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REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

Introduction

1. This report responds to a request from Member States during the 29th Pan American Sanitary Conference in 2017 to review key strategic issues in the relationship between the Pan American Health Organization (PAHO) and World Health Organization (WHO). The recurring report on strategic issues between PAHO and WHO was first presented to the Governing Bodies in 2018 (1). The report to the 59th Directing Council in September 2021 provided updates through June 2021 (2); therefore, the present report covers matters arising since July 2021. The report informs on high-level strategic issues and opportunities of importance to Member States and highlights results of collaboration between PAHO and WHO, with a view to fostering the proactive engagement of Member States from the Region of the Americas in global fora.

2. In view of the feedback received from Member States during the 59th Directing Council in 2021, the present report is structured to focus on leadership and governance issues, as well as accountability and transparency. Where issues are covered under separate agenda items, this report refers to those documents. It should be noted that new and emerging issues may need to be incorporated in the report to the 30th Pan American Sanitary Conference as deliberations of Member States at the global level evolve.

Leadership and Governance

3. This section provides strategic insight from ongoing deliberations and decisions of WHO Governing Bodies, along with their implications for the Region of the Americas and PAHO, given the strategic importance and interest of Member States in ongoing discussions at the global level. It covers meetings of WHO Governing Bodies that have taken place since the 59th Directing Council, in particular the Special Session of the World Health Assembly (29 November to 1 December 2021), the 150th Session of the Executive Board (24-29 January 2022), and the 75th World Health Assembly (22-28 May 2022). The section also provides updates on consultations with Member States and on discussions concerning key issues at the global level.

4. The Pan American Sanitary Bureau (PASB) stands ready to support Member States as necessary to encourage their participation and engagement in future discussions and consultations regarding strategic leadership and governance with far-reaching impact across the Organization, and to promote greater transparency. One key overarching logistical issue is the scheduling of global meetings at times that are not conducive to the active participation of Member States, especially for those located in the time zones of the Region of the Americas. PASB advocates for a more equitable balance in this regard, both within the strategic and technical networks and at the senior management level.

Strengthening WHO Preparedness and Response to Health Emergencies

5. The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established pursuant to Resolution WHA74.7 (3), with a mandate further expanded by Decision WHA74(16) (4). The latter mandate was fulfilled with the submission of the Report of the WGPR (Document SSA2/3) to the Special Session of the World Health Assembly, in November 2021 (5), which was adopted by consensus by the WGPR and welcomed by the World Health Assembly. The WGPR presented its interim report, including its Programme of Work until the 75th World Health Assembly, to the 150th Session of the Executive Board (6).

6. The WGPR Bureau drafted the final report, which was presented in the 75th World Health Assembly. This report of the WGPR is based on: *a)* exchanges among Member States during formal and informal WGPR meetings; *b)* the information posted on the Dashboard of COVID-19 Related Recommendations;¹ and *c)* the results of an online survey for Member States and stakeholders² (launched by the WGPR Bureau in December 2021) to prioritize recommendations to be addressed by the WGPR.

7. In parallel with the WGPR, through the adoption of Decision SSA2(5) (7), WHO Member States decided to establish the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response. Member States appointed two co-chairs for the INB (from The Netherlands and South Africa) and four vice-chairs representing the remaining WHO Regions, including one from Brazil in representation of the Americas.

8. The future of governance in preparing for and responding to health emergencies is also intertwined with: the prospective formation of a Standing Committee on Pandemic and Emergency Preparedness and Response (8); the work of the Member States' Working

¹ The WHO Dashboard of COVID-19 Related Recommendations is available at:
<https://app.powerbi.com/view?r=eyJrIjoiODgyYjRmZjQ0N2UyNi00NGE4LTg1YzYzE2OGFhZjBiYzFjIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9&pageName=ReportSection729b5bf5a0b579e86134>.

² The results of the WGPR survey are available at:
<https://app.powerbi.com/view?r=eyJrIjoiYzA5NWMyYjQ0NDlmNi00MGIwLWJhNWMyYTY0ZjQzMzdmNmZjIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>.

Group on Sustainable Financing (WGSF);³ and discussions and deliberations of the 75th World Health Assembly related to the concept note, published by the WHO Secretariat on 24 March 2022, on Strengthening the Global Architecture of Health Emergency Preparedness, Response and Resilience (9). The ongoing deliberations led by Member States at global level to reshape global health architecture have, by definition, global breadth and implications (10). At the regional level, these deliberations may lead to useful forward actions ensuing from the 75th World Health Assembly and may allow PASB to deliver more effective cooperation to PAHO Member States.

Strategic Planning and Budgeting

9. At the 150th Session of the Executive Board, WHO presented the draft proposal for the extension of the 13th General Programme of Work (GPW 13) from an end date of 2023 to 2025 (11), along with revisions to the WHO Programme budget 2022-2023 (WHO PB 22-23) (12). The proposed GPW 13 extension, requested in resolution WHA74.3 (13), will harmonize the planning cycle of WHO with that of other United Nations agencies and with the PAHO Strategic Plan 2020-2025 (14). The extension will also further facilitate the programmatic and budgetary alignment between PAHO and WHO, which will be key for implementation, monitoring, assessment, and reporting during the 2024-2025 biennium. For the 75th World Health Assembly, WHO has adopted the recommendations of the Executive Board to extend the GPW 13 (15).

10. Regarding the WHO PB 22-23 revisions, the document presented to the 75th World Health Assembly included an additional US\$ 604.4 million⁴ (14% increase) over the total approved WHO PB 22-23. In terms of the increase by WHO strategic priority, 67% of the increase is concentrated in strategic priority 2 (one billion more people better protected from health emergencies), 15% in strategic priority 1 (one billion more people benefiting from universal health coverage), and 13% in strategic priority 4 (more effective and efficient WHO providing better support to countries). Strategic priority 3 (one billion more people enjoying better health and well-being) has the least significant increase of the four strategic priorities, with 5%. More information is provided in the Proposed revision to the Programme budget 2022-2023 (16) and Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (17).

11. In the case of PAHO, the revision includes an increase in the WHO allocation (budget space) to the Regional Office for the Americas (AMRO) of \$39.5 million, thereby increasing the allocation to the Region from \$252.6 million to \$292.1 million (a 35% increase compared with the 2020-2021 biennium allocation).

12. The revision of these documents provides an opportunity to respond to relevant recommendations of various reviews on enhancing emergency preparedness and response,

³ The web page of the Working Group on Sustainable Financing can be accessed at: <https://apps.who.int/gb/wgsf/>.

⁴ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

which were not fully included when the WHO PB 22-23 was approved. Member States and PASB have provided input for the improvement of these documents (e.g., prioritization and alignment of indicators). Consultations with Member States between the Executive Board and the World Health Assembly allowed for further opportunities to present additional input and experiences from countries and the Region.

Sustainable Financing

13. Member States received an update on the deliberations of the Working Group on Sustainable Financing at the 59th Directing Council in September 2021 (18). The WGSF was established by the Executive Board in January 2021 (19) to ensure that WHO has the necessary structures and capacities to fulfill its core functions. The objective of this briefing was to obtain feedback from the Directing Council on five questions that were integral to the financing of WHO. While significant progress was made by the WGSF during its fifth meeting from 13-15 December 2021, it did not reach consensus on the recommendations to the WHO Executive Board. In January 2022, the Executive Board, after considering the progress report of the WGSF (20) and recommendations of the 35th Programme, Budget and Administration Committee of the Executive Board, agreed to extend the mandate of the WGSF to continue its deliberations until the 75th World Health Assembly, in May 2022.

14. In addition to global consultations, PASB, in collaboration with WHO Secretariat and the Chair (Germany) and Vice-Chair (Mexico) of the WGSF, facilitated regional sessions in August 2021 and April 2022, which allowed Member States to be updated on global discussions and increased the Region's participation and engagement. Thanks to this participation, the proposed recommendations of the WGSF considered the regional perspective of Member States, including their concerns, in the final report to be presented to the World Health Assembly.

15. The WGSF held its seventh and final meeting from 25-27 April 2022. Member States reached consensus and a report with the final recommendations was presented to the 75th World Health Assembly, through the 36th Programme, Budget and Administration Committee (21). In summary, Member States agreed on the goal of financing 50% of the base segment of the WHO Programme budget through assessed contributions by 2028-2029 or 2030-2031, at the latest. The first increase is scheduled for WHO PB 24-25, with a growth of 20% or \$192 million (from \$957 million) in assessed contributions above the approved 2022-2023 base budget. Member States also agreed that reforms in governance, together with initiatives to further strengthen transparency, efficiency, accountability, and compliance mechanisms within the Organization, must accompany any proposed increase in assessed contributions. In this regard, Member States will recommend the establishment of an agile task force to improve WHO budgetary, programmatic, and financing governance. Member States from the Region are encouraged to support and participate in the task force, as it is an opportunity to continue engaging with the WHO Secretariat and to share lessons learned and best practices at the global level.

Accountability and Transparency

WHO Programme Budget Implementation

16. The overall funding of the WHO PB 20-21, as of 31 December 2021, was \$7.9 billion (135% of the approved budget).⁵ This is largely explained by the financing received for the emergency operations and appeals segment. Base programs were financed in the amount of \$3.8 billion (101% financing of the approved budget). The WHO PB 20-21 included a \$215.8 million approved budget for AMRO base programs. The amount of funds AMRO received for the biennium was \$159.9 million (74% of the approved budget). Of this amount, \$105.2 million were WHO flexible funds and \$54.7 million were voluntary contributions. Regarding WHO PB 22-23, as of March 2022, AMRO has received a level of financing equivalent to 46% (\$123.8 million) of the approved allocation, which is 30% (\$37 million) more than what AMRO received in the same period of 2020-2021.

17. Over the last three biennia there has been an increasing trend in financing the AMRO base budget, from 68% in 2016-2017 to 74% in 2020-2021. This is largely due to the ongoing collaboration between PAHO and WHO and the advocacy of PAHO Member States for an equitable distribution of WHO funds across WHO Headquarters and all regions. Nonetheless, AMRO continues to be the least funded among WHO major offices (regions and Headquarters). Ongoing efforts by WHO to mobilize more flexible funds and strengthen internal coordination mechanisms (engaging the regions) are key to improve financing of the approved WHO PB 22-23.

18. The WHO Results Report for the 2020-2021 biennium was presented to the 75th World Health Assembly (22). PAHO actively participated in the end-of-biennium assessment of the WHO PB 20-21, especially regarding the completion of output scorecards. The scorecards show the contribution of the Region of the Americas toward achieving the outputs in the WHO Programme budget. Achievements, challenges, and lessons learned from the Region were documented in the major office scorecards and contributed to the overall global assessments. Country success stories demonstrating PAHO and WHO impact at country level were also presented.

19. Importantly, this assessment served as another opportunity to share the Region's wealth of experience in results-based management, especially regarding priority-setting and joint planning, monitoring, and assessment with Member States, while also contributing to and learning from the output scorecard methodology. PASB collaborated closely with the WHO Secretariat to ensure results of the regional implementation of the WHO PB 20-21 were appropriately reflected in the report to the 75th World Health Assembly and is sharing lessons learned from scorecard application with WHO. Further information on PAHO's end-of-biennium assessment is presented in the PAHO Results Report 2020-2021 (23).

⁵ Updated figures from the WHO Programme Budget Portal, available at <http://open.who.int/2020-21/budget-and-financing/gpw-overview>.

Prevention and Responding to Sexual Exploitation, Abuse, and Harassment

20. Following the release in September 2021 of the Final Report of the Independent Commission into the allegations of sexual exploitation and abuse (SEA) during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo,⁶ PASB assisted WHO in preparing its management response letter to the findings and recommendations contained in the report and in reviewing various communications to personnel. PASB is also a member of the WHO Task Team on Prevention and Response to Sexual Exploitation and Abuse and Harassment (PRSEAH) and actively participates in the Task Team's regular meetings.

21. Through funding provided by WHO, PASB is establishing two dedicated positions to help prevent and respond to SEA, conduct awareness-raising activities, and carry out training in the Region of the Americas. In addition, WHO is providing \$600,000 in funding to PASB for PRSEAH-related activities.

22. WHO has established a high-level team and invested considerable resources in developing and implementing an action plan, strategies, initiatives, and awareness-raising campaigns to address SEA. PASB continues to collaborate with WHO and to benefit from the expertise that has been assembled to improve its own policies and practices on PRSEAH.

Action by the Executive Committee

23. The Executive Committee is invited to take note of the information presented in this document and provide any comments it deems pertinent.

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⁶ The Independent Commission was appointed by the WHO Director-General on 15 October 2020 to establish the facts relating to allegations of sexual exploitation and abuse during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo, identify and support survivors, ensure that any ongoing abuse had stopped, and hold perpetrators to account.

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