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## REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

### Introduction

1. This report responds to a request from Member States during the 29th Pan American Sanitary Conference in 2017 to review key strategic issues in the relationship between the Pan American Health Organization (PAHO) and the World Health Organization (WHO). Subsequently, the Pan American Sanitary Bureau (PASB or the Bureau) has presented regular reports on strategic issues between PAHO and WHO at the meetings of the Governing Bodies of PAHO. The first report was presented to the 56th Directing Council in 2018 *(1)*. A report was prepared for the Subcommittee on Program, Budget, and Administration (SPBA) in March 2020, with updates on relevant issues up to January 2020. However, given the extraordinary circumstances presented by the COVID-19 pandemic, the SPBA meeting was canceled, and this item was not included in subsequent meetings of the Governing Bodies in 2020. Therefore, this report provides an update on strategic issues between PAHO and WHO from January 2019 to June 2021, with a focus on matters related to: *a)* governance, *b)* programmatic and managerial aspects, and *c)* key technical areas in which PAHO maintains ongoing collaborations. This report takes into consideration the feedback and recommendations from Member States provided during Governing Bodies meetings.

### Governance

2. A selection of key decisions, resolutions, and reports discussed at the 74th World Health Assembly in May 2021 is provided below. An interim analysis of the implications of the 74th World Health Assembly resolutions and decisions related to emergency preparedness and response was provided by the Bureau to Ministers of Health during the monthly update on the COVID-19 pandemic response, held on 3 June 2021.

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\*  This version contains minor adjustments in paragraphs 4 and 22.

*Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response*

3.      National authorities from selected PAHO Member States, as well as some PASB staff members, were interviewed by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (hereinafter, the "IHR Review Committee"). PASB collaborated with the WHO Secretariat in supporting the work of the IHR Review Committee. An analysis of the findings and recommendations presented to the 74th World Health Assembly by the IHR Review Committee *(2)* is provided in Document CE168/INF/3, Implementation of the International Health Regulations *(3),* to be presented at the 168th Session of the Executive Committee.

*Resolution on Strengthening WHO Preparedness for and Response to Health Emergencies*

4.      In addition to the negotiations taking place among WHO Member States on the drafting of the proposed resolution on strengthening WHO's global health emergency preparedness and response, PASB held six virtual sessions between February and May 2021 to facilitate dialogue among PAHO Member States. Considerations related to the resolution adopted by the 74th World Health Assembly, Strengthening WHO preparedness for and response to health emergencies (Resolution WHA74.7 [2021]) *(4)*, are addressed in Document CE168/INF/3, Implementation of the International Health Regulations *(3)*.

*Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme*

5.      PAHO has contributed to the respective reports presented by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) to WHO Governing Bodies. Updates on the PAHO response to the COVID-19 pandemic and the overall progress of the Health Emergencies program in the Americas since its establishment in 2016 were provided to WHO and were included in the WHO submission to the IOAC.  In this regard, PAHO also participated in various IOAC meetings between August and September 2020.

*Independent Panel for Pandemic Preparedness and Response*

6.      PASB provided an overview to the Independent Panel for Pandemic Preparedness and Response (IPPPR) regarding the processes followed in the Americas to develop, distribute, monitor, and evaluate recommendations on pandemic preparedness and response in general and in relation to the COVID-19 pandemic in particular. The Director of PAHO was interviewed as part of the IPPPR consultations. An analysis of the findings and recommendations presented to the 74th World Health Assembly by the IPPPR in its Main Report *(5)* is provided in the report on the implementation of the International Health Regulations (Document CE168/INF/3) *(3)*.

**Programmatic and Managerial Aspects**

*WHO Transformation Agenda*

7.      The COVID-19 pandemic has reinforced the need for WHO to fulfill its three-level transformation in order to be more fit for purpose and to carry out the changes needed to deliver impact at country level. PAHO has engaged in comprehensive reform in the past and has shared with WHO the experiences and lessons learned of the Region of the Americas with regard to strategic planning, results-based management, joint accountability, and joint prioritization with Member States, among others. PASB technical staff are actively participating in, and contributing to, the global discussions through technical networks responsible for WHO Thirteenth General Programme of Work (GPW13) implementation and planning, monitoring, and assessment of results,[1] as well as the development of initiatives such as the Global Strategy on Digital Health (2020-2025). PASB has been participating in the biweekly meetings of the Global Taskforce for Transformation and has contributed to the WHO progress reports to Member States. Furthermore, PASB staff have participated in the evaluation of the WHO Transformation. Additional examples of collaboration on transformation are provided in the Annex.

*Country Focus*

8.      In line with the global Country Focus Policy, PAHO has contributed since the inception of the Country Cooperation Strategy (CCS) concept to the development and periodic updating of the CCS guidelines, ensuring they reflect regional and country contexts.

9.      The WHO Country Cooperation Strategy Guide 2020 *(6)* was launched in January 2020. PAHO embarked on a process of adapting the CCS guide to its needs. WHO has initiated a process of updating the CCS guide to be more responsive to countries' needs, more impact-oriented, relevant, innovative, concise, and mobile-friendly. This process is expected to be completed by the first half of 2022. Nevertheless, in 2020-2021 PAHO carried out an internal review of the timeliness, quality, and alignment of the CCS with the corporate planning process.

10.     As the WHO Regional Office for the Americas, PAHO contributes to the biennial report on WHO's presence in countries, territories, and areas. The 2021 WHO Country Presence Report *(7)* outlines the main aspects of technical cooperation with Member States to improve health and well-being. The 2021 report includes a section on the WHO's support in preparedness and response to the COVID-19 pandemic.

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[1]   To effectively and efficiently operate across its three levels and to drive progress toward the "triple billion" targets of the GPW13, WHO has established networks in which PAHO participates, including the Strategic Priority Coordination Group, Output Delivery Teams, and Technical Expert Networks.

*Updates on the WHO Thirteenth General Programme of Work, 2019-2023*

11.     Since the inception of the Results Framework of the WHO Thirteenth General Programme of Work 2019-2023 (GPW13) in 2017 *(8)*, PAHO has followed closely and contributed to its development, refinement, and application. At the 57th Directing Council in 2019, PAHO held the first regional consultation on the review of the GPW13 Results Framework *(9)*. PAHO is committed to supporting Member States in the Region of the Americas to track progress, and has worked with WHO and countries to deliver regional data and information inputs for the indicators contributing to the "triple billion" targets and programmatic indicators, as well as for the output scorecard and country case studies, which together constitute the GPW13 Results Framework.

12.     PASB participated in the WHO Programme Budget 2020-2021 Midterm Review (MTR), the first full assessment of the Results Framework to Member States, including in the roll-out of the output scorecard and the contribution of country case studies. The full MTR report was presented to the 74th World Health Assembly *(10)*. As a means of tracking progress toward achieving the GPW13 "triple billion" targets, WHO has initiated periodic internal "Stocktake" exercises involving the participation of all Regions. As highlighted by Member States during the 74th World Health Assembly, there is a need to redouble efforts to close the gaps and to prioritize the strengthening of health information systems. This is also a priority identified by PAHO Member States, as reflected in the PAHO Strategic Plan 2020-2025 and Program Budgets.

13.     Additionally, PAHO has supported technical consultations and provided guidance to Member States on validating and uploading country-level data and supporting information into the "triple billion" dashboard. PAHO also worked with WHO to support a pilot Delivery for Impact initiative designed to build capacity among eight Member States around the world, including Paraguay, to problem-solve and more effectively plan and implement priority national health programs. This initiative is an example of all three levels working together to improve health outcomes.

14.     The Programme Budget 2022-2023 was approved by the 74th World Health Assembly in May 2021 (Resolution WHA74.3) *(11)*. Among the provisions of the Resolution, the Director-General was to submit to the 75th World Health Assembly in 2022 a request to extend the end date of the GPW13 from 2023 to 2025. This would provide additional time for tracking and measuring changes at impact and outcome levels and facilitate alignment with the United Nations and PAHO planning periods. PAHO will continue to coordinate closely with WHO and Member States to conduct any necessary revisions of the GPW13 Results Framework, taking into consideration regional and country contexts, and to collaborate on the monitoring and reporting thereof.

*Updates on WHO Budget and Financing 2020-2021 (WHO Portion of the PAHO Program Budget)*

15.    According to the Mid-term Review of the Programme Budget 2020–2021 (see table 1 of document A74/28), total financing of the WHO Programme Budget 2020-2021 as of 31 December 2020 was US$ 7.16 billion[2] (123% of the WHO Programme Budget) *(10)*. This is largely explained by the financing received for the emergency operations and appeals segment. The base programs were financed in the amount of $3.6 billion (95% financing of approved budget).

16.    The WHO Programme Budget 2020-2021 included a $215.8 million approved budget for the Regional Office for the Americas (AMRO) base programs; of this amount, AMRO has received $138.3 million as of 2 June 2021. This has resulted in a financing gap of 36% for the Region. Table 1 below provides an updated overview of the financing situation across major offices for 2020-2021, as of 1 June 2021.

**Table 1. WHO Programme Budget 2020-2021**
**Funding Levels across Regions for Base Programs, as of 1 June 2021**
**(US$ millions)**

| Major Office | Approved PB | WHO Flexible Funding | WHO Voluntary Contributions | Total WHO Funds Received | % Total (Received/ Approved PB) |
|---|---|---|---|---|---|
| AMRO | 215.8 | 104.1 | 34.3 | 138.3 | 64% |
| AFRO | 992.4 | 306.2 | 462.3 | 768.5 | 77% |
| EMRO | 391.2 | 138.7 | 194.4 | 333.0 | 85% |
| EURO | 277.9 | 100.9 | 143.4 | 244.3 | 88% |
| SEARO | 388.5 | 150.0 | 167.8 | 317.7 | 82% |
| WPRO | 309.2 | 115.5 | 121.8 | 237.3 | 77% |
| WHO HQ | 1,193.7 | 593.7 | 868.0 | 1,461.7 | 122% |
| **Total** | **3,768.7** | **1,508.9*** | **1,991.9** | **3,500.9*** | **93%** |

 *  Number has been rounded.

17.    PAHO has participated in global discussions with WHO on the design and implementation of the Contributor Engagement Management (CEM) system, a global tool intended to contribute to a more efficient and coordinated approach for managing the Organization's relations with donors and partners across the regions. The online CEM system is one of the concrete deliverables of the WHO Transformation to support increased flexible and predictable financing to deliver on the strategic priorities of the GPW13 and contribute to the health-related Sustainable Development Goals (SDGs) *(12)*. AMRO has also been participating in the Global Resource Mobilization Coordination Team, composed of

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

representatives from regional offices, in order to articulate actions and exchange information on and experiences of resource mobilization.

### *WHO Programme Budget 2022-2023*

18.     The WHO Programme Budget 2022-2023—the second Programme Budget under the GPW13—was approved by the 74th World Health Assembly in May 2021 *(11)*, incorporating the preliminary recommendations of the Independent Panel for Pandemic Preparedness and Response (IPPPR), the IHR Review Committee, and other ongoing assessments of WHO's pandemic response. The overarching theme is "Building Forward Better," with four key areas of focus: *a)* rethink health emergency preparedness and readiness and bolster response capacities to health emergencies; *b)* build resilience through primary health care-oriented health system strengthening and the health security nexus; *c)* advance WHO's leadership in science and data; and *d)* get back on track and accelerate progress toward the "triple billion" targets and those of the SDGs. These themes have been incorporated into the proposed PAHO Program Budget 2022-2023 submitted to the 168th Session of the Executive Committee (Document CE168/8) *(13)*.

19.     The approved WHO Programme Budget 2022-2023 is $4.36 billion for base programs, representing a 16% increase from $3.77 billion for 2020-2021. The increase is based on identified needs, mainly to address the lessons learned from the COVID-19 pandemic and implement WHO Transformation and new initiatives (e.g., WHO Academy, Global Strategy on Digital Health, Efficiency Agenda).

20.     In the WHO Programme Budget 2022-2023, AMRO's proposed budget allocation for base programs in 2022-2023 is $252.6 million, a 17% increase from $215.8 million in 2020-2021. This budget represents 5.78% of WHO's total budget for base programs. For comparison purposes, the second-lowest WHO Region in terms of budget is the Regional Office for Europe (EURO), which accounts for 7.34% of base programs. In addition to base programs, WHO has assigned AMRO $4.5 million for special programs and $13 million for emergency operations and appeals, for a total program budget of $269.9 million for the Region of the Americas.

21.     PASB provided the required regional information to WHO during the development of the Programme Budget 2022-2023 through the bottom-up planning process. A revised version of the WHO Programme Budget 2022-2023, incorporating the findings of independent reviews and the recommendations of the Working Group on Sustainable Financing, and in consultation with the upcoming Regional Committees, will be presented for the consideration of the 75th World Health Assembly in 2022. PASB will continue to collaborate with WHO and Member States during these consultations.

### *Sustainable Financing*

22.     Following the Executive Board Decision EB148(12), Sustainable Financing *(14)*, the Member State Working Group on Sustainable Financing (MSWG) was established with the objective of enabling WHO to have the robust structures and capacities needed to fulfill its

core functions as defined in its Constitution. Ongoing deliberations have focused on developing a high-level, systemic approach to identify the essential functions of WHO that should be funded in a sustainable manner, incorporating equity considerations. PAHO Member States actively participated in the first two MSWG meetings, and PASB has supported the process and briefed Member States during a meeting of the Group of the Americas in the context of the 74th World Health Assembly, where the report on the first and second meetings of the MSWG was presented *(15)*. The third MSWG meeting is scheduled for the end of June 2021 and will consider the resolutions and decisions of the 74th World Health Assembly (including recommendations from the IPPPR, IHR Review Committee, and the IOAC).

### *Updates on the Implementation of the Framework of Engagement with Non-State Actors in the Region*

23.     In accordance with Resolution CD55.R3 (2016), PAHO has continued to implement the Framework of Engagement with Non-State Actors (FENSA) *(16)*. PAHO proactively engages with a broad range of non-State actors to support Member States and fulfill the Organization's mission, and FENSA provides the basis for doing so. Through FENSA, PAHO seeks to maximize the value added through non-State actor engagement, while protecting the integrity, independence, and reputation of the Organization. PAHO coordinates closely with the WHO Secretariat to ensure the coherent and consistent implementation of FENSA. PAHO frequently exchanges information and best practices with the WHO Secretariat, and continues to support the WHO Secretariat's response to the 2019 Initial Evaluation of FENSA and the review of guidance documents for staff and non-State actors. PAHO is also assessing relevant internal policies and procedures to maintain alignment with WHO, while taking into account PAHO's legal status and Constitution. PAHO has relaunched its FENSA training program to increase awareness, strengthen the capacity of PAHO personnel, and enhance buy-in across the Organization.

### Key Technical Areas

24.     In line with global strategies that focus on primary health care and equity approaches to advance universal health, PAHO is working with countries to identify strategic approaches to improve their health systems, with an emphasis on addressing more equitable delivery of health services, which is critical to protecting the health of the most vulnerable populations. The following provides updates on key areas of ongoing technical collaboration with WHO.

### *COVID-19 Response*

25.     The rapidly evolving nature of the COVID-19 pandemic has required PAHO to work closely with WHO to implement an agile and adaptive mechanism, within an adjusted work environment influenced by travel restrictions and social distancing, in order to respond to the pandemic affecting all countries and territories in the Region of the Americas. The call for equity and solidarity at the global level has also been highlighted by the Director and Member States in the Region, both to face the immediate challenges and to recover from the pandemic. Since the early days of the outbreak in mid-January

2020, and in response to the quickly evolving situation in all countries and territories in the Americas, the Organization has been providing critical leadership, utilizing a response strategy fully aligned with WHO's Strategic Preparedness and Response Plan (3 February 2020) *(17)* and COVID-19 Strategy Update (14 April 2020) *(18)*. PAHO also contributed to the preparation of this Strategic Preparedness and Response Plan and Strategy Update.

26.     To complement local PAHO resources, where available, regional-level resources have been used to provide support to all 51 countries and territories in the Region. Actions have been implemented thanks in large part to more than $117 million received from WHO, representing over 50% of PAHO funding made available for the response in the Americas. PAHO and WHO have also maintained close coordination and engagement at different levels to strategize and respond to the pandemic. This has included actions at the leadership and management level, through the regularly scheduled meetings of the WHO Health Security Council, WHO Global Policy Group, and WHO Health Emergencies Programme Directors; at the operational level, through the COVID-19 Incident Managers weekly meetings; and at the technical level, for the development and roll-out of strategies, guidelines, recommendations, and mechanisms.

27.     PAHO has also been involved in the roll-out and use of WHO-managed platforms, including the COVID-19 Partners Platform and COVID-19 Supply Chain System (CSCS). The Region of the Americas witnessed substantial challenges with the CSCS platform, logistics, funding interfaces, access to selected diagnostics, and quality control/quality assurance regarding selected goods. However, the CSCS was one of the very few sources from which the countries of the Americas could access PPE, diagnostics, and equipment during 2020. PAHO worked around the clock with WHO and with its partners and suppliers to ship 41.1 million surgical masks and respirators, over 366,000[3] goggles, 2.29 million gowns, and 6.73 million gloves to 35 countries and territories (as of 15 May 2021); almost 86% of this material was acquired through the CSCS. The Organization also worked with regulatory authorities to ensure that medical equipment, supplies, and PPE met WHO standards.

28.     Additional information on the Region's response is available in the Update on COVID-19 in the Americas, also to be presented at the 168th Session of the Executive Committee *(19)*. As governments start planning to roll out vaccines and as the virus continues to spread, PAHO continues to coordinate closely with WHO while working alongside governments to ensure that health systems are prepared for what will be the largest-scale vaccination campaign this Region has ever seen.

*COVAX Facility*

29.     The COVID-19 Vaccine Global Access (COVAX) Facility (hereinafter "COVAX") is the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator and the globally coordinated mechanism to provide equitable access, risk pooling, and

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[3]  This number reflects total numbers already shipped to countries and not total numbers purchased.

affordable options for all participating countries. Thirty-five countries and territories in Latin America and the Caribbean (LAC) have signed agreements with COVAX, of which 31 have received approximately 19.7 million doses of the COVID-19 vaccine as of 5 June 2021. The target for COVAX participants is to have sufficient supply of vaccines to vaccinate approximately 20% of their high-risk population—or less, if their participation ratio is less—by the end of 2021. This amounts to around 100 million people in the region. However, higher vaccination coverage levels are needed to control the pandemic.

30.     Globally, there are two main groupings of COVAX participants: *a)* self-financing countries and territories, of which there are currently 93,[4] and *b)* countries and territories eligible for Advance Market Commitment (AMC) support, of which there are 92. Countries and territories from LAC represent 33% of the globally projected procurement volume for self-financing countries, but only 1.4% of the procurement volume for AMC Eligible economies. PASB estimates that for a typical country in LAC, the initial cost burden of the new COVID-19 vaccine could be 12 to 18 times the country's annual national immunization budget. To acquire sufficient vaccine for 20% of their total population – the volume to cover the groups considered to be at highest risk – it is anticipated that countries will need to invest up to three times their annual immunization budgets in 2021.

31.     As a participant entity of COVAX, PAHO continues to support Member States in accessing the vaccines made available by COVAX through the PAHO Revolving Fund for Access to Vaccines. PAHO is also working with WHO to assist Member States in meeting all the readiness requirements, including legal, regulatory, operational, financial, and programmatic considerations to ensure equitable access to COVID-19 vaccines.

*Other key technical initiatives*

32.     In addition to the joint collaboration described above, efforts continue to implement the GPW13 and PAHO Strategic Plan 2020-2025. Below is a selection of examples:

a)     The Bureau has supported the development of the WHO Academy, which aims to deliver advanced digital and classroom learning to health workers around the globe, leveraging the capacity of reference universities and other WHO partners to develop relevant capacity-building material. The Academy is working with and learning from the PAHO Virtual Campus for Public Health. It is expected that the partnership with WHO will continue and expand as the Campus continues to grow and consolidate its position as the regional digital learning hub on public health in the Americas.

b)     PAHO has engaged in the global discussion on digital health, including in actions and co-creation of public goods for digital contact tracing, smart vaccination

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[4]   The full list of participating economies as of 12 May 2021 is available from:
    https://www.gavi.org/sites/default/files/covid/pr/COVAX_CA_COIP_List_COVAX_PR_12-05-21.pdf.

certificates, critical data management, coding using the 11th Edition of the International Classification of Diseases (ICD-11), and telemedicine.

c) At the request of WHO, PAHO contributed to the development of the global database for scientific literature on COVID-19 (WHO COVID-19). The COVID-19 Institutional Knowledge Intranet Repository (IKR) was developed in April 2020 to collect, manage, preserve, store, and deliver information regarding the Organization's response to the COVID-19 pandemic.

d) As part of the global response to the COVID-19 pandemic, PAHO released the 21st Ongoing Living Update of Potential COVID-19 Therapeutics Options on 27 May 2021 *(20)*. This resource constitutes a database of evidence on 110 potential therapeutic options for COVID-19, helping investigators, policymakers, and prescribers navigate the flood of relevant data.

e) PAHO and WHO work together to support Member States in strengthening mortality estimates in the region, addressing the delay in annual reporting due to the COVID-19 pandemic, and supporting Member States in conducting rapid assessments of excess mortality by developing tools to estimate the full scale of mortality from COVID-19.

f) PAHO has collaborated in the publication of the annual World Health Statistics Report: Monitoring Health for the SDGs, most recently in 2021 *(21)*. PAHO is the focal point for the Americas for the WHO SDG Global Action Plan for Healthy Lives and Well-being for All and has been active in the development and implementation of the Decade of Healthy Aging 2021-2030 alongside WHO.

g) PAHO and WHO have continued collaboration to strategize and respond more comprehensively to Member States' needs in terms of noncommunicable disease prevention and control, including synthesizing evidence and disseminating knowledge and guidance documents on NCDs and COVID-19, modeling data to determine the populations with underlying chronic conditions at high risk of COVID-19, and collecting information on NCD service disruptions. PAHO has contributed to developing and implementing various global NCD initiatives, including the Global HEARTS initiative to improve hypertension control, the Global Diabetes Compact to strengthen diabetes care, the Global Strategy to Accelerate the Elimination of Cervical Cancer, the Global Breast Cancer Initiative, and the Global Childhood Cancer Initiative.

h) PAHO was the first regional office to receive earmarked funds from the Bloomberg Philanthropies grant for tobacco control. PAHO will receive a total of $1.2 million for 2021-2022 to scale up its Tobacco Control Program during and post COVID-19 through expanded technical assistance in targeted countries (Bolivia (Plurinational State of), Brazil, Jamaica, Mexico, Peru, and Uruguay) undergoing legislative or regulatory processes aimed at complying with the WHO Framework Convention on Tobacco Control.

i)    PAHO and WHO, in collaboration with the United Nations Development Programme, developed a program to support Guyana, Suriname, and Trinidad and Tobago to strengthen suicide prevention efforts from a multisectoral perspective.

j)    The agenda for the elimination of communicable diseases has been a priority area of action for PAHO/WHO coordination. In February 2021, El Salvador became the first country in Central America to be awarded a certification of malaria elimination by WHO. In April, Dominica received WHO certification for achieving the dual elimination of mother-to-child transmission of HIV and syphilis. Actions continued toward the elimination of priority communicable diseases and related conditions by 2030 through the PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Resolution CD57.R7 [2019]) *(22)*. PAHO participated actively in the formulation of the WHO Neglected Tropical Diseases Roadmap 2021-2030 *(23)* approved by the 73rd World Health Assembly in November 2020 and will adapt and implement it in the Americas.

k)    Beginning in November 2019, PAHO became the lead implementer of a three-year project on fighting antimicrobial resistance (2020-2022), funded by the European Union and jointly coordinated by the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health.

l)    PAHO and WHO have maintained close coordination on the implementation of the WHO Global Strategy on Health, Environment, and Climate Change *(24)* and the WHO Special Initiative on Climate Change and Health in Small Island Developing States *(25)*. Under the umbrella of the Global Strategy, PAHO has developed the Agenda for the Americas on Health, Environment, and Climate Change 2021-2030 to be launched later in 2021. PAHO has also secured funding through WHO from the Green Climate Fund for readiness projects in the Americas.

m)   PAHO places significant emphasis on mainstreaming equity, gender, ethnicity, and human rights, in line with WHO's mainstreaming of gender, equity, and human rights approaches in health. The implementation of the regional Strategy and Plan of Action on Ethnicity and Health 2019-2025 *(26)* is a unique contribution to the global health agenda of leaving no one behind. PAHO is also collaborating on the global corporate evaluation of the integration of gender, equity, and human rights into the work of WHO. Finally, monitoring of mainstreaming efforts has improved with the introduction of new mechanisms, including the WHO output scorecard.

**Action by the Executive Committee**

33.   The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

Annex

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**Annex: Examples of PAHO participation in WHO Transformation**

| Major transformation workstreams | Examples of PAHO participation |
|---|---|
| **Impact-focused, data-driven strategy** | • Development of methods for monitoring SDG3 indicators and their inequalities at regional, subregional, and national levels, and application in countries.<br>• Contribution to the development of the Global Strategy on Digital Health |
| **Collaborative and results-focused culture** | • Participation in the development, refinement, and application of the GPW13 Results Framework<br>• PAHO Strategic Plan 2020-2025 developed in line with GPW13, the SDGs, and the Sustainable Health Agenda for the Americas 2018-2030<br>• Implementation of the WHO output scorecard methodology for the WHO Results Report, Programme Budget 2020-2021 Mid-term Review (presented to the 74th World Health Assembly) |
| **Best-in-class processes** | • Increased advocacy for universal access to health and universal health coverage, including participation in the global movement for the renewal of primary health care<br>• Reached the $1 billion mark in annual procurement in 2019, becoming one of the top 10 United Nations agencies carrying out procurement activities<br>• Pilot of Robotic Process Automation Implementation to introduce new technologies for procurement and supply chain management |
| **Aligned, three-level operating model** | • PAHO technical staff participation in global discussions through technical networks for GPW13 implementation and planning, monitoring, and assessment of results |
| **New approach to partnerships** | • Joint agreement with the International Organization for Migration to scale up coordinated interventions to support countries of the Americas in addressing health and migration, while leaving no one behind<br>• PAHO and the Economic Commission for Latin America and the Caribbean (ECLAC) joint report on the convergence between health and the economy within the context of the COVID-19 pandemic<br>• PAHO Partnership Portal |
| **Predictable and sustainable financing** | • Contributed to the design and implementation of the Contributor Engagement Management (CEM) system<br>• Strengthened resource-mobilization capacities at all levels through the development of strategic documents, workshop, courses, and tools on conducting negotiations |
| **Motivated and fit-for-purpose workforce** | • Continued implementation of the Leadership and Management Program to equip current managers with managerial knowledge, best practices, and tools<br>• Participation in values charter and pulse survey |

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