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 will cover matters arising since July 2021. The report informs on high-level strategic issues and opportunities of importance to Member States and highlight 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, it is proposed that the present report be structured to focus on leadership and governance issues as well as accountability and transparency. Where issues are covered under separate agenda items, this report will refer to those. The following sections summarize the main areas that will be covered in the present report and provide updates related to these topics. It should be noted, however, that new and emerging issues may need to be incorporated as deliberations of Member States at the global level evolve. The Pan American Sanitary Bureau (PASB) stands ready to support Member States to engage in future discussions and consultations on these matters, as necessary.

Leadership and Governance

3. This section provides strategic insight from ongoing deliberations or decisions of WHO Governing Bodies, along with implications for the Region of the Americas and PAHO, given the strategic importance of and interest from Member States in the ongoing discussions at global level. Since the 59th Directing Council, the Special Session of the World Health Assembly was held from 29 November to 1 December 2021, and the 150th Session of the Executive Board was held from 24-29 January 2022.
Strengthening WHO Preparedness and Response to Health Emergencies

4. 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 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).

5. However, the WGPR’s future scope and methods of work, as well as the expected outcomes, continue to be debated among Member States (7), including the articulation with the Member States Working Group on Sustainable Financing (WGSF) (8). To facilitate these discussions, the WHO Secretariat established the Dashboard of COVID-19 Related Recommendations1 and, on 6 December 2021, the WGPR Bureau launched an online survey for Member States and stakeholders, aimed at prioritizing recommendations to be addressed by the WGPR.

6. In parallel with the WGPR, through the adoption of Decision SSA2(5) (9), WHO Member States decided to establish the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response.

Strategic planning and budgeting

7. 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 (10) as well as revisions to the WHO Programme budget 2022-2023 (WHO PB 22-23) (11). The proposed GPW 13 extension, requested in resolution WHA74.3 (12), will harmonize the planning cycle of WHO with that of other United Nations agencies and the PAHO Strategic Plan 2020-2025 (13). 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. The proposed revisions to the WHO PB 22-23 represent an additional US$ 484.4 million2 (10% increase) over the total approved WHO PB 22-23, with 84% of the proposed increase concentrated in strategic priority 2 (health emergencies). More information is provided in the Program Budget of the Pan American Health Organization 2022-2023: Proposed Amendments (Document SPBA16/2) (14).

8. The revision of these documents provides an opportunity to respond to relevant recommendations of various reviews on enhancing emergency preparedness and response, which were not fully included when the WHO PB 22-23 was approved, and allows for

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2 Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.
contextual considerations. Both Member States and PASB have provided input for the improvement of these documents (e.g. prioritization, alignment of indicators). Consultations with Member States between the Executive Board and the World Health Assembly will provide further opportunities to present additional input and experiences from countries and the Region.

**Sustainable financing**

9. Member States received an update on the deliberations of the Working Group on Sustainable Financing at the 59th Directing Council in September 2021 (15). The WGSF was established by Executive Board in January 2021 (8) 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 on 13-15 December 2021, it did not reach consensus on the recommendations to WHO Executive Board. In January 2022, the Executive Board, after considering the progress report of the WGSF (16) and recommendations of the thirty-fifth 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.

10. While Member States have recognized the imperative to address sustainable financing, the critical issue of debate has been on increasing the proportion of assessed contributions in the budget for base programs from 22% to 50%, in a phased approach, between 2024 and 2029. Member States have also stressed that reforms in governance, accountability, and transparency are integral to and must accompany the proposal for sustainable financing. As consultations proceed between the Executive Board and World Health Assembly, Member States should continue to participate to provide the regional perspective and country context, aiming at a consensus proposal for the Assembly. It is also important that Member States be attentive to the proposed creation of a Member States task force to improve WHO budgeting processes. Regional participation in this task force will provide the opportunity to continue sharing regional and country practices in this regard.

**Accountability and Transparency**

11. This section provides updates on WHO Programme budget 2020-2021 (WHO PB 20-21) implementation, including programmatic and financial monitoring and reporting. The funding and implementation of the Programme budget total financing, as of 30 September 2021, was $8.8 billion (151% of the WHO Programme budget) (17). This is largely explained by the financing received for the emergency operations and appeals segment. Base programs were financed in the amount of $4.2 billion (110% financing of the approved budget). The WHO PB 20-21 included a $215.8 million approved budget for Regional Office for the Americas (AMRO) base programs. The amount of funds received
by AMRO for the biennium was $159.9 million (74% of the approved budget). Of this, $105.2 million were WHO Flexible Funds and $54.7 million WHO Voluntary Contributions.

12. Over the last three biennia there has been an increasing trend in financing the AMRO base budget, from 68% in 2016-17 to 74% in 2020-21. 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 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 Programme budget.

13. The updated report on strategic issues for the 170th Session of the Executive Committee will provide Member States an overview of the Region’s participation in the end-of-biennium assessment of the WHO PB 20-21, to which PAHO contributes with the results of its own assessment of the PAHO Program Budget 2020-2021 (PB20-21) (18). PASB is collaborating closely with the WHO Secretariat to ensure results of the regional implementation of PB20-21 are appropriately reflected in the report to the 75th World Health Assembly, especially as it regards the application of the output scorecard and the development of country success stories demonstrating PAHO and WHO impact at country level. The section may also provide updates on additional topics, as they emerge, related to the accountability and transparency of WHO.

**Action by the Subcommittee on Program, Budget, and Administration**

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

**References**


