54th DIRECTING COUNCIL

67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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WHO REFORM

Introduction

1.   The current WHO Reform process that began in 2011 continues into 2015. This process has progressed from an analysis and development phase into a period of implementation and embedding of the changes within WHO. This document summarizes the WHO Reform progress report presented by the WHO Secretariat to the World Health Assembly (WHA) in May 2015 (Annex A), and highlights key reforms relevant to the Pan American Health Organization (PAHO) (Annex B).

2.   The broad objectives of the programmatic, governance, and managerial streams of WHO Reform are: to improve health; to increase coherence in global health; and to pursue organizational excellence. Programmatic reforms are anchored in the development of agreed upon global health priorities—which are organized into six categories of work, as defined in the WHO Twelfth General Program of Work (2014-2019)—and are intended to increase the level and predictability of financing and to enhance the results-based management of the biennial program budgets. Governance reforms include strengthening WHO's Governing Bodies' oversight and strategic decision-making roles, and setting the terms for WHO's engagement with non-State actors. Managerial reforms involve initiatives designed to enhance transparency and accountability, improve strategic communications, and maximize the strategic management of human resources.

3.   The WHO Secretariat noted the many effects that the Ebola virus disease outbreak in West Africa has had on WHO Reform, including the delay of some reforms as resources were redirected to outbreak response. The outbreak also severely strained WHO's structures and systems, exposing challenges in areas that are targets of reform, such as the assertion of WHO's leadership in global health, greater alignment and efficiency across WHO's three levels, rapid mobilization of human and financial resources, and the establishment of robust health systems in many countries. In other instances, reforms that had been implemented hastened the response, notably the Emergency Response Framework and emergency communications. The Ebola Interim Assessment Panel submitted its Report on 7 July 2015 to the Director-General providing

recommendations regarding the International Health Regulations (2005), WHO's health emergency response capacity, and WHO's role and cooperation with the wider health and humanitarian systems. The WHO Secretariat is actively working on the design, organization, and functions of the WHO Emergency Program, the Global Health Emergency Workforce, and the Contingency Fund. A progress report on these issues will be submitted to the Executive Board (EB) in January 2016.

4.   The Pan American Sanitary Bureau (PASB), PAHO's secretariat, will continue to actively participate in, contribute to, and align with, as appropriate, the WHO Reform. In a number of areas such as governance, management, and programing, PAHO's reforms predate WHO's. For example, management reform at PAHO began in 2003, under the PAHO in the 21st Century initiative, with the Managerial Strategy for the Work of the Pan American Sanitary Bureau 2003-2007 (Document CD44/5). In 2006, PAHO completed important governance and managerial reforms, as described in Document CD47/33, Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau, and PAHO made an explicit commitment to programmatic reform through the Results-based Management Framework (2007). (Some of the milestones of the PAHO-initiated reforms are shown in Annex B). In areas where PAHO's reforms have matured, this experience informs the WHO reform; in other areas where WHO reform breaks new ground, PAHO shares in the benefits.

Update on Programmatic Reform at WHO

5.   The 137th Session of the EB recommended that the Sixty-ninth World Health Assembly adopt the model proposed by the Working Group on the Strategic Budget Space Allocation for determining the budget provisions for regions for technical cooperation at country level (segment 1). Member States from the Region of the Americas (in particular Mexico and Paraguay, through their participation in the Working Group) had advocated for an equitable, needs-based and transparent means of determining regional budget allocations. The model developed by the Working Group would increase the share of the WHO budget for segment 1 for the Regional Office of WHO for the Americas (AMRO). In order to minimize any negative impact on regions and countries with the greatest need, the EB recommended that the allocation model be implemented gradually over a period of three to four bienniums, starting in 2018-2019.

Programmatic Reform at PAHO

6.   Within PAHO, the following programmatic reforms have been implemented:

a)   **Strategic Planning:** The PAHO Strategic Plan 2014-2019 shares a strategic vision with the WHO Twelfth General Program of Work 2014-2019. Both are organized around six common categories of work and share nearly identical program areas under each category; they also share a results chain, with common outcomes and impacts. In order to be responsive to competing priorities in an environment of diminishing flexible resources, PAHO has incorporated a systematic approach to defining programmatic priorities in its Strategic Plan,

developed in close collaboration with its Member States. This has helped to guide PAHO's resource allocation decisions and focus resource mobilization efforts.

b) **Results-based Management (RBM):**

    i.   PAHO has a long history of incorporating accountability into its strategic planning, budgeting, and program management, beginning with the Logical Framework Approach developed more than 30 years ago. The adoption of the Results-based Management (RBM) approach in 2007 reinforced PAHO's culture of transparency, accountability, and risk management. PAHO Member States and partners have commended the Organization's implementation of RBM, and the increased transparency in accounting for the results achieved with the resources entrusted to PASB.

    ii.   The PAHO Strategic Plan 2008-2013 was the first of its kind to have been designed and fully implemented following the RBM approach. In order to foster RBM, PASB established a rigorous and systematic monitoring process for the PAHO Strategic Plan and Program and Budget, via a six-monthly Performance Monitoring and Assessment (PMA) process involving all offices across PASB.

    iii.   The PAHO Strategic Plan 2014-2019 builds on the experiences and lessons of previous strategic plans, in order to further consolidate the RBM. In particular, the 2014-2019 Strategic Plan introduces joint accountability for PASB and PAHO Member States for achieving outputs, outcomes, and impacts, and the explicit inclusion of a risk analysis for each of the six categories of work and 30 program areas. Moreover, in 2014 PAHO developed a Strategic Plan Monitoring System (SPMS) that will be accessible to both PASB and PAHO Member States, enabling joint reporting of results, and has implemented a streamlined Enterprise Risk Management (ERM) system that is aligned with WHO's. The ERM has been applied to specific projects (e.g., PASB's Management Information System [PMIS]), as well as to the Strategic Plan and Program and Budget.

c) **Programming and Budgeting:** Both the PAHO Program and Budget and the WHO Program Budget were elaborated with bottom-up planning, beginning with the identification of priorities in the countries. PAHO first used this approach in the development of the 2014-2015 Program and Budget; WHO adopted the practice for the 2016-2017 Program Budget and for the development of Country Cooperation Strategies (CCSs) linked to the results chain in order to improve technical cooperation at all WHO levels. In addition, PAHO's technical staff participates in global and regional networks to validate, harmonize, and consolidate country inputs, including the CCS strategic agendas, into Organization-wide biennial budget proposals and work plans. Furthermore, PAHO Member States will be invited to approve an integrated PAHO Program and Budget in its entirety starting in 2016-2017, rather than appropriating only the Regular Budget portion of the budget (largely from PAHO Member States

assessments). WHO began presenting an integrated Program Budget in the 2014-2015 biennium.

d) **Financing:** The first financing dialogue at WHO prior to the start of the 2014-2015 biennium has resulted in fuller funding of the WHO Program Budget and an increase in un-earmarked flexible resources. As a result, all WHO Regions can expect full financing of their allocations. PAHO has not conducted a separate financing dialogue, but will develop a new resource mobilization strategy informed by WHO practices and aligned with WHO's resource mobilization efforts, including improved coordination of outreach to potential funders and broadening the base of donors to PAHO. WHO's web portal, which gives Member States access to real-time information on the status of funding and program implementation, has been positively received. PAHO will create a similar portal once the PMIS is fully in place in 2016.

Update on WHO Governance Reform

7.   An update on the overall status of WHO Reform was presented to the Sixty-eighth WHA in May 2015. Within the WHA agenda on reform was a stand-alone item on a proposed framework of engagement with non-State actors. The WHA welcomed the consensus reached in several parts of the WHO Framework of Engagement with Non-State Actors, including the introduction, rationale, and the benefits and risks of engagement. Further, the WHA requested the Director-General to convene an open-ended intergovernmental meeting to finalize the draft Framework of Engagement with Non-State Actors not later than October 2015, and to submit the finalized draft framework to the Sixty-ninth World Health Assembly in May 2016 for adoption, through the EB at its 138th session in January 2016. The first open-ended meeting took place on 8-10 July 2015 at WHO Headquarters. This meeting will be resumed on 7-9 December 2015. Argentina has been chair of the intergovernmental meetings, and several PAHO Member States have participated in them and made contributions to the draft framework.

Governance Reform Implemented by PAHO

8.   **Engagement with non-State actors**: As part of PAHO's Roadmap on Accountability, Transparency, and Governance, the Organization adopted the Guidelines of the Pan American Health Organization on Collaboration with Private Enterprises in 2005. These guidelines were prepared on the basis of generally accepted conflict-of-interest principles and best practices of other internationally recognized public health institutions, including the guidelines that were being used by WHO at the time. Since the adoption of the PAHO Guidelines, the Organization has consistently implemented a structured and principled approach when considering proposed engagements with the private enterprise (it should be noted that the term "private enterprises," as defined in PAHO's Guidelines is consistent with that proposed in WHO's definition of "non-State actors," which includes the private sector, civil society, academia, etc.). PASB continues to closely accompany and monitor WHO's reform process in this area, and has shared PAHO's Guidelines and experiences with the working group leading the development of

the WHO Framework on Engagement with Non-State Actors, and will be guided by Member States in the adoption and implementation of the framework that is approved by the WHA.

9.   **Governing Bodies:** In an effort to improve the method of work of PAHO's Governing Bodies, in 2012 the Pan American Sanitary Conference requested that the Executive Committee carefully review the number of technical and administrative progress reports submitted to the Conference and Directing Council for consideration. Additionally, the Conference also delegated a number of recurring agenda items to the Executive Committee, in order to streamline PAHO Governing Bodies' agendas. PASB continues to look for ways to control the proliferation of agenda items at Governing Body meetings, and to conduct briefings for PAHO Member States prior to meetings of the Governing Bodies in order to conduct more efficient meetings that focus primarily on matters of strategic importance.

10.   **Country Focus and Cooperation:** PASB's Office of Country and Subregional Coordination (CSC) contributed to the development of a new PAHO Country Focus Strategy anchored in WHO reform and the 2014 Guide for the Formulation of the WHO Country Cooperation Strategy (CCS). The CCS is a key component of country focus, intended to improve support to PAHO Member States by aligning planning and resource allocation processes with national health development priorities and addressing human resource issues in countries. Furthermore, CSC and PASB's Department of External Relations, Partnerships, and Resource Mobilization (ERP) are part of the WHO Country Support Unit Network and United Nations Collaboration Group.

Update on WHO Managerial Reform

11.   Within managerial reform, both WHO and PAHO have prioritized the reform of human resources management. WHO's new Human Resource Strategy, approved in 2014, includes a revised selection process for WHO Country Representatives, which aligns with the leadership priorities set forth in the Twelfth General Program of Work; a harmonized selection process for international and national professionals (the latter to commence in 2016); and a mandatory staff rotation mobility policy.

Managerial Reform Implemented by PAHO

a)   **Human Resources:** PASB is developing a far-reaching Human Resources Strategy. A report on its development will be presented to the Executive Committee. Among features that it shares with WHO reform are measures to attract and retain talent; greater investment in staff development and learning; streamlined administrative processes, including hiring and performance assessment, and; systematic succession planning.

b)   **Accountability and Transparency**: PAHO has put forward various accountability and risk management mechanisms, including the establishment of an Ethics Office (2006), an Office of Internal Oversight and Evaluation Services

(2008), and an Audit Committee (2009), as well as the implementation of the International Public Sector Accounting Standards (beginning in 2010). Additionally, PAHO has implemented a broad range of internal policies, directives, and mechanisms intended to promote transparency, accountability, and a culture of ethics across all areas of the Organization (see Annex B). Finally, at the end of 2014, PASB implemented a new Risk Register and Monitoring System. The new simplified system, which was adapted from WHO's, replaced a cumbersome system that was not user-friendly and that was under-utilized. The replacement will improve PAHO's risk identification, monitoring, and mitigation. As is the case in WHO, the focus for 2014 was on risk identification, while in 2015 the focus will be on the development and implementation of risk mitigation plans.

c) **Evaluation:** In 2008, PAHO recognized the need to strengthen the evaluation function, and established the Office of Internal Evaluation and Oversight Services (IES), with responsibility for conducting evaluations and internal audits. Since then, IES has implemented the PAHO Evaluations Policy, which adapts WHO's Evaluation Policy to PASB's circumstances. IES has also harmonized the approach to evaluations by disseminating and promoting WHO's Evaluation Practice Handbook throughout PASB. Additionally, IES provides one of two PASB participants in the WHO's Global Network on Evaluation, to coordinate evaluation policy and implementation, and collaborates closely with its WHO colleagues on the planning of WHO evaluation assignments that have a regional/AMRO scope. In March 2015, IES produced the first of envisioned six-monthly reports on lessons learned from evaluation assignments at PAHO.

d) **Information Management and Communication:** The PAHO Communication Strategy (2014) and Strategy and Plan of Action on Knowledge Management and Communication (2012) were approved and are being implemented. In line with the WHO decision to separate these two areas into distinct reform components, PASB also separated the functions of Knowledge Management, Bioethics, and Research from those of Communications, establishing distinct entities within PASB. Other key PAHO actions in communications reform include the launch of the new web page, with responsive design for mobile access, and the unveiling of new templates for all PAHO country offices; training of PASB staff on communications and the successful implementation of the new information architecture for the PAHO intranet home page, to facilitate better access to information by staff. PAHO has also created a new function for internal communication and staff engagement under the Office of the PASB Director of Administration.

Action by the Directing Council

12. The Directing Council is invited to take note of this report.

Annexes

Annex A: WHO Reform: overview of reform implementation (Document EB136/7 and Document A68/4)

Annex B: WHO Reform: Implementation of Outputs at PAHO

Annex B

WHO Reform: Implementation of Outputs at PAHO

Reform Element	Outputs	WHO Status	PAHO Status	PAHO Progress in WHO Reform Areas
1. Programmatic	**1.1 Program planning and financing** **[Outcome 1.1: WHO's priorities defined and addressed in systematic, transparent, and focused manner and financed accordingly]**			
	1.1.1 Needs driven priority setting; results definition and resource allocation aligned to delivery of results	Operate and Review	2007	1. Alignment of WHO General Program of Work and PAHO Strategic Plan in 2014-2019 2. PAHO Strategic Plan 2008-2013 and Strategic Plan 2014-2019 developed using a results-based management approach 3. Unique priorities identified for the Region of the Americas: human resources for health, health financing 4. Bottom-up planning and engagement of Member States (Countries Consultative Group, Countries Working Group, and Strategic Plan Advisory Group)
	1.1.2 Improve the delivery model at the three levels of the World Health Organization to better support Member States	Operate and Review	2003 2007 2011 2014	1. Creation of a subregional level as a modality to deliver technical cooperation 2. Results-based management (RBM) Framework 3. Horizontal, team-oriented Organization 4. PAHO Category and Program Area Network (CPAN) formalized and integrated with WHO CPAN
	1.1.3 Adequate and aligned financing to support strategic focus	Operate and Review	2004, 2012 2013 2016 2016 2016	1. PAHO Budget Policies (2004 and Rev. 2012) 2. Systematic approach to defining programmatic priorities in Strategic Plan—facilitated resource allocation decisions and focused resource mobilization efforts 3. Participation in the WHO Financing Dialogue/global resource mobilization coordination group 4. Introduction of integrated budget for 2016-2017 (WHO began in 2014-2015) 5. Building "Program Performance and Financing Web Portal" within PMIS (modeled on WHO's web portal) to allow access to real-time funding and program information 6. Develop and implement resource mobilization strategy
	1.1.4 Transparent reporting of results delivery and use of resources	Operate and Review	2008 2010 2014	1. Established Performance Monitoring and Assessment process across all levels 2. End-of-biennium reporting to Governing Bodies (GB) 3. First Strategic Plan developed, implemented, and reported under the RBM framework; report implementation of the Strategic Plan 2008-2013 presented to Directing Council
Presentation of key reform documents and tools WHO: Revised human resources strategy; Informal consultation on the future of financing for WHO PAHO: Managerial strategy for the work of PAHO 2003-2007; PAHO Results-based Management Framework; PAHO Budget Policy 2012				

Completed

In Progress

Not Yet Initiated

Reform Element	Outputs	WHO Status	PAHO Status	PAHO Progress in WHO Reform Areas
2. Governance	**2.1 Governance [Outcome 2.1: Improved decision making]**			
	2.1.1 Proactive engagement with Member States ahead of GB	Implement	2007	1. Establishment of the Subcommittee on Program and Budget Administration (2007) 2. Orientation and training program to delegates of GB meetings in PAHO and WHO 3. *How to write reader-focused Governing Bodies Documents* has been institutionalized and a workshop is offered to all authors of GB documents annually
	2.1.2 Coordination and harmonization of GB practices	Operate and Review	2006	1. Election process of the Director of the Pan American Sanitary Bureau (2006) 2. Improvement of the Rules of Procedure of the Directing Council (2006) 3. Streamlining the governance mechanisms of PAHO (2007) to reduce number of reporting items to Pan American Sanitary Conference and Directing Council and delegate certain functions to the Executive Committee 4. Assessment of PAHO resolutions and mandates 2000-2014 (2015)
	2.1.3 Member States work coherently in global health			1. More strategic focus of GB sessions guided by the PAHO Strategic Plan 2014-2019 2. Greater alignment of strategies and plans of action to the Strategic Plan
	2.2 Engagement with non-State actors [Outcome 2.2: Strengthened effective engagement with other stakeholders]			
	2.2.1 Leverage non-State actors to achieve WHO results	Design	2005 2014-15	1. Guidelines of the Pan American Health Organization on collaboration with Private Enterprises (2005) 2. Regional Committees of WHO consultations on the framework for engagement of non-State Actors: AMRO Dialogue held during the 53rd Directing Council
	2.2.2 Risk management engagement	Construct		[WHO to provide clarification on what is being monitored here]
	2.2.3 Maximize convergence with the UN system reform to deliver effectively and efficiently on the UN mandate	Operate and Review		1. PAHO actively engaged with United Nations Development Group (UNDG) Latin America and the Caribbean team (regional and country) and with WHO at the global level 2. Participation in the WHO Country Support Network 3. Collaboration and participation in the UNDGs and United Nations country teams – Member of the United Nations country teams and United Nations Development Assistance Framework (UNDAF) Peer Review Team for the development of UNDAFs (to ensure alignment between Country Cooperation Strategies, UNDAFs and the national health and development plans). – Support to countries to adopt the "Delivering as One" framework and principles and for the adoption of relevant standard operations procedures where feasible – PAHO engaged with the UN as chair on health-related interagency working groups at the country level
	2.2.4 Actively promote policy and operational coherence in global health			
Presentation of key reform documents and tools: WHO: WHO Reform Report; High level implementation plan; WHO Reform Project Management and Monitoring System; Governance of WHO Concept Paper; Independent evaluation: concept paper PAHO: PAHO in the 21st Century ; Progress Report of the working group on PAHO in the 21st Century				

Reform Element	Outputs	WHO Status	PAHO Status	PAHO Progress in WHO Reform Areas
3. Managerial	**3.1 Human resources [Outcome 3.1 : Staffing matched to needs at all levels of the organization]**			
	3.1.1 Strengthened and more relevant Human Resource Strategy	Implement	2015	1. PASB Human Resource Strategy, aligned WHO HR Strategy (2014), with eight strategic lines of action presented to the Subcommittee on Program, Budget, and Administration and the Executive Committee
	3.1.2 Attract talent	Implement		1. Revised selection process for heads of country offices 2. Harmonized selection process for International Professional positions 3. PASB Human Resources Strategy and its alignment to the WHO Mobility Policy
	3.1.3 Retain and develop talent	Operate and Review	2016	1. Learning Needs Analysis completed in 2013. Organizational needs include resource mobilization, advocacy and diplomacy, project and grants management, knowledge of health administration, and legislation and devising budgets
	3.1.4 Enabling environment	Operate and Review	2016	1. PASB existing mobility practices will be adjusted as appropriate within the context of the new HR strategy
	3.2 Accountability and transparency [Outcome 3.2: Effective managerial accountability, transparency and risk management]			
	3.2.1 Effective internal control and risk management processes	Operate and Review	2005 2014 2005 2015 2016	1. PAHO External Audits certified that internal control system was effective 2. Audit of country offices and Headquarters 3. Establishment of IT security function 4. Enterprise Risk Management established as a core function in PAHO and is aligned with the WHO Risk Management System 5. Implementation of a new risk register and monitoring system
	3.2.2 Effective disclosure and management of conflicts framework	Assess and Strategize	2007 2009 2014	1. Confidentiality declaration 2. Policy on protecting people who report wrongdoing or cooperate in an investigation or audit 3. Conflict of Interest brochure developed (Conflict of Interest: Avoiding Even the Appearance of Impropriety)
	3.2.3 Effective promotion and adherence to core ethical values	Operate and Review	1998 2006 2006 2007 2009 2010 2012 2013 2014	1. PAHO established the Office of the Ombudsman—first established as PAHO's Grievance and Ombudsman System 2. PAHO established the Ethics Office as an independent office reporting directly to PAHO's Governing Bodies 3. Mandatory course for all staff on PAHO's Code of Ethical Principles and Conduct 4. Establishment of PAHO's Integrity Help Line 5. Integrated Conflict Management System (ICMS) instills ethical culture 6. PAHO Standing Committee on Asset Protection and Loss Prevention 7. Guide for Conducting Workplace Investigations in PAHO 8. Asset Accountability Policy 9. Zero tolerance for fraud and corruption 10. Development of brochures on ethical issues: Gifts and Hospitality; Outside Employment and Activities

Reform Element	Outputs	WHO Status	PAHO Status	PAHO Progress in WHO Reform Areas
3. Managerial	**3.3 Evaluation [Outcome 3.3 : Institutionalized corporate culture of evaluation and learning]**			
	3.3.1 Strengthened WHO Policy on Evaluation	Construct		1. WHO Evaluation Practice Handbook to harmonize methodology of evaluation
	3.3.2 Institutionalization of evaluation function	Operate and Review	2008	1. Office of Internal Evaluation and Oversight established
	3.3.3 Staff and programs plan evaluation and use results to improve their work	Operate and Review	2015	1. The first of envisioned six-monthly reports on "Lessons Learned from evaluation assignments in the Pan American Sanitary Bureau: Preliminary Analysis" produced and disseminated
	3.3.4 WHO champions and rewards learning from successes and failures	Implement	2015	1. IES has prepared a PAHO Evaluations Policy that adapts the WHO's Evaluation Policy to PASB's circumstances. 2. IES provides one of the two PASB participants in the WHO's Global Network on Evaluation to coordinate evaluation policy and implementation, and collaborates closely with its WHO colleagues on the planning of WHO evaluation assignments that have an AMRO aspect
	3.4 Information management [Outcome 3.4: Information managed as a strategic asset]			
	3.4.1 A strategic framework for streamlined and standardized information management		2012	1. Strategy and Plan of Action on Knowledge Management and Communication
	3.4.2 Streamlined national reporting	Assess and Strategize	1995 2015	1. Regional Core Health Data Initiative launched in 1995 2. Strategic Plan Monitoring System (SPMS) launched in 2015 3. Platform for Health Information (under development)
	3.4.3 ICT systems in place to create an enabling environment for information management		2015-16 2014	1. PASB Management Information System (PMIS) 2. Draft IT Strategy presented to Subcommittee on Program, Budget, and Administration and to the Executive Committee
	3.4.4 Promoting a knowledge sharing culture	Implement		1. Establishment of the Office of Knowledge Management, Bioethics, and Research 2. Institutional Repository for Information Sharing (IRIS)
	3.5 Communications [Outcome 3.5: Improved reliability, credibility and relevance of communications]			
	3.5.1 Clear Communications Roadmap	Operate and Review	2012 2014 2014	1. Strategy and Plan of Action on Knowledge Management and Communication 2. Communications Strategy 3. Draft Publications Policy

Reform Element	Outputs	WHO Status	PAHO Status	PAHO Progress in WHO Reform Areas
	3.5 Communications [Outcome 3.5: Improved reliability, credibility and relevance of communications] *(cont.)*			
3. Managerial	**3.5.2** Showcasing WHO's consistent quality of work and how the Organization works to improve health	Implement		1. Greater volume of web content and press notes highlighting PAHO led or supported achievements and action towards improving health 2. Social media strategies, videos, infographics, etc., developed 3. Training on communicating successful projects (regionally and in countries)
	3.5.3 Provide accurate, accessible, timely, understandable, useable health information	Operate and Review		1. Communication campaigns with accurate, accessible, timely, understandable, and usable health information 2. Communication material to support a better understanding of complex health topics
	3.5.4 All WHO staff have access to the programmatic and organizational information they need	Construct	2015-2016 2011 2014 2012	1. PASB Management Information System: Phase 1 deployed 2015; Phase 2 January 2016 2. Establishment of staff engagement and internal communications as a new function within the Office of the Director of Administration 3. Spotlight section of the PAHO Intranet utilized to disseminate information to staff on key issues affecting the secretariat and Member States 4. Innovation Box created to gather staff input and comments on issues that that reduce costs, improve performance, increase productivity, improve processes, and enhance the working environment 5. PAHO intranet front page featured a high visibility link to the key processes: WHO Reform; Strategic Planning; PMIS etc. 6. Town hall meeting convened three times per year 7. Staff input system established to participate in human resources strategy development
	3.5.5 Quick, accurate and proactive information and communications in disease outbreak, public health emergencies, and humanitarian crises	Operate and Review		1. Information sharing through all available channels, spokespersons, and websites for key target audiences 2. Information dissemination during specific crises

Presentation of key reform documents and tools:

WHO: Revised human resource strategy

PAHO: Managerial strategy for the work of PAHO 2003-2007; PAHO Communication Strategy; Strategy and Plan of Action on Knowledge Management and Communication (2012)

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