

**14th SESSION OF THE SUBCOMMITTEE  
ON PROGRAM, BUDGET, AND ADMINISTRATION  
OF THE EXECUTIVE COMMITTEE**

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**REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO**

**Introduction**

1. This report was presented for the first time to the Governing Bodies in 2018 (Document CD56/INF/3) to respond to Member States' request to review key strategic issues in the relationship between the Pan American Health Organization (PAHO) and the World Health Organization (WHO).
2. This is the third occasion in which this document is presented for the consideration of Member States. It will provide an update from August 2019 to January 2020 on relevant topics in three broad areas: *a)* governance; *b)* management, strategic planning, and Program Budget; and *c)* selected technical initiatives. Where a given topic is covered in more detail in another agenda item, reference is made to the relevant document.

**Governance**

***WHO Transformation Agenda***

3. For the 146th session of the WHO Executive Board (EB146) in February 2020, a number of documents were submitted in relation to Agenda Item 22.1, WHO Reform (Documents EB146/31, EB146/32, and EB146/33). All of these are related to guidelines for WHO governing bodies meetings and processes and, therefore, are not of direct relevance to PAHO.
  4. Document EB146/29 presents a WHO resource mobilization strategy that covers all of WHO, including the Regional Office for the Americas (AMRO). PAHO's own resource mobilization efforts are coordinated with those of WHO, including efforts to increase the funding level for the WHO AMRO budget allocation, which is traditionally underfunded.
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## **Management, Strategic Planning, and Program Budget**

### ***Results Framework of the 13th General Programme of Work 2019-2023***

5. The Results Framework of the 13th General Programme of Work 2019-2023 (GPW13) was approved at the 71st World Health Assembly (WHA) in May 2018 without a full results chain containing health impacts and outcomes, and measurable indicators of achievement. The latest version of the WHO Impact Framework was presented as a document associated with the draft WHO Programme Budget 2020-2021 (Document A72/5) to the WHA in May 2019. WHO Member States indicated that the Impact Framework still required additional refinement and consultation with Member States before it could be presented to the Executive Board at its 146th Session.
6. Document EB146/28 (part of Agenda Item 21.1) presents an update on the ongoing process to develop and finalize the WHO results framework. This process, which was undertaken in the second half of 2019, incorporated feedback from Member States generated from the six Regional Committee meetings. In addition, a technical consultation in October 2019, which included experts from Member States and academia, provided inputs to refine the methods of results measurement.
7. The impact measurement structure continues to include:
  - a) the top-level indicator of healthy life expectancy (HALE);
  - b) the triple billion targets, namely, universal health coverage (UHC), health emergencies, and healthier populations, along with the associated indices to measure them; and
  - c) 46 outcome indicators, including 39 indicators linked to the Sustainable Development Goals (SDGs) and seven non-SDG indicators, which were approved through WHA resolutions and have been selected for the GPW13.
8. The results chain and indicators of the Strategic Plan of the Pan American Health Organization 2020-2025, approved by Member States in October 2019, fully cover WHO's impact and outcome indicators in order to ensure availability of data reporting to the global level.
9. PAHO is closely following refinements to the definitions of the UHC index, emergencies index, and healthier populations index. The document notes that these are still under development. Furthermore, PAHO will continue to define accountability for output results through a set of indicators approved biennially in the PAHO Program Budget. PAHO will not use the WHO output scorecard, but will provide WHO with an assessment of output achievements based on regional joint assessment with Member States.

### *Update on AMRO Funding for the 2018-2019 Biennium*

10. Table 2 of Document EB146/30, Financing and Implementation of the Programme Budget (PB) 2018-2019 and Outlook on Financing of the Programme Budget 2020-2021, presents the overall financing status of the WHO Programme Budget 2018-2019. AMRO received a total of US\$ 136.5 million<sup>1</sup> from WHO in 2018-2019, including flexible funds for WHO Health Emergencies. This resulted in a financing gap of 28% by the end of 2019, the highest percentage among WHO major offices as the other offices had gaps below or close to 10%. Table 1 below provides an updated overview of the financing situation across major offices during 2018-2019, as of December 2019.

**Table 1. WHO Programme Budget 2018-2019  
Funding Levels across Regions as of 31 December 2019  
(in US\$ millions)**

Major Office	Approved PB	WHO Flexible Funding	WHO Voluntary Contributions	Total WHO Funds Budgeted	% Total (Budgeted/ Approved PB)
AMRO	190	102	35	137	72%
AFRO	834	294	453	747	90%
EMRO	336	147	170	317	94%
EURO	256	103	129	232	91%
SEARO	289	148	137	285	99%
WPRO	281	112	133	245	87%
WHO HQ	1,214	580	719	1,299	107%
<b>Total</b>	<b>3,400</b>	<b>1,486</b>	<b>1,776</b>	<b>3,262</b>	<b>96%</b>

11. Nevertheless, as stated in Document EB146/30, AMRO achieved the highest level of implementation (expenditures/financing) among all WHO regions as of 30 September 2019, with an implementation rate of 85%. This is followed by the Regional Offices of the Western Pacific at 78%, Europe at 77%, Africa at 74%, South-East Asia at 74%, and the Eastern Mediterranean at 70%. In addition, it is important to note the high reliance of AMRO on flexible funding, at 76%, while other major offices remained within the range of 39-51%. This is an ongoing challenge, as the Region of the Americas receives the smallest portion of WHO voluntary contributions, with a notable disparity in comparison with the other major offices.

### **Prospects for Financing the AMRO Programme Budget 2020-2021**

12. The WHO Programme Budget 2020-2021 (Document WHA72/4) was approved in May 2019 by the 72nd World Health Assembly (WHA72), with a total approved budget of \$5,840.4 million, including base programs at \$3,768.7 million, polio and special programs at \$1,071.7 million, and emergency operations and appeals at \$1,000 million.

<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

13. The WHO Programme Budget 2020-2021 sets the total allocation to AMRO at \$215.8 million, representing a 12.4% increase over 2018-2019 (\$192 million). However, AMRO expects to receive a total of approximately \$143 million from WHO. This amount comprises \$108 million in flexible funds, including funds from the WHO Health Emergencies Program (WHE), and \$35 million in voluntary contributions, not including emergency voluntary contribution funds. This projected funding from WHO will leave a greater financing gap in AMRO for 2020-2021 of approximately \$73 million. It should be noted that any increase of WHO mobilization efforts should include the needs of AMRO.

### ***Evolution of the Selection Process for WHO Representatives***

14. In 2009, WHO introduced an evaluation process for the post of WHO Representative in order to improve the quality of prospective candidates through an examination of their skills, competencies, and behaviors and to enhance transparency associated with the recruitment process. Over the intervening years, the evaluation process has been strengthened. WHO staff, including PAHO, are now involved in the Assessment Centre as observers and internal assessors, working closely with the external assessors. PAHO/WHO staff must complete the evaluation prior to being placed on the roster.

15. PAHO has introduced a training initiative for prospective candidates in order to better prepare them to be successful when they participate in the WHO assessment process.

### **Selected Technical Initiatives**

#### ***Collaboration for Universal Access to Health and Universal Health Coverage***

16. PAHO increased advocacy for universal access to health and universal health coverage, including participation in the global movement for the renewal of primary health care (PHC). The High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata, established by the Director of PAHO in 2018, presented its report in April 2019 in Mexico City at an event hosted by His Excellency Andrés López Obrador, President of Mexico; Dr. Carissa Etienne, Director of PAHO; Ambassador Nestor Mendez, Assistant Secretary General of the Organization of American States and Chair of the High-Level Commission; and Dr. Michelle Bachelet, UN High Commissioner for Human Rights. The event, which was attended by the 17 members of the Commission, also drew representatives from 24 Member States, including 20 ministers of health and other senior government officials, as well as civil society representatives. The report highlighted the importance of PHC, called for eliminating barriers to access, and provided ten recommendations toward the achievement of universal access to health and universal health coverage by 2030.

17. Following the presentation of the report, PAHO's Director launched the Regional Compact on Primary Health Care for Universal Health, known as Compact 30-30-30: PHC for Universal Health. The compact calls for accelerated efforts to transform health systems toward equitable, comprehensive, and inclusive health care models based on

PHC. Specifically, it proposes that countries reduce the barriers that hinder access to health by at least 30 percent and allocate at least 30 percent of public expenditure in health to the first level of care by 2030.

18. On 23 September 2019 at the United Nations General Assembly, a High-level Meeting entitled Universal Health Coverage: Moving Together to Build a Healthier World, was convened to mobilize political support at the highest level. Efforts at this level would ensure that all people receive the health care and protection they need. PAHO supported Member States and fielded a delegation led by its Director.

19. PAHO continues to engage in the Universal Health Coverage Partnership as one of six participating WHO regions, bringing in 15 new countries from the Region of the Americas in 2019 with funded regional and country support. PAHO regularly engages with the partners supporting the Universal Health Coverage Partnership.

### ***Tuberculosis***

20. PAHO and WHO have had an excellent working relationship in the area of tuberculosis (TB) for several years. There is fluent communication and coordination between the PAHO Regional Program on Tuberculosis and the WHO Global TB Programme as they work to address strategic issues and provide technical support to countries in the Region. This cooperation has been strengthened since the First WHO Global Ministerial Conference on Ending Tuberculosis, held in Moscow in November 2017, during which PAHO's Director announced that the Americas would be the first region in the world to eliminate TB as a public health problem. This aspiration was reemphasized during the preparations and development of the United Nations General Assembly High Level Meeting (UNHLM) on TB held in September 2018. The countries in the Region are implementing the WHO End TB Strategy and the commitments of the UNHLM with support from PAHO and WHO.

21. There is ongoing collaboration and joint work in a number of areas, including *a)* annual TB data collection; *b)* World TB Day observances; *c)* capacity building on analysis and use of TB information; *d)* conducting TB epidemiological reviews in Brazil, Guatemala, Haiti, and Peru; *e)* comprehensive monitoring visits to high-burden countries, namely, Brazil and Haiti; *f)* updated management of drug-resistant TB and support for the Regional Green Light Committee's activities in countries with Global Fund grants; *g)* implementation of the WHO TB elimination framework in low-incidence countries with emphasis on the Caribbean subregion and preparation of a project to further support this process; *h)* technical support for the development of national catastrophic cost surveys on TB in Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, and several Andean countries; *i)* strengthening TB operational research and national research networks; *j)* implementation of the road map for ending TB in children and adolescents; *k)* implementation of the ENGAGE-TB approach to increase civil society participation; *l)* strengthening laboratory technical capacity; *m)* TB/HIV collaboration; *n)* advocacy for TB prevention and control in indigenous groups; and *o)* guidance on the multisectoral

accountability framework for TB. There are plans underway for joint work in these areas in 2020.

### ***Neglected Infectious Diseases Elimination Agenda***

22. PAHO's Regional Neglected Infectious Diseases Program collaborates closely with WHO's Control of Neglected Tropical Diseases Department with a view to reducing their burden and controlling or eliminating those that are prevalent in the Americas. Areas of collaboration include technical and financial support for implementation of activities and for the monitoring and evaluation of public health interventions; technical discussions and guidance to better support the countries' programs; supplies of diagnostic tests for lymphatic filariasis and schistosomiasis; and procurement of drugs for the treatment of lymphatic filariasis, soil-transmitted helminthiases, leprosy, leishmaniasis, and Chagas disease.

23. Important achievements in the recent past include: *a)* the elimination of onchocerciasis in four countries; *b)* the elimination of trachoma as a public health problem in Mexico; *c)* the interruption of Chagas transmission by the main vector in 17 countries; *d)* universal blood screening for Chagas disease implemented in all endemic countries; *e)* the elimination of leprosy as a public health problem at the national level in 23 countries; and *f)* the verification of elimination of human rabies transmitted by dogs in Mexico.

24. PAHO participates actively in the meetings of the WHO Strategic Technical Advisory Group for Neglected Tropical Diseases and has contributed extensively to the development and finalization of the WHO Neglected Tropic Diseases Roadmap 2021-2030.

### ***Health Information and Global Health Observatory***

25. PAHO and WHO collaborate to provide support for technical cooperation to advance the implementation of a global digital health strategy, specifically around issues related to the process of digital transformation of the health sector. This effort is implemented through several initiatives such as Information Systems for Health (IS4H), SCORE,<sup>2</sup> the Global Health Observatory, and the WHO Family of International Classifications, particularly the International Classification of Diseases, now in its 11th revision (ICD-11).

26. There is also continuing collaboration on health data and information management to enhance the global mortality database. As of December 2019, PAHO and WHO have embarked on a new project entitled WHO Mortality Database Project: Developing a 21st Century Digital Platform, specifically to strengthen capacity and improve the access of Member States to standardized mortality data and information. WHO has strong collaboration with PAHO on Improving Program Implementation through Embedded

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<sup>2</sup> SCORE is a WHO initiative, related to health data, which produces a technical package to assist Member States in strengthening their country health data systems and capacities by responding to the monitoring requirements of the health and health-related Sustainable Development Goals, including Universal Health Coverage, and other national and sub-national priorities. This data gathering exercise is currently being incorporated into the IS4H Maturity Model in our Region.

Research (iPier), an initiative to facilitate effective health interventions by using research as a part of the implementation process.

### ***Response to the Ebola Outbreak and Other Emergencies***

#### *Support for the Ebola Outbreak Response*

27. Answering the WHO Director-General's call for volunteers to support the WHO response to the 10th Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC), PAHO collaborated with WHO to provide surge capacity in technical areas. PAHO deployed one expert to assume the role of Chief of Staff to the Assistant Director General for WHE Response, based in Goma, DRC, from 30 August to 22 November 2019. Among other tasks, the PAHO expert acted as the WHO point of contact for representatives of international assistance and cooperating agencies. This PAHO deployment led to high-level recommendations, reflecting the synergies, understanding, and approach adopted by both PAHO and WHO.

#### *Support for the Humanitarian Crisis in the Bolivarian Republic of Venezuela*

28. During the last two years, PAHO has been leading the health humanitarian effort in Venezuela, with support from WHO, including funding from the Contingency Fund for Emergencies (CFE). PAHO's health coordination group in Venezuela, active since 2018, has been formalized as the health cluster in the latter part of 2019 within the activation of the United Nations cluster mechanism. Therefore, PAHO Health Emergencies, working together with WHE, identified and contracted a Cluster Coordinator to support the health cluster operations, beginning in January 2020 for a period of six months. The Cluster Coordinator will provide leadership within the cluster, develop and maintain an operational response plan, and coordinate with other clusters on various cross-cutting issues.

#### *Support to the Bahamas in the Wake of Hurricane Dorian*

29. PAHO collaborated with WHO in providing funding to facilitate emergency response in the Bahamas following Hurricane Dorian in September 2019. Within 24 hours of the request to WHO, PAHO received approval for \$1 million of CFE funds. Through this collaboration, CFE funds have played an integral role in responding to the short-term health care needs of the most affected populations, especially in the following areas: *a)* restoring access to essential health services and continued delivery of medical care; *b)* restoring access to safe water by ensuring the quality of water in affected communities; *c)* restoring proper hygiene and sanitation, adequate waste management, and vector control in affected communities; and *d)* increasing epidemiological surveillance to support early detection and management of disease outbreaks. In addition, the CFE funds supported the deployment of 26 experts who have worked during the emergency and recovery process. PAHO, with support from WHO, will continue to maintain operational readiness and efficiency to ensure timely and appropriate responses as needed during the recovery stage.

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