstrated their firm commitment to primary health care as the preferred path toward universal access to health and universal health coverage. Twenty-eight countries had provided input for the Astana declaration, 26 of them from the Region of the Americas, revealing the high level of engagement in the discussions around the subject.

291. In the discussions of the High-level Commission, there had been recognition of the role of the private sector, particularly in some health system functions and service delivery. The Commission had looked at where the private-sector could provide real value added, while also examining concerns related to its potential role in financing and the exacerbation of inequities that might occur as a result of weak private-sector governance mechanisms. The Bureau recognized the very important role of the private sector and other social actors in health care delivery. A range of actors had participated in the regional forum convened by the Director, including representatives of the private sector, academia, and NGOs.

292. The Compact represented the Organization's response to some of the priorities identified by the Commission. It focused on implementation of the primary health care strategy as a means of advancing toward universal access to health and universal health coverage. The targets set out in the Compact were those established under the PAHO Strategic Plan. The Bureau was currently reviewing the regional situation, based on data from national health accounts and surveys that Member States were conducting to measure access barriers, and a report on the matter would soon be forthcoming.

293. With regard to the requested changes to the document, Dr. Fitzgerald said that PASB would adjust the language where reference was made to PAHO documents. He noted, however, that some paragraphs used language from the Commission's report and from other sources.

294. The Director thanked Member States for the commitment they had shown to universal access to health and universal health coverage. Noting that the Region had been a leader on the issue, she urged Governments to encourage the full participation of their missions in New York in drafting the document and declaration for the upcoming high-

level meeting of the United Nations General Assembly. It was important to ensure that the voice of the Region was well-reflected in the documents to be presented at the meeting.

295. The Committee took note of the report.

***Strategy and Plan of Action on Adolescent and Youth Health: Final Report* (Document CE164/INF/5)**

296. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) introduced the final report, which described some of the work undertaken in the framework of the Strategy and Plan of Action on Adolescent and Youth Health 2008-2018 and presented an overview of the progress achieved with regard to the health of adolescents and youth in the Region. Among other advances, the Region had bolstered its institutional policy-making capacity, as illustrated by the fact that 93% of the countries and territories in the Americas had developed policies and plans on adolescent and youth health and, in 2017, had begun updating or aligning them with the SDGs, in accordance with the new WHO guidance.

297. The period covered by the Strategy and Plan of Action had seen an increase in the availability of data on adolescent and youth health, including a regional report by PAHO with country profiles, published in 2018.[10] Promising new school, family, and youth centered interventions had been introduced. Work to strengthen health system capacity in the Region to meet the needs of adolescents and youth had been a priority during the period. The report noted some advances in the training of human resources and the development and monitoring of quality standards in health services for that population group. Nonetheless, it also recognized that the steps taken had not significantly improved the health of young people in the Region. Adolescents continued to face significant barriers to receiving quality health services tailored to their needs. Mortality among young people from preventable causes such as homicide, suicide, and traffic accidents remained unchanged, and the adolescent fertility rate had been slow to decline.

298. Much remained to be done to ensure that all adolescents in the Region not only survived but thrived in a setting that fostered their development. Now was a good time to consider what action should be taken to improve the health and well-being of adolescents, as there was now much more evidence and guidance available on what interventions worked. The current population aged 10-24 was the largest in the Region's history and was key to meeting the Sustainable Development Goals. Investing in the health of young people would offer a threefold benefit: healthy adolescents today, healthy adults tomorrow, and healthy generations in the future.

299. The Committee welcomed the Bureau's efforts to improve adolescent and youth health, applauding the progress made, while also noting that work remained to be done to

[10] The Health of Adolescents and Youth in the Americas. Implementation of the Regional Strategy and Plan of Action on Adolescent and Youth Health. Washington, DC.: PAHO; 2018. Available from: http://iris.paho.org/xmlui/handle/123456789/49545.

reduce the risks to this highly vulnerable population, including risky sexual behavior, substance abuse, violence, mental health and suicide, early pregnancy, traffic accidents, and inequalities in access to health care. Delegates expressed concern about rising mortality among young people, particularly males, in the Americas. It was pointed out that the report made no mention of violence against children and young people or gender-based violence, despite the fact that pregnancies among girls under 15 were often the result of sexual violence. The Bureau was encouraged to include information in the report on what was being done in that regard.

300. Concern was also expressed about the relatively high adolescent fertility rate and its slow decline, especially among indigenous, rural, and less educated populations in Latin America and the Caribbean. Delegates called for the promotion of sexual and reproductive health and protection of the sexual and reproductive rights of women and girls, with one delegate offering to share her country's successful experience in reducing adolescent pregnancy. The same delegate noted that additional resources were not necessarily needed to improve adolescent health; often it sufficed to adapt health services to the particular needs of adolescents. Another delegate highlighted the need for approaches that took account of cultural and ethnic diversity.

301. One delegate stated that his Government could not endorse all the interventions to improve adolescent health mentioned in goal 5 of the Strategy, asserting that "sexual and reproductive health" was a term that had often been used inaccurately to promote abortion. His Government did not recognize abortion as a method of family planning; instead, it supported health and education programs that would empower young people to avoid sexual risk and prevent early pregnancy and sexually transmitted infections. He recommended using schools as an equitable and effective platform to improve adolescent and youth health and encouraged the Bureau to emphasize linkages to health care providers through school-based interventions.

302. Dr. De Francisco Serpa observed that there was agreement among Member States that children and adolescents constituted a vulnerable group and that improving their health should be priority. It was clear that adolescents were not just small adults or large children; they were a distinct population group with specific characteristics that had to be addressed through health systems and services tailored to their needs. There was also a clear need to address social determinants and gender barriers. He agreed that health-promoting environments, schools in particular, were extremely important. Indeed, schools could be platforms for fostering healthy behaviors, providing comprehensive education, and promoting health not only among students, but also among teachers and the community at large.

303. He noted that, as a final report, the document did not propose any new interventions related to sexual and reproductive health; it simply reported on the action taken. Certainly, there had been no intention to characterize abortion as a method of family planning. In that

connection, he referred delegates to the language in the Plan of Action for Women's, Children's, and Adolescents' Health, approved by Member States in 2018.[11]

304. The Director said that the final report made her very sad. The high rate of adolescent pregnancy, growing obesity, increasing use of alcohol and psychoactive substances, and high homicide, suicide, and mortality rates among adolescents and youth made her wonder whether the Region was pursuing the right strategies and employing a sufficiently multisectoral approach to address social determinants of adolescent and youth health. It was crucial to identify the lessons learned from the implementation of the Strategy and Plan of Action to inform the work to be done under the new Plan of Action for Women's, Children's, and Adolescents' Health. She would therefore task the Bureau staff with conducting more in-depth discussions and analysis of issues affecting the health of adolescents and youth. She encouraged Member States also to pay more specific attention to those issues, not only in the health sector but in other sectors as well.

305. The Committee took note of the report.

Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report **(Document CE164/INF/6)**

306. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) introduced the report, noting that Member States had shown strategic vision in adopting the Plan of Action, which had preceded the adoption of the Global Strategy and Action Plan on Aging and Health by more than seven years. The results achieved under the Plan of Action were a testament to the hard work Member States had done: 20 countries had developed a policy, strategy, or plan to address the health needs of older persons and the same number had put in place a multisectoral mechanism to address aging-related issues in general. Seven countries had ratified the Inter-American Convention on Protecting the Human Rights of Older Persons or incorporated its provisions into their laws, and others were in the process of doing so. More than 450 communities in the Region had joined the age-friendly cities and communities network.

307. Capacity for data collection and the generation of evidence on health and aging had improved during the period covered by the Plan of Action (2009-2018). Strengthening the response capacity of health systems had been a priority during the period, and some headway had been made in the training of human resources and strengthening the first level of care, but the work in that regard was still incipient.

308. Population aging would accelerate in the next decade. Increased life expectancy would contribute to that trend. At the same time, however, the gap between life expectancy and healthy life expectancy was expected to widen. Promoting healthy aging and reducing disability among older persons would therefore be priority needs, as would ensuring that countries had health systems capable of addressing the long-term care requirements of aging populations. The report put forward a set of key recommendations for future action,

[11] See Document CD56/8, Rev. 1, and Resolution CD56.R8 (2018).

including support by Member States for the WHO declaration on the Decade of Action on Healthy Aging 2020-2030.

309. In the discussion that followed, delegates acknowledged the need for action to protect the rights of older persons and help them to enjoy healthy and active aging and expressed support for the Decade of Action as a means of raising awareness of and promoting collaborative action to address the issue. Support was also expressed for the formulation of a new PAHO plan of action, building on the progress made under the plan for 2009-2018. A number of priorities for future action were identified, including expanding and improving long-term care options that would allow older persons to remain in their communities, ensuring support for both unpaid and paid caregivers, and upholding the rights and reducing abuse and exploitation of older persons. A delegate emphasized the need for evidence-based programs and approaches to improve health and prevent disease and injury among older adults. Another delegate highlighted the importance of policies to prevent age discrimination and promote the participation and social inclusion of older persons. He also underscored the need for a life-course approach to foster healthy aging.

310. Dr. De Francisco Serpa observed that population aging was occurring more rapidly in the Americas than in other regions, which made it especially important to raise the political visibility of the issue and mobilize support for the action required. He agreed on the need to put in place social systems to ensure that the long-term care needs of older adults could be managed in the community. The issue of paid and unpaid care was also of great importance, particularly in the light of data indicating that family members, especially women, were spending large amounts of time at great expense caring for older adults.

311. The Director said that there was a clear need to accelerate action, as many countries remained ill prepared to grapple with the phenomenon of rapid population aging. At the same time, it was urgent to adopt a life-course approach that would help to ensure healthy aging. The Bureau would work with Member States to redouble efforts on the issue.

312. The Committee took note of the report.

Progress Reports on Technical Matters **(Document CE164/INF/7, A-E)**

A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review

313. The progress made under the Plan of Action—including the achievement of some targets ahead of schedule—was commended and the importance of continued implementation of the Plan was recognized. It was pointed out that the proposed PAHO Disease Elimination Initiative (see paragraphs 117 to 126 above) would provide important guidance for the elimination of the neglected infectious diseases targeted by the Plan, which disproportionately affected poor and marginalized populations. Support was expressed for the actions proposed in the report to improve the situation.

314. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) observed that there was sometimes a tendency to forget about the diseases targeted by the Plan because there were few cases. It was important to finish the job of eliminating them, however, and to prevent their reemergence.

B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report

315. Delegates reaffirmed their support for the Plan of Action and also voiced support for the actions recommended in the report. The Region's success in controlling and eliminating vaccine-preventable diseases was highlighted, and the need for concerted action to preserve those gains was underscored. The importance of maintaining high vaccination coverage was stressed. The need to combat misinformation and educate populations on the safety and efficacy of vaccines was also emphasized. The Bureau's efforts to address current outbreaks of measles was commended, and Member States were urged to continue working to prevent further outbreaks. The Bureau was also asked to mobilize the resources needed to support countries in containing outbreaks and preventing the importation of cases. Delegates expressed appreciation for the Bureau's assistance for vaccine procurement.

316. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) expressed gratitude to Member States for the work they were doing to ensure that diseases such as measles were permanently eliminated from the Region. The Region would, however, remain vulnerable to the importation of cases from other regions. It was crucial to maintain strong immunization programs and high vaccination rates. Member States could count on the Bureau to continue to support their efforts to once again free the Region of measles.

317. The Director affirmed that the prevention of vaccine-preventable diseases was heavily dependent on ensuring high vaccination coverage in all population groups in all countries. She encouraged Member States to continue investing both financial and human resources to that end. She also noted that, when political administrations changed, it was important to maintain strong surveillance and response capacity and preserve knowledge about how regional mechanisms worked, in particular the Revolving Fund for Vaccine Procurement. She was confident that the Americas would soon regain its status as a measles-free region.

C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

318. It was pointed out that, while chronic kidney disease in Central America seemed to be linked to agricultural occupations—particularly in the sugar cane industry—other factors, such as place of residence, might also influence the occurrence of the disease. The Delegate of Ecuador noted that sugar cane harvesters in his country were temporary workers who normally lived at higher altitudes and cultivated other crops. He reported that

his Government was working to determine whether there was any occupational link between kidney disease and work in the sugar cane industry and called for continued effort to identify the causes of the problem, both in Central America and elsewhere in the Region. The Delegate of Panama described the steps her country had taken to study the disease and provide care for patients. She noted that chronic kidney disease among agricultural workers in Panama appeared to be associated more with work in the rice industry than in the sugar cane industry.

319. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that countries had made significant progress in terms of their capacity to detect and respond to chronic kidney disease of non-traditional causes. There was still a need to strengthen capacity for epidemiological, environmental, and occupational surveillance, however. It was also necessary to train health workers at the first level of care in disease prevention and health promotion strategies, including informing agricultural workers and their families about the importance of hydration and other healthy habits, proper management of agricultural chemicals, and other matters. Noting the link between this issue and the proposed strategy and plan of action on organ donation and transplants (see paragraphs 154 to 161 above), Dr. Fitzgerald emphasized the need for an integrated approach, within which enhancing access to kidney transplants was an important component.

320. The Director stressed the need for continued work to identify the cause of the disease, which was affecting younger and younger populations, especially in agricultural communities.

D. Cooperation for Health Development in the Americas: Progress Report

321. Ms. Ana Solis-Ortega Treasure (Head, Country and Subregional Coordination, PASB) reported that significant progress had been made with respect to South-South cooperation and other forms of cooperation for health development in the Region. The Bureau had worked hard to compile information on such cooperation initiatives, but was aware that there were many successful experiences that it had not yet documented. She appealed to Member States to share information on their cooperation projects.

E. Plan of Action on Immunization: Progress Report

322. Delegates reaffirmed their support for the Plan of Action and their commitment to the control, elimination, and eradication of vaccine-preventable diseases. Concern was expressed about recent outbreaks of previously controlled diseases, such as measles. Delegates stressed the importance of increasing access to vaccination, maintaining high immunization coverage, and ensuring the availability of timely and accurate epidemiological data, both in order to respond quickly to outbreaks and to inform vaccine policy decisions. It was also considered important to continue introducing new vaccines into national immunization schemes in order to reduce mortality and morbidity from a wider range of vaccine-preventable diseases. Concern was expressed about vaccine

hesitancy, and the need to combat misinformation and disseminate information about the safety and effectiveness of vaccines was emphasized.

323. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) observed that the strategic lines of action under the Plan of Action remained as relevant today as they had been in 2015 when the Plan was approved. They covered all the issues raised in the discussion, including strengthening of immunization services, introduction of new vaccines, strengthening of epidemiological surveillance capacity, and information and communication. He noted that WHO had recognized vaccine hesitancy and vaccine misinformation as one of the top 10 threats to public health and emphasized that collective effort was required to counter misinformation campaigns.

324. The Director reported that the Bureau had commissioned an independent evaluation of its immunization program and had received valuable recommendations for strengthening it. It had also conducted an assessment of the business practices of the Revolving Fund for Vaccine Procurement and would be implementing the resulting recommendations with a view to strengthening both the Fund and the Bureau's technical cooperation in the area of immunization. She affirmed that the Bureau would continue to work with Member States to maintain high vaccination coverage, but pointed out that, ultimately, it was the responsibility of Member States themselves to ensure that all of their people were vaccinated.

325. The Committee noted the reports.

***Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO* (Document CE164/INF/8, A-B)**

A. Seventy-second World Health Assembly

326. Ms. Mônica Zaccarelli-Davoli (Senior Advisor, Governing Bodies Office, PASB), presented the document, which contained a summary of the matters discussed during the Seventy-second World Health Assembly. The Assembly had approved 16 resolutions and adopted 24 decisions, among them the WHO program budget for the period 2020–2021. Copies of the resolutions and decisions had not been available at the time of drafting the report. It was therefore not possible to provide the Executive Committee with an overview of those documents of interest to PAHO, as was usual practice. A full analysis of those resolutions and decisions, including their implications for the Region, would be provided in the report to be submitted to the 57th Directing Council.

B. Subregional Organizations

327. Ms. Ana Solis-Ortega Treasure (Head, Department of Country and Subregional Coordination, PASB) explained that the objective of the report was to inform Member States about meetings and relevant developments related to public health within the framework of subregional integration bodies, such as the Andean Health Agency-Hipólito

Unanue Agreement (ORAS-CONHU), the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), the Caribbean Community (CARICOM), and the Southern Common Market (MERCOSUR). The report also provided information about the progress of activities initiated under cooperation agreements signed between PAHO and integration bodies at the subregional level.

328. In summary, it could be stated that health topics remained high on the agendas of subregional integration bodies and were of concern in a wider context than meetings of deliberative bodies specializing in health. PAHO had a mandate to formalize collaboration with the health-related bodies of the integration processes and continued its efforts to implement cooperation agreements with those bodies, promoting synergies and optimizing resources.

329. The Bureau's technical cooperation responded to the priorities identified by the various integration mechanisms and to the situation, context, and dynamics of each of them. Such cooperation had been provided for joint negotiations on the cost of high-priced medicines, the formulation of policies for training health human resources, and the response to vector-borne diseases, among other areas. PASB remained committed to supporting subregional integration mechanisms and, consequently, Member States.

330. In the ensuing discussion, a delegate emphasized the importance of aligning PAHO's subregional cooperation strategy with the health-related agendas, policies, and plans of the Central American region. At the same time, COMISCA guidance documents should be harmonized with the decisions of PAHO's Governing Bodies in order to avoid the duplication or distortion of mandates agreed at the regional level.

331. Ms. Solis-Ortega Treasure affirmed that subregional cooperation was continuously being strengthened and that the Bureau regularly fine-tuned its activities to reflect the changing subregional contexts and priorities of Member States. She also noted that the Health Cooperation Strategy for Central America and the Dominican Republic had been developed jointly by PAHO and COMISCA and was fully in line with the relevant health plans for the Central American region. The Bureau would welcome any assistance that Member States of the subregion could provide to encourage further coordination between PAHO and COMISCA, which would enable the Bureau to improve its subregional technical cooperation.

332. The Executive Committee took note of the reports.

PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States **(Document CE164/INF/9)**

333. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the content of Document CE164/INF/9, which provided an update on the situation in the Bolivarian Republic of Venezuela and neighboring countries and detailed the actions taken by the Bureau to support the countries concerned. Dr. Ugarte recalled that there had been outbreaks of various diseases in Venezuela in 2018, which had predominantly affected

populations living in conditions of vulnerability, especially indigenous groups in border areas. Disease outbreaks had also occurred in neighboring countries as a result of migration of persons from Venezuela. Migratory flows to neighboring countries had grown since the previous year.

334. Malaria cases in Venezuela had increased since 2018. Measles cases, on the other hand, had declined dramatically, thanks largely to the efforts of local health workers in Venezuela, Brazil, and other countries. That effort had been complemented by international support provided by numerous countries. The success achieved in bringing measles under control represented a true triumph of solidarity. Nevertheless, it was essential to remain vigilant, as cases of the disease continued to occur. The situation of diphtheria in Venezuela remained worrying. Despite a mass vaccination campaign, some areas continued to have vaccination coverage rates of under 95% and people continued to contract and die from the disease.

335. Noncommunicable diseases were also a serious problem in Venezuela, one that was being exacerbated by lack of access to health services. Maternal mortality was also a concern. While maternal deaths had decreased in the rest of the Region, the available information indicated that they had increased in Venezuela, although it was difficult to obtain reliable statistics in the current context.

336. PASB had intensified its technical cooperation with the Venezuelan health authorities and other partners to enhance the management of the health system and strengthen the capacity of health services, which was the key to improving the prevention and control of communicable and noncommunicable diseases, improving emergency management, and ensuring adequate supplies of medicines, vaccines, and other materials. The Bureau had also provided support for mass immunization campaigns, organized training on emergency management, and distributed guidelines and trained health personnel on the management of various diseases. PASB, with support from numerous partners, had delivered more than 200 tons of medicines and supplies directly to health services in Venezuela.

337. The Bureau had also scaled up its cooperation with neighboring countries that had received large numbers of Venezuelan migrants. Among numerous other activities, it had provided support for immunization campaigns, the delivery of health services to migrants, and strengthening of epidemiological surveillance and laboratory diagnostic capacities. It had also conducted technical cooperation missions to Brazil, Colombia, Ecuador, Guyana, and Peru, and had provided monthly epidemiological updates on measles and diphtheria and daily summaries of events with potential international public health implications.

338. Dr. Ugarte concluded by noting that the report listed a set of recommended actions to be taken in the short and medium terms by Member States and the Bureau.

339. In the discussion that followed, delegates expressed gratitude to the Bureau for the detailed report and for the support it was providing to the affected countries. It was said that the situation in Venezuela posed a threat not just to the people of Venezuela but to the

collective health and security of all countries in the Region. It was also pointed out that the situation had already had a negative effect on some regional health indicators and could hinder the Region's achievement of the Sustainable Development Goals, particularly those relating to maternal health, HIV, malaria, and tuberculosis.

340. A delegate described the impact that migration from Venezuela had had on health conditions in his country and the heavy burden that large influxes of migrants had placed on its health system and services. Other delegates described the steps their Governments had taken to address the challenges created by the situation in Venezuela and to assist those affected, with one emphasizing that migrants, regardless of their nationality, ethnicity, or immigration status, must not be deprived of their rights, including their right to health. He also stressed that the migrant situation should not be politicized and that political and economic interests should not take precedence over concern for human life and health. The need for a regional plan of action on migrant health was highlighted, and the Bureau was asked to draw up such a plan for consideration at the 57th Directing Council in September 2019.

341. The Bureau was also asked to further intensify its work with regard to immunization and vaccine supply, support for the implementation of the International Health Regulations in the Region, and strengthening of epidemiological surveillance capacities. A delegate called for an internal cordon sanitaire to be set up in Venezuela to prevent the spread of communicable diseases.

342. Dr. Ugarte emphasized the importance of coordination among the actors involved in the response to the situation in Venezuela, pointing out that coordination involved not only prioritization of activities but also differentiation of the responsibilities of the various actors and identification of the areas in which each one could make a real difference. The work that PAHO and other partners had done thus far represented only a small percentage of what was required to address the immense needs in Venezuela. Massive support was needed to ensure access to health services for the Venezuelan population. The Bureau would continue to coordinate closely with other international agencies and with Member States to identify the areas in which PAHO technical cooperation would be most beneficial.

343. The Director affirmed that the response to the situation in Venezuela had been a clear demonstration of the solidarity that had long characterized the Organization. Member States and the Bureau had worked together to support Venezuela and each other in grappling with the challenges created by the situation. The Bureau had set up task forces at PAHO Headquarters and in Venezuela. PASB personnel had sometimes had to operate under very difficult circumstances, but they had persisted because they believed that a threat to health in one country was a threat to the health and security of all countries in the Region.

344. The Bureau was grateful to the countries that had made a tremendous effort to welcome and respond to the needs of Venezuelan migrants and would continue to support them, although countries themselves would have to decide how to manage the transition of migrants to resident status. Following the regional ministerial meeting on mass migration

and health held in November 2018,[12] the Bureau had developed guidelines and set up a regional forum for the exchange of information on health and migration. It would work with Member States to develop a plan of action.

345. The Committee took note of the report.

Closure of the Session

346. Following the customary exchange of courtesies, the President declared the 164th Session of the Executive Committee closed.

Resolutions and Decisions

347. The following are the resolutions and decisions adopted by the Executive Committee at its 164th Session:

Resolutions

CE164.R1: Collection of Assessed Contributions

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Document CE164/24 and Add. I) presented by the Director;

Noting that no Member State is in arrears in the payment of its assessed contributions to the extent that it could be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that as of 24 June 2019, 23 Member States have not made any payments towards their 2019 assessed contributions,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Document CE164/24 and Add. I) presented by the Director.

2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.

[12] Regional Ministerial Meeting on Mass Migration and Health: Meeting Proceedings. Washington, DC: PAHO; 2018. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&slug=regional-ministerial-meeting-on-mass-migration-and-health&Itemid=270&lang=en.

3. To thank the Member States that have already made payments for 2019 and to urge the other Member States to pay all their outstanding contributions as soon as possible.

4. To request the Director to continue to inform the Member States of any balances due and to report to the 57th Directing Council on the status of the collection of assessed contributions.

(First meeting, 24 June 2019)

CE164.R2: PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CE164/16),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

PAHO DISEASE ELIMINATION INITIATIVE: A POLICY FOR AN INTEGRATED SUSTAINABLE APPROACH TO COMMUNICABLE DISEASES IN THE AMERICAS

THE 57th DIRECTING COUNCIL,

Having reviewed the *PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CD57/___), which articulates and illustrates the Pan American Health Organization's (PAHO) corporate approach and comprehensive strategy for communicable disease elimination;

Considering that this initiative reflects the commitment made by Member States to advance toward meeting the Sustainable Development Goals by 2030 and the goals of the Sustainable Health Agenda for the Americas 2018-2030;

Cognizant of the impact that these diseases and conditions have in the Americas, especially among populations in situations of vulnerability;

Acknowledging the potential financial benefits of implementing cost-effective public health programs and strategies that consider target diseases and conditions

throughout the life course and that take a multisectoral approach across health systems and networks at the country level throughout the Americas;

Considering the ongoing work toward achieving universal health as addressed in PAHO's Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]) and the World Health Organization's (WHO) Strengthening Health Systems to Improve Health Outcomes framework for action (2007), and recognizing the first level of care as the main pillar of disease elimination;

Considering the numerous PAHO and WHO strategies and plans of action focusing on various health conditions related to this initiative;

Acknowledging PAHO's historic role in important disease elimination achievements in the Region and globally;

Recognizing that this initiative provides countries in the Americas orientation and direction toward the elimination of communicable diseases through adoption of a common and sustainable approach,

RESOLVES:

1. To endorse the *PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CD57/__).

2. To urge Member States, according to their national contexts and priorities, to:

a) adopt and implement the strategic approach of the Elimination Initiative to promote and step up elimination of communicable diseases and related conditions within their national public health agendas;

b) ensure that the overarching principle of the Elimination Initiative, the life course approach, is realized across all levels of the national health system and network services;

c) strengthen institutional and community capacity to produce quality data that can be used to monitor progress toward elimination of communicable diseases and related conditions as well as to generate further evidence;

d) make efforts to promote intersectoral governmental coordination and the participation of civil society and the community toward elimination of communicable diseases and related conditions;

e) foster better access to quality health services by strengthening primary health care and working to achieve universal health.

3. To request the Director to:

a) secure political, managerial, administrative, and financial support, including by intensifying external resource mobilization, for successful implementation of the Elimination Initiative;

b) promote and enhance interprogrammatic, multisectoral collaboration to pursue synergies across all stakeholders expected to contribute to the implementation of the Elimination Initiative;

c) enhance coordination at regional and country levels to improve access to vaccines, medicines, diagnostic tests, and other key commodities, such as bed nets, vector control products, and water/sanitation disinfection equipment, through the PAHO Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement;

d) measure progress toward elimination of communicable diseases and related conditions by strengthening health information systems that can ensure the availability and analysis of quality robust data throughout the life course from health services including maternal and child health, community health services, specialized clinics, and other facilities;

e) continue to prioritize the Region's national laboratory networks and supply-chain management (clinical and environmental laboratory services, transport and delivery services) for medicines, diagnostic tests, insecticides, and other public health goods;

f) coordinate, promote, and provide regional-level technical cooperation to countries and territories for integrated health care delivery, especially at the primary health care level, to achieve communicable disease elimination;

g) report periodically to the Governing Bodies on the progress made and challenges faced in implementation of the initiative, through three progress reports in 2023, 2026, and 2029, and a final report in 2031.

(First meeting, 24 June 2019)

CE164.R3: Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CE164/17),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

PLAN OF ACTION FOR THE ELIMINATION OF INDUSTRIALLY PRODUCED TRANS-FATTY ACIDS 2020-2025

THE 57th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/___);

Having considered the examples of best practices for the elimination of industrially produced trans-fatty acids (IP-TFA) in the Region of the Americas and globally;

Having reviewed the recommendations of the World Health Organization, of Member States, of leading experts, and of the scientific literature;

Recognizing the insufficient progress obtained with voluntary reduction in the Region and globally to date and the superior outcomes with mandatory elimination of IP-TFA;

Considering that this is a low-cost, high-impact, and feasible policy action, where investment in regulatory policy can save tens of thousands of lives annually for generations to come;

Recognizing the need for Member States that have not yet done so, to act definitively and in concert to eliminate IP-TFA from their food supply,

RESOLVES:

1. To approve and implement the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/___).

2. To urge Member States, considering their own contexts and priorities, to:

a) promote and commit to the achievement of the objectives contained in the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 in order to advance its implementation more effectively;

b) enact regulatory policies to eliminate IP-TFA from the food supply;

c) ensure implementation of IP-TFA elimination policies by means of clearly defined regulatory enforcement systems;

d) assess progress toward elimination of IP-TFA from the food supply;

e) create awareness of the negative health impacts of trans-fatty acids and the health benefits to be gained from the elimination of IP-TFA, among policy-makers, producers, suppliers, and the public;

f) establish mechanisms for monitoring and evaluation.

3. To request the Director to:

a) assist Member States in the preparation, review, and execution of policies to eliminate IP-TFA;

b) promote technical cooperation with and among countries to share evidence, best practices, tools, and lessons learned;

c) coordinate with other relevant bodies including subregional integration mechanisms and the Codex Alimentarius.

(Second meeting, 24 June 2019)

CE164.R4: Plan of Action for Strengthening Information Systems for Health 2019-2023

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Plan of Action for Strengthening Information Systems for Health 2019-2023* (Document CE164/18),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

PLAN OF ACTION FOR STRENGTHENING INFORMATION SYSTEMS FOR HEALTH 2019-2023

THE 57th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for Strengthening Information Systems for Health 2019-2023* (Document CD57/__);

Having considered the need to support the Plan of Action for the Strengthening of Vital Statistics 2017-2022 and advance with the countries of the Caribbean, Central America, and South America in implementing the conclusions and recommendations of the three high-level meetings on information systems for health;

Bearing in mind that the Sustainable Health Agenda for the Americas 2018-2030 proposes a specific goal (goal 6) aimed at "improving information systems for health (IS4H), which are essential in order to improve health policy and decision-making, as well as to measure and monitor health inequalities in the population and progress toward the achievement of universal access to health and universal health coverage",

RESOLVES:

1. To approve the *Plan of Action for Strengthening Information Systems for Health 2019-2023* (Document CD57/__).

2. To urge the Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a) promote implementation of the Plan of Action for Strengthening Information Systems for Health 2019-2023 to advance more effectively toward integrated and interoperable systems;

b) support implementation of the national and subnational initiatives spelled out in the plan in order to integrate data on populations in conditions of vulnerability into the health systems;

c) strengthen the technical capacity and competencies of health workers, especially in primary care, to improve data collection and data sharing for more informed decision-making based on the greatest possible evidence.

3. To request the Director to:

a) provide technical support to the Member States to strengthen national capacity for the implementation of interconnected and interoperable information systems for health;

b) provide technical support to the Member States for standardized measurement of the maturity of information systems for health;

c) support technical teams in developing countries' capacity to produce complete and up-to-date quality data and information and report regularly on progress in monitoring the achievement of the Sustainable Development Goals, health situation analysis, and scenario development.

(Second meeting, 24 June 2019)

CE164.R5: Expanded Textbook and Instructional Materials Program (PALTEX)

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE164/23, *Expanded Textbook and Instructional Materials Program (PALTEX)*,

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

EXPANDED TEXTBOOK AND INSTRUCTIONAL MATERIALS PROGRAM (PALTEX)

THE 57th DIRECTING COUNCIL,

Having reviewed Document CD57/__, *Expanded Textbook and Instructional Materials Program (PALTEX)*, presented by the Director;

Recognizing that health education has evolved in the Region of the Americas, both in terms of educational trends and the inclusion of new technologies in educational processes, and that the needs identified by the Member States of the Pan American Health Organization (PAHO) in 1966 differ from current needs;

Aware that technical cooperation for the education of health professionals should strengthen, expand, and modernize educational processes to better meet the current needs of PAHO's Member States, in accordance with the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage,

RESOLVES:

1. To adopt the proposal made in Document CD57/__, *Expanded Textbook and Instructional Materials Program (PALTEX)*.

2. To request the Director to:

a) coordinate and implement the necessary actions for the definitive termination of PALTEX operations, including administrative, financial, and human resources matters, by 31 December 2019;

b) support the countries and territories, within the framework of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, in order to strengthen educational systems and strategies at the national level, with a view to developing and maintaining the competencies of health workers focused on universal health.

(Second meeting, 24 June 2019)

CE164.R6: PAHO Budget Policy

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *PAHO Budget Policy* (Document CE164/14),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

PAHO BUDGET POLICY

THE 57th DIRECTING COUNCIL,

Having reviewed the proposed *PAHO Budget Policy* (Document CD57/___), which presents a revised regional budget policy that defines a new way of allocating budget ceilings within the Pan American Health Organization (PAHO);

Noting the recommendations contained in the external evaluation of the existing budget policy that was presented to Member States for consideration in Documents CD56/6 and CD56/6, Add. 1;

Mindful that the World Health Organization (WHO) and PAHO have adopted integrated budget approaches, and that Member States now approve an integrated budget, not solely the Regular Budget as was done prior to the 2016-2017 biennium;

Considering the deliberations of the Executive Committee,

RESOLVES:

1. To thank the Strategic Plan Advisory Group (SPAG) and in particular the SPAG Subgroup on Health Needs Index and Budget Policy for their efforts to recommend modifications and introduce new criteria for the allocation of budget ceilings among the PAHO/WHO Representative Offices in the countries.

2. To take note of the proposed model for allocating budget ceilings among countries.

3. To approve the new PAHO Budget Policy, with the following emphases:

a) the budget allocation among the three functional levels of the Organization (country, subregional, and regional) will be such that, with the aim of strengthening cooperation with countries, the Pan American Sanitary Bureau (PASB) will continuously strive to maintain optimal functional and organizational structures aimed at delivering the greatest level of impact in the countries, while still effectively responding to collective regional and subregional mandates;

b) the target budget share for the country and subregional levels (combined) is set at 45% for the period 2020-2025; the distribution among functional and organizational levels remains dynamic, allowing for budget ceiling adjustments throughout the planning process as necessary, always in transparent fashion and with the objective of improving health results in and for countries;

c) in the reallocation of budget ceilings among countries, no country's budget allocation shall be modified (increased or decreased) by more than 10% per biennium;

d) if the manual adjustment "escape clause" is used in a specific biennium, the respective justification will be presented to Member States for consideration and approval.

4. To ensure that the country budget allocations in PAHO program budgets during the period 2020-2025 are guided by the Budget Policy and are phased in over the three biennia, to ensure manageable transitions for technical cooperation programs and PAHO/WHO Representative Offices.

5. To promote prioritization in the allocation of resources among programmatic outcomes consistent with the collective and individual mandates of Member States, as expressed in PAHO's planning documents.

6. To request the Director to:

a) apply the new PAHO Budget Policy when formulating future proposed program budgets for the consideration of the Directing Council or the Pan American Sanitary Conference;

b) present to the Directing Council or to the Pan American Sanitary Conference an update on the implementation of the PAHO Budget Policy every two years, as part of the report on the end-of-biennium assessment of the PAHO Program Budget;

c) present to the Directing Council or to the Pan American Sanitary Conference a thorough evaluation of the PAHO Budget Policy following two biennia (four years) of its implementation, to ensure that it is meeting the objectives set out in the Budget Policy;

d) collaborate with Member States to promote more effective modes of cooperation in an environment of financial constraints.

(Third meeting, 25 June 2019)

CE164.R7: Scale of Assessed Contributions for 2020-2021

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Taking into consideration that the *Scale of Assessed Contributions for 2020-2021* of the Pan American Health Organization (Document CE164/15) incorporates the new scale of quota assessments of the Organization of American States approved by its General Assembly for the years 2019-2023,

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

SCALE OF ASSESSED CONTRIBUTIONS FOR 2020-2021

THE 57th DIRECTING COUNCIL,

Having examined the report of the Pan American Sanitary Bureau on the *Scale of Assessed Contributions for 2020-2021* to be applied to Member States, Participating States, and Associate Members of the Pan American Health Organization for the budgetary period 2020-2021 (Document CD57/__);

Bearing in mind the provisions of Article 60 of the Pan American Sanitary Code, which establishes that the assessed contributions of the Pan American Health Organization shall be apportioned among the Signatory Governments on the same basis as the contributions of the Organization of American States;

Taking into account Article 24(A) of the Constitution of the Pan American Health Organization, which states that the Organization shall be financed by annual contributions from its Member Governments and that the rate of these contributions shall be determined in conformity with Article 60 of the Pan American Sanitary Code;

Considering that the General Assembly of the Organization of American States has adopted a scale of quota assessments for the years 2019-2023;

Bearing in mind that the total assessed contribution level still needs to be determined,

RESOLVES:

1. To approve the *Scale of Assessed Contributions for 2020-2021* (Document CD57/__), below.

2. To request the Pan American Sanitary Bureau to present detailed amounts of the gross and net assessed contributions to be paid by Member States, Participating States, and Associate Members of the Pan American Health Organization once the total assessed contribution level is determined.

Membership	Assessment Rate (%)	
	2020	2021
Member States		
Antigua and Barbuda	0.022	0.029
Argentina	3.000	3.229
Bahamas	0.047	0.051
Barbados	0.026	0.032
Belize	0.022	0.029
Bolivia	0.070	0.075
Brazil	12.457	13.408
Canada	9.801	10.549

Membership	Assessment Rate (%)	
	2020	2021
Member States		
Chile	1.415	1.523
Colombia	1.638	1.763
Costa Rica	0.256	0.276
Cuba	0.132	0.142
Dominica	0.022	0.029
Dominican Republic	0.268	0.288
Ecuador	0.402	0.433
El Salvador	0.076	0.082
Grenada	0.022	0.029
Guatemala	0.171	0.184
Guyana	0.022	0.029
Haiti	0.022	0.029
Honduras	0.043	0.046
Jamaica	0.053	0.057
Mexico	6.470	6.964
Nicaragua	0.022	0.029
Panama	0.191	0.206
Paraguay	0.087	0.094
Peru	1.005	1.082
Saint Kitts and Nevis	0.022	0.029
Saint Lucia	0.022	0.029
Saint Vincent and the Grenadines	0.022	0.029
Suriname	0.022	0.029
Trinidad and Tobago	0.129	0.139
United States	59.445	56.285
Uruguay	0.298	0.321
Venezuela	1.940	2.088
Participating States		
France	0.146	0.146
Netherlands	0.022	0.029
United Kingdom	0.022	0.029
Associate Members		
Aruba	0.022	0.029
Curaçao	0.022	0.029
Puerto Rico	0.082	0.073
Sint Maarten	0.022	0.029
TOTAL	100.000	100.000

(Third meeting, 25 June 2019)

CE164.R8: Proposed Program Budget of the Pan American Health Organization 2020-2021

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed Program Budget of the Pan American Health Organization 2020-2021* (Document CE164/13);

Having considered the Report of the 13th Session of the Subcommittee on Program, Budget, and Administration (Document CE164/4);

Noting the work of the Pan American Sanitary Bureau (PASB or the Bureau) to propose a program budget that uses a bottom-up approach and considers the priorities of Member States, as well as regional and global mandates, including the Sustainable Development Goals;

Having examined Annex A to the proposed Program Budget, in which PASB outlines the justification for the increase in assessed contributions based on the need to strengthen the country level, supporting strategic priorities as established in the Strategic Plan of the Pan American Health Organization 2020-2025, and partially offsetting increases in staff costs and activities due to inflation; and taking into consideration the Bureau's efforts to improve efficiency, productivity, accountability, and transparency;

Noting the efforts of PASB to propose a program budget that takes into account both the economic concerns of Member States and the joint responsibility of Member States and the Bureau in achieving public health mandates;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.4 and 3.5, of the Financial Regulations of the Pan American Health Organization,

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

PROGRAM BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION 2020-2021

THE 57th DIRECTING COUNCIL,

Having examined the proposed *Program Budget of the Pan American Health Organization 2020–2021* (*Official Document* __);

Having considered the report of the 164th Session of the Executive Committee (Document CD57/__);

Noting the efforts of the Pan American Sanitary Bureau (PASB or the Bureau) to propose a program budget that takes into account both the economic concerns of Member States and the joint responsibility of Member States and the Bureau in achieving public health mandates;

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

RESOLVES:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US$ 620.0 million[1] for base programs and $30.0 million for special programs, as outlined in the *Program Budget of the Pan American Health Organization 2020–2021* (*Official Document __*).

2. To encourage Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2020 and 2021 and of arrears that might have accumulated in the previous budgetary periods.

3. To encourage Member States, Participating States, and Associate Members to continue advocating for an equitable share of World Health Organization (WHO) resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.

4. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2020-2021, and where possible, to consider making these contributions fully flexible and un-earmarked.

5. To approve assessed contributions for the biennium 2020-2021 in the amount of $225.9 million composed of *a)* $194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last approved amount of net assessed contributions ($194.4 million), and *b)* $31,478,000 as a transfer to the Tax Equalization Fund, as indicated in the table below.

6. In establishing the contributions of Member States, Participating States, and Associate Members, assessed contributions 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 PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

7. To finance the approved base programs in the following manner and from the indicated sources of financing:

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

Source of financing	Amount (US$)
Assessed contributions from PAHO Member States, Participating States and Associate Members	225,878,000
Less Credit from Tax Equalization fund	31,478,000
Budgeted Miscellaneous Revenue	20,000,000
PAHO voluntary contributions and other sources	189,800,000
Budget allocation to the Region of the Americas from WHO	215,800,000
TOTAL	620,000,000

8. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2020-2021, subject to the availability of funding.

9. To request that the Director report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2020-2021, in the end-of biennium assessment to be presented to the Governing Bodies in 2022.

(Third meeting, 25 June 2019)

CE164.R9: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2020-2021

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Whereas in Resolution CE164.R8 the Executive Committee has recommended that the 57th Directing Council approve the Proposed Program Budget of the Pan American Health Organization 2020-2021 (Document CE164/13);

Whereas in Resolution CE164.R7 the Executive Committee has recommended that the 57th Directing Council approve the Scale of Assessed Contributions for 2020-2021 (Document CE164/15);

Having examined the Proposed Program Budget of the Pan American Health Organization 2020-2021 (Document CE164/13);

Having considered the Report of the 13th Session of the Subcommittee on Program, Budget, and Administration (Document CE164/4),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

ASSESSED CONTRIBUTIONS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2020-2021

THE 57th DIRECTING COUNCIL,

Whereas in Resolution CD57.R__ the Directing Council approved the *Program Budget of the Pan American Health Organization 2020–2021* (*Official Document __*);

Bearing in mind that the Directing Council, in Resolution CD57.R__, adopted the Scale of Assessed Contributions for 2020–2021 for Member States, Participating States, and Associate Members of the Pan American Health Organization,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial periods 2020 and 2021 in accordance with the scale of assessed contributions shown below and in the corresponding amounts, which represent no increase with respect to the biennium 2018-2019.

Scenario 1: Zero growth in Assessed Contributions

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2020-2021

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)*		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Member States										
Antigua and Barbuda	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Argentina	3.000	3.229	3,388,170	3,646,800	472,170	508,212			2,916,000	3,138,588
Bahamas	0.047	0.051	53,081	57,599	7,397	8,027			45,684	49,572
Barbados	0.026	0.032	29,364	36,140	4,092	5,036			25,272	31,104
Belize	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Bolivia	0.070	0.075	79,057	84,704	11,017	11,804			68,040	72,900
Brazil	12.457	13.408	14,068,811	15,142,861	1,960,607	2,110,285			12,108,204	13,032,576
Canada	9.801	10.549	11,069,151	11,913,935	1,542,579	1,660,307	40,000	40,000	9,566,572	10,293,628
Chile	1.415	1.523	1,598,087	1,720,061	222,707	239,705			1,375,380	1,480,356
Colombia	1.638	1.763	1,849,941	1,991,115	257,805	277,479			1,592,136	1,713,636
Costa Rica	0.256	0.276	289,124	311,712	40,292	43,440			248,832	268,272
Cuba	0.132	0.142	149,079	160,373	20,775	22,349			128,304	138,024
Dominica	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Dominican Republic	0.268	0.288	302,677	325,264	42,181	45,328			260,496	279,936
Ecuador	0.402	0.433	454,015	489,026	63,271	68,150			390,744	420,876
El Salvador	0.076	0.082	85,834	92,610	11,962	12,906			73,872	79,704
Grenada	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Guatemala	0.171	0.184	193,126	207,808	26,914	28,960			166,212	178,848
Guyana	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Haiti	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Honduras	0.043	0.046	48,564	51,952	6,768	7,240			41,796	44,712
Jamaica	0.053	0.057	59,858	64,375	8,342	8,971			51,516	55,404
Mexico	6.470	6.964	7,307,153	7,865,072	1,018,313	1,096,064			6,288,840	6,769,008
Nicaragua	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Panama	0.191	0.206	215,713	232,654	30,061	32,422			185,652	200,232
Paraguay	0.087	0.094	98,257	106,163	13,693	14,795			84,564	91,368
Peru	1.005	1.082	1,135,037	1,222,000	158,177	170,296			976,860	1,051,704
Saint Kitts and Nevis	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Saint Lucia	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Saint Vincent and the Grenadines	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Suriname	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)*		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Trinidad and Tobago	0.129	0.139	145,691	156,985	20,303	21,877			125,388	135,108
United States	59.445	56.285	67,136,589	63,567,716	9,356,049	8,858,696	8,000,000	8,000,000	65,780,540	62,709,020
Uruguay	0.298	0.321	336,558	362,534	46,902	50,522			289,656	312,012
Venezuela	1.940	2.088	2,191,017	2,358,166	305,337	328,630	35,000	35,000	1,920,680	2,064,536
Participating States										
France	0.146	0.146	164,891	164,891	22,979	22,979			141,912	141,912
The Netherlands	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
United Kingdom	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Associate Members										
Aruba	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Curaçao	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Puerto Rico	0.082	0.073	92,610	82,445	12,906	11,489			79,704	70,956
Sint Maarten	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
TOTAL	**100.000**	**100.000**	**112,939,000**	**112,939,000**	**15,739,000**	**15,739,000**	**8,075,000**	**8,075,000**	**105,275,000**	**105,275,000**

* Total Credit on Tax Equalization Fund was calculated based on number of fixed-term staff as of 31 December 2018. UN exchange rates for same date were used as applicable.

(Third meeting, 25 June 2019)

CE164.R10: Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030* (Document CE164/20),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON DONATION AND EQUITALBLE ACCESS TO ORGAN, TISSUE, AND CELL TRANSPLANTS 2019-2030

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissues, and Cell Transplants 2019-2030* (Document CD57/__);

Taking into account that, in 2009, the Pan American Health Organization (PAHO) approved the Policy Framework for Human Organ Donation, and Transplants, through Resolution CD49.R18, and that in September 2017, the Executive Committee of PAHO called on the Director of the Pan American Sanitary Bureau to begin consultations for the preparation of a plan of action on human organ donation and transplants to advance more quickly down the path established in the policy;

Considering that, in 2017, the 29th Pan American Sanitary Conference approved the Sustainable Health Agenda for the Americas 2018-2030, whose goals include promoting the expansion of equitable access to medicines, vaccines, and other priority and quality health technologies, based on the available scientific evidence, as an important step toward universal access to health and universal health coverage,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030* (Document CD57/___);

2. To urge the Member States, bearing in mind the specific context of their national health systems and needs, vulnerabilities, and priorities, to:

a) promote implementation of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 to achieve the gradual expansion of and the equitable and quality access to organ, tissue, and cell transplants through voluntary altruistic donation, observing the Guiding Principles on transplantation of the World Health Organization;

b) report periodically on the progress of this strategy and the indicators included in the plan of action.

3. To request the Director to:

a) provide technical cooperation to the Member States for the preparation of updated national plans of action, and disseminate tools that facilitate the availability of organs, tissues, and cells and access to transplants;

b) strengthen and promote coordination among countries, including through South-South cooperation, and among United Nations agencies, other international organizations, and the main actors working on issues related to organ, tissue, and cell donation and transplant activities;

c) report periodically to the PAHO Governing Bodies on the progress made and challenges encountered in the implementation of the Strategy and Plan of Action.

(Fourth meeting, 25 June 2019)

CE164.R11: Non-State Actors in Official Relations with PAHO

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE164/7);

Mindful of the provisions of the Framework of Engagement with Non-State Actors, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

RESOLVES:

1. To renew official relations between PAHO and the following seven non-State actors for a period of three years:

a) Healthy Caribbean Coalition;

b) Inter-American Society of Cardiology;

c) Latin American and Caribbean Women's Health Network;

d) Latin American Association of Pharmaceutical Industries;

e) Latin American Confederation of Clinical Biochemistry;

f) Mundo Sano Foundation;

g) World Resources Institute Ross Center for Sustainable Cities.

2. To defer review of the following two non-State actors to permit time to finalize new plans of collaboration without compromising existing engagement:

a) Pan American Federation of Associations of Medical Schools;

b) Pan American Federation of Nursing Professionals.

3. To discontinue official relations with the following three non-State actors, in light of the lack of collaboration over the past three years:

a) American College of Healthcare Executives;

b) Inter-American College of Radiology;

c) Latin American Federation of Hospitals.

4. To request the Director to:

a) advise the respective non-State actors of the decisions taken by the Executive Committee;

b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;

c) continue fostering relationships between Member States and non-State actors working in the field of health.

(Fifth meeting, 26 June 2019)

CE164.R12: Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CE164/21),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION TO IMPROVE QUALITY OF CARE IN HEALTH SERVICE DELIVERY 2020-2025

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/__);

Taking into account that the Constitution of the World Health Organization establishes as one of its basic principles that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition";

Aware that the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, whose Goal 3 proposes to "ensure healthy lives and promote well-being for all at all ages";

Considering that implementation of the Strategy for Universal Access to Health and Universal Health Coverage approved by the 53rd Directing Council of the Pan American Health Organization (PAHO) in 2014 calls for advances in universal access to quality, progressively expanding comprehensive health services that are consistent with health needs, system capacities, and national context, while identifying the unmet and differentiated needs of the population, as well as the specific needs of groups in conditions of vulnerability;

Recognizing that, despite the achieved progress, challenges remain, especially regarding the formulation and implementation of strategies aimed at ensuring that quality is comprehensive and sustained;

Considering that each country has the capacity to define its action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future health challenges,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/___).

2. To urge the Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:

a) implement national action plans, taking as a frame of reference the objectives contained in the Strategy and Plan of Action, and establish monitoring mechanisms using the proposed indicators;

b) establish formal mechanisms for participation and dialogue in the preparation and implementation of national policies and strategies on quality, as well as transparency and accountability in health services;

c) identify and implement continuous quality processes in health services, guided by individuals' safety and rights, promoting the empowerment of people and communities through training, participation, and access to information;

d) establish formal mechanisms to strengthen leadership in the development of national policies and strategies for quality, including collaboration and coordination among senior authorities to promote synergies in regulation, strategic planning, and decision-making, based on situation analyses;

e) promote, within service networks, the development of interprofessional teams responsible for monitoring and evaluating quality, with information systems that facilitate their work;

f) develop continuing education strategies for human resources for health, incorporating new information and communications technologies, telehealth, online education, and learning networks, in order to boost response capacity and quality of performance, with special emphasis on strengthening the resolution capacity of the first level of care and developing integrated health services networks;

g) increase the efficiency and public financing necessary to provide adequate resources for the quality of comprehensive health services, with special attention to people and communities in conditions of vulnerability.

3. To request the Director to:

a) promote intersectoral dialogue that facilitates the implementation of Strategy and Plan of Action, and advocate for increased investment in health to secure sufficient resources;

b) continue to implement actions and tools to support implementation of the Strategy and Plan of Action;

c) prioritize technical cooperation that helps countries develop participatory processes to define national targets and goals, as well as action plans, to improve the quality of care in comprehensive health services for people, families, and communities in the Member States;

d) promote innovation in technical cooperation, updating the Pan American Sanitary Bureau's mechanisms to facilitate coordinated interprogrammatic action to improve quality;

e) promote research, sharing of experiences, and cooperation among countries in interventions to improve the quality of care in health service delivery;

f) report periodically to the PAHO Governing Bodies on the progress made and the challenges faced in the implementation of the Strategy and Plan of Action and present a midterm review and a final report.

(Fifth meeting, 26 June 2019)

CE164.R13: Amendments to the PASB Staff Regulations and Rules

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE164/27;

Taking into account the actions of the Seventy-second World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Deputy Director-General based on the United Nations General Assembly's approval of the amended base/floor salary scale for the professional and higher categories;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau;

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the United Nations Common System Agencies,

RESOLVES:

1. To confirm in accordance with Staff Rule 020 the Staff Rule amendments that have been made by the Director effective 1 January 2019 concerning remuneration of staff in the professional and higher categories and a common scale of staff assessment.

2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning from 1 January 2019, at US$ 178,433[1] gross per annum with a corresponding net salary of $133,266.

3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2019, at $179,948 before staff assessment, resulting in a modified net salary of $134,266.

4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2019, at $198,315 before staff assessment, resulting in a modified net salary of $146,388.

Annex

Annex

PROPOSED AMENDMENTS TO THE STAFF RULES OF THE PAN AMERICAN SANITARY BUREAU

330. SALARIES

330.1 Gross base salaries shall be subject to the following assessments:

…

330.1.2 For the general service category:

Total assessable payment (US$)	Assessment (%)
First 20 000	19
Next 20 000	23
Next 20 000	26
Next 20 000	28
Remaining assessable amount	29

(Fifth meeting, 26 June 2019)

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

CE164.R14: Strategy and Plan of Action on Ethnicity and Health 2019-2025

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (Document CE164/22),

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON ETHNICITY AND HEALTH 2019-2025

THE 57th DIRECTING COUNCIL,

Having examined the *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (Document CD57/__);

Considering that, in September 2017, the 29th Pan American Sanitary Conference adopted the Policy on Ethnicity and Health, whose resolution requests the Director to continue to prioritize ethnicity as a linchpin of technical cooperation by the Pan American Health Organization (PAHO), in harmonization with gender, equity, and human rights;

Considering that the Constitution of the World Health Organization (WHO) declares that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition";

Observing that the adoption of measures within the framework of intercultural health that could help to improve the health outcomes of indigenous, Afro-descendant, and Roma populations, and members of other ethnic groups, in line with the PAHO Strategic Plan 2020-2025, its strategic objectives, its expected results at the regional level, and its indicators;

Considering the lessons learned and the already-adopted resolutions that recognize the need to strengthen intercultural health in health interventions;

Embracing the vision of the Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, the Strategic Plan of the Pan American Health Organization 2020-2025, the PAHO Gender Equality Policy, the Resolution on Health and Human Rights, the Strategy for Universal Access to Health and Universal Health Coverage, and the Plan of Action on Health in all Policies,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (Document CD57/__).

2. To urge the Member States, taking into account their contexts and needs, to promote the achievement of the objectives and indicators of the Strategy and Plan of Action on Ethnicity and Health 2019-2025 in order to advance more expeditiously on the route proposed in the Policy on Ethnicity and Health.

3. To request the Director, within the financial possibilities of the Organization, to:

a) provide technical support to the Member States for implementation of the Strategy and Plan of Action on Ethnicity and Health 2019-2025;

b) maintain ethnicity and health as a cross-cutting theme in PAHO's technical cooperation;

c) strengthen mechanisms for interinstitutional coordination and collaboration to achieve synergies and efficiency in technical cooperation, including within the United Nations system and the Inter-American system, and with other stakeholders working in the area of ethnicity and health, especially subregional integration mechanisms and relevant international financial institutions;

d) report periodically to the Governing Bodies on the progress made and the challenges faced in the execution of the Strategy and Plan of Action.

(Seventh meeting, 27 June 2019)

CE164.R15: Appointment of One Member to the Audit Committee of PAHO

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist in the PAHO Audit Committee,

RESOLVES:

1. To thank the Director of PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.

2. To thank Mr. Claus Andreasen for his years of service to the PAHO Audit Committee.

3. To appoint Mr. Alan Siegfried to serve as a member of the PAHO Audit Committee for a term of three years from June 2019 through June 2022.

(Seventh meeting, 27 June 2019)

CE164.R16: PAHO Award for Health Services Management and Leadership 2019

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2019* (Document CE164/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Health Services Management and Leadership (previously known as the PAHO Award for Administration), as approved by the 56th Directing Council (2018),[1]

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership 2019 for their professionalism and outstanding work on behalf of their countries and of the Region.

2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2019 to Dr. Reina Roa Rodríguez, of Panama, for her dual contributions advocating to promote public health through tobacco control at the national, regional, and global levels, and as National Director of Health Planning, overseeing the formulation and implementation of Panama's National Health Policy and its Strategic Guidelines 2016-2025, designed for the first time with an

[1] The procedures and guidelines for conferring the Award were approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), 146th (2010), and 158th (2016) sessions, and by the 56th Directing Council (2018).

intersectoral and results-based management approach. In addition, Dr. Reina Roa Rodríguez has contributed significantly to the drafting of the Sustainable Health Agenda for the Americas 2018-2030, and to the preparation of the Strategic Plan of the Pan American Health Organization 2020-2025.

3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2019* (Document CE164/5, Add. I), to the 57th Directing Council.

(Eighth meeting, 27 June 2019)

CE164.R17: Provisional Agenda of the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD57/1) prepared by the Director of the Pan American Sanitary Bureau for the 57th Directing Council of the Pan American Health Organization (PAHO), 71st Session of the Regional Committee of the World Health Organization (WHO) for the Americas, presented as Annex A to Document CE164/3;

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Directing Council,

RESOLVES:

To approve the provisional agenda (Document CD57/1) prepared by the Director for the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 27 June 2019)

CE164.R18: Proposed Strategic Plan of the Pan American Health Organization 2020-2025

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Proposed Strategic Plan of the Pan American Health Organization 2020-2025* (Document CE164/12, Rev. 1), presented by the Director and developed in collaboration with the Strategic Plan Advisory Group (SPAG);

Acknowledging the contributions of the Chair, the Vice Chair, and the 19 other Member States composing the SPAG;

Anticipating that the 57th Directing Council will take into consideration the comments of the Executive Committee in the finalization of the Strategic Plan,

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

STRATEGIC PLAN OF THE PAN AMERICAN HEALTH ORGANIZATION 2020-2025

THE 57th DIRECTING COUNCIL,

Having considered the *Strategic Plan of the Pan American Health Organization 2020-2025* (*Official Document* ___) presented by the Director;

Acknowledging the participatory process for the formulation of the Strategic Plan through the Strategic Plan Advisory Group (SPAG) and the national consultations carried out by Member States to define their programmatic priorities, in collaboration with the Pan American Sanitary Bureau (PASB);

Noting that the Strategic Plan provides the main framework to guide and ensure continuity in the preparation of program budgets and operational plans over three biennia, and that the Strategic Plan responds to the health-related Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, which is the highest-level regional mandate in health, the 13th General Programme of Work of the World Health Organization, and other relevant regional and global mandates;

Considering the health context in the Region of the Americas, where gaps and disparities persist between different groups in reaching health outcomes despite significant and sustained progress toward reaching universal access to health and universal health coverage;

Welcoming the strategic vision of the Plan under the theme *Equity at the Heart of Health*, which aims to position health equity as the overarching goal and catalyze efforts in Member States to reduce health inequities within and between countries and territories in order to improve health outcomes;

Acknowledging that the Strategic Plan represents a comprehensive and collective set of results that the Organization aims to achieve in alignment with the mandates mentioned above, and that future reporting on the implementation of the Strategic Plan and its program budgets will constitute the principal means of ensuring programmatic

accountability and transparency of PASB and PAHO Member States, in line with the principles of results-based management,

RESOLVES:

1. To approve the *Strategic Plan of the Pan American Health Organization 2020-2025* (*Official Document ___*).

2. To thank the members of the SPAG for their commitment and strategic and technical input to the development of the Strategic Plan, and to express appreciation to the Director for ensuring the effective support of all levels of PASB to the SPAG and the participatory approach utilized for this important process.

3. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions, academic institutions, civil society, private sector organizations, and others to extend their support to the attainment of the ambitious targets contained in the Strategic Plan.

4. To urge all Member States, taking into account their national contexts and priorities, to identify the actions to be taken and resources needed in order to achieve the collective targets set in the Strategic Plan.

5. To request the Director to:

a) use the Strategic Plan to provide strategic direction to the Organization during 2020-2025 in order to advance the health-related Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, the 13th General Programme of Work of the World Health Organization, and other regional and global mandates;

b) use the programmatic priorities stratification defined in the Strategic Plan to inform resource allocation and coordination of resource mobilization efforts;

c) continue to implement the key country strategy through PASB technical cooperation, applying the results of the updated health needs index in order to close health gaps within and between countries;

d) continue to utilize joint monitoring and assessment tools, expand the collection of disaggregated data, as well as expand the use of the Regional Core Health Data and other existing information systems, to report on the implementation of the Strategic Plan and its program budgets;

e) undertake a comprehensive review of the lessons learned from the Strategic Plan 2014-2019 in order to further guide evidence-based health policies and interventions during the next six years;

f) report to the Directing Council on implementation of the Strategic Plan through biennial performance assessment reports in 2022 and 2024, with a final evaluation in 2026;

g) recommend to future Directing Councils any amendments to the Strategic Plan as may be necessary.

(Eighth meeting, 27 June 2019)

CE164.R19: Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030

THE 164th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CE164/19, Rev. 1);

Aware of the impact of health promotion efforts in the Region of the Americas and the achievements of models that go beyond the treatment of disease to enhance and maintain health, and recognizing the need for people to live in healthy settings that enable them to improve their own health and well-being;

Considering the need to continue to develop policies, programs, plans, and projects that integrate health promotion in an equitable and solidarity-based manner, that link with appropriate policies of other sectors, that leave no one behind, and that support the right to the enjoyment of the highest attainable standard of health and the achievement of universal health,

RESOLVES:

To recommend that the 57th Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON HEALTH PROMOTION WITHIN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS 2019-2030

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CD57/__), whose strategic lines call for strengthening healthy settings, enabling community participation and empowerment and civil society engagement, enhancing governance and intersectoral work to act on the social determinants of health, and strengthening health systems and services by incorporating a health promotion approach in order to improve the health and well-being of the populations of the Americas;

Recognizing the importance of renewing health promotion in the Region in the context of the Sustainable Development Goals, the Sustainable Health Agenda for the

Americas 2018-2030, the Strategy for Universal Access to Health and Universal Health Coverage, and the Strategic Plan of the Pan American Health Organization 2020-2025 in order to improve the health and well-being of the populations of the Americas,

RESOLVES:

1. To approve the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CD57/__).

2. To urge the Member States, in keeping with the objectives and indicators established in the Plan of Action, and considering their own contexts and priorities, to:

a) promote the implementation of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 in order to advance effectively in its implementation.

3. To request the Director to:

a) provide technical support to the Member States to strengthen national capacities on health promotion that contribute to the implementation of the Strategy and Plan of Action and the achievement of its objectives.

(Eighth meeting, 27 June 2019)

Decisions

CE164(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE164/1, Rev. 1).

(First meeting, 24 June 2019)

CE164(D2): Representation of the Executive Committee at the 57th Directing Council, 71st Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Canada and Peru, its President and Rapporteur, respectively, to represent the Committee at the 57th Directing Council, 71st Session of the Regional Committee of WHO for the Americas. The Committee appointed Barbados and Panama as alternate representatives.

(Eighth meeting, 27 June 2019)

IN WITNESS WHEREOF, the Delegate of Canada, President of the Executive Committee, and the Director of the Pan American Sanitary Bureau, Secretary ex officio, sign the present Final Report in the English language.

DONE in Washington, D.C., on this twenty-eighth day of June in the year two thousand nineteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

Michael Pearson
President of the
164th Session of the Executive Committee
Delegate of Canada

Carissa F. Etienne
Secretary ex officio of the
164th Session of the Executive Committee
Director of the
Pan American Sanitary Bureau

Annex A

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

2.1 Adoption of the Agenda and Program of Meetings

2.2 Representation of the Executive Committee at the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas

2.3 Draft Provisional Agenda of the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

3.1 Report on the 13th Session of the Subcommittee on Program, Budget, and Administration

3.2 PAHO Award for Health Services Management and Leadership 2019

3.3 Engagement with non-State Actors

3.4 Non-State Actors in Official Relations with PAHO

3.5 Annual Report of the Ethics Office for 2018

3.6 Annual Report of the Investigations Office for 2018

3.7 Report of the Audit Committee of PAHO

3.8 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

4.1 Proposed Strategic Plan of the Pan American Health Organization 2020-2025

4. PROGRAM POLICY MATTERS *(cont.)*

4.2 Proposed Program Budget of the Pan American Health Organization 2020-2021

4.3 PAHO Budget Policy

4.4 Scale of Assessed Contributions for 2020-2021

4.5 PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas

4.6 Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025

4.7 Plan of Action for Strengthening Information Systems for Health 2019-2023

4.8 Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030

4.9 Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030

4.10 Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025

4.11 Strategy and Plan of Action on Ethnicity and Health 2019-2025

4.12 Expanded Textbook and Instructional Materials Program (PALTEX)

5. ADMINISTRATIVE AND FINANCIAL MATTERS

5.1 Report on the Collection of Assessed Contributions

5.2 Financial Report of the Director and Report of the External Auditor for 2018

5.3 Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation

5.4 Report of the Office of Internal Oversight and Evaluation Services for 2018

6. PERSONNEL MATTERS

6.1 Amendments to the PASB Staff Regulations and Rules

6.2 PASB Human Resources Management

6.3 Statement by the Representative of the PAHO/WHO Staff Association

6. MATTERS FOR INFORMATION

7.1 Report on Strategic Issues between PAHO and WHO

7.2 Monitoring of the Resolutions and Mandates of the Pan American Health Organization

7.3 Implementation of the International Health Regulations (IHR)

7.4 Primary Health Care for Universal Health

7.5 Strategy and Plan of Action on Adolescent and Youth Health: Final Report

7.6 Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report

7.7 Progress Reports on Technical Matters:

A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review

B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report

C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

D. Cooperation for Health Development in the Americas: Progress Report

E. Plan of Action on Immunization: Progress Report

7. MATTERS FOR INFORMATION *(cont.)*

7.8 Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:

A. Seventy-second World Health Assembly

B. Subregional Organizations

7.9 PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Official Documents

Off. Doc. 357	Financial Report of the Director and Report of the External Auditor for 2018

Working Documents

CE164/1, Rev. 2 and CE164/WP, Rev. 1	Adoption of the Agenda and Program of Meetings
CE164/2	Representation of the Executive Committee at the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas
CE164/3	Draft Provisional Agenda of the 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas
CE164/4	Report on the 13th Session of the Subcommittee on Program, Budget, and Administration
CE164/5 y Add. I	PAHO Award for Health Services Management and Leadership 2019
CE164/6	Engagement with non-State Actors
CE164/7	Non-State Actors in Official Relations with PAHO
CE164/8	Annual Report of the Ethics Office for 2018
CE164/9, Rev. 1	Annual Report of the Investigations Office for 2018
CE164/10	Report of the Audit Committee of PAHO
CE164/11	Appointment of One Member to the Audit Committee of PAHO
CE164/12, Rev. 1, and Add. I	Proposed Strategic Plan of the Pan American Health Organization 2020-2025
CE164/13, Add. I and Add. II	Proposed Program Budget of the Pan American Health Organization 2020-2021

Working Documents (*cont.*)

CE164/14	PAHO Budget Policy
CE164/15	Scale of Assessed Contributions for 2020-2021
CE164/16	PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas
CE164/17	Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025
CE164/18	Plan of Action for Strengthening Information Systems for Health 2019-2023
CE164/19, Rev. 1	Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030
CE164/20	Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030
CE164/21	Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025
CE164/22	Strategy and Plan of Action on Ethnicity and Health 2019-2025
CE164/23	Expanded Textbook and Instructional Materials Program (PALTEX)
CE164/24 and Add. I	Report on the Collection of Assessed Contributions
CE164/25	Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
CE164/26	Report of the Office of Internal Oversight and Evaluation Services for 2018
CE164/27	Amendments to the PASB Staff Regulations and Rules
CE164/28	PASB Human Resources Management
CE164/29	Statement by the Representative of the PAHO/WHO Staff Association

Matters for Information

CE164/INF/1	Report on Strategic Issues between PAHO and WHO
CE164/INF/2	Monitoring of the Resolutions and Mandates of the Pan American Health Organization
CE164/INF/3	Implementation of the International Health Regulations (IHR)
CE164/INF/4, Rev. 1	Primary Health Care for Universal Health
CE164/INF/5	Strategy and Plan of Action on Adolescent and Youth Health: Final Report
CE164/INF/6	Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report
CE164/INF/7	Progress Reports on Technical Matters: A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report D. Cooperation for Health Development in the Americas: Progress Report E. Plan of Action on Immunization: Progress Report
CE164/INF/8	Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO: A. Seventy-second World Health Assembly B. Subregional Organizations
CE164/INF/9	PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States

Annex C

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Annex D

Report of the Virtual Meeting of the Executive Committee held on 27 August 2019

Opening of the Meeting

1. A virtual meeting of the Executive Committee of the Pan American Health Organization (PAHO) was convened on 27 August 2019 to continue the discussions on the proposed Strategic Plan of PAHO 2020-2025 (see paragraphs 73 to 88 of the final report of the Committee's 164th Session, Document CE164/FR).

2. Delegates of the following Members of the Executive Committee participated in the meeting, either in person at PAHO Headquarters in Washington, D.C., or online via Webex: Belize, Brazil, Canada, Colombia, Ecuador, Panama, Peru, and United States of America. Delegates of the following other Member States participated in an observer capacity: Argentina, Cuba, Dominican Republic, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).

3. Mr. Nicolas Palanque (Canada, President of the Executive Committee) presided, and Mr. Gerald Anderson (Director of Administration, PASB) served as Secretary ex officio and representative of PASB Director Dr. Carissa Etienne, who was unable to be present.

4. Mr. Palanque opened the meeting and welcomed participants. He explained that the purpose of the meeting was to review and try to reach agreement on a number of proposed revisions that had been put forward during the comment period between the end of the Committee's 164th Session on 28 June and 15 July. Changes that were agreed would be incorporated into the version of the document to be submitted to the 57th Directing Council. If it proved impossible to reach agreement on a proposed change, the text appearing in Document CE164/12, Rev. 1, would be retained. Any changes not agreed during the virtual meeting could be discussed further during the Directing Council. No new changes were to be proposed during the virtual meeting.

Proposed Strategic Plan of the Pan American Health Organization 2020-2025 (Document CE164/12, Rev. 1)

5. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) reviewed the background to the proposed Strategic Plan and the timeline for its development, recalling that a full draft of the Strategic Plan had been presented to the 13th Session of the Subcommittee on Program, Budget, and Administration (SPBA) in March 2019. The proposal had then been refined for the 164th Session of the Executive Committee session in June. A working group had been formed during the June session to review language that remained pending in some outcome scope statements. All but one of

the pending issues had been resolved by the working group, and the agreed language had been endorsed by the Executive Committee (see paragraph 85 of Document CE164/FR). Member States had been invited to continue submitting comments on the proposed Strategic Plan until 15 July. The United States of America had submitted several proposed changes and, after further review of some parts of the document, PASB had also proposed some changes.

6. A number of the proposed changes related to the "Health Context" section of the document. In paragraphs 20, 21, 39, and 40 of Document CE164/12, Rev. 1, the United States had proposed to delete the word "structural". In light of the discussion that took place during the meeting, the delegation of the United States subsequently withdrew its proposal in relation to a reference to "structural inequalities" in paragraph 40.

7. With regard to paragraph 20, which referred to "structural discrimination," the Delegate of the United States explained that his delegation had not been able to identify any internationally agreed definition of the term. His delegation also considered that it would be more inclusive simply to refer to "multiple and intersecting forms of discrimination," a term that would encompass interpersonal discrimination as well as more institutional forms of discrimination.

8. The Committee agreed to the deletion of "structural" in paragraph 20.

9. In relation to a reference to "structural inequalities" in paragraph 21, the United States delegation indicated that it could agree to retain the words "structural inequalities," but requested clarification of the origin of the definition of the term in footnote 6. Other delegations agreed that the origin of the definition, and the definition itself, should be clarified.

10. Dr. Anna Coates (Chief, Office of Equity, Gender, and Cultural Diversity, PASB) explained that the definition in the footnote had been derived from a literature review, which had indicated that the term was understood to encompass both interpersonal discrimination and more systemic, institutional forms of discrimination that could have adverse effects for particular groups in a society.

11. It was suggested that the Bureau should attempt to find agreed wording in a United Nations document and present a new proposed definition later in the meeting. Dr. Coates subsequently suggested the following definition, which had been derived largely from United National General Assembly Resolution 72/162,[1] entitled "Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situation of women and girls with disabilities"; the definition also contained elements derived from reports of the United Nations Working Group of Experts on People of African Descent and United Nations documents relating to climate change and inequalities:

[1] Document A/RES/72/162 (2017).

> Structural inequality is a state which arises when certain groups enjoy unequal status in relation to other groups, impacting upon access to physical and financial assets, quality health services, education, and employment and resulting from structural or systemic discrimination as reflected in hidden or overt patterns of discriminatory institutional behavior, discriminatory cultural traditions, discriminatory and negative social norms and attitudes and unequal power relations that view certain groups as subordinate to others.

12. The Committee agreed that proposed definition was an improvement over the definition included in Document CE164/12, Rev. 1. However, some delegations were of the view that only those elements that had actually been extracted from General Assembly Resolution 72/162 could be considered consensus language. After further discussion, the Committee decided to request the Bureau to present a revised version to the 57th Directing Council.

13. With respect to paragraph 39, which included a reference to "social, environmental, and structural determinants of health," the Delegate of the United States pointed out that the language agreed in the Rio Political Declaration on Social Determinants of Health (adopted at the World Conference on Social Determinants of Health in October 2011) was "social, economic, and environmental determinants." As there was no internationally agreed definition of the term "structural determinants," the United States delegation proposed that the language used in the Rio Declaration should be used in paragraph 39.

14. The Committee agreed that the expression "social, environmental, and structural determinants" in paragraph 39 should be replaced by "social, economic, and environmental determinants."

15. The delegation of the United States also proposed additional changes to paragraph 21 and other changes in paragraphs 22, 24, 28, 42, and 57 in the "Health Context" section. The proposed change in paragraph 28 was withdrawn after it was clarified that the wording appearing in Document CE164/12, Rev.1, had been discussed and agreed by the working group in June.

16. In paragraph 21, the United States' proposal was to revise "indigenous peoples, Afro-descendant and Roma populations" to read "indigenous, Afro-descendant and Roma populations" and to delete the phrase "and people with insecure migrant status" from the last sentence, which read: "These inequalities further marginalize groups with less social and economic power, such as women and girls, people living in situations of poverty, indigenous peoples, Afro-descendant and Roma populations, people with disabilities, and people with insecure migrant status, among others, while increasing opportunities for groups with greater social standing and power."

17. With regard to the first proposed change, the Delegate of the United States explained that, in contexts relating to human rights, legal advisors in his delegation preferred to focus on individuals rather than groups and would therefore prefer the term "indigenous persons"; however, the delegation could accept the word "populations." Other

delegations preferred to retain the term "indigenous peoples", with several noting that the term had a specific legal definition in their countries. In the interests of moving forward, the United States delegation agreed to withdraw its proposal.

18. With regard to the second proposed change in paragraph 21, the Delegate of the United States explained that, despite exhaustive research, his delegation had been unable to find any references to "people with insecure migrant status" in any internationally agreed texts. He suggested replacing the phrase with "migrant populations" or "migrants."

19. Other delegations expressed support for that proposal. It was pointed out that the World Health Assembly had recently adopted a decision[2] that referred to "refugees and migrants" and it was suggested that, for consistency, that language should be used. The Committee agreed to replace "people with insecure migrant status" with "refugees and migrants."

20. In paragraph 22, the United States proposed to delete the phrase "in political and economic agendas" from a sentence reading: "At national level, clear environmental public health governance processes have not been developed and given priority in political and economic agendas." The Delegate of the United States explained that his delegation found the phrasing unnecessarily limiting in describing the challenges and problems faced with regard to environmental health. He acknowledged that the issue had not been given sufficient priority in political and economic agendas, but pointed out that it had not been given enough priority in technical agendas, either.

21. Other delegations felt that it was important to highlight the lack of attention to environmental health issues in political and economic agendas, noting that that lack of attention had contributed to the lack of attention to environmental health in technical agendas. The Delegate of the United States said that, after hearing the persuasive arguments put forward by other delegations, his delegation would withdraw its proposed amendment.

22. With regard to paragraph 24, the United States proposed to delete "to meet the rights of all groups in an equitable manner" from a sentence reading: "Managing migration, especially sudden and large population movements, has prompted profound questions about the resilience and adaptive capacity of health systems in the Region to meet the rights of all groups in an equitable manner." The Delegate of the United States explained that his delegation preferred that the paragraph focus on health systems themselves and on strengthening health systems, both for the delivery of health services and for the achievement of better health outcomes for all people. He proposed that, rather than referring to the rights of all groups, reference might be made to the health needs of all groups.

23. Other delegations emphasized the importance of retaining a focus on equity. The Delegate of Brazil proposed the wording "to achieve equitable health access and coverage

[2] Decision WHA72(14) (2019).

in the Region," reflecting language used in the Strategy for Universal Access to Health and Universal Health Coverage[3] The Committee agreed to that wording.

24. In paragraph 42, the United States proposed to delete the word "migrant" from the last sentence, which read: "Therefore, the situation calls for a joint, concerted, and cross-national effort to promote and protect migrant health in close collaboration with all relevant sectors and actors." The Delegate of the United States explained that his delegation had proposed the change initially because it felt that the wording might be too limiting with regard to cross-national efforts to promote the health not only of migrants but also of surrounding communities; however, in the light of earlier discussions relating to migrant health, his delegation was prepared to withdraw the proposed deletion.

25. Other delegations agreed that it would be appropriate to highlight the need to protect the health not only of migrants but also of host populations. After further discussion, the Committee agreed that the wording should be amended to read: "Therefore, the situation calls for a joint, concerted, and cross-national effort to promote and protect the health of migrants and host populations in close collaboration with all relevant sectors and actors."

26. In relation to paragraph 57, the United States proposed to delete the phrase "and fulfill their rights" from a sentence reading: "Universal health and the achievement of health equity depend on the progressive elimination of geographic, economic, sociocultural, organizational, and gender barriers that hinder different groups from accessing quality health services that meet their needs and fulfill their rights." The Delegate of the United States explained that, while appreciating the rights-based approach underpinning the entire Strategic Plan, in paragraph 57 his delegation preferred to focus on health service delivery and health outcomes.

27. Other delegations pointed out that the right to health was enshrined in the constitutions and/or laws of a number of countries in the Region and considered that, for that reason, a reference to rights should be retained, although it was suggested that agreed language relating to rights from the Strategy for Universal Access to Health and Universal Health Coverage might be inserted. After further discussion, the Committee agreed to delete the phrase "and fulfill their rights" and, in line with the Strategy, to amend the end of the sentence to read: "…barriers that hinder different groups from having universal access to timely, quality health service that meet their needs."

28. In the "Risk Management" section of the Programmatic Framework for Results, the Bureau proposed several changes relating both to format and substance. With regard to format, PASB proposed to replace Table 2 in Document CE164/12, Rev. 1, with a list of risks, followed by a list of mitigation approaches, which would be presented in paragraphs 80 and 81, respectively. Mr. Gerald Anderson (Director of Administration, PASB) explained that the change was proposed in order to align the formatting with that of the

[3] See Document CD53/5, Rev 2 and Resolution CD53.R14 (2014).

Strategic Plan 2014-2019 and because the Bureau had realized that several of the mitigation approaches related to more than one risk.

29. The Bureau also proposed the addition of a new paragraph 83, which would read:

> Continued improvements in the PASB Management Information System (PMIS) ensure transparency and accountability across all organizational levels, supporting the first line of accountability — represented by managers and personnel — and proactively enhancing the second line of accountability, represented by risk management, internal controls, and compliance, complemented by independent reviews by PASB's oversight functions.

30. The Committee agreed to the change in format. It also agreed to the addition of the new paragraph 83, with two changes in wording: "ensure transparency and accountability" would be amended to read "enable transparency and accountability," and the wording at the end would be slightly reordered to read "represented by internal controls, risk management, and compliance, complemented by independent reviews by PASB's oversight functions." The Committee raised several questions in relation to the proposed wording in the list of risks in paragraph 80 and asked the Bureau to refine the language and present a revised proposal to the 57th Directing Council.

31. In the list of mitigation approaches in paragraph 81, the United States delegation had proposed to delete a reference to health equity in subparagraph (b), but in light of the earlier discussion on equity, the delegation withdrew the proposal.

32. An additional set of proposed changes related to various outcome scope statements and indicators. The Bureau proposed to revise outcome indicator 1.b to read "Number of countries and territories that have strengthened the response capacity of the first level of care," rather than "Number of countries and territories that have implemented strategies to strengthen the response capacity of the first level of care." Several delegations questioned the proposed change, which they felt would transform the indicator from an outcome indicator to an impact indicator. They also wondered how strengthening of the response capacity of the primary care level would be measured.

33. Dr. Hernán Luque (Regional Advisor on Health Services, Department of Health Systems and Services, PASB) explained that the idea was to clarify the desired outcome, which was strengthening of the response capacity of the primary care level. The fact that countries had implemented a strategy might not necessarily indicate that they had achieved that outcome. As to how the strengthening of response capacity would be measured, Dr. Luque explained that the technical specifications for the indicator would include eight elements that could be used to measure the extent to which the outcome had been achieved. He also explained that an impact indicator would measure a result such as a reduction in maternal mortality or in years of healthy life lost.

34. Mr. Chambliss added that the aim was to shift the focus from simply implementing a strategy to a broader approach to strengthening response capacity, as measured by the eight elements.

35. Some delegations supported the proposed change, while others stated that they could not agree to the change until they had reviewed the technical specifications. As the Committee was unable to reach consensus, it decided that the wording would be left as it appeared in Document CE164/12, Rev. 1. The matter could be discussed further during the 57th Directing Council.

36. Mr. Chambliss said that the Bureau would endeavor to circulate the compendium of indicators prior to the Directing Council. He noted that the compendium was not a formal Governing Bodies document, but it would be helpful to Member States in analyzing the proposed indicators.

37. In the scope statement for outcome 8 (Access to health technologies), the United States proposed to add the words "in particular where existing market mechanisms fail to provide incentives for research and development" at the end of a sentence reading: "With a view to containing costs within health systems, adopt comprehensive strategies that improve affordability and foster competition, such as multisource and generic strategies; mechanisms to encourage the use of effective lower-cost medical products in lieu of more costly ones of little or no added value; and actions that promote, among other innovative mechanisms, when possible, the delinkage of the cost of research and development from the final price of medicines."

38. The Delegate of the United States explained that his delegation had initially proposed to delete any reference to delinkage, which was a complex issue with aspects relating to trade and industry, which fell well outside the remit of health ministries and the health sector. His delegation recognized, however, that were significant market failures that were hindering adequate access to medicines for all and could agree to retain the reference to delinkage if the proposed amendment was added.

39. The Committee agreed to the proposed amendment.

40. The Bureau proposed to delete the words "the entire" from outcome indicator 10.b, which read: "Number of countries and territories that have allocated at least 30% of the entire public investment in health to the first level of care." Mr. Chambliss explained that the Bureau had initially proposed to change the word "investment" to "expenditure," but had then reverted to "investment" in response to concerns raised by some Bureau staff.

41. One delegate pointed out that the technical specifications for the indicator referred to "expenditure," not "investment." Her delegation preferred to retain the word "expenditure." Another delegate expressed support for the proposed change, but noted that while some countries might have a formula for calculating the amount invested or spent at the first level of care, others would rely on indirect methods of calculation. She suggested that the indicator should reflect that fact. A third delegate wondered whether the focus on

public expenditure/investment—to the exclusion of private expenditure/investment—was too narrow.

42. Ms. Claudia Pescetto (Regional Advisor on Health Economics and Financing, Department of Health Systems and Services, PASB) said that the Department had recommended that the indicator should refer to "expenditure" in order to be consistent with the Strategy for Universal Access to Health and Universal Health Coverage, which called for a level of public health expenditure amounting to 6% of gross domestic product. Moreover, "expenditure" was considered a more precise term than "investment," which could be open to interpretation. The indicator was intended to measure only public expenditure mainly because private spending—a large component of which was out-of-pocket spending by health service users—was seen as the most inequitable source of health financing. With regard to the method of calculation, the Bureau proposed to use the System of Health Accounts 2011 (SHA 2011) methodology.

43. The Committee agreed that the outcome indicator 10.b should read: "Number of countries and territories that have allocated at least 30% of the public expenditure in health to the first level of care." The Committee also agreed to the addition of the following footnote relating to the calculation methodology, proposed by the Delegate of Brazil: "The methodology for calculating the 30% value may vary according to the national context, depending on the primary health care structure in each country.

44. The Bureau proposed to consolidate outcome indicators 22.a, b, and d into a single indicator 22.a, which would read: "Number of countries and territories implementing a funded policy, strategy, and/or agenda on research and innovation for health." Indicator 22.c would remain the same but would be renumbered as indicator 22.b.

45. The Committee welcomed the simplification of the indicator and agreed to the Bureau's proposal.

46. Both the Bureau and the United States made proposals concerning Outcome 23 (Health emergencies preparedness and risk reduction). The United States proposed to add the words "as measured using the IHR Monitoring and Evaluation Framework and associated tools" at the end of outcome indicator 23.b, which read: "Number of States Parties meeting and sustaining International Health Regulations (IHR) requirements for core capacities." The Bureau's proposal was to add the following footnote to paragraph 37, which related to compliance with the IHR provisions and reporting to the World Health Assembly: "The IHR Monitoring and Evaluation Framework (IHR MEF) includes one mandatory component, namely the State Party Annual Report, and three voluntary ones: After-Action Review of Public Health Events, Simulation Exercises, and Voluntary External Evaluations."

47. The United States delegation favored the approval of both proposals. Other delegations supported the addition of the footnote, but did not support the proposed amendment to the outcome indicator because the technical specifications for the indicator did not mention the IHR Monitoring and Evaluation Framework.

48. The Committee agreed to maintain the existing wording of outcome indicator 23.b and to add the footnote proposed by the Bureau to paragraph 37.

49. Mr. Chambliss reiterated that all agreed changes would be incorporated into the version of the proposed Strategic Plan to be presented to the 57th Directing Council. Mr. Palanque expressed appreciation for the high level of engagement and flexibility shown by all participants and then declared the meeting closed.

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