

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

Provisional Agenda Item 4.1

CSP30/6
1 July 2022
Original: English

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

Introduction

1. In September 2021, Member States of the Pan American Health Organization (PAHO) approved the Program Budget of the Pan American Health Organization for 2022-2023 (*Official Document 363*) (1), under the theme *Protect, Recover, and Build Stronger*, including the budget allocation from the World Health Organization (WHO) for the Regional Office for the Americas (AMRO).
2. During the 75th World Health Assembly in May 2022, Member States approved the proposed revision to the WHO Programme budget 2022-2023 (Resolution WHA74.3) (2) with an overall increase of US \$604.4 million¹. This increase includes a revision of the WHO allocation to the Region of the Americas in the amount of \$39.5 million (from \$252.6 million to \$292.1 million), 16% more than the initial approved allocation for the 2022-2023 biennium.
3. Given the interconnection between the WHO and PAHO program budgets, the revision of the WHO Programme budget 2022-2023 (WHO PB22-23) will have an impact on the AMRO portion of the PAHO Program Budget 2022-2023 (PAHO PB22-23). Therefore, the Pan American Sanitary Bureau (PASB) considers it important to present the Pan American Sanitary Conference with a proposed revision of the PAHO PB22-23 in the spirit of transparency, accountability, and collaboration with Member States. Additionally, given the amount of financial resources received for outbreak and crisis response (OCR) and the Smart Hospitals initiative, consistent with the increased technical cooperation needs, PASB also takes the opportunity to present to Member States a revised budget for the special programs segment of the PAHO PB22-23.

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

4. This document details the proposed amendments to the PAHO Program Budget for the 2022-2023 biennium, which was adopted by the 59th Directing Council of the Pan American Health Organization in September 2021 through Resolution CD59.R8 (3).

Background

5. There are two drivers for the proposed amendments to the PAHO Program Budget: the approved revision to WHO PB22-23 (Document A75/6) (4), including the change in the WHO allocation to the Region of the Americas, and the influx of funds already received for the special programs segment of the PAHO PB22-23 for OCR and the Smart Hospitals initiative, which merits an update to the figures PASB presented to Member States as a placeholder.

6. These two drivers imply a total increase in the PAHO PB22-23 of \$39.5 million in base programs and \$154 million in special programs. This brings the overall program budget to a total of \$881.5 million, 28% more than the overall PAHO PB22-23 approved by Member States in September 2021 and 36% more than the approved PAHO Program Budget 2020-2021 (PAHO PB20-21), as summarized in Table 1.

**Table 1. Summary Program Budget Increase by Segment
(in US\$)**

Segment	Approved PB20-21	Approved PB22-23	Increase	Amended PB22-23
Base programs	620,000,000	640,000,000	39,500,000	679,500,000
Special programs	30,000,000	48,000,000	154,000,000	202,000,000
TOTAL	650,000,000	688,000,000	193,500,000	881,500,000

7. The following sections present the rationale, indicate the size of the amendments in base programs and special programs, and provide an update on financing.

Proposed Amendments: Base Programs

8. Given the uncertainty at the time of development of the WHO PB22-23, owing to the rapidly changing health situation in the world due to the COVID-19 pandemic and the various independent reviews on pandemic preparedness and response, the WHO Secretariat adopted a two-phased approach to program budget development:

- a) Reflect on the lessons learned that were already known in the original version of the WHO PB22-23 (2) presented in May 2021.
- b) Analyze the recommendations emanating from the various reviews and submit a proposed revision to the World Health Assembly in May 2022.

9. As part of the WHO PB22-23 approval process, Resolution WHA74.3 (2) requested the WHO Director-General “to submit, as deemed necessary, a revised Programme budget 2022-2023, including its revised appropriation resolution, as appropriate, to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing.”

10. The total budget increase for the 2022-2023 biennium is \$604.4 million, which represents a 14% increase on the approved WHO PB22-23 and a 32% increase compared with the WHO Programme budget 2020-2021.

11. In terms of the changes according to WHO Strategic Priorities, the additional budget requirements, totaling \$604.4 million, are as follows:

- a) \$404.6 million for Strategic Priority 2 (one billion more people better protected from health emergencies) to consolidate and scale current capacities and initiatives, and to build the new capabilities required for WHO to discharge its mandate to coordinate the strengthening of global health security and lead efforts to prevent, prepare for, detect, and respond to health emergencies;
- b) \$120.0 million for Strategic Priorities 1 (one billion more people benefiting from universal health coverage) and 3 (one billion more people enjoying better health and well-being);
- c) \$79.7 million for Pillar 4 (more effective and efficient WHO providing better support to countries), distributed as follows: \$50.0 million under WHO outcome 4.2 to strengthen its capacity for accountability, compliance, and risk, with special focus on the prevention of sexual exploitation, abuse, and harassment, and \$29.7 million under WHO outcome 4.1 (strengthened country capacity in data and innovation).

12. In the case of PAHO, the revision includes an increase in the WHO allocation (budget space) to AMRO of \$39.5 million, summarized in Table 2, thereby increasing the allocation to the Region from \$252.6 million to \$292.1 million (a 35% increase compared with 2020-2021).

**Table 2. Increases by WHO Strategic Priority/Pillar, total WHO and AMRO
(in US\$)**

Strategic Priority/Pillar	Total WHO Increase	AMRO/ PAHO Increase
1 One billion more people benefiting from Universal Health Coverage	89,700,000	7,900,000
2 One billion more people better protected from health emergencies	404,600,000	25,700,000
3 One billion more people enjoying better health and well-being	30,400,000	3,000,000
4 More effective and efficient WHO providing better support to countries	79,700,000	2,900,000
TOTAL	604,400,000	39,500,000

13. The expected financing sources for the base programs segment of the PAHO PB22-23, including the new allocation for the Region of the Americas, is indicated in Table 3, which shows the expected financing sources of the proposed amended PAHO PB22-23 compared with that of the approved program budgets for 2020-2021 and 2022-2023, as well as the contribution of each financing source as a share of the proposed amended PAHO PB22-23.

14. Given the increase in the AMRO budget allocation of \$39.5 million for base programs, the overall PAHO base programs show an increase in the same amount, from \$640 million to \$679.5 million. With this increase, the WHO allocation to the Region would correspond to 43% of the PAHO budget for base programs and will need to be financed by funds mobilized through WHO.

**Table 3. Proposed Amended PAHO Program Budget 2022-2023 by Financing Source, Compared with PAHO Program Budget 2020-2021, Base Programs Only
(in US\$)**

Source of financing	Approved PB20-21	Approved PB22-23	Proposed Increase	Proposed Amended PB22-23	22-23 Share
PAHO net assessed contributions	194,400,000	194,400,000	-	194,400,000	29%
PAHO budgeted miscellaneous revenue	17,000,000	14,000,000	-	14,000,000	2%
PAHO voluntary contributions and other sources	192,800,000	179,000,000	-	179,000,000	26%
WHO allocation to the Region of the Americas	215,800,000	252,600,000	39,500,000	292,100,000	43%
TOTAL	620,000,000	640,000,000	39,500,000	679,500,000	100%

15. To reflect these changes in the PAHO PB22-23, PASB considered the WHO and PAHO programmatic linkages, the outcome priority level as defined by Member States, and the available funding as of March 2022 by outcome, as well as the conclusions of internal consultations regarding the planned costs of PASB biennial workplans for 2022-2023. The result of this process is an increase in the budget for 20 of the 28 outcomes that constitute the Base segment of the PAHO PB22-23.

16. While the programmatic scope of the outcomes and outputs in the PAHO PB22-23 does not change, the budget increases provide the opportunity to expand or scale up the work of PASB in certain areas. In doing so, the strategic approaches and areas of focus defined in the PAHO PB22-23 will be strengthened (see Figure 9 in *Official Document 363*). During the remainder of the 2022-2023 biennium, PAHO will place increased focus on protecting public health gains, recovering from the impact of the pandemic, and building stronger.

17. This work will be accomplished by enhancing the Organization's strategic leadership and normative guidance, as well as by expanding country support on the following key priorities already included in the approved PAHO PB22-23. PAHO will take into account the recommendations of the various reviews in strengthening preparedness and response to emergencies. Efforts must also be guided by the lessons learned in the end-of-biennium assessment report (Document CSP30/7 and Add. I) and the findings that targeted interventions required to accelerate progress toward the health impact commitments in the PAHO Strategic Plan 2020-2025, the Sustainable Health Agenda for the Americas 2018-2030, and the Sustainable Development Goals. Given the impact of the pandemic on populations in situations of vulnerability, targeted approaches are required in order to advance on health equity, gender and ethnic equality in health, and human rights.

18. **Strengthening health systems and services.** PAHO will scale up its work at country level to strengthen the primary health care approach across the continuum of health care and its integration in essential health services, while also continuing to expand equitable, comprehensive, and quality health services, from health promotion and disease prevention to integrated care and service delivery. The promotion and institutionalization of an integrated approach to health systems strengthening is required in order to ensure resilience. PASB will support countries and territories by advocating for them to achieve full financing for health security and addressing the root causes of underfinancing and poor financial protection in health. PASB will also work to increase country capacities to address the social and environmental determinants of health through intersectoral and social participation, accelerate actions to fill gaps in the health workforce that affect service delivery, and strengthen country capacity for stewardship and governance and execution of the essential public health functions. PASB will continue to support countries and territories in strengthening national regulatory systems and access to health technologies and will work to enable the development of mRNA vaccines. Finally, PASB will invest further in digital transformation and information systems for health by harnessing the power of data and artificial intelligence.

19. **Scaling up health emergency preparedness and response.** PASB will accelerate targeted actions to support countries and territories to strengthen capacities to prevent, prepare for, and respond to health emergencies, considering the lessons from the COVID-19 pandemic and recommendations from independent reviews and evaluations. Working with Member States and partners to enhance key elements of the national health emergency preparedness and response system, including its modus operandi, financing, legislation and assessment, will be a priority. PASB will further support Member States in building capacities for health crisis management and emergency response, scaling up the routine use of intra-action and after-action reviews for health emergencies, accelerating the comprehensive implementation of existing strategies for yellow fever, meningitis, and cholera with focus on high-risk countries and territories, adapting and expanding existing surveillance systems for respiratory viruses to fully integrate COVID-19 surveillance, prioritizing and strengthening genomic surveillance, and continuing to strengthen systems and capacities to enable early warning, alert, and rapid response for potential threats to public health, including special focus on the human-animal interface. PASB will also support countries and territories in enhancing their disaster risk reduction approaches across sectors, including expansion of the Safe Hospitals and the Smart Hospitals initiatives.

20. **Addressing the growing burden of noncommunicable diseases (NCDs) and mental health conditions.** PAHO will continue to take into account the lessons of the past two years by advocating at the highest levels of governments and partner organizations for political commitment and intersectoral collaboration for integrating NCDs into primary health care, as well as promoting multisectoral actions to address the main risk factors through measures such as plain packaging and taxation of tobacco, alcohol, and sugar-sweetened beverages. Malnutrition is a key priority identified by Member States. PAHO will work to implement best practices for maternal and newborn development, including breastfeeding. Finally, PAHO will promote and prioritize mental health interventions, considering the lessons of the pandemic and the proposed Policy for Improving Mental Health.

21. **Advocating for the elimination of communicable diseases.** Utilizing the platform of the Elimination Initiative, PAHO will scale up the implementation of strategies to support the progressive expansion of health services to address priority communicable diseases and work toward their elimination. Considering the lessons of the pandemic, PAHO will also support countries and territories in enhancing the surveillance of antimicrobial resistance to monitor the impact of interventions under National Action Plans and implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, as part of the One Health approach.

22. **Strengthening the Organization's accountability functions and addressing sexual exploitation and abuse.** While continuing to strengthen its accountability functions in line with results-based management and value-for money approaches, PAHO will give special attention to implementing the policy to prevent and respond to the sexual exploitation and abuse of people who depend directly or indirectly on the services provided by PAHO. These efforts will include hiring dedicated staff, establishing country focal

points, strengthening reporting mechanisms, implementing awareness-raising activities, and providing training in the prevention of and response to sexual harassment, coercion, and exploitation and abuse.

Proposed Amendments: Special Programs

23. The PAHO Program Budget 2022-2023 approved by Member States includes \$48 million for the following special programs: OCR, polio eradication maintenance, the Smart Hospitals initiative, and the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. These programs are fully funded by voluntary contributions and are time-limited. The funding of this segment is entirely dependent on the occurrence of events and projects, and therefore the budget allocation to these special programs is considered a placeholder.

24. Member States continue to need resources for OCR, considering the ongoing pandemic and the need to continue strengthening health systems and capacities to respond to health emergencies throughout the Region. At the same time, there is additional funding for disaster risk reduction actions, including expansion of the Safe Hospitals initiative and the Smart Hospitals initiative to other Member States.

25. Given that as of 30 April 2022 the Organization has already received \$173 million in special programs and that the projected funds to be received are even greater, it is necessary to increase the initial estimated budget from \$48 million to \$202 million in the spirit of transparency while being cautiously optimistic. This increase is presented on an exceptional basis to respond to the current financial outlook and Member State needs for technical cooperation particular to this biennium. Table 4 shows the proposed changes in the funding of special programs.

Table 4: Proposed Increases, by special program, compared to estimated amounts in the Approved PAHO PB 2022-2023 (in US\$)

Special Programs	Approved Placeholder 22-23	Proposed Placeholder 22-23	Difference
Foot-and-mouth disease elimination program	11,000,000	11,000,000	0
Smart hospitals	5,000,000	10,000,000	5,000,000
Outbreak & crisis response	31,000,000	180,000,000	149,000,000
Polio eradication maintenance	1,000,000	1,000,000	0
Subtotal Special programs	48,000,000	202,000,000	154,000,000

26. To summarize, the proposed amended PAHO PB22-23 for all segments and by outcome is detailed in Table 5.

**Table 5. Proposed Amended Program Budget by Outcome
Compared to Approved 2022-2023
(in US\$)**

OUTCOME	Outcome Short Title	Revised Prioritization Results 22-23	Approved PAHO PB22-23	Proposed Amended PAHO PB22-23	Difference
OUTCOME 1	Access to comprehensive and quality health services	High	25,500,000	26,900,000	1,400,000
OUTCOME 2	Health throughout the life course	Medium	35,000,000	35,000,000	-
OUTCOME 3	Quality care for older people	Low	4,000,000	4,000,000	-
OUTCOME 4	Response capacity for communicable diseases	High	70,000,000	71,000,000	1,000,000
OUTCOME 5	Access to services for NCDs and mental health conditions	High	20,300,000	21,100,000	800,000
OUTCOME 6	Response capacity for violence and injuries	Low	3,000,000	3,000,000	-
OUTCOME 7	Health workforce	Medium	12,500,000	12,800,000	300,000
OUTCOME 8	Access to health technologies	Medium	36,400,000	38,000,000	1,600,000
OUTCOME 9	Strengthened stewardship and governance	Medium	10,100,000	10,850,000	750,000
OUTCOME 10	Increased public financing for health	Medium	4,400,000	5,350,000	950,000
OUTCOME 11	Strengthened financial protection	Low	4,100,000	4,100,000	-
OUTCOME 12	Risk factors for communicable diseases	High	26,000,000	26,800,000	800,000
OUTCOME 13	Risk factors for NCDs	High	27,000,000	27,600,000	600,000
OUTCOME 14	Malnutrition	Medium	6,000,000	6,300,000	300,000
OUTCOME 15	Intersectoral response to violence and injuries	Low	3,000,000	3,000,000	-
OUTCOME 16	Intersectoral action on mental health	Medium	5,000,000	5,500,000	500,000
OUTCOME 17	Elimination of communicable diseases	Low	26,000,000	26,300,000	300,000
OUTCOME 18	Social and environmental determinants	Low	17,000,000	17,600,000	600,000
OUTCOME 19	Health promotion and intersectoral action	Medium	6,000,000	6,500,000	500,000
OUTCOME 20	Integrated information systems for health	Medium	16,400,000	16,700,000	300,000
OUTCOME 21	Data, information, knowledge, and evidence	Low	16,500,000	16,500,000	-
OUTCOME 22	Research, ethics, and innovation for health	Low	3,800,000	3,800,000	-

OUTCOME	Outcome Short Title	Revised Prioritization Results 22-23	Approved PAHO PB22-23	Proposed Amended PAHO PB22-23	Difference
OUTCOME 23	Health emergencies preparedness and risk reduction	High	27,000,000	38,600,000	11,600,000
OUTCOME 24	Epidemic and pandemic prevention and control	High	26,000,000	37,600,000	11,600,000
OUTCOME 25	Health emergencies detection and response	High	25,000,000	27,500,000	2,500,000
OUTCOME 26	CCTs: Equity, Ethnicity, Gender, and Human Rights	N/A	7,000,000	7,200,000	200,000
OUTCOME 27	Leadership and governance	N/A	78,500,000	81,400,000	2,900,000
OUTCOME 28	Management and administration	N/A	98,500,000	98,500,000	-
Subtotal Base programs			640,000,000	679,500,000	39,500,000
	Foot-and-mouth disease elimination program	N/A	11,000,000	11,000,000	-
	Smart hospitals	N/A	5,000,000	10,000,000	5,000,000
	Outbreak & crisis response	N/A	31,000,000	180,000,000	149,000,000
	Polio eradication maintenance	N/A	1,000,000	1,000,000	-
Subtotal Special programs			48,000,000	202,000,000	154,000,000
TOTAL Program Budget			688,000,000	881,500,000	193,500,000

Financing Implications of the Proposed Amendments

27. The proposed amendments in base programs in the amount of \$39.5 million, corresponding to the increase in the WHO allocation to the Region of the Americas and ongoing negotiations at WHO for additional flexible funds, constitute an opportunity for the Region to receive additional funding from WHO to cover the important areas and needs outlined above.

28. At the same time, the increased budget space presented in this document could imply a larger funding gap for the PAHO PB22-23 base segment and has implications for its implementation. Nonetheless, it is important to note that during the last three biennia there has been a rising trend in financing the AMRO base budget, from 68% in 2016-2017 to 74% in 2020-2021. This trend underscores the importance of increasing all ongoing efforts for resource mobilization and continued advocacy from Member States and collaboration with WHO for an increased and equitable distribution of WHO funds across Headquarters and all regions.

Action by the Pan American Sanitary Conference

29. The Conference is invited to analyze the proposed amendments to the Program Budget of the Pan American Health Organization 2022-2023, provide any comments it deems pertinent, and consider approving the proposed resolution presented in the Annex.

Annex

References

1. Pan American Health Organization. Program Budget of the Pan American Health Organization 2022-2023 [Internet]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 Sep 20-24; virtual session. Washington, DC: PAHO; 2021 (Official Document 363) [cited 2022 February 4]. Available from:
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74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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CSP30/6
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PROPOSED RESOLUTION

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

THE 30th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having reviewed the document Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document CSP30/6);

(PP2) 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;

(PP3) 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;

(PP4) 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;

(PP5) 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,

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

RESOLVES:

(OP)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 CSP30/6.

(OP)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.

(OP)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.

(OP)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

(OP)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.

(OP)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.

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