

164th SESSION OF THE EXECUTIVE COMMITTEE

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REPORT ON THE 13TH SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION

1. The Subcommittee on Program, Budget, and Administration held its 13th Session at the Headquarters of the Pan American Health Organization in Washington, D.C., from 27 to 29 March 2019.
 2. The meeting was attended by delegates of the seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Belize, Brazil, Canada, Costa Rica, Panama, Peru, and Saint Kitts and Nevis. Delegates of Argentina, Guyana, Mexico, Portugal, Spain, Trinidad and Tobago, and the United States of America attended in an observer capacity.
 3. Elected as officers were the Delegates of Belize (President), Costa Rica (Vice President), and Brazil (Rapporteur).
 4. The Subcommittee discussed the following agenda items:
 - Draft Proposed Strategic Plan of the Pan American Health Organization 2020-2025
 - Outline of the Program Budget of the Pan American Health Organization 2020-2021
 - Scale of Assessed Contributions 2020-2021
 - Engagement with non-State Actors
 - Non-State Actors in Official Relations with PAHO
 - Appointment of One Member to the Audit Committee of PAHO
 - Overview of the Financial Report of the Director for 2018
 - Amendments to the PASB Staff Regulations and Rules
 - PASB Human Resources Management
 - Report on Strategic Issues between PAHO and WHO
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- Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
 - Draft Provisional Agenda for the 164th Session of the Executive Committee
5. The Subcommittee heard a briefing on the preparations for the launch of the Report on Universal Health in the 21st Century: 40 years of Alma-Ata, and an update on the public health events in the Region.
6. The Final Report of the session is attached.

Annex



**13th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

Washington, D.C., USA, 27–29 March 2019

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Annex

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FINAL REPORT

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FINAL REPORT

1. The 13th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., from 27 to 29 March 2019. The session was attended by delegates of the following seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Belize, Brazil, Canada, Costa Rica, Panama, Peru, and Saint Kitts and Nevis. Delegates of Argentina, Guyana, Mexico, Portugal, Spain, Trinidad and Tobago, and the United States of America attended in an observer capacity.

Opening of the Session

2. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]) opened the session, welcoming the delegates of the Members of the Subcommittee and the Member States participating as observers. She noted that the Region had registered significant technical achievements, despite the many challenges that had arisen in 2018. The High-level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata, led by former Chilean President Dr. Michelle Bachelet and Ambassador Néstor Méndez, Assistant Secretary General of the Organization of American States (OAS), had completed its work and was preparing to launch its report in early April. The Region of the Americas had been well represented at the global conference on primary health care held in Astana, Kazakhstan, in October 2018, and Member States from the Americas had been at the forefront in shaping the documents and the final declaration of the conference.

3. Important progress had been made in reducing maternal mortality and in combating both communicable and noncommunicable diseases. Bolivia, the Dominican Republic, Guatemala, and Peru had reported no maternal deaths from hemorrhage in the areas where the Zero Maternal Deaths initiative had been implemented. Paraguay had been certified as a malaria-free country and several other countries were on track to receive certification of the elimination of autochthonous transmission of the disease. Honduras and Nicaragua had been successful in interrupting transmission of Chagas disease. Uruguay had adopted legislation on front-of-package labelling of foods and Peru had implemented a new law on healthy eating.

4. The Organization had mounted timely responses to a number of emergencies in 2018, including multifaceted support for the Bolivarian Republic of Venezuela and for neighboring countries affected by population movements. The Region continued to grapple with the issue of health and migration and the related challenges to health systems. The Bureau was collaborating with Member States to develop a plan of action to address the matter.

5. During its 13th Session, the Subcommittee would review several important policy documents, including the draft proposed Strategic Plan for the period 2020-2025. It would also review a much more detailed version of the draft Program Budget 2020-2021 than the

one that had been presented to the Subcommittee in the past. She looked forward to fruitful discussions.

Election of Officers

6. The following Member States were elected to serve as officers of the Subcommittee for the 13th Session:

President: Belize (Dr. Marvin Manzanero)

Vice President: Costa Rica (Ms. Adriana Salazar)

Rapporteur: Brazil (Mr. Carlos Fernando Gallinal Cuenca)

7. The Director 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 SPBA13/1 and SPBA13/WP/1)

8. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA13/1) without change. The Subcommittee also adopted a program of meetings (Document SPBA13/WP/1).

Program Policy Matters

Draft Proposed Strategic Plan of the Pan American Health Organization 2020-2025 (Document SPBA13/2)

9. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) provided an overview of the draft proposed Strategic Plan for the period 2020-2025, 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 Sustainable Development Goals (SDGs), particularly SDG3, and in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). The Strategic Plan would be the main means of implementing the Sustainable Health Agenda, and the Agenda's 11 goals would be directly adopted as the highest-level objectives of the Strategic Plan. The Plan would also be aligned with the strategic orientations of the WHO 13th General Programme of Work (GPW13) and its impact framework, although the "triple billion" targets of the General Programme of Work 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.

10. The fact that six of the SHAA2030 goals focused on health systems provided a good idea of the overall orientation of the new Strategic Plan. Other strategic orientations and technical priorities included a more integrated approach to technical cooperation, with

emphasis on comprehensive, quality health services and systems based on primary health care and on strengthening the stewardship and governance capacity of national health authorities; ensuring continued rapid and effective response to disasters and health emergencies; enhancing technical cooperation at country level; mainstreaming equitable, gender-sensitive, and culturally sensitive approaches to health within a human rights framework; redoubling efforts to ensure the maintenance of previous health gains, while striving for ambitious new health impacts and outcomes; strengthening information systems for health; and coordinating the response to cross-border issues, including international disease transmission and promotion and protection of migrant health. Currently, 28 outcomes were proposed. Agreement had yet to be reached on some language in outcome 1 and in the scope statements for outcomes 5, 8, 12, 14, and 26. The proposed Plan would draw from a broad pool of impact and outcome indicators arising from existing global and regional mandates, plus some new indicators.

11. The PAHO-adapted Hanlon method was being used to prioritize the technical outcomes at country level.¹ Thus far, 37 of the 52 countries and territories in the Region had completed prioritization exercises and 22 had submitted their official prioritization results to the Bureau, which would present the regional consolidation of the prioritization results to the Executive Committee in June. A key element of the new Strategic Plan would be the development of a new health needs index and budget policy. A subgroup of the SPAG, comprising two countries from each subregion, had been formed for that purpose.²

12. The SPAG would meet during the first week of April to finalize the proposal for impact and outcome indicators and review the draft health needs index and budget policy. The full proposed Strategic Plan 2020-2025 would be presented to the Executive Committee in June. A final report of the Strategic Plan 2014-2019 would be submitted to the Governing Bodies in 2020.

13. Mr. Chambliss concluded by expressing gratitude to Member States, in particular those represented on the Strategic Plan Advisory Group, for their active participation in the process of developing the Organization's new Strategic Plan.

14. The Subcommittee welcomed the draft proposed Strategic Plan and applauded the participatory manner in which it was being developed. The incorporation of lessons learned from the Strategic Plan 2014-2019 was also welcomed. Members were pleased to see the Plan's alignment with the Sustainable Development Goals and with SHAA2030 and GPW13. The need also to align the new Plan with the WHO transformation agenda was highlighted. 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.

¹ See Document CD55/7 and Resolution CD55.R2 (2016).

² This subgroup comprises of: Antigua and Barbuda, Argentina, Bahamas, Canada, Costa Rica, Ecuador, Panama, and United States of America.

15. While the need to limit the length of the document was recognized, it was suggested that the Plan's focus should be expanded in several areas. For example, in the section on opportunities and challenges, it was suggested that there should be greater attention to gender dimensions of health and to the need to strengthen capacity to produce gender-disaggregated data in order to reveal gender-related inequities. The document's focus on emergency response was commended, but it was suggested that more emphasis should be placed on the implementation of the International Health Regulations (IHR) and on the use of the IHR monitoring and evaluation framework, including the tools for voluntary joint external evaluation and annual reporting by States parties. It was considered of utmost importance to strengthen the stewardship and governance capacity of national health authorities and to tackle problems of corruption in health systems. The need to address the needs of key countries was acknowledged, but it was pointed out that middle-income countries continued to require technical cooperation, particularly in order to address persistent gaps and inequities between and within countries. More information was requested on the proposals in the draft Plan relating to regional public health goods and the creation of a network of developing country suppliers.

16. Several delegates expressed concern about the large number of proposed impact and outcome indicators in the document and about the burden that reporting on so many indicators would impose on governments. It was pointed out that the number of indicators proposed for the various outcomes varied, in some cases considerably, and the need for better balance was highlighted. The importance of strengthening information systems was stressed, as was the need to strengthen data collection capacity and harmonize the data collected by countries. The Delegate of Panama, speaking as President of the Strategic Plan Advisory Group, noted that agreement had been reached among all SPAG members except one on wording in the document relating to human rights and sexual and reproductive health. She underscored the need to reach consensus and requested that the Bureau's human rights expert provide clarification of the human rights aspects of the proposed new Strategic Plan.

17. Mr. Chambliss said that more information on regional public health goods and the network of developing country suppliers would be provided in the next version of the Strategic Plan, which would be submitted to the Executive Committee in June. He had taken note of the requests for more attention to the gender dimension of health, the International Health Regulations, and various other matters and invited Member States to submit additional comments in writing up to mid-April.

18. Mr. Alejandro Morlchetti (Regional Advisor on Human Rights, PASB) explained that the human rights-based approach in the proposed Strategic Plan was rooted in the human rights standards set forth in the various international conventions ratified by Member States and in the common understanding reached in 2003 among United Nations agencies regarding the application of such an approach in their programming and processes.

19. The Director expressed gratitude to SPAG members for their active engagement in the development of the new Strategic Plan and encouraged all Member States to provide

written input on the document prior to mid-April so that their comments and concerns could be taken into account in finalizing the draft to be submitted to the Executive Committee.

20. The Subcommittee took note of the report.

Outline of the Program Budget of the Pan American Health Organization 2020-2021 (Document SPBA13/3)

21. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the outline of the program budget for 2020-2021, noting that it would be the first biennial program budget under the new PAHO Strategic Plan 2020-2025. 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 13th General Programme of Work. It would also be aligned with the Organization's new budget policy, which was still under development, and with the country-level prioritization process being conducted in conjunction with the development of the new Strategic Plan (see paragraphs 9 to 20 above).

22. In contrast to the program and budgets approved under the Strategic Plan 2014-2019, the program budget for 2020-2021 would be structured according to regional outcomes rather than categories. Another new feature would be individual country pages, reflecting the stronger country focus of both PAHO and WHO. The country pages would include a brief health situation analysis, a list of PAHO deliverables for the country, and the first eight outcomes of the country prioritization exercise. The Bureau would welcome input from Member States on the format and content of the country pages.

23. The proposal called for a budget of \$620 million³ for base programs, an amount that was virtually the same as in the 2018-2019 biennium. PAHO net assessed contributions and miscellaneous income were expected to remain essentially flat, at around \$194.4 million, while PAHO voluntary contributions were expected to decrease by some \$28.5 million, mainly as a result of a reduction in program support costs associated with national voluntary contributions. The WHO allocation to the Region was expected to rise by \$28.9 million, from \$190.1 million to \$219 million. Under the proposed WHO program budget for 2020-2021, all regions would receive an increase in their budget space allocation,⁴ including the Americas, although the Region's share of the total increase was the smallest, as was its share of the total budget. Moreover, as in the past, it was highly 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.

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

⁴ "Budget space" (not actual funding) is allocated in accordance with the strategic budget space allocation model approved by the 69th World Health Assembly—see Document A69/47 and Decision A69(16) (2016).

24. Accordingly, and bearing in mind that PAHO assessed contributions had not increased since 2011, the Bureau was proposing three scenarios for Member States' consideration: under scenario 1 there would be no increase, while under scenarios 2 and 3, assessed contributions would rise by 3% and 6%, respectively. The Bureau considered an increase necessary in order to ensure adequate funding for country-level activities and for chronically underfunded technical cooperation priorities, such as those relating to noncommunicable diseases, maternal mortality, alert and response capacity, and health information systems. The increase would also ensure adequate funding for the key countries and make it possible to provide seed funding to countries that were finding it increasingly difficult to raise voluntary contributions because they had been reclassified as middle-income countries.

25. The Bureau was aware that some Member States had a policy of zero nominal growth in international organization budgets, but was also aware that those States had sometimes made exceptions, such as when they had approved an increase in WHO assessed contributions in the 2018-2019 biennium. It was worth noting in that regard that the Americas had received no additional funding from WHO following that increase.

26. In the discussion that followed, one delegate, while acknowledging that there had been no increase in assessed contributions since 2011, pointed out that the contributions of all Member States except one would rise in 2020 as a result of the adoption of the new OAS scale of assessments (see paragraphs 30 to 34 below). Hence, most countries' assessed contributions to PAHO would increase even in a zero nominal growth scenario. Given the magnitude of the increase in her country's assessed contribution, it could only agree to scenario 1. The same delegate underlined the need to circulate the final program budget proposal well in advance of the June session of the Executive Committee in order to allow governments ample time to review the document. Another delegate reaffirmed her Government's commitment to budget discipline and to zero nominal growth in international organization budgets and encouraged the Bureau to seek cost savings and identify efficiencies.

27. Mr. Chambliss said that he had taken note of the comments concerning zero nominal growth and of the request that the document be made available well in advance of the Executive Committee session.

28. The Director assured the Subcommittee that the Bureau had made every effort to seek cost savings and efficiencies, for example by reducing travel and changing its manner of working. The Bureau had been very careful about asking for increases in assessed contributions. Indeed, in her six years as Director, no increases had been requested. She understood the difficult situation that some countries faced, but would ask Member States to consider how prudent the Bureau had been in managing the Organization's funds and also to take into account that it was being called upon to address numerous emerging challenges and often had to deal with unanticipated emergency situations.

29. The Subcommittee took note of the report.

Scale of Assessed Contributions 2020-2021 (Document SPBA13/4)

30. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) said that the new scale of assessed contributions would be the first to be approved within the framework of the proposed new Strategic Plan 2020-2025 and the proposed program budget 2020-2021. He recalled that, under the PAHO Constitution, Member Governments were assessed at the same rate as Members of the Organization of American States (OAS), with the exception of Participating Governments and Associate Members that were not members of the OAS, for which calculations were based on population and economic parameters.

31. The scale of quota assessments adopted by the OAS General Assembly in October 2018 differed from that of previous years in that it would apply different rates in the two years of the biennium. For 2020, the OAS would apply the same percentage rates as those in place for 2018 and 2019. However, for 2021, the OAS would modify the percentage calculation, which would represent an increase for all OAS Member States except for the United States of America.

32. In keeping with PAHO's constitutional mandate, the Bureau was submitting a scale of assessments that was in alignment with that of the OAS. 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. Assessments for Associate Members and Participating Governments would also be modified. The actual amounts of assessed contributions to be paid by PAHO Member States, Participating Governments, and Associate Members would be detailed once the total assessed contribution level was determined as part of the approval of PAHO's program budget for 2020-2021.

33. The Director thanked Member States for their financial support, affirming that the Bureau would be unable to work alongside them without such support.

34. The Subcommittee took note of the report.

Engagement with non-State Actors (Document SPBA13/5)

35. Dr. Heidi Jiménez (Legal Counsel, PASB) introduced Document SPBA13/5, which reviewed the steps taken to implement the Framework of Engagement with non-State Actors (FENSA), adopted by the World Health Assembly in May 2016 and by the PAHO Directing Council in September 2016. She emphasized that the Bureau recognized the value and benefits of working with non-State actors, their contributions to public health, and their assistance to PAHO in terms of fulfilling its mission. She also noted that PAHO had a long history of collaboration with non-State actors which pre-dated FENSA implementation.

36. In 2018 the Bureau had conducted over 120 standard due diligence and risk assessment reviews in addition to hundreds of other simplified reviews for low-risk engagements, reviews that were contingent upon the nature of the non-State actor involved

and the specific activity being proposed for each engagement. The Bureau continued to cooperate closely with the WHO Secretariat, regularly discussing issues to ensure the coherent and consistent implementation of FENSA, but also taking into account PAHO's legal and constitutional status as an organization in its own right. The Bureau would continue to implement FENSA with a view to encouraging engagement with non-State actors while at the same time protecting the interests of the Organization.

37. In the discussion that followed, the Bureau was asked to indicate whether there was a long-term need for increased human resources in order to implement FENSA and to provide greater detail on available staff training on the Framework's implementation. It was also asked to specify whether any feedback had been received from NGOs and private firms with respect to FENSA implementation.

38. A delegate recalled that the Foundation for a Smoke-Free World had issued an open letter to the WHO Executive Board following the denial of its request for approval as a non-State actor in official relations with WHO. In the letter, it had made reference to a statement in a WHO document⁵ alluding to difficulties in coming to a consistent definition of the phrase "furthering the interests" of the tobacco industry. The reference to those difficulties was reproduced in paragraph 8 of Document SPBA13/5. The issues of interpretation had led the Foundation to ask that its request be reconsidered. In order to avoid the possibility of a similar occurrence at PAHO, she suggested that the wording in the PAHO document should be revised.

39. The same delegate recalled that her delegation had previously raised the question of why the Secretariat of the Framework Convention on Tobacco Control had not been consulted about how the phrase "furthering the interests" should be interpreted in the context of assessing engagement with non-State actors and had suggested that a study should be conducted to review the relevant provisions of the Framework Convention and that the WHO and Convention Secretariats should reflect together on the best interpretation. She suggested that the decisions regarding participation in the Conference of the Parties to the Framework Convention and the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products might provide useful guidance in that regard.

40. Dr. Jiménez said that the difficulties alluded to in paragraph 8 of Document SPBA13/5 were not necessarily shared by PAHO, although there had been some instances where questions concerning involvement with the tobacco industry had resulted in the non-approval of collaboration with non-State actors. The Bureau would review the wording of paragraph 8 and would follow up with WHO to ensure that the approach to implementing FENSA was both consistent and coherent.

41. Responding to the question on human resources, she noted that the Guide for Staff on Engagement with Non-State Actors had been adapted for PAHO, and a round of staff training was projected to take place in the second half of 2019. The Bureau was coordinating with

⁵ Document EB144/36 (2018).

WHO in that respect and planned to utilize already prepared WHO tools. Similarly, it planned to use PAHO human resources already in place to implement FENSA.

42. The Director observed that engagement with non-State actors was clearly necessary in the context of the Sustainable Development Goals. Although the Organization's refusal to engage with the tobacco and firearms industries did, at times, have a negative impact on its cooperation with certain partners that were partially funded by those industries, a refusal to engage with a specific partner on one level did not preclude engagement with that same actor in another area. Recalling that the Americas had been the first of the WHO regions to implement FENSA, she emphasized that the Bureau remained committed to engaging with non-State actors on the basis of the Framework.

43. The Subcommittee took note of the report.

Non-State Actors in Official Relations with PAHO (Document SPBA13/6)

44. Mr. Alberto Kleiman (Director, Office of External Relations, Partnerships and Resource Mobilization, PASB) recalled that, following its adoption by the 55th Directing Council, the Framework of Engagement with non-State Actors had replaced the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations (NGOs). He also recalled that the Executive Committee, through the Subcommittee, was responsible for reviewing applications from organizations seeking to enter into official relations with PAHO and for reviewing collaboration with organizations already in official relations and deciding whether such relations should be continued, suspended, or discontinued.

45. No applications for entry into official relations had been received in the previous year. Document SPBA13/6 contained information on 12 organizations that were due for their triennial review. The Bureau recommended the continuation of relations with seven of those organizations. It recommended deferring the review of collaboration with two non-State actors in order to allow time to finalize new plans of collaboration with those organizations. In addition, the Bureau recommended the discontinuation of official relations with three non-State actors, owing to a lack of collaboration in the previous three years.

46. The Subcommittee held a closed meeting in order to consider the recommendations on each organization. Having reviewed the information provided by the Bureau, the Subcommittee decided to recommend to the Executive Committee that it approve the continuation of official relations between PAHO and the Healthy Caribbean Coalition, the Inter-American Society of Cardiology, the Latin American and Caribbean Women's Health Network, the Latin American Association of Pharmaceutical Industries, the Latin American Confederation of Clinical Biochemistry, the Mundo Sano Foundation, and the World Resources Institute Ross Center for Sustainable Cities. The Subcommittee also recommended that that the Committee defer a decision on the continuation of official relations with the Pan American Federation of Associations of Medical Schools and the Pan American Federation of Nursing Professionals. Lastly, the Subcommittee

recommended that the Executive Committee discontinue official relations with the American College of Healthcare Executives, the Inter-American College of Radiology, and the Latin American Federation of Hospitals.

47. The President announced that the Subcommittee's recommendations would be submitted to the 164th Session of the Executive Committee in the form of a proposed resolution.

Appointment of One Member to the Audit Committee of PAHO (Document SPBA13/7)

48. Dr. Heidi Jiménez (Legal Counsel, PASB) reviewed the background of the Audit Committee and drew attention to its terms of reference (annex to Document SPBA13/7). She noted that under those terms of reference the three Audit Committee members were elected by the Executive Committee and served terms of up to three years each. As the term of office of one member would end in June, it would be necessary for the Executive Committee to appoint a new member during its June 2019 session. Accordingly, the Director had drawn up a short list of candidates to be considered by the Subcommittee, which was asked to recommend a candidate to the Executive Committee. The relevant documentation on the candidates had been distributed to the Subcommittee Members.

49. In response to a query on the possibility of recommending a sitting Audit Committee member for reappointment, Dr. Jiménez confirmed that members could be reappointed and noted that, customarily, the Director was requested to propose additional names of potential new members. Also, in response to a query, she clarified that there was no official mechanism in place to evaluate the performance of members of the Audit Committee.

50. The Subcommittee decided to establish a working group consisting of the delegates of Brazil, Canada, and Costa Rica to review the list of candidates proposed by the Director. Subsequently, Ms. Adriana Salazar (Costa Rica) reported that the working group had evaluated five candidates on the basis of the criteria for membership set out in Section 4 of the Terms of Reference, and had selected five critical factors for ranking them. Each member of the group had ranked each of the candidates separately, and the scores had then been consolidated and the individual results averaged. Mr. Alan Siegfried had been unanimously selected as the candidate to be recommended for appointment to the Audit Committee.

51. The Director thanked the working group for its recommendation and the members of the Subcommittee for accepting it, noting that it was important that all members of the Committee have the requisite profile and experience to perform their duties. She also emphasized that the Bureau took the meetings of the Audit Committee and their resulting recommendations very seriously.

52. The Subcommittee endorsed the working group's recommendation. The President announced that the recommendation would be communicated to the Executive Committee.

Administrative and Financial Matters

Overview of the Financial Report of the Director for 2018 (Document SPBA13/8)

53. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) presented the overview of the financial report of the Director for 2018, noting that the report was still being finalized and the figures were still being audited by the Organization's External Auditor, the National Audit Office of the United Kingdom and Northern Ireland.

54. Highlighting the main trends with regard to revenue and expenditure, he reported that the Organization's consolidated total revenue in 2018 had amounted to approximately \$1.393 billion, which was about 8% lower than in 2017. Consolidated revenue included funds received for procurement on behalf of Member States, which represented 49% of total revenue, and national voluntary contributions received from Member States for technical cooperation projects to be carried out in the contributing State. Neither of those two sources was counted as part of the Organization's program budget.

55. Mr. Puente Chaudé explained that the reduction in consolidated revenue was mainly the result of a decline in national voluntary contributions, primarily from Brazil. Revenue from voluntary contributions other than national voluntary contributions, which were counted as part of the Organization's program budget, had amounted to \$73.3 million, virtually the same as in 2017.

56. Current-year assessed contributions collected in 2018 had totaled \$62.9 million, while contributions for earlier years had amounted to \$42 million, bringing the total collected to \$104.9 million, 6% more than in 2017. A total of 24 Member States, Associate Members, and Participating States 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. As of 31 December 2018, one Associate Member had been potentially subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution.

57. Revenue received through the Organization's funds for procurement on behalf of Member States had totaled \$678.3 million in 2018, \$6.5 million less than in 2017. The Revolving Fund for Vaccine Procurement, the largest of the procurement funds, had accounted for \$605.3 million (as compared with \$612 million in 2017), the Revolving Fund for Strategic Public Health Supplies for \$68.3 million (versus \$69 million in 2017), and the Reimbursable Procurement Fund for \$4.7 million (versus \$3.8 million in 2017).

58. Total consolidated expenditures for 2018 had amounted to \$1,368.8 million, in comparison with \$1,511 million in 2017, a decrease of 9%. It should be borne in mind, however, that expenditures for the first year of a biennium were generally lower than in the second year. Procurement on behalf of Member States and transfers and grants of funding from national voluntary contributions had, as usual, accounted for the largest shares of expenditures. Personnel costs had amounted to \$123.4 million, a reduction of \$24.5 million

with respect to 2017, when expenditures had been higher mainly as a result of the cost of conducting an actuarial study on health insurance liabilities. Otherwise, personnel costs had remained essentially unchanged. Travel expenditures had totaled \$49.1 million, 10% less than in 2017. Travel for technical cooperation events, such as technical and expert meetings and training events, had accounted for 64% of the total travel expenditure.

59. In the ensuing discussion, Subcommittee Members inquired how funds received from WHO were reflected in the report and 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.

60. Mr. Puente Chaudé said that funds received from WHO, including both assessed and voluntary contributions, were reflected in the overall revenue figure. Of the total program budget revenue of \$266.8 million in 2018, actual implemented funding from WHO had totaled about \$70 million, which was about 10% higher than in 2016, the first year of the previous biennium.

61. The Director added that the amount actually received from WHO for assessed contributions had remained relatively stable, but the amount received for voluntary contributions had shown a downward trend. She stressed that it was important for Member States from the Region to have a strong voice within the WHO Governing Bodies to ensure that budgeted WHO allocation was actually received.

62. With regard to the decline in the amount received for the Revolving Fund for Vaccine Procurement, she explained that some vaccine procurement orders received late in December 2018 were not reflected in the revenue figure presented. The Bureau expected the total procurement funds for the biennium to be about the same as in 2016-2017. Although Member States were not buying fewer vaccines, vaccination coverage in some municipalities had dropped to under 80%, which increased the risk of outbreaks and could jeopardize some of the Region's achievements with regard to the elimination of vaccine-preventable diseases. The Bureau would continue to work with Member States to ensure vaccination coverage rates of 95% or more across the Region.

63. PASB continued to work to reduce travel expenses by making increasing use of teleconferencing rather than holding face-to-face meetings. Nevertheless, travel was required for some aspects of the Bureau's technical cooperation with Member States and its collaboration with the WHO Secretariat. Travel was also required to bring together representatives of Member States to discuss programmatic matters and craft plans of action and program implementation plans.

64. The Subcommittee took note of the report.

Amendments to the PASB Staff Regulations and Rules (Document SPBA13/9)

65. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) summarized the proposed changes to the Staff Rules set out in the annexes to Document SPBA13/9, which were made in the light of experience and in the interests of good human resources management and were intended to align PAHO with WHO and maintain consistency in the conditions of employment of staff of PASB with those of the United Nations Common System agencies.

66. The amendments were related to decisions taken by the United Nations General Assembly at its seventy-third session on the basis of recommendations by the International Civil Service Commission. The salary scale for the professional and higher categories had been revised, as a result of which a similar revision would need to be made to the salaries for the posts of Director, Deputy Director, and Assistant Director. The General Assembly had approved the introduction of a common scale of staff assessment, which required an amendment to Staff Rule 330.1 relating to assessments on the salaries of staff in the general service category. That change would help to protect the pensionable remuneration of staff at lower pay levels.

67. In the ensuing discussion, one delegate asked to what extent PAHO Staff Rules were aligned with the rest of the United Nations system. The same delegate requested that the Bureau prepare a document showing the similarities and differences between PAHO's practice and standard United Nations practice, not only insofar as salaries were concerned, but also in terms of pension and benefits.

68. Dr. Barillas said that the Bureau would prepare the information requested for the upcoming session of the Executive Committee. She assured the Subcommittee that PAHO, like WHO, was in strict alignment with United Nations practice and resolutions concerning remuneration, as had been confirmed by an expansive review of the compensation package for all United Nations organizations conducted two years earlier.

69. The Subcommittee noted the proposed amendments.

PASB Human Resources Management (Document SPBA13/10)

70. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) introduced Document SPBA13/10, which summarized the progress made in implementing the Bureau's human resources strategy, known as the "People Strategy." The report also contained statistics on the various categories of staff, the gender distribution of staff, the age and length of service of staff, and retirement trends.

71. Several crucial building blocks of the People Strategy were being implemented with a view to ensuring an optimal personnel structure. Guidelines for post reprofiling had been developed with a view to responding to programmatic changes, and the time it took to fill vacant posts had been reduced to five months or less. The implementation of a new learning module, comprising a combination of virtual and face-to-face learning, was bearing fruit

throughout the region. A management and leadership certification platform had also been launched in collaboration with the United Nations System Staff College; 29 staff members at the P-4 level or higher had completed the certification thus far. Plans were in motion to launch training for a second such group of 30 staff members in April 2019.

72. Responding to Member State observations, PASB had renovated its orientation program for new hires and personnel rotating across duty stations, with, for example, three new online courses available in the four official languages of the Organization. The language-learning program had also been retooled using an electronic platform, allowing for a reduction in costs. PASB had responded to Member State concerns with regard to the preservation of institutional memory through the implementation of a mandatory standardized offboarding report. The number of staff retiring in coming years would allow the Bureau a margin of maneuver in terms of planning for the years ahead. Discussions in that regard would be held with the relevant managers.

73. The most recent staffing statistics showed that PASB was nearing gender parity. Although there was room for improvement, particularly in the upper levels of the professional category and at the director level, those statistics were evidence of the Bureau's commitment to the achievement of gender parity.

74. The Subcommittee welcomed the progress made towards gender parity and encouraged the Bureau to continue striving to achieve parity at the P-5, P-6, and D levels. Clarification was requested on what progress had been achieved in terms of implementing the Gender Parity Initiative. Clarification was also sought as to the criteria used to determine the size of the staff of the PAHO/WHO Representative (PWR) offices. Details were requested on the reprofiling exercises that had taken place and their results and on how the review of flexible staffing requirements had contributed to the reprofiling process. Information was also requested on which technical departments and PWR offices would be undergoing reprofiling exercises in 2019 and 2020.

75. One delegate asked how the Bureau planned to evaluate the level of uptake and the effectiveness of internal programs for orientation, language-learning, and required staff training. It was also requested to clarify whether the new learning programs would be related to the new WHO Academy and whether there would be any integration, interaction, or sharing of best practices between the Academy and PAHO's Virtual Campus for Public Health. An update was requested on the implementation of the Technical Staff Rotation Plan and on the degree to which the WHO rotation policy was being applied in the Region.

76. Dr. Barillas said that reprofiling was an analytic exercise aimed at assessing present and future staffing and training needs with the aim of ensuring that the staff composition of each office reflected the magnitude and complexity of the technical cooperation for which it was responsible. Where appropriate, staff from country and subregional offices participated in the exercises, along with budget and human resources staff, and the exercises were tailored to the particular characteristics of the office in question. In the coming months, the Bureau planned to carry out reprofiling exercises in the representative offices in Brazil, Colombia, Guatemala, and Guyana.

77. The Bureau was currently involved in costing for the 2020-2021 biennium. All entities would have to analyze their programmatic activity, in particular with respect to staffing. That process was the first step in establishing the human resources plan for the biennium.

78. The Bureau recognized the need to improve the quality of its training courses and to ensure access to them, and to that end was currently evaluating how relevant the available training was to the Organization's needs. It was also working to develop a more analytical approach to evaluation and would provide more information on the subject in subsequent reports to the Governing Bodies.

79. Bureau staff had contributed to the development of the ambitious and far-reaching proposal for a WHO Academy. The Academy would in no way replace the PAHO Virtual Campus, which was well known and widely used. The Bureau would, however, strive to create synergies between the two platforms, which would facilitate the sharing of knowledge and best practices from the Region.

80. Efforts with respect to gender parity were mainly focused on recruitment, but there were also plans in the works to provide training for managers. The Bureau was particularly interested in having managers participate in training on unconscious bias.

81. The Director said that the Bureau recognized the need to improve staff career mobility. Currently, mobility beyond the P-4 level was linked to the assumption of managerial responsibilities, which was an impediment for some technical staff. The Bureau was exploring a career path for technical staff that would enable them to rise to higher levels, while also looking at how best to prepare them to take on managerial duties. For example, it had offered a one-week training program aimed at preparing P-4 level staff to take the WHO exam for PWR positions. Management training was always provided at subregional and regional managers' meetings, and departmental directors were also introducing training opportunities. Such training was necessary not only to increase staff mobility, but also to enhance the efficiency and effectiveness of managers and enable them to ensure a high level of performance. Managerial training was also an important aspect of the efforts to achieve greater gender parity at the P-5 and higher levels. Discussions had been held with a small committee that had assessed what needed to be done to improve gender parity and provide opportunities for women, and the Bureau was in the process of implementing the resulting recommendations.

82. The Subcommittee took note of the report.

Matters for Information

Report on Strategic Issues between PAHO and WHO (Document SPBA13/INF/1)

83. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that, during the 29th Pan America Sanitary Conference in September 2017, Member States had requested that the reports previously submitted to the Governing

Bodies under the item entitled “Update on WHO Reform” should be transformed into a report on strategic issues of relevance to the relationship between PAHO and WHO. Document SPBA13/INF/1 was the second such report to be presented.

84. Summarizing the issues highlighted in the report, he noted that the Region had maintained a high-level dialogue with WHO on its transformation agenda, including the ongoing development of the impact framework for the 13th General Programme of Work. Many issues were still pending under the transformation agenda, but once the 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. PAHO would remain fully engaged in the global movement towards universal health coverage, including through participation in the World Health Assembly, the G20 summit, and the high-level meeting of the United Nations General Assembly on universal health coverage, scheduled for September 2019.

85. Turning to budgetary and financial matters, Mr. Chambliss noted 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, at approximately 5.5%, the Region’s share of the total WHO budget remained the smallest. During the current biennium, the Bureau expected to receive a total of around \$140 million in funding from WHO, including \$103 million in flexible funding and some \$37 million in voluntary contributions. That amount was about the same as had been received in the previous biennium.

86. Members of the Subcommittee expressed appreciation for the Bureau’s efforts to maintain dynamic and effective communication and collaboration with WHO and welcomed the changes that had been made to the format and content of the report in response to Member State suggestions. Nevertheless, it was considered that the report did not provide a clear and comprehensive understanding of problems and situations that might affect PAHO as an organization and of the measures being taken to address them. It was suggested that it might be preferable to structure the report in a more schematic fashion.

87. The Bureau’s commitment to supporting WHO and United Nations reforms was applauded, as were its efforts to ensure that regional views were represented in those processes. In that connection, the Bureau was asked to comment on what impact the WHO reforms announced on 6 March 2019 might have in the Region.⁶ While the need to safeguard PAHO’s unique constitutional status was acknowledged, the Bureau was urged to maintain close coordination with United Nations partners, including the resident coordinators at country level, in order to ensure efficient and effective technical support and effective operation of the United Nations as a whole. It was also emphasized that national authorities should be involved in evaluations of joint operations with United Nations agencies at country level. Concern was expressed about the Region’s small share

⁶ See <https://www.who.int/news-room/detail/06-03-2019-who-unveils-sweeping-reforms-in-drive-towards-triple-billion-targets>

of the WHO budget. It was pointed out in that regard that, although the Region's allocation had risen in the previous two bienniums, the amount it actually received had remained about the same, which in effect meant that its share of the total had shrunk.

88. Mr. Chambliss said that the suggestions regarding the format and content of the report would be borne in mind in preparing the version to be submitted to the Executive Committee.

89. The Director explained that PAHO was participating in WHO and United Nations reform as the Regional Office for the Americas of WHO (AMRO). It had to do so, however, within the limits and mandates imposed by its own Constitution, which meant, for example, that some mandates adopted at WHO then had to be adopted at PAHO through a separate decision. Bureau staff had a longstanding tradition of collaboration with United Nations country teams and resident coordinators, and that collaboration would continue. However, there were some differences between PAHO and other United Nations agencies that had to be acknowledged—for example in reporting requirements, which were established on the basis of the Organization's Strategic Plan and the country collaboration strategies and biennial work plans agreed with national health authorities. While PAHO contributed to the United Nations Development Assistance Framework (UNDAF) in countries, the latter did not replace its own planning with PAHO Member States. The Bureau would keep Member States informed about PAHO's participation in United Nations reform and about what was being done to mitigate any negative impacts.

90. The recently announced reforms at WHO came in response to the need to restructure the Organization to deliver on the "triple billion" targets established under the 13th General Programme of Work. The new structure would promote working together to achieve those targets, strengthening the normative role of WHO, with emphasis on science and technology. Most of the technical areas in the WHO Secretariat would be placed under the Deputy Director-General, a move that mirrored the structure already in place in the Bureau, where all technical programs were overseen by the Assistant Director. One important effect of the WHO transformation process would be to reduce the silo effect and encourage interprogrammatic work. That approach was already being applied at PASB, under the direction of the Assistant Director, who was looking, in particular, at how to ensure that the Department of Health Systems and Services could work in an integrated fashion with other departments to deliver programs that previously had been delivered in a vertical manner, thereby ensuring greater effectiveness.

91. The WHO transformation agenda also called for strengthening of country offices. In the Americas, the country offices were already better resourced, both financially and in terms of staff, than offices in other regions. Accordingly, it would not be necessary to expend much effort in strengthening country offices in the Region, but the Bureau would continue to explore how to bolster technical cooperation in countries, enhance efficiency and effectiveness, and ensure that it was delivering on what Member States had asked it to do. It would also continue to share successful experiences from the Americas with the other WHO regions.

92. The Subcommittee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document SPBA13/INF/2)

93. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) presented an update on the status of the Master Capital Investment Fund and implementation of the Master Capital Investment Plan. Recalling that the Master Capital Investment Fund comprised five subfunds, she noted that the annex to Document SPBA13/INF/2 provided information on each of them for 2018, including their net balances. Ms. Angulo pointed out that there was a noteworthy balance of \$15.6 million in the Real Estate Maintenance and Improvement Subfund, which included the \$4.1 million transferred from the revenue surplus from the 2016-2017 biennium. The balance in the Reserve for the Master Capital Investment Fund had been \$4 million at the end of 2018.

94. PAHO country offices, whether rented, leased, or donated, continued to follow up with the relevant infrastructure improvement and maintenance plans identified in the 2014 condition assessment survey.⁷ Information on the total funds expended during 2018 for those projects could also be found in the annex to Document SPBA13/INF/2.

95. A number of security enhancements had been implemented at Headquarters. The closed-circuit television (CCTV) system had been upgraded and a security control room was created. All external doors had received an overhaul, and the initial project assessment and design to install turnstiles had been implemented, with construction soon to follow. In accordance with the vehicle replacement plan, 11 countries had replaced 16 vehicles in 2018, with 6 of those being for critical countries.

96. In the discussion that followed, the delegates asked about the progress achieved in connection with the updated real estate plan. Clarification was sought as to why the cost of the vehicles purchased in 2018 varied so widely across countries.

97. Ms. Angulo drew attention to a footnote in Document SPBA13/INF/2 that explained that the considerable sum expended on vehicle replacement in Guyana was based on the purchase of one and a half vehicles: one vehicle had been purchased in 2018 and the balance remaining from a vehicle purchased in 2017 had been paid off. The average cost of the vehicles purchased in 2018 had been \$35,000. With respect to the Master Capital Investment Fund, the focus in 2018 had been on replacing equipment on the roof of the Headquarters building, a matter that required immediate attention.

98. Mr. Gerald Anderson (Director of Administration, PASB) recalled that the Bureau had been advised that it should not expect any special contributions from Member States to finance plans to address the extensive list of items requiring attention in the Headquarters building. Consequently, the Bureau had needed to identify a source of financing before undertaking any significant expenditures. The Master Capital Investment Fund had seen

⁷ Document CE156/24, Rev. 1 (2015).

an increase of \$4.1 million, thanks to Member States' agreement to transfer that amount from the surplus remaining at the end of the 2016-2017 biennium. Similar transfers had been made during the last two biennial cycles, which had increased the Fund balance sufficiently to make it possible to carry out the most urgent capital repairs—those relating directly to the life and safety of personnel. The installation of turnstiles, which would allow for better control of ingress to and egress from the building, was the most urgent of the United Nations Department of Safety and Security recommendations and was expected to be carried out by the following year.

99. The Bureau would continue to monitor available funding and prioritize work in such a way as to remain consistent with the guidance received from Member States.

100. The Subcommittee took note of the report.

Draft Provisional Agenda for the 164th Session of the Executive Committee (Document SPBA13/INF/3)

101. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 164th Session of the Executive Committee contained in Document SPBA13/INF/3, noting that it reflected updates made to the list of topics examined by the Executive Committee during its 163rd Session.⁸ The draft provisional agenda comprised 10 program policy matters, including three items examined by the Subcommittee: the draft proposed Strategic Plan 2020-2025, the outline of the program budget for 2020-2021, and the scale of assessed contributions for 2020-2021. Six proposed plans of action would be considered. In addition to the usual administrative and financial matters and personnel matters, the agenda included 12 items for information, including the report on strategic issues between PAHO and WHO (see paragraphs 84 to 93 above), a report on implementation of the International Health Regulations, and progress or final reports on a number of technical initiatives, among others.

102. The Subcommittee noted the report and endorsed the provisional agenda as proposed by the Director.

Closure of the Session

103. Following the customary exchange of courtesies, the President declared the 13th Session of the Subcommittee closed.

Annexes

⁸ See Final Report of the 163rd Session, Document CE163/FR (2018).

IN WITNESS WHEREOF, the President of the Thirteenth Session of the Subcommittee on Program, Budget, and Administration, Delegate of Belize, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington D.C., United States of America, this twenty-ninth day of March in the year two thousand nineteen. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau. The Final Report will be published on the website of the Pan American Health Organization once approved by the President.

Marvin Manzanero
President of the 13th Session
of the Subcommittee on Program, Budget,
and Administration
Delegate of Belize

Carissa F. Etienne
Secretary ex officio of the 13th Session
of the Subcommittee on Program, Budget,
and Administration
Director of the Pan American Sanitary Bureau

Annex A

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Election of Officers
- 2.2 Adoption of the Agenda

3. PROGRAM POLICY MATTERS

- 3.1 Draft Proposed Strategic Plan of the Pan American Health Organization 2020-2025
- 3.2 Outline of the Program Budget of the Pan American Health Organization 2020-2021
- 3.3 Scale of Assessed Contributions 2020-2021
- 3.4 Engagement with non-State Actors
- 3.5 Non-State Actors in Official Relations with PAHO
- 3.6 Appointment of One Member to the Audit Committee of PAHO

4. ADMINISTRATIVE AND FINANCIAL MATTERS

- 4.1 Overview of the Financial Report of the Director for 2018
- 4.2 Amendments to the PASB Staff Regulations and Rules
- 4.3 PASB Human Resources Management

5. MATTERS FOR INFORMATION

- 5.1 Report on Strategic Issues between PAHO and WHO
 - 5.2 Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
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5. MATTERS FOR INFORMATION (*cont.*)

5.3 Draft Provisional Agenda for the 164th Session of the Executive Committee

6. OTHER MATTERS

7. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Working Documents

SPBA13/1	Agenda
SPBA13/2	Draft Proposed Strategic Plan of the Pan American Health Organization 2020-2025
SPBA13/3	Outline of the Program Budget of the Pan American Health Organization 2020-2021
SPBA13/4	Scale of Assessed Contributions 2020-2021
SPBA13/5	Engagement with non-State Actors
SPBA13/6	Non-State Actors in Official Relations with PAHO
SPBA13/7	Appointment of One Member to the Audit Committee of PAHO
SPBA13/8	Overview of the Financial Report of the Director for 2018
SPBA13/9	Amendments to the PASB Staff Regulations and Rules
SPBA13/10	PASB Human Resources Management

Information Documents

SPBA13/INF/1	Report on Strategic Issues between PAHO and WHO
SPBA13/INF/2	Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
SPBA13/INF/3	Draft Provisional Agenda for the 164th Session of the Executive Committee

Annex C

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**PAN AMERICAN HEALTH ORGANIZATION
ORGANIZACIÓN PANAMERICANA DE LA SALUD**

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Directora y Secretaria *ex officio* del
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