



170th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA (hybrid session), 20-24 June 2022

CE170/FR
24 June 2022
Original: English

FINAL REPORT

CONTENTS

	<i>Page</i>
Opening of the Session	6
Procedural Matters	
Officers	7
Adoption of the Agenda and Program of Meetings	7
Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas	7
Draft Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas	8
Committee Matters	
Report on the 16th Session of the Subcommittee on Program, Budget, and Administration.....	8
PAHO Award for Health Services Management and Leadership 2022	8
Engagement with non-State Actors	9
Non-State Actors in Official Relations with PAHO	10
Report of the Ethics Office for 2021	11
Report of the Investigations Office for 2021	12
Report of the Audit Committee of PAHO	14
Appointment of One Member to the Audit Committee of PAHO	15
Program Policy Matters	
Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments	15
Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025.....	17
Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work.....	19
Policy for Improving Mental Health	22
Policy on Integrated Care for Improved Health Outcomes	23
Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies	25
Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response	27

CONTENTS (cont.)

	<i>Page</i>
Administrative and Financial Matters	
Report on the Collection of Assessed Contributions.....	29
Financial Report of the Director and Report of the External Auditor for 2021	30
Amendments to the Financial Regulations and Financial Rules of PAHO.....	33
Programming of the Budget Surplus	34
Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027	34
Report of the Office of Internal Audit for 2021	35
Update on the Master Capital Investment Fund	36
Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies	37
Personnel Matters	
Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules.....	38
Human Resources Management in the Pan American Sanitary Bureau	39
Statement by the Representative of the PAHO/WHO Staff Association	40
Preventing and Responding to Sexual Exploitation and Abuse in PAHO.....	41
Matters for Information	
Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas	43
Update on the COVID-19 Pandemic in the Region of the Americas.....	44
Report on Strategic Issues between PAHO and WHO.....	47
Implementation of the International Health Regulations	49
Monitoring of the Resolutions and Mandates of the Pan American Health Organization	50
Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report.....	51
Strategy and Plan of Action on Epilepsy: Final Report	52
Plan of Action to Reduce the Harmful Use of Alcohol: Final Report	53
Strategy and Plan of Action on Urban Health: Final Report.....	54
Plan of Action for Disaster Risk Reduction 2016-2021: Final Report.....	55
Health Technology Assessment and Incorporation into Health Systems: Final Report	56

CONTENTS (cont.)

	<i>Page</i>
Matters for Information (cont.)	
Progress Reports on Technical Matters	
A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report	57
B. Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030: Progress Report	58
C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report	59
D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review	60
E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report.....	61
Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO	
A. Seventy-fifth World Health Assembly	62
B. Subregional Organizations	62
Other Matters	63
Closure of the Session	63
Resolutions and Decisions	
<i>Resolutions</i>	
CE170.R1: Collection of Assessed Contributions.....	63
CE170.R2: Policy for Improving Mental Health	64
CE170.R3: Policy on Integrated Care for Improved Health Outcomes.....	66
CE170.R4: Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies.....	68
CE170.R5: Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response.....	72
CE170.R6: Appointment of One Member to the Audit Committee of PAHO.....	74
CE170.R7: Amendments to the Financial Regulations and Financial Rules of PAHO.....	74
CE170.R8: Programming of the Budget Surplus	75
CE170.R9: Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments	76

CONTENTS (cont.)

	<i>Page</i>
Resolutions and Decisions (cont.)	
<i>Resolutions (cont.)</i>	
CE170.R10: PAHO Award for Health Services Management and Leadership 2022	78
CE170.R11: Non-State Actors in Official Relations with PAHO	79
CE170.R12: Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work.....	80
CE170.R13: Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules	82
CE170.R14: Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas	90
 <i>Decisions</i>	
CE170(D1): Adoption of the Agenda	90
CE170(D2): Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas	90
 Annexes	
Annex A. Agenda	
Annex B. List of Documents	
Annex C. List of Participants	

FINAL REPORT

Opening of the Session

1. The 170th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held from 20 to 24 June 2022. The Committee held a hybrid session, with some delegates attending in person at PAHO Headquarters in Washington, D.C., and others participating remotely via a virtual meeting platform. On 24 June, the President of the Executive Committee convened the Candidates' Forum as part of the process of the election for the position of Director of the Pan American Sanitary Bureau (PASB or the Bureau).

2. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Cuba, Haiti, Jamaica, Mexico, and Suriname. Delegates of the following Member States, Participating States, Associate Members, and Observer States also attended in an observer capacity: Bahamas, Belize, Canada, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, France, Guyana, Nicaragua, Panama, Paraguay, Peru, Portugal, Puerto Rico, Spain, Trinidad and Tobago, United States of America, and Uruguay. In addition, two intergovernmental organizations and 14 non-State actors in official relations with PAHO were represented.

3. Dr. Carla Vizzotti (Argentina, President of the Executive Committee) opened the session and welcomed participants.

4. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), also welcoming participants, commended Member States for their strong and steady leadership and their herculean effort in responding to the COVID-19 pandemic. She also extended thanks to the partners and donors who had supported PAHO over the previous three years, when, in addition to grappling with the pandemic, the Organization had faced a severe financial crisis. Highlighting some of the lessons learned over the course of the pandemic, she emphasized the need for continued solidarity in order to restart progress towards the achievement of the Sustainable Development Goals and the objectives of the Sustainable Health Agenda for the Americas 2018-2030. She noted that the pandemic had exposed the deeply rooted inequities existing in the Region of the Americas and shown that equity must be at the heart of health and development. The pandemic had also pointed up the need for swift and meaningful action to address social determinants of health.

5. Another lesson from the pandemic was the need to work collectively to build manufacturing capacity for medicines, vaccines, and other health technologies in order to reduce the Region's dependence on imported products. The pandemic had also demonstrated the need to boost investment in public health, enhance the resilience of health systems and services, strengthen surveillance systems and laboratory diagnostic

capacity, and design plans and fund mechanisms to counter misinformation concerning vaccines.

6. The Director noted that the Committee would be deliberating on several crucial and far-reaching policy issues. She appealed to delegates to share their experiences and the new approaches that had emerged from the lessons learned during the pandemic.

Procedural Matters

Officers

7. The following Members elected to office at the 169th Session of the Executive Committee continued to serve in their respective capacities during the 170th Session:

<i>President:</i>	Argentina	(Dr. Carla Vizzotti)
<i>Vice President:</i>	Mexico	(Dr. Ricardo Cortés Alcalá)
<i>Rapporteur:</i>	Suriname	(Dr. Ritesh Dhanpat)

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

Adoption of the Agenda and Program of Meetings (Documents CE170/1, Rev. 1, and CE170/WP)

9. The Executive Committee adopted the provisional agenda proposed by the Director without change (Document CE170/1, Rev. 1); the Committee also adopted a program of meetings (CE170/WP) (Decision CE170[D1]).

10. Two delegates made statements during the consideration of the provisional agenda, with both highlighting the challenges facing the Region, including the ongoing COVID-19 pandemic and the health system weaknesses it had revealed, and underscored the need for countries to work together to achieve common objectives. Both also commended the Bureau for its important role in providing guidance and encouraging coordination and collaboration among countries.

Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas (Document CE170/2)

11. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Argentina and Suriname, its President and Rapporteur, respectively, to represent the Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas. Costa Rica and Jamaica were elected as alternate representatives (Decision CE170[D2]).

Draft Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas (Document CE170/3)

12. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas, prepared by the Director in accordance with Article 7.F of the PAHO Constitution and Rule 8 of the Rules of Procedure of the Pan American Sanitary Conference. She noted that the proposed agenda included the items customarily examined by the Conference, including the quinquennial report of the Director, the election of a next Director, and the program policy matters and the administrative and financial matters discussed by the Executive Committee that required a decision by the Conference.

13. The Executive Committee adopted Resolution CE170.R14, approving the provisional agenda.

Committee Matters

Report on the 16th Session of the Subcommittee on Program, Budget, and Administration (Document CE170/4)

14. Ms. Adriana Gonzalez (United States of America, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 16th Session from 23 to 25 March 2022. The Subcommittee had discussed a number of important financial, administrative, and other issues, including proposed amendments to the PAHO Program Budget 2022-2023; an outline of the end-of-biennium assessment of the PAHO Program Budget 2020-2021 and the first interim report on the implementation of the PAHO Strategic Plan 2020-2025; an overview of the Financial Report of the Director for 2021; and the procedure for the election of a new Director of the Pan American Sanitary Bureau in September 2022 during the 30th Pan American Sanitary Conference.

15. Ms. Gonzalez noted that, as all of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, she would report on them as they were taken up by the Committee.

16. The Executive Committee thanked the Subcommittee for its work and took note of the report.

PAHO Award for Health Services Management and Leadership 2022 (Documents CE170/5 and Add. I)

17. Dr. Ricardo Cortés Alcalá (Mexico, Representative of the Award Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2022, comprising the delegates of Argentina, Brazil, and Mexico, had met on 20 June to examine 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 2022 should be accorded to Ms. Carla Gabriela Romero Pérez, from the Plurinational State of Bolivia, in recognition of her work in combating arboviruses and vector-borne diseases, including dengue, chikungunya, and Zika virus disease, control of the *Aedes aegypti* mosquito, and distribution of the first doses of the COVID-19 vaccine throughout Bolivia. Dr. Cortés Alcalá noted that the Award Committee recognized the merits of all six candidates and their admirable work in improving health in their countries and the Region.

18. The Delegate of Bolivia applauded the Award Committee's decision and expressed her admiration for the leadership of Ms. Pérez in the field of epidemiology, including her work in the national dengue and yellow fever programs and in the control of the *Aedes aegypti* mosquito in Bolivia, as well as her role in the response to the COVID-19 pandemic. The delegate applauded the contribution and unyielding commitment of Ms. Pérez to Bolivia and lamented her untimely death in an aviation accident, which had occurred while she was carrying out her official duties. The nomination of Ms. Pérez for the PAHO Award for Health Services Management and Leadership 2022 had been a way of honoring her life and her work.

19. The President thanked the Delegate of Bolivia for her heartfelt comment and expressed her own admiration for the work of Ms. Pérez.

20. The Executive Committee adopted Resolution CE170.R10, conferring the PAHO Award for Health Services Management and Leadership 2022 on Ms. Carla Gabriela Romero Pérez.

Engagement with non-State Actors (Document CE170/6)

21. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report on the steps taken by the Bureau to implement the Framework of Engagement with non-State Actors (FENSA) during the past year. She noted that a simplified FENSA review process had been authorized to expedite the consideration of potential engagements with non-State actors, with a view to responding more rapidly to the COVID-19 pandemic. The Subcommittee had emphasized the importance of due diligence and risk assessment to avoid risks to the Organization's independence, integrity, and reputation.

22. In the discussion that followed, the Executive Committee welcomed the continued implementation of FENSA to promote and enhance engagement with non-State actors in a transparent and accountable manner, while preserving the Organization's independence, integrity, and reputation. It also welcomed PAHO's involvement in the network of FENSA focal points. It was noted that the pandemic had highlighted the shortcomings of State action alone in meeting the needs of populations, particularly during emergency situations. Collaboration with the private sector and civil society was therefore considered essential. Support was expressed for PAHO's efforts to partner with non-State actors to enhance the Region's response to the pandemic, including through access to vaccines and

medical supplies, vaccination campaigns, COVID-19 antigen testing, and genomic surveillance.

23. Support was also expressed for the due diligence and risk assessment reviews. One delegate welcomed the streamlined process employed for emergency requests during the pandemic, while another inquired whether proposed engagements continued to be expedited in 2022. The Bureau was asked to indicate whether any after action reviews had been conducted to analyze lessons learned and determine whether the expedited process posed any reputational risks to the Organization. The Bureau was also asked to provide additional information on PAHO's capacity to sustain the increase in due diligence and risk assessment reviews, the number of which had grown every year since 2016, owing to PAHO's outreach efforts.

24. Dr. Heidi Jiménez (Legal Counsel, PASB), noting that, through the dedicated platform for FENSA focal groups, representatives from the Bureau and other WHO regional offices met regularly to share experiences, confirmed that the Bureau planned to conduct an evaluation of FENSA implementation, particularly the streamlined review process employed during the pandemic, and would report the results to Member States in 2023. With regard to outreach and training, she explained that an online FENSA training course was being finalized. It was intended to be used internally and shared with non-State actors and Member States. The Bureau often received requests from Member States for information about risk management, conflict of interest analysis, engagement with the private sector, and other issues. It was therefore essential to have a tool to share with outside actors.

25. The Director expressed gratitude to the non-State actors that had assisted the Bureau in improving its response to the pandemic and in addressing the technical needs of Member States. She assured Member States that the Bureau would always consider the reputational risks to the Organization and ensure that due diligence was done when working with non-State actors.

26. The Executive Committee took note of the report.

Non-State Actors in Official Relations with PAHO (Document CE170/7)

27. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered information provided by the Bureau on one non-State actor seeking admission into official relations with PAHO and seven organizations in official relations which were due for their triennial review. After considering the information provided by the Bureau, the Subcommittee had decided to recommend that the Executive Committee should approve the admission of the Clinical and Laboratory Standards Institute into official relations with PAHO and the continuation of official relations between PAHO and the Healthy Caribbean Coalition, the Inter-American Society of Cardiology, the Latin American Association of Pharmaceutical Industries, the Latin American Confederation of Clinical Biochemistry, the Mundo Sano Foundation, and the World Resources Institute Ross Center for Sustainable Cities. The

Subcommittee also recommended the discontinuation of official relations with the Latin American and Caribbean Women's Health Network.

28. The Executive Committee adopted resolution CE170.R11, endorsing the recommendations of the Subcommittee.

Report of the Ethics Office for 2021 (Document CE170/8)

29. Mr. Philip MacMillan (Manager, Ethics Office, PASB) introduced the annual report of the Ethics Office (ETH), observing that ETH's core work involved guiding personnel, raising awareness about ethics-related issues, and developing new policies to ensure that PAHO remained at the forefront of the best ethical practices. He reported that in 2021 ETH had responded to 199 consultations from personnel, the second highest number in a single year and a substantial increase from the 157 inquiries received in 2020.

30. Although training activities had once more been constrained to a virtual setting because of the COVID-19 pandemic, he noted that approximately 250 people from eight departments and PAHO/WHO representative offices had participated in training activities. With regard to policies, the Bureau had issued the new Policy on Preventing Sexual Exploitation and Abuse, the new Policy Against Fraud and Corruption, and the revised Policy to Protect Against Retaliation. In 2021, an Ethics and Climate Survey had been carried out for the first time. Action would be taken to address the results, which would soon be shared with all PAHO personnel. The Organization had also joined the WHO Diversity, Equity, and Inclusion initiative, engaging in activities to create a more inclusive and respectful workplace.

31. Mr. MacMillan recalled that one of the core functions of the Ethics Office was to identify and resolve conflicts of interest. A new disclosure program had been implemented to address conflicts of interest and risks for all national and international consultants before they began work with PAHO. In terms of the remaining priorities for 2022, he reported that the revised Code of Ethics was in the final stages of the internal review process and was scheduled to come into effect later in the year. In addition, a comprehensive review of the Policy on the Prevention and Resolution of Harassment in the Workplace would be undertaken.

32. In the discussion that followed, the Executive Committee congratulated the Ethics Office for its progress in updating the various PAHO policies, despite the pandemic. It also applauded ETH's work to promote ethical behavior, transparency, accountability, and equity in the Organization and its strong respect for the principles of integrity, independence, and impartiality in carrying out its mandate. The Executive Committee welcomed the new Policy on Preventing Sexual Exploitation and Abuse and looked forward to receiving updates on the policy's revisions. The development of new training materials and an awareness campaign on PAHO's zero-tolerance policy for sexual exploitation and abuse was welcomed; however, it was pointed out that training alone was insufficient. The Bureau was urged to foster a culture of accountability for staff and

leadership; strengthen reporting, oversight, and investigation mechanisms; and apply a survivor-centered approach to combating sexual exploitation and abuse.

33. Support was also expressed for the revised Policy to Protect Against Retaliation, the Ethics and Climate Survey, and the forthcoming Code of Ethics. The Ethics Office was encouraged to share related updates and results on the policies, as well as lessons learned, best practices, and expertise gained from PAHO's participation in the WHO Diversity, Equity, and Inclusion initiative with a view to bringing about meaningful change across all levels of the Organization. It was noted that all Member States benefited from the promotion of a culture of ethics and integrity, which improved the quality, efficiency, and effectiveness of the Organization's activities.

34. Mr. MacMillan explained that the Policy on Preventing Sexual Exploitation and Abuse was updated to emphasize that it applied not only to beneficiaries but also to civilians and the communities served. The policy focus more on a survivor-centered approach and provide details on the support and assistance available to survivors, including children. It also simplifies reporting procedures. While the Bureau sought to foster an atmosphere of accountability, improvements were needed in disseminating the results of investigations to demonstrate that individuals who engaged in wrongdoing were being held accountable.

35. He reported that the results of the Ethics and Climate Survey would be shared with staff members in a few days, noting that the findings had been largely positive, with 97% of respondents agreeing that PAHO was an ethical organization. The results had been compared to benchmarks based on surveys of employees in the private sector. Of the 18 survey questions, the results on 8 had been above the benchmark, 6 had been slightly below, and 2 had been significantly below. As the survey had revealed a lack of knowledge of reporting mechanisms, ETH would focus on disseminating information about the helpline. Lastly, he noted that the new Code of Ethics had been completely redesigned to offer guidance in an informative and engaging manner.

36. The Director noted that the separation of the Ethics Office and the Investigations Office had allowed the former to dedicate more time to improving ethics in the Organization. In order to maintain the highest standards of ethical behavior, ETH must be fully functional, and staff must be engaged. The recent survey had highlighted areas to be improved and prioritized in the future, and the Bureau would work to address any shortcomings identified.

37. The Executive Committee took note of the report.

Report of the Investigations Office for 2021 (Document CE170/9)

38. Mr. Alexander Lim (Chief Investigator, Investigations Office, PASB), introducing the annual report, explained that the Investigations Office (INV), which was functionally independent, conducted administrative fact-finding investigations into allegations of wrongdoing involving PASB personnel or concerning activities contracted or financed by

PAHO. In 2021, INV had reviewed 37 reports of alleged wrongdoing, closing 31 of them and carrying the remaining 6 forward to 2022. It had also issued four investigation reports related to alleged harassment and inappropriate workplace conduct. In its capacity as the secretariat of the Standing Committee on Asset Protection and Loss Prevention, INV had received 11 reports of alleged fraud, theft, damage, and loss of PAHO assets and equipment, amounting to a net loss of approximately US\$25,500,¹ almost half of which was the result of an online fraud scheme. As a result of the Standing Committee's suggestions to mitigate further losses, the Bureau had updated its payment protocols, raised awareness of online scams, and trained personnel on new processing procedures.

39. The Investigations Office had also carried out activities to raise awareness of mechanisms for reporting allegations of wrongdoing. Mr. Lim stressed that reporting was crucial, since investigations were triggered only when a complaint was received. He added that INV had begun updating the Investigation Protocol to align investigations with industry best practices and standards.

40. In the ensuing discussion, delegates applauded the Investigations Office's efforts to adapt awareness-raising activities to the virtual and teleworking environment. Given the correlation between outreach and reports of misconduct, INV was encouraged to expand its outreach activities, particularly in PAHO/WHO representative offices. The Bureau was requested to provide a breakdown of reports of misconduct and requests for support by staff category.

41. The importance of continued awareness-raising on sexual harassment, exploitation, and abuse was underlined. Concern was voiced about possible underreporting in the Bureau, given that no reports had been received for a third consecutive year. It was considered crucial to remain vigilant as staff returned to the office in the post-pandemic period. The Investigations Office was applauded for strengthening its capacities by reviewing its investigative processes, pursuing relevant training for staff, and participating in the review and drafting of the Policy on Preventing Sexual Exploitation and Abuse and the Policy to Protect Against Retaliation.

42. Concern was expressed about the increase in the value of losses related to fraud, theft, damage, and loss of PAHO property. Additional details were requested about efforts undertaken to address fraud and to mitigate potential security risks from the loss of property that contained sensitive information. In that connection, support was expressed for ongoing training to protect PASB personnel and property and to prevent e-mail fraud and other risks posed by online activities. The Investigations Office was asked to comment on the possible reasons for the increase in the number of fraud claims.

43. Mr. Lim recalled that the Policy on Preventing Sexual Exploitation and Abuse had only been issued in 2021 and noted that it would take time for PASB personnel to familiarize themselves with its reporting and response mechanisms. Training and awareness-raising would therefore be essential. With regard to security risks, most of the

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

stolen and lost items were cell phones and laptops, which had built-in security protections. Highly specialized equipment would be required to access the data stored on such devices. In his view, the increase in fraud reports from 2020 to 2021 reflected an increase in detection and in staff willingness to come forward. At the same time, it reflected the realities of the pandemic and the Organization's financial difficulties, which had led to lower spending and, consequently, fewer opportunities for fraud to occur.

44. The Director affirmed that the work of the Investigations Office was an important component of PAHO's efforts to become more accountable. She stressed that the report provided to Member States accurately reflected the situation in the Organization.

45. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE170/10)

46. Mr. Clyde MacLellan (Chair, PAHO Audit Committee) introduced the report of the Audit Committee, noting that it was made up of three highly qualified, impartial, and independent members, all of whom had many years of auditing experience in national audit offices and various international organizations. He reported that the Committee's work plan for the past year had focused on the areas of investigations and ethics; information security; after-service health insurance; program, budget, and evaluation services; enterprise risk management and internal controls; internal and external audit matters; and financial reporting. In the coming year, the Audit Committee would be reviewing its Terms of Reference to ensure that they were up to date and in line with relevant best practices within the United Nations system.

47. He drew attention to the Audit Committee's recommendations related to cybersecurity training requirements and the inclusion of controls in the Information Security Metrics Dashboard at PAHO/WHO representative offices, which the Audit Committee reviewed on a regular basis. He also recalled the open recommendation from 2021 to conduct an independent assessment of information technology (IT) security. He noted that the recommendation to conduct an external quality assessment of the Office of Internal Audit had been fulfilled and that the Audit Committee was awaiting the report. In addition, progress had been made on the open recommendation from 2019 concerning the Investigations Protocol. The Audit Committee recommended that the Bureau and the External Auditor should work together to ensure that recommendations from the external audit of the Organization's accounts would be addressed in a timely and effective manner.

48. In the ensuing discussion, support was expressed for the recommendations related to improving cybersecurity in the Region. It was pointed out that the action taken in response to such recommendations could serve to strengthen security in general, including security in the provision of health services as the use of digital approaches increased. The Bureau's efforts to close five recommendations during the reporting period were welcomed, and it was encouraged to continue addressing the remaining six open recommendations alongside the four new recommendations. Gratitude was expressed to the Audit Committee for raising the important question of the extent to which obligations

under the new Policy on Preventing Sexual Exploitation and Abuse would apply to individuals and entities collaborating with PAHO. The Bureau was encouraged to give full consideration to incorporating the Policy's principles into agreements with vendors, contractors, and partners.

49. Mr. MacLellan said that the Audit Committee took a broad approach to risk management and sought to identify key emerging risks to be prioritized, such as matters related to sexual exploitation and cybersecurity, the latter being a constant and rapidly evolving risk.

50. The Director expressed thanks to the members of the Audit Committee for their work. She noted that, aside from one outstanding recommendation from 2019, the Bureau had acted on all the Audit Committee's recommendations. The Bureau placed great importance on the recommendations of the Audit Committee and the external and internal auditors and regularly reviewed the progress made in responding to them. She shared Member States' concerns related to cybersecurity. She assured the Executive Committee that the Bureau intended to undertake an external independent assessment of IT security in 2022; in the meantime, however, steps had been taken to improve cybersecurity within the Bureau.

51. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE170/11)

52. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee, having been informed that the term of office of one member of the Audit Committee was set to expire in June 2022, had established a working group to review the list of candidates proposed by the Director. The working group had evaluated the proposed candidates on the basis of the criteria for membership set out in the Terms of Reference of the Audit Committee and had decided to recommend that Mr. Alan Siegfried should be reappointed to the Audit Committee. The Subcommittee had endorsed the working group's recommendation.

53. The Executive Committee adopted Resolution CE170.R6, appointing Mr. Alan Siegfried to serve as a member of the PAHO Audit Committee for a second term of three years, from June 2022 to June 2025.

Program Policy Matters

Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document CE170/12)

54. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the WHO Programme budget 2022–2023 was undergoing revision and that the PAHO program budget for the biennium would need to be similarly revised to incorporate an expected

increase in the WHO allocation to the Region of the Americas. The Subcommittee had also been informed that the proposed revisions to the PAHO program budget would be presented to the Executive Committee at its 170th Session.

55. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) outlined the amendments were the result of two factors: the approval by the Seventy-fifth World Health Assembly of an increase of \$39.5 million in the WHO allocation to the Americas for base programs and a projected increase of \$154 million in the amount received for special programs, including outbreak and crisis response and the Smart Hospitals initiative. The proposed amendments bring the overall PAHO Program Budget 2022-2023 to a total of \$881.5 million, a 28% increase with respect to the budget level approved by the 59th Directing Council in September 2021. The proposed increases by program budget outcome and by special program were shown in Document CE170/12. Mr. Maza noted that, while the programmatic scope of the outcomes and outputs in the program budget would not change, the budget increases would provide the opportunity to expand or scale up work in certain areas.

56. He pointed out that the increase in the WHO allocation for base programs was an increase in the budget envelope, not an increase in actual funding. Accordingly, there might be a concomitant increase in the funding gap. Continued advocacy by Member States for full funding of the WHO allocation to the Region would therefore be important. As for the increase in funding for special programs, he noted that the figures were placeholders based on funding received thus far in 2022. The projected increase was being presented to Member States in a spirit of transparency, based on the information currently available to the Bureau.

57. The Executive Committee welcomed the expected increases in funding for the PAHO Program Budget 2022-2023 and thanked the Bureau for the report, which was seen as a contribution to transparency, accountability, and collaboration with Member States. Support was expressed for the proposed allocation of the increased funds from WHO across outcomes. It was emphasized that the Bureau should focus particular attention on strengthening action on noncommunicable diseases and mental health; emergency preparedness, prevention, and response; risk factors for communicable and noncommunicable diseases; and access to health services. The need to implement the increased funding effectively and efficiently was stressed, as was the need to strive to reduce operating costs and other expenses. The importance of transparency and accountability in the use of resources was also underlined.

58. Several delegates noted that, in addition to receiving the smallest share of the WHO budget, the Region of the Americas had received a smaller increase than any other WHO region. At the same time, it was pointed out that, with the increase, 43% of PAHO's budget for base programs would now come from WHO. Given the historical shortfall in the receipt of the Region's allocation from WHO, the Bureau was urged to plan for potential gaps in funding. Similarly, it was considered important to put in place contingency measures to mitigate the potential risk that the projected level of funding for special programs might not be received.

59. Mr. Maza, noting again that the proposed increases related to budget space rather than to actual financing, said that, while the Bureau would continue to engage in resource mobilization efforts, Member State collaboration would also be important in securing the funds needed to fill that space. He emphasized that the proposal presented in the document reflected a cautious approach based on realistic expectations for funding. The Bureau had already collected \$199 million for special programs and had received commitments from WHO that additional resources for both base and special programs would be forthcoming.

60. With regard to priorities for the allocation of the increased funding, he explained that the Bureau had looked for opportunities where it would be possible to scale up and expand activities, particularly in areas that required increased attention to accelerate progress and facilitate recovery from the pandemic. As for contingency planning, efficiencies, and accountability, he stressed that the Bureau would continue to exercise prudent management of the resources entrusted to it and, in implementing the budget, would also take account of the lessons learned in 2020 and 2021. It would continue to be guided by the mandates approved by Member States under the PAHO Strategic Plan 2020-2025 and the PAHO Program Budget 2022-2023. A full accounting of resources and results would be presented to Member States at the end of the biennium.

61. The Director added that, although the Bureau was optimistic that most of the budget would indeed be funded, it recognized that the timing and the amounts of funding received could have impacts on program implementation. She assured Member States that a review was conducted every six months to assess the funding situation and determine where adjustments were needed.

62. The Executive Committee adopted Resolution CE170.R9, recommending that the 30th Pan American Sanitary Conference approve the proposed amendments to the PAHO Program Budget 2022-2023.

Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025 (Document CE170/13)

63. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a document that described the content and proposed structure of the end-of-biennium assessment of the PAHO Program Budget for 2020-2021, which would also serve as the first interim report on the implementation of the PAHO Strategic Plan 2020-2025. The Subcommittee had expressed agreement with the proposal and had considered the assessment a valuable learning opportunity for both the Bureau and Member States that would enhance transparency and accountability and serve to guide the activities to be undertaken during the 2022-2023 biennium. The Bureau and Member States had been encouraged to share the assessment methodology with the WHO Secretariat and with other regions.

64. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) presented an overview of the report, noting that it was a draft that provided an

accounting of the work carried out under the PAHO Program Budget 2020-2021 and a preliminary appraisal of where the Bureau and Member States stood with respect to the commitments set out in the PAHO Strategic Plan 2020-2025. He pointed out that the final report, to be presented to the 30th Pan American Sanitary Conference in September 2022, would serve as a valuable reference for years to come on the work of the Organization during a time of unprecedented challenges.

65. The interim findings thus far indicated that 6 of the impact targets of the Strategic Plan were on track to be achieved on time, 18 were at risk or in trouble, 6 remained under review, and 5 had not been rated owing to changes in methodology or lack of data. At the outcome and output level, the results were more positive: 54% of outcome indicators and 71% of output indicators had been met or exceeded, or significant progress towards the targets had been made. Mr. Maza pointed out that the impact indicators were medium- to long-term indicators and that some of those that were currently at risk or in trouble might therefore be achieved over the coming four years. Nevertheless, there had undoubtedly been setbacks in some areas, and decisive action would be needed to regain ground lost during the pandemic.

66. With regard to financing and implementation of the Program Budget 2020-2021, he reported that 112% of the amount approved under the budget had been received, a substantial portion of it related to the COVID-19 pandemic response. The overall implementation rate had been 103%. However, while implementation of special programs had been more than four times higher than in the 2018-2019 biennium, implementation of base programs had been 10% lower, a situation that reflected the impact of the pandemic and the Organization's financial crisis. The financial results also reflected the chronic misalignment between priorities and financing, with significant funding gaps in some areas identified as high priorities by Member States. The trend of WHO financing for the Region had been positive; however, voluntary contributions had accounted for two thirds of the funding received, the largest share of which had been for emergencies. Only about a third had been flexible funding. Mr. Maza noted that the collaboration of Member States and donors was needed to secure more flexible funding, including in the form of assessed contributions, so that such funding could be redirected as needed to the priorities agreed by Member States.

67. In the discussion that followed, delegates welcomed the report, which was considered a crucial document for accountability and transparency. Delegates agreed that the evaluation exercise offered the opportunity not only to take stock of progress, gaps, challenges, and lessons learned, but also to inform action in the current biennium. It was suggested that more continuous monitoring at the national and regional levels might facilitate the course changes necessary for a more agile response to the challenges faced in public health, especially in the context of a pandemic.

68. The progress made during the previous biennium was acknowledged, but concern was expressed that only 6 of the 35 impact targets of the Strategic Plan 2020-2025 were on track. The Bureau was asked to provide more detail on the action needed to recover from the impact of the pandemic and accelerate progress towards the Strategic Plan

targets. It was recommended that the Bureau should focus its resource mobilization efforts in the areas where the targets were currently not on track to be achieved. The Bureau was asked to circulate the final report as soon as possible in order to give Member States adequate time to analyze it before the 30th Pan American Sanitary Conference.

69. Mr. Maza said that the Bureau was working to ensure that the final report would be available for review sufficiently in advance of the Pan American Sanitary Conference. The report would include an analysis of progress towards each impact indicator, together with recommendations regarding the joint action required by the Bureau and Member States to achieve the targets. He also noted that, during the monitoring and evaluation exercises conducted every six months, the Bureau examined its work plans and made necessary adjustments. Whenever flexible funding was available, it was allocated to areas that had been identified by Member States as medium to high priorities.

70. The Director, noting that the report was a work in progress, said that the Bureau would expand the information included in the final document, while at the same time endeavoring to keep the report as concise as possible in order to facilitate its review by Member States. It was clear from the preliminary results that both Member States and the Bureau would have to look carefully at the current status of the impact and other indicators in order to determine what action was needed to recover lost progress. Responding to the suggestion regarding continuous monitoring in order to expedite action, she explained that the Bureau conducted monthly reviews of activities under way and undertook an in-depth analysis every six months in order to identify where adjustments in program delivery were needed and redirect resources accordingly. She did not believe it would be feasible to undertake any more frequent reviews and assessments.

71. She noted that there were areas in which it had long proved impossible to mobilize sufficient resources. One such area was prevention and control of noncommunicable diseases (NCDs), despite the fact that NCDs accounted for 70% to 80% of the mortality in the Region. While the Bureau would continue its resource mobilization efforts, it relied mainly on receipt of assessed contributions to fund the work in such program areas.

72. The Executive Committee took note of the report.

Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Documents CE170/14)

73. Dr. Gerry Eijkemans (Chief, Health Promotion and Social Determinants Unit, PASB), introducing the policy, pointed out that the Region was not on track to meet the Sustainable Development Goals (SDGs), including SDG 3 on health. The proposed policy identified a course of action and a strategic framework to recover the progress lost during the COVID-19 pandemic, urgently accelerate the achievement of the SDGs, and construct a sustainable development model that prioritized equity and inclusiveness. It also aimed to reconfirm Member States' commitments to achieve SDG 3 and called for coordinated action among sectors, institutions, levels of government, and communities. Several PASB

offices had participated in the development of the policy, which aligned with other PAHO policies and strategies.

74. Five strategic lines of action were proposed in the policy, focusing on intersectoral action, access to health, community participation, local governance, and monitoring. Dr. Eijkemans emphasized that the achievement of the SDGs required intersectoral action and partnerships among stakeholders focused on health, the economy, labor, housing, social protection, and other areas to address the social determinants of health. Health policies, plans, programs, systems, and services should be reoriented to overcome barriers to access and promote equity and well-being. Community participation, civil society engagement, and the involvement of local governments were also essential to ensure that all voices were heard. In addition, comprehensive and participatory monitoring and evaluation systems were needed to provide targeted information that decision-makers could use to address health inequities and determinants.

75. In the discussion that followed, the Executive Committee welcomed the policy and its renewed focus on achieving the SDGs by addressing the social determinants of health. Delegates expressed concern that the Region was not on track to achieve the SDGs and noted that the pandemic had highlighted the inequality and fragility of health services, pointing out that disadvantaged groups, marginalized communities, and indigenous populations had been most impacted. It was suggested that the policy should incorporate an intercultural approach to health, as well as respect for different approaches to health care, without which it would not be possible to achieve SDG 3. It was also suggested that there should be greater emphasis on the role of international cooperation and the exchange of best practices among Member States. The policy's inclusion of lessons learned during the pandemic was welcomed, with a delegate noting that the application of those lessons would help to create more robust and equitable social protection systems.

76. Member States were encouraged to maintain their commitment to developing local and regional policies to guarantee the right to health and sustainable development and to bridge the gap between commitment and action. They were also encouraged to involve all sectors, including the private sector, in promoting health and addressing its determinants. The need to strengthen the leadership of the health sector in promoting intersectoral coordination at the highest levels of government was highlighted. At the same time, it was stressed that intersectoral collaboration should remain free of conflicts of interest, be people-centered, and empower communities. It was emphasized that primary health care should be strengthened through community involvement and the provision of sufficient human resources. Member States were encouraged to promote community involvement in decision-making processes, incorporate a health focus in the work of local governments, and improve monitoring and evaluation to ensure the availability of reliable data.

77. Support was expressed for the policy's focus on equity as a cross-cutting issue that was critical to addressing social determinants of health, improving health outcomes, and fostering resilience in preparing for health emergencies. It was pointed out that the SDGs did not include clear and measurable indicators related to equity or to the impact of social determinants, and the policy's emphasis on monitoring, with specific indicators to

measure the impact of social determinants of health and demonstrate progress over the long-term, was applauded. Support from PASB and partnerships with other actors were seen as essential to bringing about the structural and systemic changes required to achieve equity and health and well-being for all. The Bureau was requested to work with other international organizations to promote the achievement of the SDGs and encourage international financial institutions to provide funding that was tailored to the needs of developing countries so that no one was left behind.

78. One delegation expressed support for the inclusion of issues affecting the lesbian, gay, bisexual, transgender/transsexual, and intersex persons in the policy document, and the Bureau and Member States were encouraged to renew efforts to address barriers to health and well-being for that community. They were also encouraged to work to ensure essential health services for all women and girls, including access to contraception, safe abortion, and post-abortion care. A number of delegates shared details of policies and strategies implemented by their respective Governments to incorporate health into all policies, reform the health system to reduce inequalities, strengthen multisectoral collaboration to address structural issues, and encourage international cooperation to foster partnerships to achieve the SDGs.

79. Dr. Eijkemans thanked Member States for their support of the policy. She welcomed the emphasis on an intercultural approach to health and reiterated the importance of prioritizing equity in intersectoral efforts and involving local governments and communities in promoting health at the local level.

80. The Director thanked the Member States that had contributed to the formulation of policy. She recalled that a number of policies throughout the Organization's history had sought to address many of the issues raised in the Executive Committee's discussion, such as intersectoral coordination, equity, an intercultural approach, community participation, social and environmental determinants of health, barriers to access to health services, and a focus on vulnerable populations. She noted, however, that little progress had been made because in many cases each new government administration at the national level took a different approach to addressing those concerns. She encouraged Member States to form coalitions among politicians, public health experts, civil society, and communities to identify areas of concern and establish a time frame for reviewing and revising policies rather than recreating them every few years. Member States could rely on the Bureau to support their efforts in that regard.

81. The proposed resolution contained in Document CE170/14 was amended to incorporate suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE170.R12, recommending that the 30th Pan American Sanitary Conference approve the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work.

Policy for Improving Mental Health (Document CE170/15)

82. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) introduced the proposed policy for improving mental health, pointing out that mental, neurological, and substance use disorders accounted for a large share of morbidity and mortality in the Region. In contrast to the other WHO regions, suicide rates in the Americas had risen steadily over the previous two decades. The COVID-19 pandemic had led to a rise in mental health problems and worsened the burden of preexisting conditions. It had also disrupted essential mental health services and exacerbated longstanding inequities in mental health, creating a mental health crisis in the Region.

83. The proposed policy was intended to help address that crisis, building on the advances achieved under the Plan of Action on Mental Health 2015-2020 and promoting further action in essential areas where progress had been slow, including financing for mental health, suicide prevention, deinstitutionalization, and mental health surveillance. The policy also aimed to address weaknesses in health systems and services that had hindered efforts to address mental health needs during the pandemic. The purpose of the proposed policy was to provide strategic and technical guidance to Member States for the successful development and implementation of strategies and initiatives to strengthen mental health, within the larger framework of development and in the context of the COVID-19 pandemic and beyond. It included five strategic lines of action and was grounded in four cross-cutting themes aligned with the PAHO Strategic Plan 2020-2025: gender, equity, ethnicity, and human rights.

84. The Executive Committee expressed solid support for the proposed policy and endorsed the five strategic lines of action and the four cross-cutting themes. Delegates welcomed the policy's focus on vulnerable and marginalized populations, who were disproportionately affected by mental health issues. It was pointed out that the pandemic's impact on mental health had been repeatedly highlighted and that it was now time to turn those observations into action. It was considered essential to invest additional resources in promoting mental health and addressing disparities in mental health outcomes due to inequitable access to mental health services. The need for mental health and psychosocial support services, including telehealth services, for lesbian, gay, bisexual, trans persons, children and adolescents, older persons, persons with disabilities, and persons living in rural and other medically underserved areas was underscored.

85. Several delegates drew attention to the link between mental health and social, economic, and environmental determinants such as poverty, poor education, unemployment, violence, and climate change, which could be both causes and consequences of mental health conditions. Since such determinants fell outside the purview of the health sector, an integrated, intersectoral, whole-of-government approach to mental health was considered imperative, as was community-based mental health care and the provision of mental health services at the primary care level. Training to increase the availability of mental health professionals was also considered crucial. The importance of combating stigma and discrimination against persons with mental health disorders was

stressed. Delegates also emphasized the need to incorporate mental health care into disaster and emergency response activities and the need to give due attention to the mental health needs of health care workers, especially in high-stress emergency situations.

86. Dr. Hennis noted that the formulation of the policy had been a consultative process in which numerous Member States had provided input. In the consultations on the policy, Member States had raised many of the same points mentioned by the Executive Committee, including the impact of the pandemic on mental health, the importance of community-based care and training of human resources, and the need to address social determinants of mental health. He thanked Member States for their comments and invited them to continue submitting additional input on the policy prior to the 30th Pan American Sanitary Conference.

87. The Director observed that the policy was clearly reflective of one of the lessons learned during the pandemic, which had increased the burden of mental health issues and revealed and exacerbated the weaknesses already present in mental health services. Over time, mental health had been neglected and investments in mental health services had been low. Moreover, the focus had been mainly on mental ill-health, with scant attention to programs and services aimed at preventing problems and promoting good mental health. There had also been inadequate attention to stigma and discrimination.

88. She noted that a number of delegates had mentioned the need to embed mental health care in primary health care and community-based approaches. The need for intersectoral coordination and community participation had also been highlighted. She pointed out that all those issues had been raised repeatedly under various agenda items, which pointed to a need to find holistic approaches for promoting overall health and well-being. The Bureau would continue to work with Member States to address mental health needs through a holistic approach.

89. The Executive Committee adopted Resolution CE170.R2, recommending that the 30th Pan American Sanitary Conference approve the Policy for Improving Mental Health.

Policy on Integrated Care for Improved Health Outcomes (Document CE170/16)

90. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) presented an overview of the proposed Policy on Integrated Care for Improved Health Outcomes. He noted that fragmentation in health service delivery was a pervasive problem affecting the organization, management, and provision of health care in almost all countries of the Region. It impeded equitable access to care and greatly affected both health outcomes and people's experiences of care and their satisfaction with health systems. The COVID-19 pandemic had exposed the lack of capacity in health systems to respond to the pandemic while also ensuring continuity of care for people who needed other essential services, particularly people living with chronic conditions. Integrated care was a broad strategy for addressing fragmentation in health service delivery and for improving care through better coordination of providers and services.

91. As Member States emerged from the COVID-19 pandemic, there was an urgent need to strengthen health systems and transform them to address the needs of all people in the future. The proposed policy aimed to provide a general strategic framework and policy options to assist Member States in the implementation and delivery of integrated care. To that end, it promoted four strategic lines of action. The policy built on important policy frameworks already adopted by Member States to move towards the achievement of universal health coverage, build resilience within health systems, improve immunization, and enhance the control and management of NCDs, among others, all with the intention of promoting greater integration in the organization of health service delivery.

92. The Executive Committee welcomed the proposed policy and voiced strong support the four strategic lines of action, which were considered timely and necessary to advance towards universal health coverage and the achievement of the health-related SDGs. Delegates agreed that the COVID-19 pandemic had exposed and amplified existing weaknesses in health services and systems, clearly revealed the inefficiencies of fragmented systems, exacerbated health inequities, and highlighted the need to build integrated systems in order to improve quality of care and achieve better health outcomes. It was pointed out that had the pandemic had not only revealed gaps and weaknesses in health systems; it had also put health on the political agenda. The post-pandemic recovery period therefore offered a critical opportunity to strengthen health systems and improve the integration and coordination of care.

93. Investing in primary health care was seen as the key to constructing integrated health systems that were equitable, accountable, affordable, accessible, and people-centered. The need to strengthen the health workforce, especially at the primary care level, was emphasized, as was the need to foster community involvement in promoting a culture of health and self-care. It was also considered important to recognize the power that communities could have in influencing the quality of health care systems. The importance of ensuring an intercultural approach and culturally responsive care was underscored.

94. Dr. Fitzgerald recalled that countries across the Region had reported that the pandemic had led to severe disruptions in the delivery of essential health services and in continuity of care. At the same time, countries had made major investments to expand hospital care services, especially intensive care services, and now they were taking steps to transform health systems and make them more resilient and better integrated to avoid future disruptions. As several delegates had remarked, primary health care was the foundation for the integration of health services to improve health outcomes.

95. As countries moved towards integration, it would be necessary to reorganize the health workforce. The policy recommended the expansion of interprofessional teams at the first level of care with the capacities needed to respond to a range of needs at that level. As had been mentioned, intercultural approaches would also be important. With regard to quality of care, he pointed out that the policy was not a standalone initiative, but was

closely linked to several others, including the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025.²

96. The Director thanked Member States for sharing their experiences and efforts in expanding integrated care based on the primary health care, which were reflected in the policy.

97. The Executive Committee adopted Resolution CE170.R3, recommending that the 30th Pan American Sanitary Conference approve the Policy on Integrated Care for Improved Health Outcomes.

Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CE170/17)

98. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the proposed policy, pointing out that improving access to safe, effective, and quality medicines and other health technologies was a critical public health priority and a fundamental requisite for universal health and that national regulatory systems played a key role in ensuring the safety, quality, and efficacy of medicines and technologies. He recalled that PAHO Member States had been at the forefront of regulatory system strengthening for 20 years. The Pan American Network for Drug Regulatory Harmonization was one of the oldest regulatory harmonization bodies in the world and had fostered cooperation and regulatory harmonization since its inception in the 1990s. In 2010, Member States had adopted Resolution CD50.R9, on strengthening national regulatory authorities for medicines and biologicals, which had been the first resolution of its kind within WHO. The resolution had laid the groundwork for assessing national regulatory capacity using a standardized tool and had resulted in the recognition of eight national regulatory authorities as regional reference authorities.

99. Notwithstanding the progress made, regulatory capacity across the Region varied widely and there was a clear need to redouble efforts to improve regulatory oversight within countries and among countries. There was also an urgent need to support the development of regional regulatory capabilities and systems to support efforts to increase capacity for the manufacture of critical health products in the Region. The proposed policy would guide future country and regional action to strengthen regulatory systems for medicines and other health technologies through four strategic lines of action. The fourth line—adopt new evaluation systems based on the WHO Global Benchmarking Tool and related mechanisms—aimed to align regional strategies within the Americas and support the transition of national regulatory authorities of regional reference to global recognition as WHO-listed authorities.

100. The Executive Committee welcomed the proposed policy and applauded the Bureau's efforts to provide strategic direction on strengthening regulatory systems for medicines and other health technologies. The Bureau's work in promoting and leading

² See Document CD57/12 and Resolution CD57.R13 (2019).

initiatives to ensure that the Region had solid regulatory authorities and that their performance was based on best regulatory practices was also recognized. The policy was considered highly timely, particularly in the light of the Region's experience during the ongoing COVID-19 pandemic, which had created unprecedented demand on health systems, led to an urgent need for health products, and accentuated inequities in access to such products. Delegates agreed on the need for streamlined regulatory processes to meet that demand and also to prepare for future health emergencies, with several describing the steps their countries were taking to that end. One delegate noted that her country's regulatory system recognized the role of traditional medicines in the framework of rational use of medicines.

101. It was pointed out that efforts to strengthen local and regional capacity for the manufacture of medical products would have to be accompanied by efforts to ensure robust regulatory systems. Several delegates highlighted the importance of the principle of reliance, which could be a means of fast-tracking the approval of products by relying on information provided by WHO-listed authorities. The importance of training was also underlined, and it was suggested that demand for training should be systematized with a view to optimizing the implementation of regulatory training programs. Member States and the Bureau were encouraged to work together to strengthen regulatory cooperation, promote information exchanges, and potentially achieve a degree of regulatory coherence in the Region.

102. Dr. Fitzgerald said that it was clear from the experiences of countries across the Region that the decisions taken by national regulatory authorities had important impacts in terms of access to and the affordability and availability of health products. He noted that the Region had shown enormous leadership in regulatory decision-making based on the principles of reliance and pointed out that decisions based on reliance had been critical in ensuring the rapid deployment of vaccines and other products during the pandemic. The Bureau had supported that decision-making, holding over 30 meetings with national regulatory authorities and providing the necessary documentation about products, based on WHO recommendations.

103. Another critical area mentioned by delegates was regulatory capacity-building. He noted in that regard that the Bureau was developing a regulatory training program to be offered through the PAHO Virtual Campus for Public Health. Several delegates had also highlighted the need to strengthen regulatory systems to support efforts to increase manufacturing capacity for critical medicines and medical supplies. He assured the Executive Committee that regulatory strengthening was an important component of the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas and the work under way following the previous year's discussions on the Policy on Increasing Production Capacity for Essential Medicines and Health Technologies.³

³ See Document CD59/8 and Resolution CD59.R3 (2021).

104. The Director agreed that strengthening regulatory capacity would be crucial as the Region continued its pursuit of self-sufficiency in the production of medicines, vaccines, and other health technologies. It was essential to ensure that all medicines and technologies used in the Region were safe, efficacious, and of good quality. To that end, it was necessary to invest in the training of regulatory authorities, to provide them with the tools needed to do their jobs, and, above all, to ensure their independence as decision-makers.

105. The Executive Committee adopted Resolution CE170.R4, recommending that the 30th Pan American Sanitary Conference approve the Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies.

Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CE170/18)

106. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB), introducing the proposed strategy, noted that the application of new genomic sequencing and bioinformatics technologies in recent years had enabled a timelier response to outbreaks and epidemics. He also noted that a hallmark of the COVID-19 pandemic has been the repeated emergence of viral lineages associated with significant public health impact, which had been designated “variants of interest” or “variants of concern.” In March 2020, PASB had spearheaded the creation of the COVID-19 Genomic Surveillance Network (COVIGEN). As of April 2022, 30 countries and territories were contributing to this regional network and more than 322,000 full genome sequences from Latin America and the Caribbean had been uploaded to the global database.

107. Beyond the COVID-19 pandemic, the Region of the Americas remained at great risk for the emergence and reemergence of epidemic- and pandemic-prone pathogens, and it was therefore important to consolidate and expand capacity for genomic surveillance. The proposed Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response included four lines of action to be implemented by Member States with support from Bureau from 2022 to 2028: expand and consolidate a regional genomic surveillance network, strengthen technical capacity for genomic sequencing, strengthen genomic data reporting, and build capacity and define best practices for the use of genomic data in the response to outbreaks, epidemics, and pandemics.

108. The Executive Committee expressed strong support for the proposed strategy and acknowledged the benefits of genomic surveillance, which offered the possibility to detect virus mutations and variants in a timely manner and could also contribute to the development of new vaccines and medicines. The multisectoral “One Health” approach put forward in the strategy was also supported. Delegates considered that the strategy would contribute to greater cooperation and synergies among countries, facilitate the detection of both existing and emerging pathogens, enable countries to be better prepared for future health emergencies, and foster greater global health security. At the same time, it was considered important not to overlook opportunities to improve conventional and laboratory-based surveillance. It was pointed out that sentinel surveillance, for example,

offered a means of obtaining data on a representative sample that would provide a good epidemiological overview and a sound basis for decision-making about an event under surveillance. It was also pointed out that genomic surveillance would not be successful unless it was accompanied by strong epidemiological surveillance in the field in order to enable a timely response to the threats posed by climate change and emerging and reemerging pathogens.

109. The need to continue to prioritize genomic surveillance of influenza was stressed, as the influenza virus was considered the pathogen most likely to cause the next pandemic. It was pointed out that strengthening existing capacity for surveillance of influenza and other pathogens during non-emergency situations would enhance overall preparedness for and capacity to respond to health emergencies and other security threats when they arose. Timely information-sharing was also seen as key. It was suggested that data-sharing agreements should be prioritized as part of the proposed strategy. Attention was drawn to the need for a regulatory framework along the lines of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, providing for fair and equitable participation in the benefits derived from the use of shared genetic sequence data, particularly for developing countries.

110. The importance of including more specialists from English-speaking countries and territories in COVIGEN was highlighted. To ensure the sustainability of the genomic surveillance initiative in the long term, it was also considered important to promote work with other networks and the sharing of protocols applicable to different pathogens. The need to make algorithms, protocols, and other documents freely available was emphasized. Concrete action at the national level was also considered crucial to the sustainability of the strategy, as was training. Several delegates signaled the need for technical assistance from PASB to support national efforts, including through pooled procurement of essential instruments, reagents, and supplies required for genomic sequencing.

111. Dr. Ugarte emphasized that implementation of the strategy would be a joint effort between Member States and the Bureau. He pointed out that the development of a regional genomic surveillance network was based on the experience of countries with routine surveillance and could only succeed if surveillance continued to be strengthened in all aspects. The COVID-19 pandemic had clearly shown the need for rapid virus identification and genomic sequencing. Thanks to the capacity existing in several countries of the Region, it had been possible to identify and report the variants detected in all countries of the Americas.

112. He noted that the strategy as presented in Document CE170/18 was the result of a broad consultation process. The strategy had benefited from considerable Member State input; nevertheless, it could still be further refined, and the Bureau therefore intended to organize another consultation prior to the 30th Pan American Sanitary Conference.

113. The Director remarked that the proposed strategy was the result of one of the lessons learned from the pandemic. Genomic surveillance, as delegates had noted, was

essential to increasing regional resilience and pandemic preparedness and response. Recognizing that, the Bureau had worked with partners to expand capacity for genomic surveillance in the Region. That work would continue. She agreed that greater collaboration and coordination was needed in sharing information and generating data.

114. The Executive Committee adopted Resolution CE170.R5, recommending that the 30th Pan American Sanitary Conference approve the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE170/19 and Add. I)

115. Mr. Esteban Alzamora (Acting Director, Department of Financial Resources Management, PASB) reported that one Member State was in arrears to the extent that it was now subject to Article 6.B of the PAHO Constitution. Twelve Member States, Participating States, and Associate Members had paid their 2022 contributions in full, eight had made partial payments, and 22 Member States had yet to make any payments at all for 2022.

116. He noted that prompt payment of both accumulated arrears and current 2022 assessments was imperative for the full, effective implementation of the Organization's program of work. Over the past decade, there had been a deterioration in the rate of receipt of assessed contributions, the outstanding balance of which at the end of the financial year had increased from \$24 million in 2011 to \$74.8 million in 2021. As of 20 June 2022, \$74.6 million of the \$180.1 million due on 1 January 2022 had been collected. A total of \$105.5 million remained outstanding. As of 31 May 2022, the Organization had not accessed any funds from the available cash balance of the Working Capital Fund; however, it would be necessary to do so if the Organization did not receive the balance of assessed contributions in a timely manner.

117. In the ensuing discussion, Member States, Participating States, and Associate Members were encouraged make every effort to pay their full assessed contributions on a timely basis to ensure that the Organization could deliver vital technical assistance and carry out its program of work. The Bureau was applauded for having continued its vital work throughout the pandemic despite the budget shortfall.

118. The Director thanked the Member States that had made timely payments of their assessed contributions and appealed to those that had yet to make payments to do so as soon as possible. While she recognized that the pandemic had caused economic difficulties for many Member States, the issue of unpaid contributions jeopardized PAHO's ability to deliver much-needed technical cooperation. She also indicated that assessed contributions were a source of flexible funding, which supported priority issues and staff salaries, as well as program areas for which it was difficult to raise voluntary contributions, such as mental health, noncommunicable diseases, and maternal and child health.

119. The Executive Committee adopted Resolution CE170.R1, thanking those Member States that had made payments in 2022 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2021 (Official Document 365)

120. Mrs. Stephanie Psaki (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a preliminary, unaudited version of the Financial Report. The Subcommittee had been informed that the Organization's consolidated total revenue in 2021 had increased by approximately 34% with respect to 2020, due to large increases in revenue from procurement on behalf of Member States and voluntary contributions related to the COVID-19 emergency. The Subcommittee had also been informed that less than half of the assessed contributions due in 2021 had been received and that the delays in the payment of assessed contributions had, for the third year in a row, negatively impacted on the Bureau's ability to implement the Organization's program budget and respond to the COVID-19 pandemic. In the Subcommittee's discussion of the report, the Bureau had been asked to comment on steps taken to improve the rate of collection of assessed contributions. It had also been asked to ensure that the financial report included details on expenditures for the year, including information on the areas most affected by increases in spending and on the sources of funding for those increases.

Financial Report of the Director for 2021

121. Mr. Esteban Alzamora (Acting Director, Financial Resources Management, PASB) presented an overview of the Financial Report of the Director for 2021, including figures on total revenue and expenditure, collection of assessed contributions, voluntary contributions, and procurement on behalf of Member States. He pointed out that the report did not reflect an ordinary financial year, owing to the impact of the COVID-19 pandemic and the continued delays in the collection of assessed contributions from Member States.

122. He reported that total revenue in 2021 had amounted to \$1,794.4 million, the highest revenue ever recorded by the Organization. PAHO voluntary contributions had risen by 56% since 2019, the second year of the previous biennium, while WHO voluntary contributions had increased by 138%. PAHO voluntary contributions for emergencies had jumped by 210% as a result of the influx of funds to support the response to the pandemic.

123. Revenue from procurement on behalf of Member States in 2021 had totaled \$1,348.9 million, an increase of 44% over 2020 and the highest amount in the history of the Organization's procurement funds. The Revolving Fund for Access to Vaccines continued to account for the largest share of procurement revenue, although procurement activity under the Revolving Fund for Strategic Public Health Supplies (commonly known as the Strategic Fund) had grown significantly in the previous two years as a result of the important role the Fund had played in the procurement of supplies, equipment, and medicines for the fight against COVID-19.

124. Assessed contributions, on the other hand, had remained flat for more than a decade, and while collection of current-year assessed contributions had improved slightly since 2019, outstanding contributions at year's end had amounted to \$74.8 million in 2021, almost double the amount historically outstanding and \$50.8 million more than in 2011, when the amount outstanding had been \$24 million. The Bureau had also been obligated to use almost all of the balance in the Working Capital Fund and to borrow from other unrestricted internal funds in 2021.

125. Total Expenses for 2021 had totaled \$1,785.1 million, an increase of 34% compared with 2020. Purchases of supplies, commodities, and materials had once again accounted for the largest share of expenditure in 2021. Almost all of those purchases had been made on behalf of Member States through the Organization's procurement funds. Expenditures related to contracts for consultants and professional services had almost doubled from 2020 to 2021. Those contracts had been necessary to support the implementation of PAHO's COVID-19 response; they also reflected the Bureau's response to the Organization's financial crisis. In 2021 the Organization's total revenue had exceeded total expenses, leaving a surplus of \$9.3 million for the year.

Report of the External Auditor for 2021

126. Mr. Damian Brewitt (Financial Audit Director–International, National Audit Office of the United Kingdom of Great Britain and Northern Ireland) introduced the report of the External Auditor, confirming that the Auditor's opinion on the Organization's financial statements had been unmodified, meaning that the audit had revealed no errors or weaknesses that had been considered material to the accuracy, completeness, or validity of the statements. The opinion also confirmed that expenditure had been incurred in accordance with the authorities and regulations set by Member States. Mr. Brewitt noted that the attainment of an unmodified audit opinion in the face of the ongoing challenges of the COVID-19 pandemic marked a significant achievement.

127. Summarizing the findings and recommendations concerning financial management, governance, and internal control, he pointed out that PAHO's Financial Regulations differed from those of some other international organizations in that they did not limit spending to the approved budget level and permitted the Director to make payments for the purposes for which the program budget was approved, subject to availability of funding and without differentiating between base and special programs. Member States might wish to review those arrangements. Mr. Brewitt also noted that the Organization continued to experience significant pressure on liquidity and that the Working Capital Fund had again been exhausted in 2021. He pointed out that, until the arrears in the receipt of assessed contributions were reduced, the Fund would continue to be fully utilized each year. Timely payment of assessed contributions would therefore remain important in avoiding depletion of the Working Capital Fund and ensuring the achievement of PAHO's objectives.

128. The audit had identified no significant weaknesses in PAHO's internal controls, although work remained to be done to develop compliance and risk management

functions, which were the Organization's second line of defense to enhance accountability. The External Auditor had observed that, overall, PAHO had all the essential components to deliver a properly supported statement on internal control. However, each control element operated in isolation. There would be merit in considering the adoption of an overall accountability framework to provide a more concise and focused approach to internal control, which would facilitate more coherent and systematic reporting to Member States.

129. In the area of strategic planning and budgeting, the External Auditor believed that more consideration should be given to how the Bureau's input to the PAHO Strategic Plan could make the most beneficial contribution to improved health outcomes. Joint reporting with Member States on health outcomes meant that the link between the use of PAHO resources and the Bureau's role and impact was not entirely visible. Enhancing the visibility of the Bureau's contribution would contribute to greater accountability and provide closer alignment between outcomes and the use of resources. The External Auditor had made several recommendations aimed at ensuring greater balance in the reporting of results through a set of indicators that would better demonstrate and quantify the Bureau's performance.

130. The Executive Committee welcomed the unmodified audit opinion and acknowledged the hard work that went into preparing the Financial Report, which was seen as evidence of the Bureau's transparency and accountability. Gratitude was expressed to the Director and the Bureau staff for their financial management capacity and for the unwavering support provided to Member States in a context of financial uncertainty. The Bureau's efforts to ensure sustained regional health gains while also grappling with the ongoing challenges associated with the pandemic were applauded. The External Auditor's comments regarding arrears of assessed contributions were acknowledged, and Member States were encouraged to meet their financial obligations to the Organization in full and on time to enable it to continue its critical work.

131. Delegates voiced support for the External Auditor's recommendations, particularly those relating to greater visibility of the Bureau's contributions, risk management, strategic planning, and transparency and accountability. In relation to the recommendations concerning the hiring of consultants, the need to ensure a competitive selection process was underlined. Further information was requested on the External Auditor's observation regarding PAHO's Financial Regulations and the budget approval process. In that connection, a delegate inquired whether any amendment to the Financial Regulations was being considered. Another delegate drew attention to the need to continue strengthening bottom-up planning, with active and effective participation by PAHO country offices, to ensure a technical cooperation process that was in accordance with the needs of Member States. Referring to the External Auditor's comments on project risks, the Delegate of Brazil clarified that the number of risks associated with projects in his country reflected the large number of projects under way in Brazil, particularly projects funded by national voluntary contributions, and the country's commitment to identifying and managing risks.

132. Mr. Brewitt explained that the recommendations in the External Auditor's report relating to project risks were generic in nature and did not relate to specific projects. Their aim was to ensure that risks were tracked as they evolved and that risk mitigations measures were continually updated. With regard to the recommendations on the Financial Regulations and the budget approval process, the External Auditor had noted that the current process established the purpose of expenditure but did not establish any financial ceiling. Member States might wish to consider whether those provisions remained appropriate in terms of control and accountability. As to the recommendations concerning strategic planning, the External Auditor considered it desirable to provide Member States with greater clarity regarding the Bureau's performance and what had been achieved with the resources they provided to the Organization.

133. The Director expressed thanks to the external audit team and assured the Committee that the Bureau would work with the External Auditor to gain a clear understanding of the recommendations. She noted that the Bureau had made considerable progress in terms of its ability to map risks and place them in a risk register, but further improvement was needed with regard to monitoring and in-depth follow-up of risks. The Bureau would work to make those improvements. It would also strive to improve compliance functions, with an eye to how they related to risk management.

134. Regarding the comments on the budget approval process, she pointed out that a firm budgetary ceiling would prevent the Bureau from implementing some activities without repeatedly seeking Member States' approval. Under the rules currently in force, the Bureau could not increase spending for any area by more than 10%, which afforded it needed flexibility to respond to Member States' needs. She would therefore caution against the imposition of a strict budgetary ceiling. While she agreed that it was perhaps necessary to bring greater visibility to the Bureau's contribution to the outcomes jointly agreed with Member States, she believed that joint monitoring of results, which had been implemented at Member States' behest, was an extremely good practice that should be continued. Lastly, she assured the Executive Committee that a competitive selection process was in place for the hiring of consultants. She also noted that the Bureau had recently formulated a new policy on consultant contracts.

135. The Executive Committee took note of the report.

Amendments to the Financial Regulations and Financial Rules of PAHO (Document CE170/20)

136. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposed amendment to the Financial Regulations of PAHO that would limit the term of office of the Organization's External Auditor to four years, with the option to extend the mandate for two additional years. The change was proposed in order to align PAHO's practice with existing best practices in other international organizations. Given that there had been times in the past when no viable candidates for the position of External Auditor had been

nominated, the Bureau had considered it wise to include a provision allowing for the extension of the term of a serving External Auditor in such circumstances.

137. The Executive Committee adopted Resolution CE170.R7, recommending that the Pan American Sanitary Conference approve the amendment to the Financial Regulations.

Programming of the Budget Surplus (Document CE170/21)

138. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the Bureau expected there to be a budget surplus totaling approximately \$24.6 million for the 2020-2021 biennium, of which approximately \$21.3 million would be moved to the Working Capital Fund to return its balance to the approved level. The Bureau had proposed that the remaining \$3.3 million should be moved to the Master Capital Investment Fund, with \$2.3 million going to the Real Estate Maintenance and Improvement Subfund and \$1 million to the Information Technology Subfund. The Subcommittee had expressed support for the proposed allocation of the budget surplus.

139. The Executive Committee adopted Resolution CE170.R8, recommending that the 30th Pan American Sanitary Conference approve the allocation of the 2020-2021 budget surplus.

Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027 (Document CE170/22)

140. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of the Organization's current External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland, would expire in 2023, and that it would therefore be necessary to appoint a new External Auditor. The Subcommittee had also been informed that the Bureau would initiate the process of requesting nominations for an auditor of international repute to be appointed to serve for the next two bienniums, 2024-2025 and 2026-2027. Member States had been encouraged to submit nominations in order to ensure that there were an adequate number of suitable candidates for the position.

141. A delegate asked whether Member States could nominate their own internal auditors for the role, since the External Auditor must be independent.

142. Dr. Heidi Jiménez (Legal Counsel, PASB) affirmed that Member States could indeed nominate their own national audit offices. She explained that, in accordance with the Financial Regulations, the External Auditor must be of international repute, which included members of the International Organization of Supreme Audit Institutions or other audit associations, as well as those accredited with the World Bank or other international financial institutions or government agencies. The nominee must be able to deliver reports in English and work remotely and must employ professionally trained auditors who could

work in multisectoral and multilingual environments. She strongly encouraged all Member States to nominate candidates that met those criteria.

143. The Director said that the appointment of the External Auditor was an issue of great concern to the Bureau because it had been extremely difficult in the past to find a suitable candidate to fill the position. She therefore appealed to Member States to nominate suitable candidates.

144. The Executive Committee took note of the report.

Report of the Office of Internal Audit for 2021 (Document CE170/23)

145. Dr. David O'Regan (Auditor General, Office of Internal Audit, PASB), presented the report, which summarized the work undertaken by the Office of Internal Audit (OIA) in 2021, including the findings from seven audits and one advisory review of the Bureau's emergency teleworking experience. He noted that OIA had encountered no obstacles in performing its duties in 2021 and had had adequate resources to carry out its work plan.

146. OIA had concluded that the Bureau had maintained its internal controls and that the Organization had responded satisfactorily to the emergency operating conditions during the pandemic. Although none of the internal audits conducted had received an unsatisfactory rating, there was room to improve the second line of assurance, which consisted of managerial monitoring and compliance testing. Regarding the status of PASB actions to address OIA findings, in 2022 the Bureau had resolved the three recommendations that had been pending for more than two years. Dr. O'Regan pointed out that the Director had always been a strong supporter of internal auditing and that her supportive attitude had fostered a positive climate for OIA to perform its duties.

147. In the discussion that followed, delegates commended the Bureau for its internal controls, noting the lack of unsatisfactory ratings for internal audits for the fourth consecutive year while noting that improvements were still needed and encouraging the Bureau to take the necessary corrective action. The Bureau was also commended for its request to evaluate teleworking arrangements during the pandemic and for its efforts to support mental health and wellness among staff members.

148. The Bureau was encouraged to implement OIA's recommendations in a timely manner. Particular support was expressed for the recommendations relating to consultant contracts, and the importance of a thorough, competitive hiring process was underlined. It was pointed out that the lack of supporting documentation and background checks in the hiring process posed unacceptable and unnecessary risks, and the Bureau was urged to incorporate relevant screening requirements into applicable PAHO policies. With regard to emergency projects, the Bureau was encouraged to balance streamlined approval and implementation processes with the need for risk management and internal controls, apply the standard enterprise risk management processes to all projects, and assess the implications of the prolonged application of special emergency procedures. Lastly, the findings from the audit of the Shared Services Center in Brasilia was seen as

cause for concern, and the Bureau was urged to address OIA's recommendations prior to expanding that project.

149. Dr. O'Regan assured the Executive Committee that emergency projects underwent adequate risk assessment and clarified that OIA's recommendation related to the harmonization of assessment methodologies. Although such projects might be assessed using a fast-track approach, the methodology governing risk assessment should be identical for emergency and non-emergency projects.

150. The Director affirmed that the Bureau employed a stringent, in-depth hiring process for regular staff and that the hiring process for consultants was being improved. She remained concerned about the well-being of personnel who had been forced to work outside of normal working hours in order to meet the unprecedented needs that had arisen from the pandemic and the Organization's financial crisis. She assured staff members that the Bureau would continue to improve the availability of resources and services for mental health.

151. The Executive Committee took note of the report.

Update on the Master Capital Investment Fund (Document CE170/24)

152. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the status of the Master Capital Investment Fund and its various subfunds. The Real Estate Maintenance and Improvement Subfund had been utilized to cover expenses related to renovations and furniture for the building located at 2121 Virginia Avenue and infrastructure projects at the PAHO Headquarters building.

153. In the ensuing discussion, the Bureau was asked to submit a proposal for planning expenditures under the various subfunds in order to promote a more strategic use of funds. The Bureau was also asked to provide a breakdown of expected expenses under the Real Estate Maintenance and Improvements Subfund related to the work to be undertaken at the PAHO Headquarters building. In addition, the Bureau was asked to provide confirmation in future updates that the various renovation projects were proceeding on schedule and within budget.

154. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) noted that, since 2015, the format of the reports of the Master Capital Investment Fund had evolved to provide consolidated information on the five subfunds. Recalling that a real estate assessment survey had been conducted in 2014 to develop a plan for the renovation of the Headquarters building, she explained that the survey continued to guide the use of funds, but that much of the work remained to be completed. Air handlers and perimeter induction units on the second and tenth floors were being replaced because they were past their service life. The main electrical panels were also being replaced, as they dated from 1965 and were unreliable and unsafe. The conference rooms on the second floor were also being brought up to 21st-century standards by integrating audiovisual

systems to accommodate streaming requirements and hybrid meetings and to improve accessibility.

155. The Director noted that the air systems on the second and tenth floors had not been updated since the Headquarters building was constructed and that renovations were urgently needed, particularly given the importance of airflow during the pandemic. It was also extremely important to address the risks of faulty electrical elements. She added that the renovation work had been delayed because of supply chain issues and was now expected to be completed in April 2023. Consequently, it would not be possible to hold the 30th Pan American Sanitary Conference at the Headquarter building; a suitable facility would be found elsewhere in Washington, D.C.

156. The Executive Committee took note of the report.

Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies (Document CE170/25)

157. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that only two short-term internal emergency loans had been made from the capital account of the Revolving Fund to the capital account of the Strategic Fund during the 2020-2021 biennium. The Subcommittee had emphasized the need to prioritize the technical cooperation functions of both the Revolving Fund and the Strategic Fund and had stressed that any loans from the capital account of the Revolving Fund should be reimbursed promptly.

158. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), summarizing the information presented in Document CE170/25, recalled that the Executive Committee had adopted Resolution CESS1.R1 in May 2020, authorizing a short-term emergency loan of up to \$50 million on a rolling basis from the capital account of the Revolving Fund for Access to Vaccines to the capital account of the Strategic Fund. He reported that, in 2021, medicines and supplies valued at a total of \$318 million had been procured on behalf of 30 Member States. Approximately twenty percent of requests for procurement of supplies had been funded through a line of credit from the Strategic Fund. The increased use of that Fund had resulted in a substantial increase in the financial resources available in the Fund's capital account. Thanks to that increase, only two loans from the capital account of the Revolving Fund had been necessary. Those loans had enabled the States concerned to procure personal protective equipment and COVID-19 diagnostics, mitigate stock-outs of essential medicines, and facilitate multi-country collaboration. The loans had been repaid in a timely manner and had not had any negative impact on the availability of funds for the procurement of vaccines through the Revolving Fund. In order to continue to meet the demand for essential medicines and public health supplies, the internal emergency loan mechanism will remain in place until 31 December 2023, or the date when WHO declared the end of the pandemic, whichever came first.

159. In the discussion that followed, delegates applauded the steps taken to assist Member States in strengthening their supply chain management capacity and to facilitate access to essential COVID-19 health supplies.

160. Dr. Fitzgerald explained that the work done through the Revolving Fund and the Strategic Fund was an integral part of the technical cooperation provided to Member States. Through that cooperation, the Bureau had supported Member States in updating clinical protocols, incorporating new technologies within health systems, and improving supply chain management. Demand planning had also been enhanced, which had improved the efficiency of processes under the Strategic Fund.

161. The Director noted that the Strategic Fund was used to purchase certain essential medicines, particularly for HIV and NCDs. It represented a strategy for increasing access to affordable, efficacious, high-quality medications. Pooled procurement significantly reduced costs to Member States, with a cumulative effect: the more Member States purchased through the Strategic Fund, the less costly medicines became and the more the Organization was able to build its reserves and further facilitate access.

162. The Executive Committee took note of the report.

Personnel Matters

Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules (Document CE170/26)

163. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration, PAHO) reported that the Subcommittee had considered several proposed amendments to the Staff Rules. Most of the amendments had related to decisions taken by the United Nations General Assembly in 2021 on the basis of recommendations by the International Civil Service Commission. They had been concerned with revisions to the salary scale for the professional and higher categories, which would also apply to the salaries for the posts of Director, Deputy Director, and Assistant Director. In the Subcommittee's discussion of the report, attention had been drawn to Resolution EB150.R8, adopted by the WHO Executive Board at its 150th Session, concerning the salaries of staff in ungraded posts, and the Bureau had been requested to include a reference to that resolution in the report to be presented to the 170th Session of the Executive Committee, in order to reflect the collective decision-making process that took place at the World Health Assembly in connection with the personnel-related recommendations of the United Nations.

164. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) thanked Member States for their interest in PASB human resources policies and in the proposed amendments, which were deemed to be in the interest of good human resources management and would align PAHO practices with those of WHO and maintain consistency in employment conditions across the United Nations common system.

165. The Executive Committee adopted Resolution CE170.R13, confirming the amendments to the Staff Rules, with effect from 1 July 2022, and establishing the salaries of the Director, Deputy Director, and Assistant Director, with effect from 1 January 2022.

Human Resources Management in the Pan American Sanitary Bureau (Document CE170/27)

166. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration, PAHO) reported that the Subcommittee had received an update on the most important initiatives undertaken in the sphere of human resources during 2021, including the implementation of the Bureau's revised human resources strategy, known as the "People Strategy 2.0." An update had also been provided on efforts to achieve gender parity in the Bureau's staff and to prevent and respond to cases of wrongdoing by staff, including sexual harassment, exploitation, or abuse. In the Subcommittee's discussion of the report, concern had been expressed over the increase in the number of contingent workers, and the Bureau had been asked to comment on its plans to achieve a better balance of fixed-term staff and contingent workers. Information had been sought on the impact of teleworking during the pandemic in terms of overhead costs and productivity and on the extent to which teleworking might continue in the post-pandemic context. The Bureau had been encouraged to continue working towards increasing the proportion of women in high-level positions.

167. In the Executive Committee's discussion of the report, appreciation was expressed for the commitment and dedication of the Bureau and for the technical cooperation provided to Member States in 2021, despite the difficulties presented by the COVID-19 pandemic and the teleworking environment. The Bureau's zero-tolerance policy towards sexual harassment, abuse, and exploitation was welcomed. The importance of information campaigns to increase awareness among personnel and prevent such acts was underscored. It was also considered important to encourage candidates from all subregions to apply for international positions in order to increase their representation in the Bureau.

168. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) affirmed the Bureau's commitment to continue working towards establishing a strategic methodology for recruiting personnel. She explained that that the financial constraints faced in the previous two years coupled with the COVID-19 emergency were the main reasons for the increase in the number of contingent workers. Nonetheless, as soon as the financial situation had improved somewhat, the Bureau had taken steps to ensure adequate staffing to sustain its priority functions and programmatic activities. She assured Member States that the Bureau would continue its efforts to achieve gender parity, ensure a respectful work environment, and maintain the zero-tolerance policy towards sexual exploitation and abuse.

169. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE170/28)

170. Ms. Carolina Bascones (General Secretary, PAHO/WHO Staff Association) began her statement by expressing appreciation to all the frontline workers, particularly health workers, who continued to battle the ongoing COVID-19 pandemic while also grappling with supply chain issues and other major challenges. She affirmed the commitment of the PASB staff to continue working shoulder to shoulder with Member States to enhance the well-being of the population and reduce inequalities in the Region.

171. She drew attention to Document CE170/28, which highlighted the issues that the Staff Association wished to bring to the attention of the Executive Committee, namely staff health and well-being; diversity, equity, and inclusion; sexual exploitation, abuse, and harassment; and the Organization's internal justice system. She stressed the need to continue monitoring the health and well-being of staff as the Bureau transitioned from a mainly virtual work environment to in-person working. With regard to diversity, equity and inclusion, the Staff Association welcomed the launch of the "Listen, Learn and Act Together" initiative by WHO and believed that internal mechanisms should be put in place to ensure its sustainability. While significant progress had been made with regard to gender parity in the Bureau's staff, it was still more difficult for women to rise to some managerial levels. It was therefore important to identify and address the barriers that stood in the way of true gender equity. The Staff Association continued to call for a campaign to raise awareness of unconscious bias.

172. The Staff Association strongly condemned and had fought tirelessly against all forms of sexual exploitation, abuse, and harassment and gender-based violence. Ms. Bascones recalled that one of the Director's first actions following her election in 2012 had been to dismiss a staff member who had engaged in sexual harassment, which had marked a welcome turning point and a cultural change in the Bureau. Nevertheless, many staff remained afraid to lodge complaints of harassment, particularly sexual harassment, a situation that pointed to the need to improve the credibility of the internal justice system.

173. In conclusion, Ms. Bascones paid tribute to the Director, with whom the Staff Association had enjoyed a relationship of mutual respect and cooperation throughout her tenure.

174. In the discussion that followed, delegates thanked the staff for their commitment, dedication, and resilience in advancing the Organization's work and responding to the COVID-19 pandemic. The Bureau was encouraged to give due consideration to the issues raised and the recommendations made by the Staff Association, especially in relation to sexual exploitation and abuse; diversity, equity, and inclusion; and the negative impacts of teleworking, including the impact on staff's mental health. The Bureau was asked to clarify whether it, like the WHO Secretariat, intended to develop an action plan for diversity, equity, and inclusion in the workforce. It was also asked to share its views on

the possibility of developing a “bystander” campaign as part of efforts to combat sexual harassment, exploitation, and abuse.

175. Ms. Bascones said that, in the Staff Association’s view, the best way to ensure the sustainability of activities related to diversity, equity, and inclusion would be to develop a new human resources plan, with baseline and progress indicators. Clear policies and procedures were also needed. With regard to sexual harassment, exploitation, and abuse, the Staff Association believed that an agile and responsive internal justice system was crucial. It was essential to facilitate the identification of potential cases and then take action immediately to address them. It was also essential to ensure that the internal justice system met the needs of all personnel, including contingent workers, who might face obstacles in submitting complaints. The Staff Association would welcome a bystander campaign.

176. The Director expressed gratitude to the Staff Association for its willingness to work with her throughout her 10-year tenure. She had always viewed the Staff Association as a partner in human resources management and valued its role as a repository of knowledge and institutional memory. She thanked the Association for the recommendations put forward in its report and assured the Executive Committee that Executive Management would work with the Staff Association in exploring how best to implement them.

177. The Executive Committee took note of the report.

Preventing and Responding to Sexual Exploitation and Abuse in PAHO (Document CE170/29)

178. Mr. Philip MacMillan (Manager, Ethics Office, PASB), presenting an overview of the document, reported that the Ethics Office was not currently aware of any allegations of sexual exploitation or abuse involving PASB personnel or anyone collaborating with the Organization; however, it was recognized that sexual exploitation and abuse were often not reported because of social stigma, fear of retaliation, or lack of knowledge of reporting mechanisms. He noted that the Bureau had been collaborating closely with the WHO Secretariat since the release of the final report of the independent commission appointed by the WHO Director-General to conduct an inquiry on the allegations of sexual exploitation and abuse in the Democratic Republic of the Congo. In addition, a PASB staff member served on the WHO Sexual Exploitation and Abuse and Sexual Harassment Prevention and Response Task Team. While acknowledging that much work remained to be done, he explained that the Bureau had taken a number of steps to help prevent and respond to any potential cases of sexual exploitation and abuse.

179. He stressed that raising awareness internally and externally was essential to successfully preventing and responding to sexual exploitation and abuse. Steps had been taken to simplify reporting, and allegations of misconduct no longer needed to be made in writing. The helpline was being reinstated with a live operator, and the Organization was collaborating with other United Nations agencies at the country level to establish local helplines. He assured Member States that all allegations of sexual exploitation and abuse

would be fully investigated and that the Bureau would hold perpetrators accountable and refer cases to national authorities for criminal prosecution, when necessary.

180. The Bureau had begun to use the United Nations Clear Check screening database in December 2021 and would be partnering with a company to conduct global background checks to expand the screening process. Such measures would apply to everyone hired to work for the Organization. He stressed that greater due diligence must be exercised with implementing partners to ensure that they had the proper standards and safeguards in place to prevent and respond to sexual exploitation and abuse within their own institutions.

181. In the discussion that followed, the Executive Committee welcomed the revisions to the Policy on Preventing Sexual Exploitation and Abuse, as well as the Ethics Office's efforts to strengthen capacities with a view to implementing the institutional changes necessary for effective prevention and response at all levels of the Organization. Support was also expressed for a survivor-centered approach, the zero-tolerance policy, and the ongoing collaboration with WHO. Clarification was requested regarding the number of posts to be established to help prevent and respond to sexual exploitation and abuse. The Bureau was requested to present an updated report at the next Session of the Executive Committee on the progress of the rollout of the awareness campaign in order to share lessons learned.

182. It was noted that a number of staff members had not taken the mandatory United Nations training course, and more information was requested on the enforcement of training requirements, potential repercussions for non-compliance, the timeline for completion, and the training requirements for locally hired staff and contractors. It was stressed that training should be paired with accountability measures and reinforced with opportunities for staff to practice and apply the skills learned. The Bureau was asked to suggest areas in which national capacity-building efforts should be focused to prevent sexual exploitation and abuse, particularly in the most at-risk settings.

183. The Bureau was encouraged to promote a safe, equitable, and inclusive working environment in which issues could be raised without fear of reprisals or retaliation. It was emphasized that management must set the tone for staff members because failure to do so could impair the response to allegations and undermine confidence in reporting mechanisms, as demonstrated by WHO's experience in the Democratic Republic of the Congo. The Bureau's commitment to fully investigate all allegations was welcomed, and the Bureau was urged to ensure that investigators received special training on protocols to address sensitive cases. The Bureau was asked to communicate all instances of sexual exploitation and abuse to Member States in a timely manner.

184. Mr. MacMillan agreed that ethics and proper behavior began with senior officials, and their support was critical to creating a safe environment, both at Headquarters and in the PAHO/WHO representative offices. He reported that 70% of PAHO personnel had completed the United Nations training course on prevention and response to sexual exploitation and abuse, and Executive Management would meet shortly to determine how to address non-compliance. With regard to at-risk settings, he explained that awareness

campaigns would target both PAHO personnel and the communities served to familiarize them with reporting mechanisms and to ensure that potential victims knew that PAHO was an ethical organization.

185. Regarding the number of regional coordinator posts to be established, he explained that WHO had received \$50 million to assist in preventing and responding to sexual exploitation and abuse and would be funding a P5 position in the Ethics Office and a P4 post in the country office in the Bolivarian Republic of Venezuela. WHO was endeavoring to raise funding for three additional positions, to be located in Colombia, Haiti, and Honduras. He noted that Member States could also provide funding for additional positions.

186. The Director assured Member States that preventing and responding to sexual exploitation and abuse was a priority for the Bureau, which had already embarked on a revision of the policy prior to the occurrence of the events involving WHO personnel in the Democratic Republic of the Congo. Nevertheless, she acknowledged that more could be done, particularly to address staff members' fear of reporting sexual exploitation and abuse within the Organization and in external situations. It was therefore crucial to increase awareness of protections for those who came forward.

187. The Executive Committee took note of the report.

Matters for Information

Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas (Document CE170/INF/1)

188. Dr. Heidi Jiménez (Legal Counsel, PASB) outlined the process and rules for the election of the next Director, as described in Document CE170/INF/1. She reported that the election process had officially begun on 1 March 2022, at which time Member States had been invited to submit nominations. The following individuals had been nominated for the post:⁴ Dr. Camilo Alleyne, of Panama; Dr. Jarbas Barbosa Da Silva, Jr., of Brazil; Dr. Florence Duperval Guillaume, of Haiti; Dr. Nadine Flora Gasman Zylbermann, of Mexico; Dr. Fernando Ruiz Gómez, of Colombia; and Dr. Daniel Salinas, of Uruguay.

189. A candidates' forum would be held on 24 June 2022, and Member States, Participating States, and Associate Members would be able to attend in person or virtually. The six candidates would give presentations and participate in a question-and-answer session, and verbatim transcripts of the entire forum would be made available. In conformity with the Rules of Procedure of the Conference, the election of the Director would take place via secret ballot at the 30th Pan American Sanitary Conference, scheduled to take place from 26-30 September 2022.

⁴ The names of the candidates have been listed in alphabetical order.

190. The Executive Committee thanked the Director for her work, particularly during the COVID-19 pandemic and other health emergencies. It was suggested that the new Director should work to strengthen the institutional framework and governance of PAHO in order to better equip the Organization to prevent and respond to health emergencies and climate change in the Region, ensuring that its efforts were guided by the principle of equity. A commitment to building consensus, improving transparency and cost efficiencies, and supporting ongoing reform and an ethical culture was also considered important.

191. In addition, it was noted that the new Director must be free of any conflict of interest and must not pose any reputational risk to PAHO and that he or she should demonstrate respect for the cultural, social, political, and economic diversity of the States in the Region, as well as their diverse public health views. Several delegates made statements in favor of the candidates nominated by their respective Governments. It was emphasized that the entire election process should be characterized by transparency, independence, and impartiality. The Bureau was asked to clarify the voting procedures in the event that no candidate received a majority of the votes.

192. Dr. Jiménez explained that if no candidate received a majority in the first two rounds of voting, two further ballots, restricted to the two candidates receiving the largest number of votes in the previous unrestricted ballot, would be taken. If no candidate received the majority required, two unrestricted and two restricted ballots would be taken alternately until a candidate obtained the required majority.

193. The Executive Committee took note of the report.

Update on the COVID-19 Pandemic in the Region of the Americas (Document CE170/INF/2)

194. Two presentations were made on this item, one by Dr. Marcos Espinal (Acting Assistant Director, PASB) and the other by Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB). Dr. Ugarte began with an overview of the current COVID-19 situation, noting that the pandemic continued and that case numbers had risen across the Region in recent weeks. He then reviewed the 11 pillars of the WHO Strategic Preparedness, Readiness, and Response Plan for 2022⁵ and the Plan's two strategic objectives—first, reduce and control the incidence of SARS-CoV-2 infections and, second, prevent, diagnose, and treat COVID-19 to reduce mortality, morbidity, and long-term sequelae. He noted that the overarching aim of the Plan was to optimize national and international strategies and operational readiness as part of the transition from acute pandemic response to sustained control.

195. Dr. Ugarte pointed out that epidemiological surveillance, including genomic surveillance (see paragraphs 106 to 114 above), was a key part of the response, as was strengthening of health systems and services, the latter with a special focus on the first

⁵ See <https://www.who.int/publications/i/item/WHO-WHE-SPP-2022.1>.

level of care and hard-to-reach populations. Risk communication and community engagement were also crucial in a context where “infodemics” spread more readily than the virus itself and could cause more damage, not only to public health, but also to economies and social networks. Ensuring easy access to accurate information and engaging with social media and civil society actors were therefore important aspects of PAHO’s response to the pandemic.

196. Dr. Espinal described the impact of the pandemic on health systems in Member States and provided an update on COVID-19 vaccination in the Region. He noted that the latest WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic⁶ indicated that major disruptions in the delivery of health care services were still occurring as of December 2021, including at the first level of care, where 70% of countries had reported disruptions. Hence, continued action was needed to enhance the resiliency of health systems based on primary health care, both to deal with the ongoing effects of the COVID-19 pandemic and to prepare for the future pandemics and health emergencies that would inevitably occur.

197. A total of 1.88 billion doses of COVID-19 vaccine had been administered across the Americas and the proportion of fully vaccinated individuals stood at 68.8%. Nevertheless, some 226 million people had not received any doses of the vaccine, and vaccination rates per 100 population in some countries remained below 10%. Dr. Espinal emphasized that a concerted regional effort was therefore needed to boost vaccination rates in the Americas and to combat vaccine hesitancy, which was the main obstacle to achieving widespread vaccination in some countries. The Bureau had prepared a regional framework to assist countries in that effort. He pointed out that it would also be important to incorporate COVID-19 vaccines in routine immunization programs. To that end, from 2023 onwards, the vaccine would be included in the regular vaccine portfolio of the PAHO Revolving Fund for Access to Vaccines.

198. The Executive Committee thanked the Bureau for the comprehensive report and expressed appreciation for its continuous support and leadership throughout the pandemic. Delegates voiced support for the actions recommended in the document to improve the situation, although it was pointed out that some of those actions would be difficult to sustain for small countries of the Caribbean that were heavily dependent on tourism. It was also pointed out that the SARS-CoV-2 virus was unlikely to disappear altogether and that countries would therefore have to continue to contend with it and find ways to mitigate its impact. Vaccination, supported by other social protection and public health measures, was seen as the primary tool for accomplishing that objective. The need for effective means of combating vaccine misinformation and disinformation, which had hindered vaccination efforts in many countries, was stressed. In that connection, a delegate noted that one of the major lessons learned from the pandemic was that countries that were left behind initially in terms of vaccine supply had found it especially difficult to catch up, particularly

⁶ See: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1.

as vaccine hesitancy had built up over time. More information on the Bureau's efforts to combat the problem was requested.

199. Several delegates drew attention to the Region's heavy dependence on imported products and emphasized the need to boost regional capacity to produce vaccines, medicines, and other strategic health supplies. The Bureau was encouraged to continue to support efforts to develop regional capacity for the manufacture and distribution of critical supplies and to maintain a stockpile of such supplies to mitigate the impact of reduced availability that had hindered the pandemic response. The failings of the COVID-19 Vaccines Global Access (COVAX) Facility were noted, and the Bureau was asked to support Member States in working with the COVAX Facility to avoid vaccine wastage caused by limitations in countries' capacity to manage excess vaccine supplies.

200. It was considered essential to continue strengthening the resilience of health systems and services and to address weaknesses and inequalities in access to health services. The importance of strengthening the first level of care, in particular, was underscored. It was also considered crucial to strengthen capacity for epidemiological surveillance, including genomic and sentinel surveillance, to bolster the Region's capacity to respond to future health emergencies. Several delegates highlighted the importance of documenting experiences and identifying and sharing lessons learned from the current pandemic, noting that the Bureau had an important role to play in that regard.

201. Dr. Ugarte agreed that much valuable experience had been gained over the course of the pandemic, noting that experts from Member States had contributed to the development of regional guidelines and recommendations and expressing thanks to the countries that had provided experts and financial resources to support the pandemic response. He affirmed that it would be important to conduct an in-depth assessment to identify which measures had and had not been effective in the response.

202. Dr. Espinal emphasized that the Bureau would continue to work hand in hand with Member States to manage the ongoing pandemic response. He agreed that it was vital to strengthen capacity for surveillance, especially genomic surveillance, to ensure the availability of up-to-date epidemiological data. Increased investment in health would be similarly crucial, both to enhance the resilience of health systems and to reduce the Region's dependence on imported medical products. He encouraged Member States to work towards the goal of devoting at least 6% of gross domestic product to health. The Bureau shared Member States' concerns regarding the COVAX Facility, which had failed to meet expectations. The PAHO Revolving Fund for Access to Vaccines, on the other hand, had demonstrated over its 40-year existence that such a mechanism could be successful.

203. The Director commended Member States for their tremendous effort in responding to the pandemic, which had unquestionably been the worst public health crisis faced by current generations. She agreed that it was important to evaluate Member States' response and identify specific lessons learned. The Bureau could assist Member States in developing guidelines for such evaluations. PASB also intended to commission an

independent external evaluation of its own response to the pandemic. It was essential to document the lessons learned from the current experience so that future PASB administrations would not have to start from zero and so that the Americas would never again be in the situation of being the region hardest hit by a global public health emergency.

204. The Executive Committee took note of the report.

Report on Strategic Issues between PAHO and WHO (Document CE170/INF/3)

205. Ms. Adriana Gonzalez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had welcomed the report on this item, which was seen as evidence of the important work that the Region continued to do to improve governance, transparency, and accountability. Delegates had expressed appreciation to the Bureau for its efforts to facilitate participation by PAHO Member States in the global discussions on sustainable financing and on emergency preparedness and response. The Bureau had been encouraged to continue organizing regional consultations on the issues under discussion at the global level in order to foster more proactive participation by the countries of the Region.

206. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the report, noting that it focused on matters related to leadership and governance and to accountability and transparency. The report also included a brief update on prevention of and response to sexual exploitation, abuse, and harassment, focusing in particular on coordination with WHO to improve PAHO's own policies and practices.

207. The report provided information on the work being undertaken to strengthen WHO preparedness and response to health emergencies, the extension of the Thirteenth General Programme of Work of WHO and the revisions to the WHO Programme budget 2022-2023, which had been approved by the Seventy-fifth World Health Assembly in May 2022 (see paragraphs 54 to 62 above). The report also presented an update on the work under way on the sustainable financing of WHO, including the historic approval of a gradual increase in assessed contributions to WHO over the period 2024-2031. Mr. Maza noted that all those processes were ongoing and that continued Member State engagement in them was therefore required.

208. With regard to transparency and accountability, the report provided updates on the financing and implementation of the WHO Programme budget 2020-2021 and on the Region's participation in the end-of-biennium assessment of that program budget. Mr. Maza thanked PAHO Member States for their continued advocacy for an equitable distribution of WHO funds to the Region, which had resulted in an increased allocation to the Americas for base programs. Nevertheless, gaps remained, and he therefore encouraged Member States to continue advocating for full financing of the WHO portion of the PAHO program budget.

209. Like the Subcommittee, the Executive Committee expressed thanks to the Bureau for its efforts to facilitate participation by PAHO Member States in the global discussions under way within WHO on preparedness and response to health emergencies, governance, and other topics. Delegates emphasized that the countries of the Region had much valuable experience to contribute to those discussions. It was suggested that the Region could contribute in particular through advocacy for gender equality and gender-responsive policies in pandemic prevention, preparedness, and response efforts. The Executive Committee called on the Bureau to continue working with the WHO Secretariat to find virtual working arrangements and hours that would enable equitable participation by Member States in the Region. The importance of ensuring transparent, inclusive, consensus-based processes with realistic time frames was stressed, as was the need to ensure that working documents were available in all working languages of the Organization.

210. Delegates welcomed the presentation of the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the establishment of the Standing Committee on Health Emergency Prevention, Preparedness and Response.⁷ The latter was seen as an opportunity for the Region to make a significant contribution to strengthening the Organization's overall response to health emergencies. It was considered essential for the countries of the Region to take an active role in the intergovernmental negotiating body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response and in the Member State-led process to consider amendments to the International Health Regulations (2005). With regard to the latter, some delegates highlighted the need for careful review of proposed amendments to ensure that they would not entail negative consequences or impinge on national sovereignty.

211. Concerning the discussions on sustainable financing of WHO, while the need to advocate for adequate funding for the Organization was recognized, it was also considered necessary to work to improve its governance. In that connection, the WHO Executive Board decision⁸ to establish an agile Member State task group on strengthening WHO budgetary, programmatic, and financing governance was applauded.

212. Mr. Maza assured the Executive Committee that the Bureau would continue to support the inclusive and proactive participation of the countries of the Region in the global processes under way, including by advocate for global consultations to be held at more convenient times to enable health authorities in the countries of the Region to participate. It would also continue to organize regional consultations.

213. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) added that the Bureau was setting up a website to provide Member States with up-to-date information and recommendations concerning the various global processes. He affirmed that the Bureau would continue to do its utmost to ensure that the countries of the Region were

⁷ See Document A75/17 (2022) and Decision EB151(2) (2022).

⁸ See Decision EB151(1) (2022).

able to participate meaningfully in those processes, including the consultations on possible amendments to the International Health Regulations (2005) and the negotiations on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response.

214. The Director, pointing out that the report did not cover the full gamut of the collaboration between PAHO and WHO, explained that the members of the Bureau's Executive Management interacted frequently with their counterparts at the WHO Secretariat and in the other WHO regional offices. Technical experts from the Region likewise participated in technical meetings with their counterparts at WHO Headquarters and in other regions. She agreed that the Americas had many best practices and lessons learned that could benefit WHO as a whole and therefore considered it the Bureau's responsibility to participate fully in meetings with WHO staff in order to impart some of the Region's knowledge and experience.

215. The Executive Committee took note of the report.

Implementation of the International Health Regulations (Document CE170/INF/4)

216. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the report, which provided an update on acute public health events in the Region, States Parties' progress in meeting the core capacity requirements under the International Health Regulations (IHRs), and administrative requirements and governance. The report also highlighted issues requiring concerted action by States Parties in the Region and by the Bureau to enhance future implementation of and compliance with the Regulations. He reported that, between July 2021 to mid-March 2022, 43 acute public health events of potential international concern had been identified and assessed in the Region and that national authorities had been the source of information on 60% of those events. As of 16 April 2022, 91% of the 35 States Parties in the Region had submitted their mandatory written annual reports on implementation of the Regulations.

217. The IHR roster of experts currently included 420 professionals, 95 of them from 11 countries in the Region of the Americas. All States Parties in the Region were strongly encouraged to designate national professionals to be included in the roster. Dr. Ugarte pointed out in that regard that most States Parties in the Region did not have a designated expert on monkeypox.

218. In the Executive Committee's discussion of the report, delegates affirmed the central role of the Regulations in the global health architecture, while also acknowledging that the COVID-19 pandemic had revealed weaknesses in the Regulations that needed to be addressed. Lack of compliance with the Regulations was considered a major problem. The need to give due consideration to human rights concerns and to strengthen joint action under the Regulations in border areas was highlighted.

219. Support was expressed for the consideration of targeted amendments to the Regulations. For the amendment process to be successful, it was considered essential to

reach consensus on a procedure that would ensure the participation of all Member States and the representation of subregions with differing priorities. To that end, it was suggested that a mechanism should be established to provide for rotation among the members of the Working Group on Amendments to the International Health Regulations (2005). The importance of allowing sufficient time to agree on realistic amendments and achieve the highest possible degree of consensus was underscored. The approval by the Seventy-fifth World Health Assembly of the proposed amendments to Article 59 of the Regulations was seen as evidence that, despite differing views, Member States could work together to tackle complex challenges.

220. Delegates emphasized that, while the discussion on potential amendments were ongoing, efforts to strengthen IHR core capacities and implement the existing Regulations must continue. The Bureau was urged to continue supporting countries in that regard. Member States were also encouraged to assist, where possible, the implementation efforts of other Member States, consistent with Article 44 of the Regulations.

221. Dr. Ugarte noted that the report had been prepared prior to the Seventy-fifth World Health Assembly and the 151st session of the WHO Executive Board and needed to be updated to reflect the resolutions and decisions adopted on the amendment of the Regulations and on the negotiation of a new instrument on pandemic prevention, preparedness, and response. The Bureau would organize sessions to keep Member States informed about the IHR amendment process. He pointed out that, as responsibility for IHRs lay with States Parties as a whole, it would be important for participation not to be limited only to national focal points or ministries of health; authorities from other sectors should also be involved.

222. He thanked delegates for their comments on the content of the report. He noted that most countries had been very transparent about reporting COVID-19 cases, hospitalizations, deaths, and other information, but that had not been the case for all countries. Hence, there was still a need to improve the application of the Regulations. He agreed that, while improving the Regulations was important, it was crucial to improve compliance with the existing provisions.

223. The Director expressed gratitude to Member States for their engagement at the regional and global levels in efforts to improve the Regulations and assured them that the Bureau would facilitate their participation in discussions at both levels.

224. The Executive Committee took note of the report.

Monitoring of the Resolutions and Mandates of the Pan American Health Organization (Document CE170/INF/5)

225. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Office of Governing Bodies, PASB) recalled that in 2016 the 55th Directing Council had examined a report prepared by the Bureau on the status of implementation of resolutions adopted in earlier years. The Council had asked the Bureau to present an update every three years. Document

CE170/INF/5 was the third such update to be presented. It related to resolutions adopted between 1999 to 2021. During that period, 363 resolutions had been adopted, 220 of which were sunset by the 55th Directing Council and 57th Directing Council. The Bureau had applied the same methodology and criteria as in 2016 to classify the remaining 143 resolutions as active, conditionally active, or ready to sunset. Those resolutions were listed in Annex A of the document.

226. Ms. Zaccarelli Davoli noted that there had been an increase in the number of progress reports presented to the Governing Bodies in recent years, which had allowed Member States to routinely assess the implementation of policies, strategies, and plans of action and to provide guidance to the Bureau, including on course corrections needed to ensure the achievement of the objectives of those initiatives. At the same time, there had been a decrease in the number of strategies and plans of action presented to the Governing Bodies and an increase in comprehensive policy documents.

227. In the ensuing discussion, delegates welcomed the report, which was seen as a useful tool that enabled Member States to monitor the implementation of the resolutions and mandates adopted by the Governing Bodies and to identify potential gaps or areas of overlap and duplication of effort. The Bureau's efforts to put forward more strategic agenda items and reduce the number of plans and strategies were applauded. In that connection, it was pointed out that the PAHO Strategic Plan provided a fulsome mandate for the Bureau and Member States to advance their work.

228. The Executive Committee took note of the report.

Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report (Document CE170/INF/6)

229. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) summarized the information presented in Document CE170/INF/6. He noted that substance use and substance use disorders were important risk factors in the Region, contributing significantly to chronic health problems and the burden of disease. Through the strategy and plan of action, PASB had promoted the integration of care for people with problems related to substance use and substance use disorders at all levels of the health services network, strengthening of the competencies of human resources and the adoption of standards of care, and protection of the rights of people with substance abuse disorders.

230. Dr. Hennis noted that the strategy and plan of action had resulted in a number of advances in relation to substance use during the period 2012-2021. However, the challenges associated with the COVID-19 pandemic had led to an increase in the use of psychoactive substances, and much remained to be done to address the growing impact of substance use in many communities. Member States were therefore encouraged to implement the actions recommended in the document.

231. In the discussion that followed, delegates acknowledged the importance of the strategy and plan of action and its five strategic areas. They stressed the negative consequences of psychoactive substance use and its national and global implications and emphasized the need for an intersectoral, multidisciplinary, and integrated approach, involving governments and international partners as well as local communities and families. Several delegates described measures that had been taken at the national level to implement the plan of action, including national drug prevention plans and awareness campaigns, counseling and coaching for young people, community-based approaches to prevention and treatment, strengthening of diagnosis and treatment of substance use problems at the primary care level, and strategies to prevent drug-related crime and illicit trafficking.

232. Delegates expressed support for the actions recommended to improve the situation. One delegate stressed the importance of addressing the emergence of new psychoactive substances, such as 3,4-methylenedioxy-methamphetamine (MDMA), and some prescription drugs, especially among the school population. Another delegate emphasized the importance of combating stigma against patients suffering from substance use problems as an important aspect of protecting human rights. Several delegates recommended an emphasis on evidence-based action and highlighted the importance of collecting scientific data on the consumption of psychoactive substances, its determinants, its consequences for health, and the effectiveness of implemented treatments and strategies.

233. Dr. Hennis commended the actions taken at the national level, emphasizing the importance of a public health and life-course approach to substance use and abuse. He stressed the importance of incorporating prevention programs in school curricula and of preventing and treating the use of new and emerging drugs. He recognized the need for adequate financial support for treatment and the need for more data on substance use, and reiterated that the challenges posed by the COVID-19 pandemic had left much to be done to sustain the progress made in relation to substance use.

234. The Executive Committee took note of the report.

Strategy and Plan of Action on Epilepsy: Final Report (Document CE170/INF/7)

235. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) introduced the final report, which provided an overview of the progress made under the Strategy and Plan of Action on Epilepsy. He noted that epilepsy was one of the most prevalent neurological conditions in the Region, affecting people of all ages, races, and social classes, and impacting not only on individuals affected with the condition but also their families and communities at large. The burden of epilepsy was exacerbated by both the unpredictability of seizures and the associated stigma and social exclusion.

236. Dr. Hennis reported that Member States had made progress implementing the Strategy and Plan of Action on Epilepsy, although advances had not been even among

countries, and there had been limited progress in the implementation of national epilepsy plans, the updating of legislative frameworks on epilepsy, and the evaluation of care programs. The COVID-19 pandemic had led to severe disruptions in mental and neurological services across the Americas, affecting diagnostic and laboratory services and the management of emergencies arising from neurological disorders, including epilepsy. Quality data on epilepsy still needed to be systematically collected and disseminated in order to inform policies and improve services. Given both the progress and ongoing challenges, Member States should continue working to implement the actions recommended in the final report.

237. Delegates agreed that epilepsy was an important health concern in the Region and reaffirmed their commitment to meeting the objectives of the plan of action. They described actions being taken at the national level, including awareness-raising about epilepsy, updating of legislation, increasing the availability of medicines for epilepsy, and training to close the care gap for people with epilepsy. The importance of strengthening capacity for the timely diagnosis and treatment of epilepsy at the primary care level was emphasized, as was the need for interinstitutional and intersectoral coordination and the involvement of civil society, including organizations working to promote and protect the rights of persons with epilepsy. Delegates also acknowledged the negative impact of the COVID-19 pandemic on mental health and neurological services, which had caused delays in the diagnosis and treatment of epilepsy.

238. The Director observed that epilepsy was a neglected condition in the Region and called on Member States to continue working towards achieving unmet objectives and sustaining interventions already under way.

239. The Executive Committee took note of the report.

Plan of Action to Reduce the Harmful Use of Alcohol: Final Report (Document CE170/INF/8)

240. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced the final report, which presented information on the implementation of the Plan of Action to Reduce the Harmful Use of Alcohol and the results achieved since its adoption in 2011. He reported that, while four of the Plan's five objectives had been achieved, the actions taken had been insufficient to lead to measurable progress in reducing the consumption and harmful use of alcohol in the Region, where per capita rates of alcohol consumption remained high and were predicted to increase if no additional measures were undertaken. Member States were therefore encouraged to implement the WHO Action Plan 2022-2030, adopted by the Seventy-fifth World Health Assembly with a view to effectively implementing the Global Strategy to Reduce the Harmful Use of Alcohol as a public health priority. Other recommended actions—including awareness-raising, fiscal policies and marketing controls, and strengthening of primary health care services to provide screening and manage alcohol use disorders—were set out in the final report.

241. The Executive Committee welcomed the progress made under the plan of action, while also acknowledging that harmful use of alcohol remained a serious public health problem in the Region and that further action was needed to tackle it. Several delegates described their countries' efforts to prevent harmful use of alcohol, with several noting that their national plans were aligned with both the regional plan of action and the global strategy, as well as with the WHO SAFER initiative.⁹ Support was expressed for the actions proposed in the final report to improve the situation, although it was suggested that more precise language was needed in the recommendation concerning the use of fiscal policies as an effective means of reducing the harmful use of alcohol. It was stressed that any fiscal policies must be evidence-based. The need to focus prevention efforts on vulnerable populations, especially youth, was emphasized. The need to include a gender perspective in future actions was also highlighted, as was the need to address social problems linked to harmful use of alcohol, such as violence towards women, children, and older persons.

242. Strong support was expressed for the WHO action plan 2022-2030. The Bureau was asked to clarify what role it intended to play in implementing the action plan. It was encouraged to continue promoting actions to reduce the harmful use of alcohol by facilitating information exchange, disseminating good practices, conducting capacity-building activities, leading research on reducing alcohol-related harm, and providing evidence-based guidance. The Bureau was also encouraged to pursue the development of digital tools such as "Pahola," the virtual health specialist designed by the Bureau to increase awareness of the impact of alcohol on health. It was pointed out that Pahola showed the potential and the cost-effectiveness of using artificial intelligence and machine learning to address public health problems.

243. Dr. Hennis observed that the Executive Committee's comments clearly showed that harmful use of alcohol was recognized as a serious public health problem linked to numerous other problems, including noncommunicable diseases, motor vehicle accidents, and violence. He had taken note of the suggestions and explained that the actions identified in the WHO action plan 2022-2030 would form the basis for PASB's technical cooperation in relation to harmful use of alcohol.

244. The Executive Committee took note of the report.

Strategy and Plan of Action on Urban Health: Final Report (Document CE170/INF/9)

245. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB), noting that the Americas was the most urbanized region in the world, outlined the content of the final report, which presented a summary of the advances made since the adoption of the Strategy and Plan of Action on Urban Health in 2011. During that period, interest in urban health had grown significantly, as reflected in the inclusion of the issue in new policy frameworks such as the 2030 Agenda for Sustainable Development and the PAHO Strategy and Plan of Action on Health

⁹ See: <https://www.who.int/initiatives/SAFER/about>.

Promotion within the Context of the Sustainable Development Goals, adopted by the 57th Directing Council in 2019. Achievements highlighted in the report included the strengthening of healthy cities networks, the expansion of targeted health programs in many cities, and increased research on urban determinants of health. While the targets of the strategy and plan of action had been met, further action was needed to improve health and well-being and reduce health inequities among populations living in cities. The strategy and plan of action on health promotion provided a framework for such action.

246. In the discussion that followed, it was pointed out that the Region of the Americas was not only the most urbanized region in the world but also the most inequitable. It was also noted that future urban growth was expected to take place in developing countries, where many people had inadequate housing and transportation, poor sanitation and waste management, and poor air quality. It was considered essential to address such social determinants of health in order to achieve the health-related SDGs. The importance of working towards sustainable, green, and healthy urban mobility systems was stressed. The Bureau was encouraged to work with Member States on multisectoral initiatives to promote the development of such systems.

247. Dr. de Francisco Serpa said that the Bureau recognized that cities could play a key role in addressing many social determinants of health and was therefore promoting the healthy cities network and similar initiatives as a means of improving urban environments and urban health.

248. The Director observed that urban settings—with their high concentrations of poor people, older persons, and migrants and their high prevalence of violence, overcrowding, environmental risks, and other problems—constituted a microcosm of vulnerabilities. As a strategy for improving the health and well-being of a large proportion of the Region's population, it therefore made sense to focus on promoting healthy settings in urban areas.

249. The Executive Committee took note of the report.

Plan of Action for Disaster Risk Reduction 2016-2021: Final Report (Document CE170/INF/10)

250. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the final report, noting that the Americas was the only region that had implemented a plan of action for disaster reduction based on the Sendai Framework for Disaster Risk Reduction 2015-2030. The report described the progress made with regard to disaster risk analysis and management, capacity-building, and disaster risk reduction through initiatives such as Safe Hospitals and Smart Hospitals. Dr. Ugarte noted that a number of countries had incorporated measures for the inclusion of persons with disabilities in their disaster risk management plans and some had also incorporated ancestral and indigenous knowledge. He emphasized the importance of linking emergency and disaster response efforts with epidemic and outbreak response efforts. He also highlighted the need for long-term investment to enhance the resilience of health systems and services, stressing that such investment should be targeted to areas where it would make the most difference.

251. In the Executive Committee's discussion of the report, it was pointed out that the COVID-19 pandemic had underscored the importance of disaster risk reduction programs and that it had also revealed the benefits of prior efforts to enhance the resilience of health systems and services. The Bureau was encouraged to continue providing support to further strengthen disaster risk management and response in Member States and reduce the health consequences of disaster situations.

252. The Executive Committee took note of the report.

Health Technology Assessment and Incorporation into Health Systems: Final Report (Document CE170/INF/11)

253. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) explained that the final report on Health Technology Assessment and Incorporation into Health Systems placed special emphasis on the achievements that had taken place since the presentation of the progress report to Member States at the 54th Directing Council in 2015. In the interim, the number of countries with health technology assessment (HTA) units, commissions, agencies, or bodies had risen from 12 to 18; the number of countries with regulations that required the use of HTA in decision-making had increased from 7 to 14; and progress had been made in establishing or strengthening institutional frameworks for decision-making processes based on HTA, human resources development, and the adoption of an integrated approach to HTA.

254. The report highlighted the growth of the Health Technology Assessment Network of the Americas (RedETSA) and the Regional Database of HTA Reports (BRISA), noting that the use of the latter had increased dramatically as users sought the latest evidence on health technologies during the COVID-19 pandemic. In addition, the report recommended future actions needed to continue strengthening HTA in the countries of the Region and promote the development of equitable, efficient, and highly responsive health systems in the Americas.

255. In the discussion that followed, delegates reaffirmed their support for the HTA initiative, underlining the importance of such assessments for decision-making regarding the incorporation of new technologies in health systems. The need for training of human resources in HTA was emphasized, as was the importance of improving access to HTA databases and networks, particularly for countries that continued to lack sufficient capacity to conduct assessments at the national level. Translation of information into the various languages of Member States was also seen as a priority.

256. Dr. Fitzgerald noted that medicines and health technologies accounted for the second largest share of the overall costs of health systems and that they also represented a growing share of out-of-pocket expenditures by patients. HTA was therefore increasingly critical, both as an input for evidence-based decision-making processes relating to the incorporation of new technologies and as a financial protection measure for health service users. He agreed on the importance of enhancing access to databases such as BRISA for countries that lacked the resources to carry out HTA at the national level.

As had been highlighted in the discussion on strengthening of national regulatory systems for medicines and other health technologies (see paragraphs 98 to 105 above), such countries could make decisions about health technology based on the principle of reliance—i.e., utilizing the information obtained through third-party assessments and adapting it to their national context. Going forward, facilitating such decision-making would be a priority for the Bureau.

257. The Director pointed out that the ultimate goal of the HTA initiative was to ensure that all the technology used in the Region was safe, efficacious, and cost-effective. To achieve that goal and to ensure that all persons had access to the health technologies they required for health and well-being, solidarity in sharing expertise and knowledge, building capacity, and facilitating access to infrastructure would be essential.

258. The Executive Committee took note of the report.

Progress Reports on Technical Matters (Documents CE170/INF/12, A-E)

A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report

259. Delegates reaffirmed their support for the plan of action and their commitment to controlling and eliminating cervical cancer as a public health problem in the Region and expressed support for the actions recommended in the report to improve the situation. Several delegates described actions their countries had taken to implement the plan of action, including HPV testing and vaccination, cervical cancer screening, information and awareness campaigns, and training for health care professionals, particularly at the primary care level.

260. Several delegates noted the impact of the COVID-19 pandemic on access to HPV vaccination, Pap smear testing, and oncological diagnostic and treatment services, and underscored the need to build more resilient health systems and services capable of sustaining such services while also responding to a health emergency. The need to strengthen digital cancer registries was also emphasized. Delegates highlighted the need to address persistent myths and misconceptions about HPV vaccination, increase and improve mechanisms for evaluating and regulating oncological procedures in order to control rising treatment costs, and integrate culturally responsive cervical cancer prevention and care in sexual and reproductive health services.

261. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) stressed that, although highly preventable through HPV vaccination, screening, and treatment, cervical cancer was still one of the leading forms of cancer among women in the Region, accounting for an estimated 74,000 new cases and 38,000 deaths annually. He noted that the Global Strategy to Accelerate the Elimination of Cervical Cancer had helped raise political awareness of the potential for eliminating the disease. If that goal was achieved, cervical cancer would be the first noncommunicable disease to be eliminated. He underscored the need to prioritize the resumption of HPV

testing and vaccination activities interrupted by the COVID-19 pandemic. He also pointed out that PCR testing platforms available for COVID-19 testing could be repurposed for HPV testing. He assured Member States that the Bureau would continue to provide technical cooperation with a view to achieving the elimination of cervical cancer in the Region.

262. Dr. Marcos Espinal (Acting Assistant Director, PASB) noted that cervical cancer was one of the diseases included in the PAHO Elimination Initiative, which targeted more than 30 diseases that could be eliminated in the Region by 2030. He recalled that the Region had a rich history of eliminating illnesses and pointed out that the elimination of cervical cancer could be another great regional success—one that countries had the tools to achieve.

B. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report

263. Delegates supported the continued implementation of the plan of action, reaffirming their commitment to the health and rights of women, children, and adolescents. Support was also expressed for the actions proposed in the report to improve the situation in the Region. Delegates welcomed the progress made thus far, but also called attention to challenges hindering the implementation of the plan of action in the Region, including inequalities in access to health services; limitations in human and physical resources; restrictions on access to sexual and reproductive health services, including abortion; and longstanding challenges in the delivery of essential health services for lesbian, gay, bisexual, trans and other gender- and sexuality-diverse populations.

264. Delegates also highlighted the effects of the COVID-19 pandemic on the implementation of the Plan, including disruptions in the delivery of health services, increases in maternal and neonatal deaths, and the interruption of population-based surveys, data gathering, and data analysis. In the latter connection, it was pointed out that the report reflected data collected before the pandemic and therefore did not present a robust assessment of the progress made in the period 2018-2021. It was considered critical to give the highest priority to essential health services that had been interrupted during the pandemic, including services for women, children, and adolescents. The importance of a life-course approach to women's, children's, and adolescents' health was emphasized, as was the importance of sexual and reproductive health and rights, which were seen as crucial to advancing gender equality and achieving the health-related SDGs.

265. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion and Life Course, PASB) commended the efforts of Member States to implement the plan of action. He acknowledged that the progress report was based on data collected prior to the start of the COVID-19 pandemic and therefore did not reflect the impact of the pandemic on women's, children's, and adolescents' health and well-being. There was a real possibility that the current situation was worse than when the data had been collected, and the Bureau and Member States must therefore redouble their efforts

to implement the plan of action in order to avoid a reversal of important health gains made in the Region.

266. It was important to note that the indicators in the plan of action were intended to reflect the impact of interventions over the life course, not measure the situation at a particular moment in time. Hence, for example, unwanted outcomes, such as adolescent pregnancy or unplanned pregnancies among adult women, would reflect the impact of interventions that had occurred earlier, such as comprehensive sexuality education in schools and access to contraceptives. It was heartening to see that more countries were tracking indicators such as care for victims of sexual exploitation and women's voluntary, non-coercive access to the family planning method of their choice. Such data were important to guide technical cooperation. Nevertheless, there was still a need to improve the disaggregation of data to track progress in different population groups. He encouraged countries to continue working to enhance their collection of disaggregated data and assured them that the Bureau would continue to provide technical cooperation to support their efforts.

267. Dr. Marcos Espinal (Acting Assistant Director, PASB), stressing that the issue of women's, children's, and adolescents' health was of the utmost priority for the Bureau, noted that the Region of the Americas continued to have the highest rate of inequality of the six WHO regions and that many groups in the Region had historically been neglected, including women and children. It was therefore imperative to continue efforts to ensure proper access to health services, including essential reproductive health care services, for women, children, and adolescents.

C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report

268. Delegates welcomed the progress report and reaffirmed their commitment to strengthening information systems for health. Several delegates described actions their countries had taken to implement the plan of action, including developing digital health strategies and electronic health records, introducing telehealth and electronic prescriptions, and ensuring interoperability between health information systems and vital statistics systems. Delegates emphasized the pivotal role of the COVID-19 pandemic in bringing to light the importance of digital tools in the response to health emergencies, accelerating the global development and implementation of such tools, and underscoring the importance of investing in public health data infrastructure and enhancing information-sharing practices.

269. It was stressed that innovations in health information systems should serve to enhance the accessibility, efficiency, and effectiveness of health services and to generate evidence for use in public health decision-making and policy development. The importance of digital health governance mechanisms was also emphasized, and the valuable guidance provided by the PAHO Principles of Digital Transformation for Public Health was acknowledged. One delegate highlighted the importance of cybersecurity in the implementation of information systems for health, recalling a recent cyberattack in her

country. Another delegate encouraged Member States to join the American Network of Cooperation in the Development of eHealth (RACSEL) in order to facilitate the sharing of expertise and lessons learned throughout the Region.

270. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) commended the progress made by Member States in strengthening information systems for health and advancing digital transformation in the health sector, noting that the COVID-19 pandemic had accelerated the adoption of information and communications technologies and transformed what had previously been seen as a merely technological matter into a critical factor for the success of any health system. Nonetheless, in order to position the health sector at the forefront of digital transformation processes in the Region, there was a need to accelerate action in several areas, including the adoption of guiding principles, international standards, and official mechanisms for the governance of health data and information management, with due regard for the protection, privacy, confidentiality, and ethical use of data; continued assessment of the maturity of information systems for health to identify gaps and needs for further strengthening; and the establishment of digital literacy programs to equip human resources for health with the skills needed to work effectively in the current information society.

271. Dr. Marcos Espinal (Acting Assistant Director, PASB) pointed out that, in order for the information systems for health initiative to be sustainable, it would be essential to ensure interprogrammatic and intersectoral approaches at the national level and embed health information systems in the wider electronic platforms of governments. It would also be crucial to involve the private health care sector.

D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review

272. Delegates were pleased to note the progress made thus far under the plan of action and reaffirmed their commitment to the elimination of industrially produced trans-fatty acids. Support was expressed for the actions recommended in the progress report to improve the situation. Delegates highlighted the link between consumption of industrially produced trans-fatty acids and chronic noncommunicable diseases, underscoring the need to promote healthy eating habits, including consumption of healthy alternatives to partially hydrogenated oils. The importance of information campaigns to educate the public about the risks associated with consumption of trans-fatty acids and of warning labels with clear information on the trans-fat content of foods was also noted. It was considered essential to work with the food industry with a view to eliminating partially hydrogenated oils from the food supply. One delegate pointed out in that regard that the food industry might be persuaded to reformulate products as a means of avoiding the need to place warning labels on product packaging. Delegates also underscored the crucial importance of legal and regulatory measures to regulate the use of industrially produced trans-fatty acids in food production, with several describing relevant laws and policies put in place in their countries.

273. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PAHO) recalled that, while significant progress had been made towards eliminating industrially produced trans-fatty acids, the consumption of such fats was still a major contributor to mortality globally and in the Region. He agreed that the enactment of regulatory policies to eliminate partially hydrogenated oils from the food supply was a key pillar of the effort to eliminate industrially produced trans-fatty acids, noting that progress in that area had been challenging and slow. Front-of-package warning labels were an important tool in the effort to eliminate trans fats and, as had been noted in the discussion, could also lead to the reformulation of food products. Equally important were efforts to promote healthy nutrition and educate both the public and producers about the harmful effects of industrially produced trans-fatty acids. He stressed that the goal of elimination was achievable and assured Member States that the Bureau would continue to support their efforts in that direction.

274. The Director congratulated Member States for the advances made towards the elimination of industrially produced trans-fatty acids. However, she cautioned that insufficient progress had been made, noting that too many lives continued to be lost to preventable causes associated with the consumption of such fats. She called on Member States to step up their efforts and to work with the private sector towards eliminating trans-fatty acids and ensuring the safety of foods for the population.

E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report

275. Delegates affirmed their continued support for the Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies and endorsed the actions proposed in the progress report to improve the situation. Several delegates described the regulatory and other measures their countries had taken to enhance access to medicines and health technologies, reduce their cost, and promote their rational use. Delegates emphasized the importance of promoting technology transfer and local production in order to achieve self-sufficiency and thereby facilitate access to medicines and other health technologies. It was also considered essential to promote market transparency and fair pricing. The need for restraint in the prescription and use of antibiotics to ensure optimal use of such medicines and avoid antimicrobial resistance was highlighted.

276. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PAHO) noted that the Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies was aligned with several other policies and plans adopted by the Governing Bodies in recent years, including the Policy on Increasing Production Capacity for Essential Medicines and Health Technologies¹⁰ and the Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies discussed earlier by the Executive Committee (see paragraphs 98 to 105 above). Both of those policies sought to address the Region's heavy dependence on external suppliers of

¹⁰ See Document CD59/8 and Resolution CD59.R3 (2021).

health products by promoting local production and ensuring that the necessary regulatory systems were in place to support the development and clinical trialing of products, oversee pharmacovigilance processes, and verify compliance with national and international standards.

277. He observed that there had been a proliferation of new health technologies and biotechnological products, which unquestionably offered benefits. However, because of their extremely high cost, the incorporation of such technologies could pose a threat to the sustainability of health systems, particularly those with limited resources. It was therefore critical to assess the cost-effectiveness of new technologies and make decisions about whether to adopt them based on evidence.

278. The Director pointed out that the Region had the knowledge and capacity to move towards full access to and rational use of a list of essential medicines. In addition to working to develop local manufacturing capacity, Member States could, through existing solidarity mechanisms such as the Organization's procurement funds, purchase large volumes of high-cost medicines, which would reduce their prices and ensure the safety and efficacy of the products purchased. Governments could also mandate that the cost of medicines be covered by health insurance packages. It was important to take decisive action at the national level, supported by subregional and regional processes, to ensure reasonable access to health technologies for all people in the Region.

279. The Executive Committee took note of the reports.

Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CE170/INF/13, A-B)

A. Seventy-fifth World Health Assembly

280. Ms. Mônica Zaccarelli-Davoli (Senior Advisor, Governing Bodies Office, PASB), explained that the resolutions adopted by the Seventy-fifth World Health Assembly had not been published at the time part A of Document CE170/INF/8 was prepared, and the document therefore presented only highlights of the main issues discussed during the Assembly. More detailed information would be presented to the 30th Pan American Sanitary Conference.

B. Subregional Organizations

281. The importance of subregional integration organizations such as the Southern Common Market (MERCOSUR) was highlighted, with one delegate pointing out that MERCOSUR had played an active role in facilitating subregional participation and encouraging consensus in various global processes under way within WHO, including the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the discussions on possible amendments to the International Health Regulations (2005) and on a new WHO instrument on pandemic prevention, preparedness, and response.

282. Dr. Godfrey Xuereb (Head Office of Country and Subregional Coordination, PASB), underlining the importance of PAHO's work at the subregional level, the main aim of which was to ensure that health issues remained on high-level political agendas in the Region. He reported that the Bureau had recently taken steps to strengthen the three subregional coordination offices, including by upgrading the heads of those offices to the director level and reprofiling their positions to be more proactive. The subregional offices were also working to ensure coordinated subregional responses and action in global processes.

283. The Executive Committee took note of the reports.

Other Matters

284. The Delegate of Brazil announced that his Government intended to initiate a process of coordination with the Bureau to assess the legal and operational feasibility of relocating the Latin American and Caribbean Center for Health Sciences Information (BIREME), currently located in São Paulo, Brazil. It also wished to resume discussions with the Bureau on a future headquarters agreement for BIREME.

285. The Director confirmed that discussions were under way regarding a headquarters agreement and the feasibility of relocating BIREME.

Closure of the Session

286. Following the customary exchange of courtesies, the President declared the 170th Session of the Executive Committee closed.

Resolutions and Decisions

287. The following are the resolutions and decisions adopted by the Executive Committee at its 170th Session:

Resolutions

CE170.R1: Collection of Assessed Contributions

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CE170/19 and Add. I) presented by the Director;

Noting the current financial stress the Pan American Health Organization is facing as a result of the delay in receipt of assessed contributions;

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

Noting that as of 20 June 2022, 22 Member States have not made any payments towards their 2022 assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CE170/19 and Add. I) presented by the Director.
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2022.
4. To strongly urge the other Member States to pay all their outstanding contributions as soon as possible to mitigate any impact on technical cooperation activities.
5. To request the Director to continue to inform the Member States of any balances due and to report to the 30th Pan American Sanitary Conference on the status of the collection of assessed contributions.

(First meeting, 20 June 2022)

CE170.R2: Policy for Improving Mental Health

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed Policy for Improving Mental Health (Document CE170/15),

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution in the following terms:

POLICY FOR IMPROVING MENTAL HEALTH

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the Policy for Improving Mental Health (Document CSP30/ __);

Recognizing the significant adverse impacts that the COVID-19 pandemic has had and continues to have on the mental health and well-being of populations in the Region, as well as on the operation and delivery of services for mental, neurological, and substance use conditions;

Recalling the principles enshrined in the Caracas Declaration (1990), the United Nations Convention on the Rights of Persons with Disabilities (2006), and the Political Declaration of the High-level Meeting on Universal Health Coverage (2019);

Recognizing the urgent need to improve mental health in order to recover from the COVID-19 pandemic and to build back better mental health systems and services for the future, which are necessary for advancing the health, social, and economic development of Member States and the Region of the Americas as a whole,

RESOLVES:

1. To approve the Policy for Improving Mental Health (Document CSP30/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote increased investment, both financial and human, in community-based mental health care in order to address the heightened demand for mental health and substance use services brought on by the COVID-19 pandemic and to build stronger, more resilient mental health systems for the post-pandemic period;
 - b) adopt a whole-of-government and whole-of-society approach to improving mental health that promotes strategic collaborations and partnerships with diverse actors across all relevant sectors (nongovernmental, civil society, academic, and persons with lived experience, among others) and that includes high-level political engagement;
 - c) improve and scale up equitable and comprehensive community-based mental health care for the entire population, and further integrate mental health and substance use into all levels of care to ensure progress toward universal health coverage;
 - d) support mental health promotion and prevention and the establishment and implementation of multidisciplinary mental health and suicide prevention programs from early childhood, extending throughout the life course.
3. To request the Director to:
 - a) provide support to Member States to strengthen capacities that contribute to the implementation of the policy and the achievement of its strategic lines of action;
 - b) continue prioritizing and facilitating the integration of mental health and substance use services into all COVID-19 emergency response efforts by the Pan American Health Organization as well as other health initiatives across the Organization;
 - c) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of this policy.

(First meeting, 20 June 2022)

CE170.R3: Policy on Integrated Care for Improved Health Outcomes

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed Policy on Integrated Care for Improved Health Outcomes (Document CE170/16),

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution along the following lines:

**POLICY ON INTEGRATED CARE
FOR IMPROVED HEALTH OUTCOMES**

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/__);

Recognizing that inequities in health persist and have been exacerbated by the COVID-19 pandemic, and that reducing inequities has become increasingly challenging in light of major demographic and epidemiological changes experienced in the Region of the Americas, where noncommunicable diseases (notably cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and mental health conditions now account for the greatest burden of disease;

Considering that fragmentation in all its forms is a pervasive problem in health systems and affects the organization, management, and provision of care in almost all Member States of the Pan American Health Organization (PAHO), and that fragmentation of care greatly affects equitable access, health outcomes, and people's experiences of care and satisfaction with health systems;

Affirming that, in response to these challenges, the Region urgently needs to radically change current approaches to the delivery of care by designing and implementing strategies for integrated care that are clearly linked to building resiliency in health systems and achieving universal health,

RESOLVES:

1. To approve the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/__).

2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
- a) promote implementation of the policy options set forth in the Policy on Integrated Care for Improved Health Outcomes;
 - b) strengthen the capacity of national health authorities to lead and manage system-wide transformations for integrated care, with priority to intersectoral collaboration and partnerships to foster change, implementation of regulatory frameworks, and development of competencies for managing change and leadership (training new leaders, creating and guiding coalitions, building capacity to collaborate, providing support for change, and designing change management plans, among others);
 - c) improve and strengthen the organization and management of service provision to advance toward integrated health services delivery networks, establishing the policies and legal frameworks designed for governance, network configurations, provider and care integration mechanisms and protocols, appropriate resource allocation and incentives, and research, monitoring, and evaluation;
 - d) strengthen capacities at the first level of care to provide people-centered, inclusive, and responsive care across the life course, taking into consideration cultural and gender issues and improving the management of care for people with complex health needs;
 - e) establish integrated care throughout the health services continuum through the implementation of policies aimed at empowering people for self-care and active participation in making decisions about their own health, with due attention to gender and ethnic considerations, as well as policies to promote clinical integration and multidisciplinary collaboration among health care providers, including the implementation of clinical guidelines that address the care of individuals with multiple chronic conditions;
 - f) build capacities and enabling environments, with an intercultural approach, to empower and engage people and communities to improve their health through modalities such as health education programs, counseling to promote health-related behaviors, support for informed decision making about care and treatment options, and promotion of self-management;
 - g) implement mechanisms for comprehensive monitoring, evaluation, and documentation of policy implementation, and foster constant analysis and evaluation of organizational actions and practices for continuous improvement and adoption of lessons learned.

3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the Policy on Integrated Care for Improved Health Outcomes and the achievement of its objectives within the framework of integrated health services delivery networks and the Strategy for Universal Access to Health and Universal Health Coverage;
 - b) report periodically to the Governing Bodies of PAHO on the progress made and challenges faced in implementation of the policy through progress reports every five years.

(Second meeting, 20 June 2022)

CE170.R4: Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CE170/17),

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution in the following terms:

**POLICY TO STRENGTHEN
NATIONAL REGULATORY SYSTEMS FOR MEDICINES
AND OTHER HEALTH TECHNOLOGIES**

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/___);

Recognizing that regulatory systems are an essential component of the health system and must address its needs, including the creation of efficient regulatory response mechanisms for health emergencies;

Considering the progress made since the creation of the Pan American Network for Drug Regulatory Harmonization (PANDRH) and the adoption in 2010 of Resolution CD50.R9 on strengthening regulatory systems for medicines and vaccines, collaborating and seeking greater efficiency for harmonization and regulatory convergence, and the implementation of new subregional and multinational approaches to the subject;

Considering the regional successes achieved through the implementation of a pioneering program for evaluating and strengthening regulatory systems for medicines and vaccines, the drafting of evidence-based institutional development plans, and the designation of eight national regulatory authorities of regional reference, as well as international progress toward implementation of a single global tool for the evaluation of regulatory systems and of the requirements for the inclusion of national regulatory authorities in the World Health Organization (WHO) listing;

Recognizing that countries today face new challenges in the construction of efficient, integrated health regulatory systems that respond nimbly to changing contexts and health emergencies and in the development or expansion of existing capacities to regulate and oversee the various health technologies essential to health systems,

RESOLVES:

1. To approve the document Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/___).
2. To urge the Member States, in keeping with their contexts and needs, to:
 - a) adopt sustainable State policies with a view to strengthening regulatory system governance and stewardship to ensure the efficacy, safety, and quality of health technologies that enter the health system and promote access to them;
 - b) encourage regulatory systems to contribute to the development and manufacture of health technologies and the creation of industrial ecosystems, promoting an environment of predictability and regulatory oversight in countries with domestic production, and assuming responsibility for regulating and overseeing locally manufactured products throughout their life cycle;
 - c) adopt frameworks for the construction of regulatory systems consistent with health systems and the industrial sector, designating and strengthening a national regulatory authority (NRA) to perform essential regulatory functions and coordinate the members of that regulatory system, where appropriate, through formal, transparent, and efficient mechanisms based on good regulatory practices, both in routine situations and health crises;
 - d) position NRAs at a high level within the health system, supported by sound legal underpinnings, funding, competent human resources, and physical resources to regulate and oversee health technologies;
 - e) ensure that regulatory systems have technical independence, promote equity, and act transparently and without bias, in accordance with ethical principles and without conflicts of interest, guided by regulatory science and based on risk-benefit assessments;
 - f) ensure effective regulation and oversight of all medical products of interest to the health system, including those used in traditional medicine when the context so requires, ensuring their quality, safety, and efficacy throughout their life cycle;

- g) strengthen subregional and multinational regulatory initiatives, seeking synergies among participating NRAs to ensure greater efficiency and complement and enhance the development of regulatory functions in resource-limited contexts;
- h) promote harmonization and regulatory convergence through participation in PANDRH and the international harmonization mechanisms recommended by the Pan American Health Organization (PAHO) and World Health Organization (WHO) as sources of regulatory standards and good practices, including mechanisms such as the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH), the International Medical Device Regulators Forum (IMDRF), and the Pharmaceutical Inspection Co-operation Scheme (PIC/S);
- i) promote transparent regulatory decision-making and information exchange among countries as a requirement for convergence, harmonization, and reliance on regulatory decisions from other jurisdictions, especially in cases where this makes it possible to verify the origin and provenance of products and their correspondence with the versions authorized in other markets;
- j) encourage the industrial sector to contribute to and promote transparency in the regulated market by removing obstacles to the exchange of regulatory information between countries, publishing regulatory decisions, and contributing to the identification and characterization of products entering health systems;
- k) promote trust in regulatory decisions and the quality of regulated products by combating misinformation and disinformation, and duly publish and communicate the grounds for regulatory decisions to the public and the regulated sector;
- l) promote and consolidate, with other relevant domestic actors, the international reporting of the results of post-marketing surveillance and control activities, such as the reporting of adverse events to the WHO Collaborating Centre in Uppsala and incidents to the WHO Global Surveillance and Monitoring System for Substandard and Falsified Medical Products;
- m) adopt procedures for the continuous strengthening and improvement of regulatory systems that include plans for continuous training of human resources, in keeping with the national context, based on monitoring and evaluation of their capacities, using the WHO Global Benchmarking Tool for the evaluation of regulatory systems;
- n) participate in, promote, and support the definition of tools and the formal evaluation of regulatory systems led by PAHO/WHO, ensuring the transparency of evaluation results and qualifications, and making a commitment to promote the progress and performance of regulatory systems in the Region that have more limited capacities, and the adoption of practices for reliance on decisions from other jurisdictions to achieve regulatory goals;
- o) promote coordination of the regulatory system, health programs, and institutions relevant to emergency preparedness in health; the reporting, investigation, and review of events related to the safety, efficacy, or quality of medical products; and the surveillance of substandard or falsified medical products, among other aspects;

- p) adopt regulatory plans for pandemic preparedness that include ways to increase the efficiency of regulatory procedures and improve international communication and collaboration, and put effective surveillance systems in place for products used during emergencies;
 - q) strengthen information and digitization of systems that facilitate the search for more efficient regulatory procedures, greater transparency, and dissemination of the results of regulatory measures and decisions, as well as the exchange of information between entities that are part of the domestic and subregional regulatory system and international collaboration.
3. To request the Director to:
- a) provide Member States with technical support to implement this policy to strengthen regulatory capacities, with emphasis on countries with structural challenges or more limited regulatory capacities, as well as those wishing to improve ecosystems for domestic production through regulatory capacity building, including human resources training;
 - b) strengthen and update the PAHO/WHO program for the evaluation of regulatory systems by implementing the new strategies agreed to by the WHO Member States and using the new WHO Global Benchmarking Tool for Evaluation of National Regulatory System for Medical Products (GBT) and related methodologies, and advocate for international recognition of the progress made in strengthening regulatory systems in the Region, as well as the development of new modules on medical devices and other technologies that take into account the specific characteristics of these products;
 - c) define the procedures, requirements, and timeframes for transition to the new system for designating NRAs of regional reference; promote adoption of the globally recognized system for designating regulatory authorities; and update product eligibility for purchases made through the Revolving Fund for Vaccine Procurement, the Regional Revolving Fund for Strategic Public Health Supplies, and other PAHO procurement mechanisms, in line with those designations;
 - d) provide technical support for strengthening regional regulatory harmonization and convergence networks and technical working groups, especially PANDRH, buttressing PAHO's role as technical secretariat of the network;
 - e) encourage the exchange, dissemination, and use of data on the safety, quality, and falsification of medical products, using the regional and global tools recognized by PAHO/WHO and involving the community;
 - f) provide support for countries to develop or strengthen communication systems that enable regulatory systems to operate online, in order to increase the efficiency of pre- and post-marketing procedures and facilitate information exchange between relevant entities;

- g) report regularly to the PAHO Governing Bodies on the progress made and challenges encountered in implementing the policy by submitting progress reports every five years.

(Second meeting, 20 June 2022)

CE170.R5: Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CE170/18),

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution in the following terms:

**STRATEGY ON REGIONAL GENOMIC SURVEILLANCE
FOR EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE**

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/__);

Considering the social and economic impact of the COVID-19 pandemic, as well as previous epidemics in the Region of the Americas linked to socioeconomic inequities;

Considering that the Region of the Americas is at great risk for the emergence and reemergence of pathogens with epidemic and pandemic potential due to its ecological diversity, increased urbanization and other changes in human settlement, and the intense movement of people;

Recognizing the need for enhanced multidisciplinary and intersectoral approaches in the preparedness and response to pathogens with pandemic and epidemic potential, including at the human-animal-environment interface;

Acknowledging the key contribution of genomic surveillance in the response to the COVID-19 pandemic and the role that genomic surveillance will likely play in future health emergencies,

RESOLVES:

1. To approve the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) contribute to the expansion and consolidation of a regional genomic surveillance network of public health, animal health, and environmental health laboratories for early detection and monitoring of emerging and existing pathogens of potential public health concern, including at the human-animal-environment interface and, where appropriate, to the establishment of national networks;
 - b) strengthen technical capacity for genomic sequencing, including in bioinformatics, and assure its sustainability in periods between outbreaks and epidemics through investment and funding for infrastructures and facilities, equipment, supplies, and personnel;
 - c) assure timely reporting of genomic data through validated sequence repositories and their integration with public health systems, including strengthened communication and integration of information among national public, animal, wildlife, and environmental health laboratories;
 - d) build capacities and participate in the definition of regional best practices for the use of genomic data in response to outbreaks, epidemics, and pandemics, including mechanisms for intersectoral coordination and integration among public, animal, and environmental health surveillance teams.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen technical and managerial capacities that contribute to implementation of the strategy and achievement of its lines of action;
 - b) propose governance modalities for a regional genomic surveillance network for epidemic and pandemic preparedness and response, including the role of the Pan American Sanitary Bureau as its secretariat;
 - c) support the planning, establishment, and strengthening of supply chains for equipment, reagents, and other laboratory products during interepidemic periods, including strategic procurement and distribution of supplies during the initial phases of the strategy and during health emergencies;
 - d) urge the international donor community to increase its financial assistance to strengthen country programs for health emergency prevention, mitigation, and preparedness, thus increasing the health sector's resilience;

- e) 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, with a mid-term report in 2026 and a final report in 2029.

(Second meeting, 20 June 2022)

CE170.R6: Appointment of One Member to the Audit Committee of PAHO

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist in the PAHO Audit Committee,

RESOLVES:

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint Mr. Alan Siegfried to serve as a member of the PAHO Audit Committee for a second term of three years from June 2022 through June 2025.

(Third meeting, 21 June 2022)

CE170.R7: Amendments to the Financial Regulations and Financial Rules of PAHO

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the amendment proposed to the Financial Regulations of the Pan American Health Organization (PAHO), as it appears in Annex A to Document CE170/20;

Taking into consideration that this amendment to the Financial Regulations reflects best practices in the limit of terms for the appointment of the External Auditor,

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference approve the amendment to the Financial Regulations by adopting a resolution along the following lines:

**AMENDMENTS TO THE FINANCIAL REGULATIONS
AND FINANCIAL RULES OF PAHO**

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having considered the recommendation of the 170th Session of the Executive Committee and the proposed amendment to the Financial Regulations of the Pan American Health Organization as it appears in Annex A to Document CSP30/___;

Taking into consideration that the amendment to the Financial Regulations reflects best practices in the limit of terms for the appointment of the External Auditor,

RESOLVES:

To approve the amendment to the Financial Regulations of the Pan American Health Organization pertaining to the term of office for the External Auditor as set forth in Annex A of Document CSP30/___, and to make this amendment effective immediately.

(Third meeting, 21 June 2022)

CE170.R8: Programming of the Budget Surplus

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the Programming of the Budget Surplus (Document CE170/21);

Noting that the provisions of Financial Regulation 4.6 of the Pan American Health Organization stipulate that any balance of the funded Assessed Contributions and Budgeted Miscellaneous Revenue not committed by the end of the current budgetary period, or not authorized to be carried over into the subsequent budgetary period, shall be used to replenish the Working Capital Fund to its authorized level and, thereafter, any balance will be transferred to surplus and made available for subsequent use in accordance with the resolutions adopted by the Pan American Sanitary Conference or the Directing Council,

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution along the following lines:

PROGRAMMING OF THE BUDGET SURPLUS

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on the Programming of the Budget Surplus (Document CSP30/__),

RESOLVES:

To approve the allocation of the 2020-2021 budget surplus totaling US \$24,601,516.21¹ as follows:

- a) \$21,291,185.16 to replenish the Working Capital Fund to its authorized level of \$50 million, in accordance with Financial Regulation 4.6.
- b) \$3,310,331.05 to fund the Master Capital Investment Fund, to be distributed \$2,310,331.05 for the Real Estate Maintenance and Improvements Subfund, and \$1,000,000.00 for the Information Technology Subfund.

(Third meeting, 21 June 2022)

***CE170.R9: Program Budget of the Pan American Health Organization 2022-2023:
Proposed Amendments***

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document CE170/12),

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution along the following lines:

**PROGRAM BUDGET
OF THE PAN AMERICAN HEALTH ORGANIZATION 2022-2023:
PROPOSED AMENDMENTS**

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document CSP30/__);

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

Having considered that, during the 75th World Health Assembly in May 2022, Member States approved the proposed revision to the Programme budget 2022-2023 of the World Health Organization (WHO) with an overall increase of US\$ 604.4 million,¹ including an increase of the Regional Office for the Americas' portion of the Program Budget of the Pan American Health Organization (PAHO) 2022-2023 of \$39.5 million in base programs;

Having considered that the increase in available funds and the technical cooperation needs for outbreak and crisis response and the Smart Hospitals initiative imply the need to revise the special programs segment of the PAHO Program Budget 2022-2023;

Noting that the proposed revisions to the PAHO Program Budget 2022-2023 consider 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 proposed amendments to the PAHO Program Budget 2022-2023, a total increase in the PAHO Program Budget 2022-2023 of \$193.5 million (\$39.5 million in base programs and \$154 million in special programs), bringing the overall PAHO Program Budget 2022-2023 to an amount of \$881.5 million, as outlined in Document CSP30/___.
2. To encourage PAHO Member States, Participating States, and Associate Members to continue advocating for an equitable share of the WHO resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
3. 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.
4. To finance the approved base programs in the following manner and from the indicated sources of financing:

Source of financing	Amount (US\$)
Assessed contributions from PAHO Member States, Participating States, and Associate Members	194,400,000
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	292,100,000
TOTAL	679,500,000

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

5. 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.
6. 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 June 2022)

CE170.R10: PAHO Award for Health Services Management and Leadership 2022

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2022 (Document CE170/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Health Services Management and Leadership (previously known as the PAHO Award for Administration), as approved by the 56th Directing Council (2018),¹

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership 2022 for their professionalism and outstanding work on behalf of their countries and the Region.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2022 to Ms. Carla Gabriela Romero Pérez, from the Plurinational State of Bolivia, in recognition of her work in research and in strengthening the epidemiology area to combat arboviruses; the technical support provided to the Integrated Management Strategy (IMS); her management of the dengue, chikungunya, and Zika prevention and control program; her leadership in containing the dengue epidemic in the northern region of the Department of La Paz in 2018; the inclusion of messages on the prevention and control of the *Aedes aegypti* mosquito in the school curriculum; and her work on logistics and distribution of the first doses of COVID-19 vaccine throughout Bolivia.
3. To transmit the Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2022 (Document CE170/5, Add. I) to the 30th Pan American Sanitary Conference.

(Fifth meeting, 22 June 2022)

¹ The procedures and guidelines for conferring the Award were approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), 146th (2010), and 158th (2016) Sessions, and by the 56th Directing Council (2018).

CE170.R11: Non-State Actors in Official Relations with PAHO

THE 170TH SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE170/7);

Mindful of the provisions of the *Framework of Engagement with Non-State Actors*, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

RESOLVES:

1. To admit the following non-State actor into official relations with PAHO for a period of three years:
 - a) Clinical and Laboratory Standards Institute.
2. To renew official relations between PAHO and the following non-State actors for a period of three years:
 - a) Healthy Caribbean Coalition;
 - b) Inter-American Society of Cardiology;
 - c) Latin American Association of Pharmaceutical Industries;
 - d) Latin American Confederation of Clinical Biochemistry;
 - e) Mundo Sano Foundation;
 - f) World Resources Institute Ross Center for Sustainable Cities.
3. To discontinue official relations with the following non-State actor:
 - a) Latin American and Caribbean Women's Health Network.
4. To request the Director to:
 - a) advise the respective non-State actors of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and non-State actors working in the field of health.

(Fifth meeting, 22 June 2022)

CE170.R12: Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CE170/14), which sets out the approach of the Pan American Health Organization (PAHO) and a strategic framework for achieving the goals of the 2030 Agenda for Sustainable Development with equity,

RESOLVES:

To recommend that the 30th Pan American Sanitary Conference adopt a resolution in the following terms:

POLICY FOR RECOVERING PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS WITH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND INTERSECTORAL WORK

THE 30th PAN AMERICAN SANITARY CONFERENCE,

Having considered the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/__);

Bearing in mind Member States' commitments to the achievement of the goals of the 2030 Agenda for Sustainable Development, which provides a powerful framework for improving health and equity;

Recognizing that the Region of the Americas is not on track to achieve the goals of the 2030 Agenda, including Sustainable Development Goal 3 ("Ensure healthy lives and promote well-being for all at all ages"), and that this situation has been aggravated by the COVID-19 pandemic;

Considering the urgent need to recover and accelerate progress towards the achievement of the goals of the 2030 Agenda with an equity focus and to acknowledge that health is a key dimension of social and economic development;

Recognizing the importance of social determinants of health for the achievement of health equity, as has been stressed over the years and has been recently reconfirmed in Resolution WHA74.16 on social determinants of health (2021), which calls on Member States to strengthen their efforts to accelerate progress in addressing the unequal distribution of health resources within and among countries in support of the 2030 Agenda;

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, the Sustainable Health Agenda for the Americas 2018-2030, and the Strategy and Plan of Action on Health Promotion within the context of the Sustainable Development Goals 2019-2030 (Document CD57/10 [2019]),

RESOLVES:

1. To approve the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/__).
2. To urge Member States, in accordance with their national contexts, to adopt the following five strategic lines of action:
 - a) promote intersectoral action to address the indivisible goals of the 2030 Agenda, integrating equity as a cross-cutting value;
 - b) reorient health policies, plans, and programs to overcome barriers to access to health and to achieve health equity and well-being;
 - c) strengthen and facilitate community participation and civil society engagement, through an intercultural approach in order to attain equity and achieve SDG 3;
 - d) strengthen local governance to achieve SDG 3 with equity;
 - e) strengthen the monitoring and evaluation of progress towards the equitable attainment of SDG 3.
3. To request the Director to:
 - a) provide technical support to Member States to strengthen the specific competencies and skills that are needed for effective intersectoral action on social determinants of health;
 - b) provide technical support to Member States to integrate social determinants of health into the work of health systems and services, and to include an equity focus in the formulation of health policies to overcome barriers to access to health and health services;
 - c) provide technical support to Member States to strengthen community participation and civil society engagement, promoting effective mechanisms and tools for meaningful participation, giving a voice to all;
 - d) promote the strengthening of local governance and of healthy municipalities/cities networks in the Region, facilitating city-to-city exchanges and supporting urban and rural health action that addresses inequities in order to achieve SDG 3;

- e) strengthen monitoring of SDG 3 indicators through exchange and learning platforms, facilitating the incorporation of timely information from the health sector and other sectors, and provide guidance on the development of systems for the monitoring and evaluation of social determinants of health and equity;
- f) promote collaboration with other international organizations to create synergies in addressing the indivisible goals of the 2030 Agenda with equity, and encourage international financial institutions to provide financing that is adapted and adequate to developing countries, so that no one is left behind;
- g) report to the Governing Bodies of PAHO on the progress made and the challenges faced in the implementation of this regional policy and its adaptation to specific contexts and needs, through a progress report to be presented in 2027 and a final report to be presented in 2031.

(Sixth meeting, 22 June 2022)

CE170.R13: Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau (PASB) submitted by the Director in Annex A to Document CE170/26;

Acknowledging the recommendation of the International Civil Service Commission in its 2021 Annual Report to increase the base/floor salary scale for the professional and higher categories and pay protection points by 0.92% on a no-loss/no-gain basis, and PASB's implementation of that recommendation as of 1 January 2022;

Taking into consideration the actions of the Seventy-fifth World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Deputy Director-General based on the United Nations General Assembly's approval of the amended base/floor salary scale for the professional and higher categories on a no-loss/no-gain basis;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of PASB;

Recognizing the need for uniformity in the conditions of employment of staff of PASB and the United Nations Common System Agencies,

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 January 2022 concerning the remuneration of staff in the professional and higher categories and the Staff Rule amendments that have

been made by the Director effective 1 July 2022 regarding education grant and boarding, and service appointments.

2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning on 1 January 2022, at US\$ 186,738¹ before staff assessment, with a corresponding net base salary of \$138,747.

3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2022, at \$188,253 before staff assessment, with a corresponding net base salary of \$139,747.

4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2022, at \$207,368 before staff assessment, with a corresponding net base salary of \$152,363.

Appendix

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

Appendix

**AMENDMENTS TO THE STAFF RULES
OF THE PAN AMERICAN SANITARY BUREAU**

The amendments presented below shall apply to the specific articles indicated in each case:

320. SALARY DETERMINATION

[...]

320.3 On promotion to a higher grade the net base salary of a staff member holding a fixed term appointment shall be fixed at the lowest step in the new grade [...]

340. DEPENDENTS' AND SINGLE PARENT'S ALLOWANCES

340. Staff members appointed to the professional or higher categories, except those holding temporary appointments as defined in Rule 420.3, are entitled to an allowance, as follows:

[...]

340.2 For a child who has a physical or mental disability as defined in Staff Rule 310.5.2, an amount equivalent to double the dependent child allowance. The entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

350. EDUCATION GRANT

[...]

350.2.2 the cost of full-time attendance at an educational institution outside the country or area of the duty station. For staff members assigned to a non-Headquarters duty stations, an additional lump sum for boarding-related expenses incurred for primary and secondary education levels only is also payable.

[...]

355. SPECIAL EDUCATION GRANT FOR CHILDREN WITH DISABILITIES

355.1.1 the special education grant is payable in respect of any child who has a physical or mental disability and is recognized as a dependent under Rule 310.5.2. The grant is payable from the date on which the special teaching or training is required up to the end of the year in which the child reaches the age of 28 or is awarded the first recognized post-secondary degree, whichever is earlier;

[...]

The amendments presented below shall apply to the specific articles indicated in each case:

355.3.1 the child is unable, by reason of physical or mental disability, to attend a traditional educational institution and therefore requires special teaching or training;

355.3.2 the child, while attending a traditional educational institution, requires special teaching or training.

360. MOBILITY INCENTIVE, HARDSHIP ALLOWANCE AND NON-FAMILY SERVICE ALLOWANCE

[...]

360.1 Mobility Incentive: In order to provide incentives for mobility, an allowance is paid to staff members holding fixed-term appointments.

360.2 Hardship Allowance: In order to recognize varying degrees of hardship at different duty stations, a hardship allowance is paid to staff members holding fixed-term or temporary appointments.

360.3 Non-Family Service Allowance: In order to recognize service in duty stations with family restrictions, a non-family service allowance is paid to staff members holding fixed-term or temporary appointments.

370. REPATRIATION GRANT

370.1 A staff member who on leaving the service of the Bureau, other than by summary dismissal under Rule 1075.2, has performed at least five years of continuous service outside the country of his or her recognized place of residence under a fixed-term appointment shall be entitled to a repatriation grant in accordance with the following schedules and with Rule 380.3 [...]

420. APPOINTMENT POLICIES

420.1 Staff members may be granted fixed-term or temporary appointments as defined below:

420.2 A “fixed-term appointment” is a time-limited appointment for one year or more. Any extension is subject to conditions determined by the Bureau.

420.3 A “temporary appointment” is a time-limited appointment for less than one year. A temporary appointment may be extended, provided that the total duration of uninterrupted service under consecutive temporary appointments does not exceed two years. A staff member who has completed the maximum period of uninterrupted service on one or more temporary appointments may not be employed by the Organization unless more than 30 calendar days have elapsed since the staff member’s separation from service. Any future employment is subject to conditions established by the Bureau.

The amendments presented below shall apply to the specific articles indicated in each case:

420.4 Appointments may be on a full-time or part-time basis.

420.5 All staff, including staff members seconded to the Organization, shall be appointed initially on fixed-term appointments as defined in Rule 420.2, or on temporary appointments as defined in Rule 420.3.

420.6 Any fixed-term appointment of one year or more shall be subject to a period of probation. After the first year of probation, the appointment may be confirmed or the probationary period may be extended up to two years when necessary for adequate evaluation of the staff member's performance, conduct, and suitability for international service. In exceptional circumstances, the appointment of a staff member on probation may be terminated for poor performance or unsuitability for international service after the first six months of the probationary period following appointment.

420.7 Any misstatement of fact made or material information withheld by a job applicant during the application, selection, or appointment process may provide grounds for the withdrawal of an offer of appointment or, if an appointment has already been made, for the cancellation of employment with the Bureau after notification under Staff Rule 1130. In the event of cancellation of employment, the staff member shall be given one month's notice or, at the discretion of the Bureau, payment in lieu of notice. No indemnity or end-of-service grant is payable. At its discretion, the Bureau may provide a repatriation grant pursuant to Staff Rule 370.

550. WITHIN-GRADE INCREASE

550.1 Staff members, holding fixed-term appointments as defined in Staff Rule 420.2, whose performance and conduct have been certified by the supervisors as being satisfactory [...]

555. WITHIN-GRADE INCREASE BASED ON MERIT

A staff member holding a fixed-term appointment whose performance has been especially meritorious beyond that which may reasonably be expected of a normally well-qualified staff member [...]

560. PROMOTION

560.1 Promotion is the advancement of a staff member holding a fixed term appointment to a post of higher grade, as a result either of the reclassification of the post he occupies or of reassignment to a different post.

560.2 Subject to Rule 560.3, a staff member holding a fixed term appointment shall be entitled to the promotion [...]

The amendments presented below shall apply to the specific articles indicated in each case:

560.3 If an occupied post is reclassified from the general service category to the national or international professional category or by more than one grade within the same category, or if the post has been reclassified previously while occupied by the same incumbent, the post shall be announced to the staff and selection for that post shall be on a competitive basis. In such cases, the incumbent of the reclassified post may be granted extra pay as of the fourth consecutive month following the effective date of the reclassification, in accordance with the provisions of Rule 320.5, if he or she holds a fixed term appointment.

565. REASSIGNMENT

565.1 A reassignment is any formal movement of a staff member holding a fixed-term appointment from one post to another. [...]

565.2 A staff member holding a fixed-term appointment may be reassigned whenever it is in the interest of the Bureau [...]

570. REDUCTION IN GRADE

570.1 The grade of staff members holding a fixed-term appointment may be reduced as a consequence of reclassification of the post occupied or reassignment to a different post of lower grade. The latter may result:

[...]

640. HOME LEAVE

[...]

640.5 Eligible staff members, as defined in Rule 640.4, holding temporary or fixed term appointments are granted home leave when:

[...]

740. SICK LEAVE

[...]

740.1.1 a staff member holding a fixed-term appointment of one year's duration or more may be granted up to six months' sick leave with full pay in any period of 12 consecutive months [...]

The amendments presented below shall apply to the specific articles indicated in each case:

760. MATERNITY LEAVE

[...]

760.2 Staff members holding fixed-term appointments who give birth to a child are entitled to 16 weeks of maternity leave, [...]

760.3 Staff members holding temporary appointments as defined in Rule 420.3 [...]

855. RELOCATION SHIPMENT

855.1 Staff members holding a fixed-term appointment who are installed for at least one year at a duty station that is not their recognized placed of residence [...]

1030. TERMINATION FOR REASONS OF HEALTH

1030.1 [...] The staff member shall be given three months' notice if serving on a fixed-term appointment and one month's notice if serving on a temporary appointment. The staff member shall always have the option of resigning.

1030.2 Prior to such termination the following conditions must be filled:

[...]

1030.2.2 reassignment possibilities for staff members holding fixed-term appointments shall be explored and an offer made if this is feasible;

[...]

1050. ABOLITION OF POST

[...]

1050.2 When a post of indefinite duration is abolished, reasonable efforts shall be made to reassign the staff member occupying that post, in accordance with established procedures, specifically:

1050.3 Termination under this Rule shall require the giving of at least three months' notice to a staff member holding a non-probationary fixed-term appointment against a post of indefinite duration or one of limited duration and at least one month's notice to any other staff member.

1050.4 Staff members whose appointments are terminated under this Rule shall be paid an indemnity in accordance with the following schedule and with due regard to Rule 380.3:

The amendments presented below shall apply to the specific articles indicated in each case:

Indemnity (Terminal remuneration)	
Years of service	Staff holding fixed-term appointments
Less than 1	One week per unexpired month of contract, subject to a minimum of 6 weeks and a maximum of 3 months
1	
2	
3	
4	
5	4 months
6	5 months
7	6 months
8	7 months
9	9 months
10	9.5 months
11	10 months
12	10.5 months
13	11 months
14	11.5 months
15 or more	12 months

[...]

1070. UNSATISFACTORY PERFORMANCE OR UNSUITABILITY FOR INTERNATIONAL SERVICE

1070.1 A staff member's fixed term appointment may be terminated if his performance is unsatisfactory or if he proves unsuited to his work or to international service. [...]

1070.2 Prior to termination action, a staff member holding a fixed term appointment shall be given a written warning [...]

(Sixth meeting, 22 June 2022)

CE170.R14: Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas

THE 170th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CSP30/1) prepared by the Director of the Pan American Sanitary Bureau for the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE170/3;

Bearing in mind the provisions of Article 7.F of the Constitution of the Pan American Health Organization and Rule 8 of the Rules of Procedure of the Pan American Sanitary Conference,

RESOLVES:

To approve the provisional agenda (Document CSP30/1) prepared by the Director of the Pan American Sanitary Bureau for the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas.
(Seventh meeting, 23 June 2022)

Decisions

Decision CE170(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE170/1, Rev. 1).

(First meeting, 20 June 2022)

Decision CE170(D2): Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Argentina and Suriname, its President and Rapporteur, respectively, to represent the Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas. The Committee appointed Costa Rica and Jamaica as alternate representatives.

(Seventh meeting, 23 June 2022)

IN WITNESS WHEREOF, the Delegate of Argentina, President of the Executive Committee, and the Director of the Pan American Sanitary Bureau, Secretary ex officio, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this twenty-fourth day of June in the year two thousand twenty-two. 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.

Carla Vizzotti
President of the
170th Session of the Executive Committee
Delegate of Argentina

Carissa F. Etienne
Secretary ex officio of the
170th Session of the Executive Committee
Director of the
Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda and Program of Meetings
- 2.2 Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas
- 2.3 Draft Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the 16th Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Health Services Management and Leadership 2022
- 3.3 Engagement with non-State Actors
- 3.4 Non-State Actors in Official Relations with PAHO
- 3.5 Report of the Ethics Office for 2021
- 3.6 Report of the Investigations Office for 2021
- 3.7 Report of the Audit Committee of PAHO
- 3.8 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

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

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.2 Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025
- 4.3 Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work
- 4.4 Policy for Improving Mental Health
- 4.5 Policy on Integrated Care for Improved Health Outcomes
- 4.6 Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies
- 4.7 Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response

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 2021
- 5.3 Amendments to the Financial Regulations and Financial Rules of PAHO
- 5.4 Programming of the Budget Surplus
- 5.5 Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027
- 5.6 Report of the Office of Internal Audit for 2021
- 5.7 Update on the Master Capital Investment Fund
- 5.8 Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies

6. PERSONNEL MATTERS

- 6.1 Amendments to the Pan American Sanitary Bureau Staff Regulations and Rule
- 6.2 Human Resources Management in the Pan American Sanitary Bureau
- 6.3 Statement by the Representative of the PAHO/WHO Staff Association
- 6.4 Preventing and Responding to Sexual Exploitation and Abuse in PAHO

7. MATTERS FOR INFORMATION

- 7.1 Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas
- 7.2 Update on the COVID-19 Pandemic in the Region of the Americas
- 7.3 Report on Strategic Issues between PAHO and WHO
- 7.4 Implementation of the International Health Regulations
- 7.5 Monitoring of the Resolutions and Mandates of the Pan American Health Organization
- 7.6 Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report
- 7.7 Strategy and Plan of Action on Epilepsy: Final Report
- 7.8 Plan of Action to Reduce the Harmful Use of Alcohol: Final Report
- 7.9 Strategy and Plan of Action on Urban Health: Final Report
- 7.10 Plan of Action for Disaster Risk Reduction 2016-2021: Final Report
- 7.11 Health Technology Assessment and Incorporation into Health Systems: Final Report

7. MATTERS FOR INFORMATION (*cont.*)

7.12 Progress Reports on Technical Matters:

- A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report
- B. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report
- C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report
- D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review
- E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report

7.13 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

- A. Seventy-fifth World Health Assembly
- B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

OD365 Financial Report of the Director and Report of the External Auditor for 2021

Working Documents

CE170/1, Rev. 1 Agenda

CE170/WP Program of Meetings

CE170/2 Representation of the Executive Committee at the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas

CE170/3 Draft Provisional Agenda of the 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas

CE170/4 Report on the 16th Session of the Subcommittee on Program, Budget, and Administration

CE170/5 and Add. I PAHO Award for Health Services Management and Leadership 2022

CE170/6 Engagement with non-State Actors

CE170/7 Non-State Actors in Official Relations with PAHO

CE170/8 Report of the Ethics Office for 2021

CE170/9 Report of the Investigations Office for 2021

CE170/10 Report of the Audit Committee of PAHO

CE170/11 Appointment of One Member to the Audit Committee of PAHO

CE170/12 Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments

Working Documents (*cont.*)

CE170/13	Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2020-2021/First Interim Report on the Implementation of the PAHO Strategic Plan 2020-2025
CE170/14	Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work
CE170/15	Policy for Improving Mental Health
CE170/16	Policy on Integrated Care for Improved Health Outcomes
CE170/17	Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies
CE170/18	Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response
CE170/19 and Add. I	Report on the Collection of Assessed Contributions
CE170/20	Amendments to the Financial Regulations and Financial Rules of PAHO
CE170/21	Programming of the Budget Surplus
CE170/22	Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027
CE170/23	Report of the Office of Internal Audit for 2021
CE170/24	Update on the Master Capital Investment Fund
CE170/25	Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
CE170/26	Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules
CE170/27	Human Resources Management in the Pan American Sanitary Bureau

Working Documents (*cont.*)

- CE170/28 Statement by the Representative of the PAHO/WHO Staff Association
- CE170/29 Preventing and Responding to Sexual Exploitation and Abuse in PAHO

Information Documents

- CE170/INF/1 Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas
- CE170/INF/2 Update on the COVID-19 Pandemic in the Region of the Americas
- CE170/INF/3 Report on Strategic Issues between PAHO and WHO
- CE170/INF/4 Implementation of the International Health Regulations
- CE170/INF/5 Monitoring of the Resolutions and Mandates of the Pan American Health Organization
- CE170/INF/6 Strategy and Plan of Action on Psychoactive Substance Use and Public Health: Final Report
- CE170/INF/7 Strategy and Plan of Action on Epilepsy: Final Report
- CE170/INF/8 Plan of Action to Reduce the Harmful Use of Alcohol: Final Report t
- CE170/INF/9 Strategy and Plan of Action on Urban Health: Final Report
- CE170/INF/10 Plan of Action for Disaster Risk Reduction 2016-2021: Final Report
- CE170/INF/11 Health Technology Assessment and Incorporation into Health Systems: Final Report
- CE170/INF/12 Progress Reports on Technical Matters:
- A. Plan of Action for Cervical Cancer Prevention and Control 2018-2030: Progress Report
 - B. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030: Progress Report

Information Documents (*cont.*)

Progress Reports on Technical Matters: (*cont.*)

- C. Plan of Action for Strengthening Information Systems for Health 2019-2023: Progress Report
- D. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025: Midterm Review
- E. Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Progress Report

CE170/INF/13

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

- A. Seventy-fifth World Health Assembly
- B. Subregional Organizations

LIST OF PARTICIPANTS / LISTA DE PARTICIPANTES

OFFICERS / MESA DIRECTIVA

President / Presidente: Sra. Dra. Carla Vizzotti (Argentina)
Vice-President / Vicepresidente: Dr. Ricardo Cortés Alcalá (México)
Rapporteur / Relator: Dr. Ritesh Dhanpat (Suriname)

**MEMBERS OF THE EXECUTIVE COMMITTEE /
MIEMBROS DEL COMITÉ EJECUTIVO**

ARGENTINA

Head of Delegation – Jefe de Delegación

Dra. Carla Vizzotti
Ministra de Salud
Ministerio de Salud
Buenos Aires

Delegates – Delegados

Sra. Georgina Grigioni
Asesora, Dirección Nacional
de Relaciones Internacionales
Ministerio de Salud
Buenos Aires

Lic. Carla Moretti
Directora Nacional de Relaciones
Internacionales
Ministerio de Salud
Buenos Aires

Sra. Gabriela Ramirez
Asesora, Dirección Nacional de
Relaciones Internacionales
Ministerio de Salud
Buenos Aires

Lic. Andrea Polach
Asesora
Dirección Nacional de Relaciones
Internacionales
Ministerio de Salud
Buenos Aires

BOLIVIA

Head of Delegation – Jefe de Delegación

Dr. Jeyson Marcos Auza Pinto
Ministro de Salud
Ministerio de Salud y Deporte
La Paz

Delegates – Delegados

Dr. Eduardo Aillon
Jefe de Gabinete de Asesores
Ministerio de Salud y Deporte
La Paz

Dra. Nila Heredia
Experta Internacional de Salud
Ministerio de Salud y Deporte
La Paz

Dra. María Bolivia Rothe Caba
Directora de Salud de Seguros de Salud
de Corto Plazo
Ministerio de Salud y Deporte
La Paz

Dr. Juan Pablo Torres
Asesor de Despacho Ministerial
Ministerio de Salud y Deporte
La Paz

Dr. David Mamani Calderon
Responsable del Área de Relaciones
Internacionales
Ministerio de Salud y Deporte
La Paz

**MEMBERS OF THE EXECUTIVE COMMITTEE /
MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

BOLIVIA (cont.)

Delegates – Delegados (cont.)

Sra. Cecilia Urquieta Pardo
Consejera, Representante Alternativa
de Bolivia ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Natalia Porcel Vildoso
Segunda Secretaria, Representante Alternativa
de Bolivia ante la Organización de los
Estados Americanos
Washington, D.C.

BRAZIL/BRASIL

Head of Delegation – Jefe de Delegación

Exmo. Sr. Otávio Brandelli
Embajador, Representante Permanente de
Brasil junto a Organización dos Estados
Americanos
Washington, D.C.

Delegates – Delegados

Sra. Cristina Alexandre
Assessora Especial para Assuntos
Internacionais em Saúde
Ministério da Saúde
Brasília

Sra. Indira Gonçalves
Assessora para Assuntos Multilaterais
em Saúde
Ministério da Saúde
Brasília

Sr. Antonio Barra Torres
Director
Agência Nacional de Vigilância Sanitária
Brasília

Sra. Sarah Bayma
Assessora para Assuntos de Vigilância
em Saúde
Ministério da Saúde
Brasília

BRAZIL/BRASIL (cont.)

Delegates – Delegados (cont.)

Sr. Juvenal Brasil Neto
Director Adjunto
Agência Nacional de Vigilância Sanitária
Brasília

Sr. Leonardo Dutra Rosa
Chefe da Assessoria de Assuntos
Internacionais da Anvisa
Ministério da Saúde
Brasília

Sr. Matheus Machado de Carvalho
Coordenador-Geral de Diplomacia da Saúde
Ministério das Relações Exteriores
Brasília

Sr. Ciro Leal Martins da Cunha
Conselheiro, Representante Alternativo do
Brasil junto a Organização dos Estados
Americanos
Washington, D.C.

Sr. Jackson Oliveira
Alternate, Representante Permanente do
Brasil junto a Organização dos Estados
Americanos Washington, D.C.

Sra. Marina Pittella
Chefe da Assessoria de Assuntos
Internacionais em Saúde
Ministério da Saúde
Brasília

COSTA RICA

Head of Delegation – Jefe de Delegación

Dra. Joselyn Chacón
Ministra de Salud
Ministerio de Salud
San José

Delegates – Delegados

Dra. Veronica Cruz Umaña
Asesora
Ministerio de Salud
San José

**MEMBERS OF THE EXECUTIVE COMMITTEE /
MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

COSTA RICA (cont.)

Delegates – Delegados (cont.)

Sra. Adriana Salazar González
Jefe de Asuntos Internacionales
Ministerio de Salud
San José

Excma. Sra. Alejandra Solano Cabalceta
Embajadora, Representante Permanente
de Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Daisy Benítez Rodríguez
Equipo Técnico de Gestión del Riesgo
Dirección General de Salud
Ministerio de Salud
San José

Ing. Keylor Castro Chacón
Coordinador, Equipo Técnico de Gestión
del Riesgo
Dirección General de Salud
Ministerio de Salud
San José

Sr. Antonio Alarcón Zamora
Ministro Consejero, Representante Alterno
de Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Carol Arce Echeverría
Ministra Consejera, Representante
Permanente de Costa Rica ante la
Organización de los Estados Americanos
Washington, D.C.

Sra. Maritza Ugalde
Secretaria de la Ministra de Salud
Ministerio de Salud
San José

Sra. Montserrat Vargas Solórzano
Diplomática en la Dirección
de Política Exterior
Ministerio de Relaciones Exteriores y Culto
San José

CUBA

Head of Delegation – Jefe de Delegación

Dra. Evelyn Martínez Cruz
Jefe del Departamento
de Organismos Internacionales
Ministerio de Salud Pública
La Habana

Delegate – Delegado

Sr. Asdrúval De La Vega
Tercer Secretario
Embajada de Cuba
Washington, D.C.

HAITI/HAÏTÍ

Head of Delegation – Jefe de Delegación

Dr. Alex Larsen
Ministre de la Santé publique et
de la Population
Ministère de la Santé publique et
de la Population
Port-au-Prince

Delegates – Delegados

S.E. Léon Charles
Ambassadeur, Représentant permanent de
Haïti à l'Organisation des États
Américains
Washington, D.C.

Dr. Jean Patrick Alfred
Directeur de l'Unité de Planification
Ministère de la Santé publique et
de la Population
Port-au-Prince

S.E. Gandy Thomas
Ambassadeur, Représentant adjoint de
Haïti à l'Organisation des États
Américains
Washington, D.C.

**MEMBERS OF THE EXECUTIVE COMMITTEE /
MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

JAMAICA

Head of Delegation – Jefe de Delegación

Dr. Christopher Tufton
Minister of Health and Wellness
Ministry of Health and Wellness
Kingston

Delegates – Delegados

Dr. Jacqueline Bisasor McKenzie
Chief Medical Officer
Ministry of Health and Wellness
Kingston

Mr. Dunstan Bryan
Permanent Secretary
Ministry of Health and Wellness
Kingston

Dr. Karen Webster Kerr
National Epidemiologist
Ministry of Health and Wellness
Kingston

Mr. Howard Lynch
Chief Technical Director, Policy Planning
and Development Division
Ministry of Health and Wellness
Kingston

Dr. Yonique Campbell
Advisor
Ministry of Health and Wellness
Kingston

Dr. Naydene Williams
Director, Health Services Planning
and Integration
Ministry of Health and Wellness
Kingston

Dr. Nicole Dawkins Wright
Director, Emergency Disaster Management
and Special Services
Ministry of Health and Wellness
Kingston

JAMAICA (cont.)

Delegates – Delegados (cont.)

Dr. Melody Ennis
Director, Family Health Services
Ministry of Health and Wellness
Kingston

Dr. Sandra Chambers
Director, Health Promotion & Protection
Ministry of Health and Wellness
Kingston

Ms. Rowena Palmer
Policy Director, International Health
Ministry of Health and Wellness
Kingston

Mrs. Patricia Ingram Martin
Chief Nursing Officer
Ministry of Health and Wellness
Kingston

Ms. Cristina Edwards
International Relations Officer
Ministry of Health and Wellness
Kingston

MEXICO/MÉXICO

Head of Delegation – Jefe de Delegación

Dr. Hugo López-Gatell Ramírez
Subsecretario de Prevención y
Promoción de la Salud
Secretaría de Salud
México, D.F.

Delegates – Delegados

Dr. Marcos Cantero Cortés
Titular de la Unidad de Análisis Económico
Secretaría de Salud
México, D.F.

Dr. Ricardo Cortés Alcalá
Director General de Promoción de la Salud
Secretaría de Salud.
México D.F.

**MEMBERS OF THE EXECUTIVE COMMITTEE /
MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

MEXICO/MÉXICO (cont.)

Delegates – Delegados (cont.)

Lic. Maite Narvaéz Abad
Segunda Secretaria, Representante
Alternativa de México ante la Organización
de los Estados Americanos
Washington, D.C.

SURINAME

Head of Delegation – Jefe de Delegación

Hon. Dr. Amar N. Ramadhin
Minister of Health
Ministry of Health
Paramaribo

SURINAME (cont.)

Delegates – Delegados

Dr. Ritesh Dhanpat
Deputy Director of Health
Ministry of Health
Paramaribo

Mrs. Saskia Bleau
Acting Head of the Planning, Monitoring
and Evaluation Department
Ministry of Health
Paramaribo

Mr. Roshnie Jhnanjan
International Relations Official in charge of
CARICOM and PAHO Affairs
Ministry of Health
Paramaribo

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO**

BAHAMAS

Ms. Alarice Grant
Senior Assistant Secretary
Ministry of Health and Wellness
Nassau

Dr. Pearl McMillan
Chief Medical Officer
Ministry of Health and Wellness
Nassau

Dr. Cherita Moxey
Senior House Officer
Ministry of Health and Wellness
Nassau

BELIZE/BELICE

Hon. Kevin Bernard
Minister of Health and Wellness
Ministry of Health and Wellness
Belmopan

BELIZE/BELICE (cont.)

Dr. Melissa Diaz
Director of Public Health and Wellness
Ministry of Health and Wellness
Belmopan

Dr. Julio Sabido
Chief Executive Officer
Ministry of Health and Wellness
Belmopan

CANADA/CANADÁ

Ms. Madeline Bird
Manager, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

CANADA/CANADÁ (cont.)

Mr. François Jubinville
Chargé d'Affaires a.i.
Permanent Representative
of Canada to the Organization of
American States
Washington, D.C.

Mr. Michael Pearson
Branch Head
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Mr. Josée Roy
Director, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Jennifer Izaguirre
Policy Analyst
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Chantele Sitaram
Policy Analyst, Multilateral Relations
Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Mr. William Wang
Policy Analyst
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Charlotte McDowell
Senior Development Officer and Alternate
Representative of Canada to the
Organization of American States
Washington, D.C.

CANADA/CANADÁ (cont.)

Ms. Janet Ferreira
Senior Development Officer
Global Affairs Canada
Inter-American Program
Ottawa

Mr. Patrick Picard
Health Counselor
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Daniela Fleming
Health Counselor
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

CHILE

Dr. Francisco Adriaola Santibáñez
Coordinador de Asuntos Internacionales
Ministerio de Salud
Santiago

Exmo. Sr. Sebastián Kraljevich
Embajador, Representante Permanente
de Chile ante la Organización
de los Estados Americanos
Washington, D.C.

Sra. Ivis Pavez
Relaciones Internacionales
Ministerio de Salud
Santiago

Sr. Roberto Villegas
Representante Alterno
de Chile ante la Organización
de los Estados Americanos
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

COLOMBIA

Exmo. Sr. Alejandro Ordonez
Embajador, Representante Permanente
de Colombia ante la Organización
de los Estados Americanos
Washington, D.C.

Sr. Juan Carlos Bernal
Coordinador
Grupo de Cooperación y Relaciones
Internacionales
Ministerio de Salud y Protección Social
Bogotá

Sr. Juan Manuel Borraez
Asesor, Grupo de Cooperación
y Relaciones Internacionales
Ministerio de Salud y Protección Social
Bogotá

Sr. Carlos Figueroa
Interno
Misión Permanente de Colombia ante la
Organización de los Estados Americanos
Washington, D.C.

Sr. Luis Hernán Hincapié Matoma
Asesor, Coordinación de Asuntos Sociales
Dirección de Asuntos Económicos,
Sociales y Ambientales
Ministerio de Salud y Protección Social
Bogotá

Sr. Nicolas Higuera
Tercer Secretario de Relaciones Exteriores
ante la Organización de los Estados
Americanos
Washington, D.C.

Sra. Adriana Maldonado
Ministra Consejera, Representante
Permanente Alternativa de Colombia ante la
Organización de los Estados
Americanos
Washington, D.C.

COLOMBIA (cont.)

Sr. Juan David Moncaleano Prado
Coordinador, Coordinación de Asuntos
Sociales
Dirección de Asuntos Económicos,
Sociales y Ambientales
Ministerio de Salud y Protección Social
Bogotá

Sra. Grecia Umbarila
Asesora, Grupo de Cooperación
y Relaciones Internacionales
Ministerio de Salud y Protección Social
Bogotá

Sr. Juan Carlos Velásquez
Misión Permanente de Colombia
ante la Organización de los Estados
Americanos
Washington, D.C.

**DOMINICAN REPUBLIC/REPÚBLICA
DOMINICANA**

Dr. Eladio Perez
Viceministro de Salud Pública
Ministerio de Salud Pública
y Asistencia Social
Santo Domingo

ECUADOR

Dr. José Leonardo Rúaless Estupiñán
Viceministro de Gobernanza y Vigilancia
de la Salud
Ministerio de Salud Pública
Quito

Dr. Fernando Jácome Gavilánez
Director Nacional de Cooperación y
Relaciones internacionales
Ministerio de Salud Pública
Quito

Lic. Luisa Albertina Noboa Paz y Miño
Analista de Cooperación y Relaciones
Internacionales
Ministerio de Salud
Quito

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

ECUADOR (cont.)

Sr. Marco Ponce
Ministro, Representante Alterno de
Ecuador ante la Organización de los
Estados Americanos
Washington, D.C.

EL SALVADOR

Dr. Carlos Gabriel Alvarenga Cardoza
Viceministro de Gestión y Desarrollo
en Salud
Ministerio de Salud
San Salvador

Sra. Karina Alas Henríquez
Técnica de Asuntos Multilaterales
Ministerio de Relaciones Exteriores
San Salvador

Sr. Nelson Amaya Larromana
Asesor de la Oficina Nacional del Proyecto
Mesoamérica
Ministerio de Relaciones Exteriores
San Salvador

Sra. Diana Ramírez
Jefa del Departamento de Candidatura
Ministerio de Relaciones Exteriores
San Salvador

Dr. Elmer Roberto Bonilla
Jefe de la Oficina de Relaciones
Internacionales y Cooperación en Salud
Ministerio de Salud
San Salvador

Dr. Ronald Alfonso Pérez Escobar
Director de Políticas y Gestión de Salud
Ministerio de Salud
San Salvador

GUYANA

Dr. Anthony Frank
Minister of Health
Ministry of Health
Georgetown

NICARAGUA

Dr. Carlos Sáenz Torres
Secretario General
Ministerio de Salud
Managua

Sr. Luis Urcuyo
Director General de Planificación
Ministerio de Salud
Managua

PANAMA/PANAMÁ

Dr. Luis Francisco Sucre
Ministro de Salud
Ministerio de Salud
Ciudad de Panamá

Sra. Carmen Ávila
Directora de Organismos y Conferencias
Internacionales
Ministerio de Relaciones Exteriores
Ciudad de Panamá

Dra. Ivette Berrío
Viceministra de Salud
Ministerio de Salud
Ciudad de Panamá

Sr. Felix Correa
Subdirector Nacional de Planificación
Ministerio de Salud
Ciudad de Panamá

Dra. Melva Cruz
Directora General de Salud Pública
Ministerio de Salud
Ciudad de Panamá

Sra. Juana Mudarra
Segunda Secretaria de Panamá ante la
Organización de los Estados Americanos
Washington, D.C.

Sra. Thays Noriega
Directora de Asuntos Internacionales y
Cooperación Técnica
Ministerio de Salud
Ciudad de Panamá

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

PANAMA/PANAMÁ (cont.)

Sra. Lizbeth Linares
Analista de Candidaturas
Ministerio de Relaciones Exteriores
Ciudad de Panamá

Sra. Eyra Ruiz
Ministra Consejera para Asuntos
Relacionados a la Salud Pública
Ministerio de Salud
Ciudad de Panamá

Sr. Ricardo Pichel
Jefe encargado de Relaciones
Multilaterales
Ministerio de Relaciones Exteriores
Ciudad de Panamá

PARAGUAY

Lic. Cecilia Irazusta
Directora General de Relaciones
Internacionales
Ministerio de Salud Pública
y Bienestar Social
Asunción

Abog. Anabell Brites
Directora Técnica de Organismos
Multilaterales e Intergubernamentales
Ministerio de Salud Pública
y Bienestar Social
Asunción

Lic. Lourdes Jara
Jefa del Departamento de Sistema
Interamericano
Ministerio de Salud Pública
y Bienestar Social
Asunción

Econ. Edgar Núñez
Jefe del Departamento de Organismos
No Gubernamentales
Ministerio de Salud Pública
y Bienestar Social
Asunción

PERU/PERÚ

Sr. Tommy Tataje
Segundo Secretario, Representante Alterno
de Perú ante la Organización de los
Estados Americanos
Washington, D.C.

**TRINIDAD AND TOBAGO/TRINIDAD
Y TABAGO**

Dr. Hazel Othello
Director, Mental Health Unit
Ministry of Health
Port-of-Spain

Ms. Melanie Noel
Deputy Permanent Secretary
Ministry of Health
Port-of-Spain

Ms. Anita Sohan
Director, International Cooperation Desk
Ministry of Health
Port-of-Spain

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA**

Mr. Colin McIff
Deputy Director
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Nelson Arboleda
Director, Americas Office
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mrs. Mara Burr
Director, Multilateral Relations
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Ms. Nerissa Cook
Deputy Assistant Secretary
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mrs. Adriana Gonzalez
Health Advisor
Office of Economic and Development
Affairs
Bureau of International Organization
Affairs
Department of State
Washington, D.C.

Mrs. Kristen Pisani
Director
Office of Economic and Development
Assistance
Bureau of International Organization
Affairs
Department of State
Washington, D.C.

Mr. Robert Allen
Fellow
Office of Management Policy
and Resources
Bureau of International Organization
Affairs
Department of State
Washington, D.C.

Mr. Steven Constantinou
Global Health Officer, Americas
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mrs. Sarah Emami
Senior Global Health Officer, Multilateral
Relations
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Mr. Aaron Fondal
Health Team Intern
Office of Economic and Development
Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mrs. Mackenzie Klein
Global Health Officer
Office of the Americas Office of Global
Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Maya Levine
Senior Global Health Officer for Multilateral
Relations
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mrs. Heidi Mihm
Health System Advisor
Office of Regional Sustainable
Development-Health
Bureau of Latin America and the Caribbean
U.S. Agency for International Development
Washington, D.C.

Mrs. Leandra Olson
Senior Global Health Officer, Multilateral
Relations
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mrs. Mara Pillinger
Multilateral Policy Analyst
Bureau for Policy, Planning and Learning
U.S. Agency for International Development
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Mrs. Stephanie Psaki
Senior Advisor, Human Rights and Gender
Equity
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Barbara De Rosa-Joynt
Health Advisor
Office of Economic and Development
Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Lauren Scott
Health Advisor
Office of Economic and Development
Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

URUGUAY

Excmo. Sr. Washington Abdala
Embajador, Representante Permanente de
Uruguay ante la Organización de los
Estados Americanos
Misión Permanente de la OEA
Washington D.C.

Dr. Miguel Asqueta
Director General de Salud
Ministerio de Salud Pública
Montevideo

URUGUAY (cont.)

Sra. Alicia Arbelbide Costas
Ministro Consejero, Representante
Alternativo de Uruguay ante la
Organización de los Estados
Americanos
Washington D.C.

Lic. Gabriela Batlle
Funcionaria del Departamento de
Relaciones Internacionales
y Cooperación
Ministerio de Salud Pública
Montevideo

Mag. Gabriela Gómez
Directora de Relaciones Internacionales
y Cooperación
Ministerio de Salud Pública
Montevideo

Lic. Luis Galicia
Coordinador de las Áreas Programáticas
Ministerio de Salud Pública
Montevideo

Sr. Javier Rodríguez
Tercer Secretario, Representante Alternativo
de Uruguay ante la Organización de los
Estados Americanos
Washington D.C.

Sr. Carlos Ruiz
Secretario del Ministro de Salud Pública
Ministerio de Salud Pública
Montevideo

PARTICIPATING STATES / ESTADOS PARTICIPANTES

FRANCE/FRANCIA

Mrs. Anne Vidal de la Blache
Ambassador, Permanent Representative
of France to the Organization of
American States
Washington, D.C.

FRANCE/FRANCIA (cont.)

Ms. Valentine Bekka
Bureau of Health Policy and International
Relations
Ministry of Solidarity and Health
Paris

PARTICIPATING STATES / ESTADOS PARTICIPANTES (cont.)

FRANCE/FRANCIA (cont.)

Mrs. Alexandra LeBorgne
Political Advisor, Alternate Observer
of France to the Organization
of American States
Washington, D.C.

Mrs. Ariane Lathuille
United Nations, International Organizations,
Human Rights and Francophonie
Department
Ministry of Europe and Foreign Affairs
Paris

FRANCE/FRANCIA (cont.)

Mrs. Marion Segard
United Nations, International Organizations,
Human Rights and Francophonie
Department
Ministry of Europe and Foreign Affairs
Paris

ASSOCIATE MEMBERS / MIEMBROS ASOCIADOS

PUERTO RICO

Dr. Raúl G. Castellanos Bran
Coordinador de OPS/OMS
Departamento de Salud
Puerto Rico

Dr. Carlos Medallo López
Secretario de Salud
Departamento de Salud
Puerto Rico

PUERTO RICO (cont.)

Sra. Samira Sanchez Alemán
Analista de Planificación
Oficina de Coordinación de la OPS
Puerto Rico

OBSERVER STATES / ESTADOS OBSERVADORES

PORTUGAL/PORTUGAL

Ms. Alexandra Bilreiro
Alternate Representative
Embassy of Portugal
Washington, D.C.

Mr. João Estaca
Officer
Embassy of Portugal
Washington, D.C.

Mr. Francisco Leal De Almeida
Counselor
Embassy of Portugal
Washington, D.C.

SPAIN/ESPAÑA

Excma. Sra. Dña. Carmen Montón
Embajadora, Observadora Permanente de
España ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Dña. Concepción Figuerola
Observadora Permanente Adjunta de
España ante la Organización de los
Estados Americanos
Washington, D.C.

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS /
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

**Caribbean Community/
Comunidad del Caribe**

Ms. Curvelle David
Dr. Karen Gordon-Boyle
Ms. Helen Royer

**Organization of American States/
Organización de los Estados Americanos**

Ms. Maricarmen Plata
Ms. Esperanza Ramos

**REPRESENTATIVES OF NON-STATE ACTORS IN OFFICIAL RELATIONS
WITH PAHO /
REPRESENTANTES DE AGENTES NO ESTATALES EN RELACIONES OFICIALES
CON LA OPS**

**American Public Health Association/
Asociación Americana de Salud Pública**

Dr. Georges Benjamin
Ms. Vina HuLamm

**Latin American Confederation of Clinical
Bichemistry/Confederación
Latinoamericana de Bioquímica Clínica**

Dra. Stella Raymondo

**American Speech-Language-Hearing
Association/Asociación Americana del
Habla, Lenguaje y Audición**

Mrs. Lily Waterston

**Latin American Federation of the
Pharmaceutical Industry /Federación
Latinoamericana de Industrias
Farmacéuticas**

Sra. Maria Alejandra De Guzman
Sra. Yaneth Giha

**Drugs for Neglected Diseases Initiative/
Iniciativa Medicamentos para
Enfermedades Olvidadas**

Mr. Sergio Alejandro Sosa Estani

**Latin American Society of Nephrology and
Hypertension/Sociedad Latinoamericana
de Nefrología e Hipertensión**

Sr. Guillermo Alvarez Estevez

Global Oncology

Mr. Phil Garrity

**Mundo Sano Foundation/Fundación
Mundo Sano**

Lic. Marcelo Abril
Mr. Sebastián Cañón
Mrs. Andrea Gómez Bravo

**Inter-American Association of Sanitary
and Environmental Engineering/
Asociación Interamericana de Ingeniería
Sanitaria y Ambiental**

Sr. Hugo Esteban Leigue Silva

**National Alliance for Hispanic Health/
Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

**Latin American Association of
Pharmaceutical Industries/Asociación
Latinoamericana de Industrias
Farmacéuticas**

Dr. Ruben Abete
Lic. Miguel Mato

**REPRESENTATIVES OF NON-STATE ACTORS IN OFFICIAL RELATIONS
WITH PAHO /
REPRESENTANTES DE AGENTES NO ESTATALES EN RELACIONES OFICIALES
CON LA OPS (cont.)**

**Pan-American Federation of Nursing
Professionals/Federación Panamericana
de Enfermeras Profesionales**

Mg. Maria Concepcion Chavez

**World Association for Sexual
Health/Asociación Mundial de Salud
Sexual**

Mrs. Esther Corona-Vargas

**United States Pharmacopeial
Convention/Convención de la Farmacopea
de Estados Unidos**

Mr. Efren Elias-Galaviz
Mr. Victor Pribluda
Mr. Michael Schmitz
Mrs. Luciana Takara

SPECIAL GUESTS / INVITADOS ESPECIALES

Audit Committee Member

Mr. Clyde MacLellan

**External Auditor, National Audit Office/
Auditor Externo, Oficina Nacional de
Auditoría**

Mr. Damian Brewitt
Mr. Simon Irwin

PAN AMERICAN SANITARY BUREAU / OFICINA SANITARIA PANAMERICANA

**Director and Secretary ex officio of the
Executive Committee/Directora y
Secretaria ex officio del Comité Ejecutivo**

Dr. Carissa F. Etienne

**Advisors to the Director/
Asesores de la Directora**

Ms. Mary Lou Valdez
Deputy Director
Directora Adjunta

Dr. Marcos Espinal
Assistant Director, a.i.
Subdirector, a.i.

Ms. Kristan Beck
Director of Administration
Directora de Administración

**Advisors to the Director/
Asesores de la Directora (cont.)**

Dr. Heidi Jimenez
Legal Counsel, Office of the
Legal Counsel
Asesora Legal, Oficina del Asesor
Jurídico

Ms. Mônica Zaccarelli Davoli
Senior Advisor, Governing Bodies Office
Asesora Principal, Oficina de los Cuerpos
Directivos

- - -