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FINAL REPORT

CONTENTS

	<i>Page</i>
Opening of the Session	5
Procedural Matters	
Election of Officers.....	6
Adoption of the Agenda and Program of Meetings.....	6
Representation of the Executive Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas.....	7
Provisional Agenda of the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas.....	7
Committee Matters	
Report on the Ninth Session of the Subcommittee on Program, Budget, and Administration.....	7
PAHO Award for Administration (2015).....	8
Nongovernmental Organizations in Official Relations with PAHO.....	8
Annual Report of the Ethics Office (2014).....	10
Report of the Audit Committee of PAHO.....	12
Appointment of One Member to the Audit Committee of PAHO.....	14
Program Policy Matters	
Proposed PAHO Program and Budget 2016-2017.....	14
WHO Reform.....	18
Plan of Action on Immunization.....	21
Strategy and Plan of Action on Dementias and other Disabling Conditions in Older Persons.....	24
Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women.....	26
Plan of Action on Workers' Health.....	28
Plan of Action for the Prevention and Control of Tuberculosis.....	30
Plan of Action on Antimicrobial Resistance.....	32
Plan of Action for the Prevention and Control of Viral Hepatitis.....	34
Strategy on Health-related Law.....	37
Administrative and Financial Matters	
Report on the Collection of Assessed Contributions.....	38
Financial Report of the Director and Report of the External Auditor for 2014.....	39
Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses.....	42
Programming of the Revenue Surplus.....	43
After-service Health Insurance.....	44
Report on the Master Capital Investment Fund and Reassessment of Real Estate Projects in the Master Capital Investment Plan.....	45

CONTENTS (*cont.*)

	<i>Page</i>
Administrative and Financial Matters (<i>cont.</i>)	
Status of Projects Funded from the PAHO Holding Account	46
Report on the PASB Information Technology Strategy	47
Report of the Office of Internal Oversight and Evaluation Services	48
Update on the Appointment of the External Auditor of PAHO for 2016-2017.....	49
Amendments to the Financial Regulations and Financial Rules of PAHO	49
Personnel Matters	
Amendments to the PASB Staff Regulations and Rules	50
Report on the Development of the PASB Human Resources Strategy:	
A People Strategy	50
PASB Staffing Statistics	52
Statement by the Representative of the PAHO/WHO Staff Association	53
Matters for Information	
WHO Proposed Program Budget 2016-2017	54
Regional Goals for Human Resources for Health 2007-2015: Final Report	55
Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action	56
Status of the Modernization of the PASB Management Information System (PMIS)	57
Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas	59
International Health Regulations and Ebola Virus Disease	60
Progress Reports on Technical Matters:	
A. Implementation of the WHO Framework Convention on Tobacco Control ...	62
B. Proposed 10-Year Regional Plan on Oral Health for the Americas	62
C. Plan of Action on Road Safety.....	62
D. Dengue Prevention and Control in the Americas	62
E. Chronic Kidney Disease in Agricultural Communities in Central America....	63
F. Health Technology Assessment and Incorporation into Health Systems	63
G. Status of the Pan American Centers.....	64
Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:	
A. Sixty-eighth World Health Assembly	64
B. Subregional Organizations.....	65
Closure of the Session	66

CONTENTS (*cont.*)*Page***Resolutions and Decisions*****Resolutions***

CE156.R1	Collection of Assessed Contributions	66
CE156.R2	Plan of Action for the Prevention and Control of Tuberculosis.....	67
CE156.R3	Plan of Action on Workers' Health.....	69
CE156.R4	Plan of Action on Antimicrobial Resistance	72
CE156.R5	Appointment of One Member to the Audit Committee of PAHO ..	74
CE156.R6	Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women.....	75
CE156.R7	Transfer of Funds from The Holding Account to the Master Capital Investment Fund.....	77
CE156.R8	Use of the Balance of the IPSAS and Budgetary Surpluses.....	78
CE156.R9	Amendments to the Financial Regulations.....	79
CE156.R10	Plan of Action for the Prevention and Control of Viral Hepatitis...	80
CE156.R11	Strategy on Health-related Law.....	83
CE156.R12	PAHO Award for Administration (2015).....	85
CE156.R13	Amendments to the PASB Staff Regulations and Rules	86
CE156.R14	Plan of Action on Immunization	87
CE156.R15	Nongovernmental Organizations in Official Relations with the Pan American Health Organization	89
CE156.R16	Provisional Agenda of the 54th Directing Council of PAHO, 67th session of the Regional Committee of WHO for the Americas..	90
CE156.R17	PAHO Program and Budget 2016-2017.....	90

Decisions

CE156(D1)	Adoption of the Agenda	94
CE156(D2)	Representation of the Executive Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas	94
CE156(D3)	Programming of the Revenue Surplus.....	94

Annexes

- Annex A. Agenda
- Annex B. List of Documents
- Annex C. List of Participants

FINAL REPORT

Opening of the Session

1. The 156th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 22 to 26 June 2015. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Bahamas, Canada, Costa Rica, Ecuador, Guatemala, Jamaica, Paraguay, Trinidad and Tobago, and United States of America. Delegates of the following other Member States, Participating States, and Observer States attended in an observer capacity: Barbados, Brazil, Chile, Colombia, Cuba, El Salvador, France, Mexico, Peru, Saint Lucia, Spain, Uruguay, and Venezuela (Bolivarian Republic of). In addition, one intergovernmental organization and eight nongovernmental organizations were represented.
2. Dr. Antonio Barrios (Paraguay, President of the Executive Committee) opened the session and welcomed participants.
3. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]), also welcoming participants, highlighted several successes achieved since the 53rd Directing Council in October 2014, including formal declaration of the Region as free from rubella and congenital rubella syndrome. The Region had also mounted a successful response to the threat of an Ebola virus disease outbreak in the Americas. The Bureau had taken a proactive leadership role in developing and implementing a framework for strengthening national preparedness and in collaboration with various partners had mobilized 25 expert missions to help countries of Latin America and the Caribbean prepare for the possible introduction of the virus, which fortunately had not occurred. It had also established a regional stockpile of personal protective equipment and organized workshops on risk communication and other topics. Work remained to be done, however, to be certain that the Region was fully prepared to deal with potential health emergencies and to close gaps in countries' capacity to fulfill the essential public health functions and meet the requirements of the International Health Regulations (2005). The efforts aimed at achieving universal health access and universal health coverage must also continue.
4. She noted that the Committee would be discussing strategies and plans of action on a number of important technical topics. It would also consider the program and budget for 2016-2017 and examine key financial, administration, and personnel matters. The Committee's deliberations were critical to the good governance of the Organization and would lay the groundwork for a productive and successful Directing Council in September. She expressed gratitude in advance to Committee Members for their commitment and hard work during the session.

Procedural Matters

Election of Officers

5. The following Members elected to office at the Committee's 155th Session continued to serve in their respective capacities during the 156th Session:

<i>President:</i>	Paraguay	(Dr. Antonio Barrios)
<i>Vice President:</i>	Costa Rica	(Dr. María Esther Anchía)
<i>Rapporteur:</i>	Trinidad and Tobago	(Ms. Lydia Jacobs)

6. The Director served as Secretary ex officio, and Dr. Isabella Danel (Deputy Director, PASB) served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE156/1, Rev. 3, and CE156/WP/1)

7. The Director, introducing the provisional agenda contained in Document CE156/1, Rev. 1, recalled that the Subcommittee on Program, Budget, and Administration had requested that she revise the proposed agenda for the Committee's 156th Session with a view to reducing the number of items and thereby ensuring sufficient time for discussion. Accordingly, she had sent a letter to Members of the Executive Committee on 25 March 2015 proposing that consideration of the items on antimicrobial drug resistance, rational use of essential medicines and other health technologies, strengthening of public health policies across borders, review of PAHO resolutions adopted from 1999 to 2013, and the health sector response to the post-2015 sustainable development goals should be postponed until 2016.

8. She had also proposed that the items on Ebola virus disease and the International Health Regulations (2005) should be combined in a single item. Executive Committee Members had accepted that proposal and agreed to the postponement of all the above-mentioned items except the proposed plan of action on antimicrobial resistance, an issue deemed to be of utmost importance in the Region. That item had therefore been retained. As the WHO document "Global Strategy on Human Resources for Health: Health Workforce 2030" (item 7.2 of the provisional agenda) was not yet available, she recommended that the be removed from the Committee's agenda and discussion of the Global Strategy be postponed until the 54th Directing Council in September 2015.

9. The Committee adopted the provisional agenda, as amended in Document CE156/1, Rev. 3 (Decision CE156[D1]); the Committee also adopted a program of meetings (CE156/WP/1).

Representation of the Executive Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas (Document CE156/2)

10. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Paraguay and Costa Rica, its President and Vice President, respectively, to represent the Committee at the 54th Directing Council, 67th Session of the Regional Committee of WHO for the Americas. Ecuador and Jamaica were elected as alternate representatives (Decision CE156[D2]).

Provisional Agenda of the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas (Document CE156/3, Rev. 1)

11. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB), introducing the provisional agenda of the 54th Directing Council, 67th Session of the Regional Committee of WHO for the Americas (Document CE156/3, Rev. 1), recalled that the Subcommittee on Program, Budget, and Administration, at its Ninth Session, had asked the Bureau to endeavor to prepare an agenda of manageable length for the 54th Directing Council. Accordingly, the Bureau suggested that some of the items examined by the Executive Committee not be forwarded to the Directing Council for consideration; instead, reports on those items could be included in the report that the President of the Executive Committee would present to the Council. Those items were: Programming of the Revenue Surplus, After-Service Health Insurance, Report on the Master Capital Investment Fund and Reassessment of Real Estate Projects in the Master Capital Investment Plan, Status of Projects Funded from the PAHO Holding Account, Report on the PASB Information Technology Strategy, Status of the PASB Management Information System, the WHO Program Budget 2016-2017, and all of the personnel matters.

12. In addition, Ms. Huerta explained that the item on the PAHO Award for Administration 2015 would be removed from the agenda, since the Award Committee had recommended that the award not be conferred in 2015 (see paragraphs 16 to 18 below). One item would be added, dealing with revision of PAHO Member States' assessments on the basis of the 2015 scale of assessments adopted by the Organization of American States (see paragraph 68 below), and the title of agenda item 4.4, on dementia in older persons, would be changed to reflect the Committee's decision in that regard (see paragraphs 93 to 102 below).

13. The Committee agreed with the proposed changes and adopted the provisional agenda, as amended (Resolution CE156.R16).

Committee Matters

Report on the Ninth Session of the Subcommittee on Program, Budget, and Administration (Document CE156/4)

14. Ms. Natalie St. Lawrence (Canada, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and

Administration (SPBA) had held its Ninth Session from 19 to 21 March 2015. The Subcommittee had discussed a number of important financial, administrative, and program matters, including the draft proposed PAHO program and budget for 2016-2017, real estate projects planned under the Master Capital Investment Plan, the project for modernization of the PASB Management Information System, and the Organization's draft strategies on information technology and human resources. The Subcommittee had also discussed WHO reform and recommended a candidate to replace an outgoing member of the Audit Committee. She 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.

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

PAHO Award for Administration (2015) (Documents CE156/5 and Add. I)

16. Mr. Carlos Andrés Emanuele Ortíz (Ecuador) reported that the Award Committee for the PAHO Award for Administration 2015, consisting of the delegates of Canada, Ecuador, and Paraguay, had met to discuss the award on 23 June, and had examined the qualifications of the only candidate put forward by Member States, namely Dr. Merlin Fernández Rápalo, of Honduras. In accordance with Article 10 of the procedures for conferring the Award, the Award Committee proposed to leave Dr. Rápalo's candidacy pending, to be reexamined together with those of other candidates in 2016. The Award Committee also proposed that the general guidelines and criteria for the Award should be reviewed in order to enhance its importance and encourage Member States to present candidates.

17. In response to a question, he confirmed that Dr. Rápalo's candidacy had met the requirements for the award, adding that the Award Committee had considered it preferable that there should be more than one candidate. In response to another question as to what would happen if there was a single candidate in future years, he stressed that the intention behind the Award Committee's proposal for a review of the criteria for the award was precisely to avoid such a situation by encouraging Member States to nominate candidates.

18. The Executive Committee adopted Resolution CE156.R12, agreeing not to confer the PAHO Award for Administration in 2015 and to consider Dr. Rápalo's candidacy along with other candidacies received in 2016.

Nongovernmental Organizations in Official Relations with PAHO (Document CE156/6)

19. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that, in accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee had held a closed meeting during its Ninth Session to review the status of two NGOs in official relations with PAHO and to consider the applications of two others seeking to enter into official relations with the

Organization. The Subcommittee had decided to recommend that the Executive Committee continue official relations between PAHO and the Inter-American Heart Foundation and the Sabin Vaccine Institute for a period of four years and that it admit the Framework Convention Alliance into official relations with PAHO, also for a period of four years.

20. With regard to the application of the Latin American Society for Nephrology and Hypertension for entry into official relations with PAHO, the Subcommittee had requested additional financial information on the organization and had asked the Bureau to ascertain whether the Society's employment of a secretary provided by a private company might create any conflict of interest. The Subcommittee had also recommended that several joint activities be undertaken with the four organizations and had requested the relevant technical units to incorporate those activities into the respective four-year collaborative work plans.

21. Mr. Alberto Kleiman (Director, Department of External Relations, Resource Mobilization, and Partnerships, PASB) said that the four NGOs had been duly informed of the Subcommittee's recommendations concerning joint activities. The PASB Department of External Relations, in collaboration with the relevant technical office, had requested the Latin American Society for Nephrology and Hypertension (known by its Spanish acronym SLANH) to submit an adjusted work plan, financial statements, and an explanation of its relationship with the private company handling its administration. SLANH had provided all the information requested, which had been provided the Members of the Executive Committee. The Bureau had examined all the material provided by SLANH, including its contract with Congrex, an organizer of events and provider of association management. SLANH had engaged Congrex to organize its major meetings and to handle the majority of its administration and logistics. It had taken that route rather than having paid employees itself. After examining the documentation and the explanations presented by SLANH, the Bureau recommended that it be accepted into official relations with PAHO.

22. In the ensuing discussion, delegates affirmed that the additional information presented would do much to allay the doubts expressed during the Subcommittee session. Various considerations were raised about cooperation among PAHO, NGOs, and industry, the conclusion being that such cooperation would be permissible provided that it was made clear that it related exclusively to certain specific activities. The importance of ensuring transparency in such relations was stressed.

23. A representative of the Sabin Vaccine Institute emphasized the importance of PAHO's continued leadership and support of the Global Vaccine Action Plan, which represented one of the most promising approaches to closing immunization gaps. As the risk of disease importation threatened the successes against measles and rubella, he urged Member States to strive to reach 90% immunization coverage in all districts. Thanking PAHO for supporting the control and elimination of neglected tropical diseases, he suggesting that Member States call for an indicator on such diseases to be included in the proposed post-2015 sustainable development goals.

24. A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) said that health determinants such as water and sanitation were important aspects of universal health coverage. Nevertheless, in the Americas millions of people still lacked access to safe water and to sanitation services and, especially in urban areas, were exposed to high levels of air pollution. AIDIS stood ready to support PAHO in every possible way to combat those potential health risks.

25. A representative of the Latin American Association of Pharmaceutical Industries (ALIFAR) described the work of his association, carried out in numerous international forums, and looked forward to continued cooperation with PAHO.

26. Mr. Kleiman assured the Committee that the Bureau continually strove to enhance transparency in PAHO's relations with NGOs and other non-State actors. Input from Member States was very important in those efforts.

27. Dr. Pedro Ordúñez (Advisor on Noncommunicable Diseases, PASB) pointed out that medical congresses frequently took place with participation by industry. PAHO's participation in such events was financed exclusively out of its own resources and was limited to advocacy on issues falling within its mandate, such as prevention of chronic kidney disease.

28. The Director thanked the NGOs in official relations with PAHO, noting that quite meaningful joint work plans had been developed with many of them. She noted that the discussions within WHO on cooperation with non-State actors might well have some relevance for PAHO and its interaction with the NGOs with which it had official relations.

29. The Executive Committee adopted Resolution CE156.R15, renewing official relations between PAHO and the InterAmerican Heart Foundation and between PAHO and the Sabin Vaccine Institute for a period of four years and admitting into official relations the Framework Convention Alliance and the Latin American Society for Nephrology and Hypertension, also for a period of four years.

Annual Report of the Ethics Office (2014) (Document CE156/7)

30. Mr. Philip MacMillan (Manager, Ethics Office, PASB) presented an overview of the activities of the Ethics Office during 2014 in four key areas: advice and guidance given to PAHO personnel on ethical issues, reports received about possible ethical concerns, cases of fraud and theft or loss of PAHO property and resources, and new initiatives implemented to reduce the risk of conflicts of interest. The Ethics Office had responded to 65 consultations from staff, usually having to do with general workplace issues, outside employment, participation on boards and committees, receipt of gifts, and employment of relatives. Detail about individual cases could be found in Document CE156/7.

31. The Office had received 54 reports of behavior that raised possible ethical concerns. The majority of them related to general workplace issues; only one case of fraud or corruption had been reported. Following investigation by the Ethics Office, two staff

members had been separated from the Organization as a result of serious misconduct. The Office had received several formal harassment complaints, as well as a number of reports about interpersonal conflicts in the workplace. In view of the number of workplace concerns reported, a “respectful workplace” campaign was being developed, intended to provide training and awareness in respectful communication and civility.

32. In 2014, the Ethics Office had received 24 reports regarding fraud, theft, or loss of PAHO resources or fraudulent use of PAHO credit cards. The total loss under this heading had amounted to \$10,800,¹ which was the lowest amount since the Ethics Office had begun keeping records in 2008 and was consistent with such losses in other organizations of the United Nations system. The Ethics Office, in concert with other PASB offices, would consider what additional strategies and mechanisms might be implemented to ensure that the Organization had an effective risk management program.

33. With regard to new initiatives and future plans, the Ethics Office had issued a series of informational brochures on conflicts of interest, outside employment and activities, and gifts and hospitality, in order to raise staff awareness of those topics. It had also implemented a new conflict of interest disclosure program, which had been implemented first among senior staff and would be extended to other categories of staff in 2015. In light of the obligation on staff to report suspected wrongdoing and to cooperate in investigations and audits, and the importance of protecting whistleblowers, the Ethics Office would implement a training program specifically tailored for managers, aimed at ensuring that they recognized that people should be able to air concerns and grievances without fear of retaliation.

34. In the discussion that followed, a delegate praised the valuable work of the Ethics Office in building a highly ethical culture within PAHO. Her delegation appreciated that the Office was continuing to pursue new initiatives as outlined in the document, and suggested that close cooperation with the new WHO Ethics Office would ensure alignment in the important area of ethics. PAHO had an excellent record that should be recognized and utilized at WHO.

35. Mr. MacMillan expressed appreciation for those comments, while acknowledging that there was still much work to be done.

36. The Director said that senior management had recognized that across the Organization there was difficulty with conflict resolution. The high proportion of reports made anonymously to the Ethics Office indicated that staff felt unable to speak directly with supervisors. The training program mentioned by Mr. MacMillan was aimed at helping managers understand how to deal with conflict in the workplace, and how to avoid generating conflict themselves. She added that PASB did share its experience with WHO, even while continuing to seek improvements in its own ethics program. The readiness of WHO to learn from its Regional Office was very encouraging.

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

37. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE156/8)

38. Ms. Amalia Lo Faso (Member of the Audit Committee) introduced the report of the Audit Committee, pointing out that it covered 12 main topics and recorded the Audit Committee's views on external audit, internal audit, evaluation, internal controls and risk management, the 2014 financial statements and report, the Mais Médicos project, the PASB Management Information System (PMIS), ethics and fraud, and building security. It also described the areas where the Audit Committee intended to focus its attention in 2015 and described the outcome of the Committee's third self-assessment of its activities.

39. In all of the areas examined, the Audit Committee considered that activities were being pursued correctly or were improving. Its more detailed views could be found in the report, Document CE156/8. The Committee had put forward 10 recommendations for improvements, also listed in the report.

40. The Executive Committee welcomed the report. One delegate asked what mechanisms had been or would be put in place for follow-up on the recommendations, particular recommendations 6, 7, and 8 concerning Mais Médicos. Another delegate asked for details on how the recommendations had been prioritized. She requested that Member States be kept informed the progress of recommendation 1, relating to the development of an internal control framework and policy. A third delegate shared the concerns expressed by the Audit Committee concerning the high estimated costs for addressing building security vulnerabilities. Her delegation considered it important that PASB should establish a sustainable source of funding for major capital needs. Referring to recommendation 3, she asked for information on the identity of the new evaluation officer, and with reference to recommendation 10 she wished to know how the post occupancy charge would work in practice.

41. The Delegate of Brazil said that many of the recommendations made regarding the Mais Médicos project were already being implemented. For example, the Government of Brazil had already taken steps to ensure a sufficient number of Brazilian doctors to sustain the gains achieved by the project after the Cuban doctors had returned to Cuba. Indeed, no Cuban doctors were currently active in Mais Médicos, only Brazilian ones. With regard to monitoring of the doctors, a system had already been set up and the results would be shared with PAHO. Her delegation would be happy to provide the Executive Committee with more details on the project, which was not just a technical cooperation undertaking, but something of far wider import.

42. Ms. Lo Faso said that implementation of the recommendations was discussed at every Audit Committee meeting and affirmed that the Organization did take the recommendations very seriously. With regard to the comments of the Delegate of Brazil, she clarified that the recommendations of the Audit Committee dealt only with the portion of the project for which PASB was responsible. The Committee had not intended to comment on the responsibilities of the Brazilian Government.

43. Mr. Gerald Anderson (Director of Administration, PASB) said that the Bureau had similar mechanisms in place for following up on the recommendations all three of the oversight bodies. In addition, twice-yearly reviews were conducted, involving executive management and senior managers of the administrative areas, which examined a listing of all the pending audit recommendations from the three oversight bodies and the current status of implementation. Executive management reviewed the reports of the oversight body in consultation with the body concerned and made suggestions as to the closing of recommendations where it was felt that all appropriate action had been completed. Executive management viewed the recommendations from the Audit Committee as a high priority and always provided the Committee with information on the action taken on each of its recommendation in preparation for its visits to the Organization.

44. PASB had had a set of checklists and monitoring mechanisms for many years, and information on internal control was also included in the Financial Report of the Director. However, the Bureau was now conducting an exercise to unify all of its current mechanisms into a single document, aligning with the model that WHO had adopted, in order to be able to present information on internal control to Member States more concisely.

45. Concerning the Mais Médicos project, while long-term sustainability was the responsibility of the Brazilian authorities, PASB did review information received from the country office in Brazil regarding Brazilian doctors joining the program as part of Brazil's plan to continue to provide the primary health care services after the departure of the Cuban doctors.

46. With regard to funding for addressing security vulnerabilities in PAHO-owned buildings, he noted that the Committee would consider a recommendation for use of a portion of the revenue surplus to replenish the Master Capital Investment Fund (see paragraphs 191 to 198 below). In addition, in the preparations for the 2016-2017 biennium, the Bureau was planning to implement one of the Audit Committee's recommendations on making use of a post occupancy charge as a dedicated source for replenishing the Fund in order to ensure that the most urgent security vulnerabilities could be remedied.

47. The Director said that it was clear that the Organization needed to further develop its evaluation culture and build the necessary competencies for conducting evaluations, drawing conclusions, and feeding them into program planning and implementation. With the implementation of the PMIS, the Bureau also needed to be able to effect a change of culture and behavior. It had engaged a change management specialist, but changing an organizational culture took time. Even beyond the implementation of the PMIS, there would be a need to continue and to strengthen change management and enable the Bureau staff to see that the PMIS project was not just automating what had so far been done manually, but rather about fundamentally changing processes.

48. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE156/9)

49. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of office of one member of the Audit Committee would expire in June 2015 and had therefore established a working group consisting of Argentina, Saint Lucia, and the United States of America to review the list of candidates proposed by the Director. The working group had evaluated the three 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 the incumbent, Mr. John Fox, be reappointed. Endorsing the recommendation of the working group, the Subcommittee had recommended that the Executive Committee appoint Mr. Fox to serve as a member of the PAHO Audit Committee for a term of three years.

50. Dr. Heidi Jiménez (Legal Counsel, PASB) added that a confidential description of the qualifications of the candidates under consideration had been circulated to Members of the Executive Committee. In response to a question from a delegate regarding how frequently the list of candidates was updated, she recalled that the Executive Committee had previously recommended that the list should be updated regularly. The last update had been done in 2014, with the list being expanded to approximately 100 names, in anticipation of the 154th Session of the Executive Committee. The candidates proposed for appointment in 2014 had been drawn from that list. Because there had been an unexpected vacancy in 2013, Mr. Fox's term of office had been shorter than normal, necessitating another appointment one year later, and the same list of candidates had been used. However, the Bureau would update the list again after the forthcoming Directing Council and annually thereafter.

51. The Director expressed appreciation for the willingness of the Audit Committee members to serve on a voluntary basis.

52. The Executive Committee adopted resolution CE156.R5, appointing Mr. John Fox to the Audit Committee for a three-year term, from June 2015 to June 2018.

Program Policy Matters***Proposed PAHO Program and Budget 2016-2017 (Documents CE156/10, Rev. 1, Add. I and Add. II)***

53. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an outline of the draft proposed program and budget for 2016-2017 and had voiced support for the proposed integrated approach to budgeting and welcomed the Bureau's efforts to align PAHO's budgeting approach more closely with that of WHO. However, concerns had been raised regarding the predictability and timely availability of some sources of funding. Some delegates had felt that it might be preferable to approve specific amounts to be funded from assessed contributions for each category of work, rather than approving a lump sum. It had been suggested that the proposal to be submitted to the Executive

Committee should include information on the sources of funding for each category of work. Support had been expressed for a budget that would provide for zero nominal growth, with no increase in assessed contributions, and assurance had been sought that Member States would not be asked to make up any shortfalls through voluntary contributions.

54. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) introduced the proposed program and budget, emphasizing that it was the result of a bottom-up consultation process. The proposal had been formulated on the basis of costing of the outputs to be delivered during the 2016-2017 biennium, whereas past proposals had been resource-based and had relied on historical levels of funding. The proposal showed the total resource requirements without prescribing how funds would be allocated or specifying their sources. Member States would be asked to approve the program and budget in its entirety, which would give them ownership of the full budget, rather than only of the portion financed by assessed contributions as in the past. Allocation of resources from different sources would take place after the budget had been approved, taking into account the core work of the Organization to be financed from the portion of the budget previously known as the regular budget and the specific requirements associated with voluntary contributions.

55. The total proposed budget for base programs was \$612.8 million, which represented an increase of \$49.7 million, or 8.8%. The increase was programmatically necessary and financial feasible and would restore funding lost in the 2014-2015 and 2012-2013 bienniums and enable the Bureau to rebuild its capacity to deliver technical cooperation. The increase was not being proposed to offset the effect of inflation, but rather to invest in new initiatives, programs, and priorities. The entirety of the increase would be allocated to the five programmatic categories under the PAHO Strategic Plan 2014-2015. The allocation to category 6 (Corporate Services/Enabling Functions) would be reduced slightly, and the Bureau would continue to absorb cost increases by seeking greater efficiencies.

56. The proposed increase would be funded by expected rises in the Region's allocation from WHO and in PAHO miscellaneous income and voluntary contributions and by a proposed 3.8% increase in Member State assessments, which would yield an additional \$5.8 million in assessed contributions. The Bureau was aware that political considerations might make it difficult for Member States to approve an increase in assessed contributions. However, without the increase there could be delays in implementing crucial activities, such as emergency response. Moreover, assessed contributions were the Organization's most flexible and predictable source of funding, and the increase would prevent over-reliance on less predictable sources.

57. The Bureau had prepared three possible budget scenarios. In the first, the \$612.8 million budget would be financed as outlined in the proposal contained in Document CE156/10, Rev. 1. In the second, there would be no increase in assessed contributions, and the \$5.8 million funding gap would be financed from other, as yet unidentified sources. In

the third scenario, the total budget would be reduced by \$5.8 million, resulting in a total budget of \$607 million. Other scenarios might also be considered.

58. The Executive Committee welcomed the bottom-up approach to the development of the program and budget proposal and expressed appreciation to the Bureau for its efforts to align the allocation of resources with the priorities identified by Member States. Delegates particularly welcomed the emphasis in the proposal on addressing issues such as maternal and child deaths, antimicrobial resistance, and preparedness, response, and surveillance capacity under the International Health Regulations. An increased focus on health information systems and assistance to Member States in choosing appropriate technology to enhance surveillance, management of medical records, and overall knowledge management was also considered important. It was noted that the proposal called for budget reductions in a number of areas, and clarification was requested of the reasoning behind those reductions and of how it would be ensured that they did not lead to gaps in coverage or affect regional gains and efforts. Clarification was also sought as to whether the prioritization method proposed by the Strategic Plan Advisory Group had been applied in developing the budget proposal.

59. The Bureau's efforts to reduce costs by increasing efficiency were commended, and it was encouraged to continue seeking ways to further enhance efficiency, including by identifying lower-priority programs that could be put on hold or phased out. The integrated budget approach was also welcomed, although some questions were raised about how the various categories of funds—particularly assessed contributions and national voluntary contributions—would be managed within such a budget. It was stressed that voluntary funding should not displace or replace assessed contributions in priority areas. Concern was expressed that some of the planned funding targets might be more aspirational than realistic, and the importance of adopting a realistic budget was stressed. The need to expand the pool of donors was also emphasized, and the Bureau was encouraged to explore options for mobilizing voluntary contributions from non-State actors. At the same time, it was recognized that the availability of such funding could be affected by decisions made in the ongoing discussions on the WHO framework of engagement with non-State actors.

60. While it was recognized that the Bureau required sufficient resources in order to carry out its technical cooperation activities and the fact that it faced rising costs was acknowledged, none of the delegates who spoke voiced support for the proposed rise in assessed contributions. Several reaffirmed their governments' longstanding policy on zero nominal growth in the budgets of international organizations and in the assessments of Member States. Delegates also highlighted the fiscal constraints and competing priorities that their governments faced. Some delegates expressed a willingness to consider scenario 2, but requested further information on how the \$5.8 million increase would be funded without a rise in assessed contributions. Other delegates preferred scenario 3. It was pointed out the total amount envisaged under that scenario, though less than in scenarios 1 and 2, would nevertheless provide a significant increase to the overall budget.

61. In order to enable Member States to make a more informed decision on the program and budget proposal, the Bureau was asked to provide more detail on the programmatic

impact of the various scenarios, on what activities the proposed increase would help to advance, and on what PAHO would be unable to do and what expected results would not be achieved without the increase. The Bureau was also asked to amend the proposed resolution contained in Document CE156/10, Add. I, to reflect the comments made during the discussion; in particular, it was asked to remove the reference to an increase of 3% in assessed contributions of Member States. In addition, the Bureau was requested to adjust the proposed assessed contributions of Member States contained in Document CE156/10, Add. II, to reflect the new scale of assessments adopted by the General Assembly of the Organization of American States (OAS) at its forty-fifth regular session in June 2015.

62. Mr. Walter confirmed that Member State assessments would be adjusted to reflect the new OAS scale and that the Bureau would endeavor to provide the additional information requested prior to the Directing Council. However, in order to determine what activities would be eliminated or scaled down if the proposed increase was not approved, further consultation with Member States would be needed to identify “opportunities to do less.” In some program areas, it might be necessary to reduce the proposed targets, and the Bureau would look to Member States to indicate where such reductions should be made.

63. Responding to several specific comments and questions, he noted that shifting of resources to fill gaps was not necessarily an option in newer priority areas such as universal access to health/universal health coverage and noncommunicable diseases, where new resources and staff profiles were required. With regard to national voluntary contributions, neither they nor procurement funds would be included in the integrated program and budget, although they were treated equally in terms of handling of the funds and reporting. The Bureau saw the trend towards rising national voluntary contributions as an opportunity to enhance health development in countries and encouraged Member States also to provide contributions for cross-border and South-South cooperation; such sources of funding could thus be brought into the program and budget. As to the reductions in some program areas, the amounts proposed in the program and budget were based on the priority ranking established by Member States and on realistic costing, which had indicated that some areas had been over-budgeted in the current biennium and that it was unlikely that additional resources would be mobilized or implemented for those areas.

64. The Director welcomed Member States’ acknowledgement of the Organization’s work to advance their national health development and encouraged them to approve the proposed 8.8% increase in the program and budget in order to enable the Region to maintain its successes and achieve goals that were easily within its reach, including the elimination of measles and of neglected diseases such as schistosomiasis. The program and budget were not the result of an aspirational approach; they had emerged from a bottom-up process in which Member States had identified programmatic priorities. The Bureau would continue to work with Member States to identify activities that might be de-emphasized or sunsetted, and it would continue to seek savings and efficiencies, although there was a limit to how much it could reduce staff without compromising its ability to meet Member States’ expectations.

65. She emphasized that the Bureau was not asking for an increase to cover rising operating costs or inflation, but rather to fund the implementation of priority programs. If the Bureau was to provide the technical cooperation that Member States had requested, the budget needed at least to be brought back up to the level of the 2012-2013 budget; the proposed increase would return it to that level.

66. The Bureau was committed to enhancing its resource mobilization efforts and exploring new partnerships. However, the fact the Region was considered to be well developed would always make it difficult to mobilize voluntary funding. Moreover, most voluntary contributions continued to be earmarked. Assessed contributions were the most flexible source of funding and gave the Bureau greater latitude to be able to respond to Member States' needs without delay. And in areas where it had historically been difficult to mobilize voluntary contributions, such as prevention and control of noncommunicable diseases, most of the funding for the Bureau's technical cooperation would have to come from assessed contributions.

67. Many Member States were making significant investments in national health security. A strengthened PAHO could help to accelerate that process. She therefore appealed to Member States to consider allocating some of those resources to the Organization. By working together, the Bureau and Member States could achieve national health development and keep the Region at the forefront of global public health.

68. The Executive Committee subsequently examined an amended version of the proposed resolution contained in Document CE156/10, Add. 1, which reflected the views expressed during the discussion. It was agreed that figures in the resolution on which agreement had not yet been reached would remain bracketed and that the figures for scenario 3 would be left blank pending further consultation between the Bureau and Member States in the interim before the Directing Council. It was also agreed that the proposed resolution concerning assessed contributions of Member States would be revised to reflect the new OAS scale of assessments. At the suggestion of the Director, the Committee also agreed to add an item on the new scale to the provisional agenda for the 54th Directing Council (see paragraphs 11 to 13 above).

69. The Committee adopted Resolution CE156.R17, recommending that the Directing Council approve the program and budget and encouraging Member States to make timely payment of their assessed contributions and also to make flexible voluntary contributions.

WHO Reform (Document CE156/11)

70. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the status of WHO reform and had commended the Bureau's efforts to ensure that PAHO's policies and practices were aligned with those of WHO. It had pointed out, however, that the report prepared for the Subcommittee provided information on only two aspects of WHO reform: WHO's engagement with non-State actors and the allocation of WHO resources to the regions. The Bureau had been asked to prepare a more comprehensive

report for consideration by the Executive Committee. The Subcommittee had noted that, during the discussions on reform at the January 2015 session of the WHO Executive Board, PAHO had been criticized for a perceived lack of integration and alignment with WHO; it had suggested that the Bureau should prepare a report describing PAHO's integration with WHO in compliance with Article 54 of the WHO Constitution.

71. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) introduced the report on WHO reform contained in Document CE156/11, which summarized the report presented to the Sixty-eighth World Health Assembly in May 2015 and included an annex showing the close alignment between the programmatic, managerial, and governance reforms undertaken by WHO and PAHO and their progress in implementing those reforms. He noted that reform at PAHO had begun in 2003 with the PAHO in the 21st Century initiative, which had resulted in many of the key products that had emerged from WHO reform, including the Ethics Office, an independent evaluation function, the PAHO Audit Committee, a whistleblower policy, a needs-based budget allocation methodology, a results-based-management framework, and guidelines for collaboration with private enterprise.

72. Reforms planned or under way at PAHO and WHO in the area of governance included a review of the current status and relevance of resolutions and mandates from the past 10 to 15 years, enhanced support to prepare Member States to provide strategic input to global and regional Governing Bodies meetings, and ongoing work on the framework for engagement with non-State actors. Argentina would continue to coordinate consultations among Member States with a view to reaching consensus on that framework. Programmatic reforms included consultative, bottom-up planning, activation of category and program area networks to ensure programmatic coherence at the regional and global levels, an integrated approach to budgeting, and a web portal for tracking program and budget implementation. In the area of managerial reform, both PAHO and WHO were implementing a risk management framework and had introduced far-reaching human resources strategies that shared many common elements. Both were also working to instill an organizational culture of evaluation.

73. He expressed gratitude to Mexico and Paraguay for their efforts as the Region's representatives on the Working Group on Strategic Budget Space Allocation, which was developing an objective, needs-based formula to determine budget allocations to regions for technical cooperation in countries. The proposed formula, which would help to address the underfunding of the Americas, was due to take effect in the 2018-2019 biennium.

74. The Executive Committee welcomed the progress made on reform and commended the leadership of Argentina, Mexico, and Paraguay in the work on the framework for engagement with non-State actors and on strategic budget space allocation. Delegates emphasized the need for Member State participation in strengthening the Organization and its technical cooperation and underscored the importance of bottom-up planning in order to identify needs and priorities at country level and enhance transparency and accountability. It was noted in that regard that much still remained to be done with regard to stratification

of priorities. Delegates also applauded the efforts to promote a culture of evaluation, which would help to further enhance transparency and accountability.

75. The importance of continued alignment between PAHO and WHO in reform efforts and of compliance with Article 54 of the WHO Constitution was highlighted and support was voiced for the recommendation by the Subcommittee on Program, Budget, and Administration that a report describing PAHO's integration with WHO should be prepared. It was also suggested that the Bureau should develop speaking points and key messages that would explain how PAHO's alignment and integration with WHO was taking place; such messages would help Member States from the Americas to allay concerns expressed by Member States from other regions and to rectify misperceptions about PAHO and its relationship with WHO.

76. The need to redouble efforts to complete all pending reforms was underlined. Delegates noted the progress made during the Sixty-eighth World Health Assembly with respect to the framework for engagement with non-State actors and expressed confidence that the remaining issues could be resolved fairly quickly and the framework adopted by the World Health Assembly in 2016. The need to avoid conflicts of interest and ensure that any collaboration with non-State actors contributed to the achievement of public health objectives was emphasized. Information was requested on how the framework would be applied at the regional level. It was stressed that, while minor adjustments might be made to accommodate the specific organizational characteristics of PAHO, no substantive changes to the framework should be made after its approval by the World Health Assembly.

77. PAHO's efforts to align its human resources strategy with that of WHO were welcomed, but additional information was sought on how it would participate in the WHO staff mobility policy. PAHO's plan to develop a resource mobilization strategy that was in line with the WHO strategy was also welcomed, as was the creation of a web portal similar to the WHO program budget portal. The Bureau was asked to indicate when the portal would be accessible to Member States. Further information was also requested on PAHO's Strategic Plan Monitoring System and when it would be available to Member States.

78. Mr. Walter replied that the monitoring system would be made available to Member States through the PAHO/WHO Representatives in time for Member States to report their results in implementing the Strategic Plan in 2014 and 2015. The Program Performance and Financing Web Portal would probably be built in the second half of 2016, after the PASB Management Information System was fully functional. The new resource mobilization strategy would also be ready in 2016. Regarding staff mobility, the Bureau had stated its intention in the PASB Human Resources Strategy (see paragraphs 221 to 228 below) to participate in the WHO mobility policy, but the terms of that policy had not yet been defined, so it was not known what form that participation would take. As to priority stratification, it was expected that the improved stratification methodology would be ready for review by the Directing Council in September.

79. The Director hoped that the information in the annex to the report had reassured Member States that PAHO was far ahead of WHO Headquarters and other regional offices with respect to reform. The bottom-up planning process was also better developed in the Americas than in the rest of WHO. She noted that Article 54 of the WHO Constitution called for PAHO to be integrated with, not into, WHO. PAHO, unlike other regional offices, was a separate organization with its own Constitution, and while the Bureau would continue to do its utmost to ensure close alignment between the two organizations, it could not take any steps to integrate PAHO into WHO without a formal decision by Member States. The Bureau would provide Member States with the information they needed to correct misperceptions about PAHO's integration with WHO and would include in the document to be prepared for the Directing Council an explanation of how the two organizations differed. It was also educating the PASB staff to ensure that they clearly understood PAHO's history and structure and its relationship with WHO.

80. Regarding the framework for engagement with non-State actors, once that policy was approved at the global level, certain adjustments would have to be made to tailor it to PAHO. For example, the language would need to be changed to refer to PAHO staff, not WHO staff, as the Regional Director was the only WHO staff member at PAHO. However, the Bureau could not dictate which changes should or should not be made to the framework at the regional level; that was the prerogative of Member States.

81. The Committee took note of the report.

Plan of Action on Immunization (Document CE156/12, Rev. 2)

82. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) introduced the proposed plan of action on immunization, noting that immunization was one of the most socially accepted and cost-effective public health interventions. Strengthening immunization programs had kept the Region polio-free, and the Americas had recently been declared free of rubella and congenital rubella syndrome. It was the first region to achieve that milestone and was poised also to be the first Region declared free of endemic measles.

83. Many of the achievements in the prevention and control of vaccine-preventable diseases had been accomplished through the Revolving Fund for Vaccine Procurement, which was an example for other regions. Maintenance of those achievements and continued progress with regard to other vaccine-preventable diseases such as human papillomavirus (HPV) infection and rotavirus disease would require timely availability of quality vaccines in sufficient quantity. In 2013, however, 55% of the Region's municipalities had reported less than 95% coverage with three doses of the diphtheria, pertussis, and tetanus (DPT) vaccine, making their populations highly vulnerable to the importation of diseases already eliminated or controlled and putting the progress to date at risk.

84. The vision of the proposed plan of action was that the population of the Americas would be protected against vaccine-preventable diseases and that, as part of the right to

health, Member States would promote universal, equitable access to immunization services and safe and affordable vaccines throughout the life course. The plan of action would help to strengthen a culture of prevention and reduce inequalities through priority attention to the most disadvantaged groups, strengthen public health infrastructure, bolster political commitment, and promote greater integration of universal access to health services. It proposed a roadmap that Member States could follow in the period 2016-2020 for the design and implementation of immunization policies. The plan comprised four strategic lines of action, together with general and strategic objectives and indicators for monitoring, which were described in Document CE156/12. Progress under the plan would also be evaluated by the World Health Assembly as part of the objectives and goals of the Global Vaccine Action Plan.

85. The Executive Committee welcomed the proposed plan of action, emphasizing that immunization was one of the most cost-effective public health strategies and acknowledging that, while the Region had made great strides in improving coverage, challenges remained. There was consensus that high priority should continue to be given to immunization, as coverage had to be kept above 95% to protect populations against the importation of diseases. It was noted that the coverage of traditional vaccines against diseases such as measles and polio needed to be strengthened. Attention was drawn to barriers to high vaccination coverage, including lack of public acceptance of vaccination and the growing anti-vaccination movement. Delegates stressed the need for public awareness campaigns in order to ensure that communities understood the importance of immunization. A number of delegates highlighted the great inequalities in access to vaccination, asserting that vaccination was a right and that the high cost of vaccines was a barrier to achieving universal health coverage.

86. Support was expressed for the introduction of new vaccines such as those for rotavirus, pneumococcus, and HPV and for global expansion of the use of the influenza vaccine. Delegates expressed their support for the PAHO Revolving Fund in negotiating lower vaccine prices. The importance of global monitoring of vaccine pricing and supplies to ensure equity in access was underline and appreciation was expressed for the enhanced attention in the report to costing, effective delivery, and affordability of the entire vaccination package.

87. There was a lively discussion about the use of the expression “the right to health” in the document, with some delegates strongly supporting it and others suggesting its replacement with the phrase “the right to enjoyment of the highest attainable standard of health,” the wording found in the preamble to the WHO Constitution. Other language issues arose, with delegates requesting clarification of certain phrases in the plan of action and one delegate requesting adjustments to reflect the federal system of government in some countries. The inclusion of language that would take national contexts and realities into account was also requested.

88. Questions were raised about various indicators and their measurement and about how the anticipated shortfall in financing for the implementation of the plan would be dealt with. Dr. Ruiz Matus indicated that resources would be mobilized from external partners to

fill the funding gap. With regard to the indicators, he noted that for each one the Bureau had put together technical specifications explaining what the indicator meant and how it would be interpreted, what would be included in the numerator and in the denominator, what sources of information would be used, how frequently it would be measured, and other details. The same approach was followed in formulating the indicators included in any plan of action adopted by the Governing Bodies.

89. The Director thanked Member States for their strong commitment to immunization, noting that the Expanded Program on Immunization, a flagship program of the Organization, continued working to ensure that all peoples had equal access to vaccines and to maintain high coverage. It was troubling that 55% of municipalities in the Americas were falling below the acceptable coverage level, particularly because while viruses continued to circulate in other regions, the Americas would continue to be at risk—especially its poor, vulnerable, and rural populations. She agreed that the Organization should strive to bolster the Revolving Fund, strengthen national regulatory authorities, and work with partners in the areas of research and information.

90. Concerning funding gaps, she commented that many of the Organization's programs had significant shortfalls, but that the Bureau was confident that its resource mobilization efforts would bridge those gaps. Expertise available in Member States and South-South cooperation would also be mobilized. With regard to the comments of several delegates about the expression "the right to health," she assured the Committee that the document would be amended to reflect the changes discussed, placing strong emphasis on the necessity of ensuring universal access to vaccines, on which there was consensus.

91. The Committee examined revised versions of the document and proposed resolution that incorporated amendments proposed during the discussion and written comments submitted by several delegations. In the revised document (Document CE156/12, Rev. 2), the "right to health" was replaced with the phrase "right to the enjoyment of the highest attainable standard of health, including from the perspective of the right to health where nationally recognized," language which had been used in other documents approved by the Governing Bodies in recent years. Several other editorial changes were made and a new indicator was introduced relating to the identification and correction of barriers to vaccination. It was pointed out that it would probably be unrealistic to strive to exceed the expected results envisaged in the post-2015 development agenda for reductions in infant and maternal mortality, since those results were already ambitious, and it was agreed that "exceed" should be changed to "achieve" in general objective 4.1 of the document and in paragraph 1(f) of the resolution.

92. The Committee adopted Resolution CE156.R14, recommending that the Directing Council approve the plan of action.

Strategy and Plan of Action on Dementias and other Disabling Conditions in Older Persons (Document CE156/13)

93. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) introduced the proposed strategy and plan of action. He observed that the growing number of older persons posed one of the greatest current challenges to health and other social protection systems. The chronic diseases often seen in old age, especially dementia, placed a heavy burden on families and society. Health systems were not equipped to handle the functional deterioration and dependency associated with aging; families, and women in particular, had therefore borne the brunt of providing care for older persons, a situation that was untenable. The strategy and plan of action were designed to promote access to health services and universal coverage of older persons. This would be accomplished through quality interventions at the primary and secondary level, especially those of preventive nature. Tertiary prevention to recover or maintain the functional capacity of people with illnesses would also be promoted to avoid dependency and the need for long-term care—action that would ultimately improve the quality of life and health of older persons and their families and reduce demand and the financial burden on the health system.

94. The plan, which included five strategic lines of action, was aligned with other regional mandates, including the recently adopted Inter-American Convention on Protecting the Human Rights of Older Persons. Its emphasis, however, was on the response to and prevention of dependency and the provision of long-term care associated with dementias and other disabling conditions in older persons.

95. The Executive Committee welcomed the proposed strategy and plan of action, noting the burden that dementias and dependency imposed not only on older persons and their caregivers but the health system in general, owing to the demographic and epidemiological transition and the high cost of care in the Region. While delegates generally expressed support for the Plan, several considered the scope too broad and suggested limiting it to dementias, as the language “dementias and disabling conditions” in the title of the plan of action implied a much wider range of problems, which would need to be defined. One delegate suggested substituting the phrase “dementias and cognitive disorders.” He also asked whether there was an internationally recognized definition of the term “dependency,” a complex notion that was not confined to the loss of function but also encompassed economic, social, and psychological factors. Definitions of the terms “dementia,” “disability,” and “basic competencies” were requested, and one delegate suggested replacing the term “human resources” with something on the order of “people involved in the health sector or system” or “people working in the health sector or social protection system” to cast the concept in more social terms. She pointed out that in some countries a number of the areas of work in the plan did not fall under federal jurisdiction, in her country the federal role in addressing dementia included risk reduction and prevention, surveillance, improving quality of life, end-of-life care, and research.

96. Prevention was a theme common to many delegates’ statements. While it was observed that health promotion and disease prevention were essential, one delegate

commented that the research had not yet shown a definitive connection between health interventions and reduction in risk for dementia later in life; he therefore stressed the importance of adopting evidence-based interventions for health promotion, disease prevention, and risk reduction as they emerged in the scientific literature. Another delegate expressed concern that the strategic lines did not include prevention and risk reduction. The link between dementia and modifiable risk factors such as chronic diseases, nutrition, and oral health was noted as an aspect that should be explored in greater depth, as simple, low-cost measures such as smoking cessation and better nutrition could have a real impact.

97. Several delegates described the progress that their countries had made in addressing the problem of dementias in older persons, citing their programs, legislation, national policies for Alzheimer's disease, and collaboration with Alzheimer's associations. Mention was made of the importance of standards to measure the strengthening of health system capacity to provide quality care to older persons and of promotion and prevention activities, including those to address cognitive deterioration. Also emphasized was the need to encourage local governments to adopt strategies for older persons and strengthen existing ones to systematically promote health and prevent disease in their jurisdictions, empowering communities by raising awareness.

98. Delegates agreed that the aim of the strategy and the plan was to improve the lives of patients and caregivers, enabling patients to live longer with the best possible quality of life. Several pointed to the need for a multifaceted, interdisciplinary approach, mentioning, inter alia, improved research and surveillance capacity, training for health workers and informal caregivers, linkage with the mental health and primary systems, and government, civil society, and community involvement. The need for universal equitable access to long-term care and end-of-life programs was noted. Several delegates mentioned the importance of referencing the Inter-American Convention on Protecting the Human Rights of Older Persons in the document.

99. Dr. Ruiz Matus thanked the delegates for their observations and comments, which would be incorporated into the document and resolution. In response to terminology concerns, he noted that the document contained definitions of disability and dependence. As to the scope of the plan of action, while dementias were an important cause of dependence, other pathologies such as joint disease, blindness, and deafness were also, and the purpose of the plan of action was to provide a cross-cutting approach, rather than focus exclusively on mental disorders.

100. The Director observed that it seemed clear that further discussion on the frame of reference and scope of the strategy and plan of action was needed and suggested that Member States should hold consultations during the Executive Committee session with a view to reaching consensus on the document to be presented to the Directing Council.

101. A working group composed of the delegates of Brazil, Canada, Costa Rica, Ecuador, Mexico, the United States of America, and Venezuela subsequently met with technical staff from PASB to discuss the document and resolution. After extensive debate, a consensus was reached that the document's focus should be limited to the topic of

dementias in older persons as an important public health problem in the Region, omitting “other disabling conditions”; the Bureau would prepare a timeline of tasks for the revision of the document and resolution, which would be circulated among the Members of the Executive Committee and other Member States; an intersessional virtual consultation would be held to finalize the document and resolution for the Directing Council, with the work to be completed by 17 August 2015. The working group therefore recommended deferring the decision on the resolution until the Directing Council.

102. The Executive Committee agreed to defer action on the Strategy and Plan of Action until the 54th Directing Council and requested the Bureau to revise the document and proposed resolution to reflect the changes suggested by Member States. The Committee also agreed that a new version of the document and resolution would be prepared and translated by 10 July; the document and resolution would be circulated to the Executive Committee Members by 20 July; the documents would be reviewed by Member States between 20 and 31 July, and technical consultations would take place between the Bureau and individual Member States on any concerns about the document; a virtual meeting with all Executive Committee Members and other interested Member States would take place on 4 August; and the final internal review and production of the document would be completed by 10 August and its translation by 17 August.

Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women (Document CE156/14)

103. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) introduced the proposed strategy and plan of action, noting that one in three women in the Americas was the victim of physical or sexual violence. The proposed plan of action offered a roadmap for preventing and addressing the phenomenon, which was often unreported or under-reported in the statistics and therefore invisible. Moreover, as violence against women was often justified by cultural norms and considered a private matter, the stigma and shame experienced by survivors often prevented them from seeking needed services. Violence against women was associated with fatalities and numerous health problems, such as depression, alcoholism, HIV and other sexually transmitted infections, and was linked to premature births, low-birthweight babies, and higher mortality among children under 5. It also entailed high direct and indirect costs to governments, society, communities, and families.

104. Health systems had shown little capacity to identify and assist survivors, even though evidence-based guidelines on how to deal with gender-based violence were available. Responding to violence against women would require a multisectoral approach involving the health, education, justice, and social services sectors, together with coordinated strategies to strengthen legislation and its enforcement and change the social and gender norms at the root of the problem. The plan of action recognized the multiple roles of the health system and proposed four strategic lines of action. Both the strategy and the plan of action had been prepared through extensive consultation with a wide range of stakeholders. Their approval would not only help to address the issue in the Region but also serve as an example to other regions of the world.

105. The Executive Committee welcomed the proposed strategy and plan of action. There was agreement that violence against women was a serious global public health and human rights issue with significant and long-lasting consequences for women, families, and societies and that addressing it would require a comprehensive multisectoral approach that included institutional strengthening, legislation and enforcement, data collection, training and education, communication, and care for victims. Delegates stressed the importance of coordinating with the education, social security, labor, law enforcement, communication and other sectors to prevent violence. Acknowledging that the problem affected every country in the Region, delegates also noted that it was imperative to change social and cultural norms that made violence against women acceptable.

106. Several delegates described their countries' legislation related to gender violence, which covered a wide range of areas, including domestic violence; discrimination and violence against lesbian, bisexual, and transgender (LBT) women; sexual violence against women and girls; and the human trafficking of women for the purposes of prostitution. A delegate reported that his country had an evidence-based program for preventing and addressing domestic, sexual, and gender violence that included early and timely detection and attention, including psychological care and reduction of the harm caused by such incidents. He expressed his government's willingness to share its experiences in combatting gender and intimate partner violence.

107. A number of delegates underlined the need to address gender-based violence in broader terms, extending indicators in the strategy and plan of action to include LBT women and providing a breakdown by variables such as age, ethnicity, sexual orientation, and gender identity. It was considered important to have information on the different contexts in which violence against women occurred and to develop strategies to address it. One delegate recommended enhanced surveillance and compulsory reporting of violence against women to ministries of health and a breakdown of such violence by race. Delegates stressed the need for prevention, education, and communication to bring about a shift in the cultural norms that perpetuate violence.

108. There was general agreement on the paucity of current data and the need for more studies that would contribute to the design and validation of interventions for the prevention of different types of violence—physical, psychological, sexual, economic, etc.—in different areas of society. Recognizing the relative infancy of the body of work to address violence against women from a health perspective and the complexity and data limitations in measuring prevalence in health system response, a delegate recommended the inclusion of indicators that were aspirational and developmental.

109. There was consensus that information on physical, sexual, and emotional violence against women by an intimate partner was largely invisible in international statistics and that the health sector, which should play a key role in prevention and treatment, had limited capacity to identify victims; hence, there was a need to raise awareness among health workers. One delegate stressed the need to train health workers to interact with victims of gender violence in ways that would prevent the re-victimization of survivors. Several delegates underscored the importance of reporting violence and ensuring protection for

those who report it, as well as providing access to justice for women who experienced gender-based violence. Mention was also made of the need to make emergency contraception available to the victims of sexual violence, although it was noted that the issue was the subject of legal debate in some countries.

110. Several delegates raised questions about whether the projected budget would be sufficient to implement the strategy and plan of action and meet the indicators contained therein.

111. Dr. Ruiz Matus replied that the budget was considered adequate for getting started and moving forward with the proposed activities. He agreed on the need for a broad approach that considered aspects such as sexual diversity, violence against vulnerable groups such as the disabled, and differences between ethnic groups. The Bureau had noted the suggested changes to some of the indicators and would work with Member States to revise the proposal. Concerning the clarity of some of the indicators, he explained that technical specifications had been drawn up for each indicator that contained the definition of the indicator and identified the sources of information and where, how, and with what frequency it would be obtained.

112. The Director commented that it was clear that the item was of high importance to Member States. While the focus of the strategy and plan of action was the role of the health sector in preventing violence against women, the role of other sectors was equally important. She encouraged Member States to take up the issue in their parliaments, congresses, and community groups.

113. The proposed resolution was amended to reflect the suggestions made during the discussions and adopted as Resolution CE156.R6.

Plan of Action on Workers' Health (Document CE156/15, Rev. 1)

114. Dr. Luiz Augusto Galvão (Chief, Sustainable Development and Health Equity, PASB) introduced the proposed plan of action, explaining that it updated the Regional Plan of Action on Workers' Health adopted in 1999.² The new plan provided a response to changing employment realities and the need to bring the benefits of the successful workers' health initiatives implemented in the past 15 years to workers in all the Member States. New challenges required new approaches to address the health of adults aged 18 to 65 through a comprehensive approach geared towards protecting and promoting workers' health.

115. The Region's workforce was currently grappling with the consequences and inequities stemming from unequal and hazardous working conditions that exposed workers to a multitude of dangerous situations capable of damaging their health and putting their physical safety and lives at risk. The Region was in the throes of an invisible epidemic of occupational diseases, workplace accidents, disability, noncommunicable diseases

² See Document CD41/15 and Resolution CD41.R13 (1999).

exacerbated by work, and workplace deaths. The resulting cost of care was enormous, especially in sectors such as health, mining, construction, transportation, agriculture, and most importantly, the informal sector, where more than 50% of the workforce was without social protection, including health services. As a result, public health systems were shouldering the burden of care and high costs, putting heavy pressure on their budgets. The updated plan of action on workers' health proposed to address those challenges through five strategic lines of action, which were described in Document CE156/15.

116. The Executive Committee welcomed the new plan of action as a means of addressing the current situation resulting from the challenges and changes in the world of work. Delegates acknowledged its importance for addressing issues of inequality and improving employment and working conditions across the Region. Appreciation was expressed for the plan's practical actions and indicators for measuring progress in improving workers' health and for its focus on capacity-building and the prevention of occupational risks. It was pointed out that those risks posed a challenge that would require countries, pursuant to their national context and labor laws, to apply concepts, tools, and methodologies from different disciplines to the design of coherent measures for the prevention, control, and assessment of occupational risks and their associated accidents and pathologies. That would require the engagement of governments, employers, workers, the community, and the health sector. One delegate observed that it would be necessary to improve the training of health workers in occupational health and related disciplines and establish the functions of occupational health personnel; strengthen the administrative and technical bodies of government institutions; and strengthen regulations related to the promotion of workers' health and the surveillance and prevention of occupational diseases and accidents; and promote research to generate new scientific knowledge in the field of occupational health. Several delegates also mentioned the need for attention in the plan to workers who required special consideration, such as older persons, children, migrant workers, and, especially, health workers.

117. Delegates identified a number of areas in the plan that required strengthening. Mention was made of the need for consistency among the situation analysis, strategic lines of action, and indicators in some areas and of the advisability of setting medium-term goals. One delegate recommended an emphasis on workers' right to organize and another suggested adding language addressing the coverage of workers' compensation schemes, as they were an integral component of workers' health.

118. There was a great deal of discussion on the language in the document, with several delegates requesting that the expression "the right to health" be replaced with the language from the WHO Constitution: "the right to the highest attainable standard of health." It was suggested that clear definitions should be provided for several terms, including "healthy work," "healthy and respectful jobs," "quality of life in the workplace," and "the informal sector." It was pointed out that failure to define the latter term would make it difficult for Member States to evaluate progress on indicators that referred to the informal sector. The term "occupational disease" was also considered problematic, and it was suggested that

PAHO might need to clearly state that the International Labor Organization's List of Occupational Diseases would be used for the Region.

119. Dr. Galvão clarified that the terms in question had been defined by WHO or the ILO and agreed that it would be advantageous to use the ILO list of Occupational Diseases.

120. A working group was formed to revise the document to reflect the changes proposed during the discussion. The Executive Committee subsequently endorsed the revised document (CE156/15, Rev.1) and adopted Resolution CE156.R3, recommending that the Directing Council approve the plan of action.

Plan of Action for the Prevention and Control of Tuberculosis (Document CE156/16)

121. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB), introducing the proposed plan of action, pointed out that tuberculosis was still a major public health problem in the Region of the Americas, despite the progress made in its control. It had therefore been included among the major epidemics to be addressed under the proposed post-2015 sustainable development goals. Factors contributing to the persistence of the disease in the Region included the epidemic of HIV, multidrug-resistance and extensive drug resistance, epidemiological transition, and demographic changes that had led to rapid increases in urban populations.

122. The purpose of the plan of action was to accelerate the reduction of tuberculosis incidence and mortality and meet the reduction target contained in the PAHO Strategic Plan 2014-2019. The plan of action was also designed to help the Region meet the targets set in the Global Plan to Stop TB 2006-2015 and the new post-2015 targets for prevention, care, and control approved by the Sixty-seventh World Health Assembly.³ The plan was the product of extensive consultation with national tuberculosis program directors and regional and global technical partners and would lend continuity to PAHO efforts under the Regional Plan for Tuberculosis Control 2006-2015,⁴ which was currently winding down. It would also facilitate implementation of WHO's new global plan, strengthening tuberculosis care by considering the environment and socioeconomic situation of vulnerable populations and encouraging the involvement of other sectors in tuberculosis control. Addressing the social determinants of health was one of the strengths of the plan, which proposed horizontal activities to create synergies in countries' health systems. Its strategic lines of action included components that took account of gender, ethnicity, human rights, and ethics in tuberculosis prevention, treatment, and control. The plan would serve as a catalyst for the continued reduction of tuberculosis incidence in the Region.

123. The Executive Committee welcomed the plan of action and applauded its alignment with the WHO Global Plan. Delegates expressed support for the plan's goals, ambitious targets and strategies and its emphasis on reaching vulnerable populations and involving other sectors in efforts to combat tuberculosis. The relationship between

³ See WHO Document A67/11 and Resolution WHA67.1 (2014).

⁴ See Document CD46/18, Rev. 1, and Resolution CD46.R12 (2005).

tuberculosis, noncommunicable diseases, and social determinants of health was noted. Numerous delegates noted the need for early diagnosis and treatment, universal access to treatment, political commitment, intersectoral and multidisciplinary action, and training for health personnel. It was also pointed out that health promotion and education were needed to combat misperceptions about the risk of contracting tuberculosis.

124. Several delegates described their countries' tuberculosis programs and outlined their progress in reducing morbidity and mortality from the disease. The importance of the DOTS and Stop TB strategies in curing new cases and reducing prevalence was highlighted. It was suggested that comorbidities such as the relationship between tuberculosis and diabetes and between tuberculosis and HIV infection should be studied, as should the social impact of tuberculosis, especially on families. The need to invest in research and development aimed at producing new alternative therapies and to ensure universal access to first-line drugs was also noted.

125. It was suggested that some changes should be made to the plan to provide flexibility to federated States to adapt it to their context and reality. Clarification was sought regarding the difference between the WHO impact target of a 36% reduction in mortality and the PAHO target of a 24% reduction, and it was suggested that they should be harmonized. Information was also requested on how the numbers would be arrived at—by country, proportionally, or some other way. It was recommended that progress under the plan should be measured using indicators already identified in the PAHO Strategic Plan 2015-2019 and that advances be reported on through the biennial assessment reports on implementation of the Strategic Plan. The Bureau was asked to provide additional information on the working document that it intended to prepare for implementation of the plan of action in countries (mentioned in paragraph 25 of Document CE156/16), particularly with respect to any goals, targets, and indicators to be included in that document.

126. Dr. Espinal explained that PASB was working on a more detailed document, to be circulated to tuberculosis program directors in the Region with the aim of facilitating and enhancing the monitoring of plan implementation. It would propose additional tuberculosis indicators that had not been included in the macro plan of action, such as number of sputum samples tested and number of children screened. Concerning the link between tuberculosis and diabetes, he noted that PAHO had promoted three studies on the subject. He agreed that it was important to explore the relationship between tuberculosis and noncommunicable diseases and to emphasize a multisectoral approach. The reason for the discrepancy between the WHO and PAHO mortality reduction targets was that the Region of the Americas had already made substantial progress in reducing mortality; the lower regional target reflected that fact. The important thing was to maintain political commitment to and support for tuberculosis control programs. He noted that the latter were increasingly being implemented at the primary care level and that some countries in the Region were already in the pre-elimination stage, which was encouraging.

127. The Director observed that tuberculosis was a complex disease closely associated with poverty and other social determinants of health and that it was essential to focus action

on the most vulnerable and poorest population groups. She also noted that innovation in both medicines and diagnostics was needed.

128. The Committee adopted the amended Resolution CE156.R2, recommending that the Directing Council approve the plan of action, with the understanding that the Bureau would revise the plan to reflect the changes suggested during the Committee's discussion.

Plan of Action on Antimicrobial Resistance (Document CE156/17)

129. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) introduced the proposed plan of action, which had been prepared at the request of Member States and partners following the 2011 World Health Day roundtable debate on antimicrobial resistance and the 2013 meeting of the PAHO Technical Advisory Group on Antimicrobial Resistance. The plan was intended to serve as guidance for the development of national policies and plans.

130. PAHO had been implementing strategies and interventions to contain antimicrobial resistance for more than two decades, and the Latin American Network for Antimicrobial Resistance Surveillance had provided assistance to improve surveillance in the Region. As a result, 25 countries now had a national reference laboratory for testing susceptibility to antibiotics. Nevertheless, major gaps in addressing antimicrobial resistance in the Americas persisted. Few countries had national plans to address the issue through an inclusive multisectoral approach and few had conducted public information campaigns to heighten public awareness about antimicrobial resistance. Antimicrobial resistance was also a major problem in animal health. Given the widespread availability of over-the-counter antimicrobial drugs in the Member States, regulated prescription and standard treatment guidelines were needed. Strong national regulatory authorities and quality standards would ensure the production and national distribution of quality-assured medicines.

131. The five-year plan of action was aligned with the WHO Global Action Plan on Antimicrobial Resistance adopted by the Sixty-eighth World Health Assembly⁵ and was linked with existing plans of action on infectious diseases and tailored to the achievements and challenges of the Region. The purpose of the plan was to furnish guidelines for containing and reducing the impact of antimicrobial resistance and for ensuring the continued treatment and prevention of infectious diseases with safe and effective quality drugs that were responsibly used and accessible to those who needed them. The plan also provided targets and indicators for containment of antimicrobial resistance in the Americas, based on five strategic lines of action. To meet the targets, the commitment of Member States, PAHO/WHO collaborating centers, and partners would be essential.

132. The Executive Committee welcomed the proposed plan of action, which was seen as a roadmap for concrete, measurable action to combat antimicrobial resistance. It was emphasized that antimicrobial resistance was a growing global threat with implications

⁵ See WHO Documents A68/20 and A/68/20 Corr.1 and Resolution WHA68.7 (2015)

that extended beyond health to the social and economic spheres and that multisectoral efforts were therefore needed to tackle the problem. Delegates commended PAHO's efforts to improve education on appropriate antibiotic use, its implementation of antibiotic stewardship programs, and its emphasis on preventing antimicrobial resistance through improved infection prevention and control measures in health care facilities. The importance of addressing antibiotic use in human and animal health through a "one health" approach was highlighted.

133. Delegates affirmed that antimicrobial resistance was a public health problem requiring a comprehensive approach, noting that the direct consequences of antimicrobial-resistant infections included longer illnesses, higher mortality, lengthier hospital stays, loss of protection for surgical and other patients, and higher costs. Several delegates commented on the need for surveillance, including epidemiological and environmental surveillance, as well as reference laboratories, investment in the development of new drugs, pharmaceutical policies to control the sale and distribution of antibiotics, community and nosocomial infection control, private-sector engagement, and the importance of working together to combat the threat posed by antimicrobial resistance.

134. Expressing support for the plan, one delegate observed that in her country, combatting antimicrobial resistance was a shared responsibility in which multiple stakeholders and jurisdictions, including the federal, provincial, territorial, and municipal governments, had a role to play. She suggested that explicit references to "national" programs, priorities, or approaches should be removed in order to give federated States the flexibility to adapt the plan to their context. Another delegate considered that the time frame envisaged under the Global Action Plan for the development and implementation of a national action plan was too short and suggested that the Bureau should provide technical support to enable countries to adapt the Plan to their particular situation. Support in identifying model programs for addressing antimicrobial resistance was also requested. Refinements to several of the plan's indicators were proposed.

135. Dr. Espinal said that the plan of action would empower the Bureau to assist countries with the preparation of their national plans and bring them into line with the Strategic Plan. He agreed on the importance of monitoring and regulating the prescription and sale of antibiotics to safeguard the efficacy of the existing drugs.

136. The Director emphasized that antimicrobial resistance was a grave problem of international concern with implications for health security and must be taken seriously. The proposed regional plan of action had benefitted from the discussions at WHO, where the Member States of the Region had displayed a high level of engagement in the debate surrounding antimicrobial resistance. She noted that during the Committee's discussion, several delegates had underscored the importance of a "one health" approach and of addressing the interface between human and animal health and working with the veterinary public health sector. That would be an important topic of discussion at the 2016 Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA) and the intensive preparations leading up to it. The Bureau would strive to strengthen its capacity to support Member States and deliver technical cooperation in that area. She

encouraged Member States to put in place regulations prohibiting the sale of antimicrobials without a prescription.

137. The Committee adopted Resolution CE156.R4, recommending that the Directing Council approve the Plan of Action, with the understanding that the Bureau would revise the plan to reflect the changes suggested during the Committee's discussion.

Plan of Action for the Prevention and Control of Viral Hepatitis (Document CE156/18)

138. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB), introducing the proposed plan of action, noted that viral hepatitis was a serious public health problem that required an urgent and vigorous response. Tackling the viral hepatitis epidemic would be a priority under the proposed post-2015 sustainable development goals. Within that framework, the general objective of the plan for the Region of the Americas was to develop and strengthen national and regional public health responses to reduce morbidity, disability, and death from viral hepatitis. Preparation of the plan had involved an exhaustive review of the available information and regional consultations with representatives of Member States, experts, and relevant partners to share experiences and visions and elicit recommendations to strengthen the plan and ensure its full alignment with the PAHO Strategic Plan 2014-2019. Particularly important had been a recent consultation in Brazil, in which WHO had presented the principles and basic elements of the global strategy under development.

139. The chronic nature of two forms of the disease, hepatitis B and C, often had a significant adverse impact on individuals, families, and communities and on health systems and public resources. Actions to prevent new infections were key lines of action in the fight against hepatitis. The Region had made substantial progress in immunization against hepatitis B, especially in newborns and infants, and the plan proposed to strengthen, maintain, and expand that successful action. It also proposed the gradual, sustained introduction of therapeutic measures to improve the general condition of persons with chronic hepatitis B and to cure hepatitis C. The evidence showed that direct-acting antivirals were highly effective, with cure rates of over 95%. Those medicines were currently very expensive, but generic forms and bilateral pricing agreements between countries and pharmaceutical companies were lowering costs. As with the HIV epidemic and antiretrovirals, the Region could benefit from regional negotiation forums to enhance access. The Bureau stood ready to spearhead such an initiative.

140. The Plan, which comprised five strategic lines of action, could pave the way to a drastic reduction in viral hepatitis in the Region. The aim was to bring about a reversal of the current trend by 2020 and to eliminate the disease as a public health problem by 2030.

141. The Executive Committee welcomed the plan of action and recognized that viral hepatitis was a significant global public health challenge requiring a comprehensive approach. The plan's alignment with the 2014 World Health Assembly resolution on viral

hepatitis⁶ was also welcomed. Delegates noted the importance of addressing determinants of health and the specific needs of vulnerable populations, reducing stigma and discrimination, and facilitating equal access to essential services. Questions were raised, however, about how implementation of the plan would be funded.

142. Delegates stressed the importance of epidemiological surveillance, vaccination, screening, access to safe and effective drugs, strategies for preventing transmission of hepatitis B and C within and outside of health care settings, prevention of blood-borne transmission, promotion of research and protocols for managing hepatitis B and C, and risk reduction among at-risk and vulnerable groups through outreach, harm reduction, and timely substance abuse treatment. One delegate noted the importance of increasing research and development in order to make available more affordable diagnostic and treatment methods, especially for hepatitis B and C. He also highlighted the importance of taking action to limit the risk of viral hepatitis in populations affected by disasters—action that would include risk prevention, psychological care, vaccination, and health promotion.

143. The need to better understand the epidemiology of hepatitis C was highlighted. It was pointed out that while novel treatments were becoming available, prevention should be the primary approach for interrupting transmission of the hepatitis C virus. It was also noted that many countries still did not really understand what was driving transmission of the disease in their national contexts. Delegates called for analysis of access to medicines and ways to improve it, particularly for treatment of hepatitis C, for which there was no vaccine. Several delegates expressed their countries' willingness to cooperate in efforts to obtain lower prices for hepatitis drugs. It was suggested that transplants for the treatment of chronic conditions stemming from hepatitis should be considered as part of equitable access to clinical care. The importance of screening for hepatitis in organ and tissue donors was highlighted.

144. It was suggested that national prevention programs should be strengthened through the introduction of rapid diagnostic tests to screen for hepatitis B, with emphasis on pregnant women and other key populations; enhancement of capacity to determine serum viral load for hepatitis B and serum viral load and genotype for hepatitis C; and strengthened treatment for hepatitis B in key populations and the development of treatment protocols for hepatitis B and C. The need for community awareness to promote treatment adherence and receptivity to vaccination in at-risk groups was underscored. It was also suggested that studies to evaluate the social and economic burden generated by morbidity and mortality from viral hepatitis should be undertaken.

145. Delegates made suggestions for amendments to the document and proposed resolution, which were welcomed by Dr. Espinal, who affirmed that the plan would be revised to place greater emphasis on research and that PASB would work hand in hand with the Member States to provide technical assistance and learn from best practices. He expressed thanks Brazil and the other countries that had offered their support in obtaining lower hepatitis drug prices for Member States.

⁶ Resolution WHA67.13 (2014).

146. Dr. Massimo Ghidinelli (Chief, Unit of HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections, PASB) replying to the questions about funding, recalled that more than two years earlier there had been a structural change in the Bureau, and all aspects of the hepatitis program, which previously had been dealt with by several different departments, had been put under the HIV, Tuberculosis, and Sexually Transmitted Infections Unit. The aim had been to create interprogrammatic synergies and an opportunity to take advantage of the platform and infrastructure shared by more mature programs. Some of the resources considered necessary for the implementation of the plan of action would be generated through that sharing. Additional resources might be forthcoming from WHO. He thanked Brazil for seconding staff and contributing extrabudgetary resources, which had enabled the Bureau to proceed with the preparation of the plan, noted that other countries were extremely interested in viral hepatitis control and were also providing support.

147. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) reported that a number of important antivirals had recently been added to the WHO essential medicines list, including five new products containing sofosbuvir and daclatasvir, and new products were in the pipeline. Three or four more antivirals were now on the list. The experience with antiretrovirals for HIV/AIDS had shown that including products on the essential medicines list had an important impact on market dynamics, both globally and regionally. It also stimulated the production of generics over a relatively short period of time, facilitating their entry into the market, where intellectual property barriers did not exist. More importantly, it would encourage the production of therapeutic equivalents and competition between treatment regimes, which would likely drive down prices. Pricing transparency should be emphasized when establishing treatment guidelines for the procurement of such medicines. There was also a need to develop a specific strategy in this area through dialogue with Member States on access to high-cost single-source medicines, taking advantage of opportunities to promote access to such products through the Strategic Fund.

148. He agreed with the comments by Member States about the need for innovation, noting that there was currently a whole agenda of work that included the development of a vaccine against hepatitis C and long-acting single-injection treatments in addition to oral antivirals; simplified diagnostics at point of care to assist in demand forecasting and the estimation of needs; and the simplification of treatment regimens.

149. The Director, observing that viral hepatitis was an emergency that had long been unrecognized as such, said that the Region had the knowledge, tools, and mechanisms needed for prevention and treatment. There was a need to increase community awareness programs and strengthen prevention, universal access to care and treatment, and public health innovation, which would require a high level of commitment from all. Mortality and morbidity from viral hepatitis could be significantly reduced if the Region put into effect what it already knew and took advantage of the tools at its disposal. It was her hope that the joint efforts of the Bureau and Member States would make it possible to rid the Region of viral hepatitis.

150. The Committee adopted Resolution CE156.R10, recommending that the Directing Council approve the plan of action, with the understanding that the Bureau would revise the plan to reflect changes suggested during the Committee's discussion.

Strategy on Health-related Law (Document CE156/19, Rev. 2)

151. Mr. Néstor Alejandro Rosa Navarro (Uruguay), introducing the item, noted that Uruguay and El Salvador had jointly led the consultations and negotiations on the proposed strategy on health-related law,⁷ which had been very participatory. Several virtual consultations and face-to-face meetings had been held, in which all Members of the Executive Committee and the majority of other PAHO Member States had taken part. The strategy as it appeared in Document CE156/19 reflected the consensus reached. Its aim was to facilitate the strengthening of health-related laws and the sharing of experience in that regard in order to further progress towards universal access to health and universal health coverage and other key areas on which the Governing Bodies had adopted resolutions. It was a sound proposal for action by the Bureau and Member States that would help to strengthen legal and regulatory frameworks and promote the right to health, and he encouraged the Committee to support it.

152. In the discussion that followed, delegates welcomed the revised version of the strategy and expressed thanks to Uruguay and El Salvador for leading the working group. It was considered that, while difficult to negotiate, the revised text was stronger, took into consideration differing national contexts and needs and offered more flexibility, and would better enable the Bureau to assist countries, when requested, to improve their legal and regulatory frameworks. The importance of strengthening legal frameworks for promoting and protecting health was acknowledged, as was PAHO's role in facilitating the exchange of best practices in that regard. It was pointed out that, while many Member States were pursuing rights-based approaches in their efforts to achieve universal health coverage, recognition of health-related rights and their implementation varied according to national contexts; some further adjustments to the language in the strategy were proposed in order to reflect that fact and to bring it into line with previously agreed language in the Strategy for Universal Access to Health and Universal Health Coverage⁸ and other PAHO strategies. Several other minor changes were suggested with a view to reaching final consensus on the strategy.

153. The Director expressed gratitude to Member States for their participation in the lengthy consultation process on the strategy and thanked Uruguay and El Salvador for leading the process. As the document was the product of extensive negotiations among Member States, she was confident that consensus would be achieved.

⁷ The strategy was initially presented to the Executive Committee in 2014 at its 154th Session. A revised version was then presented to the 53rd Directing Council, but was not approved. The Council decided to establish a working group, with Uruguay as its Chair and El Salvador as its Vice-Chair, to continue refining the strategy for resubmission to the Executive Committee at its 156th Session (2015). See Document CD53/FR (2014).

⁸ See Document CD53/5, Rev. 2, and Resolution CD53.R14 (2014).

154. After examining two revised versions of the strategy and accompanying proposed resolution, which incorporated the additional changes proposed during the discussion, the Executive Committee adopted Resolution CE156.R11, recommending that the Directing Council adopt the strategy.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE156/20 and Add. I)

155. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, Financial Resources Management, PASB) introduced the report, which detailed the status of receipt of assessed contributions as of 31 December 2014 and 30 April 2015, and, in Addendum I, as of 15 June 2015. She noted that since that date additional payments had been received of \$1,281,946 from Argentina and \$151,996 from Panama.

156. A total of 85% of outstanding arrears had been paid, leaving a balance outstanding of \$4.3 million as of the opening of the 156th Session of the Executive Committee. No Member State was subject to Article 6.B of the Constitution at that time. However, she noted that the balance of arrears represented an increase over the figure at the time of the 2014 Executive Committee session, when arrears had been as low as \$1.6 million.

157. As of 15 June 2015, the Organization had received \$22.4 million in payments towards 2015 assessed contributions, again a figure slightly lower than in June 2014 and representing only 21% of total current-year assessments. The balance of 2015 assessed contributions due totaled \$83.2 million. Seventeen Member States had paid their 2015 assessments in full, which was welcome, but owing to the low overall level of contribution payments, the Organization had still had to utilize the Working Capital Fund to finance the implementation of the regular budget. Regular budget disbursements for the first half of 2015 had totaled \$34.1 million. As of 31 December 2014 the Working Capital Fund balance had totaled \$19.2 million, but it had now diminished to \$6.0 million. Unless more assessed contributions were received, that amount would be fully utilized by 30 June, obliging the Organization to access unrestricted internal resources to fund the implementation of the regular budget.

158. The Director said that the present situation was obviously one of concern to the Bureau, since it was difficult to continue working without the financial resources to do so. She thanked those Member States that had paid thus far in 2015, appealing to the remainder to follow suit.

159. The Executive Committee adopted Resolution CE156.R1, thanking Member States that had made payments for 2015 and prior years and urging other Member States to pay all outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2014 (Official Document 349)

160. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of a preliminary, unaudited version of the Financial Report, noting that the Subcommittee had sought clarification of the reasons for the increase in consolidated revenues and the significant decline in PAHO voluntary contributions. The considerable increase in national voluntary contributions had also been noted, and assurance had been sought that the amount being charged for program support was sufficient to cover the Organization's costs and avoid undue pressure on its budget.

161. Mr. Gerald Anderson (Director of Administration, PASB) presented an overview of the Financial Report of the Director, including comparative information on sources of revenue for the PAHO program and budget and distribution of that income over the previous five years, which indicated that PAHO assessed contributions had remained stable from 2012 to 2014 and that miscellaneous income had increased from 2013 to 2014, largely as a result of interest income on investments in Brazil. The WHO share of the regular budget received in 2014 had been \$30.6 million, as compared with \$37.8 million in the first year of the previous biennium. WHO voluntary contributions had remained relatively stable, but voluntary contributions to PAHO had dropped more than 50% from 2012 to 2014, falling from \$93.7 million to \$40.9 million. Some reversal of that downward trend had been observed in the first half of 2015.

162. Collection of prior-year assessed contributions had improved significantly from 2010 to 2014. However, collection of current-year contributions had declined. Further detail could be found in the report on collection of assessed contributions (see paragraphs 155 to 159 above). Although arrears had declined slightly from 2013 to 2014, the overall level of arrears had risen appreciably since 2010.

163. National voluntary contributions had jumped significantly from 2013 to 2014, mainly as a result of the Mais Médicos project in Brazil, but such contributions from other countries had also increased, rising by about \$8 million from 2013 to 2014. Revenues from the Organization's three procurement funds had also shown an overall upward trend since 2012, although the amount for reimbursable procurement had declined.

164. The External Auditor had issued an "unmodified opinion" on the Organization's financial statements for 2014. In previous years the auditor had issued an "unqualified opinion," but the two terms meant essentially the same thing: the auditor had concluded that the financial statements had been prepared, in all material respects, in accordance with the applicable financial framework.

Report of the External Auditor for 2014

165. Mr. José Luis Cea Claver (Court of Audit of Spain), introducing the report of the External Auditor, said that, in its ongoing work as the Organization's External Auditor, the

Court of Audit of Spain had continued to learn about PAHO and had endeavored to tailor its recommendations so as to help the Organization to achieve its objectives with regard to transparency and sound financial management. A team consisting of 12 auditors had made two visits to PAHO Headquarters in 2014 and had also visited the PAHO/WHO country offices in Brazil, Colombia, and Cuba. Members of the team had also participated in the Ninth and Tenth Sessions of the PAHO Audit Committee. As the outcome of that work, the External Auditor had prepared the documents comprising the report of the External Auditor contained in *Official Document 349*. The most significant conclusions of the External Auditor's work were found in the Opinion of the External Auditor and the Long Form Report on the 2014 Financial Statements Audit.

166. Mr. Miguel Ángel Sánchez del Águila (Court of Audit of Spain), highlighting figures from the financial review contained in the Long Form Report, noted that the Organization had posted a net surplus of \$23.7 million in 2014, whereas in 2013 it had suffered a net loss of \$2.66 million. Total revenue had amounted to \$1,727.1 million, an increase of 51.5% with respect to 2013. At the same time expenditures had risen 49.1%, to \$1,703.4 million. Both of those increases were due largely to increases in contributions for and expenditures associated with the Mais Médicos project. Employee benefits and liabilities had increased by 4.1%, although staff and other personnel costs had decreased by 9%, from \$186 million in 2013 to \$169 million in 2014. In general terms, PAHO had sufficient resources to cover its current financial obligations and its short-term employee benefit liabilities. However, in the medium and long terms, funding those liabilities would remain a challenge, and the External Auditor encouraged the Organization to continue implementing measures to meet those obligations.

167. He then summarized the recommendations put forward in the report, which included various measures aimed at enhancing internal controls and minimizing risks associated with the Mais Médicos project, ensuring that the PASB Management Information System project was completed on time, and improving succession management and transfer of knowledge from retiring staff. The majority of past recommendations had been implemented, which demonstrated the Bureau's commitment to improve its systems and procedures.

168. The Executive Committee welcomed the unmodified audit opinion. Clarification was sought regarding the increase in travel costs from 2012 to 2014, and the Bureau was encouraged to find ways of reducing such costs by using technological tools. A delegate requested an explanation of why staff benefit liabilities had increased, given that other personnel costs had decreased. She also sought clarification of the difference between the Revolving Fund for Vaccine Procurement and the Reimbursable Procurement Fund. Another delegate asked for more information on the products being procured through PAHO's procurement funds and inquired about the reason for the high number of sole-source service contracts. She recognized that there might be a limited number of vendors in some cases, but emphasized the need for transparency to ensure that PAHO was getting the best value and price. She also noted that the report indicated a lack of transparency with respect to letters of agreement in the country office in Brazil and urged

that the Bureau take action to correct that shortcoming. She sought assurance that voluntary resources for national programs completely covered program support costs. The Bureau's efforts to implement past recommendations of the External Auditor were commended and it was encouraged to act on all of the current recommendations. It was considered particularly important to implement the recommendations relating to enterprise risk management.

169. The Delegate of Brazil expressed appreciation to PAHO for its support in implementing the Mais Médicos project, which was benefiting more than 63 million Brazilians and contributing to the achievement of universal health coverage. She offered to provide additional information to other delegations about the project and its benefits.

170. Mr. Sánchez del Águila clarified that the external audit had not revealed any major problems with regard to transparency or any failure to comply with the Organization's financial rules and regulations concerning the awarding of contracts.

171. Mr. Anderson explained that the increase in travel costs was attributable mainly to the implementation of the Mais Médicos project, which had been launched in 2013. Those costs included travel for Cuban physicians to Brazil and travel within Brazil. For that project and all projects financed with national voluntary contributions, any costs directly attributable to project activities were charged directly to the project. The Bureau levied a program support cost to cover other project-related costs, thus ensuring that all project costs were covered without any cross-subsidies from the Organization's regular budget.

172. The Bureau was making every effort to use modern technological tools. The new PASB Management Information System, for example, would include a travel component that would enhance managerial analysis of travel expenses and maintenance of internal controls. The PASB Information Technology Strategy (see paragraphs 203 to 206 below) would further strengthen the Bureau's ability to use technological tools to support technical cooperation. Rising health care costs accounted for most of the increase in employee liabilities, which included all anticipated after-service health insurance benefits for retired staff. The Bureau was working with the WHO Secretariat to manage those liabilities (see the report on after-service health insurance below, paragraphs 187 to 190).

173. PAHO had three procurement funds: the Revolving Fund for Vaccine Procurement, the Regional Revolving Fund for Strategic Public Health Supplies (known as the Strategic Fund), and the Reimbursable Procurement Fund. Through the latter, the Bureau received funds from Member States and procured public health supplies on their behalf, thus enabling them to purchase goods at better prices than they could secure on their own. The revolving funds operated in the same manner, but they had capital funds that allowed Member States to receive a cash advance in order to make purchases, which they then reimbursed to the fund. The capital funds were funded through a charge on procurement activities. The Revolving Fund for Vaccine Procurement offered a specific set of WHO-certified vaccines. Medicines and public health supplies not approved for sale

through the Revolving Fund could be purchased through the Strategic Fund. The list of products available through both funds could be accessed on the PAHO website.⁹

174. Some of the vaccines offered through the Revolving Fund were available from only one supplier. The Bureau's choice of vendors was also sometimes limited by time constraints, such as when Member States asked it to procure specific vaccines for use during a specific period (for example, Vaccine Week in the Americas). All procurement requests were reviewed by the Bureau's Contract Review Committee as well as the Procurement and Supply Management Department, the Financial Resources Management Department, the Director of Administration, and technical experts. Sole-source contracts were closely scrutinized to ensure that they were justified.

175. The Bureau had a full-time advisor on enterprise risk management who was building a network of expertise within the Organization. Workshops on the enterprise risk register system had been conducted recently, with participation by staff from various departments and levels, including the country offices.

176. The Director said that the Financial Report provided a means by which the Bureau could assure Member States that it was managing the Organization's financial resources within a framework of transparency, accountability, and tight internal control. The Bureau took seriously all recommendations of the External Auditor, the Internal Auditor, and the Audit Committee and conducted twice-yearly reviews to ensure full compliance with them. As for the PMIS, the project was being monitored on a monthly basis to ensure adherence to the agreed timeline and review the use of project resources.

177. As was apparent from the Financial Report, apart from national voluntary contributions, PAHO voluntary contributions had declined significantly. That was partly because the Region was perceived as a region of means, made up primarily of middle-income countries. The Bureau was working to build staff capacity at all levels to mobilize resources. It was also working with the PAHO Foundation and seeking to broaden its donor base. In addition, it was enhancing project management capacity in to order improve reporting to donors and ensure that any resources received could be implemented efficiently, since its ability to attract resources in the past had sometimes been affected by slow implementation rates and lack of effective reporting.

178. The Executive Committee took note of the report.

Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses (Document CE156/21)

179. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposal by the Bureau for the use of the unappropriated balance of the surplus remaining after the

⁹ See http://www.paho.org/hq/index.php?option=com_content&view=article&id=1864&Itemid=40713&lang=en and http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1159&Itemid=986

implementation of the International Public Sector Accounting Standards (IPSAS) in 2010 and a regular budget surplus remaining at the end of 2014. The Bureau intended to use the surplus funds for long-term investment initiatives in the areas of human resources and information technology. The Subcommittee had supported the proposed uses, but had requested more detailed information, including an explanation of the criteria applied to select and prioritize the various proposals and projects and a breakdown of how the funds would be allocated within the proposed areas of investment. That information had been included in Document CE156/21.

180. Mr. Gerald Anderson (Director of Administration, PASB), introducing Document CE156/21, explained that it was proposed to invest the balance of the IPSAS and budgetary surpluses, which amounted to slightly over \$3 million, in two areas: (1) support for implementation of the PASB Information Technology Strategy (see paragraphs 203 to 206 below), which would enable the Bureau to enhance its information technology capabilities in order to better support the PASB Management Information System project (see paragraphs 256 to 262 below) and improve Internet connectivity in country offices, and (2) support for the implementation of the PASB Human Resources Strategy (see paragraphs 221 to 228 below), including modernization of recruitment software and support for systems that would enable the Bureau to offer more training and capacity-building to staff.

181. In the Executive Committee's discussion of the item, support was expressed for the proposed uses of the funds, in particular the information technology projects. It was pointed out, however, that many such projects remained unfunded and information on the Bureau's plans for long-term funding for information technology needs was requested. With regard to the Human Resources Strategy, a delegate asked whether the strategy itself should be approved before funding for its implementation was authorized.

182. Mr. Anderson clarified that the proposal contained in Document CE156/21 would provide funding for only some aspects of the Human Resources Strategy, which was broad in scope and provided a comprehensive approach for addressing the Bureau's human resources needs in the medium and long term. The Information Technology Strategy provided suggestions regarding the level of funding that the Bureau should devote to information technology needs and how the funds should be distributed among projects to keep existing systems running and enable the Bureau to implement new systems and expand its information technology capabilities. Funding for those projects would be allocated as part of the normal budgeting process for each biennium, beginning in 2016-2017.

183. The Committee adopted Resolution CE156.R8, recommending that the Directing Council approve the allocation of the balance of the IPSAS and budgetary surpluses as proposed in Document CE156/21.

Programming of the Revenue Surplus (Document CE156/22)

184. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposal by

the Bureau to use a revenue surplus resulting from repayment of a \$10 million loan made to the Revolving Fund for Vaccine Procurement. The funds would be used for long-term strategic investments in building maintenance and improvement, vehicle replacement, emergency response to infectious diseases, and increased capitalization of the Revolving Fund for Strategic Health Supplies. The Subcommittee had requested more detailed information on the proposed uses of the funds and on the rationale for their selection. That information had been included in Document CE156/22.

185. Mr. Gerald Anderson (Director of Administration, PASB) noted that some of the surplus funds would be used to finance some of the repairs and safety and security improvements envisaged under the Master Capital Investment Plan (see paragraphs 191 to 198 below).

186. The Executive Committee endorsed the proposal for programming of the revenue surplus as set out in Document CE156/22 (Decision CE156[D3]).

After-service Health Insurance (Document CE156/23)

187. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard a report on the steps being taken to ensure sufficient funding for after-service health insurance (ASHI) for retired PAHO staff, and options under consideration for funding that obligation in the long term. Subcommittee Members had expressed appreciation for the Bureau's efforts to ensure sufficient funding to meet the ASHI obligation and had welcomed the merging of the PAHO and WHO funds, which was expected to result in cost efficiencies, leading to a higher return on investment.

188. In the Committee's discussion of the item, it was considered that consolidating the PAHO and WHO assets offered opportunities to promote efficiencies in how the funds were managed, but it was pointed out that the arrangement would require careful monitoring by PASB, so that the Member States could be kept fully informed about the status of financing for the liability.

189. Mr. Gerald Anderson (Director of Administration, PASB) noted that since the preparation of Document CE156/23, further discussions had been held on implementing the plan for merging the assets. The WHO officer with overall responsibility for staff health insurance would be visiting PASB shortly to discuss various issues, including the methodology for tracking PAHO's share of the assets and of the liability. WHO and PAHO would be using the same actuarial firm to conduct regular evaluations of the defined benefit obligation for the future, based on a census of all staff members, active and retired, who were members of the Staff Health Insurance Fund. The Bureau would prepare further updates for future sessions of the Executive Committee. In addition, information on the state of PAHO's defined benefit obligation was always included in the annual Financial Report of the Director, and after the pooling of the funds that information would also be available in the annual report of the Staff Health Insurance Fund.

190. The Executive Committee took note of the report.

Report on the Master Capital Investment Fund and Reassessment of Real Estate Projects in the Master Capital Investment Plan (Document CE156/24, Rev.1)

191. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that, based on the results of an assessment conducted in 2014, the cost of repairs to PAHO-owned buildings was estimated at \$66.9 million, \$55 million of which related to the Headquarters building. It had also been informed that the Bureau would undertake further analysis of the assessment results and prepare a report examining the feasibility and prioritization of all the various options. The Subcommittee had sought clarification of how the Bureau had arrived at the cost estimates and had requested further explanation of the specific repairs needed at the Headquarters building and of the considerable difference in the amounts budgeted for Headquarters and for the country offices. The Bureau had been encouraged to investigate the possibility of relocating to leased premises rather than paying for repairs to aging buildings owned by the Organization.

192. Mr. Bruce Leech (Director, Department of General Services Operations, PASB) stressed that while the Bureau recognized the importance of safe, secure, and efficient office space, the financial resources available to achieve that goal were increasingly scarce. The Bureau was also aware that ownership of aging buildings and facilities was associated with increasing liabilities as the premises deteriorated over time. The results of the condition assessment had been further analyzed by an independent real estate consultant, who had taken into consideration the risks and opportunities facing the Organization in undertaking the needed repairs and renovations, the associated capital and ongoing operational costs, the various options available for consideration and their respective costs and risks, the associated logistical and business interruption issues, and the feasibility of implementing the recommendations of the United Nations Department of Safety and Security.

193. The conclusions of that analysis were that PAHO should implement the repairs and renovations identified for the PAHO-owned country offices, that relocation of the main PAHO Headquarters building was considered to be a lower-cost and lower-risk option than refurbishment, and that the Organization should undertake a detailed feasibility study of available relocation options. Pending the results of that study, PAHO should undertake the minimum urgent repairs to ensure the safety and integrity of the PAHO Headquarters building.

194. Welcoming the comprehensive report, one delegate affirmed the need for PAHO staff to work in safe conditions, which implied that in the short term the urgent repairs needed at Headquarters and country offices should be a priority. Noting the Bureau's plans to draw funding for identified renovation projects from the Holding Account or the revenue surplus, she concluded that there would nevertheless be a significant deficit remaining and inquired how PASB planned to cover it. With regard to renovation/relocation options for the Headquarters building, she expressed surprise at the proposed increase in space

allocation per person and suggested that alternative options should be considered. Given the architectural design of the Headquarters building, she wondered whether the Washington, D.C., authorities might be interested in some form of “heritage designation” that would provide funding for renovations.

195. Mr. Leech stressed that the options in Document CE156/24, Rev. 1, were illustrative. The next step would be a detailed feasibility study including an analysis of the Organization’s precise space needs, how it could take advantage of modern collaborative working modalities, and how current best practices in construction could be leveraged. A key issue would be the availability of sufficient meeting space, which many buildings did not have. If such a building were found, its gross square footage would increase the amount of working space being provided for each member of staff.

196. The question of how the funding deficit would be addressed would be examined after the detailed feasibility study had been carried out. The possibility of assistance from the Washington authorities in refurbishing the PAHO Headquarters building would be further analyzed within the feasibility study. However, there were significant constraints on renovating a building considered architecturally significant, ownership of which tended to constitute a liability rather than an asset.

197. The Director noted that the topic was obviously important for both Member States and the Bureau as significant sums of money were involved, particularly with regard to the Headquarters building. Clearly, more analysis was needed before considering how such a project would be funded. In the meantime, the safety of staff had to be ensured, both in terms of the integrity of the physical infrastructure and in the improvements that needed to be made for security purposes. The Bureau would provide the Directing Council with an approximate figure for the cost of the urgent repairs needed to the Headquarters and for upgrades required to ensure staff security.

198. The Executive Committee took note of the report.

Status of Projects Funded from the PAHO Holding Account (Document CE156/25)

199. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that 10 of the original 14 projects approved by the 48th Directing Council for funding from the Holding Account had been completed and that the Holding Account would probably be closed by the end of 2015, once the remaining balance of \$3.3 million had been disbursed. Meanwhile, the project for modernization of the PASB Management Information System was still under way, and three projects relating to improvements to facilities had been placed on hold, pending the assessment of the condition of all PAHO-owned buildings. The Subcommittee had encouraged the Bureau to modify the projects placed on hold and redirect the corresponding funds as needed in the light of the findings of the building condition assessment.

200. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) reported that, since the preparation of Document CE156/25, one more of the 14 projects funded from the Holding Account had been fully implemented. The balance remaining in the Holding Account amounted to \$3.17 million, which the Bureau proposed to shift to the Master Capital Investment Fund to address some of the pressing needs identified in the Region-wide building condition assessment (see paragraphs 191 to 198 above).

201. The Director encouraged Member States to support that proposal.

202. The Executive Committee adopted Resolution CE156.R7, approving the transfer of \$3.17 million from the Holding Account to the Master Capital Investment Fund.

Report on the PASB Information Technology Strategy (Document CE156/26)

203. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a draft of the proposed PASB Information Technology Strategy and had been informed that the strategy had been developed on the basis of an assessment of the Bureau's information technology capabilities, conducted in 2014. The Subcommittee had also been told that the strategy would provide mechanisms and tools for ensuring that IT investments were linked to the Organization's strategic priorities, and that it would improve communication, enhance the quality and reduce the cost of technical cooperation, and ensure that the Bureau's information technology infrastructure effectively supported the new PASB Management Information System.

204. The Subcommittee had applauded the Bureau's efforts to develop an information technology strategy that would ensure optimal support for the Organization's technical cooperation functions. Members had welcomed the strategy's emphasis on sustainability and on ensuring that systems were kept up to date, while emphasizing that all information technology requirements should be correctly identified, including those for implementation of the human resources strategy and the PMIS. The Subcommittee had requested the Bureau to provide a detailed budget for full implementation of the strategy, and to make the 2014 assessment available to Member States.

205. The Director explained that the assessment conducted in 2014 had revealed major weaknesses in the Bureau's information technology infrastructure and had made some important recommendations for improvement. The strategy responded to those findings and should be implemented without delay in order to support the Bureau's functions and enable it to respond more effectively to growing needs for technical cooperation.

206. The Executive Committee took note of the report.

Report of the Office of Internal Oversight and Evaluation Services (Document CE156/27, Rev. 1)

207. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB), highlighting the main points in the report, drew attention to the Office's coordination and collaboration with other sources of information, notably the External Auditor and the WHO Office of Internal Oversight Services, noting that sharing of information was important in order to maximize audit coverage while avoiding duplication. He also noted that an internal audit of the enterprise risk management function had revealed some needed improvements, although many of the Office's recommendations in that connection had since been addressed. The level of implementation of most recommendations had been very fruitful, as was reflected in the data provided in report. The Office's overall opinion on the Organization's internal control environment was that there had been steady improvement.

208. In the ensuing discussion, the recommendations in the report were endorsed and the need for the Bureau to strengthen its project management capacity was emphasized, both to enable it to handle large projects and to attract greater contributions from donors. It was suggested that more information on the Mais Médicos project should be made available to Member States so that they could better understand how the Bureau was identifying and mitigating risks associated with it.

209. Mr. O'Regan replied that issues relating to project management were among the top priorities for his Office and were under discussion with senior management. With regard to Mais Médicos, he noted that his Office had recruited an additional staff member dedicated solely to monitoring the risks related to the project.

210. The Director expressed her appreciation for Mr. O'Regan's openness in discussing his Office's recommendations with senior management, which took the recommendations very seriously. She concurred that the Bureau needed to enhance its project management capacity for large projects. In the case of Mais Médicos, it had made significant investments in ensuring internal control, including a detailed risk management study, which was continuously updated. There was also a compliance officer working in Brazil. The status of the project was reviewed at least every two months by senior management to ensure ongoing assessment of internal controls and also of the effectiveness and efficiency of its implementation. While Mais Médicos required close attention by management, it also represented a learning experience for the Organization, and she was confident that it would meet its targets.

211. With regard to enterprise risk management, senior management had put in place a mechanism for identifying the 10 most significant risks for the Organization and had established a program for following up on those risks on a regular basis. Other measures to strengthen risk management were under discussion. While all of the various audits and evaluations seemed to indicate that PASB was strengthening its internal control environment and thereby ensuring greater transparency and accountability, there was still

work to be done, and management continued to strive to make PAHO an organization of which Member States could be proud.

212. The Executive Committee took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2016-2017 (Document CE156/28)

213. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the mandate of PAHO's current External Auditor, the Court of Audit of Spain, would expire at the end of the current biennium. In order to maintain continuity while the PASB Management Information System project was being completed, the Bureau had suggested that the current External Auditor should be retained for one more biennium, noting that the Court of Audit of Spain had expressed its willingness to do so. The Subcommittee had endorsed the Bureau's suggestion. It had been suggested that for consistency with other international organizations, PAHO might give consideration to appointing its External Auditor for a single, non-renewable term of six years.

214. The Executive Committee took note of the report.

Amendments to the Financial Regulations and Financial Rules of PAHO (Document CE156/29)

215. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined the proposed amendments to the Financial Regulations of PAHO and had been informed that they all related to the shift to an integrated program and budget. The Subcommittee had requested clarification of several matters, including the degree of flexibility in the use of the various components of the program and budget and whether the proposed new wording of paragraph 4.1 should be modified to make it clear that the program and budget would be approved with a specific ceiling. Several questions had been asked in relation to new terminology in the regulations, and information had been sought on how internal borrowing and the use of the Working Capital Fund would work under the amended regulations. It had been suggested that the entire set of financial regulations should be included in the document, enabling Member States to see the proposed changes in context.

216. Mr. Gerald Anderson (Director of Administration, PASB) pointed out that Document CE156/29 fulfilled the Subcommittee's request for additional information and also included all of the financial regulations, showing all changes. In connection with the question of how the Working Capital Fund would work, he drew attention to paragraph 8.3 (formerly 7.3), which stipulated that that Fund was to be used only pending receipt of assessed contributions or budgeted miscellaneous revenue and not pending receipt of voluntary contributions or other income.

217. The Executive Committee adopted Resolution CE156.R9, recommending that the Directing Council approve the amendments to the Financial Regulations.

Personnel Matters

Amendments to the PASB Staff Regulations and Rules (Document CE156/30)

218. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Regulations and Rules during its ninth session. It had been informed that they fell into three broad categories: first, amendments made pursuant to decisions taken by the United Nations General Assembly at its sixty-ninth session; second, amendments made to achieve consistency with WHO's Staff Rules; and third, amendments made in the light of experience and in the interests of good human resources management.

219. The first category included adjustments to the remuneration of staff in the professional and higher categories, as a result of which the salaries of staff in ungraded posts and the salary of the Director would also need to be adjusted. Amendments proposed for consistency with WHO's Staff Rules related to medical certification and inoculation, pensions, insurance, sick leave, retirement, and several other matters. The three amendments proposed in the light of experience and in the interests of good human resources management dealt with abolition of posts, administrative leave, and education grants. The Subcommittee had endorsed the proposed amendments to the Staff Regulations and Rules.

220. The Executive Committee adopted Resolution CE156.R13, approving the proposed changes to the staff regulations and rules.

Report on the Development of the PASB Human Resources Strategy: A People Strategy (Document CE156/31)

221. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an earlier version of the report on the development of the PASB Human Resources Strategy and had welcomed the philosophy behind it and recognized the need for the Bureau to have top-grade staff in order for it to fulfill its mission, in particular with regard to implementation of the PAHO Strategic Plan 2014-2019. However, several delegates had questioned whether certain of the strategic lines of action were sufficiently distinct. Information had been sought on how the strategy would align with the human resources strategy at WHO, particularly with regard to staff mobility, and details had been requested on the financial impact of the strategy and on the risks associated with not implementing it. While some delegates had supported the proposal for funding of the strategy, others had felt that the report did not contain enough information to justify the proposed utilization of the IPSAS and budgetary surpluses for that purpose (see paragraphs 179 to 183 above).

222. Ms. Kate Rojkov (Director, Department of Human Resources Management, PASB) reported that, after the presentation of the strategy to the Subcommittee, there had been an Organization-wide discussion, open to all staff in all locations, on various human resources-related matters. Three working groups had been set up to examine issues of workforce architecture, skills renewal, and organization of the country offices, including composition of staffing. The working groups were expected to finalize their work by 15 July. She also noted that PAHO had been the first WHO Region to introduce rotation of technical specialists every five years and had shared the lessons learned from that experience with WHO, which had subsequently decided to classify all posts as either rotational or nonrotational.

223. In the ensuing discussion, it was pointed out that, while it was certainly desirable to upgrade the skills of staff, one of the potential effects of the strategy would be to modify the profiles of posts, and it was asked how a balance would be maintained to guarantee the stability of all the Organization's programs. The Bureau was urged to include representatives of national ministries of health in the working group formed to offer recommendations on country office staffing in order to ensure that national goals and priorities were taken into account. It was considered important to have a correct balance between the costs and the benefits of the mobility policy, and the Bureau was asked to explain the mechanisms that it planned to use for selection of candidates subject to mobility, as well as those by which the skills of staff members would be evaluated. The importance of transparency and objective criteria in selection processes was stressed.

224. With regard to succession strategy, importance was attached to the recommendation of the External Auditor (see paragraphs 165 to 167 above) concerning the creation of a standard procedure to capture the knowledge of retiring staff members, including a template for preparing their final reports. It was pointed out that, in addition to strengthening the institutional memory of the Organization, such steps would foster greater transparency.

225. Ms. Rojkov assured the Committee that the issues raised in the discussion were being taken into consideration. For example, any movement of staff from, to, or within the Region would be aimed at strengthening technical skills and capacities at all levels. Her department was working in close collaboration with the office responsible for knowledge management to ensure that mechanisms were being developed to capture staff members' institutional knowledge upon retirement. Comprehensive human resources planning had been initiated for the current biennium and would be continued for the next biennium for all human resources.

226. The Director pointed out that human resources were the most vital asset for an organization delivering technical cooperation. As was evident from the report on staffing statistics (see paragraphs 229 to 232 below), the Bureau had responded to the decreased budget by reducing staff numbers. PASB had an aging workforce, with about 25% due to retire in three or four years, and in order to meet needs under the Strategic Plan 2014-2015 it had begun to put in place new modalities of delivering its technical cooperation. A recent staff retreat had provided an opportunity to examine specifically what were the objectives

and the expected deliverables in each of the program areas, as well as to analyze what competencies would be required to enable the Bureau to achieve the expected results in 2016-2017. As an example, in the area of maternal mortality, the skills of a social anthropologist were needed to help understand why indigenous and Afro-descendant women might be reluctant to seek health services. It was thus important for the Bureau to take advantage of forthcoming retirements to fill some of the skills gaps. At the same time, existing staff required training in new competencies and new ways of delivering technical cooperation.

227. A phenomenon characteristic of the Organization was that career mobility was limited at higher professional levels, and there was thus a need to work with staff to provide opportunities to improve their managerial competencies and enable them to become qualified to compete for management positions, which was in the best interests of the Organization. Management had worked closely with the staff, and in particular with the Staff Association, in crafting the human resources strategy with a view to putting in place a strategy that would optimize the Bureau's ability to deliver technical cooperation at the country level and position the Organization as the leading public health institution in the Region.

228. The Executive Committee took note of the report.

PASB Staffing Statistics (Document CE156/32)

229. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a report highlighting various aspects of the Bureau's current staffing profile, including numbers and ages of fixed-term and temporary staff, years of service, and staff mobility. It had been informed that the Bureau had succeeded in maintaining gender equity in the professional and higher categories at PAHO Headquarters. However, the majority of the PAHO/WHO Representatives were male, and the Bureau was conferring with the WHO Secretariat with a view to improving the gender balance in those posts. The Subcommittee had welcomed the efforts made to gather information about various categories of staff broken down by age and sex, and by contractual arrangements, all of which contributed to transparency. Delegates had attached particular importance to the Organization's policy on gender equality, adopted in 2005. Additional information had been requested on contractual arrangements that differed from those established under United Nations rules, and on whether there were policies aimed at ensuring the transfer of knowledge and skills when staff retired.

230. In the Committee's discussion of the item, the Bureau's commitment to ensuring gender parity at all levels was welcomed and it was encouraged to continue those efforts. It was acknowledged that retirees could provide a valuable service with regard to knowledge transfer and continuity of programs and that the extension of contracts beyond the age of retirement was therefore justified in some cases. Clarification was requested, however, of the conditions under which a staff member's contract might be extended after retirement

age and of whether there was a limit on the length of the extension or the number of times an extension could be granted.

231. Ms. Kate Rojkov (Director, Department of Human Resources Management, PASB) said that, as stated in the Staff Regulations and Rules, extension beyond the age of retirement was a prerogative of the Director and was done only when it was in the best interests of the Organization. Contracts were extended only for one year at a time and only up to the age of 65 for staff whose mandatory retirement age was 62 or up to 68 for staff whose mandatory retirement age was 65. The Bureau's policies in that regard were fully consistent with those of WHO and other organizations in the United Nations system.

232. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE156/33)

233. Ms. Carolina Báscones (General Secretary of the PAHO/WHO Staff Association), underscoring the PASB staff's commitment to international cooperation in health and to the achievement of the Organization's mandate, highlighted the issues which the Staff Association wished to bring to the attention of the Executive Committee. The working relationship between the Staff Association and executive management could be considered a cordial one of mutual respect and cooperation. While the openness demonstrated by the current administration had helped to enrich dialogue and decision-making, in order for such dialogue to be truly productive, the contributions made by the staff representatives to the Organization's institutional efforts should be recognized, and specific mention should be made of the value added by staff in the context of joint staff/administration working groups, including selection committees, the Staff Pension Committee, and the WHO Global Staff/Management Council, among others.

234. With regard to the Bureau's human resources strategy, the Association was pleased to note that the consultation process had been restructured and three working groups set up (see paragraph 222 above). The Association had representatives on each working group. For the Association, the most important factor in the Bureau's human resources strategy was that it should ensure not only staff restructuring but also improvement of institutional capacities for the delivery of quality and timely technical cooperation to Member States.

235. In principle, the Staff Association did not oppose staff rotation and mobility, which were part of the international civil service system. However, it was still not clear how the WHO mobility policy would work in practice. It needed to be understood that PAHO posts were not WHO posts and vice versa. WHO staff who wanted a PAHO position should be required to follow the same procedure as PAHO staff who aspired to fill a WHO vacancy, with a competitive selection process. All candidates should meet at least the stipulated minimum requirements. Also, when WHO staff joined PAHO, they should complete their probationary period like any other new staff member, just as PAHO staff did when they joined WHO.

236. With regard to the administration of justice in the Bureau, the Association wished to commend the Board of Appeals for resolving pending cases. Confidence in conflict resolution was enhanced when personnel had access to information, when there was fair and due process, and when decisions were reached in a reasonable time.

237. The Director expressed her thanks to the Staff Association, noting that a respectful, open, and transparent relationship had been built, although there was a clear understanding that in some cases staff and management would agree to disagree. She met regularly with the Association and had personally benefited a great deal from the Association's institutional knowledge. She wished to reassure all staff that the Association, in its relationship with her, was representing the staff's best interests, while also remaining mindful of the Organization's overall objectives.

Matters for Information

WHO Proposed Program Budget 2016-2017 (Document CE156/INF/1)

238. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of a draft version of the proposed WHO program budget 2016-2017, noting that the Subcommittee had encouraged the WHO Secretariat to identify appropriate indicators for those areas in which targets and indicators had not yet been defined and had suggested that it might be advantageous for WHO to use indicators developed at the regional level, particularly those formulated in the Americas as part of the PAHO Strategic Plan 2014-2019.

239. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) pointed out that Document CE156/INF/1 had been prepared prior to the Sixty-eighth World Health Assembly, held in May 2015. The Health Assembly had approved the WHO program budget with an 8% increase for base programs, to be funded entirely from voluntary contributions. WHO's allocation to the Americas had also increased by 8%. The strategic budget space formula endorsed by the WHO Executive Board would further benefit the Region by providing additional resources for technical cooperation with countries, but it would not take effect until the 2018-2019 biennium.

240. In the ensuing discussion, it was emphasized that an evaluation of the execution of the 2014-2015 program budget should be conducted with a view to ensuring the effective use of resources allocated under the 2016-2017 program budget. The need for a strengthened policy and financial control framework in order to improve planning, monitoring and reporting was also underlined. It was recognized that WHO must have sufficient resources to continue carrying out its statutory functions effectively, but a policy of moderation in the Organization's budget was recommended. Support was expressed for zero nominal growth in assessed contributions, and the WHO Secretariat was urged to avoid making any medium- or long-term commitments that might have automatic repercussions on assessed contributions in future bienniums. The Director was asked to indicate how confident she was that the Region would receive its full allocation from WHO in the 2016-2017 biennium.

241. Mr. Walter observed that the Americas received a smaller proportion of the WHO budget than any other region and that, even with the 8% increase in WHO's program budget for 2016-2017, it would continue to receive the smallest share (5.4%). Moreover, the WHO budget for the Region had not been fully financed in the recent past or in the current biennium: at present, there was a funding gap of \$26 million in the Region's \$164.9 million allocation from WHO. However, the Bureau had received assurances from the WHO Secretariat that it could fully finance the WHO budget for 2016-2017 and would fully fund the allocations to each region. The proposal for the PAHO program and budget 2016-2017 had been formulated on the basis of that expectation.

242. The Director added that the WHO Secretariat had indicated that the WHO budget was already 70% financed and that it expected to mobilize the remaining 30% through the financing dialogue. The Bureau was therefore hopeful that the Region's share would also be fully funded. She explained that the WHO funds normally came in tranches, and receipt of each tranche was dependent on how quickly the preceding one could be implemented. She assured the Committee that the Bureau would do its utmost to promptly implement all funds received from WHO and from all other sources.

243. The Committee took note of the report.

Regional Goals for Human Resources for Health 2007-2015: Final Report (Document CE156/INF/3)

244. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the Regional Goals for Human Resources for Health had been adopted in response to the Toronto Call for Action and had been designed to respond to the five critical challenges listed in Document CE156/INF/3. The document summarized the main findings on progress towards the 20 regional goals and constituted the final report on the implementation of Resolution CSP27.R7, by which the Pan American Sanitary Conference had adopted the goals in 2007. As only 15 countries had participated in both measurements of progress, the results reported did not reflect the complete situation for the entire Region. However, the report identified the most important lessons learned from the process and would serve as an important contribution to the development of the WHO Global Strategy on Human Resources for Health and to the identification of regional priorities for strengthening policies on human resources for health in support of universal access to health and universal health coverage.

245. In the discussion that followed, Member States affirmed their commitment to the strengthening of human resources for health and emphasized the need for continued effort to develop such resources as an essential requirement for the achievement of universal health coverage. It was pointed out that paragraph 11 of the report indicated that the methodology for measuring progress towards the regional goals had not been designed to draw comparisons, yet the data presented in the annex to the document seemed to do just that, and the indicators seemed to have been chosen with an eye to ensuring comparability. Clarification of that apparent contradiction was requested. The Delegate of Mexico said

that he would submit updated information on his country's efforts with regard to human resources for health.

246. Dr. Fitzgerald explained that the measurement methodology had assessed countries' relative progress against established baselines, but not their progress with respect to other countries. It was difficult to draw comparisons between countries because there were marked differences in their health systems and policies. The assessment had shown considerable progress, but continued effort was needed in order to align policies on human resources for health with the Strategy for Universal Access to Health and Universal Health Coverage. The assessment had highlighted several challenges that provided a solid basis for future work in relation to the distribution of human resources for health, the proportion of physicians as a percentage of the total medical workforce, the presence of primary health care teams, and the governance of human resources for health.

247. The Director agreed that human resources for health were a sine qua non for achieving universal access to health and universal health coverage. As the Bureau continued to receive requests for technical cooperation in relation to human resources for health, it would be advisable to formulate a new plan, drawing on the lessons learned from the effort to attain the regional goals and addressing the deficiencies revealed by the assessment.

248. The Executive Committee took note of the report.

Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action (Document CE156/INF/4)

249. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) said that the report contained in Document CE156/INF/4 summarized progress made in the Region in the 10 years following the adoption of PAHO's Gender Equality Policy. Information for the report had been derived from national reports submitted in response to self-administered questionnaires and on consultations with various stakeholders and sectors, including civil society and United Nations organizations. The report described successes and challenges with regard to the reduction of gender inequality in the area of health through gender mainstreaming in the health sector. It also presented the principal achievements made under the four strategic areas of the Plan of Action for Implementing the Gender Equality Policy.

250. Highlighting some of the findings of the evaluation of the Plan of Action, he noted that 59% of countries and territories had reported having gender and health policies or plans, which had had an important impact on the design of specific programs with a gender perspective; 88% of Member States and 72% of the technical areas within the Bureau were disaggregating data on the basis of gender, which had made inequalities more apparent and facilitated measurement of the impact of interventions aimed at reducing them. In addition, Member States had reported growing involvement of civil society and other partners in the formulation of plans and programs aimed at responding to differing gender-related health needs and enhancing accountability.

251. While considerable progress had been made, challenges remained, particularly with regard to funding and sustainability of gender mainstreaming efforts and monitoring of health sector commitment to gender mainstreaming. The report put forward three strategic lines of action for 2015-2019, aimed at addressing those challenges and responding to current needs identified by Member States.

252. The Executive Committee welcomed the progress made in implementing the Gender Equality Policy and acknowledged the need for continued work in order to fully achieve the goals of the Policy. Delegates reaffirmed their Governments' commitment to gender equality and described their efforts in that regard. Support was expressed for the proposed strategic lines of action for 2015-2019, but clarification was requested regarding their implications for Member States, whether they would be presented subsequently as general objectives with additional indicators, and how much financing would be required to carry out the activities envisaged under them.

253. Dr. Ruiz Matus explained that the strategic lines of action did not constitute a new mandate or plan of action and that no new objectives or indicators would be proposed. The aim of the strategic lines of action was to reinforce and continue the work accomplished by Member States and the Bureau under the Plan of Action and to reaffirm and strengthen the Organization's commitment to the achievement of gender equality in health.

254. The Director said that the policy remained in effect and continued to be applied in all PAHO policies and programs, all of which were examined by a subcommittee within the Bureau's Gender and Cultural Diversity Unit to ensure that they incorporated a gender perspective. While progress towards gender equality in health had been made in the Region, there remained a need for advocacy and vigilance in monitoring. In her view, an evaluation should be carried out, with the participation of external partners as well as Member States, in order to obtain an independent assessment of the state of affairs with regard to gender equality 10 years after the policy's adoption and to identify what lessons had been learned, what had changed, and what still needed to be done. One aspect of the issue that required particular attention was the situation of young males, who appeared to be an increasingly vulnerable group in many societies. She therefore suggested that the Bureau should examine the cost and feasibility of undertaking such an evaluation and work with partners and stakeholders to conduct it.

255. The Committee took note of the report.

***Status of the Modernization of the PASB Management Information System (PMIS)
(Document CE156/INF/5)***

256. Ms. Natalie Saint Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the Bureau had begun implementing its new management information system in 2014. Steps taken had included the selection of Bureau staff to form the core team for the project and the hiring of an external project manager. The Subcommittee had also been informed that two WHO staff members would arrive in Washington in April 2015 to facilitate the

integration of the PMIS with the WHO Global Management System (GSM). They would also assist with testing in June and July, with the aim of having data shared smoothly across the two systems.

257. Mr. Esteban Alzamora (PMIS Internal Project Manager, PASB) reviewed the history of the PMIS modernization project, starting in 2004, when the Bureau had begun exploring options for modernization of its management information systems. In 2005-2006 a cost study had been undertaken on implementing WHO's Global Management System at PASB; throughout 2007 and 2008 PASB had reviewed the appropriateness of an enterprise resource planning (ERP) system for its purposes; and in 2009 and 2010 it had developed the guiding principles for such a system, analyzing different options including their costs. In 2010, the 50th Directing Council had adopted Resolution CD50.R.10, endorsing modernization, approving the guiding principles, approving minimum modifications and customizations to an ERP system, and approving a \$20.3 million budget, with \$10 million of initial funding being sourced from the Holding Account. Each of the stages from that point to the present was described in detail in Document CE156/INF/5.

258. In early 2015, phase 1 of the project, covering the human capital management and payroll components, had gone into operation. Training was largely complete on the system's tendering component, which would go live in September 2015. Configuration of phase 2, comprising finance, budget, and procurement, was in progress, and testing would begin in early July 2015. That phase would go live in January 2016. Funds expended or forecast for disbursement were still within the projected total budget of \$22.5 million, and the project was advancing in line with the very tight timetable laid down.

259. In the ensuing discussion, one delegate noted that many countries of the Region were far behind with regard to information technology. He wondered whether a mechanism might be created whereby Member States could learn from the Bureau's experience in implementing the PMIS project in order to enhance their health information systems.

260. The Director, noting that senior management continued to monitor the project closely, recalled that when PASB had begun the implementation stage in 2013, it had been working with the mindset that ERP systems were fraught with difficulties and that many attempts to implement them had failed. Her attitude then had been one of cautious optimism, and it still remained the same. She was grateful that Member States had recognized that circumstances could change in the course of a complex project and had agreed to grant an increase in the budget. She also wished to record her appreciation for the dedication of the staff members who were involved, who had put in many hours under intense pressure.

261. The project was more than information technology; it was a change in the Organization's business processes aimed at rendering them more efficient and effective. The Bureau had probably not sufficiently documented the lessons learned, since the implementation process itself had been so time-consuming. But that was a necessary step that needed to be taken and one that could help Member States by informing them about

best practices in system implementation and highlighting potential risks and difficulties. PMIS was not a health information system, but there were still many lessons to be learned from its implementation, lessons that could inform an integrated approach to health information systems in the Region of the Americas.

262. The Executive Committee took note of the report.

Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas (Document CE156/INF/6)

263. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) introduced the report on this item, the purpose of which was to provide Member States with updated information on PAHO's efforts to monitor and mitigate the chikungunya outbreak and provide guidance to enable them to prepare for and respond to outbreaks of chikungunya and other emerging or reemerging diseases. The report provided statistics on cases and deaths since the introduction of the virus in 2013 and highlighted the challenge that the disease posed for epidemiological surveillance systems. Although there was a case definition for surveillance purposes, countries had had to adapt their disease reporting and information systems in order to monitor chikungunya. Despite the commitment of countries to the implementation of integrated vector management, widespread vector distribution remained the biggest challenge to control of both chikungunya and dengue. Moreover, the abundance of primate species in many countries that had never been exposed to the virus created a risk for the establishment of jungle cycles of transmission. The outbreak had underscored the need to review and update arboviral disease prevention and control strategies.

264. In the discussion that followed, delegates stressed the need for risk communication and education of the public about the disease and about how the virus was transmitted. The need for continued monitoring and reporting of cases and outbreaks was also highlighted. The threat of introduction of Zika virus disease and other diseases transmitted by the same vectors was noted and the need to step up vector control measures was emphasized. Improved management of solid waste was considered crucial to eliminating mosquito breeding sites and to reducing greenhouse gas emissions, which were exacerbating climate change. One delegate noted that his country was currently testing new vector control methods, including biological agents and traps, and another called for sharing of successful experiences in vector control.

265. Dr. Espinal observed that delegates' comments had illustrated the need for multisectoral collaboration to control chikungunya and other vector-borne diseases. Affirming that the Bureau would work with Member States to disseminate best practices in control of vectors and vector-borne diseases, he noted that a recent report of the WHO Vector Control Advisory Group on tools for vector control had indicated that it was not yet in a position to recommend any particular innovative tool because more trials and evidence were needed to demonstrate entomological efficacy and epidemiological effectiveness. The Bureau concurred with that stance.

266. The Director said that it was clear that the Region had an ongoing problem with control of *Aedes aegypti* and *Aedes albopictus*, as evidenced by the regular outbreaks of dengue, recent outbreaks of chikungunya, and the emerging threat of Zika virus disease. Many countries were reporting insecticide resistance, so new tools were needed. PAHO would continue to collaborate with WHO on entomological studies. In some countries, the population had refused to believe that chikungunya was spread by mosquitoes. As public cooperation was essential to vector control, that awareness gap had to be closed. There was also clearly a need to improve reporting and risk communication. The Bureau would work with Member States to build communication capacity not only in the health sector but among decision-makers in other sectors involved in the response to outbreaks of vector-borne disease.

267. The Committee took note of the report.

International Health Regulations and Ebola Virus Disease (Document CE156/INF/7)

268. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) introduced the report on this item, which provided an update on the status of implementation of the International Health Regulations (IHRs) in the Region and drew attention to the relevance of the Regulations in enabling countries to prepare for and respond to Ebola virus disease and other diseases that were determined to be public emergencies of international concern. The report also provided details on Ebola virus disease preparedness efforts in the Americas and highlighted issues requiring concerted action by States Parties in relation to the Regulations, particularly with regard to the post-2016 IHR monitoring scheme and the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, which had been endorsed by the World Health Assembly through Resolution WHA68.5. It was anticipated that during their 2015 sessions all WHO regional committees, including the PAHO Directing Council, would be invited to formally express their positions with respect to the post-2016 monitoring scheme.

269. Dr. Ciro Ugarte (Director, Department of Emergency Preparedness and Disaster Relief, PASB) noted that WHO had launched a series of emergency response reforms in the wake of the Ebola outbreak. PAHO had taken steps to strengthen its emergency response capacity much earlier. An emergency fund had been created in 1947 by the first Directing Council and the first specific emergency response procedures had been established and a specific revolving fund created in 1976. Additional procedures had been established in 1990. Since then, those procedures had continually been updated on the basis of internal and external analyses and lessons learned. In 2012, following an in-depth assessment of PAHO's response to pandemic A(H1N1) 2009 and other emergencies, a policy and procedures for institutional response to emergencies and disasters had been adopted.¹⁰ PAHO was also participating in the Global Alert and Response Network (GOARN) and other global emergency response mechanisms and supporting the emergency response reform process at WHO.

¹⁰ See http://www.paho.org/disasters/index.php?option=com_docman&task=doc_view&gid=2150&Itemid=&lang=es

270. In the ensuing discussion, delegates affirmed that the outbreaks of Ebola and other threats to global health security, such as the emergence of Middle East respiratory syndrome caused by a coronavirus (MERS-CoV), had demonstrated the importance of full implementation of the International Health Regulations and of solidarity in the response to health emergencies. It was noted that, while progress had been made in building IHR core capacities, work remained to be done to strengthen health security infrastructure in many countries and fill persistent gaps in global public health preparedness and response at all levels. Support was expressed for peer review or another equivalent form of external validation in the assessment of the status of national core capacities. The importance of standardized procedures for rapidly detecting possible imported cases was highlighted.

271. Concern was expressed about trade and travel restrictions imposed by some countries during the Ebola outbreak that had gone beyond the measures envisaged under the IHRs and about legal and other impediments that had hindered governments' ability to deploy personnel to the affected countries to assist in the response. It was hoped that the Global Alert and Response Network and WHO's efforts to build a global emergency workforce would facilitate the mobilization of resources across borders.

272. Dr. Espinal acknowledged that some countries had imposed restrictions that reflected an "abundance of caution." Of course, each country had a sovereign right to impose such measures in order to protect its people, but there was also a need for countries to work together in response to global health threats. It was also essential for countries to continue striving, with support from the Bureau, to address the gaps revealed by the Ebola epidemic so that they would be prepared to contend with future outbreaks and emergencies.

273. The Bureau was very receptive to the idea of peer review and external validation of IHR core capacities. The Region had been very vocal on the issue at the global level and had stressed that self-assessment would not be sufficient. The Bureau would continue working not only to assist countries in achieving the core capacities but also to maintain and strengthen them in the long term.

274. The Director, noting that the Bureau had identified deficiencies even in countries where the core capacity requirements had reportedly been met, pointed out that the Ebola outbreak had generated a high level of anxiety among presidents and other high-level officials. If that level of interest could be maintained among political leaders, it was more likely that the investment needed to achieve and maintain the core capacities could be generated. In some countries, basic core capacities were still lacking, and it was important that their leaders be made to understand that they could not necessarily rely on external assistance to cope with a serious outbreak of an infectious disease. The Bureau was applying the lessons learned from the Ebola outbreak to enhance the joint response to health threats and emergencies and disease outbreaks. It was also working to strengthen surge capacity, both within the Organization and externally. As part of that process it would undertake a mapping of the competencies and expertise of PASB staff and would conduct training in various facets of emergency response. It would assist Member States in

doing the same at country level and would also help to strengthen response capacity at the subregional level.

275. The Committee took note of the report.

Progress Reports on Technical Matters (Document CE156/INF/8, A-G)

A. Implementation of the WHO Framework Convention on Tobacco Control

276. The Delegate of Ecuador announced that his country would soon deposit its instrument of ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products.

277. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) welcomed Ecuador's announcement and expressed the hope that it would inspire other Member States to ratify the protocol.

278. The Committee took note of the report.

B. Proposed 10-Year Regional Plan on Oral Health for the Americas

279. The Committee took note of the report.

C. Plan of Action on Road Safety

280. The Delegate of Brazil announced that her country, in partnership with PAHO/WHO, would host the Second Global High-level Conference on Road Safety, to be held on 18 and 19 November 2015 in Brasilia. She invited all Member States to take part in drawing up the declaration to be adopted by the conference.

281. Dr. Hennis thanked Brazil for its efforts in organizing the conference and also encouraged Member States to participate fully.

282. The Director stressed the importance of the issue of road safety for the Region. It was known that road traffic accidents caused a significant proportion of morbidity and mortality in the Americas, but there continued to be deficiencies in data collection and classification, which made it difficult to determine the full extent of the problem. She, too, encouraged Member States to take part in the global conference.

283. The Committee took note of the report.

D. Dengue Prevention and Control in the Americas

284. The importance of strengthening dengue surveillance in order to assess the effectiveness of new prevention tools and strategies was highlighted. It was also considered important to strengthen diagnostic testing to ensure that dengue was accurately detected and differentiated from other acute febrile illnesses that might be present in areas where the disease was endemic.

285. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) said that dengue remained a serious problem in the Americas. It required a multisectoral response, especially in order to eliminate breeding sites and control the vector. While mortality from the disease had declined significantly, morbidity rates were still high in many countries. Various vaccines were under study, and once the results had been made available the Organization's technical experts would make recommendations on their use.

286. The Director, agreeing that dengue was a serious problem, noted that high rates of *Aedes aegypti* and *Aedes albopictus* infestation were also associated with the chikungunya outbreak and the emerging threat of Zika virus disease. The problem was also associated with social determinants of health, such as lack of access to clean water and improper solid waste management. Hence, a multisectoral response was essential. It was also necessary to build awareness among community members and enlist their participation in prevention efforts. She encouraged ministries of health to impress upon legislators and high-level government officials the need for multisectoral action.

287. The Committee took note of the report.

E. Chronic Kidney Disease in Agricultural Communities in Central America

288. The Director noted that little concrete progress had been made towards addressing the issue of chronic kidney disease among young persons of working age. The problem was especially acute in Central America, but it also affected other regions. Despite the work undertaken, there had been limited advances with respect to occupational and environmental health. The lack of progress was a source of frustration for the Bureau, which would continue working with partners to find a way to tackle the problem.

289. The Committee took note of the report.

F. Health Technology Assessment and Incorporation into Health Systems

290. The progress made in implementing Resolution CSP28.R9 and in building capacity and infrastructure for health technology assessment was applauded. It was pointed out, however, that the progress report did not cover one aspect of the resolution: local priority-setting and strengthening the system for collection of quality data. The importance of focusing on local and regional needs and on ethical and equity-related considerations in relation to health technology was highlighted. Appreciation was expressed to PAHO for its support of the Health Technology Network of the Americas, which played a key role in the development, implementation, and strengthening of health technologies. The Delegate of Mexico pointed out that in November 2014 his country, in collaboration with PAHO, had sponsored a workshop on health technology assessment and suggested that it should be mentioned in the progress report.

291. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) observed that the work on health technology assessment was intrinsically linked to

regional efforts to achieve universal health access and universal health coverage. It was clear that health technology assessment was assisting countries in identifying which technologies should be progressively incorporated into their health services. He agreed that equity and ethical considerations were important in making decisions about health technologies. Noting that the World Bank and the Inter-American Development Bank were investing in health technology assessment as a means of increasing access to health services and enhancing the efficiency of health systems, he encouraged Member States to take advantage of such support as a complement to the technical cooperation provided by the Bureau.

292. The Committee took note of the report.

G. Status of the Pan American Centers

293. The Committee took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CE156/INF/9, A-B)

A. Sixty-eighth World Health Assembly

294. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) reported on the resolutions and other actions of the Sixty-eighth World Health Assembly considered to be of particular interest to the PAHO Governing Bodies. The Assembly had adopted 20 resolutions and seven decisions. Given the shortness of the period between the Assembly and the present Session of the Executive Committee, the Bureau had made only a preliminary assessment of the implications of the resolutions. A more detailed analysis would be presented during the 54th Directing Council.

295. She drew attention to the key implications for the Region of certain of the 20 resolutions listed in Document CE156/INF/9. Those resolutions related to the WHO Program Budget 2016-2017, malaria, IHR implementation, the Global Vaccine Action Plan, and the Global Action Plan on Antimicrobial Resistance. Noting that the WHO program budget included an 8% increase for base programs, she listed the areas where PASB would apply the resultant increased resources. In the case of malaria, she pointed to the great strides that had been made in the Region, with 13 of the 21 malaria—endemic countries having achieved the goal of a 75% reduction in malaria burden by 2013 and three more being expected to do so in 2015. In the area of IHR implementation, she drew attention to the conclusion of the IHR Review Committee that strengthening and maintaining core capacities should be regarded as a continuous process for all countries. She also noted that topics of vaccination and antimicrobial resistance were also on the agenda of the Executive Committee.

B. Subregional Organizations

296. Ms. Lorraine Thompson (Acting Head, Country and Subregional Coordination, PASB) explained that Part B of the same document outlined the resolutions and agreements on health that had been adopted by subregional integration entities in the Caribbean, Central America, and South America and that were related to PAHO's work. The Council for Human and Social Development of the Caribbean Community (CARICOM) had discussed the promotion of greater cooperation between PAHO and the Caribbean Public Health Agency (CARPHA) in support of Member States. It had also discussed the need for a policy on alcohol use, prevention of violence-related injuries, and updating of HIV treatment guidelines. The Heads of Government of CARICOM had also met to discuss the issue of Ebola virus disease and had issued a 10-point action plan to halt any potential outbreaks.

297. The 30th meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) had adopted an agreement on the development of national roadmaps towards universal access to health and universal health coverage, as well as one on strengthening of national regulatory systems and the development of technical regulations for drug surveillance, storage, and distribution practices, and another on exploring an agreement among PAHO, the Council of Central American Ministers of Health, and national regulatory authorities. The meeting had also discussed chikungunya and Ebola within the context of the International Health Regulations (2005). The Council of Central American Ministers of Health (COMISCA) of the Central American Integration System (SICA) had approved resolutions on strengthening the capacity of technical personnel to address Chikungunya, organ transplantation and donation, and implementation of the IHRs.

298. The meeting of Ministers of Health of the Andean Area (REMSAA) had adopted a resolution on the issue of drugs that were difficult to acquire and their purchase through the PAHO Strategic Fund and a resolution on support for the development, implementation, monitoring, and evaluation of the Andean Intercultural Health Policy. The Ministers of Health of the Southern Common Market (MERCOSUR) had adopted an agreement on the creation of a network for cooperation and training on organ donations and transplantation and the creation of a donation and transplantation registry.

299. The Union of South American Nations (UNASUR) had adopted an agreement on a framework for action consistent with the PAHO Strategic Plan to strengthen capacities to address Ebola virus disease and other similar events of public health significance. The Bolivarian Alliance of the Peoples of Our America (ALBA) had held a special summit to discuss the threat of Ebola and had agreed on a plan of action and its implementation with PAHO within the context of the IHRs. Further meetings and decisions were listed in Document CE156/INF/9.

300. PAHO was in the process of reorganizing its subregional technical cooperation structure in order to be better able to work with subregional bodies, identify common priorities among the various integration processes in which PAHO could provide technical

cooperation, and avoid duplication of effort and optimize the use of technical and financial resources.

301. The Executive Committee took note of the reports.

Closure of the Session

302. Following the customary exchange of courtesies, the Vice-President, in the absence of the President, declared the 156th Session of the Executive Committee closed.

Resolutions and Decisions

303. The following are the resolutions and decisions adopted by the Executive Committee at its 156th Session:

Resolutions

CE156.R1: Collection of Assessed Contributions

The 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of assessed contributions (Documents CE156/20 and Add. I);

Noting that no Member State is in arrears in the payment of its assessed contributions to the extent that it can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization; and

Noting that 17 Member States have not made any payments towards their 2015 assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of assessed contributions (Documents CE156/20 and Add. I).
2. To thank the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their arrears of contributions.
3. To commend the Member States that have already made payments for 2015 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
4. To request the Director to continue to inform the Member States of any balances due and to report to the Directing Council on the status of the collection of assessed contributions.

(First meeting, 22 June 2015)

CE156.R2: Plan of Action for the Prevention and Control of Tuberculosis

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Prevention and Control of Tuberculosis* for 2016-2019 (Document CE156/16),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION FOR THE PREVENTION AND CONTROL
OF TUBERCULOSIS**

THE 54th DIRECTING COUNCIL,

Having considered the *Plan of Action for the Prevention and Control of Tuberculosis* (Document CD54/__) which proposes accelerating the control efforts in order to advance toward ending the tuberculosis epidemic, and to achieve proposed targets for 2019 of the PAHO Strategic Plan 2014-2019;

Recognizing the important achievements made in tuberculosis control in the Region of the Americas—reflected in the early achievement of the tuberculosis-related targets set in the Millennium Development Goals—thanks to the efforts of the Member States to implement DOTS (directly observed treatment, short course) and the Stop TB Strategy;

Aware that in spite of the achievements, tuberculosis remains a serious public health problem in the Region of the Americas, with more than 280,000 estimated new cases each year, of which more than 65,000 are not diagnosed or reported;

Aware that tuberculosis control in the Region currently faces new challenges linked to the epidemiological transition that the population is experiencing, such as an increase in noncommunicable diseases conducive to tuberculosis infection and disease (such as diabetes mellitus, mental illness, and harmful addictions), the persistent transmission of human immunodeficiency virus (HIV/AIDS) and forms of multidrug-resistant and extensively drug-resistant tuberculosis, rapid urbanization with increased social and health inequities in the poor populations of peripheral areas, and the lack of necessary economic resources to target tuberculosis control activities in the most disadvantaged populations;

Considering Resolution WHA67.1 of the World Health Assembly, which adopts the Global Strategy and Targets for Tuberculosis Prevention, Care, and Control After 2015, which includes ambitious goals to end the tuberculosis epidemic, introducing health

sector interventions with a multisectoral approach, technical innovation, and adequate financing;

Recognizing that this Plan of Action is a platform for the implementation of the Global Strategy,

RESOLVES:

1. To approve the *Plan of Action for the Prevention and Control of Tuberculosis* (Document CD54/__).
2. To urge the Member States, taking into account their contexts, needs, and priorities, to:
 - a) confirm tuberculosis control as a priority in health programs;
 - b) renew their political commitment with the consequent allocation of sufficient financing and the human resources necessary to achieve the goals set in the national plans;
 - c) consider this Plan of Action when updating their national strategic plans, which will guide the implementation of the Global Strategy in accordance with their national contexts;
 - d) strengthen specific measures relating to tuberculosis control in the health sector, in accordance with international standards for tuberculosis care as framed in the Strategy for Universal Access to Health and Universal Health Coverage, and with the primary health care strategy;
 - e) take an interprogrammatic and multisectoral approach to tuberculosis control, as proposed in the Global Strategy;
 - f) introduce specific tuberculosis control interventions in vulnerable urban populations in accordance with the PAHO/WHO framework for tuberculosis control in large cities;
 - g) facilitate protective measures to prevent poverty caused by disease in people affected by tuberculosis and their families, through their affiliation in existing social protection programs in the countries;
 - h) involve communities, people affected by the disease, civil society organizations, and national and international technical and financial partners in activities to prevent and control the disease.
3. To request the Director to:
 - a) provide technical assistance to the Member States in the preparation of national strategic plans that incorporate the Global Strategy with the necessary adaptations to national contexts;

- b) advise on the implementation of the national strategic plans;
- c) evaluate the achievement of targets proposed in this Plan for 2019;
- d) promote the incorporation of new technologies and drugs for the diagnosis, prevention, and treatment of tuberculosis;
- e) report to the Governing Bodies on the progress of the implementation of the Plan of Action and the achievement of its targets.

(Second meeting, 22 June 2015)

CE156.R3: Plan of Action on Workers' Health

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action on Workers' Health* (Document CE156/15, Rev. 1),

RESOLVES:

To recommend that the Directing Council adopt a resolution in the following terms:

PLAN OF ACTION ON WORKERS' HEALTH

THE 54th DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Workers' Health* (Document CD54/___);

Recalling the specific mandates of the Governing Bodies of PAHO on workers' health and, in particular, Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), which urges the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage, and Resolution CD41.R13 of the 41st Directing Council (1999), which urges the Member States to include in their national health plans, as appropriate, the Regional Plan on Workers' Health contained in Document CD41/15, which proposes specific programmatic lines for the action of the Member States and for international cooperation;

Considering Resolution WHA49.12 of the World Health Assembly, which endorsed the Global Strategy on Occupational Health for All, and Resolution WHA60.26 (2007), which adopts the Global Plan of Action on Workers' Health 2008-2017, with its principal objectives, targets, and indicators, and requests the Director-General of WHO to step up collaboration with the International Labor Organization (ILO) and other relevant international organizations for the implementation of the global plan at the national and international levels;

Taking into account the document *The Future We Want*, of the United Nations General Assembly, in particular its recognition that health is a precondition for the three dimensions of sustainable development and is both an outcome and an indicator of those dimensions, and the document's call for participation by all relevant sectors in coordinated multisectoral action to urgently address the health needs of the world's population;

Recognizing that work and employment are health-related human rights and social determinants of health; that the Rio Political Declaration on the Social Determinants of Health calls for the design and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards, and programs across the social gradient, that go beyond economic growth; and the importance of promoting the health in all policies approach, led by the ministries of health;

Recognizing that increases in migration, aging populations, and occupational and noncommunicable diseases are very important trends shaping the profile of health in the Americas; and that health benefits have not been shared equally among and within the countries of the Region, meaning that inequality remains one of the greatest challenges facing workers' health and sustainable development in the Region of the Americas;

Aware that health systems are assuming the burden and costs of providing health services to formal and informal workers as a result of occupational diseases, which remain invisible due to the lack of diagnosis and adequate registration, and due to low investment in programs to prevent damage to workers' health, which would help the public sector contain these costs;

Aware of the large social, economic, and health-related inequalities and inequities that affect workers' health, especially in the informal sector, and recognizing that workers' health and healthy work environments are essential in order to achieve individual and community health and well-being, which are crucial for the sustainable development of the Member States;

Considering the Strategic Plan of the Pan American Health Organization 2014-2019 and, especially, the principles of category 3, on the determinants of health and promoting health throughout the life course,

RESOLVES:

1. To approve the *Plan of Action on Workers' Health* for the period 2015-2025.
2. To urge the Member States, as appropriate, and taking into account their national context, priorities, and financial capacity, to:
 - a) advocate for equality and the promotion of workers' health as a priority, and adopt effective measures to control employment and working conditions as social determinants of health, increase universal health coverage, and strengthen health systems and health equity;

- b) adopt effective measures, including, where appropriate, measures involving current legislation, structures, processes, and resources in order to establish public policies that take into account impacts on workers' health and equity in workers' health; and implement mechanisms to measure and monitor working and employment conditions that impact workers' health;
 - c) develop and maintain, as appropriate, adequate and sustainable institutional capacity and competencies to achieve, through action in all sectors, better outcomes from the perspective of workers' health and equity in workers' health;
 - d) use the relevant tools to identify, evaluate, mobilize, and strengthen participation and multisectoral activities to promote workers' health, including, as appropriate, the work of the interministerial committees and the analysis of impacts on health;
 - e) strengthen due diligence and accountability and increase transparency in decision-making and commitment to action;
 - f) involve, as appropriate, workers and labor unions, employers and sectoral organizations, local communities, and other civil society actors in the formulation, implementation, monitoring, and evaluation of policies in all economic sectors, especially those identified as priorities, including mechanisms for community and public participation;
 - g) contribute to the preparation of the post-2015 sustainable development agenda by emphasizing that policies in sectors other than the health sector have significant impacts on health outcomes; and determine the synergies between policy objectives in the health sector, the labor sector, and other sectors;
 - h) promote active participation of the health authorities with other sectors when implementing the strategy of health in all policies.
3. To request the Director to:
- a) promote and support the dissemination and implementation of the integrated approach to action proposed in the *Plan of Action on Workers' Health*;
 - b) pay special attention to the development of institutional partnerships, both in the national and international contexts, including the mobilization of extrabudgetary resources to implement intersectoral activities that facilitate the design and consolidation of preventive activities within the framework of the integrated approach to prevention;
 - c) continue to support the ministers of health in their efforts to promote and improve workers' health and well-being;
 - d) continue to promote and support the development of the network of PAHO/WHO Collaborating Centers and scientific institutions in order for them to contribute to the strengthening of the technical, scientific, and administrative capacity of institutions and programs in the field of workers' health;

- e) promote and support cooperation among countries in the field of workers' health and, in particular, operational research on human resources development.

(Second meeting, 22 June 2015)

CE156.R4: Plan of Action on Antimicrobial Resistance

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Plan of Action on Antimicrobial Resistance* (Document CE156/17),

RESOLVES:

To recommend that the 54th Directing Council adopt a resolution in the following terms:

PLAN OF ACTION ON ANTIMICROBIAL RESISTANCE

THE 54th DIRECTING COUNCIL,

Taking into account Resolution CD41.R14 (1999) on emerging and reemerging infectious diseases and antimicrobial resistance, and Document CD51/15, Rev. 1, Add. I (2011) on the containment of antimicrobial resistance;

Aware of the importance of maintaining antibiotics as essential drugs that significantly help reduce morbidity and mortality from infectious diseases, particularly in persons in conditions of vulnerability, such as immunocompromised patients, cancer patients, transplanted patients, patients admitted to intensive care units, and, in general, anyone suffering from an infectious disease;

Keeping in mind regional achievements and challenges in the surveillance and containment of antimicrobial resistance, which serve as a starting point for preparing the Plan of Action on Antimicrobial Resistance for 2015-2020;

Recognizing that antimicrobial resistance is a health threat that requires a multisectoral response and that the government's steering role is, consequently, fundamental for success;

Recognizing that, to achieve timely access to effective, quality antimicrobial drugs and ensure their proper use in human health, current national approaches must be reviewed;

Based on the spirit of Pan-Americanism, the Millennium Development Goals, universally and regionally binding human rights instruments, and with a view to reducing

the impact of infectious diseases and successfully maintaining the effectiveness of antimicrobial drugs, including antiviral, antifungal, antibacterial, and antiparasitic drugs,

RESOLVES:

1. To approve the *Plan of Action on Antimicrobial Resistance* and its implementation in the context of the conditions of each country.
2. To urge Member States, considering their own context and priorities, to:
 - a) renew their commitment to support the establishment of action plans that consolidate achievements and make it possible to design and implement concrete actions to contain antimicrobial resistance;
 - b) allocate the resources needed to adequately develop and implement their action plans:
 - i. available, trained human resources to support surveillance and monitoring of the proper use of antimicrobial drugs, stimulate intersectoral dialogue, and promote citizen and community participation, as well as collaboration within and outside the health sector;
 - ii. financial resources that ensure the sustainability of the Plan of Action and that enhance the capacities of public health laboratories, access to and adequate use of antimicrobial drugs, and intersectoral collaboration;
 - c) establish platforms for dialogue and multisectoral action to address the integrated monitoring of resistance, regulated use of antimicrobial drugs, and promotion of research and development; and to promote intersectoral participation (public and private sectors, other ministries—in particular agriculture—and civil society, among others) in order to make the most of resources and achieve synergies supporting the containment of resistance;
 - d) take urgent action to promote the appropriate use of antimicrobial drugs, considering a comprehensive approach to the process of using education and communication to promote the responsible use of antimicrobial drugs by individuals and consumers;
 - e) establish systems for the detection and monitoring of antimicrobial resistance, with quality management that ensures the suitability of laboratory data, as well as the integration of information from other sectors and information on the use of antimicrobial drugs;
 - f) stimulate and support research and development to combat antimicrobial resistance, including academia and the private sector, in order to develop new, practical ideas that extend the shelf life of antimicrobials and stimulate the development of new diagnostic tools and antimicrobial drugs;
 - g) appropriately allocate and use resources to achieve the objectives of the *Plan of Action on Antimicrobial Resistance* for 2015-2020;

- h) establish mechanisms to monitor and evaluate the implementation of the Plan.
3. To request the Director to:
- a) ensure that all the corresponding entities in the Pan American Sanitary Bureau (PASB) and the country offices provide committed and coordinated support to the countries' efforts to contain antimicrobial resistance;
 - b) collaborate with the Member States in the implementation of this Plan for 2015-2020, in accordance with their needs, by taking a multidisciplinary and intersectoral approach and taking into consideration health promotion, human rights, gender equality, and universal health coverage;
 - c) promote the implementation of this Plan of Action and ensure its transversality across PASB's departments and the different subregional and national contexts and priorities, and through collaboration with and among the countries in the design of strategies and the exchange of capacities and resources;
 - d) allocate sufficient resources for the Bureau's work, in line with the Organization's budget planning; and continue advocating for the active mobilization of resources and promoting partnerships to support the implementation of this Resolution;
 - e) consolidate and expand collaboration with the United Nations Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to combat antimicrobial resistance, in accordance with the "One Health" initiative;
 - f) monitor and evaluate the implementation of this Plan of Action and submit a periodic progress report to the Governing Bodies on any limitations in the implementation of the Plan and any necessary adaptations to new contexts and needs.

(Second meeting, 22 June 2015)

CE156.R5: Appointment of One Member to the Audit Committee of PAHO

THE 156th 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 John D. Fox to serve as a member of the PAHO Audit Committee for a term of three years from June 2015 to June 2018.

(Third meeting, 23 June 2015)

CE156.R6: Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women* (Document CE156/14),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON STRENGTHENING THE HEALTH SYSTEM TO ADDRESS VIOLENCE AGAINST WOMEN

THE 54th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women* (Document CD54/__);

Bearing in mind that the Constitution of the World Health Organization establishes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Observing that violence against women constitutes a public health problem of grave proportions and a violation of women’s human rights and fundamental

freedoms, and impairs or nullifies the observance, enjoyment and exercise of such rights and freedoms;

Deeply concerned that violence against women affects one in every three women in the Americas;

Aware that violence against women can take many forms, but that sexual, physical and emotional violence perpetrated by a male partner against a woman is the most prevalent form of violence against women;

Cognizant that violence against women is rooted in gender inequality and in power imbalances between men and women;

Aware that such violence has long-lasting and profound consequences for women's health, the health of their children, the well-being of their families and communities, and for the economy and development of nations;

Recognizing that health systems have an important role to play in preventing and responding to violence against women as part of a comprehensive and multisectoral effort;

Recalling Resolution WHA67.15 (2014), *Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children*;

Recalling additional relevant PAHO Governing Bodies resolutions, including: Strategy for Universal Access to Health and Universal Health Coverage (CD53.R14 [2014]); Health and Human Rights (CD50.R8 [2010]); and Plan of Action for Implementing the Gender Equality Policy (CD49.R12 [2009]),

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women* within the context of the particular conditions of each country.
2. To urge the Member States, taking into account the shared responsibilities in federated States, to:
 - a) improve the collection and dissemination of comparable data on the magnitude, types, risk and protective factors, and health consequences of violence against women;
 - b) strengthen the role of their health systems to address violence against women to ensure that all women at risk or affected by violence—including women in situations of vulnerability due to their socio-economic status, age, ethnic or racial

- identity, sexual orientation, gender identity and/or disabilities—have timely, effective and affordable access to health services;
- c) encourage addressing violence against women in relevant health initiatives, including maternal and child health, sexual and reproductive health, HIV/AIDS, and mental health;
 - d) promote the engagement of the health system with other government and civil society partners as part of a multisectoral effort to address violence against women;
 - e) consider the related budgetary implications and safeguard adequate resources to support the implementation of efforts to address violence against women.
3. To request the Director to:
- a) support the implementation of the Strategy and Plan of Action in order to maintain and strengthen collaboration between the Pan American Sanitary Bureau and the countries and territories to address violence against women;
 - b) continue to strengthen PAHO/WHO efforts to develop the scientific evidence on the magnitude, trends, health consequences and risk and protective factors for violence against women;
 - c) continue to support countries and territories, upon their request, by providing technical assistance to strengthen the capacity of health systems to address violence against women;
 - d) facilitate PAHO cooperation with the human rights committees, bodies, and rapporteurships of the United Nations and Inter-American systems;
 - e) continue to prioritize the prevention of violence against women and consider the possibility of allocating additional resources for implementing the Strategy and Plan of Action.

(Fourth meeting, 23 June 2015)

CE156.R7: Transfer of Funds from The Holding Account to the Master Capital Investment Fund

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE156/25 on the status of the implementation of Holding Account projects as of 31 March 2015;

Considering that projects 4.B “Improvements to Facilities: Energy-Saving Measures,” 4.D “Improvements to Facilities: Security and Sanitary Measures,” and 4.F “Improvements to Facilities: Refurbishment of Conference Rooms and Furniture” have been on hold for several years and PAHO has identified capital projects that will require financing far in excess of the respective authorized budgets from the Holding Account;

Observing that projects 4.B, 4.D, and 4.F have unspent balances of \$2,434,000, \$226,527, and \$509,560, respectively, and that these projects are a subset of the comprehensive PAHO Headquarters' refurbishment project to be financed from the Master Capital Investment Fund;

Noting that the Pan American Sanitary Bureau proposes to transfer the balances from projects 4.B, 4.D, and 4.F, a total of \$3,170,087, to the Master Capital Investment Fund,

RESOLVES:

1. To reduce the approved funding from the Holding Account projects 4.B, 4.D, and 4.F by \$2,434,000, \$226,527, and \$509,560, respectively, leaving the total balance at zero.
2. To transfer the amount of \$3,170,087 from the Holding Account to the Master Capital Investment Fund.

(Fourth meeting, 23 June 2015)

CE156.R8: Use of the Balance of the IPSAS and Budgetary Surpluses

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the *Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses* (Document CE156/21);

Noting that the provisions of Financial Regulation 4.4¹ stipulate that any unexpended balance of the Regular Budget Appropriation (budgetary surplus) shall be available for subsequent use in accordance with the resolutions adopted by the Pan American Sanitary Conference or the Directing Council;

Noting that the IPSAS surplus has been utilized to invest in longer-term, higher-cost strategic and administrative initiatives that have been otherwise difficult to fund within the constraints of typical biennial budgetary exercises,

RESOLVES:

To recommend to the 54th Directing Council the adoption of a resolution along the following lines:

¹ If the Directing Council adopts the proposed amendments to the Financial Regulations, this paragraph will become 4.6 in the amended version.

**USE OF THE BALANCE OF THE IPSAS
AND BUDGETARY SURPLUSES**

THE 54th DIRECTING COUNCIL,

Having considered the report of the Director on the *Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses* (Document CD54/___); and

Having considered the recommendation of the Executive Committee concerning the funding proposals recommended in Annex A of Document CD54/___ (Funding Requirements and Proposed Sources of Funds), and noting that these critical strategic and administrative initiatives have been difficult to fund within the constraints of typical biennial budgetary exercises,

RESOLVES:

To approve the allocation of the balance of the IPSAS and budgetary surpluses totaling \$3,055,178, as follows:

- a) implementation of the Information Technology Strategy: \$2,000,000;
- b) implementation of the Human Resources Strategy: \$1,055,178.

(Fourth meeting, 23 June 2015)

CE156.R9: Amendments to the Financial Regulations

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the amendments proposed to the Financial Regulations, as they appear in Annex A to Document CE156/29; and

Taking into consideration that these amendments to the Financial Regulations reflect modern best practices of management and introduce the concept of a unified Program and Budget, which increases the efficiency and effectiveness of the implementation of the Program and Budget,

RESOLVES:

To recommend to the 54th Directing Council that it approve the amendments to the Financial Regulations by adopting a resolution along the following lines:

AMENDMENTS TO THE FINANCIAL REGULATIONS

THE 54th DIRECTING COUNCIL,

Having considered the proposed amendments to the Financial Regulations of the Pan American Health Organization as they appear in Annex A to Document CD54/__; and

Taking into consideration that the amendments to the Financial Regulations reflect modern best practices of management and introduce the concept of a unified Program and Budget, which increases the efficiency and effectiveness of the implementation of the Program and Budget,

RESOLVES:

To approve the amendments to the Financial Regulations of the Pan American Health Organization pertaining to the Program and Budget as set forth in Annex A of Document CD54/__, and to make these amendments effective as of 1 January 2016.

(Fifth meeting, 24 June 2015)

CE156.R10: Plan of Action for the Prevention and Control of Viral Hepatitis

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Plan of Action for the Prevention and Control of Viral Hepatitis* (Document CE156/18),

RESOLVES:

To recommend that the 54th Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION FOR THE PREVENTION AND CONTROL
OF VIRAL HEPATITIS**

THE 54th DIRECTING COUNCIL,

Having examined the *Plan of Action for the Prevention and Control of Viral Hepatitis* for 2016-2019 (Document CD54/__);

Considering that the World Health Organization has provided an overarching framework to address the challenge of viral hepatitis at the global level;

Considering Resolutions WHA63.18 (2010) and WHA67.6 (2014), the Call to Action to Scale up Global Hepatitis Response, and other documents published with a focus

on advocacy and awareness, knowledge and evidence, prevention of transmission, screening, care, and treatment;

Considering the Strategy and Plan of Action for Integrated Child Health (Resolution CSP28.R20 [2012]), and the concept paper on Health and Human Rights (Resolution CD50.R8 [2010]);

Acknowledging the impact of viral hepatitis on morbidity and mortality in the Region of the Americas, especially among key populations and vulnerable groups;

Recognizing that disease and death caused by or associated with viral hepatitis imposes a substantial social and financial burden on the countries of the Region;

Recognizing that viral hepatitis accentuates inequities in coverage of health services by affecting populations at the fringes of society;

Acknowledging that interventions conducted early in life may drastically change the pattern of chronic hepatitis B in the Region;

Acknowledging that hepatitis B is a risk for the health care workforce in the Region;

Acknowledging that access to curative treatments for hepatitis C can be a reality through concerted efforts in the Region;

Considering that elimination of hepatitis B and C is possible in the foreseeable future,

RESOLVES:

1. To urge Member States, taking into account their national context and priorities, to:
 - a) prioritize viral hepatitis as a public health issue, promoting an integrated comprehensive response and establishing specific targets to face the challenges entailed by this infectious disease;
 - b) foster interprogrammatic synergies and activities within and outside of the health system, engaging all relevant partners and stakeholders, including civil society, in the response to viral hepatitis;
 - c) optimize the efficient use of existing resources and mobilize additional funds to prevent and control viral hepatitis;
 - d) strengthen and develop strategies for awareness campaigns to commemorate World Hepatitis Day with the goal of increasing access to prevention, diagnosis, care, and treatment services;

- e) maintain or expand hepatitis B virus vaccine coverage in children less than 1 year of age and adopt the policy of vaccination of newborns during the first 24 hours after birth;
 - f) review vaccination policies and support their implementation to expand coverage of available vaccines among members of key populations and vulnerable groups;
 - g) establish specific strategies for prevention of transmission of hepatitis B and C in key populations and vulnerable groups, including outreach and educational interventions as well as promotion of treatment, rehabilitation, and related support services that take into account national context and priorities to reduce the negative health and social consequences of illicit drug use;
 - h) support strategies for preventing transmission of hepatitis B and C within and outside of health care settings;
 - i) support the development of health-related policies, regulations, norms, and capacities at the country level for screening, diagnosis, care, and treatment of viral hepatitis (according to evidence-based normative guidance developed by WHO) and ensure their implementation;
 - j) promote inclusion of diagnostics, equipment, and medicines related to viral hepatitis in national essential medicine lists and formularies, and promote their access through price negotiation processes and national and regional procurement mechanisms such as PAHO's Regional Revolving Fund for Strategic Public Health Supplies;
 - k) strengthen countries' capacity to generate and disseminate timely and quality strategic information on viral hepatitis, disaggregated by age, gender, and ethnic group;
 - l) strengthen national policies, guidance, and practices related to blood safety and vaccination programs;
 - m) eliminate gender, geographical, economic, sociocultural, legal, and organizational barriers that prevent universal equitable access to comprehensive health services, following the PAHO Strategy for Universal Access to Health and Universal Health Coverage.
2. To request the Director to:
- a) maintain an interprogrammatic task force on viral hepatitis that can establish a permanent dialogue with Member States;
 - b) support the implementation of the Plan of Action, especially with respect to strengthening services for screening, diagnosis, care, and treatment of viral hepatitis as part of the expansion of universal health coverage in the Region of the Americas;

- c) provide technical assistance to Member States to increase the evidence base of viral hepatitis-related prevention, care, and treatment and for the implementation of the measures proposed in this Plan of Action, in keeping with national priorities;
- d) support Member States to increase access to affordable viral hepatitis commodities, including price negotiation processes and other mechanisms for sustainable procurement;
- e) continue documenting the feasibility of elimination of viral hepatitis B and C in the Region, including setting targets and milestones towards the WHO 2030 elimination goals;
- f) continue to prioritize the prevention of viral hepatitis, with an emphasis on immunization programs for hepatitis B in infants and key populations and on access to life-saving hepatitis C drugs, considering the future foreseeable goal of elimination of hepatitis B and C in the Americas;
- g) promote strategic partnerships and technical cooperation among countries in carrying out the activities included in this Plan of Action.

(Sixth meeting, 24 June 2015)

CE156.R11: Strategy on Health-related Law

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the proposed *Strategy on Health-related Law* (Document CE156/19, Rev. 2),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

STRATEGY ON HEALTH-RELATED LAW

THE 54th DIRECTING COUNCIL,

Having considered the *Strategy on Health-related Law* (Document CD54/__);

Considering that the Constitution of the World Health Organization (WHO) establishes as one of its basic principles that "...the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition...;"

Aware that the Strategic Plan of the Pan American Health Organization 2014-2019, in accordance with the Twelfth General Program of Work of WHO, establishes different categories, program areas, outputs and outcomes, and indicators;

Recalling that the issue of health law was considered by the 18th Pan American Sanitary Conference in Resolution CSP18.R40 (1970) and that the Directing Council of PAHO, through Resolution CD50.R8 (2010) (Health and Human Rights), urged the Member States to “support PAHO’s technical cooperation in the formulation, review and, if necessary, reform of national health plans and legislation, incorporating the applicable international human rights instruments;”

Noting that the Directing Council approved the Plan of Action on Health in All Policies (Resolution CD53.R2 [2014]) and the Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]);

Recognizing that adequate, strengthened legal and regulatory frameworks can promote and protect health including from the perspective of the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health;

Affirming the commitment of the Member States to respect, protect, and promote human rights;

Recognizing that in some PAHO Member States, health-related matters may fall under different levels of jurisdiction,

RESOLVES:

1. To adopt the *Strategy on Health-related Law* (Document CD54/_) in order to respond effectively and efficiently to current and emerging public health needs in the Region.
2. To urge the Member States, as appropriate, taking into account their national contexts, priorities, and financial and budgetary capacities, to:
 - a) promote the formulation, implementation, or review of their legal and regulatory frameworks, policies, and other legal provisions, as appropriate, taking a multisectoral approach to addressing health determinants, health promotion throughout the life course, the reduction of risk factors, and disease prevention, as well as the primary health care approach through participatory processes with the communities;
 - b) promote and facilitate the exchange of strategic information, such as best practices and judicial decisions, among Member States and with international organizations; and collaboration on health-related law research with other Member States and other non-State actors;
 - c) promote the formulation, implementation, or review of their legal and regulatory frameworks to facilitate universal access to health and universal health coverage; the strengthening of the stewardship and governance role of the health authority to move toward achieving universal access to quality, safe, effective, and affordable

- medicines and health technologies; and the strengthening of the technical capacities of health workers with a view to improving access and quality in health services, with emphasis on groups in situations of vulnerability;
- d) strengthen the technical capability of the health authority to facilitate coordination and collaboration with the legislative branch and other sectors, as appropriate, including the identification and review of legal gaps and conflicts.
3. To request the Director, within the Organization's financial capacities, upon the request of Member States, and in coordination, consultation, and jointly with their national health authority, to:
- a) promote the implementation of the Strategy on Health-related Law and with it, to strengthen advisory and technical cooperation to Member States for the formulation, implementation, or review of health-related legal and regulatory frameworks;
- b) provide the technical collaboration that the Member States request to implement the Strategy, which may include the training and dissemination to support mechanisms of technical cooperation, in relation to their legal and regulatory frameworks;
- c) support the Member States in the formulation, implementation, or review of their legal and regulatory frameworks, policies, and other provisions, as appropriate, taking a multisectoral approach to addressing health determinants, health promotion throughout the life course, the reduction of risk factors, and disease prevention, as well as the primary health care approach through participatory processes with the communities;
- d) develop actions and tools to promote, among the Member States and international organizations, the exchange of best practices, successful experiences and strategic information in health-related law that Member States can use and adapt to their national reality;
- e) facilitate collaboration in research on health-related law with Member States and non-State actors;
- f) harmonize, unify and implement in a strategic way the recommendations of the Governing Bodies of PAHO with respect to the drafting and review of health-related law.

(Sixth meeting, 24 June 2015)

CE156.R12: PAHO Award for Administration (2015)

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Administration (2015)* (Document CE156/5, Add. I), and

Bearing in mind the provisions of the procedures for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (Resolution CSP18.R18 [1970]) and subsequently amended,¹

RESOLVES:

1. Not to confer the PAHO Award for Administration for 2015 and to consider the candidacy proposed by Honduras along with other candidacies received next year (2016).
2. To review the general guidelines and criteria for the Award in order to enhance its importance and encourage the Member States to present candidates of excellence in the respective area.
3. To transmit the *Report of the Award Committee of the PAHO Award for Administration (2015)* (Document CE156/5, Add. I), to the 54th Directing Council.

(Sixth meeting, 24 June 2015)

CE156.R13: Amendments to the PASB Staff Regulations and Rules

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE156/30;

Taking into account the actions of the Sixty-eighth 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;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau;

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 July 2015 concerning: education grant, medical

¹ Amendments approved by the 20th Pan American Sanitary Conference (CSP20.R17, 1978), the 27th Directing Council (CD27.R5, 1980), the 24th Pan American Sanitary Conference (CSP24.R10, 1994), and the Executive Committee at its 124th (CE124.R10, 1999), 135th (CE135[D6], 2004), 140th (CE140.R12, 2007), and 146th (CE146.R11, 2010) sessions.

certification and inoculation, obligations of staff members, administrative leave, leave without pay, pension and insurance, sick leave under insurance coverage, retirement, and abolition of post.

2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning on 1 January 2015, at \$172,943 before staff assessment, resulting in a modified net salary of \$134,560 (dependency rate) or \$121,754 (single rate).

3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2015, at \$174,371 before staff assessment, resulting in a modified net salary of \$135,560 (dependency rate) or \$122,754 (single rate).

4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2015, at \$191,856 before staff assessment, resulting in a modified net salary of \$147,799 (dependency rate) or \$133,012 (single rate).

(Seventh meeting, 25 June 2015)

CE156.R14: Plan of Action on Immunization

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed draft *Plan of Action on Immunization* (Document CE156/12, Rev. 2),

RESOLVES:

To recommend that the 54th Directing Council adopt a resolution written in accordance with the following terms:

PLAN OF ACTION ON IMMUNIZATION

THE 54th DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Immunization* (Document CD54/__) and considered the significant progress of the countries in the field of vaccination;

Taking into account the international mandates arising from the World Health Assembly, particularly resolution WHA65.17 (2012) on the Global Vaccine Action Plan, and resolution WHA65.5 (2012) declaring that poliomyelitis is a global public health emergency, and the Strategic Plan of the Pan American Health Organization 2014-2019;

Recognizing the progress made in the elimination and control of vaccine-preventable diseases and that work must still be done so that access to vaccination

helps bring health services to all, through a comprehensive approach that considers the social determinants of health and universal coverage;

Considering that the Plan of Action offers the Member States a tool which allows them to adopt goals, strategies, and common activities, and to facilitate dialogue, promote synergies with all partners, and strengthen the Region's national immunization programs,

RESOLVES:

1. To approve the *Plan of Action on Immunization* and urge countries, as appropriate and taking into account their contexts, needs, and priorities, to:
 - a) promote universal access to immunization programs and initiatives as a public good;
 - b) adopt and adapt the *Plan of Action on Immunization* in accordance with the characteristics of each country and seek to guarantee the resources needed to meet the objectives described in the Plan of Action;
 - c) commit to sustaining the achievements made in the elimination of polio, measles, rubella, and congenital rubella syndrome; the control of vaccine-preventable diseases; immunization as a political priority in the country; and the value that individuals and communities place on vaccines;
 - d) ensure that work is done to close gaps related to neonatal tetanus elimination; achieve vaccination coverage goals at all the administrative levels; and expand the benefits of immunization to all people equitably throughout the life course;
 - e) tackle new challenges posed by the sustainability of new vaccine introduction in national immunization schedules, and with access for all; promote evidence-based decision-making and an evaluation of the benefits of immunization;
 - f) favor the strengthening of health services to provide immunization services, and achieve the expected results proposed by the post-2015 development agenda for reductions in infant mortality and maternal mortality;
 - g) ensure that immunization programs have timely and sustainable access to the necessary quality inputs and that these are obtained with national resources, function as an integral part of strengthened health services, and have vaccination activities integrated with other interventions.
2. To request the Director to:
 - a) strengthen the operating capacity of the national immunization programs to consolidate the achievements made;
 - b) identify strategies making it possible to ensure vaccination in municipalities with low coverage, as well as among vulnerable and hard-to-reach populations;

- c) provide technical guidance to the Member States for evidence-based decision-making;
- d) optimize epidemiological surveillance of vaccine-preventable diseases, the laboratory network, the supply chain, the cold chain, and information systems;
- e) improve timely and equitable access to vaccines and supplies by means of the Revolving Fund for Vaccine Procurement, while upholding its principles and conditions;
- f) strengthen the integrated work of the Organization, so that together with countries, the immunization program is used as a strategy for the health services to reach everyone, based on a comprehensive approach and within the framework of universal health coverage.

(Seventh meeting, 25 June 2015)

CE156.R15: Nongovernmental Organizations in Official Relations with the Pan American Health Organization

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with the Pan American Health Organization* (Document CE156/6); and

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations,*

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations for a period of four years:
 - a) the InterAmerican Heart Foundation (IAHF), and
 - b) the Sabin Vaccine Institute (Sabin).
2. To admit the following nongovernmental organizations into official relations with PAHO for a period of four years:
 - a) the Framework Convention Alliance (FCA),
 - b) the *Sociedad Latinoamericana de Nefrología e Hipertensión* [Latin American Society of Nephrology and Hypertension] (SLANH, for its acronym in Spanish).
3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.

4. To request the Director to:
 - a) advise the respective nongovernmental organizations of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American nongovernmental organizations 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 nongovernmental organizations working in the field of health.

(Eighth meeting, 25 June 2015)

CE156.R16: Provisional Agenda of the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD54/1) prepared by the Director for the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE156/3, Rev. 1; and

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Directing Council,

RESOLVES:

To approve the provisional agenda (Document CD54/1) prepared by the Director for the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 25 June 2015)

CE156.R17: PAHO Program and Budget 2016-2017

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed PAHO Program and Budget 2016-2017* (Document CE156/10, Rev. 1) which is the second Program and Budget under the Strategic Plan 2014-2019, and the first to be presented as an integrated budget, representing total resource requirements for the budgetary period;

Having considered the report of the Subcommittee on Program, Budget, and Administration (Document CE156/4);

Acknowledging the participatory and bottom-up process followed in the preparation of this proposal among the three levels of the Organization, with active involvement of national health authorities from Member States;

Noting that the 2014-2015 budgetary period had zero nominal growth in assessed contributions, with a detrimental impact on the Pan American Sanitary Bureau's ability to deliver programs and services;

Taking into account the continued efforts of PASB to improve effectiveness, efficiency, accountability, and transparency, as well as to maintain its relevance in addressing Member States' collective priorities as outlined in the Strategic Plan 2014-2019;

Acknowledging the approved Program Budget 2016-2017 of the World Health Organization (WHO) with an overall budget increase of 8.0% for Categories 1-6 with a budget space allocation of \$178.1 million to the Region of the Americas;

Acknowledging the adjustment to the scale of assessed contributions of the Organization of American States for the period 2015-2017;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization (PAHO) and Article III, paragraphs 3.3 and 3.4 of the PAHO Financial Regulations,

RESOLVES:

To thank the Subcommittee on Program, Budget, and Administration for its review of and report on the Draft Proposed Program and Budget 2016-2017.

To express appreciation to the Member States for their input and involvement in the development of the Proposed Program and Budget 2016-2017.

To express appreciation to the Director for the leadership and attention given, in the development of the Program and Budget, to the application of a consultative and bottom-up approach to the proposed budget as part of the consolidation of the results-based management in PAHO.

To request the Director to incorporate the comments made by the Members of the Executive Committee in the revised document that will be considered by the 54th Directing Council.

To recommend that the 54th Directing Council adopt a resolution along the following lines:

PAHO PROGRAM AND BUDGET 2016-2017

THE 54th DIRECTING COUNCIL,

Having examined the *PAHO Program and Budget 2016-2017 (Official Document__)*;

Having considered the report of the Executive Committee (Document CD54/__);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program and budget that takes into account both the global and regional financial climate and its implications for Member States and the achievement of the Member States' and the Organization's public health commitments;

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

RESOLVES:

To approve the program of work of PAHO with a budget of [**\$612.8 million**] [**\$607.0 million**] for base programs, and \$31.2 million for special programs and response to emergencies as outlined in the PAHO Program and Budget 2016-2017.

To encourage Member States to continue to make timely payments of their assessments in 2016-2017 and arrears that might have accumulated in the previous budgetary periods.

To encourage Member States to continue advocating for an equitable share of WHO's resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.

To encourage all Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the Program and Budget 2016-2017, and, where possible, to consider making these contributions fully flexible and to a pool of un-earmarked funds.

To allocate the budget for the 2016-2017 budgetary period among the six programmatic categories as follows:

	Scenario 1 Scenario 2	Scenario 3
1. Communicable Diseases	\$102,389,000	
2. Noncommunicable Diseases and Risk Factors	\$58,028,000	
3. Determinants of Health and Promoting Health throughout the Life Course	\$81,242,000	
4. Health Systems	\$109,196,000	
5. Preparedness, Surveillance, and Response	\$59,811,000	
6. Corporate Services/Enabling Functions	\$202,134,000	
Total for base programs (Categories 1-6)	\$612,800,000	\$607,028,600
Special programs and response to emergencies	\$31,200,000	\$31,200,000

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

	[Scenario 1]	[Scenario 2]	[Scenario 3]
A. Assessed Contributions from PAHO Member States, Participating States and Associate Members	[\$216,955,000]	[\$210,635,800]	[\$210,635,800]
Less Credit from Tax Equalization Fund	(\$18,786,800)	(\$18,239,000)	(\$18,239,000)
B. Budgeted Miscellaneous Revenue	[\$25,000,000]	[\$25,000,000]	[\$25,000,000]
C. Other Sources	[\$211,539,800]	[\$217,311,200]	[\$211,539,800]
D. Funding allocation to the Region of the Americas from the World Health Organization	\$178,092,000	\$178,092,000	\$178,092,000
TOTAL	[\$612,800,000]	[\$612,800,000]	[\$607,028,600]

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

To authorize the Director to use assessed contributions, miscellaneous revenue, PAHO voluntary contributions, and the resources allocated from WHO to the Region of the Americas to fund the budget as allocated in paragraph 5 above, subject to the availability of funding.

To further authorize the Director to make budget transfers, where necessary, among the six categories listed under paragraph 5 above, up to an amount not exceeding 10% of the budget allocated to the category from which the transfer is made; the expenditures resulting from such transfers shall be reported under the final category in the financial reports for the period 2016-2017.

To request the Director to report to the Governing Bodies the expenditure amounts from each source of financing in paragraph 6 against the categories and program areas outlined in the Program and Budget 2016-2017.

(Eighth meeting, 25 June 2015)

Decisions

Decision CE156(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, as amended by the Committee (Document CE156/1, Rev. 3).

(First meeting, 22 June 2015)

Decision CE156(D2): Representation of the Executive Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to appoint Paraguay and Costa Rica, its President and Vice President, respectively, to represent the Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas. Ecuador and Jamaica were elected as alternate representatives.

(Eighth meeting, 25 June 2015)

Decision CE156(D3): Programming of the Revenue Surplus

The Executive Committee endorsed the proposal for programming of the revenue surplus as set out in Document CE156/22.

(Fourth meeting, 23 June 2015)

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

DONE in Washington, D.C., on this twenty-sixth day of June in the year two thousand fifteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

Antonio Barrios
Delegate of Paraguay
President of the 156th Session of the
Executive Committee

Carissa Etienne
Director of the
Pan American Sanitary Bureau
Secretary ex officio of the
156th Session of the Executive Committee

Annex A

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 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the Ninth Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Administration (2015)
- 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 3.4 Annual Report of the Ethics Office (2014)
- 3.5 Report of the Audit Committee of PAHO
- 3.6 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

- 4.1 Proposed PAHO Program and Budget 2016-2017
 - 4.2 WHO Reform
 - 4.3 Plan of Action on Immunization
 - 4.4 Strategy and Plan of Action on Dementias and other Disabling Conditions in Older Persons
 - 4.5 Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women
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4. PROGRAM POLICY MATTERS (*cont.*)

- 4.6 Plan of Action on Workers' Health
- 4.7 Plan of Action for the Prevention and Control of Tuberculosis
- 4.8 Plan of Action on Antimicrobial Resistance
- 4.9 Plan of Action for the Prevention and Control of Viral Hepatitis
- 4.10 Strategy on Health-related Law

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 2014
- 5.3 Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses
- 5.4 Programming of the Revenue Surplus
- 5.5 After-service Health Insurance
- 5.6 Report on the Master Capital Investment Fund and Reassessment of Real Estate Projects in the Master Capital Investment Plan
- 5.7 Status of Projects Funded from the PAHO Holding Account
- 5.8 Report on the PASB Information Technology Strategy
- 5.9 Report of the Office of Internal Oversight and Evaluation Services
- 5.10 Update on the Appointment of the External Auditor of PAHO for 2016-2017
- 5.11 Amendments to the Financial Regulations and Financial Rules of PAHO

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Regulations and Rules
- 6.2 Report on the Development of the PASB Human Resources Strategy:
A People Strategy
- 6.3 PASB Staffing Statistics
- 6.4 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 WHO Proposed Program Budget 2016-2017
- 7.2 [DELETED]
- 7.3 Regional Goals for Human Resources for Health 2007-2015: Final Report
- 7.4 Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action
- 7.5 Status of the Modernization of the PASB Management Information System (PMIS)
- 7.6 Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas
- 7.7 International Health Regulations and Ebola Virus Disease
- 7.8 Progress Reports on Technical Matters:
 - A. Implementation of the WHO Framework Convention on Tobacco Control
 - B. Proposed 10-Year Regional Plan on Oral Health for the Americas
 - C. Plan of Action on Road Safety
 - D. Dengue Prevention and Control in the Americas
 - E. Chronic Kidney Disease in Agricultural Communities in Central America
 - F. Health Technology Assessment and Incorporation into Health Systems
 - G. Status of the Pan American Centers
- 7.9 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
 - A. Sixty-eighth World Health Assembly
 - B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Official Documents

Off. Doc. 349 Financial Report of the Director and Report of the External Auditor for 2014

Working Documents

CE156/1, Rev. 3 Adoption of the Agenda and Program of Meetings

CE156/2 Representation of the Executive Committee at the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas

CE156/3, Rev. 1 Provisional Agenda of the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas

CE156/4, Rev. 1 Report on the Ninth Session of the Subcommittee on Program, Budget, and Administration

CE156/5 and Add. I PAHO Award for Administration (2015)

CE156/6 Nongovernmental Organizations in Official Relations with PAHO

CE156/7 Annual Report of the Ethics Office (2014)

CE156/8 Report of the Audit Committee of PAHO

CE156/9 Appointment of One Member to the Audit Committee of PAHO

CE156/10, Rev. 1, Add. I, and Add II Proposed PAHO Program and Budget 2016-2017

CE156/11 WHO Reform

CE156/12, Rev. 2 Plan of Action on Immunization

CE156/13 Strategy and Plan of Action on Dementias and other Disabling Conditions in Older Persons

Working Documents (*cont.*)

CE156/14	Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women
CE156/15, Rev. 1	Plan of Action on Workers' Health
CE156/16	Plan of Action for the Prevention and Control of Tuberculosis
CE156/17	Plan of Action on Antimicrobial Resistance
CE156/18	Plan of Action for the Prevention and Control of Viral Hepatitis
CE156/19, Rev. 2	Strategy on Health-related Law
CE156/20 and Add. 1	Report on the Collection of Assessed Contributions
CE156/21	Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses
CE156/22	Programming of the Revenue Surplus
CE156/23	After-service Health Insurance
CE156/24, Rev. 1	Report on the Master Capital Investment Fund and Reassessment of Real Estate Projects in the Master Capital Investment Plan
CE156/25	Status of Projects Funded from the PAHO Holding Account
CE156/26	Report on the PASB Information Technology Strategy
CE156/27, Rev. I	Report of the Office of Internal Oversight and Evaluation Services
CE156/28	Update on the Appointment of the External Auditor of PAHO for 2016-2017
CE156/29	Amendments to the Financial Regulations and Financial Rules of PAHO
CE156/30	Amendments to the PASB Staff Regulations and Rules
CE156/31	Report on the Development of the PASB Human Resources Strategy: A People Strategy
CE156/32	PASB Staffing Statistics

Working Documents (*cont.*)

CE156/33 Statement by the Representative of the PAHO/WHO Staff Association

Information Documents

CE156/INF/1 WHO Proposed Program Budget 2016-2017

CE156/INF/2 [DELETED]

CE156/INF/3 Regional Goals for Human Resources for Health 2007-2015: Final Report

CE156/INF/4 Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action

CE156/INF/5 Status of the Modernization of the PASB Management Information System (PMIS)

CE156/INF/6 Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas

CE156/INF/7 International Health Regulations and Ebola Virus Disease

CE156/INF/8 Progress Reports on Technical Matters:

- A. Implementation of the WHO Framework Convention on Tobacco Control
- B. Proposed 10-Year Regional Plan on Oral Health for the Americas
- C. Plan of Action on Road Safety
- D. Dengue Prevention and Control in the Americas
- E. Chronic Kidney Disease in Agricultural Communities in Central America
- F. Health Technology Assessment and Incorporation into Health Systems
- G. Status of the Pan American Centers

Information Documents (*cont.*)

- CE156/INF/9 Resolutions and other Actions of Intergovernmental
Organizations of Interest to PAHO
- A. Sixty-eighth World Health Assembly
 - B. Subregional Organizations

Annex C

LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES

OFFICERS / MESA DIRECTIVA

President / Presidente:	Dr. Antonio Barrios (Paraguay)
Vice-President / Vicepresidente:	Dra. María Esther Anchía (Costa Rica)
Rapporteur / Relator:	Ms. Lydia Jacobs (Trinidad and Tobago)

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**Director and Secretary ex officio of the
Executive Committee/Directora y Secretaria
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Dr. Carissa F. Etienne

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Asesores de la Directora**

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Directora Adjunta

Dr. Francisco Becerra
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