Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

Provisional Agenda Item 7.3

CD55/INF/3
12 August 2016
Original: English

UPDATE ON WHO REFORM

1. Since the Director-General of the World Health Organization (WHO) outlined her proposals for the reform of WHO in 2011, WHO has reported significant progress towards becoming more effective, efficient, transparent, and accountable *(1)*.

2. According to the WHO Secretariat, the rate of implementation of the various reform streams has been uneven, with programmatic reforms progressing the furthest, and governance and managerial reforms lagging somewhat behind. In addition, the Ebola outbreak brought to light the need to reform how WHO reacts to outbreaks and health emergencies, ensuring that the Organization can mount a rapid, scaled-up response to complex health emergencies.

3. Most of WHO reform outputs (84%) are reported to have reached the implementation stage, and the rate of completion of implementation nears 60%. Furthermore, all reform activities will be mainstreamed into WHO's business processes during the 2016-2017 biennium.

4. With the development of a more robust monitoring framework, WHO can report on the impact of these reforms based on performance metrics that can be tracked over time. Annex A to this report highlights key reforms relevant to the Pan American Sanitary Bureau (PASB) in its capacity as WHO Regional Office for the Americas (AMRO) and their implementation status.

Programmatic Reform

5. As mentioned above, Programmatic Reform in WHO continues to be the most advanced with more than 80% of planned activities completed and indicators already demonstrating some progress in their achievement. Substantive programmatic reforms in WHO include the creation of category and program area networks that coordinate planning, monitoring, and budgeting. PASB staff participate in WHO's networks at global and regional levels. A bottom-up, priority setting process that starts with country

consultations was established in PAHO during the Program and Budget development for the 2014-2015 biennium, and was replicated at WHO for 2016-2017. This approach systematically facilitates the engagement of all three functional levels in the planning process. Similarly, WHO strengthened its results chain in 2016-2017 by developing indicators for organizational outputs that are linked to measurable health outcomes, as PAHO had done for 2014-2015.

6. The financing level for WHO's base budget at the start of the budgetary period improved, increasing from 62% in 2012-2013, to 77% in 2014-2015, to nearly 80% at the beginning of 2016-2017. PAHO's Program and Budget for Base Programs will also have 80% at the beginning of 2016-2017, provided that the Region of the Americas receives its full share of the WHO budget during the biennium (US$ 178.1 million). Programmatic alignment of funding improved during 2014-2015 at WHO, as a result of the Director General's strategic allocation of flexible resources. Similarly, PAHO's integrated budget, approved by the Directing Council in 2015, gives the PASB Director latitude to direct flexible funding to programs and priorities with resource gaps during the implementation of the Program and Budget 2016-2017. WHO's web portal, a product of programmatic reform, has greatly enhanced transparency and now provides detailed information on financial flows down to the country office level; during this biennium, PAHO will develop its own web portal with financial and programmatic information drawn from the PASB Management Information System (PMIS). More specifically, discussions were initiated with WHO to explore the use of the same contractor to design and build the PAHO portal with the same look, feel and content as the WHO portal.

Management Reform

7. The area of human resources has been an important aspect of WHO's management reform, with advances being made in staff planning and recruitment processes. Additionally, the implementation of the WHO mobility policy is underway, with a first phase of voluntary mobility expected to commence in 2016. PAHO participates in the Global Mobility Committee as an observer to remain abreast of the mechanisms being used by WHO, and continues to facilitate interagency mobility with WHO on a case-by-case basis. In 2015, there were nine such transfers of which three were appointments from WHO to PAHO, five were transfers from PAHO to WHO and one from PAHO to another UN Agency.

8. The WHO Secretariat reports having taken several steps to strengthen accountability, transparency, and internal controls following decisions of the Executive Board and the Program, Budget, and Administration Committee. These measures include the establishment of a corporate risk management policy and risk registers in all offices (already in place at PAHO, see Annex A) and adherence to core ethical values, as evidenced by updates on disciplinary measures in response to misconduct (also in place at PAHO, see Annex A) and the publication of an annual report on investigations.

9. Furthermore, WHO will join the International Aid Transparency Initiative (IATI) and will apply IATI's standards for publishing data on development activities. This will not occur before 2017 as WHO consults with IATI to understand the type and level of data required to be reported. PASB, as AMRO, will provide WHO with the IATI-required data, and will consider lessons learned from the WHO adoption of IATI. Regarding information management, the Director-General has committed herself to develop and implement an information disclosure policy that will determine the documents and information made publicly available. In country offices, self-assessment checklists will be rolled out (these are in place already at PAHO, see Annex A).

Governance Reform

10. In the area of governance, WHO's Secretariat informs that it has reached only 50% completion of reform activities. At the regional level however, there have been more examples of progress in Governance Reform. In order to accelerate implementation, WHO Member States established a consultative process on governance reform. The Member States' working group for this process met twice in 2015 but was unable to reach consensus. Thus, the Executive Board in January 2016 agreed to establish a new open-ended intergovernmental meeting on governance reform that met in March and April 2016, and presented to the 69th World Health Assembly (WHA) in May 2016 *(2)* (See Annex B).

11. Significant progress was made in 2015 towards the adoption of the Framework for Engagement with Non-state Actors (FENSA), with Argentina serving as chair. At the January 2016 Executive Board meeting, WHO Member States acknowledged the benefit of enhanced engagement with non-State actors through robust rules and principles on conflict of interest and risk management. WHO Member States identified several issues that required further discussion in order to conclude FENSA, including: *a)* emergencies; *b)* an analysis of financial and practical impacts; *c)* rules surrounding secondments; *d)* ensuring uniform applicability throughout all six regions, and; *e)* the content of the necessary WHA resolution to adopt FENSA *(3)*. The Framework was approved at the Sixty Ninth World Health Assembly (Resolution WHA69.10). Please refer to Document CD55/8 for a more detailed update on key actions on FENSA and on its adaptation for PAHO.

Reform of WHO's Work in Emergencies and Outbreaks

12. WHO's work in emergencies and outbreaks was added to the reform agenda in the wake of the Ebola outbreak. A number of internal and external advisory bodies analyzed WHO's critical functions and core commitments during outbreaks and emergencies and produced recommendations on: *a)* a unified WHO Program for Emergencies and Outbreaks; *b)* the delegation of authority and responsibilities; *c)* a platform to support the scaling-up and outreach of outbreak and emergency operations; *d)* a $100 million Contingency Fund; *e)* a Global Health Emergency Workforce; *f)* increased support for capacity building and preparedness in countries; and *g)* enhancing

partnerships. The Director-General incorporated many of these into the proposal for a reformed Emergency Program that was approved by the World Health Assembly in May 2016. PAHO's functional alignment to the reforms is presented in the addendum attached to this document (document CD55/INF/3, Add. I). This document provides a further update on PAHO´s functional alignment with WHO Health Emergencies Program.

Action by the Directing Council

13. The Directing Council is invited to take note of this report and formulate the recommendations it deems relevant.

Annexes

References

1. World Health Organization. WHO Reform: overview of reform implementation [Internet]. 138th Session of the Executive Board; Geneva: WHO; 2016 (Document EB138/5) [cited 2016 Apr 16]. Available from: http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_5-en.pdf

2. World Health Organization. Overview of reform implementation: Report by the Director-General [Internet]. Sixty-Ninth World Health Assembly; Geneva: WHO; 2016 (Document A69/4) [cited 2016 Apr 16]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_4-en.pdf

3. World Health Organization.Framework of engagement with non-State actors [Internet]. Sixty-Ninth World Health Assembly; Geneva: WHO; 2016 (Document A69/6) [cited 2016 May 20]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_6-en.pdf

Annex A
WHO Reform Results Framework: Implementation of Reform Outputs at PAHO

Reform Status	Completed/Implemented	In progress	Not started/ Not currently considered in implementation plan

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
1. Programmatic	**1.1 Program, planning and financing [Outcome 1.1 : WHO's priorities defined and addressed in systematic, transparent and focused manner and financed accordingly]**		
	1.1.1 Needs driven priority setting, results definition and resource allocation aligned to delivery of results		1. PAHO initiated the bottom-up planning process with country offices by identifying their priorities before the operational planning process. Bottom-up planning for the development of the PAHO Program and Budget 2016-2017 was conducted with all countries and territories (51) in the Strategic Plan Monitoring System, which included identification of priorities and costing at the output level. A similar approach will be adopted for the development of the PAHO Program and Budget 2018-2019. 2. The region continued working with Member States to fine-tune the Programmatic Prioritization Methodology (see Document CD55/7). A face to face meeting of the Strategic Plan Advisory Group (SPAG) occurred in April 2016 to review the refined methodology. 3. Continued efforts to align resource allocation with programmatic priorities, with special attention to NCDs and the unfinished agenda in Maternal Health.
	1.1.2 Improve the delivery model at the three levels of the Organization to better support Member States		1. In the 2016-2017 biennium, PASB will advance on the establishment of two new subregional offices in Central America (El Salvador) and South America (Peru), similar to the subregional structure that exists in the Caribbean. The selection process for the head of these offices is currently underway. 2. The PAHO Category and Program Area Network (CPAN) is functional and is currently engaged in supporting the End of Biennium Assessment of the Program and Budget 2014-2015/Interim Progress Report of the PAHO Strategic Plan 2014-2019 (Document CD55/5) as well as the development of the PAHO Program and Budget 2018-2019. 3. The PAHO Program Management Network was activated in 2015 and met in May 2016 to share experiences and lessons across all levels and work toward programmatic coherence and operational consistency across offices. 4. PAHO continues to actively participate in the Global Program Management Meeting and contribute to the formulation of the WHO Program Budget and methodology for operational planning.
	1.1.3 Adequate and aligned financing to support strategic focus		1. Approval of the PAHO Program and Budget 2016-2017 as an integrated budget. 2. Continued participation in dialogue with WHO regarding Strategic Budget Allocations. 3. Commitment to establish the PAHO Financing Portal, which will make information more accessible to Member States and will facilitate improved reporting to WHO. 4. Adopted a regional Resource Mobilization Strategy in 2015.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
2. Governance	**1.1.4** Transparent reporting of results delivery and use of resources		1. Established Performance Monitoring and Assessment process across all levels. 2. The first joint assessment of the PAHO Program and Budget 2014-2015 has been completed with Member States, using a newly developed tool, the Strategic Plan Monitoring System (SPMS). The countries and territories have completed their country assessments in SPMS, validated in consultation with the PAHO/WHO Representative Offices. The category and program area network is completing the Region-wide validation of outcomes and outputs. More information on this process and results are presented in Document CD55/5. 3. PAHO has committed to developing the Financing Portal, which will allow greater access to programmatic and financial information by Member States and better facilitate reporting to WHO. This is scheduled for implementation in 2017.
	2.1 Governance [Outcome 2.1: Improved decision making]		
	2.1.1 Proactive engagement with Member States ahead of GB		1. Orientation and training program to delegates of Governing Body meetings in PAHO and WHO. 2. The workshop on *"How to write reader-focused Governing Bodies Documents*" has been institutionalized and is offered to all authors of Governing Body documents annually (2009 to present). 3. Scheduled briefing sessions with Member States' Ambassadors before the Executive Committee and Directing Council/Regional Committee. 4. Scheduled briefing sessions with PWRs before PAHO and WHO Governing Body sessions.
	2.1.2 Coordination and harmonization of GB practices		1. Resolution WHA69.18 approved the process for the election of the Director-General of the WHO. 2. Continued emphasis on reducing/managing the number of agenda items and pre-session documents for Governing Bodies. WHA 69 approved the request to review the criteria currently applied in considering items for inclusion on the provisional agenda of the Board, and to develop proposals for new and/or revised criteria for the consideration of the 140th session of the Executive Board. 3. WHA 69 decided to prepare a six year schedule of expected agenda items for the Executive Board. In 2015, PAHO introduced the presentation of agenda items for the following three years.
	2.1.3 Member States Work coherently in Global Health		1. More strategic focus of Governing Body Sessions guided by the PAHO Strategic Plan 2014-2019. 2. Greater alignment of strategies and plans of action to the Strategic Plan.
	2.2 Engagement with non-State actors (NSAs) [Outcome 2.2: Strengthened effective engagement with other stakeholders]		
	2.2.1 Leverage NSAs to achieve WHO results		1. PAHO continued its participation in the global Framework of Engagement with Non-State Actors (FENSA) dialogue and in the Open-Ended Intergovernmental Working Group on FENSA. 2. FENSA is approved at WHA69 (Resolution WHA69.10). 3. PAHO is presenting a proposal on the adaptation of FENSA for PAHO in update Document CD55/8 at the 55th Directing Council in September 2016.
	2.2.2 Risk Management engagement		1. Resolution WHA69.10 notes that "WHO takes a risk-management approach to engagement, only entering into an engagement with a non-State actor when the benefits in terms of direct or indirect contributions to public health and the fulfillment of the Organization's mandate outweigh any residual risks of engagement , as well as the time and expense involved in establishing and maintaining the engagement".

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
	2.2.3 Maximize convergence with the UN system reform to deliver effectively and efficiently on the UN mandate		1. PAHO actively engaged with United Nations Development Group (UNDG) Latin America and the Caribbean team (regional and country) and with WHO at the global level. 2. PAHO participates in the WHO Country Support Network. 3. PAHO collaborates and participates in the UNDGs and United Nations country teams. PAHO: – is Member of the United Nations country teams and United Nations Development Assistance Framework (UNDAF) Peer Review Team for the development of UNDAF (to ensure alignment between Country Cooperation Strategies, UNDAFs and the national health and development plans); – supports to countries to adopt the "Delivering as One" framework and principles and for the adoption of relevant standard operations procedures where feasible; – is engaged with the UN as chair on health-related interagency working groups at the country level.
3. Managerial	**3.1 Human Resources [Outcome 3.1 : Staffing matched to needs at all levels of the organization]**		
	3.1.1 Strengthened and more relevant Human Resource Strategy		1. Resolution WHA 69.19 approves the Global Strategy for Human Resources for Health: workforce 2030. 2. PAHO continues to explore means to participate in the WHO Mobility Strategy including existing inter-organizational arrangements that permit frequent staff transfers between WHO and PAHO. There have been 9 interagency transfers (3 from WHO to PAHO, 5 from PAHO to WHO and 1 from PAHO to another UN Agency) 3. HR planning is integrated into the biennial planning process and is routinely monitored as part of the performance monitoring and assessment process.
	3.1.2 Attract talent		1. WHO reports on timelines of recruitment (time between advertisement and selection decision) for full time, internationally recruited staff; PAHO is doing this in the implementation its People Strategy approved in 2015.
	3.1.3 Retain and develop talent		1. WHO reports on the percentage of staff in the professional category and higher that have changed duty station in the last year. PAHO will begin doing this as it implements its People Strategy (approved in 2015).
	3.1.4 Enabling environment		1. This is measured by WHO by the number of appeals or possible appeals resolved by informal means and administrative review. PAHO is in the process of conducting internal justice system review.
	3.2 Accountability and Transparency [Outcome 3.2: Effective managerial accountability, transparency and risk management]		
	3.2.1 Effective internal control and risk management processes		1. Establishment of the corporate risk management policy (May 2013). 2. Establishment of risk registers in all PAHO 87 entities. 3. Risk focal points established in each PAHO entity and risk focal points network meeting held. 4. Internal audit recommendations accepted by the Director has increased to 87%.
	3.2.2 Effective disclosure and management of conflicts framework		1. Measured by annual reports of staff completing declarations of interest.
	3.2.3 Effective promotion and adherence to core ethical values		1. Preparation of annual report on investigations and updates on disciplinary measures in response to misconduct.

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
	3.3 Evaluation [Outcome 3.3 : Institutionalized corporate culture of evaluation and learning]		
	3.3.1 Strengthened WHO Policy on Evaluation		1. WHO Evaluation Practice Handbook to harmonize the evaluation methodology. 2. PAHO compliance with the United Nations Evaluation Group (UNEG) guidelines: *Impact Evaluations in the UN Agency Evaluation Systems: Guidance on Selection, Planning and Management*; *Standards for Evaluation*; and *Norms for Evaluation.*
	3.3.2 Institutionalization of evaluation function		1. Office of Internal Evaluation and Oversight established in 2008 and fully functional with staff dedicated to evaluation.
	3.3.3 Staff and programs plan evaluation and use results of evaluation to improve their work		1. Proportion of internal audit recommendations accepted by the Director closed within the biennium increased to 87%.
	3.3.4 WHO champions and rewards learning from successes and failures		1. Work on consolidating and analyzing all evaluation reports and their major lessons learned is ongoing.
	3.4 Information Management [Outcome 3.4: Information managed as a strategic asset]		
	3.4.1 A strategic framework for streamlined and standard information management		1. Strategy and Plan of Action on Knowledge Management and Communication (2012).
	3.4.2 Streamlined national reporting		1. Regional Core Health Data Initiative functional. 2. The first-ever joint assessment of the PAHO Strategic Plan outcomes and Program and Budget outputs was conducted jointly with Member States for the end-of-biennium 2014-2015. This was facilitated by an information system—the Strategic Plan Monitoring System (SPMS) developed with Member States in 2015. 3. Platform for Health Information (under development).
	3.4.3 ICT systems in place to create an enabling environment for information management		1. PASB Management Information System (PMIS) (2015-2016). 2. Draft IT Strategy presented to the Subcommittee on Program, Budget, and Administration, and the Executive Committee in 2015.
	3.4.4 Promoting a knowledge sharing culture		1. Establishment of the Office of Knowledge Management, Bioethics, and Research (2008). 2. Institutional Repository for Information Sharing (IRIS) (2014).
	3.5 Communications [Outcome 3.5: Improved reliability, credibility and relevance of communications]		
	3.5.1 Clear communications roadmap		1. Strategy and Plan of Action on Knowledge Management and Communication (2012). 2. Communication Strategy (2014) [available upon request]. 3. PAHO Publications Policy approved and adopted in 2015 (currently available on PAHO Intranet).
	3.5.2 Showcasing the consistent quality and how WHO works to improve health		1. Awaiting results of WHO Perception Survey 2015 (participants from the Americas Region include Barbados, Dominican Republic, Guatemala, Honduras, Suriname). 2. PAHO proposes to introduce a customized version of the WHO Stakeholder Perception Survey for the Region of the Americas, which will be expanded to its full membership. .

Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
	3.5.3 Provide accurate, accessible, timely, understandable, useable health information		1. All countries have and maintain an updated internet site, and the PAHO website was upgraded and redesigned to enhance mobile access and information delivery. 2. The corporate image was strengthened on the Intranet to serve as main hub of the PAHO corporate identity system. 3. Social network activities were established and consolidated to improve efficiency.
	3.5.4 WHO staff all have access to the programmatic and organizational information they need		1. All staff have access to PASB Management Information System providing access to financial and programmatic information on a real-time basis. 2. Spotlight section of the PAHO Intranet utilized to disseminate current information to staff on key issues affecting PASB and Member States.
	3.5.5 Quick, accurate and proactive information and communications in disease outbreak, public health emergencies and humanitarian crisis		1. PAHO provided a timely response to all six acute emergencies with potential health impacts that occurred during the biennium (Bolivia floods 2014, Chile floods 2015, storm Erika in Dominica, storm in Bahamas 2015, floods in Paraguay in 2014 and 2015) through the rapid mobilization and deployment of response experts to the field to conduct early damage/needs assessments and develop action plans within 72 hours of onset. In 2016, PAHO responded to the Earthquake in Ecuador (April 2016) and to Hurricane in Mexico (July/August 2016). 2. Response to outbreaks in 2014-2015 within 48 hours of onset/declaration of the outbreak (including Chikungunya, Zika among others). 3. PAHO participates in ongoing discussions regarding reorganization of WHO's critical functions and core commitments during and after emergencies, a WHO Program for Emergencies and Outbreaks, the Platform to support the scale-up and outreach of outbreak and emergency operations, the Contingency Fund, and the Global Health Emergency Workforce. 4. The high-level advisory group on the reform of WHO's work in emergencies provided recommendations on how to strengthen WHO's capacity, including internal changes and capacity building, support to Member States, and enhancing partnerships. 5. Action plan for emergencies has been designed and segmented into eight areas of work (infectious hazards; Member States Preparedness'; readiness and partnership; health and emergency information; risk assessment and response; operation support and logistics; administration; and external relations) focusing on incident management and key issues for pilot testing/transformative changes. 6. PAHO is functionally aligning its work in emergencies with WHO´s new Health Emergencies Program while maintaining priority areas of work for the Region of the Americas not included in WHO's new program. In this regard, PAHO is establishing its Health Emergencies Program by bringing the department of Emergency Preparedness and Disaster Relief and the unit of International Health Regulations / Epidemic Alert and Response, and Water Borne Diseases (IR) under a consolidated management that reports to the Director of PAHO. The PAHO Health Emergencies Program will continue to fully respond to the needs of Member States in the Americas, working and coordinating with the new WHO Health Emergencies Program, as appropriate.

ANNEX B

WHO GOVERNANCE REFORM

Introduction

1. The 69th World Health Assembly (WHA) (23-28 May 2016) adopted Decision WHA69(8) that included fifteen decisions based on the recommendations of the Open-ended Intergovernmental Meeting on WHO Governance Reform.[1]

2. During the 158th Session of the Executive Committee of PAHO (20-24 June 2016), the Committee requested an information paper from the Pan American Sanitary Bureau (PASB) giving an update on the implications for PAHO of the decisions related to WHO Governance Reform adopted by the WHA.

Background

3. Over the past years PAHO's Governing Bodies have mandated and implemented significant reform in PAHO in a number of areas, including governance and management. These reforms predate those of the WHO. Management reform at PAHO began in 2003, under the PAHO in the 21st Century Initiative, with the Managerial Strategy for the Work of the Pan American Sanitary Bureau 2003-2007 (Document CD44/5). In 2006, PAHO completed important governance, managerial, transparency and accountability reforms.[2] As a result of the above mentioned PAHO reforms, many of the recommendations adopted by the WHA in May 2016 have already been implemented in PAHO.

WHO Reform and its Implications for PAHO

4. A number of the WHA69(8) decisions are addressed to the Director-General of WHO and relate specifically to the methods of WHO's Governing Bodies, such as: *a)* requesting the adoption of forward looking agendas, and agenda management for the Executive Board (EB) and WHA; *b)* reviewing the WHA and EB Rules of Procedure to identify interpretational gaps, and; *c)* improving access to WHO Governing Bodies' meetings through information technology tools.

5. The PASB supports these measures and notes that many of them have already been implemented in PAHO's Governing Bodies. For example, the Rules of Procedure for all PAHO Governing Bodies were reviewed and modified in 2007. Additionally, in 2012 the Pan American Sanitary Conference delegated a number of recurring agenda

[1] Document A69/DIV./3, Decisions and list of resolutions, 69th World Health Assembly (10 June 2016).

[2] Document CD47/33, Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau (September 2006).

items to the Executive Committee, in order to streamline PAHO Governing Bodies' agendas. Furthermore, the PASB continues to identify ways to control the proliferation of agenda items at PAHO Governing Body meetings. PASB also holds briefing sessions (including virtual sessions) for PAHO Member States prior to the meetings of Governing Bodies in order to conduct more efficient meetings that focus primarily on matters of strategic importance. PAHO has also implemented a process for long-term planning of agendas. For example, most recently, in addition to approving items for the 2016 Governing Bodies' agenda, PAHO Member States have also approved some items for the 2017 agenda.

6. Other decisions included in Decision WHA69(8) relate to improvement of WHO's internal management, such as: improving senior management coordination; greater transparency in the selection of the Assistant Directors-General, and; publishing of WHO delegations of authority. These recommendations do not have significant implications for PAHO.

7. A number of other decisions call upon WHO Regional Committees to consider the possibility of: *a)* improving the nomination process of Regional Directors, taking into consideration regional best practices; *b)* strengthening oversight practices of the Standing Committees and Subcommittees of Regional Offices, where applicable, and; *c)* strengthening WHO's cooperation with countries.

8. With regard to the nomination process of Regional Directors, PAHO Member States should note that the Director of the PASB is elected by the Pan American Sanitary Conference in accordance with PAHO's Constitution.[3] PAHO Member States may also recall that the election process of the Director of the PASB was reformed in 2006 as part of extensive governance and managerial reforms, described in Document CD47/33 (2006), Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau.[4] These included substantial reform of the nomination and election process of the Director, as established in the Rules Governing the Election Process for the Position of Director of the Pan American Sanitary Bureau.[5] Some of the most important elements of PAHO's Rules include the following:

a) Acknowledgement of the need to take steps to render the pre- and post-election process of the Director of PAHO more explicit and equitable for internal and external candidates.

b) Setting forth nominating criteria for PAHO Member States to use as the basis for their nominations and prescreening of their own candidates for the PAHO's directorship.

[3] Constitution of the Pan American Health Organization, adopted in 1947, last amended in 1999, at Art. 4.

[4] See, *supra* note 2.

[5] Rules Governing the Election Process for the Position of Director of the Pan American Sanitary Bureau, adopted by the 47th Directing Council, Resolution CD47.R4 (27 September 2006).

c) Establishment of a clear and transparent nomination process, starting with the call for candidacies at least six months prior to the opening of the Conference, followed by the submission of candidates to the President of the Executive Committee at least four months prior to the Conference, and culminating with a Candidate's Forum to be held on the margins of the Executive Committee session preceding the Conference, thus enabling all candidates to present their platforms and answer questions.

d) Establishment of specific regulations relating to candidates who are PAHO or WHO staff members.

e) Confirmation that the election of the Director of PAHO at the Conference shall be undertaken by secret ballot in accordance with the Constitution of PAHO.

f) Inclusion of modifications to the Rules of Procedure of the Conference.[6]

g) Establishment of oversight mechanisms relating to the contracting of delegates of Member States participating in the election and the use of certain funds of the Organization before and after the election.

9. The Rules governing the election process of the Director of the PASB may well represent best practice in international organizations and could be used by other WHO Regions as an example for reform.

10. As regards other WHA reform recommendations that may be applicable to current practices of Standing Committees and Subcommittees of WHO Regional Committees, PAHO Member States should note that PAHOs governance structure is dictated by its Constitution. The only standing committee under PAHO's Constitution is the Executive Committee, which is established as one of the permanent Organs of the Organization.[7] The PAHO Constitution also defines the Executive Committee's functions[8] and establishes that the Executive Committee shall adopt its own Rules of Procedure.[9]

11. In 2006, as part of the abovementioned Process of Institutional Strengthening of the PASB, the Executive Committee abolished the Subcommittee on Planning and Programming and established a new Subcommittee on Program, Budget and Administration (SPBA), as an auxiliary advisory body of the Executive Committee.[10]

[6] PAHO Constitution at Art. 21; also Rules of Procedure of the Pan American Sanitary Conference, as amended by the 27th Pan American Sanitary Conference, Resolution CSP27.R1 (1 October 2007).

[7] PAHO Constitution, Art.3.

[8] *Id*. at Art.14.

[9] *Id*. at Art.19.

[10] Resolution CE138.R12, Report of the Working Group on Streamlining the Governance Mechanisms of PAHO: Establishment of the Subcommittee on Program, Budget, and Administration (June 2006); see also, Terms of Reference of the Subcommittee on Program, Budget and Administration, adopted at the First Session of the Subcommittee, Washington, D.C. (26-28 March 2007).

Additionally, other permanent oversight mechanisms, which are considered international best practice, have been established by Resolutions of PAHO's Governing Bodies.[11]

12. Finally, in the area of strengthening WHO cooperation with countries, including improved oversight of country offices, PAHO has implemented a new Country Focus Strategy anchored in WHO's Reform and the 2014 Guide for the Formulation of the WHO Country Cooperation Strategy (CCS). The CCS is a key component of country focus which seeks to align planning and resource allocation processes with national health development priorities and human resources at the country level. Furthermore, PAHO has in place a robust framework for assessment of country office performance which is regularly presented to PAHO's Governing Bodies.

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[11] E.g., PAHO's Audit Committee, established by the 49th Directing Council, Resolution CD49.R2 (28 September 2009).