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World Health Organization
REGIONAL OFFICE FOR THE Americas

59th DIRECTING COUNCIL

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Virtual Session, 20-24 September 2021

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FINAL REPORT

Opening of the Session

1. The 59th Directing Council, 73rd Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held from 20 to 24 September 2021. Owing to the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, the session was held online using a virtual meeting platform.

2. Dr. Fernando Ruiz Gómez (Minister of Health, Colombia, outgoing President) opened the session and welcomed the participants. Opening remarks were made by H.E. Mr. Sebastián Piñera (President of Chile), Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Mr. Xavier Becerra (Secretary of Health and Human Services, United States of America), Mr. Luis Almagro Lemes (Secretary General, Organization of American States), Mr. Mauricio Claver-Carone (President, Inter-American Development Bank), and Dr. Tedros Adhanom Ghebreyesus (Director-General, World Health Organization). Their respective speeches may be found on the webpage of the 59th Directing Council.[1]

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Panama, Paraguay, and Sint Maarten as members of the Committee on Credentials (Decision CD59[D1]).

Election of Officers

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD59[D2]):

President:	Jamaica	(Dr. Christopher Tufton)
Vice President:	Ecuador	(Dr. Alfredo Borrero Vega)
Vice President:	El Salvador	(Dr. Francisco Alabi Montoya)
Rapporteur:	Chile	(Dr. Francisco Adriazola Santibáñez)

5. The Director of the Pan American Sanitary Bureau (PASB or Bureau), Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Ms. Mary Lou Valdez, served as Technical Secretary.

[1] Available at: https://www.paho.org/en/governing-bodies/directing-council/59th-directing-Council.

Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

6. Pursuant to Rule 34 of the Rules of Procedure, the Directing Council appointed Antigua and Barbuda, Honduras, and Peru as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution (Decision CD59[D3]). The report of the Working Party was presented subsequently in conjunction with the Council's consideration of the report on the collection of assessed contributions (see paragraphs 109 to 117 below).

Establishment of the General Committee

7. It was agreed that, in light of the logistical limitations presented by the virtual meeting platform, all matters related to the orderly dispatch of the business of the Council that would ordinarily have been dealt with by the General Committee would be dealt with by the Council itself (Decision CD59[D4]).

Adoption of the Agenda **(Document CD59/1)**

8. The President proposed to the Council that, given the limitations presented by the virtual meeting platform, reports on items 8.6 to 8.17 of the agenda prepared for the information of Member States, not to be discussed during the session. Member States and representatives of non-State actors in official relations with PAHO were invited to submit written comments on those items for inclusion in the final report of the session. The comments received are summarized in Annex D of this report.

9. The Directing Council adopted the agenda proposed by the Director (Document CD59/1) without change, accepting the proposal of the President, together with a program of meetings (Document CD59/WP/1, Rev. 1) (Decision CD59[D5]).

Constitutional Matters

Annual Report of the President of the Executive Committee **(Document CD59/2)**

10. Ms. Adriana Salazar González (Costa Rica, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration (SPBA) between September 2020 and September 2021, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 59th Directing Council and noting that she would report on other items as they were taken up by the Council. She also noted that, owing to the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, the 15th Session of the SPBA and the 167th and 168th Sessions of the Executive Committee had been conducted using a virtual meeting platform.

11. Items discussed by the Executive Committee but not forwarded for consideration to the Council included the appointment of a new member to the PAHO Audit Committee, amendments to the PASB Staff Rules related to staff salaries and other benefits, and reports on the Master Capital Investment Fund, the Working Capital Fund, and the emergency loan

from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies, approved by the Committee during its Special Session in May 2020.[2] Details of the Executive Committee's deliberations on these and other matters may be found in the final reports of the two sessions.[3]

12. The Director expressed thanks to the President and the other Members of the Executive Committee for their work, which had helped to ensure that all proposed resolutions were ready for adoption by the Directing Council.

13. The Directing Council also expressed thanks to the President and the Members of the Executive Committee and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau **(Document CD59/3)**

14. The Director introduced her 2021 annual report,[4] the theme of which was "Working through the COVID 19 Pandemic," chosen to reflect the difficult times and unprecedented challenges through which the Bureau had navigated to deliver technical cooperation during the last 12 months of the COVID-19 pandemic. Despite immense hardship and complications, the Organization had carried out its work undiminished, striving to fulfill PAHO's values of equity, excellence, solidarity, respect, and integrity, within the overarching framework of Pan Americanism. The Bureau's satisfaction in that regard, however, was tempered by the catastrophic health, social, and economic impacts of the COVID-19 pandemic, which had jeopardized many of the public health gains made by the countries of the Region of the Americas.

15. As of 30 June 2021, almost 72.5 million cases of COVID-19 had been reported in the Region of the Americas, representing some 40% of the total cases reported globally and 48% of the deaths worldwide. Many COVID-19 survivors were suffering from "long COVID," the full spectrum of which was still unfolding. Despite countries' best intentions and efforts, access to COVID-19 vaccines remained inequitable, and vaccine uptake had been suboptimal in many areas and population groups due to vaccine hesitancy and widespread misinformation, myths, and disinformation. This, coupled with weaknesses in surveillance, overburdened health services, and reduced public health services, such as noncommunicable disease (NCD) screening and routine immunization of children, were cause for concern. The Region was facing a probable threat of reemergence of vaccine-preventable diseases. These problems were compounded by significant negative social and economic consequences of the pandemic, the impact of which would be long-lasting.

16. In the face of these challenges, both PAHO Member States and the Bureau had demonstrated boundless capacity for resilience. The Bureau had adapted to the restrictions imposed by the pandemic and had continued its technical cooperation with Member States,

[2] See Resolution CESS1.R1 (2020).
[3] Documents CE167/FR (2020) and CE168/FR (2021).
[4] The full text of the Director's speech may be found on the website of the 59th Directing Council.

focusing on preparedness and response to the pandemic and other emergencies, while simultaneously addressing other priority areas. The Annual Report summarized the Bureau's achievements, innovations, challenges, and the lessons learned.

17. The Bureau had continued to strive for fairer health outcomes over the life course, recognizing the increased vulnerabilities of women, mothers, children, adolescents, and older persons during the pandemic and the particular impact of COVID-19 on pregnant women. While working intensely to enable equitable access to COVID-19 vaccines, the Bureau had continued to promote and facilitate routine immunization. It had also worked to counter the misinformation and disinformation surrounding vaccines in general and COVID-19 vaccines in particular.

18. The Bureau had continued its technical cooperation to advance the reduction and elimination of communicable diseases and environmental threats. It had also strengthened country capacity to detect and prevent antimicrobial resistance. As a complement to these efforts, the Bureau had advanced interventions in water, sanitation, and hygiene, particularly to control the spread of COVID-19, and had integrated environmental surveillance into routine health surveillance systems. In addition, the Bureau had worked to help mitigate the impact of climate change, especially in the vulnerable small island developing states of the Caribbean. Significant time, effort, and resources had been devoted to promoting new perspectives on the prevention and control of NCDs, including mental, neurological, and substance use disorders, in the face of overwhelming evidence of worse COVID-19 outcomes in persons living with these conditions.

19. In light of the ongoing COVID-19-related restrictions, the Bureau had continued to build on pandemic-inspired innovations for digital transformation and decision-making in health, advising countries on how to adopt or adapt information technologies for a more effective COVID-19 response; monitored social inequalities and facilitated research to advance health equity; helped countries translate knowledge into action; widely disseminated information through searchable platforms and other modalities; and implemented knowledge management strategies. The Bureau's efforts to enhance equity- and human rights-based approaches had continued. Among other activities, it had accelerated work to develop health equity indicators, conducted studies to document gender-related differentials in the impact of the COVID-19 pandemic, and offered guidance to address the health of migrants in the current situation.

20. PASB's institutional strengthening interventions had supported enhanced performance of the enabling functions for technical cooperation and rapid responses to the evolving pandemic while at the same time protecting its greatest asset: its human resources. Among other measures, it had adjusted its planning and budgeting to manage the evolving situation, ensuring prudent management of PAHO's limited resources and transparency in its operations, forged new partnerships and alliances while strengthening traditional ones, enhanced information technology and communications, and improved PASB's infrastructure, where needed and as appropriate.

21. Embracing the age of digital interdependence and considering the need to access critical and up-to-date data and strategic information, the Bureau was launching two major digital platforms: Health in the Americas, its flagship publication, which provided a key analysis supported by dynamic dashboards on potentially avoidable premature mortality in the Region, and the core indicators platform, a virtual space that contained datasets with over 270 key health and health-related indicators for the Region to support informed policy- and decision-making processes.

22. The Director expressed gratitude to Member States and other valued partners for their unstinting support and collaboration over the grueling months of the pandemic, without which none of the achievements highlighted in the report would have been possible. She also conveyed her sincere appreciation to the PASB staff for their dedication, commitment, adaptability, and resilience, which had been crucial to the Bureau's ongoing efforts to fulfill the Organization's mission.

23. Member States commended the Director for her comprehensive and timely report. Delegates affirmed that the COVID-19 pandemic had had repercussions for entire health systems, reducing their ability to continue providing routine care for NCDs and other health conditions. Several delegates also pointed to the increase in poor mental health outcomes as a result of the pandemic and congratulated the Director for highlighting this issue in the report. Noting that the Americas remained the most inequitable region in the world, delegates stressed the need for comprehensive, resilient, equity-based health systems that would protect everyone.

24. Delegates agreed on the need for regional solidarity, with several calling on Member States to honor their financial commitments to the Organization to support its mission. There was also agreement on the need for continued PAHO technical cooperation and representation in global discussions concerning the response to the COVID-19 pandemic, as the Region of the Americas had much to offer in terms of the global public health architecture and best practices in preparing for public health emergencies.

25. Delegates expressed disappointment at the continued inequity and fragmentation in access to COVID-19 vaccines and reaffirmed their commitment to the PAHO Revolving Fund for Access to Vaccines (the Revolving Fund). It was pointed out that the disparities in vaccine coverage were not due to an unwillingness to invest in vaccines, but to inequitable access to them, which had obliged governments to procure vaccines on their own rather than waiting for them to be delivered through the COVID-19 Vaccines Global Access (COVAX) Facility. A number of delegates underlined the need to decentralize vaccine, medicine, and health technology production to achieve regional self-sufficiency. It was noted that several countries were already producing diagnostic technologies, vaccines, and treatments for COVID-19.

26. The Director thanked Member States for their recognition of the Bureau's achievements, which were their achievements as well. Acknowledging the persistent inequity in health systems, she stressed the importance of strengthening the Region's health systems by focusing on primary health care, thanking the President of Mexico for

launching the 30-30-30 Primary Health Care Compact with PAHO, aimed at increasing investment in primary health care and removing barriers to access. She agreed that the Region must not focus solely on COVID-19, as there was also an epidemic of NCDs.

27. She acknowledged the challenges surrounding the COVAX Facility, observing that the concept was a good one but its execution was wanting. She noted that PAHO had moved quickly to determine how to unify approaches to ensure more equitable access to vaccines, holding meetings with various governments with a view to increasing vaccine donations in order to fill gaps in COVAX vaccine delivery. The Bureau was working through the PAHO Revolving Fund and with the Inter-American Development Bank (IDB) to increase access to COVID-19 vaccines. In addition, the Bureau was working with WHO to establish a platform for the transfer of mRNA vaccine technology so that COVID-19 vaccines could be produced in the Region, thereby giving all countries in the Region access to them. She emphasized that it was essential for the Region to harness its capacities to work as one for greater self-sufficiency in the production of vaccines, medicines, personal protective equipment (PPE), and other medical supplies.

28. The Directing Council thanked the Director and took note of the report.

***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Barbados, Ecuador, and United States of America* (Document CD59/4)**

29. The Directing Council elected Argentina, Bolivia, and Jamaica to membership on the Executive Committee for a three-year period and thanked Barbados, Ecuador, and the United States of America for their service to the Organization (Resolution CD59.R10).

Program Policy Matters

***Program Budget of the Pan American Health Organization 2022-2023* (*Official Document 363* and Add. I and Add. II)**

30. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had expressed appreciation for the Bureau's efforts to incorporate lessons learned from the previous biennium and from the pandemic response into the budget proposal. The Committee had also welcomed the Bureau's work with Member States to review the Organization's priorities. The cost-efficiency measures implemented by the Bureau had been applauded, but it had been hoped that those measures would not affect the deployment of technical cooperation at the country level, and the Bureau had been encouraged to review the proposed 3% increase in the allocation to the regional level in order to channel more resources to the country level. It had been recognized that the Bureau's ability to continue providing critical support during the pandemic and to implement the technical cooperation planned for the 2022-2023 biennium would depend on the availability of financial resources, and Member States had been urged to pay their assessed contributions on time and in full. In view of the historical shortfall in the receipt of the WHO allocation to the Region, the Bureau had been encouraged to plan

around potential gaps in WHO funding. It had also been encouraged to identify new strategies for resource mobilization.

31. The Executive Committee had adopted Resolution CE168.R6, recommending that the Directing Council approve the proposed program budget for 2022-2023. It had also adopted Resolution CE168.R7, recommending that the Directing Council establish the assessed contributions of Member States, Participating States, and Associate Members for the biennium 2022-2023 in accordance with the scale of assessments for 2022-2023 (see paragraphs 43 to 47 below).

32. Mr. Rony Maza (Director, Department of Planning, Budget and Evaluation, PASB) introduced the proposed program budget, noting that it was the second program budget to be presented under the PAHO Strategic Plan 2020-2025 and that it was designed to respond both to the current situation and needs and to medium- and long-term regional and global health commitments, including the Sustainable Health Agenda for the Americas 2018-2030 (SHAA30), the WHO Thirteenth General Programme of Work (GPW13), and the Sustainable Development Goals (SDGs). He also noted that the proposal had been developed through a bottom-up planning and costing exercise involving all three levels of the Organization. It proposed a strategic direction that took account of current challenges and opportunities to build on successes and lessons learned and implement new ways of working and innovative approaches. The proposal was based on three strategic approaches and six areas of focus, which were interconnected and linked to the outcomes in the Strategic Plan. It was underpinned by the principles of equity and solidarity.

33. Together with Member States, the Bureau had conducted a strategic review of priorities to ensure that PAHO's technical cooperation remained responsive and relevant. The distribution of the budget by outcome would be based on the results of that prioritization exercise and the bottom-up costing exercise. Planning, budgeting, and resource allocation at country level would be guided by the individual country prioritization results, which varied from country to country. The country pages annexed to Official Document 363 showed the top-tier priorities and budget allocation for each country.

34. The proposal called for a total budget of US$ 688 million,[5] including $640 million for base programs and $48 million for special programs, $20 million and $18 million more, respectively, than in the 2020-2021 biennium. The increases would be financed entirely from the increase in the WHO allocation to the Region, which amounted to $252.6 million for base programs and $17.3 million for special programs. Total PAHO net assessed contributions would remain unchanged under the Program Budget 2022-2023. Mr. Maza noted that the Bureau was mindful of the economic difficulties that Member States were experiencing as a result of the COVID-19 pandemic and was therefore not requesting any increase in assessed contributions. He pointed out, however, that assessed contributions had not risen since 2012, which in real monetary terms represented a significant reduction in the Organization's budget, as operating costs had continually increased. While the

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

Bureau continued to implement efficiency measures, it faced challenges in meeting the growing demand for technical cooperation and relied on Member States to pay their assessed contributions in a timely manner.

35. Like the Executive Committee, the Directing Council welcomed the Bureau's efforts to incorporate lessons learned from the previous biennium and from the pandemic response in the budget proposal and applauded its commitment to Member State prioritization exercises. The program budget was seen as an important instrument for ensuring efficiency, transparency, and accountability in the use of the Organization's resources. Delegates were pleased that the proposal took account of the repercussions of the pandemic, including the socioeconomic repercussions, at the global, regional, and national levels. The proposal's three strategic approaches—protecting public health gains while ensuring an effective response to the COVID-19 pandemic, recovering from the impact of the pandemic, and building back stronger—were considered timely and appropriate. It was considered critical to continue implementing lessons learned from the COVID-19 pandemic as the program budget was implemented and to make adjustments as needed.

36. The proposal's alignment with GPW13 and its results framework and with the WHO program budget for 2022-2023 was welcomed. It was pointed out that such alignment would facilitate reporting between the global and regional levels. Concern was expressed about the downgrading of the priority of some outcomes as a result of the prioritization exercise, in particular the shift from high priority to medium priority of the outcome relating to malnutrition. The Bureau was asked to explain how the effects of that lowered priority would be mitigated and whether the change would affect the budgetary allocation to the PAHO's nutrition program.

37. It was suggested that it should be made clear that key technical cooperation activities at country level, particularly those relating to multisectoral activities and strengthening stewardship, would be carried out hand-in-hand with national health authorities. It was also suggested that the program budget for 2024-2025, the last program budget for the period covered by the Strategic Plan 2020-2025, should present a graphic representation of funding and execution by component in order to facilitate evaluation and the identification of funding gaps.

38. The concern regarding the historical shortfall in the receipt of the WHO allocation to the Regional Office for the Americas (AMRO) was reiterated, and PAHO's heavy reliance on unpredictable and earmarked funding was noted. The Bureau was again encouraged to plan around potential gaps in funding, and Member States, Associate Members, and Participating States were again urged to pay their assessed contributions on time and in full to enable PAHO to continue to play its critical role in supporting them during the pandemic and beyond.

39. Mr. Maza said that the Bureau was hopeful that the positive trend noted in the receipt of the WHO allocation to the Region in recent years would continue; nevertheless, it planned to continue its efforts to expand its donor base and mobilize additional resources.

To that end a new resource mobilization strategy had been put in place, and a new communication strategy, aimed at publicizing PAHO's work and increasing outreach to potential partners, would soon be implemented. He also pointed out that some of the funding received for the COVID-19 response would be shifted to base programs as the Region transitioned out of emergency mode.

40. With regard to the changes in the priority level of some outcomes, Mr. Maza explained that the prioritization shown in Official Document 363 represented the collective view of a majority of Member States with regard to the areas that should receive greater emphasis in PAHO's technical cooperation. He stressed, however, that the other outcomes were not considered any less important. With regard to nutrition, while the priority level of the outcome had changed, the budget allocation for nutrition-related activities would remain the same, reflecting the importance attached to the issue. Moreover, nutrition would remain a high priority for countries that had identified it as such. It was also important to note that additional support would be provided for nutrition activities through interprogrammatic work in related areas, such as noncommunicable diseases and risk factors and social determinants of health.

41. Dr. Jarbas Barbosa (Assistant Director, PASB) confirmed that the Bureau would continue to provide technical cooperation to help Member States address the two facets of malnutrition: undernutrition and overweight/obesity. He expressed appreciation to Member States for their ongoing advocacy within the WHO Governing Bodies aimed at ensuring that the Region received a fair share of the WHO budget and noted that such advocacy would need to continue in order secure the funding needed to implement the PAHO Program Budget 2022-2023.

42. The Directing Council adopted Resolution CD59.R8, approving the Program Budget of the Pan American Health Organization 2022-2023 as outlined in Official Document 363. The Council also adopted Resolution CD59.R9, establishing the assessed contributions of Member States, Participating States, and Associate Members for the financial periods 2022 and 2023, with no increase with respect to the 2020-2021 biennium.

Scale of Assessed Contributions 2022-2023 **(Document CD59/5)**

43. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had been informed that the PAHO scale of assessed contributions for 2022-2023 would be based on the scale adopted by the General Assembly of the Organization of American States (OAS) in October 2018, which would cover the period from 2019 to 2023. As the OAS scale would apply different percentage calculations for 2022 and 2023, the PAHO scale would also differ in the two years of the biennium. The changes in the percentage calculation would entail an increase for all OAS Member States except the United States of America. In the Executive Committee's discussion, it had been pointed out that it was not in the Organization's best interest to be heavily dependent on a single donor and that equitable sharing of assessed contributions among Member States would encourage financial sustainability. The Executive Committee had

adopted Resolution CE168.R5, recommending that the Directing Council approve the scale of assessed contributions for 2022-2023.

44. In the Directing Council's discussion of the report, a delegate pointed out that the OAS scale had been adopted under conditions that were very different from those currently prevailing. In the current context of economic slowdown and budgetary constraints, his country could not support the proposed scale of assessments. He therefore called for the current scale to be maintained and for any discussion of an increase in the scale to be deferred to a future session of the Directing Council. Another delegate voiced support for that position.

45. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) explained that the changes in the PAHO scale of assessment represented a redistribution, not an increase, of the overall amount of assessed contributions, which would not change from its current level of $194.4 million. The decrease in the percentage share of the United States, however, would be offset by slight increases in the percentage shares of other Member States.

46. The Director, noting that the overall level of assessed contributions had not changed since 2012, pointed out that PAHO was obligated under its Constitution to apply the OAS scale, which had been approved by Member States at the OAS General Assembly. Any increases in the actual amount of assessed contributions resulting from the application of the scale were the result of the redistribution to which Mr. Maza had alluded; they were not increases imposed by PAHO. She also emphasized that the Bureau relied on Member States to provide the funds needed to enable it to meet the increased demand for technical cooperation in the context of the pandemic.

47. After hearing the explanations provided by Mr. Maza and the Director, the Directing Council adopted Resolution CD59.R7, approving the Scale of Assessed Contributions 2022-2023 as set out in Document CD59/5.

***Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CD59/6)**

48. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had voiced strong support for the roadmap. The Committee had emphasized that the digital transformation process must ensure the availability, accessibility, and interoperability of information. It had also underlined the need for high security standards to protect the confidentiality of patient information, while at the same time ensuring the availability of information to facilitate evidence-based policy-making. The Committee had also underlined the importance of appropriate training in the ethical use of data and in digital literacy. Delegates had pointed out that the technology required for digital transformation was not available to everyone in the Region and had highlighted the need for governments to invest in universal connectivity and mobile telephone coverage, especially in remote and vulnerable communities. The Executive Committee had adopted Resolution CE168.R3, recommending that the Directing Council approve the roadmap.

49. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the proposed roadmap for the digital transformation of the health sector in the Region, pointing out that, while it was related to the proposed policy on the application of data science in public health using artificial intelligence and other emerging technologies (see paragraphs 57 to 66 below), it called for specific and distinct policy actions.

50. He pointed out that, as the COVID-19 pandemic had disrupted the provision of care at primary health care facilities, digital solutions, in particular telemedicine, had emerged as a cornerstone of universal access to health and universal health coverage. Digital solutions could facilitate the assessment, diagnosis, and management of health problems and foster greater equity in access to timely medical care and appropriate responses to public health challenges. However, in order to bring about digital transformation, it would be necessary to close the "digital divide" and ensure digital access and literacy for all, with special attention to the most vulnerable populations.

51. The aim of the roadmap was to support ministries of health in participating in a safe, ethical, equitable, inclusive, and cost-effective way in the digital transformation processes of governments with a view to accelerating the adoption and implementation of interoperable digital health solutions across all sectors through a multistakeholder approach and in collaboration with key partners.

52. The Directing Council welcomed the proposed roadmap, with delegates agreeing that the pandemic had highlighted the need for telemedicine and other digital health solutions and affirming that the eight lines of action would help to accelerate the digital transformation already under way in their countries. It was pointed out that the digital transformation of the health sector would contribute not only to better access to health care but also to social, economic, and technological development in the Region and to the achievement of the SDGs. It would also help to strengthen information systems and support evidence-based policy- and decision-making. Several delegates described the steps their countries had taken to advance the use of digital technology in the health sector, while also recognizing that much work remained to be done. Cooperation between countries and sharing of knowledge, experiences, and best practices were seen as key means of implementing the roadmap and furthering digital transformation in the Region. An interdisciplinary multistakeholder approach was also considered crucial.

53. Delegates highlighted the need to address the large disparities between and within countries in access to technologies and in infrastructure and connectivity, without which the digital transformation could exacerbate, not alleviate, the existing inequalities and inequities in the Region. Government investment in the extension of mobile telephony, electricity, and Internet services, particularly in rural areas, was considered an essential prerequisite for achieving digital transformation. The critical importance of interoperability to enable the electronic exchange of information was underscored. The importance of promoting digital literacy was noted, as was the need to ensure adequate attention to ethical considerations and the protection of human rights in any digital health efforts. The need to strengthen legal provisions and regulatory systems in this area was also noted.

Representatives of two non-State actors in official relations with PAHO drew attention to the important role that digital health technologies could play in the management of care for persons with chronic conditions.

54. Dr. García Saisó said it was clear that digital transformation would strengthen primary health care and improve access to health services at the community level, provide the capacity to improve the quality and timeliness of data and the use of data for decision- and policy-making, and support efforts to improve the resiliency of health systems and better equip them to respond to changing needs and challenges. He acknowledged that, in working towards the digital transformation of the health sector, it would be essential to avoid deepening persistent health inequalities and ensure that no one was left behind. The Bureau stood ready to support Member States in all aspects of their digital transformation efforts.

55. The Director thanked delegates for their recognition of the need to accelerate the digital transformation of the health sector, a need that had been made all the more apparent by the COVID-19 pandemic. It was essential to move towards regional interoperability and interconnectedness in the Region and to address the digital divide and gaps existing in the Region. Digital solutions, innovations, and technologies must be available to all. She looked forward to working with Member States to achieve digital transformation.

56. The Directing Council adopted Resolution CD59.R1, approving the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas.

Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies **(Document CD59/7)**

57. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had expressed solid support for the policy on the application of data science in public health and for the priority actions proposed under the policy. Delegates had agreed on the need to develop and implement policies and initiatives on the use of data science, in particular to strengthen public health data and surveillance and increase the availability of evidence-based information for decision-making. At the same time, the Committee had recognized a number of challenges in this area, such as the need to strengthen regulatory systems, protect privacy, and ensure the ethical and transparent use of data. The Committee had noted that implementing the policy would require action beyond the health sector and had considered it vital to ensure that data science tools were used in a way that did not exacerbate existing health disparities, but rather served to reveal them and provide the basis for addressing them. The Executive Committee had adopted Resolution CE168.R2, recommending that the Directing Council approve the policy.

58. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the proposed policy, pointing out that the COVID-19 pandemic had highlighted the importance of timely and secure access to critical data and accurate and reliable information for decision-making. The pandemic had also revealed the limitations that existed in this area and their negative effect on countries' responses, as

health statistics were often incomplete and produced in a way that was not interoperable or machine-processable. He explained that the aim of the proposed policy on the application of data science was to provide strategic and technical guidance to support Member States in creating an enabling environment to support general and predictive analysis for modeling and forecasting and for identifying public health trends and advanced digital solutions, such as artificial intelligence (AI), to improve health analysis and decision-making.

59. Dr. García Saisó noted that, while new technologies opened up opportunities for health analysis to draw upon a plethora of data that could provide greater insight into complex public health challenges, they also brought new risks and challenges. An analysis of IS4H maturity in the countries and territories of the Region had shown that there was great opportunity for better health data management, but also major challenges in relation to governance and regulatory issues, critical levels of aggregation, cybersecurity, and ethical use of information and data. The proposed policy was intended to help Member States tackle those challenges through eight priority actions, which were described in Document CD59/7.

60. The Directing Council acknowledged the need to improve the availability of timely and accurate data to guide public health policies, programs, and interventions and voiced strong support for the proposed policy, whose eight priority actions would serve as important guidelines for strengthening the application of data science in the Americas. The Council also acknowledged that the pandemic had accentuated the need for accurate real-time data, including data from epidemiological surveillance and geographic information systems, and enhanced capacity for data capture, processing, and analysis to support decision- and policy-making. It was pointed out that the pandemic had both slowed digital health efforts and offered opportunities to advance in the application of data science tools in the health sector. Delegates urged Member States to strengthen the capacity of their health institutions and professionals to use such tools to improve and simplify information management and analysis processes.

61. A number of delegates stressed that the need for disaggregated and stratified data in order to identify vulnerable populations and inequalities in access to care and other areas. The importance of indicators to measure such inequalities and to assess changes with regard to determinants of health, the health status of populations, and health systems was highlighted. Several delegates noted the importance of training for human resources, including staff responsible for health statistics, in the use of data science technologies. Attention was drawn to the importance of presenting new and emerging data science technologies to health workers as a means of enhancing their current activities and not as a replacement for traditional methods. In that connection, the importance of communication and change management strategies was highlighted.

62. It was considered essential to establish strong regulatory frameworks based on ethical principles to protect personal data, confidentiality and privacy and ensure the transparent use of algorithms and data. It was pointed out that there was an important nuance between open data and open algorithms and that many data science initiatives used

proprietary algorithms or software that could not be shared openly. Moreover, there were legal and ethical barriers to sharing many types of health data openly and technical barriers to data anonymization.

63. Several delegates noted their countries' need for technical assistance in this area and underlined the importance of international cooperation and partnerships to facilitate the sharing of experiences and lessons learned. A representative of a non-State actor in official relations with PAHO highlighted the inequalities in access to technologies and resources in the Americas and called on governments and institutions to support the development of evidence-based health technologies.

64. Dr. García Saisó said that the Bureau would support Member States in implementing the policy, adapting its efforts to countries' needs, characteristics, and relative level of development, with a view to ensuring that all countries in the Region would be better prepared to respond to current and future health challenges.

65. The Director observed that the Region had made considerable progress with regard to health information systems and data science over the previous decade. Nevertheless, there was a clearly recognized need for further enhancement of information systems and for capacity-building among health workers in the application of data science technologies. She affirmed that the Bureau was committed to working with Member States and other partners on this.

66. The Directing Council adopted Resolution CD59.R2, approving the Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies.

Increasing Production Capacity for Essential Medicines and Health Technologies **(Document CD59/8)**

67. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that, after reviewing the proposed policy on increasing production capacity for essential medicines and health technologies, delegates had commended the policy's focus on promoting equal access to medicines, sharing good practices, and strengthening regional production and international cooperation. The promotion of generic medicines, greater transparency in production costs, and increased local production through technology transfer had been seen as ways of fostering more equal access to medicines and health technologies. It had been agreed that the COVID-19 pandemic had exposed the urgency of strengthening and diversifying global supply chains to facilitate equal access to health products, essential supplies, and raw materials in the Region. The importance of sustainable financing mechanisms to support research and development had been highlighted. Further engagement with patent-holding companies had been recommended in order to promote public-private partnerships, foster technology transfer, and facilitate the local production of medicines and health technologies. The Executive Committee had adopted Resolution CE168.R4 recommending that the Directing Council approve the policy.

68. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the proposed policy, noting that the COVID-19 pandemic had demonstrated the critical importance of medicines and health technologies to the control and management of an international public health emergency. At the same time, it had pointed up the dependence of Latin America and the Caribbean on imports of medical products, the vulnerability of global supply chains during emergencies, and the heterogeneity of the Americas in research, development, and production capacity.

69. Highlighting the importance of effective coordination and management of public policies in order to ensure access to essential medicines, vaccines, and other health technologies, Dr. Fitzgerald explained that the proposed policy was intended to help enhance regional collaboration and capacity in the development and production of essential medicines and health technologies, thereby increasing access, improving health outcomes, and contributing to national and regional security and to the economic and social development of countries. To that end, the policy proposed three strategic lines of action, which were described in Document CD59/8.

70. He reported that, since the 168th session of the Executive Committee in June, the Bureau had called for expressions of interest to support the development of mRNA vaccines and reagents and had launched a regional platform to advance the production of medicines and health technologies in the Americas. This platform was a response to a request from Member States to establish a regional forum to support collaboration and cooperation between sectors and countries to advance the development of specific and much-needed vaccines and other critical health technologies. The Bureau was grateful to Member States for the support and comments received during the country consultation process.

71. In the ensuing discussion, delegates applauded the document's balanced discussion of the complex issues involved in increasing production capacity for essential medicines and health technologies in the Region. They considered the policy, with its three lines of action, a welcome step, noting that the COVID-19 pandemic had exposed the vulnerabilities of the Region's health systems and the weaknesses in health sector governance. Smaller countries, in particular, had found themselves unable to access needed essential medicines, health technologies, supplies, and vaccines. Delegates affirmed that stockouts and other problems had underscored the need to shore up regional supply chains, promote sustainable and strategic regional and domestic production, strengthen regulatory systems, and facilitate trade in key health products. Technology transfer, training for human resources, joint research, and the development of local and regional manufacturing capacity for health products were considered essential in order to reduce dependence on imported products and ensure access to safe, effective, quality, and affordable essential medicines, vaccines, and health technologies in the Americas. Several delegates reported that their countries had launched initiatives to produce these public health goods in order to respond to both the current and future public health emergencies, while others indicated their country's willingness to do so. Delegates also described their countries' efforts to strengthen their pharmaceutical regulatory systems.

72. Delegates welcomed the creation of the regional platform to advance health technology development, emphasizing the importance of sharing information and experiences. It was pointed out that ensuring equitable access to critical health supplies would require political will and a comprehensive, coordinated effort across governments and institutions to build national capacity and better prepare the Region for the next public health emergency. Strategic partnerships and South-South and triangular cooperation were therefore seen as more necessary than ever. Multisectoral collaboration was also considered critical, and PAHO was encouraged to coordinate its work with that of organizations such as the World Trade Organization (WTO) and the World Intellectual Property Organization (WIPO), taking account of the ongoing global discussions within those organizations on local production, regulatory system strengthening, and access to essential medicines, vaccines, and other health products. A representative of a non-State actor in official relations with PAHO highlighted the need to develop sustainable financing mechanisms to support research and development and to boost capacity for the production of medicines for the treatment of neglected diseases.

73. Dr. Fitzgerald, observing that delegates' comments had highlighted the complexity of the issue and the diversity of the Region in terms of existing capacities, noted that the proposed policy provided a roadmap for all countries, irrespective of their current capacity level. He agreed with the delegates that had highlighted the importance of multisectoral action and collaboration, pointing out that multisectoral action must be accompanied by multistakeholder engagement that brought together not only industry but also academia, civil society organizations and the private sector, which had an important role in enabling surge capacity during a public health emergency.

74. The Bureau was fully engaged in coordinating its activities with other global and multilateral initiatives and had made a commitment to increasing collaboration across the United Nations system, not just within the Region but globally. The overall objective of PAHO's efforts was to bring all actors together to examine the issues involved from a health perspective and set priorities, share information, and develop specific projects to address some of the priorities, not just in vaccine development but across the full spectrum of health technologies.

75. The Director recalled that, early in the pandemic, many countries in the Region had experienced serious difficulties in obtaining supplies such as PPE and medicines, and many continued to face challenges with regard to access to oxygen and oxygen delivery mechanisms. It was clear that the time had come to accelerate efforts to achieve self-sufficiency, engaging with multisectoral and multistakeholder organizations with a view to building regional capacity and ensuring that the Region was able to meet its needs and was prepared to deal with another pandemic. Obviously, self-sufficiency could not be achieved overnight, but the Region was making strides in increasing its production capacity. There had been, for example, steps taken towards the production of mRNA vaccines and the transfer of technology to Latin America and the Caribbean to enhance production of vaccines using mRNA technology. She stressed that the Region must never again experience the dependency it had experienced during the COVID-19 pandemic and

underlined the need for countries to work together to ensure self-sufficiency in producing the health technologies they required.

76. The Directing Council adopted Resolution CD59.R3 approving the policy Increasing Production Capacity for Essential Medicines and Health Technologies.

One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface **(Document CD59/9)**

77. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Committee had supported the proposed policy and endorsed the One Health approach, expressing support for the strategic lines of action proposed in the policy document. However, delegates had believed that several aspects of the policy could be strengthened to address issues specific to the Region and had considered that the policy did not adequately recognize the importance of the collaboration of local populations, including indigenous peoples. They had also suggested that more emphasis should be placed on sharing information, conducting joint research, and utilizing the existing technical and human resource capacities in each country, including the expertise available at PAHO/WHO Collaborating Centers. The Committee had underscored the need for multidisciplinary and multisectoral action to implement the One Health approach and ensure adequate attention to social determinants of health, including access to water, sanitation, and nutritious food. A working group was formed to revise the document and the proposed resolution in order to incorporate the Executive Committee's comments and suggestions. The Executive Committee subsequently had adopted Resolution CE168.R11 recommending that the Directing Council approve the policy on One Health.

78. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health) introduced the proposed policy, whose aim was to foster coordination and collaboration among the different governance frameworks of human, animal, plant, and environmental health programs to better prevent and prepare for current and future threats at the human, animal, and environment interface. He explained that One Health was a collaborative, multidisciplinary, multisectoral approach aimed at achieving optimum health outcomes by recognizing the interconnections between people, animals, plants, and their shared environment. Health threats that could be addressed through the One Health approach included diseases of zoonotic origin, antimicrobial resistance, and foodborne illness.

79. The One Health policy was built on existing mandates and plans and on the experience of PAHO and other organizations and stakeholders. The policy document had been prepared with input from several entities across the Bureau and had been discussed with Member States in May 2021 at two informal consultations in which representatives of ministries of health, ministries of agriculture and veterinary services, and ministries of environment had participated. Member States had further enriched the document at the Executive Committee session in June 2021. The policy, which had six strategic lines of action, would promote the cross-cutting themes of gender, equity, human rights, and ethnicity.

80. The Directing Council applauded the One Health policy and commended its focus on promoting a collaborative, multisectoral approach to detecting, preventing, preparing for, and responding to future health threats and providing a more nuanced understanding of the nexus between human, animal, plant, and environmental health. Delegates underscored the need for joint efforts nationally and regionally and for greater coordination and cooperation between health and agriculture ministries. The need for interagency collaboration, strengthening of international scientific cooperation, and data-sharing to assess risks and respond to security threats was also stressed, and the Bureau was encouraged to work with WHO, the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), and the United Nations Environment Programme (UNEP) in implementing the policy.

81. Various delegates described their countries' work to achieve a One Health approach in their policies and programs. Thanking the Bureau for its technical cooperation in tackling threats such as antimicrobial resistance, zoonotic diseases, foodborne illnesses, and vector-borne diseases, they stressed the need for One Health policies across the Region. Delegates were pleased to see that the policy highlighted the importance of engaging all stakeholders, especially local populations, to monitor for diseases and develop prevention programs that addressed social and environmental determinants of health. The importance of an inclusive approach that took account of local and indigenous knowledge was highlighted.

82. A delegate recalled that One Health had been a major agenda item at the 17th Inter-American Ministerial Meeting on Health and Agriculture (RIMSA17) in 2016, but noted with regret that not much had happened since then, even as the risk of emerging infectious agents capable of jumping the species barrier was increasing. It was pointed out that, although the health of humans, animals, and plants were clearly linked, surveillance systems remained fragmented and underdeveloped, a situation that must be remedied. A better understanding of the drivers of disease emergence and stronger early warning and rapid response systems were considered essential, as was the sharing of human, animal, plant, and environmental health data, both formal and informal, in order to anticipate, assess, and respond to the risk of health security threats. A key concern was the impact of climate change caused by human activity, which had resulted in environmental degradation and agricultural losses and the attendant food insecurity and exacerbation of vector-borne diseases.

83. Dr. Espinal assured the Directing Council that the Bureau was working closely with other agencies involved in One Health activities, including a joint One Health and antimicrobial resistance initiative with OIE and FAO under way in a number of countries of the Region. In addition, the Bureau had recently signed a memorandum of understanding with UNEP to advance the agenda to operationalize the One Health policy. He encouraged Member States to promote One Health mechanisms in other international forums. For example, the special session of the World Health Assembly, to be held in November 2021, would be an important opportunity to discuss One Health as part of efforts to improve preparedness and response mechanisms for future pandemics.

84. The Director said that, for too long, the Region had not paid sufficient attention to the interface between human, animal, and environmental health and had ignored the risks and potential catastrophes arising out of these interactions. The Americas had seen a meteoric rise in zoonoses, outbreaks of foodborne diseases, and antimicrobial resistance, all exacerbated by the effects of climate change. Addressing the situation would unquestionably require multistakeholder and multisectoral approaches and the engagement of non-State actors, particularly in the private sector. What was most needed, however, was national leadership, national investments, and national commitment at the highest levels of government. It was clear that if urgent action was not taken, another pandemic of zoonotic origin could emerge, with catastrophic effects for health and for the Region's health systems.

85. The Directing Council adopted Resolution CD59.R4, approving the policy One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface.

Reinvigorating Immunization as a Public Good for Universal Health **(Document CD59/10)**

86. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had acknowledged the value of immunization as a public good for universal health and expressed strong support for the proposed policy. The Committee had noted that the COVID-19 pandemic had both highlighted the vital role of vaccines in protecting public health and disrupted national immunization programs. Delegates had welcomed the policy's alignment with the WHO Immunization Agenda 2030. They had also applauded the policy document's focus on best practices and innovative strategies, but had recommended that it should place greater emphasis on tackling the issues of vaccine hesitancy and misinformation about vaccines. It had been emphasized that a multistakeholder approach was needed to maintain hard-won gains in the control of vaccine-preventable diseases, recover from the disruptions caused by the COVID-19 emergency, and increase access to vaccines for all. The Executive Committee had adopted Resolution CE168.R15, recommending that the Directing Council approve the policy.

87. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion and Life Course) introduced the policy document, affirming that immunization was one of the key pillars of public health and one of the best public health investments that money could buy, as well as an indisputable human right. He recalled that, since its establishment in 1977, the Expanded Program on Immunization (EPI) in the Americas had worked in coordination with Member States to achieve the elimination of poliomyelitis in 1994, rubella and congenital rubella syndrome in 2015, measles in 2016, and neonatal tetanus in 2017. Over the past decade, however, national EPI programs around the world had suffered setbacks, and the Americas had not been spared. The past decade had witnessed a substantial drop in vaccination coverage in the Region, and the COVID-19 pandemic had widened immunization gaps.

88. Outlining the approach put forward in the policy document, Dr. De Francisco Serpa noted that the policy provided an innovative strategic framework based on an assessment of the current situation. It proposed six strategic lines of action aimed at increasing political commitment to and financial support for immunization, expanding access to and coverage of immunization services, and preventing vaccine hesitancy and promoting trust in vaccines. Member States had provided ample input on the policy's contents.

89. The Directing Council welcomed the policy, which was seen as very timely. Delegates acknowledged that the COVID-19 pandemic was jeopardizing routine vaccination programs, which had already been experiencing setbacks, with reductions in funding, weakened surveillance of vaccine-preventable diseases, growing vaccine hesitancy, and declining routine vaccination coverage. Delegates agreed that immunization was one of the most cost-effective public health interventions and that its reinvigoration as a public good was necessary to maintain the Region's threatened health gains. In addition to ensuring universal access to COVID-19 vaccines, it was considered essential for Member States to fully recommit to immunizing every child in the Region with all routine childhood vaccines, with special emphasis on unvaccinated or zero-dose children.

90. Delegates described their countries' efforts to keep the COVID-19 pandemic from derailing their routine immunization programs, with several offering their country's assistance with respect to the provision of vaccines. In order to strengthen national immunization programs, countries were encouraged to share information and implement proven best practices and methods. They were also urged to implement robust social awareness plans to increase public trust in vaccines and, in general, in science. Delegates called for increased technical cooperation to craft strong legislative frameworks and address the root causes of vaccine hesitancy through targeted interventions. There was consensus that the anti-vaccination movement constituted a public health threat. It was suggested that youth and individuals from marginalized groups could play a key role in reducing vaccine hesitancy through knowledge translation and the dissemination of information to family members, community members, and peer groups. One delegate recommended drawing up an updated immunization action plan for the Region, backed up by national immunization plans aligned with the policy.

91. Another delegate noted the need to build redundancies into health systems that could be activated in the event of system disruptions caused by health emergencies such as the COVID-19 pandemic. There was general agreement on the need for public-private partnerships to increase the supply of vaccines. A number of delegates commented that the COVID-19 pandemic had shined a spotlight on the inequities between vaccine-producing and non-vaccine-producing countries and made it even more difficult for small countries to access vaccines in a timely manner. One delegate pointed out that these inequities, coupled with the extenuating and unprecedented circumstances of the pandemic, had forced some countries to seek COVID-19 vaccines not on the WHO list of approved vaccines. He suggested that the Director should convene a group to develop protocols to prevent discriminatory practices associated with SARS-CoV-2 vaccination processes. Several other delegates expressed concern about the vaccination requirements imposed by

some countries for travelers, which had led to discrimination and created a barrier to international travel and trade.

92. Dr. De Francisco Serpa thanked delegates for their valuable interventions, which had confirmed the importance of this issue. He assured the Directing Council that the Bureau was at the service of Member States to provide the technical cooperation needed to implement the policy, tailoring this assistance to countries' national contexts and needs. He noted that distrust of vaccination was nothing new, but it had become far more accentuated in recent years, and that the Bureau had tools that were being used in national programs to improve communication, as well as courses and literature that could guide activities to boost confidence in vaccines. It was important to ensure that health workers were well-trained and conveyed the right messages. The Bureau was working with health professionals across the Region to encourage them to recommend immunization to patients and contribute to the reduction of vaccine hesitancy.

93. The Director warned that the Region's immunization programs were in jeopardy. While this situation had been exacerbated by COVID-19, it had been a problem long before the advent of the pandemic. Routine vaccination coverage had been declining across countries and investment in immunization had been falling. Immunization programs had lost much of the high visibility and advocacy they had enjoyed at the highest levels of government. In addition, some countries had totally decentralized immunization. While it was crucial to provide immunization at the first level of care, there needed to be a central level to guide surveillance, monitoring, and analysis and to coordinate the governance and overall management of immunization programs. Growing vaccine hesitancy was another problem, as was with the health sector's inability to respond to it adequately. As a result, over the years the number of susceptible persons had grown, and the Region would eventually get to a point where that number would be large enough to sustain epidemics of vaccine-preventable diseases.

94. It was important for Member States to reexamine their immunization programs through objective analysis. The Bureau had already begun this exercise and would continue to look at its approaches and ensure the delivery of appropriate technical cooperation, seeking to heighten the visibility of immunization programs among Member States and also among donors, since voluntary contributions for immunization-related activities had declined. It was also important to strengthen primary health care, with embedded immunization programs. Most Member States were already doing this; however, countries needed to continue the coordination of surveillance, analysis, monitoring, and evaluation of immunization programs. Sharing of research finding and their integration into immunization programs were also needed.

95. In the discussion of the proposed resolution on this item, delegates suggested several amendments, reflecting comments made and concerns raised in the discussion of the policy. A working group was formed to revise the proposed resolution, and an amended version was subsequently presented to the Council for discussion. One delegation objected to the inclusion of a new paragraph requesting the Director to promote the recognition and acceptance of safe and effective vaccines authorized by regulatory authorities listed by

WHO or PAHO and/or the WHO emergency use listing or prequalification procedures. Other delegations supported the paragraph's inclusion, with the Delegate of Guyana indicating that his delegation would have serious reservations about supporting the resolution without that paragraph. Following another round of discussions in the working group, the paragraph in question was deleted, but revised wording was added requesting the Director to promote the acknowledgement, acceptance, and use of safe, effective, and quality-assured vaccines authorized according to the international standards recommended by WHO for the production, control, and oversight of these essential health technologies. The Delegate of Guyana stated that, while his Government otherwise wholeheartedly endorsed the proposed resolution, it could not support it without the inclusion of the deleted paragraph.

96. The Directing Council, noting the statement by the Delegate of Guyana, adopted Resolution CD59.R13, approving the policy on Reinvigorating Immunization as a Public Good for Universal Health.

Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains **(Document CD59/11)**

97. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had expressed strong support for the proposed strategy and its lines of action. Delegates had agreed that the pandemic had highlighted existing weaknesses and demonstrated the importance of sustained investment in health systems. The Committee had underscored the need to draw on the lessons learned from the pandemic, build more resilient health systems to protect public health gains, and ensure the continued delivery of essential health services during future health emergencies. The importance of ensuring access to safe, efficacious, and high-quality medicines and other health products had also been emphasized, as had the need to bolster the capacity of human resources and health systems to adapt to emergency situations and respond to sudden large increases in demand. It had been suggested that the strategy should place greater emphasis on ensuring appropriate training of human resources, improving core capacities for public health risk assessment, and addressing social, economic, and environmental determinants of health. It had also been recommended that the issue of mental health should feature more prominently. The Executive Committee had adopted Resolution CE168.R12, recommending that the Directing Council approve the strategy.

98. In the ensuing discussion, delegates commended the strategy, affirming that the COVID-19 pandemic had exposed the weaknesses of the Region's health systems, while at the same time offering an opportunity to build back better. Delegates agreed on the need to strengthen health systems based on primary health care and to ensure that they had the elasticity required to respond in times of crisis. It was pointed out that, to protect public health gains despite the pandemic, it would be necessary to reduce the fragmentation and segmentation of health systems, improve institutional governance, and ensure due attention to countries' capacity to perform the essential public health functions and apply the International Health Regulations (2005).

99. Emphasizing the need to address social, economic, and environmental determinants of health to ensure universal access to health and universal health coverage, delegates called for a whole-of-government and whole-of-society approach to maintain uninterrupted services and eliminate economic, geographic, cultural, gender, and legal barriers to care. Strong collaborative and multisectoral approaches were also considered essential. It was emphasized that resilient health systems must be responsive to all individuals, but especially to the most vulnerable and marginalized populations at greatest risk of negative health outcomes, among them indigenous peoples, people of low socioeconomic status, migrants, and those experiencing homelessness. It was pointed out that the COVID-19 pandemic had widened gender gaps in the Region as resources had been diverted to fight the pandemic, leaving many women and girls without access to maternal and sexual and reproductive health services.

100. There was consensus on the need for greater and more sustained investment in public health, particularly in primary care and preventive care, and in the health workforce, as health systems that were underfunded and faced chronic workforce challenges would have more difficulty becoming resilient. It was pointed out that many Member States were struggling to ensure an adequate supply of qualified health professionals across the spectrum of health services, as lack of training, heavy workloads, insufficient supplies and equipment, and mental stress due to the COVID-19 pandemic were taking their toll. Delegates called for global, regional, national, and subnational action to invest in, protect, and address the needs of the health workforce, including by enhancing the availability and quality of training, ensuring the availability of personal protective equipment and other supplies, implementing standardized infection prevention and control practices, and ensuring adequate remuneration for health workers.

101. It was pointed out that resilient health systems required investments in information and other digital technologies to strengthen monitoring and reporting frameworks, and it was recommended that the strategy should place more emphasis on building resilience in information management, risk communication, and public relations. In that regard, several delegates mentioned the need to combat the infodemic surrounding COVID-19 and COVID-19 vaccines. Several delegates suggested that the Bureau should convene a technical committee or other mechanism to consider ways in which the Region of the Americas could address the issue of health system resilience and pandemic recovery approaches.

102. Representatives of non-state actors in official relations with PAHO applauded the strategy. Echoing delegates' calls for more investment in public health, they urged Member States to reduce the gaps that hindered access to care for low-income and vulnerable populations. They also highlighted the essential role of nurses in primary health care and the need to address key risk factors.

103. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that it was clear from delegates' comments that many health systems had been overwhelmed, a situation that had been exacerbated by job losses and shutdowns that had affected health and livelihoods. He noted that this issue had been a central concern for the

Bureau in drafting the proposed strategy, whose aim was to recover and protect public health gains and reduce barriers to health service access. Several delegates had commented on the longstanding deficiencies in their health systems, including persistent fragmentation and segmentation, much of which was due to persistently low levels of public investment in health.

104. The core element of the strategy, as noted by several delegates, was the need to transform the Region's health systems based on primary health care. The Bureau continued to urge countries to embrace the 30-30-30 Primary Health Care Compact, which called for a 30% increase in funding for the first level of care and the allocation of at least 30% of public health budgets to that level by 2030. The transformation of health systems based on primary health care would thus be a strategy that would enable countries to bring comprehensive, integrated health services to people closer to where they lived. Another critical issue that the strategy sought to address was the need to bolster response capacity and expand health services. In that regard, Dr. Fitzgerald pointed out that addressing fragmentation was key to leveraging capacities across all subsystems within a health system and in the public and private sectors.

105. Dr. Fitzgerald thanked delegates for their suggestions regarding ways in which the strategy could be further strengthened, noting that Member States' involvement in developing roadmaps for the strategy's implementation would be fundamental. The Bureau would welcome the establishment of a technical committee to explore how to accelerate the implementation of the strategy and assist Member States in the post-COVID era.

106. The Director commended Member States for the efforts made to date to transform health systems. She observed, however, that much of what had been called "transformation" had, in fact, been piecemeal tweaking here and there. The level of transformation required to ensure that countries could provide care for their peoples and at the same time scale up for emergencies had not been achieved. She pointed out that most of the issues highlighted in the discussion had been raised repeatedly in the literature and in PAHO's Governing Body documents and resolutions for at least 25 years. The pandemic, which had exposed the weaknesses of national health systems, had made it abundantly clear that health systems really did require transformation and that urgent action was required to make them resilient.

107. The Director concluded her remarks by stressing that the Region needed to act decisively and at scale. A piecemeal approach would not ensure that countries would be able to deliver on the commitment to universal health and at the same time be ready to face the next disaster or pandemic. It was time to become truly serious about investing in and building resilient health systems.

108. The Directing Council adopted Resolution CD59.R12, approving the Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CD59/12 and Add. I and Add. II)

109. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Committee had been informed that, as of June 2021, outstanding assessed contributions due from Member States, Participating States, and Associate Members for 2021 and prior years had amounted to $139.3 million and that one Member State was in in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. The Committee had also been informed that only $12 million of the $105.3 million due on 1 January 2021 had been collected and that the Organization continued to face severe financial difficulties due to significant delays in the receipt of assessed contributions. The Committee had voiced concern about the high level of unpaid assessed contributions, especially at a time when PAHO was playing a critical role in addressing the COVID-19 pandemic. While acknowledging the economic and social effects of the pandemic, the Committee had underscored the importance of paying assessed contributions on a timely basis. The Executive Committee had adopted Resolution CE168.R1, thanking Member States that had made payments for 2021 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

110. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) confirmed that one Member State was in arrears to the extent that it was now subject to Article 6.B of the PAHO Constitution. He reported that only 15 Member States, Participating States, and Associate Members had paid in full and 8 had made partial payments for 2021. However, 19 States had yet to make any payments at all for 2021. With only three months left in the fiscal year, 82% of the assessed contributions due on 1 January remained outstanding. As of 15 September, the Organization had collected $103.3 million in assessed contributions, but almost $67.7 million of that amount related to contributions outstanding from prior years. Just $35.7 million of the assessed contributions due for 2021 had been collected.

111. Mr. Puente Chaudé pointed out that, while assessed contributions had remained the same for more than 10 years, arrears had grown steadily. At the end of 2011, $24 million had been outstanding; that amount had risen to around $43 million during the period from 2015 to 2018 and to $88.9 million in 2019 and $84.6 million in 2020. The significant delays in receipt of assessed contributions in the past two years had created considerable uncertainty in the planning and release of flexible funds and impacted on the Organization’s ability to implement the program budget approved by Member States. He expressed gratitude to those Member States that had made full or partial payments in 2021 and to those that had notified the Bureau of when they expected to make payments. He urged Member States that had not yet paid their assessed contributions to do so as soon as possible.

112. Ms. Alba Consuelo Flores (Honduras, President of the Working Party to Study the Application of Article 6.B of the PAHO Constitution) reported that the Working Party had reviewed the status of assessed contributions collections and had found that one Member

State, the Bolivarian Republic of Venezuela, was more than two full years in arrears in the payment of its assessments and was therefore subject to the suspension of its voting privileges, pursuant to Article 6.B of the PAHO Constitution. The Working Party had been informed that the Bolivarian Republic of Venezuela had made no payments since May 2017, nor had the Venezuelan Government submitted any correspondence to the Bureau since 2020 regarding a deferred payment plan. In the light of that information, the Working Party recommended that the country's voting rights should remain suspended and that its situation should be examined again at future sessions of the Governing Bodies.

113. In the discussion that followed, one delegate noted that the PAHO Constitution provided that if the Directing Council was satisfied that the failure of a Government to pay was due to conditions beyond its control, it might permit the Government to vote. In her view, the Council should take into account the difficulties that the Venezuelan Government faced because of the external economic sanctions imposed on it and should therefore restore its voting rights.

114. Several delegates expressed concern about the non-payment or late payment of assessed contributions and the resulting consequences for PAHO's operations, particularly in the context of the COVID-19 pandemic. While it was acknowledged that the socioeconomic repercussions of the pandemic had made it difficult for Member States to meet their financial commitments to the Organization, it was also pointed out that the pandemic had highlighted PAHO's crucial role in leading the public health response in the Region. The need to ensure that the Organization could continue to carry out its program and fulfill its essential role of providing technical cooperation to Member States was underscored. It was emphasized that delays in the payment of contributions jeopardized the Organization's ability to provide critical support and guidance in response to the COVID-19 pandemic. Member States were urged to pay their assessed contributions in full and without further delay, and the Bureau was asked to continue monitoring the status of assessed contributions and to advise the Executive Committee of Members' compliance with their financial commitments.

115. Mr. Puente Chaudé reiterated his thanks to the Member States that had met their obligations to the Organization. He noted that the Bureau had mechanisms in place to monitor and follow-up with Member States that had not yet paid their assessed contributions in full. He also noted that the status of assessed contributions is updated daily and was available on the PAHO website.

116. The Director expressed gratitude to those Members States that had paid their assessed contributions for the current and previous years. She recognized that many Member States were experiencing fiscal difficulties as a consequence of the pandemic, but stressed that the Bureau relied on the timely receipt of assessed contributions in order to provide the high level of technical cooperation that Member States expected and to deliver on the Strategic Plan 2020-2025 and the biennial work plans. She appealed to Member States with arrears to work with the Bureau to develop payment plans.

117. The Directing Council adopted Resolution CD59.R5, expressing appreciation to those Member States that had made payments in 2021, urging all Member States with outstanding balances to meet their financial obligations to the Organization in an expeditious manner, and requesting the President of the Directing Council to notify the Delegation of the Bolivarian Republic of Venezuela that, pursuant to Article 6.B of the PAHO Constitution, its voting rights continued to be suspended.

Financial Report of the Director and Report of the External Auditor for 2020 **(Official Document 362)**

118. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had been informed that total revenue in 2020 amounted to $1,340.1 million, an amount that included extraordinary voluntary contributions for emergencies and revenue received for procurement of vaccines and COVID-19 supplies on behalf of Member States. Expenditures for 2020 had totaled $1,336.2 million, with purchases of supplies, commodities, and materials representing the largest share of that amount. Although the collection of assessed contributions had improved in 2020 compared to 2019, the amount collected had still amounted to only 40% of the amount committed. Delays in the receipt of assessed contributions had compelled the Bureau to implement extreme measures to reduce spending. It had also been obliged to use the entirety of the Working Capital Fund and to borrow from other unrestricted funds. The National Audit Office of the United Kingdom of Great Britain and Northern Ireland (NAO), the Organization's External Auditor, had issued an unqualified opinion on the Organization's financial statements for 2020, noting that obtaining such an opinion in the context of the events of 2020 represented a significant achievement by all concerned.

119. The Executive Committee had welcomed the unqualified audit opinion and the positive comments of the External Auditor regarding the Bureau's internal control environment and had commended the Bureau's progress made in implementing prior recommendations of the External Auditor. The Committee had also expressed support for the new recommendations put forward by the External Auditor in its report for 2020, particularly those relating to strengthening risk management and reducing costs and to management of the Organization's procurement funds. It had been suggested that the latter recommendations should serve as the basis for developing a roadmap, in collaboration with Member States, to improve the performance of the procurement funds. The Committee had also voiced concern about the increase in employee benefit liabilities, which was seen as a financial risk for the Organization.

120. In the discussion that followed Ms. Salazar González's report, delegates welcomed the unqualified opinion and congratulated the Bureau for its progress in implementing the recommendations of the External Auditor, encouraging it to complete the implementation of any pending recommendations from prior years and to take action on the recommendations made in respect of the 2020 report. Support was again expressed for the recommendations concerning risk management and the development of a cost reduction strategy, and the Bureau was encouraged to heed the External Auditor's recommendations concerning a cost reduction program with a clear strategic direction, a full understanding

of costs, and innovative ways of delivering services differently while maintaining their effectiveness and prioritizing technical cooperation with Member States. With regard to risk management, the Bureau was urged to continue promoting a stronger culture of risk management, conduct more regular reviews of operational risks at the local level, and include risk tools as part of local management processes and decision-making.

121. The suggestion regarding the development of a roadmap to improve the performance of the Organization's procurement funds was reiterated, and the Bureau was asked to present a proposed roadmap for consideration by the Governing Bodies. The concerns regarding the increases in staff benefit liabilities, particularly after-service health insurance, were also reiterated, and the Bureau was encouraged to consult regularly with Member States on the risks and benefits of continued participation in the WHO Staff Health Insurance Fund.

122. The adoption by the WHO Executive Board of Decision EB148(4), on preventing sexual exploitation, abuse, and harassment, was welcomed, as was the adoption of PAHO's policy on the matter. The Bureau was asked to organize a briefing to update Member States on the implementation of the decision and the policy at all levels of the Organization.

123. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) said that the Bureau was fully committed to reducing costs and had taken a number of measures to that end, including outsourcing some functions. It would continue striving to contain and, where possible, decrease costs. With regard to the after-service health insurance liability, he explained that the level of that liability had been extraordinarily high at the end of 2020 because of the significant decline in interest rates resulting from the COVID-19 pandemic. The amount of the liability was expected to decrease in 2021 as a result of rising interest rates, coupled with the cost containment measures implemented by the Bureau. Mr. Puente Chaudé noted that the latter had already borne fruit, as evidenced by the excess of staff health insurance contributions over costs. As to the procurement funds, he reported that many of the External Auditor's recommendations were already being implemented. He emphasized that the main focus of procurement funds was to meet the needs of Member States.

124. Mr. Philip MacMillan (Manager, Ethics Office, PASB), noting that he would be providing more information during the 169th Session of the Executive Committee, to be held immediately following the 59th Directing Council, said that PAHO's policy on prevention of sexual exploitation and abuse was comprehensive and took into account the policies of WHO and other agencies. He added that the Bureau was striving to ensure that PAHO was at the forefront in combating sexual exploitation and abuse and was working with WHO to raise awareness of the issue.

125. The Director confirmed that the Bureau would provide the requested briefing on the implementation of the policy on sexual exploitation and abuse. She emphasized that the Bureau took all audit recommendations seriously, including those from the External Auditor, PAHO's Auditor General, and the PAHO Audit Committee, and noted that it had already begun to take action on the most recent recommendations of the External Auditor.

She also noted that Executive Management monitored the Organization's finances closely, and she assured the Directing Council that the Bureau would continue working to safeguard PAHO's financial health and to provide technical cooperation of the highest standard.

126. The Directing Council took note of the report.

Appointment of the External Auditor of PAHO for 2022-2023 **(Document CD59/13)**

127. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had been informed that, in keeping with past practice, the Bureau recommended that the current External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland, be reappointed for an additional term of two years. The Committee had also been informed that the Bureau would initiate the process of requesting nominations for an auditor of international repute to be considered by the Governing Bodies for appointment as the External Auditor of PAHO for the 2024-2025 and 2026-2027 biennia. The Committee had recognized the high standard of excellence demonstrated by the NAO and endorsed the proposal to reappoint it as External Auditor, in particular to strengthen transparency and provide continuity during the ongoing pandemic. It had been pointed out, however, that best practice among international organizations was to limit the appointment of the External Auditor to a single term of between four and six years that would not be immediately renewable. The Committee had recommended that the Organization's Financial Regulations should be amended to reflect such term limits.

128. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) informed the Directing Council that the Bureau would put forward a proposal at a future session to amend the Financial Regulations to provide for a maximum term of office, in line with the Executive Committee's recommendation. He stressed the important role of Member States in nominating qualified candidates, noting that in the past there had often been a dearth of nominations, making it difficult or impossible to select a new External Auditor. He pointed out that nominees need not be national audit entities or audit entities operating in the nominating State. The main criteria were that nominees must be audit entities of international repute, they must be able to submit their reports in English, and they must be able to work in a multilingual environment; in the case of PAHO, the ability to work in both Spanish and English was particularly important.

129. The Director said that the Bureau valued and continued to be guided by the insights and good judgment of the NAO and looked forward to continue working with them as the Organization's External Auditor for 2022-2023. She stressed that the Bureau relied on Member States to nominate qualified audit entities and appealed to delegations to begin considering potential candidates.

130. The Directing Council adopted Resolution CD59.R6, appointing the National Audit Office of the United Kingdom of Great Britain and Northern Ireland as External Auditor of PAHO for the 2022-2023 biennium.

Selection of Member States to Boards and Committees

Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee (PCC) of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (Document CD59/14)

131. The President announced that six candidates had originally been proposed for selection—Argentina, El Salvador, Nicaragua, Panama, Peru, and Uruguay—but that Argentina, El Salvador, and Peru had subsequently withdrawn their candidacy, leaving three candidates.

132. The Delegate of Panama said that his country would also withdraw its candidacy in order to give another country that had not previously served on the Policy and Coordination Committee the opportunity to do so.

133. The Council selected the remaining two candidates, Nicaragua and Uruguay, to serve on the Policy and Coordination Committee (PCC) of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction for a term of office commencing on 1 January 2022 and ending on 31 December 2024 (Decision CD59[D6]).

Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD59/15)

134. The Directing Council declared Chile, Guatemala, and Trinidad and Tobago elected as nonpermanent members of the BIREME Advisory Committee for a three-year term commencing 1 January 2022 and thanked outgoing members Guyana, Mexico, and Uruguay for their service (Resolution CD59.R11).

Awards

PAHO Award for Health Services Management and Leadership 2021 (Document CD59/16)

135. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership, made up of the delegates of Barbados, Costa Rica, and the United States of America, had met during the 168th Session of the Executive Committee in June. After examining the information on the candidates nominated by Member States, the Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership 2021 be conferred on Dr. Joanne Liu, of Canada, for her dedicated work assisting communities affected by the earthquake and cholera epidemic in Haiti, her efforts to support strengthening of the health system of Honduras, her leadership in health emergency and crisis response, and her commitment to delivering health services to people in conditions of extreme vulnerability, all of which reflected PAHO's key values of equity and solidarity in health. Dr. Liu's work in the promotion of medical humanitarianism and health emergency and crisis response had had a regional and global

impact, especially in the context of the COVID-19 pandemic and global preparations for the next stage.

136. The Executive Committee had endorsed the decision of the Award Committee and adopted Resolution CE168.R8, conferring the PAHO Award for Health Services Management and Leadership 2021 on Dr. Joanne Liu.

137. The President reviewed the career of Dr. Liu and the achievements that had led to her receiving the PAHO Award for Health Services Management and Leadership 2021, noting that her work had influenced countries in the Region and around the world, helping them to implement and advance medical humanitarianism. Her work on health emergencies would continue to guide the current COVID-19 pandemic response and support recovery efforts as countries looked to build back better in the wake of the pandemic.

138. Mr. Michael Pearson (Canada) presented the award to Dr. Liu, whose acceptance speech may be found on the website of the 59th Directing Council.

Matters for Information

Update on COVID-19 in the Region of the Americas **(Document CD59/INF/1)**

139. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had received an update on the COVID-19 situation in the Region as of June 2021. The Committee had commended PAHO's leadership of the regional response to the pandemic and expressed appreciation for its assistance and guidance. Strong support had been voiced for the strategic lines of action and recommendations contained in the report on this item. Delegates had stressed the importance of drawing on the lessons learned thus far in order to deal more effectively with the ongoing pandemic and be better prepared for future health emergencies. The need to combat misinformation and to communicate public information on risks and prevention in simple and transparent language had been underscored. The Bureau had been asked to produce guidance on the issue of vaccine hesitancy, which was seen as a significant problem in the Region and an obstacle to controlling the pandemic. The Committee had expressed concern about ongoing inequalities and inequities in access to COVID-19 vaccines and had urged the Bureau to continue supporting donations of surplus vaccines.

140. Two presentations were made on this item, one by Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) and the other by Dr. Jarbas Barbosa (Assistant Director, PASB). Dr. Ugarte began with an overview of the COVID-19 situation as of the third week of September 2021 and a summary of the activities undertaken by the Bureau and Member States in response to the pandemic. He noted that the Americas continued to account for the largest proportion of cases and deaths globally. While cases and deaths had declined worldwide, large numbers continued to be reported. There had been several spikes in the numbers following the relaxation of public health measures, even though vaccination rates were increasing. Moreover, new variants of the virus had been detected in all countries of the Americas. The Delta variant was now present in 52 countries and territories.

141. Throughout the pandemic, the Bureau had been providing support to the countries and territories of the Region, including technical guidelines and recommendations, training, and shipments of protective equipment, testing and surveillance materials and vaccines. Member States had also taken important steps to enhance their response capacity, including a significant increase in the availability of intensive care beds and the deployment of hundreds of emergency medical teams and alternative medical care sites.

142. Dr. Ugarte pointed out that the Region continued to experience key challenges in a number of strategic areas, including surveillance, rapid response, and case investigation; points of entry, international travel, and transport; national laboratory capacity; infection prevention and control; case management; operational support and logistics; maintenance of essential health services and systems during the pandemic; and vaccination. Highlighting some of the lessons learned thus far, he stressed the need to maintain public health and social measures, even where there was acceptable vaccination coverage. He also noted that the "infodemic" of misinformation had pointed up the need to make greater use of non-traditional media, including social media, in order to communicate with the public and counter false and misleading information.

143. Dr. Barbosa presented an update on the progress of COVID-19 vaccination in the Region and described some of the impacts of the pandemic on health service delivery and public health functions, noting that one of the most serious impacts had been disruptions—in many cases severe disruptions—in the delivery of essential health services at all levels, with negative effects on many of the Region's health indicators, such as the maternal mortality ratio and premature mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. With regard to COVID-19 vaccinations, Dr. Barbosa reported that, while some Member States had achieved high coverage levels, in Latin America and the Caribbean, on average, only around half the population had received one dose of a COVID-19 vaccine and around one third was fully vaccinated. Ten countries had still not achieved 20% coverage and were still working to protect their most vulnerably population groups, which was indicative of the major vaccine access problems that persisted in the subregion.

144. To date, the COVAX Facility had provided some 48 million vaccines to countries in the Region; however, vaccine producers were not fulfilling the contracts they had signed with the Facility, and consequently vaccine donations made by various countries through the COVAX Facility had accounted for a significant proportion of the vaccines provided. PAHO had launched an initiative through the Revolving Fund for Access to Vaccines to complement COVAX and boost access to vaccines with a view to enabling countries to achieve the high coverage levels required to control transmission of the SARS-CoV-2 virus. Agreements were currently being finalized with several producers. In addition, work was under way through the Regional Platform on Access and Innovation for Health Technologies to enable the production of vaccines and other supplies in Latin America and the Caribbean. Dr. Barbosa noted that two centers, located in Argentina and Brazil, had recently been selected as regional hubs for the development and production of mRNA-based vaccines in Latin America.

145. He encouraged Member States to continue advocating in the various global forums for more equitable access to vaccines, pointing out that, until transmission could be controlled in all countries, new virus variants would continue to emerge and the pandemic would continue. He also encouraged them to continue working to protect public health gains, improve the performance of priority public health programs, and remove barriers to access to health services.

146. The Directing Council expressed gratitude to the Bureau for its unwavering support for Member States during the pandemic and welcomed the progress made with regard to vaccination. It was recognized, however, that access to vaccines remained uneven and inequitable, which was not only unfair but also contrary to the interests of the international community as a whole. The importance of building regional capacity for the production of vaccines and other critical health supplies was underscored, as was the need to promote technology transfer and suspension of intellectual property rights. The Delegates of Argentina and Brazil welcomed the selection of centers in their countries as regional hubs for vaccine development and production. The Bureau was again urged to continue supporting donations of surplus vaccine doses.

147. The need for solidarity and Pan Americanism was emphasized, as was the need for multilateralism, which was seen as more important than ever, not only to bring an end to the COVID-19 pandemic but also to enable a better response to future public health challenges. The importance of addressing the shortcomings in the global health architecture revealed by the pandemic was also highlighted.

148. Support was expressed for the five strategic lines of action set out in the report and the recommendations regarding actions needed to improve the situation. It was considered essential to maintain a comprehensive approach, prioritizing protection of the life of the most vulnerable populations. Several delegates stressed the need to maintain non-pharmaceutical public health measures such as mask-wearing while continuing vaccination efforts. Delegates also noted the need to combat vaccine misinformation, which was augmenting vaccine hesitancy and hindering efforts to achieve high vaccination coverage rates. The importance of strengthening risk communication efforts was highlighted, as was the need for awareness-raising in communities to directly address vaccine-related myths. A delegate drew attention to the problem of non-recognition of some vaccines by some countries, even though they had been approved by WHO under scientifically rigorous conditions. He also noted that some countries had imposed vaccination requirements for the entry of travelers, thereby impeding international travel, which was contrary to the provisions of the International Health Regulations (2005). He urged PAHO and WHO to discourage such restrictions.

149. A representative of a non-State actor in official relations with PAHO expressed support for the global community's efforts to strengthen supply chain resilience to ensure the continuous supply of quality-assured medicines. He also called on regional and global stakeholders to increase transparency with regard to existing or potential shortages; bolster quality assurance through training of regulatory and laboratory personnel, and strengthen

regulatory systems, including through the adoption of guidelines for emergency use authorization and the expansion of patient safety surveillance.

150. Dr. Barbosa emphasized the need to take on board the lessons learned from the pandemic response in order to ensure that weaknesses in health systems were addressed and that health systems emerged from the pandemic stronger. He thanked countries for the solidarity they had shown with other countries in the Region, including through vaccine donations. Responding to the concerns expressed with regard to vaccination requirements, he reported that, at the request of some countries, the Bureau was examining the possibility of a regional digital vaccination certificate, which would not be intended to create barriers of any kind but rather to facilitate the availability of information on vaccination status.

151. Dr. Ugarte noted that a number of key challenges must be addressed, including the need to strengthen leadership and governance in the response to health emergencies, improve epidemiological surveillance and the timely sharing of information, and reinforce health systems and service delivery networks in order to maintain health services and continuity of care. It was also necessary to continue mobilizing resources to support ongoing pandemic response efforts and to continue to apply public health measures that had been shown to be effective while also working to increase vaccination coverage rates.

152. The Director pointed out that the pandemic had resulted in an extraordinarily high level of government interest in a health issue. While that interest was largely due to the economic impacts of the pandemic, it was important for health authorities to seize the opportunity to highlight the importance of health and its relationship to a range of other issues. It was also necessary to address vaccine hesitancy, especially by engaging communities. Above all, it was essential to continue to apply effective public health measures until the fight against SARS-CoV-2 had been won.

153. The Directing Council took note of the report.

Report on Strategic Issues between PAHO and WHO **(Document CD59/INF/2)**

154. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that the Executive Committee had reviewed an earlier version of the report on strategic issues between PAHO and WHO at its session in June. A joint statement had been made on behalf of a group of Member States, welcoming the adoption by the World Health Assembly (WHA) of a resolution on strengthening WHO preparedness for and response to health emergencies (Resolution WHA74.7) and a decision requesting the Director-General to convene a special session of the World Health Assembly in November 2021 to consider the possibility of developing a WHO convention, agreement, or other international instrument on pandemic preparedness and response (Decision WHA74[16]). The Bureau had been requested to support the engagement of PAHO Member States in the Working Group set up pursuant to Resolution WHA74.7. The Committee had highlighted the importance of ensuring a regional perspective in the various global review processes on pandemic preparedness and response. It had been suggested that the report to be presented to the Directing Council should provide a more strategic analysis of areas of opportunity

for coordination between PAHO and WHO, with a greater focus on the results of such collaboration.

155. In the ensuing discussion, delegates welcomed the comprehensive report and noted the importance of close coordination between PAHO and WHO, in particular in the response to the COVID-19 pandemic. Delegates commended the contributions of PAHO to WHO initiatives, including the WHO transformation agenda and efforts to strengthen WHO governance, noting that the Region's experiences and expertise could serve as an example for the entire WHO system. It was considered important, as part of the regional contribution to WHO governance review processes, to share information on the practical application and the value of the Hanlon prioritization method as adapted by PAHO.[6] That method was seen as another PAHO contribution that could serve as an example for other regions.

156. A delegate highlighted the importance of conducting periodic evaluation exercises, both globally and regionally, to identify financing challenges and needed improvements in the prioritization of scarce resources in strategic areas and also to strengthen transparency and accountability mechanisms, not only to ensure the proper execution of budgets but also to gather information to demonstrate the work that both WHO and PAHO were carrying out, together with Member States, to strengthen the capacities of health systems. Another delegate expressed concern that the Directing Council, as the Regional Committee of WHO for the Americas, had not been provided with an update from the WHO Secretariat on the midterm revision of the WHO program budget 2022–2023 and had not been given the opportunity to express their views thereon. The Bureau was asked to make its best effort to support Member State consultation on the revision process at both the regional and the global levels. Several suggestions were made for further improvement of future reports, including a clearer analysis of opportunities for the Americas in global forums such as the COVAX Facility and of the reasons why the Region continues not to receive an equitable share of the WHO budget.

157. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) thanked delegates for their feedback and recommendations concerning the report, noting that the report had been expanded since its first iteration four years earlier to cover strategic, governance, policy, operational, and programmatic issues. The Bureau had endeavored to provide examples of the collaboration between PAHO and WHO in numerous areas, without duplicating information presented in other documents. He pointed out that the report included an update on the receipt of the Region's portion of the WHO budget. He acknowledged that, while the gap between the budgeted amount and the amount actually received had narrowed, it remained significant, and assured Member States that the Bureau was working continually with the WHO Secretariat with a view to reducing the gap. The Bureau had also shared the PAHO-adapted Hanlon with the WHO Secretariat, and the method had been applied in other regions. Regarding the midterm revision of the

[6] See Document CD55/7 (2016).

WHO program budget 2022-2023, the Bureau would keep Member States informed as the process proceeded.

158. The Director assured Member States that the Bureau continued to work closely with the management and technical areas of WHO in a mutual learning relationship, sharing some of the best practices identified across the six WHO regions.

159. The Directing Council took note of the report.

Draft report of the Working Group on Sustainable Financing established by the Executive Board of the World Health Organization **(Document CD59/INF/3)**

160. Mr. Björn Kümmel (Chair, Working Group on Sustainable Financing) introduced the draft report of the Working Group on Sustainable Financing (WGSF), established pursuant to WHO Executive Board Decision EB148(12), noting the pandemic had drawn attention to the gap between Member States' expectations of WHO and what the Organization was able to deliver with the available resources. He also noted that all of the various working groups and panels established to evaluate the lessons learned from the pandemic response had concluded that a strong and capable WHO was essential to global health security and to the achievement of the Sustainable Development Goals.

161. At present, Member States' assessed contributions accounted for only 16% of WHO's financing, while donors accounted for more than 80%, which meant that donors, not Member States, were setting the Organization's priorities. It also meant that the WHO Secretariat had to manage over 2,000 donor-funded activities with different reporting requirements. The Secretariat also had to engage constantly in fund-raising, which diverted attention and resources away from the technical work that Member States expected the Organization to perform and limited its capacity to react to emergencies and new threats. Chronic underfunding in areas such as prevention and control of noncommunicable diseases and strengthening of health systems had major implications for WHO's work in the regions and in countries.

162. Stressing the need for urgent action, Mr. Kümmel pointed out that Member States had a historic opportunity to put WHO on a secure financial footing. If they chose instead to maintain the status quo, WHO would remain vulnerable, with limited capacity to prevent the next health crisis. As WHO's role diminished, other actors—which could well be less inclusive and transparent—would step into the breach. Indeed, that was already happening to some extent. He also pointed out that the Region of the Americas, with its heavy reliance on flexible funding from WHO, stood to benefit greatly from a more sustainable approach to WHO financing.

163. Mr. Raúl Vargas (Vice-Chair, Working Group on Sustainable Financing) explained that the Working Group had formulated five questions on which it was seeking input from Member States. The responses to those questions, which were listed in Document CD59/INF/3, would shape the conclusions and recommendations of the WGSF. He encouraged Member States to share their views on those questions and to continue their participation in the deliberations of the WGSF.

164. The Directing Council expressed thanks to the WGSF for its work and to the Bureau for keeping Member States informed about and facilitating their participation in that work. The WGSF was encouraged to coordinate its work with that of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (see paragraphs 172 to 190 below). As the outcomes of the work of the WGSF would significantly influence the future of WHO financing and the distribution of its resources, active Member State engagement in the Group's deliberations was considered critical.

165. There was broad consensus on the need to improve the predictability and sustainability of WHO's financing. It was pointed out, however, that other issues needed to be considered in tandem with the question of sustainable financing, including issues relating to governance, prioritization, and efficiency, transparency, and accountability in the use of resources. Prioritization was considered especially important. Various delegates noted that the Region had valuable experience with bottom-up prioritization, which should be shared with the WGSF and with the WHO Secretariat.

166. One delegate voiced strong support for the idea of a significant increase in assessed contributions in order to provide the flexible funding that WHO needed to deliver on the mandates approved by Member States. Several delegates pointed out, however, that given the heavy economic toll of the pandemic, Member States, especially developing States, would be hard-pressed to meet an increased financial commitment to the Organization. It was emphasized that any increase in assessed contributions would need to go hand in hand with ongoing reform of WHO and be accompanied by greater transparency and accountability on the part of both the WHO Secretariat and Member States, especially with regard to the cost of any proposed new initiatives. The importance of sound planning, programming, and budgeting based on available resources was underscored, and the need to identify financing gaps in order to avoid expanding mandates without assured funding was highlighted.

167. It was acknowledged that, notwithstanding any increase in assessed contributions, it would be necessary to consider other innovative alternatives, since WHO would need to continue to operate with a mixed funding model for the foreseeable future. Some delegates were in favor of exploring the option of a replenishment model. Other delegates did not consider that option appropriate for WHO, with one delegate noting that there were significant differences between WHO and other organizations, such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, that had adopted replenishment schemes. Another delegate took the view that an effort should be made to improve and strengthen existing financing structures before contemplating the creation of new ones. It was considered that there should be better coordination among the three levels of the Organization and between WHO and other agencies and programs of the United Nations system and other international partnerships and forums, such as the G7 and the G20, in order to promote pooling of efforts and avoid duplication of activities.

168. Mr. Kümmel agreed that strong Member State involvement in the work of the WGSF was critical, noting that Member States from the Americas had been among the most active participants thus far. He also agreed on the importance of prioritization and

efficiency, transparency, and accountability. In that connection, he noted that, while there was always room for improvement, independent experts had found that WHO was operating as efficiently and transparently as it could with its current financing model and that it was far superior in that respect to other United Nations agencies and programs. The experts had also pointed out that the current model made no sense from an efficiency standpoint, as a tremendous amount of staff time was being devoted to fund-raising and to managing activities funded by numerous donors, which limited the time available for staff to focus on their technical health-related work.

169. He understood the concerns expressed in relation to a replenishment model; however, exchanges with organizations that had such a model had indicated that it could be a promising option that was worth exploring. He acknowledged that the proposal to raise assessed contributions would roughly double the amount that Member States were currently paying, but pointed out that in monetary terms the increase would be less than $1 million per year for the majority of countries, which was a tiny fraction of the amount that most of them had been obliged to spend on the response to the COVID-19 pandemic. In his view, if the additional support to WHO enabled countries to avoid a situation like the current one, it would be an investment well worth making and one that would yield tremendous returns and savings in the future.

170. The Director expressed thanks to Mr. Kümmel and Mr. Vargas for their skillful leadership of the Working Group and to Member States for their keen interest and participation in the work of the WGSF. She noted that the Bureau had already shared, and would continue to share with WHO colleagues, information on the innovations that PAHO had introduced with regard to the development and evaluation of program budgeting, on the positive impact on transparency and accountability, and on Member State engagement. She agreed with Mr. Kümmel's view that it was essential to strengthen WHO to enable it to carry out its work and be better prepared to prevent and respond to epidemics and pandemics.

171. The Directing Council took note of the report.

Report on Strengthening PAHO and WHO Preparedness for and Response to Health Emergencies **(Document CD59/INF/4)**

172. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced this item, recalling the resolution and decision adopted by the Seventy-fourth World Health Assembly (WHA) related to strengthening WHO preparedness for and response to health emergencies (Resolution WHA74.7 and Decision WHA74[16]). The resolution had established the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) and the decision had requested the WGPR undertake an assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. Pursuant to a request made by the PAHO Executive Committee at its 168th Session in June (see paragraph 154 above), the Bureau had convened three information sessions in July and

August and had also set up an online repository of information to which Member States could upload contributions.

173. Dr. Ugarte outlined the Bureau's approach to emergency preparedness and response, the aim of which was to assist Member States in strengthening their capacities in the areas of prevention, risk reduction, preparedness, surveillance, and response to and early recovery from emergencies and disasters. He pointed out that the extent to which the work of the WGPR would affect PAHO Member States and the Bureau would depend on Member States' capacity and will to set priorities and advocate for them within the Working Group. Member States had a once-in-a-generation opportunity to make the global architecture for emergency preparedness and response fit for purpose and were faced with the delicate task of finding a balance between the potential gains to be derived in the near term from the negotiations for a new international instrument and the careful crafting of a solid foundation for the future global architecture in the long term.

174. Mr. Colin McIff (Co-Chair, Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies) summarized the work undertaken by the WGPR at its first two meetings, noting that the WGPR had two main mandates: *a)* to consider the findings and recommendations of the various review panels, including the Independent Panel for Pandemic Preparedness and Response (IPPPR), the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Program (IOAC), and prepare a report to be submitted to the Seventy-fifth World Health Assembly; and *b)* to assess the benefits of developing a new WHO convention, agreement, or other instrument on pandemic response and prepare a report to be submitted to the special session of the World Health Assembly to be held from 29 November to 1 December 2021.

175. At the second meeting of the WGPR, the Co-Chairs had sought views on the feasibility and possible impact of the recommendations arising from the various reviews in three areas: leadership and governance, systems and tools, and financing. They had also listened to views on the immediate and longer-term actions identified in the reviews and recommendations that would potentially make the greatest difference in improving pandemic response. At the second meeting, it had been proposed that the WGPR should also consider the issue of equity, Mr. McIff informed the Council that the WGPR would look more closely at that issue at its third meeting. He also noted that the two Co-Chairs planned to organize opportunities for intersessional work on the issues under consideration.

176. H.E. Ms. Grata Endah Werdaningtyas (Co-Chair, Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies) emphasized the importance of Member State input on the work of the WGPR, noting that the Working Group was adjusting its working hours in order to enable broader participation by Member States across multiple time zones. She also noted that the officers of the WGPR were working with those of the Working Group on Sustainable Financing (see paragraphs 160 to 171 above) to achieve greater clarity on financing in the area of health emergencies. The third meeting of the WGPR would examine a document outlining the potential benefits and

risks of adopting a new treaty or instrument versus strengthening and/or amending the International Health Regulations (2005) (IHRs). The Co-Chairs were working to identify which of the over 200 recommendations made by the various review panels represented key priorities for Member States could be implemented relatively quickly and easily. She emphasized that the Co-Chairs were keen to ensure Member State ownership of the activities of the WGPR and looked forward to hearing Member States' views on all the issues under consideration.

177. The Directing Council affirmed the critical importance of the issues being discussed in the WGPR. The Council agreed that the pandemic had clearly revealed the need to strengthen the global health architecture and address the gaps in existing pandemic preparedness and response mechanisms in order to prevent a recurrence of the shortcomings noted in the response to the current pandemic.

178. Delegates expressed appreciation to the Bureau for its efforts to keep Member States informed about and facilitate their participation in the deliberations of the WGPR. It was considered essential to ensure that the Region's perspectives were presented and taken into account, and the Director was encouraged to share PAHO's views and its unique expertise in emergency preparedness and response during the upcoming third meeting of the WGPR. Delegates welcomed the announcement that the third meeting would be held at a more convenient time for participants taking part remotely from the Americas. Even so, several delegates pointed out that countries were focused on combating the pandemic and that the ability of their technical personnel to participate in the WGPR would therefore remain limited. The need for the WGPR to work with the Working Group on Sustainable Financing (see paragraphs 160 to 171 above) was again stressed.

179. Several delegates underscored the need to ensure that discussions on WHO strengthening did not lead to further fragmentation of the global health architecture and emphasized that the outcome of the work of the WGPR should be to strengthen WHO as the leading global health authority and as the coordinator of global health emergency preparedness and response efforts. It was pointed out that the creation of new bodies, such as a global health threat council, could lead to overlapping mandates and responsibilities and thereby weaken, not strengthen, global health governance.

180. Given the multiple global initiatives and discussions taking place and the complexity of the issues involved, it was considered important to identify certain fundamental principles to guide the discussions, such as: *a)* the need to ensure complementarity and cohesion in order to minimize duplication and fragmentation of initiatives; *b)* the need to avoid the uneven impacts of future public health emergencies across regions and address the needs of marginalized and vulnerable groups; and *c)* and the need to ensure transparency and accountability to ensure that Member States met their international commitments with regard to pandemic preparedness and response and global health security.

181. Some delegates expressed support for the negotiation of a new convention or other instrument, while others were of the view that the focus should be on strengthening and

ensuring compliance with the International Health Regulations and addressing gaps revealed by the pandemic. It was stressed that negotiating a new convention would take considerable time and could not therefore be viewed as a short-term solution to the problems highlighted by the pandemic. It would be necessary to carefully weigh the potential advantages and added value of a new instrument and also consider whether a new convention would avoid the problems caused by non-compliance with the IHRs during the pandemic. It was also emphasized that a new convention should complement, not replace, the IHRs, and that action to strengthen the IHRs should not be postponed. Several delegates called for greater international cooperation, including financial cooperation, to enable all countries to build the core capacities needed to fully implement the IHRs.

182. In view of the short time allotted for the WGPR to complete its work, it was considered important to reach consensus on how to move forward in areas where there appeared to be convergence. One such area was the need to strengthen WHO through improved Member State engagement in governance. It was pointed out in that connection that a proposal had been put forward to create two standing committees of the WHO Executive Board, one on governance and one on health emergencies. There also appeared to be agreement, for example, on the need to strengthen existing legal mechanisms and improve the implementation of and compliance with the International Health Regulations.

183. H.E. Ms. Werdaningtyas noted that the Directing Council had raised some of the same issues as other regional committees, including the need to respond to immediate needs while also considering how to respond to public health challenges in the longer term. The Co-Chairs believed that, while weighing the various options for addressing the issues of concern to Member States, it was important to recognize that many lessons had already been learned from the response to the COVID-19 pandemic. An important example was the way in which Member States had worked together to create mechanisms such as the ACT-A initiative and the COVAX Facility, which could be seen as emblematic of the higher level of solidarity and political commitment needed for the future response to health emergencies. Such lessons should be borne in mind in considering whether to amend and adjust the IHRs or create a new instrument or mechanism. She pointed out that, irrespective of what was decided in that regard, a certain amount of negotiation would be needed in order to identify the best course of action.

184. Mr. McIff emphasized that the Co-Chairs were well aware that countries were still very much engaged in the response to the COVID-19 pandemic. He assured the Council that the Co-Chairs would work with PASB and with the WHO Secretariat to find creative ways to enable Member States to express their views and would ensure that those views were taken into account. The Co-Chairs understood that it was necessary to build on the existing foundation while also identifying gaps that might need to be addressed through a new instrument. The Co-Chairs shared the concerns expressed with regard to overlapping mandates and responsibilities and encouraged Member States to express their views on the issues that fell within the scope of the work of the WGPR

185. Dr. Ugarte encouraged Member States to continue taking an active part in the deliberations of the WGPR. He pointed out that the outcome of those deliberations could

have implications in a number of areas, including the exercise of Member States' rights and authority to strategically govern WHO, the effective management of WHO human and financial resources, and the targeting of WHO's technical cooperation to the specific needs of countries. There could also be implications for the Bureau's health leadership in the Region, its positioning within the overall WHO organizational structure, and its ability to deliver technical cooperation suited to Member States' needs and support them in preparing for and responding to health emergencies.

186. The Director affirmed the importance of participation by PAHO Member States in the work of the WGPR in order to ensure that the Region's interests and its expertise in emergency mitigation, preparedness, and response were taken into account. She pointed out that the countries of the Region had well-established institutional arrangements for emergency preparedness and response and had learned many lessons from dealing with numerous emergencies over the years. It was important for those lessons to be taken into consideration in the global discussions. A critical issue in those discussions was the empowerment of WHO, which must be given the authority to do what Member States asked of it. At the same time, the sovereignty of Member States must be respected.

187. Another lesson learned was that, in order to ensure an agile response, it was essential for the WHO regional offices to play a strong leadership and coordination role at the regional level. That role could not be taken over by WHO Headquarters; rather, the regional offices must be empowered to discharge WHO's responsibilities at the regional level.

188. A third lesson related to the approach taken to emergency response. At PAHO, the response was an all-of-Bureau effort, where building on existing expertise and ensuring that the necessary institutional arrangements were in place so staff across the Bureau could respond quickly to any emergency that occurred in the Region.

189. As Member States considered whether a new instrument or mechanism was needed, it was important to recognize that the International Health Regulations (2005) remained in force and to consider how WHO could be strengthened to discharge its responsibilities under the Regulations and how it would be held accountable. It was also essential to consider how a new instrument or mechanism would interact with the IHRs. Whatever was decided with regard to a new instrument, it would be critical to ensure an enforcement mechanism, without which any Member State could choose not to comply.

190. The Directing Council took note of the report.

Implementation of the International Health Regulations **(Document CD59/INF/5)**

191. Ms. Adriana Salazar González (Representative of the Executive Committee) reported that, after reviewing an earlier version of the report on this item, the Executive Committee had acknowledged the critical importance and binding nature of the International Health Regulations, and various delegates had reaffirmed their countries' commitment to their implementation. The efforts of Member States to implement the core capacity requirements and share public health information had been commended.

Nevertheless, the low rate of submission of annual reports by countries in the Region had been noted with concern, as had the inconsistencies and significant gaps in the implementation of the Regulations across the Region. Delegates had agreed on the need to strengthen the Regulations and improve compliance with them, and had stressed that the adoption of a possible new WHO convention, agreement, or other international instrument on pandemic preparedness and response (see paragraphs 172 to 190 above) must not lead to any backsliding in the progress already achieved in implementing the Regulations.

192. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the content of Document CD59/INF/5, noting that it covered the period from July 2020 to June 2021. The document presented information on the acute public health events of international concern reported during that period and on the status of the core capacities of States Parties. He noted that 70% of the acute public health events during the period had been reported immediately by national authorities, while 30% had been reported or identified by other sources. By comparison, during the previous reporting period, national authorities had been the initial source of 59% of such reports; thus, there had been an increase in initial reporting of such events directly by Member States. The status of the core capacities across the Region remained heterogeneous. Nevertheless, the average regional scores for all capacities except health services provision were above the global averages.

193. With respect to administrative requirements and governance, the report included information from the national focal points, various reports, a survey on updating the WHO Travel and Health webpage, and information on the IHR Roster of Experts. Regarding the latter, Dr. Ugarte noted that only 46 of the 422 professionals on the Roster were from the Americas and that only 11 had been designated by their respective State Party. He emphasized that it was important for Governments to designate an expert from their country to participate in the IHR Emergency Committee when countries were affected by an event that might become a public health emergency of international concern.

194. Regarding the future relevance and effectiveness of the IHRs as a tool for global governance, the document suggested various actions necessary to improve the situation, which were inherently related to the ongoing work of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (see paragraphs 172 to 190 above). Pointing out that, since their entry into force in 2007, the IHRs had been praised as foundational, yet full implementation and compliance had not been attained, Dr. Ugarte noted that the future relevance and shape of the Regulations were now in the hands of Member States.

195. In the discussion that followed, delegates welcomed the steady headway made in implementing the 13 core capacities, but acknowledged that progress had not been uniform across the Region. Delegates expressed gratitude to the Bureau for its efforts to help Member States achieve compliance with the Regulations, which were seen as the pillar of global health security. It was noted that full implementation would require the strengthening of existing legal mechanisms and frameworks and, for some countries, substantial financing to enable them to build core capacities. Increased use of after-action

reviews, simulation exercises, and joint external evaluations was also seen as crucial. A delegate noted that her Government was in discussions with other PAHO Member States and had shared several targeted amendments to the IHRs, which she believed would be an effective means of addressing some of the issues raised in the meetings of the Member States Working Group.

196. It was emphasized that the political will and resolve demonstrated to fight the COVID-19 pandemic must be harnessed to focus on greater cooperation between Member States and with PAHO to achieve full IHR implementation. Delegates called on countries to redouble their efforts to implement and honor their IHR obligations without delay for the benefit of all Member States. One delegate pointed out, however, that WHO did not currently have adequate authority to enforce the Regulations, which provided for no penalties for noncompliance.

197. Delegates stressed the need for the sharing of timely, accurate, and sufficiently detailed public health information on the COVID-19 pandemic and other health events of international concern, both between Member States and with PAHO/WHO, and called for collaborative approaches to strengthen health security in the Region and globally. It was considered critical to ensure that any new structures or mechanisms put in place would be coordinated, cohesive, efficient, and aligned with existing mechanisms, in particular the IHRs.

198. Delegates also noted the importance of strengthening surveillance and early warning systems and supply chains, training for personnel involved in IHR implementation, and the sharing of experiences and best practices. The Bureau was asked to support the establishment of linkages with other regions in order to learn about their experiences and possibly adapt them for application in the Region. The concerns regarding vaccination requirements and certificates (see paragraphs 89 and 148 above) were reiterated.

199. Dr. Ugarte noted that Member States had been very clear on several matters, especially the responsibility of countries to comply with the IHRs and the mandates given to the Bureau to support IHR implementation. He encouraged Member States to participate fully in the discussions of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, noting that many of the outcomes of the work of the WGPR could have major implications for IHR implementation.

200. The Director affirmed that the application of the IHRs was crucial to global health security. She noted that some countries had not succeeded in developing all the IHR core capacities, which had been one of the problems that had hindered the full implementation of the Regulations. How to provide the financial and technical support that those countries needed was a question that the Region needed to explore. In any case, the overall objective must be to strengthen the IHRs in the interests of better preparedness and capacity to respond to health emergencies in a timely and effective manner. She, too, urged Member States to take an active part in the various global working groups and review panels in order to ensure that the Region’s views were well represented.

201. The Council took note of the report.

Other Matters

202. During the 59th Directing Council, no other matters were discussed.

Closure of the Session

203. Following the customary exchange of courtesies, the President declared the 59th Directing Council closed.

Resolutions and Decisions

204. The following are the resolutions and decisions adopted by the 59th Directing Council:

Resolutions

CD59.R1: Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas

THE 59th DIRECTING COUNCIL,

Having considered the *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CD59/6);

Bearing in mind the commitments that Member States have made for the strengthening of information systems for health, vital statistics, critical data management, digital literacy, and digital health;

Recalling the principles enshrined by the United Nations Secretary-General's Roadmap for Digital Cooperation;

Considering the need to accelerate progress toward inclusive digital health with emphasis on the most vulnerable populations, especially those in conditions of greater social, economic, geographic, or cultural vulnerability and population groups that are not digitally literate or lack internet access;

Observing that the Member States of the World Health Organization affirmed their commitment to digital health at the 71st World Health Assembly in 2018 by requesting development of a global strategy on digital health, which was approved by the 73rd World Health Assembly through Decision WHA73(28);

Recognizing the cross-cutting nature of this policy and its alignment with the objectives of the Strategic Plan of the Pan American Health Organization 2020-2025 and the Sustainable Health Agenda for the Americas 2018-2030,

RESOLVES:

1. To approve the *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CD59/6).

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

a) strengthen institutional and community capacity at all levels to implement digital health solutions, helping, among other things, to support access to quality health services to produce interoperability standards with the capacity to generate sufficient quality data, and to generate evidence in the adoption of emerging technologies such as artificial intelligence and blockchain, among others, where determined beneficial;

b) increase, promote, and support the participation of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the development and implementation of digital transformation policies, considering gender and cultural differences;

c) as appropriate, prepare and implement national and subnational policies, plans, programs, standards, and interventions informed by the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in vulnerable situations.

3. To request the Director to:

a) provide technical support to Member States in the implementation of a coordinated Roadmap for the Digital Transformation of the Health Sector at the national, subregional, regional, and inter-institutional levels;

b) promote technical cooperation to assist countries in strengthening health system capacity to include digital health solutions in line with the Sustainable Development Goals and applicable international and regional human rights instruments;

c) facilitate the co-creation, production, and dissemination of tools, studies, and reports in support of national policies and digital health solutions;

d) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas.

(Second meeting, 20 September 2021)

CD59.R2: Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies

THE 59th DIRECTING COUNCIL,

Having considered the *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies* (Document CD59/7);

Bearing in mind Member States' commitments with regard to the strengthening of information systems and data-driven solutions for improving health analysis and forecasting;

Recalling the principles enshrined in the report commissioned by the United Nations Secretary-General on mobilizing the data revolution for sustainable development;

Considering the need to accelerate progress towards the adoption of emerging technologies at all levels of the health sector;

Observing that Member States in the Region of the Americas have officially affirmed their commitment to health data management with the highest level of quality since 1954;

Recognizing the cross-cutting nature of this policy and its complementarity with the objectives of the Strategic Plan of the Pan American Health Organization 2020-2025 and the Sustainable Health Agenda for the Americas 2018-2030,

RESOLVES:

1. To approve the *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies* (Document CD59/7).

2. To urge Member States, in accordance with their national contexts, needs, vulnerabilities, and priorities, to:

a) strengthen institutional and health worker capacity at all levels to implement data science tools and methods, supporting, among other things, the appropriate management of big data, information, and knowledge through the application of emerging technologies to improve and streamline data processes for descriptive, prescriptive, and predictive health-related analyses to inform decision-making processes;

b) increase, promote, and support the participation of indigenous peoples, Afro-descendants, and members of other ethnic groups, in the development and implementation of data science policies, considering data biases due to gender differences and other factors;

c) as appropriate, prepare and implement national and subnational policies, plans, programs, and interventions informed by the regional Policy on the Application of

Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in situations of vulnerability.

3. To request the Director to:

a) provide technical support to Member States for the development and implementation of a regional roadmap for the incorporation of data science techniques and methods at the national, subregional, regional, and inter-institutional levels and facilitate technical cooperation both with and among countries for the preparation and implementation of their national policies;

b) prioritize technical cooperation to assist countries in strengthening health analysis capacity, including the use of artificial intelligence and other emerging technologies;

c) facilitate access to open educational materials, tools, networks, and scientific information for improving health worker capacity for data management and health analysis and for the use of artificial intelligence and other emerging technologies;

d) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of this regional policy, as well as its adaptation to specific contexts and needs.

(Second meeting, 20 September 2021)

CD59.R3: Increasing Production Capacity for Essential Medicines and Health Technologies

THE 59th DIRECTING COUNCIL,

Having reviewed the policy on *Increasing Production Capacity for Essential Medicines and Health Technologies* (Document CD59/8*)*;

Considering that one of the basic principles enshrined in the Constitution of the World Health Organization (WHO) is that "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition" and that the "health of all peoples is a fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States";

Recognizing that access to essential medicines and other health technologies is a global priority and fundamental to universal access to health and universal health coverage, and that some countries face access barriers due to factors such as limited manufacturing capacity and high prices, and that these problems may be exacerbated during public health emergencies or situations of overwhelming demand, such as during the COVID-19 pandemic;

Observing with concern the impact of transport and international trade restrictions on access to raw materials, intermediate inputs, and medicines and other health technologies, including access to substances subject to international control, such as sedatives and analgesics for intubation protocols during the treatment of patients with COVID-19;

Considering Resolution A/RES/74/274 of the United Nations General Assembly, the resolutions *Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies* (CD55.R12 [2016]), *Public Health, Innovation and Intellectual Property: A Regional Perspective* (CD48.R15 [2008]), and *COVID-19 Pandemic in the Region of the Americas* (CD58.R9 [2020]) of PAHO, and the resolutions *Strengthening local production of medicines and other health technologies to improve access* (WHA74.6 [2021]), *COVID-19 response* (WHA73.1 [2020]) and *Improving the transparency of markets for medicines, vaccines, and other health products* (WHA72.8 [2019]) of the World Health Assembly, together with the adoption of the *Global strategy and plan of action on public health, innovation and intellectual property* (WHA61.21 [2008]) and its priority actions;

Recalling the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement), in its amended version, and also the Doha Declaration on the TRIPS Agreement and Public Health, issued by the World Trade Organization (WTO) in Doha in 2001, which states that intellectual property rights can and should be interpreted and implemented in a manner supportive of WTO Members' right to protect public health and, in particular, to promote access to medicines for all, and which recognizes the importance of intellectual property protection for the development of new medicines and the concerns about its effects on prices;

Recognizing that health is a precondition and result of sustainable development and calling for the participation of all relevant sectors in coordinated multisectoral action to urgently address the health needs of the population;

Recognizing that the creation and strengthening of national and regional capacity for the development and production of raw materials and essential medicines and other health technologies is important for improving their affordability and accessibility, and adequately responding to regional health needs, especially during health emergencies, and that this also contributes to health security and economic and social development;

Recognizing the importance of promoting competition to improve the availability and affordability of medicines and other health technologies consistent with public health policies and needs through, *inter alia*, the manufacture and introduction of generic versions, and especially of essential medicines, in developing countries;

Recognizing the importance of transparency, access to sustainable financing, strengthening of research, and development and transfer of technology under voluntary and mutually agreed terms, as well as the importance of voluntary initiatives such as the COVID-19 Technology Access Pool (C-TAP) and Medicines Patent Pool as mechanisms

for building and strengthening national and regional capacity for the development and production of raw materials and essential medicines and other health technologies;

Recognizing the need for strengthened national regulatory systems convergent with international standards to help ensure appropriate oversight of the quality, safety, and efficacy of the raw materials, medicines, and other health technologies produced in the Region;

Recognizing that regional and subregional integration can stimulate production through the development of sustainable demand, including the needs of Member States with small markets, and reaffirming the importance of international cooperation and collaboration with regional agencies of the United Nations system and other international and domestic financial institutions,

RESOLVES:

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

a) promote the implementation of comprehensive national multisectoral policies on essential medicines and other health technologies that include roadmaps for their implementation and the explicit statement of multisectoral priorities for development, production, and equitable universal access;

b) create or strengthen multisectoral governance mechanisms with health sector participation to increase national research, development, innovation, and production capacity, defining roles, respecting sector competencies, and prioritizing attention to regional health needs, with the leadership of national authorities and the collaboration of academia, the private sector, civil society, and international organizations;

c) strengthen national capacity for the development and production of raw materials and essential medicines and other health technologies, including the training of skilled human resources and, where applicable, the strengthening or development of national infrastructure and clusters that support research, development, innovation, and production activities to better meet health needs and priorities;

d) strengthen the capacity of institutions with enabling and oversight functions for the medicines and other health technologies sector, including the strengthening of national health regulatory systems;

e) develop or strengthen, as appropriate, a coherent policy environment for the health sector and the science and technology, industry, and trade sectors to encourage the promotion of research, development, innovation, technology transfer under voluntary and mutually agreed terms, and the production of quality raw materials, essential medicines, and other health technologies, promoting affordability and accessibility, transparency, effectiveness, and competitiveness, environmental protection, and the sustainability of projects;

f) increase investment in science and technology for the production of raw materials, essential medicines, and other health technologies, and strengthen the incentives for industrial promotion and the use of public procurement that simultaneously fosters affordability, sustainability, competitiveness, development, and regional production;

g) promote international dialogue and collaboration to make progress toward timely, universal, and equitable access to quality-assured, safe, effective, and affordable essential medicines and other health technologies, including their components and precursors, that are necessary for public health emergencies and long-term planning, while ensuring their fair distribution and eliminating unjustifiable access barriers through a joint effort to promote resilient supply chains.

2. To request the Director to:

a) provide technical cooperation to the Member States in developing and implementing comprehensive policies on essential medicines and other health technologies to help strengthen national capacity, meet multisectoral objectives, and improve access to essential medicines and other health technologies;

b) collaborate with the Member States, in coordination with the national health authorities, in promoting technology transfer under voluntary and mutually agreed terms, as well as intraregional activities in science, technology, and innovation, including networks of institutions devoted to research, development, and innovation, and collaboration with regional industrial associations and international financial institutions for economic and social development;

c) promote collaboration and the exchange of information and experiences among Member States, with the participation of the health authorities, and prepare model lists to prioritize the needs for medicines and other health technology in the Region in order to guide investment and other incentives for increasing regional development and production;

d) continue to support the Member States by strengthening the capacity of national health regulatory systems to help ensure appropriate oversight of the safety, quality, and efficacy of medicines and other health technologies, including those produced in the Region, by promoting convergence, regulatory harmonization, and networks of national health regulatory authorities;

e) continue promoting transparency of prices and economic data along the value chain of medicines and other health technologies, including those produced locally, in order to foster affordability and access;

f) continue providing technical support—as appropriate and when requested, in collaboration with the national health authorities and competent international organizations such as the World Trade Organization and the World Intellectual Property Organization, including support for policy processes—to countries that intend to make use of the provisions of the TRIPS Agreement, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to pharmaceutical products.

g) promote, with the participation of the national health authorities, the development of a regional platform to discuss challenges and opportunities in the production of essential medicines and health technologies, in coordination with the relevant agencies of the United Nations system and other relevant stakeholders, in order to consider the deliberations of the WHO World Local Production Forum.

(Third meeting, 21 September 2021)

CD59.R4: One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface

THE 59th DIRECTING COUNCIL,

Having reviewed the policy on *One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface* (Document CD59/9);

Bearing in mind that the COVID-19 pandemic has done much to reverse the gains achieved in recent decades on poverty reduction and on health and well-being in the Region of the Americas;

Recognizing that the health outcomes associated with health threats at the human-animal-environment interface such as zoonotic diseases, antimicrobial resistance, and food safety issues depend on policies and programs inside and outside the health sector and that strategies for the management of risks at the human-animal-environment interface need to include other sectors and disciplines to maximize impact and ensure sustainability;

Acknowledging that the socioeconomic development of the Region of the Americas has been supported by its increasing agricultural production and its role as a global food producer and exporter, therefore it is crucial to protect such achievements from the impact of zoonotic diseases, antimicrobial resistance, and food safety problems that not only endanger the health of the population, particularly the most vulnerable, but also hinder the socioeconomic development of communities and industries such as tourism and international trade in animal and animal products;

Cognizant that One Health is a collaborative, multidisciplinary, and multisectoral approach that can contribute to addressing health threats at the human-animal-environment interface,

RESOLVES:

1. To approve the policy on *One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface* (Document CD59/9).

2. To urge Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to adopt, adapt, and implement this policy, and to:

a) establish or strengthen current multidisciplinary, multisectoral, consensus-driven mechanisms for One Health governance, including policies and actions for the stewardship and finance of functional structures working across institutions and enabling coordination, communication, engagement, and collaboration, and for access to relevant knowledge and resources;

b) foster multisectoral technical activities including strategic planning, emergency preparedness and response, rapid and transparent information, data and sample sharing, in accordance with relevant international agreements, integrated surveillance, laboratory strengthening, and other best practices, with demonstration projects to drive scientific evidence-based collaborative actions;

c) incorporate a risk analysis approach, taking into account human behavior and other drivers, particularly those challenges that affect the systems on which society depends—health, agriculture/animal production, and environment;

d) promote training and education of the workforce on One Health, adopt new technologies including digital solutions and scientific tools, and foster research agendas on the human-animal-environment interface.

3. To request the Director to:

a) apply the One Health approach within the Pan American Sanitary Bureau through interprogrammatic actions fostering the effective use of the Pan American Health Organization's comprehensive portfolio of knowledge, expertise, and access to stakeholders on health challenges such as food safety, zoonotic diseases, and antimicrobial resistance;

b) coordinate, promote, and provide technical cooperation to support countries and territories in implementing One Health in collaboration with relevant human, animal, plant, and environmental health partners and stakeholders, including those from the social determinants field;

c) secure political, managerial, administrative, and financial support for the implementation of One Health by advocating and promoting it, in collaboration with other international and regional entities from the fields of human, animal, and environmental health, as well as by mobilizing external resources;

d) report to the Governing Bodies on the progress made and challenges faced in implementation of this policy in 2026 and 2031.

(Third meeting, 21 September 2021)

CD59.R5: Collection of Assessed Contributions

THE 59th DIRECTING COUNCIL,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CD59/12 and Add. I), and the concern expressed by the 168th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that the Bolivarian Republic of Venezuela is in arrears in the payment of its assessed contributions such that it is subject to Article 6.B of the Constitution of the Pan American Health Organization;

Noting that as of 20 September 2021, 19 Member States, Participating States, and Associate Members have not made any payments towards their 2021 assessed contributions;

Noting that as of 20 September 2021, only 34 percent of the current year's assessed contributions has been received, forcing the Organization to utilize the Working Capital Fund and other unrestricted resources,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CD59/12 and Add. I).

2. To express appreciation to those Member States, Participating States, and Associate Members that have already made payments in 2021.

3. To strongly urge all Members with outstanding balances to meet their financial obligations to the Organization in an expeditious manner in order to efficiently implement the Progam Budget for 2020-2021.

4. To request the President of the Directing Council to notify the Delegation of the Bolivarian Republic of Venezuela that its voting rights continue to be suspended as of this 59th Session of the Directing Council.

5. To request the Director to:

a) continue to monitor the status of assessed contributions and the impact of delays on the financial health of the Organization;

b) advise the Executive Committee of Members' compliance with their financial commitments to the Organization;

c) report to the 30th Pan American Sanitary Conference on the status of collection of assessed contributions for 2022 and prior years.

(Fourth meeting, 21 September 2021)

CD59.R6: Appointment of the External Auditor of PAHO for 2022-2023

THE 59th DIRECTING COUNCIL,

Satisfied with the services of the present External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland;

Noting their expressed willingness to continue to serve as External Auditor of the Pan American Health Organization (PAHO),

RESOLVES:

1. To appoint the National Audit Office of the United Kingdom of Great Britain and Northern Ireland as External Auditor of the PAHO accounts for the 2022-2023 biennium, in accordance with the principles and requirements set forth in Article XIV of the Financial Regulations of the Pan American Health Organization.

2. To request the Director to issue a *note verbale* to Member States, Participating States, and Associate Members in accordance with established procedures, requesting nominations for an auditor of international repute to be considered by the Governing Bodies for appointment as the External Auditor of PAHO for the 2024-2025 and 2026-2027 biennia.

(Fourth meeting, 21 September 2021)

CD59.R7: Scale of Assessed Contributions 2022-2023

THE 59th DIRECTING COUNCIL,

Whereas, in Resolution CD59.R8, the Directing Council of the Pan American Health Organization (PAHO) approved the Program Budget of the Pan American Health Organization 2022-2023 *(Official Document 363)*;

Having examined the report of the Pan American Sanitary Bureau on the *Scale of Assessed Contributions for 2022-2023* to be applied to PAHO Member States, Participating States, and Associate Members for the budgetary period 2022-2023 (Document CD59/5);

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

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

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

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

RESOLVES:

1. To approve the following *Scale of Assessed Contributions for 2022-2023* (Document CD59/5).

2. To request the Secretariat to present detailed amounts of the proposed gross and net assessment contributions to be paid by PAHO Member States, Participating States, and Associate Members once the total assessed contribution level is determined.

Member	Assessment Rate (%)	
	2022	2023
Member States		
Antigua and Barbuda	0.037	0.044
Argentina	3.458	3.687
Bahamas	0.054	0.058
Barbados	0.038	0.044
Belize	0.037	0.044
Bolivia	0.081	0.086
Brazil	14.359	15.309
Canada	11.297	12.045
Chile	1.631	1.739
Colombia	1.888	2.013
Costa Rica	0.295	0.315
Cuba	0.152	0.162
Dominica	0.037	0.044
Dominican Republic	0.309	0.329
Ecuador	0.463	0.494
El Salvador	0.088	0.093
Grenada	0.037	0.044
Guatemala	0.197	0.210
Guyana	0.037	0.044
Haiti	0.037	0.044
Honduras	0.050	0.053
Jamaica	0.061	0.065
Mexico	7.458	7.951
Nicaragua	0.037	0.044
Panama	0.220	0.235

Member	Assessment Rate (%)	
	2022	2023
Paraguay	0.100	0.107
Peru	1.158	1.235
Saint Kitts and Nevis	0.037	0.044
Saint Lucia	0.037	0.044
Saint Vincent and the Grenadines	0.037	0.044
Suriname	0.037	0.044
Trinidad and Tobago	0.149	0.159
United States of America	53.150	49.990
Uruguay	0.343	0.366
Venezuela	2.236	2.384
Participating States		
France	0.113	0.109
The Netherlands	0.037	0.044
United Kingdom	0.037	0.044
Associate Members		
Aruba	0.037	0.044
Curaçao	0.037	0.044
Puerto Rico	0.060	0.058
Sint Maarten	0.037	0.044
TOTAL	**100.000**	**100.000**

(Fifth meeting, 22 September 2021)

CD59.R8: Program Budget of the Pan American Health Organization, 2022-2023

THE 59th DIRECTING COUNCIL,

Having examined the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document 363*);

Having considered the report of the 168th Executive Committee (Document CD59/2);

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

Noting the efforts of PASB to propose a program budget that considers the evolving context and impact of the ongoing COVID-19 pandemic at global, regional and country levels;

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

RESOLVES:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US$ 640.0 million[1] for base programs and $48.0 million for special programs, as outlined in the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document 363*).

2. To encourage all Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2022 and 2023 and of arrears that might have accumulated in the previous budgetary periods.

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

4. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2022-2023, and where possible, to consider making these contributions fully flexible and un-earmarked.

5. To approve assessed contributions for the biennium 2022-2023 in the amount of $225.5 million composed of: *a)* $194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last approved amount of net assessed contributions ($194.4 million), and *b)* $31,150,000 as a transfer to the Tax Equalization Fund, as indicated in the table below.

6. In establishing the contributions of Member States, Participating States, and Associate Members, assessed contributions shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

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

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

Source of financing	Amount (US$)
Assessed contributions from PAHO Member States, Participating States, and Associate Members	225,550,000
Less credit from Tax Equalization Fund	(31,150,000)
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	179,000,000
Funding allocation to the Region of the Americas from WHO	252,600,000
TOTAL	**640,000,000**

8. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2022-2023, subject to the availability of funding.

9. To request the Director to prepare a report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2022-2023, to be presented to the Governing Bodies in 2024.

(Fifth meeting, 22 September 2021)

CD59.R9: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2022-2023

THE 59th DIRECTING COUNCIL,

Considering that, in Resolution CD59.R8, the 59th Directing Council approved the Program Budget of the Pan American Health Organization 2022-2023 (*Official Document 363*);

Considering that Article 60 of the Pan American Sanitary Code and Article 24(A) of the Constitution of the Pan American Health Organization provide that the scale of assessed contributions to be applied to Member States, Participating States, and Associate Members be determined on the basis of the assessment scale adopted by the Organization of American States;

Bearing in mind that the 59th Directing Council, in Resolution CD59.R7, adopted the scale of assessments for the Member States, Participating States, and Associate Members of the Pan American Health Organization for the biennium 2022-2023,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial periods 2022 and 2023 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent an increase of 0% with respect to the biennium 2020-2021.

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2022-2023

Members	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Member States										
Antigua and Barbuda	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Argentina	3.458	3.687	3,620,526	3,860,289	259,350	276,525			3,361,176	3,583,764
Bahamas	0.054	0.058	56,538	60,726	4,050	4,350			52,488	56,376
Barbados	0.038	0.044	39,786	46,068	2,850	3,300			36,936	42,768
Belize	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Bolivia	0.081	0.086	84,807	90,042	6,075	6,450			78,732	83,592
Brazil	14.359	15.309	15,033,873	16,028,523	1,076,925	1,148,175			13,956,948	14,880,348
Canada	11.297	12.045	11,827,959	12,611,115	847,275	903,375	40,000	40,000	11,020,684	11,747,740
Chile	1.631	1.739	1,707,657	1,820,733	122,325	130,425			1,585,332	1,690,308
Colombia	1.888	2.013	1,976,736	2,107,611	141,600	150,975			1,835,136	1,956,636
Costa Rica	0.295	0.315	308,865	329,805	22,125	23,625			286,740	306,180
Cuba	0.152	0.162	159,106	169,630	11,397	12,151			147,708	157,479
Dominica	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Dominican Republic	0.309	0.329	323,523	344,463	23,175	24,675			300,348	319,788
Ecuador	0.463	0.494	484,761	517,218	34,725	37,050			450,036	480,168
El Salvador	0.088	0.093	92,136	97,371	6,600	6,975			85,536	90,396
Grenada	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Guatemala	0.197	0.210	206,259	219,870	14,775	15,750			191,484	204,120
Guyana	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Haiti	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Honduras	0.050	0.053	52,350	55,491	3,750	3,975			48,600	51,516
Jamaica	0.061	0.065	63,867	68,055	4,575	4,875			59,292	63,180
Mexico	7.458	7.951	7,808,526	8,324,697	559,350	596,325			7,249,176	7,728,372

Members	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2022	**2023**	**2022**	**2023**	**2022**	**2023**	**2022**	**2023**	**2022**	**2023**
Nicaragua	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Panama	0.220	0.235	230,340	246,045	16,500	17,625			213,840	228,420
Paraguay	0.100	0.107	104,700	112,029	7,500	8,025			97,200	104,004
Peru	1.158	1.235	1,212,426	1,293,045	86,850	92,625			1,125,576	1,200,420
Saint Kitts and Nevis	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Saint Lucia	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Saint Vincent and the Grenadines	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Suriname	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Trinidad and Tobago	0.149	0.159	156,003	166,473	11,175	11,925			144,828	154,548
United States of America	53.150	49.990	55,648,050	52,339,530	3,986,250	3,749,250	8,000,000	8,000,000	59,661,800	56,590,280
Uruguay	0.343	0.366	359,121	383,202	25,725	27,450			333,396	355,752
Venezuela	2.236	2.384	2,341,092	2,496,048	167,700	178,800	35,000	35,000	2,208,392	2,352,248
Participating States										
France	0.113	0.109	118,348	114,208	8,478	8,181			109,870	106,027
The Netherlands	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
United Kingdom	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Associate Members										
Aruba	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Curaçao	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Puerto Rico	0.060	0.058	62,822	60,624	4,500	4,343			58,321	56,282
Sint Maarten	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
TOTAL	**100.000**	**100.000**	**104,700,000**	**104,700,000**	**7,500,000**	**7,500,000**	**8,075,000**	**8,075,000**	**105,275,000**	**105,275,000**

(Fifth meeting, 22 September 2021)

CD59.R10: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Barbados, Ecuador, and United States of America

THE 59th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization;

Considering that Argentina, Bolivia, and Jamaica were elected to serve on the Executive Committee upon the expiration of the periods of office of Barbados, Ecuador, and United States of America,

***RESOLVES*:**

1. To declare Argentina, Bolivia, and Jamaica elected to membership on the Executive Committee for a period of three years.

2. To thank Barbados, Ecuador, and United States of America for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 22 September 2021)

CD59.R11: Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

THE 59th DIRECTING COUNCIL,

Bearing in mind that Article VI of the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of the Pan American Sanitary Bureau and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation

period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Chile, Guatemala, and Trinidad and Tobago were elected to serve on the BIREME Advisory Committee beginning 1 January 2022, due to the completion of the term of Guyana, Mexico, and Uruguay,

***RESOLVES*:**

1. To declare Chile, Guatemala, and Trinidad and Tobago elected as nonpermanent members of the BIREME Advisory Committee for a three-year term (2022-2024).

2. To thank Guyana, Mexico, and Uruguay for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past three years.

(Fifth meeting, 22 September 2021)

CD59.R12: Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains

THE 59th DIRECTING COUNCIL,

Having reviewed the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/11);

Recognizing that the COVID-19 pandemic has significantly impacted health, lives, and livelihoods in the Region of the Americas;

Considering that action by Member States is required to address the systemic and structural deficiencies in health systems and emergency preparedness and response that have been exposed by the pandemic, and aware of the potential benefits to be realized by rapidly adopting and consolidating health system innovations observed during the pandemic response;

Noting the urgency to invest and build resilience in health systems that fully address the social, environmental, and economic determinants of health as a means to protect, promote, and sustain health, advance social and economic development, and accelerate the recuperation of lost public health gains,

RESOLVES:

1. To approve the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/11).

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

a) strengthen leadership, governance, and stewardship to implement the strategic lines of action of the Strategy for Building Resilient Health Systems;

b) advance in transforming health systems based on the primary health care approach, inclusive social participation, and a whole-of-government and whole-of-society approach, with intersectoral action to address the social, environmental, and economic determinants of health;

c) measure the institutional capacities of health authorities to perform essential public health functions and develop sectoral and intersectoral action plans to strengthen these functions, integrated into the country policy and budget cycle;

d) build and expand the capacities of health service delivery networks to improve access and overcome fragmentation, including capacities for management and coordination of the networks, planning and management of human resources, digital transformation and strengthening of information systems for health, availability and management of critical supplies, medicines, and other health technologies and infrastructure, community engagement, and the development of adaptable response plans;

e) increase and sustain public investments in health to support the transformation and strengthening of health systems toward the achievement of universal health, paying due attention to the development of capacities for implementation of the essential public health functions, including compliance with the International Health Regulations, and prioritize investments in the first level of care to support the delivery of comprehensive health services (both individual and population-based).

3. To request the Director to:

a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the Strategy for Building Resilient Health Systems;

b) exercise leadership to promote regional cooperation and dialogue in health and foster cooperation among countries and the sharing of knowledge and experiences;

c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of this strategy through a midterm review in 2026 and a final report in 2032.

(Sixth meeting, 22 September 2021)

CD59.R13: Reinvigorating Immunization as a Public Good for Universal Health

THE 59th DIRECTING COUNCIL,

Having reviewed the policy document *Reinvigorating Immunization as a Public Good for Universal Health* (Document CD59/10), which sets out the approach of the Pan American Health Organization (PAHO) and a strategic framework for revitalizing immunization programs in the Region of the Americas;

Considering that, despite the tremendous achievements of immunization programs in past decades, progress has stalled or even reversed in many countries in the Region, putting past achievements at risk;

Acknowledging that immunization is among the most cost-effective public health strategies available, and that in addition to its health benefits, immunization provides a high rate of return on investment, resulting in contributions to socioeconomic development and educational attainment;

Cognizant that this policy reflects and supports the commitment made by Member States to advance toward meeting the Sustainable Development Goals by 2030, the goals of the Sustainable Health Agenda for the Americas 2018-2030, and the goals of the Immunization Agenda 2030 of the World Health Organization (WHO),

RESOLVES:

1. To approve the policy *Reinvigorating Immunization as a Public Good for Universal Health* (Document CD59/10).

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

a) adopt and implement the strategic lines of action of this policy to reinvigorate immunization programs through the implementation of innovative approaches and best practices, incorporating technological, communication, behavioral, and data analysis tools;

b) declare the role of extensive immunization as a global public good and raise awareness among health care workers to advise individuals regarding immunization, among parents and guardians to have their children immunized, and among individuals to be vaccinated, following the officially recommended immunization schedule;

c) strengthen governance and leadership of immunization programs—combined with effective oversight, accountability, coalition building, regulation, and attention to system design—to ensure adequate and efficient implementation of this policy and progress toward universal health;

d) ensure and protect immunization-specific budgets, including but not limited to the costs of vaccines and supplies, human resources, and immunization operations;

e) in the context of the COVID-19 pandemic, and especially in the global context of immunization and international travel requirements, implement, as appropriate, measures to facilitate free movement of travelers, consistent with the International Health Regulations and taking into account WHO recommendations and guidance on immunization and travel.

3. To request the Director to:

a) provide technical cooperation and promote collaboration within and across all levels of the Organization and Member States in support of revitalized immunization efforts to increase regional immunization and facilitate the achievement of the Sustainable Development Goals; and promote the acknowledgement, acceptance, and use of safe, effective, and quality-assured vaccines authorized according to the international standards recommended by WHO for the production, control, and oversight of these essential health technologies;

b) promote and enhance constructive collaboration with other stakeholders relevant to the implementation of this policy—including but not limited to other international organizations, existing networks, programs, and collaborating centers—to pursue synergies and to increase efficiencies;

c) enhance coordination at regional and country levels to improve access to vaccines, diagnostic tests for laboratory networks supporting surveillance, and other key supplies relevant to primary health care, through the Revolving Fund for Access to Vaccines and the Regional Revolving Fund for Strategic Public Health Supplies;

d) promote the dissemination of evidence-based information available on immunization, especially against SARS-CoV-2, and encourage its use in Member State decision-making, favoring, as appropriate, the recognition of WHO and PAHO guidelines on immunization;

e) facilitate, at the request of Member States, the coordination of processes related to immunization, as appropriate, including through technical support for implementation and verification of digital and/or "smart" vaccination certificates, in accordance with national priorities and policies;

f) report to the Governing Bodies on the progress made and challenges faced in implementation of this policy in 2027 and 2031.

(Ninth meeting, 24 September 2021)

Decisions

CD59(D1): Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Panama, Paraguay, and Sint Maarten as members of the Committee on Credentials.

(First meeting, 20 September 2021)

CD59(D2): Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Jamaica as President, Ecuador and El Salvador as Vice Presidents, and Chile as Rapporteur of the 59th Directing Council.

(First meeting, 20 September 2021)

CD59(D3): Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Antigua and Barbuda, Honduras, and Peru as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution.

(First meeting, 20 September 2021)

CD59(D4): Establishment of the General Committee

In view of the logistical limitations presented by the electronic platform used for the virtual session, the Council decided that all matters related to the dispatch of the business of the Council that would ordinarily have been dealt with by the General Committee would be addressed by the Council itself.

(First meeting, 20 September 2021)

CD59(D5): Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director (Document CD59/1).

(First meeting, 20 September 2021)

CD59(D6): Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee (PCC) of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction

The Directing Council selected Nicaragua and Uruguay as the Member States from the Region of the Americas entitled to designate a person to serve on the Policy and Coordination Committee (PCC) of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction for a term of two years commencing on 1 January 2022 and ending on 31 December 2024.

(Fifth meeting, 22 September 2021)

IN WITNESS WHEREOF, the President of the 59th Directing Council, 73rd Session of the Regional Committee of WHO for the Americas, Delegate of Jamaica, 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., on this twenty-fourth day of September in the year two thousand twenty-one. The Secretary shall deposit the original texts 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.

Christopher Tufton
President of the
59th Directing Council,
73rd Session of the Regional Committee
of WHO for the Americas
Delegate of Jamaica

Carissa Etienne
Secretary ex officio of the
59th Directing Council,
73rd Session of the Regional Committee
of WHO for the Americas
Director of the
Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

2.1 Appointment of the Committee on Credentials

2.2 Election of Officers

2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

2.4 Establishment of the General Committee

2.5 Adoption of the Agenda

3. CONSTITUTIONAL MATTERS

3.1 Annual Report of the President of the Executive Committee

3.2 Annual Report of the Director of the Pan American Sanitary Bureau

3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Barbados, Ecuador, and United States of America

4. PROGRAM POLICY MATTERS

4.1 Program Budget of the Pan American Health Organization 2022-2023

4.2 Scale of Assessed Contributions 2022-2023

4.3 Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas

4.4 Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies

4. PROGRAM POLICY MATTERS *(cont.)*

4.5 Increasing Production Capacity for Essential Medicines and Health Technologies

4.6 One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface

4.7 Reinvigorating Immunization as a Public Good for Universal Health

4.8 Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain

5. ADMINISTRATIVE AND FINANCIAL MATTERS

5.1 Report on the Collection of Assessed Contributions

5.2 Financial Report of the Director and Report of the External Auditor for 2020

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B. Fiftieth Regular Session of the General Assembly of the Organization of American States

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Ms. Madeline Kuney

United States Pharmacopeia

Mr. Michael Schmitz
Mr. Victor Pribluda
Mr. Efren Elias

REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH WHO/REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OMS

European Society for Medical Oncology

Ms. Grace Marie Bricalli

International Federation of Medical Students Associations/Federación Internacional de Asociaciones de Estudiantes de Medicina

Dr. Angelo Moreno
Dr. Javier Shafick Asfura
Dr. Liliana Tieri
Dr. Verónica Moreno
Dr. Camila Correa
Dr. Anthony Collins
Dr. Grace Huertas

I**nternational League Against Epilepsy/ Liga Internacional contra la Epilepsia**

Dr. Jaideep Kapur
Mr. Mario A. Alonso Vanegas
Mr. Gus Egan
Ms. Nathalie Jette
Mr. Roberto Caraballo
Ms. Mary Secco

Latin American Association of Responsible Self-Care/Industria Latinoamericana de Autocuidado Responsable

Sr. Juan Thompson

International Alliance of Patients Organizations/Alianza Internacional de Organizaciones de Pacientes

Sra. Liliana Tieri

International Pharmaceutical Students' Federation/Federación Internacional Estudiantes de Farmacia

Mr. Hugo Franco Napán Rodriguez
Ms. Sofiya Terekhovska

World Heart Federation/Federación Mundial del Corazón

Dra. Beatriz Champagne
Ms. Diana Vaca McGhie

Word Obesity Federation/Federación Mundial de Obesidad

Ms. Margot Neveux
Ms. Mary Forhan
Mr. Alex Valenzuela
Ms. Verónica Vázquez Velázquez
Ms. CatherineKotz
Mr. Harold Aguirre Herrera
Ms. Andrea Levy

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PAHO Award for Health Services Management and Leadership 2021

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COMMENTS ON AGENDA ITEMS 8.6–8.17

1. Member States and non-State actors in official relations with PAHO were invited to submit written comments on the reports prepared by the Bureau in relation to items 8.6 to 8.17 of the agenda of the 59th Directing Council (Document CD59/1), which were not discussed during the session. Comments were received on two reports and are summarized below.

Agenda item 8.10: Plan of Action on Antimicrobial Resistance: Final Report (Document CD59/INF/10)

2. A non-State actor in official relations with PAHO submitted a statement noting the impact of the COVID-19 pandemic on efforts to combat antimicrobial resistance (AMR) as a result of the diversion of resources, disruption of supply chains, and the misuse of antibiotics to treat COVID-19. The statement also noted the often unrecognized contribution of substandard medicines to AMR and highlighted the need for a global comprehensive approach to preserve the global supply of antimicrobials, identify and address risks in antimicrobial supply chains, and build regulatory capacity globally to reduce the prevalence of substandard and falsified antimicrobials.

Agenda item 8.16-G: Cooperation for Health Development in the Americas: Progress Report (Document CD59/INF/16-G)

3. A non-State actor in official relations with PAHO submitted a statement noting the impact of the COVID-19 pandemic on overall health agendas, including efforts to combat neglected infectious diseases. The statement also noted the non-State actor's participation in an Ibero-American initiative for the prevention of Chagas disease in young children, which is expected to contribute to broader efforts to prevent mother-to-child transmission of communicable diseases within the Framework for Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B, and Chagas (EMTCT Plus).

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