



**10th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

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FINAL REPORT

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FINAL REPORT

1. The 10th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., from 30 March 2016 to 1 April 2016. The session was attended by delegates of the following seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Antigua and Barbuda, Argentina, Ecuador, Grenada, Honduras, Mexico, and United States of America. Delegates of Brazil, Canada, Colombia, and Paraguay attended in an observer capacity.

Opening of the Session

2. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]) opened the session, extending a warm welcome to the members of the Subcommittee and to the delegates participating as observers. She emphasized the vital role of the Subcommittee in ensuring continued good governance and leadership of the Organization. During the session, the Bureau would provide information and seek the Subcommittee's guidance on various important financial and administrative matters, including a preliminary overview of the financial report for 2015, an update on the projects undertaken in 2014–2015 under the Master Capital Investment Plan, and the Bureau's progress in implementing the new PASB Management Information System (PMIS), which was helping it to modernize and find efficiencies in its operations.

3. Information would also be provided on the end-of-biennium assessment of the program and budget for 2014-2015, which would also be the first interim progress report on implementation of the PAHO Strategic Plan for 2014-2019. In that connection, she was pleased to report that all 51 of the Organization's member countries and territories had taken part in the first joint assessment, which had enabled the Bureau to compile much useful information on progress being made at the national and local levels with respect to the Strategic Plan outcomes. In addition, as had become customary, the Subcommittee would receive special informal briefings on various matters, including the current Zika virus outbreak, Vaccination Week in the Americas, and the Regional Revolving Fund for Strategic Public Health Supplies.

4. The Director explained that PASB would be testing at this Session a new initiative to reduce the use of paper during the meetings of Governing Bodies. The Director gave the floor to Ms. Piedad Huerta (Senior Advisor, Governing Bodies) who explained the details of the new initiative, which included the use of tablets for delegates to open the documents and presentations on an interactive screen rather than provide printed documents during the sessions.

Election of Officers

5. The following Member States were elected to serve as officers of the Subcommittee for the 10th Session:

President: Antigua and Barbuda (Hon. Molwyn Morgorson Joseph)

Vice President: United States of America (Ms. Jennyfer Jones)

Rapporteur: Mexico (Ms. Hilda Dávila Chávez)

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 SPBA10/1, Rev.1, and SPBA10/WP/1)

7. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA10/1, Rev. 1) without change. The Subcommittee also adopted a program of meetings (Document SPBA10/WP/1).

Program Policy Matters***Outline of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019 (Document SPBA10/2)***

8. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) provided an overview of the end-of-biennium assessment of the program and budget 2014-2015, which would also be the first interim report on the Strategic Plan 2014-2019. He outlined the structure and main components of the report, noting that additional detail would be provided in the annexes. The full report would be submitted in draft form to the Executive Committee in June and in final form to the Directing Council in September.

9. In the past, program and budget assessments had been the sole responsibility of the Bureau, but Member States were playing a major role in the assessment of the Program and Budget 2014-2015, as they had been heavily involved in the development of that program and budget and of the Strategic Plan 2014-2019. The first stage of the assessment process had been self-assessment by national health authorities of progress on indicators. That stage was largely complete. The country assessment results were received and verified by the PAHO/WHO representatives, and the results were then validated by the Category and Program Area Network, which was made up of technical experts within the Bureau. Validation, which was still ongoing, was a rigorous process in which the results submitted by countries and territories were reviewed to ensure that they were supported by evidence and met the criteria in the indicators.

10. Approximately one-fifth of the results submitted were still under discussion. About 15% had been either upgraded or downgraded, or more evidence, information, or clarification had been required in order to substantiate them. In most cases, feedback and dialogue between the Bureau and Member States had led to consensus on the results to be reported. Although joint assessment made the assessment process more arduous, it had also made it more transparent and lent greater credibility to the results. Moreover, it had served to broaden results-based management in the Organization.

11. The joint assessment represented a ground-breaking achievement and a unique one among the WHO regions. WHO would not conduct its first joint assessment until 2018-2019. It would doubtless draw on PAHO's experience. All 51 of the Region's countries and territories had participated in the assessment, which was remarkable, given that it was a new and unfamiliar process, which had had to be completed within a very short timeline. Much of the credit for the progress made in the assessment thus far belonged to Member States.

12. The assessment process had revealed some weaknesses in the Organization's measurement criteria, which in some cases had been the result of lack of available data and in others of overly ambitious or complex indicators. It had also confirmed that the availability, timing, and alignment of resources continued to be a challenge to program implementation. Those issues would be addressed in the report, which would also examine the implications of the assessment findings for future technical cooperation. The final report would contain recommendations for action to be taken in response to the lessons learned from the assessment process.

13. In the discussion that followed, the Delegate of Mexico, Chair of the Strategic Plan Advisory Group, which had worked with the Bureau to develop the joint assessment methodology, emphasized that the assessment marked an important organizational change. She also noted that staff from the WHO Secretariat had attended the Advisory Group's most recent meeting with a view to enhancing transparency and accountability at the global level and expressed confidence that, through the assessment, it would be possible to identify areas where adjustments could be made so that Member States could achieve the goals they had set for themselves under both the PAHO Strategic Plan and the WHO General Program of Work.

14. Other delegates agreed that the process represented an important change in the relationship and level of collaboration between the Bureau and Member States and also an opportunity to improve planning, transparency, and accountability and to build capacity at the national level. Delegates also viewed the assessment as a means of identifying areas in which adjustments or course corrections were needed in order to address gaps and overcome challenges to the improvement of public health. One delegate commented that the assessment exercise had enabled health authorities in her country to appreciate the amplitude of the Organization's technical cooperation. Delegates also agreed that the joint assessment was very different from assessment processes occurring in other regions and that WHO should support and promote the Region's efforts.

15. Several delegates highlighted difficulties that their authorities had encountered in conducting their national assessments, including the short time frame, which had made it hard to obtain the input needed, especially from technical personnel and officials in other sectors. In that connection, it was emphasized that a better understanding was needed of how the assessment and the Strategic Plan indicators might be used to strengthen intersectoral collaboration and ensure a health-in-all-policies approach in areas such as occupational health, access to safe drinking water, and health education. One delegate reported that the assessment process in her country had been hindered by lack of a clear understanding of the scope and nature of the assessment process on the part of the PAHO country office staff. The same delegate noted that national health authorities had found it impossible to report on some indicators because there was not a specific governmental entity responsible for collecting the necessary data.

16. Clarification of several matters was requested, including the meaning of “facilitators” in Annex B of Document SPBA10/2. It was pointed out that the assessment timeline in Annex A indicated that country-level assessments had begun in November 2015, when in fact they had begun in December, and clarification was sought as what had occurred in November. A delegate noted that Document SPBA10/2 had been made available shortly before the opening of the Subcommittee’s 10th Session, which had made it difficult for delegations to review it thoroughly. The same delegate observed that it would have been advantageous to have Mr. Walter’s slide presentation in advance, as it had helped to elucidate some aspects of the report. Another delegate noted that the final assessment report would serve as the Region’s main input to the assessment of the WHO program budget 2014-2015 to be presented to the World Health Assembly in May. She wondered whether Member States would have the opportunity to review the report before it was submitted to WHO. She also requested more detail on what components of the report would be provided as input to the WHO assessment process. It was requested that the final report include information on progress with respect to impact indicators as well as with respect to output and outcome indicators.

17. Mr. Walter, expressing appreciation to delegates for their constructive feedback on their participation in the assessment process, said that information on the extent of progress towards the six-year goals of the Strategic Plan would be provided. He affirmed that the assessment itself had begun in December 2015. Guidelines had been prepared and staff training had taken place in November. The Bureau was aware that the timeline for the assessment had been short, in part because time had had to be spent introducing the new process and training those involved. That and other difficulties encountered, including the lack of data in some areas, would be addressed in the final report. Despite those difficulties, however, an impressive level of collaboration had been achieved, with broad participation of officials at the national level, including technical personnel, which had helped to enhance the quality of the results reported.

18. The final report was due in mid-May, so Member States would have the opportunity to review it before the World Health Assembly. Regarding the specific information provided to WHO, the Bureau had submitted a regional performance report

derived from the end-of-biennium assessment. Owing to time constraints, some of the information in that report had not been fully validated; however, the Bureau was working closely with the WHO Secretariat on the global performance report and would ensure that the Region's contribution to the achievement of WHO results was accurately reflected in that report.

19. The Director thanked Member States for their high level of participation in the formulation of the Strategic Plan 2014-2019 and in the joint assessment of progress towards its targets. For the Bureau, assessment of the biennial program and budget was a very rich and inclusive process that entailed four interim assessments, the performance monitoring assessment (PMA), which were conducted every six months. Those assessments involved every entity in the Organization, including the country offices, with each preparing its own report of progress on its work plans, indicators, and targets. Those reports were then reviewed and discussed with the Executive Management. They were also reviewed by the Category and Program Area Networks and by a cross-cutting group, which scrutinized them to ensure that a gender perspective was being maintained and to identify any equity issues that needed to be addressed.

20. Subsequently, the Director and other members of Executive Management engaged in a strategic discussion aimed at identifying areas in which improvements in the work of the Bureau were needed. Finally, an Organization-wide meeting was held, with participation by all departments, units, and offices at Headquarters and all country and subregional offices, to analyze the main risks and shortcomings identified and explore needed changes and improvements. It was important to note that a risk management approach was applied throughout the process.

21. The Subcommittee took note of the report.

Interim Assessment of the Implementation of the PAHO Budget Policy (Document SPBA10/3)

22. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) recalled that the current PAHO Budget Policy had been adopted in 2012¹ and had first been applied in the 2014-2015 biennium. It was built on the same principles as the prior policy: equity, solidarity, and Pan Americanism. The new policy addressed weaknesses in the allocation formula applied in the prior policy, which had resulted in insufficient allocations for some countries. It emphasized country-level support as its primary objective, calling for a minimum of 40% of regular budget funds to be allocated directly to countries, and it established a floor for country allocations that guaranteed a minimum core presence in all countries with PAHO representation. The policy also maintained PAHO's commitment to its eight key countries.

23. The interim assessment of the policy's implementation in the 2014-2015 biennium indicated that, overall, the policy had proved implementable and had delivered

¹ See Resolution CSP28.R10 and Document CSP28/7.

the intended results without any unforeseen adverse consequences that would warrant any adjustments prior to the in-depth assessment to be conducted at the end of the current biennium. Country allocations had exceeded the 40% target, rising to 41% of regular budget funds. The policy would have resulted in a reduction in the allocations of some key countries, but those declines had been offset through the allocation of variable and results-based discretionary funds to those countries. As a group, the key countries had received 70% of such funding. The minimum presence criterion had been met for all countries, and in some cases unsustainable downward trends in their allocations had been reversed.

24. Several matters should be taken into consideration in preparation for the next assessment of the policy, to be conducted in 2018. First, the 2016-2017 budget was an integrated budget that indicated total resource requirements, whereas the budget policy addressed only the use of regular budget funds. Therefore, the assessment of the budget policy should perhaps analyze the effect of broadening the scope of the policy to encompass all sources of financing for the program and budget. Second, a revised programmatic prioritization methodology (see paragraphs 33 to 41 below) would be applied starting in 2018-2019, and the possible effects of that methodology on the application of the budget policy should also be analyzed. Lastly, if WHO's new strategic budget space allocation methodology were approved by the World Health Assembly in May, the resulting increase in the allocation to the Americas would need to be taken into account in the assessment of the budget policy and its application in 2018-2019.

25. The Subcommittee expressed support for the principles underpinning the new budget policy, which was considered practical and realistic, and for the policy's continued application, although it acknowledged that some adjustments might have to be made in order to accommodate the introduction of integrated budgeting and other changes that had occurred since the policy's adoption. The Bureau was asked to comment on how the new programmatic priority stratification framework might be incorporated in the transitional period between the 2016-2017 and 2018-2019 bienniums.

26. The Subcommittee also welcomed the findings of the interim assessment, particularly the greater fairness and equity in the allocation of resources. It was pointed out in that connection that the application of a strictly mathematical model could have adverse consequences, especially for some middle-income countries. The policy's alignment of resource allocation with national objectives and priorities was applauded. In relation to the latter, a delegate inquired what consultation mechanisms were in place to ensure that the budget for national priorities responded to needs identified by national health authorities. Support was expressed for the differential allocation of funding to key countries, which had special needs. A delegate inquired how the use of South-South cooperation in the Region was taken into account and what actions were taken to analyze the areas in which countries were cooperating among themselves and thus avoid potential overlap in the allocation of PAHO resources.

27. Clarification was sought regarding some of the figures presented in the interim report, including the proportion of funding allocated to the inter-country level and the

reason for the 17.5% difference between the proportion allocated to the country and inter-country levels (57.5%) and the proportion called for under the budget policy (40%). Delegates also asked for information on the proportion allocated to the subregional and regional levels, with one remarking that that proportion (42.5%) seemed rather high; she wondered whether some of that funding might be better used at the country level. It was suggested that the report to be submitted to the Executive Committee in June would benefit from further disaggregation and explanation of the data and from the inclusion of a comparative table of changes in allocations under the new budget policy, information on funding for each functional level, further information on the allocation of results-based and needs-based funding, information on linkage of the policy with the programmatic priorities for the 2014-2015 biennium and identification of any changes in priority in the 2016-2017 biennium, and an analysis of any risks identified in the interim assessment in relation to the application of the policy.

28. Mr. Walter explained that the inter-country and subregional levels together had accounted for 24% of total regular budget allocations. Those resources also supported countries; hence, total support to countries amounted to about two thirds of all allocations. The data in future reports could be disaggregated to clarify the amounts of resources allocated by level. The Subcommittee had raised an important point about how the application of the policy might affect middle-income countries. The allocation method under the previous policy had been based on a health needs index, and the middle-income countries had seen their allocations dwindle as their needs diminished. The new policy aimed to soften the impact of the shifting of PAHO's resources to the neediest countries by establishing a floor for each country in order to ensure a minimum level of core capacity in each country.

29. The new programmatic priority stratification method would affect the way funds were allocated among program areas, which would affect operational planning for the biennium, but the Bureau did not anticipate that it would affect the budget policy itself. With regard to the effect of the integrated budget, the regular budget to which the policy applied currently accounted for only about half of overall funding for PAHO programs. If the policy's scope were broadened to include all sources of funding, including voluntary contributions, the planned allocations to countries would rise significantly. That did not mean that any additional funds would necessarily be available to them, since the voluntary portion would still have to be mobilized, but they would have a larger planning envelope.

30. The Director stressed that it was important to ensure that the policy was applied as intended. The Bureau made a particular effort to ensure that all countries received the minimum support they needed, but it paid particular attention to the key countries, which required a much higher level of technical support from PASB. Under the country cooperation strategies, the Bureau worked with national authorities to ensure that the support PAHO provided was addressing national priorities. Biennial work plans were also drawn up in collaboration with national authorities.

31. Regarding the subregional allocation, arrangements varied. In the Caribbean a subregional office existed, whereas in the other two subregions, Central America and South America, the Bureau ensured the presence of technical experts whose work was subregional in scope and who responded to the needs of the countries in each subregion. It was taking steps to set up subregional entities in those two subregions that would work more closely with the respective subregional integration organizations, but they would also seek to identify priority gaps among the countries in each subregion. The Bureau recognized that a significant amount of South-South and triangular cooperation was occurring in the Region and that there was a need to enhance the tracking of such cooperation and to find ways of using the Organization's technical cooperation to add value to those initiatives. That would be an area of focus for the Bureau in 2016.

32. The Subcommittee took note of the report.

Refinement of the Programmatic Priority Stratification Framework of the PAHO Strategic Plan (Document SPBA10/4)

33. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB), reviewing the background to the programmatic priority stratification framework, recalled that the methodology had been developed and used to guide the allocation of resources under the PAHO Strategic Plan 2014-2019. Resolution CD52.R8 (2013) had asked the Bureau to review the PAHO-adapted Hanlon method of programmatic prioritization to address what had been perceived as potential biases in the formula, in particular favoring disease-oriented program areas. Subsequently, pursuant to Resolution CD53.R3 (2014), a 12-country working group, the Strategic Plan Advisory Group, had been established to replace the Countries Working Group that had collaborated in refining the Strategic Plan indicators and developing the prioritization methodology.² The Advisory Group had worked with the Bureau during 2015 to draw up a proposal for refining the programmatic priority stratification framework. That proposal would be submitted for consideration by the Executive Committee at its 158th Session in June.

34. Ms. Martha Caballero Abraham (Mexico, Chair of the Strategic Plan Advisory Group) noted that the Advisory Group had identified two main challenges in the programmatic prioritization process. The first was that some priorities had already been set at the global level within WHO, and it had therefore been necessary to identify which of those priorities to focus on in the Americas. The second challenge was to find a means of prioritizing the priorities—or, in other words, identifying the top priorities among the entire set of priorities established under the Strategic Plan in order to guide the allocation of resources. Another important issue for the Advisory Group had been how to evaluate progress on the basis of the results chain. The Advisory Group had weighed the strengths and weaknesses of various prioritization methods and had decided to retain the PAHO-adapted Hanlon method, but to refine it in order to ensure clear definitions of what was to be measured under the various components of the method and to accommodate the need

² See Resolution [CD52.R8](#) (2013) and Decision CE153(D9) (2013) found in Document [CE153/FR](#).

to rank priorities in non-disease-oriented program areas. Multisectoral representation on the Advisory Group had been important in that respect.

35. Dr. Bernard Choi (Canada, Member of the Strategic Plan Advisory Group) presented a brief explanation of the Hanlon method, highlighting how it had been adapted to meet the Organization's needs and rank its priorities. The main innovations had been the addition of two new components: an inequity factor, which took account of differences in the occurrence of disease and in access to services or programs, and a positioning factor, which ranked PAHO's value-added with respect to a particular program area. The Advisory Group had eliminated one of the original Hanlon components, the inclusion factor, which gauged the feasibility of a priority and had been criticized by many researchers. The Advisory Group's most important contribution had been to expand the Hanlon method to encompass non-disease program areas, such as health systems and services, public health programs, and cross-cutting areas, thereby helping to advance evidence-based decision-making. To enable other WHO regions to benefit from PAHO's experience, a manuscript on the PAHO-adapted Hanlon method was being prepared.

36. The Subcommittee congratulated the Advisory Group and the Bureau on the work done to refine the prioritization method and expressed appreciation to Mexico and Canada for their leadership of the process. Delegates voiced support for the modifications made in order to adapt the Hanlon method for PAHO's use, in particular the addition of the inequity and positioning factors. While the need for an objective prioritization formula was recognized, it was also considered important to ensure sufficient flexibility to enable the Organization to deal with emergencies that might arise. It was pointed out that the new methodology would change the planning paradigm for the Region and that it would therefore be important for all Member States and all Bureau staff to familiarize themselves with it.

37. Mr. Walter said that the Advisory Group had benefited greatly from a good mix of public health professionals, statisticians, and health measurement experts, all of whom had contributed to the positive outcome of its work. Publication of an article about the new method would ensure that the formula was peer-reviewed and was available to public health practitioners in other regions; it would also help to promote PAHO. The new method would be finalized by the Advisory Group in a meeting from 4 to 6 April 2016. Once approved by the Governing Bodies, it would be used to set priorities for the 2018-2019 biennium. Member States would be asked to play an active role in the prioritization process.

38. Ms. Caballero said that the inequity factor was an especially valuable component of the new formula, since ensuring that the benefits of public health advances were shared equitably across countries remained a major challenge, not just in the Americas but in all WHO regions. The positioning factor was also an important contribution which would be useful to all regions. An equally valuable aspect of the Group's work had been the high level of Member State involvement and the close collaboration between Group

members and Bureau staff. That collaborative approach was a source of great pride for the Region and, like the new method, should be publicized and promoted.

39. Dr. Choi said that the new method would bear PAHO's name, which would certainly help to promote the Organization and increase its visibility. The new method was, in fact, "the PAHO method," rather than simply an adaptation of the Hanlon method, since it comprised several innovations. One of those innovations, the positioning factor, allowed adjustments to be made in the priority ranking of a particular program area, thus providing a degree of flexibility. He expressed gratitude to the technical staff of the Bureau, who had assisted in building a database, pilot-testing of the formula, analysis of results, and other aspects of the Advisory Group's work.

40. The Director said that the experience of the Advisory Group had shown PAHO at its best. It illustrated how the expertise available at country level could be combined with the expertise of the Bureau in order to produce results of great value and high technical excellence. The Region could indeed be proud of that collaborative approach.

41. The Subcommittee took note of the report.

***Nongovernmental Organizations in Official Relations with PAHO
(Document SPBA10/5)***

42. Mr. Alberto Kleiman (Director, Department of External Relations, Resource Mobilization, and Partnerships, PASB) introduced Document SPBA10/5, which contained information on one nongovernmental organization (NGO) seeking admission into official relations with PAHO and eight nongovernmental organizations wishing to renew their status as organizations in official relations with the Organization. The document also provided brief progress reports on the Organization's collaboration with 18 other NGOs currently in official relations with PAHO.

43. In accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee undertook its review of the information of the various NGOs in a closed meeting, following which the Rapporteur reported that the Subcommittee had decided to recommend that the Executive Committee admit *Mundo Sano* into official relations with PAHO and continue official relations between PAHO and the Healthy Caribbean Coalition (HCC), the Inter-American College of Radiology (ICR), the Interamerican Society of Cardiology (IASC), the Latin American and Caribbean Women's Health Network (LACWHN), the Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish), the Latin American Federation of Hospitals (FLH for its acronym in Spanish), the Panamerican Federation of Associations of Medical Schools (PAFAMS), and the Pan American Federation of Nursing Professionals (FEPPEN).

44. The President announced that the Subcommittee's recommendations would be submitted to the 158th Session of the Executive Committee in the form of a proposed resolution.

Appointment of One Member to the Audit Committee of PAHO (Document SPBA10/6)

45. Dr. Heidi Jiménez (Legal Counsel, PASB) reviewed the background of the Audit Committee and drew attention to its Terms of Reference, which appeared as an annex to Document SPBA10/6. She noted that under those Terms of Reference the three Audit Committee members were elected by the Executive Committee and served terms of up to three years each. Candidates were drawn from a list compiled by the Director. As the term of office of Ms. Amalia LoFaso would end in June, it would be necessary for the Executive Committee to appoint a new member during its 158th Session. Accordingly, the Director had drawn up a list of four candidates to be considered by the Subcommittee, which was asked to recommend a candidate to the Executive Committee. Confidential documentation on the four candidates had been distributed to the Subcommittee members.

46. The Subcommittee decided to establish a working group consisting of Antigua and Barbuda, Ecuador, and the United States of America to review the list of candidates proposed by the Director. The working group met during the Subcommittee's 10th Session. Subsequently, Mr. Peter Skerrett Guanoluisa (Ecuador) reported that the working group had evaluated the four candidates on the basis of the criteria for membership set out in section 4 of the Terms of Reference and had selected five critical factors for ranking the candidates. Each member of the group had ranked each of the candidates separately and the scores had then been consolidated and the individual results averaged. Mr. Claus Andreasen had been unanimously selected as the candidate to be recommended for appointment to the Audit Committee. The report of the working group is maintained in files of the Office of Governing Bodies.

47. Dr. Jiménez expressed gratitude to the members of the working group for their hard work. The Director added her thanks to the members of the working group and also expressed appreciation to Ms. Amalia LoFaso for her exemplary service on the Audit Committee.

48. The Subcommittee endorsed the recommendation of the working group. The President announced that the Subcommittee's recommendation would be communicated to the Executive Committee.

PAHO Award for Administration: Changes to the Procedures and Guidelines (Documents SPBA10/7 and Add. I)

49. Dr. James Fitzgerald, Director, Department of Health Systems and Services, PASB) reviewed the history of the PAHO Award for Administration, noting that the procedures and guidelines for conferring the award had been amended several times since its inception in 1969. During its 156th Session in 2015, the Executive Committee had

decided that the guidelines and criteria for the award should be reviewed with the aim of enhancing its importance and encouraging Member State to present candidates of excellence. The Bureau had therefore drafted a set of proposed amendments to the procedures and guidelines, which were contained in an annex to Document SPBA10/7. The Subcommittee was asked to review the proposal and make recommendations thereon to be submitted for consideration by the Executive Committee at its 158th Session.

50. The Subcommittee decided to form a working group consisting of Argentina, Grenada, Honduras, and Mexico to review the proposed changes. The working group met during the Subcommittee's 10th Session. Subsequently, Ms. Miguela Pico (Argentina) reported that the working group had decided to recommend some modifications to the amendments proposed by the Bureau in paragraphs 3, 4, 6, 7 10, 11, 13, and 14 of the annex to Document SPBA10/7. The working group had also recommended that paragraph 5 should be eliminated. The modifications proposed by the working group are contained in Document SPBA10/7, Add. I.

51. Dr. Amalia Del Riego (Chief, Health Services and Access Unit, PASB) extended thanks on behalf of the Bureau to the members of the working group.

52. The Subcommittee endorsed the recommendations of the working group and agreed to forward them to the Executive Committee for consideration.

Administrative and Financial Matters

Overview of the Financial Report of the Director for 2015 (Document SPBA10/8, Rev. 1)

53. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) introduced the draft financial report of the Director for 2015, noting that the report was still being finalized and the figures were still being audited by the Organization's External Auditor. Highlighting the main trends with regard to revenue from various sources, he reported that the Organization's consolidated total revenue in 2015 had amounted to \$1.46 billion,³ which was a decrease of \$267 million, or 18%, as compared to 2014. The decrease was mainly the result of a decline in national voluntary contributions, which in turn was the result of a decline in the value of local currencies against the United States dollar. In fact, the amount received had remained the same in terms of local currency. The *Mais Médicos* project in Brazil continued to account for the vast majority of national voluntary contributions. Revenue from procurement activities on behalf of Member States had decreased from \$668.8 million in 2014 to \$638.6 million in 2015. A budget surplus of \$0.7 million for the 2014-2015 biennium was expected (see paragraphs 64 to 65 below).

54. Regular budget revenue had reached \$165.7 million for 2015. The budgeted amount of PAHO assessed contributions, \$105.6 million, had remained unchanged from 2014. The amount collected, however, had declined from a total of \$106.2 million in

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

2014 to \$99.5 million in 2015. The latter figure comprised \$64.8 million in current-year contributions and \$34.7 million in prior-year contributions. In 2015, 30 Member States, Associate Members, and Participating States had paid their assessed contributions in full, eight had made partial payments, and four had made no payments. Arrears in the payment of assessed contributions had amounted to \$44.2 million at the end of 2015, which was \$6 million more than in 2014. Five Member States accounted for 99% of that amount.

55. WHO assessed contributions allocated to the Region had increased from \$30.6 million in 2014 to \$53.0 million in 2015 because the WHO Secretariat had decided to distribute a smaller proportion of the total biennial allocation in 2014. Revenue from PAHO and WHO voluntary contributions had decreased from \$63.3 million in 2014 to \$61.0 million in 2015. At the same time, deferred revenue from PAHO voluntary contributions had risen to \$65.6 million in 2015 as compared with \$43.9 million in 2014, an increase of \$21.7 million. Agreements for voluntary contributions had also increased from 163 in 2014 to 187 in 2015. The Bureau was hopeful that those increases were indicative of a change in the steady downward trend in voluntary contributions noted since 2010.

56. Miscellaneous income had increased from 6.7 million in 2014 to 7.1 million in 2015. The total amount budgeted for the biennium had been \$6 million, while the total amount received had been \$13.9 million; the revenue surplus of \$7.9 million would be reprogrammed in accordance with the Organization's Financial Regulations (see paragraphs 66 to 68 below).

57. In the discussion that followed, it was suggested that the slide presentation on the preliminary financial report should be made available in advance to Subcommittee members, since the slides provided significantly more information than was presented in the preliminary report itself. It was also suggested that the dates for the delivery of documents and the scheduling of the sessions of the Subcommittee should be reviewed, bearing in mind the Subcommittee's role in analyzing preliminary versions of reports and providing guidance thereon to the Bureau.

58. The Bureau was requested to include in the final version of the financial report an analysis of the risks associated with the downward trend in voluntary contributions and an assessment of the funding level for each category of the regular budget in order to identify potential risks arising from financing flows. It was also asked to provide information on the implications for PAHO of 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. Additionally, the Bureau was asked to include information on how the recommendations of the External Auditor had been incorporated into the Organization's practices. A delegate inquired whether the change in the flow of resources from WHO reflected the work spearheaded by the Region of the Americas with regard to strategic allocation of resources and whether, as part of those changes, resources from WHO had been received in a more timely manner than in the past.

59. Mr. Puente Chaudé said that the Bureau would endeavor to provide the requested information in the unaudited informational annex that would be attached to the financial report. Supplementary information could also be provided during the 158th Session of the Executive Committee. He explained that the difference in the level of WHO financing provided during 2015 mainly reflected the fact that the WHO Secretariat had not distributed the Region's biennial allocation in equal proportions. That situation had created some difficulties for the Bureau, which had budgeted for the first year of the biennium with the expectation that the Region would receive fully half of the amount due. He assured the Subcommittee that the Bureau always acted on the recommendations of the External Auditor and held regular meetings to track progress in implementing the recommendations. Approximately 84% of those recommendations formulated in the previous five years had been fully implemented. The financial report would provide a summary of the action taken in that regard.

60. The Director affirmed that the Bureau took all audit recommendations seriously, including those from the External Auditor, the Bureau's internal auditors, and the PAHO Audit Committee. The level of compliance with audit recommendations across the Organization was very high. She expressed gratitude to the Member States of the Americas for their strong advocacy on behalf of the Region, which had helped to ensure that it received a fairer share of WHO resources. Thanks to their efforts, the Region's allocation had risen.

61. The Bureau would do its best to provide the requested analysis of the risks associated with the decline in voluntary contributions and would also try to provide the slide presentations made by Bureau staff in advance of future Governing Body sessions. However, it would be impossible to provide those presentations along with the relevant working document because they underwent an extensive revision process and were generally not finalized until a few days before a session.

62. The new OAS scale of assessments had begun to be applied in the current biennium (2016-2017). Under that scale, some countries had seen their assessments increase, while others had seen theirs decrease. The Bureau was aware that in some cases, countries whose assessments had increased significantly were also struggling with economic difficulties. Nevertheless, it had a responsibility to continue encouraging all countries to fulfill their financial obligations to the Organization. It was grateful to those Member States that had paid their 2015 assessments in full and appealed to those that had not, to do so as soon as possible. Assessed contributions were a flexible source of resources that allowed the Bureau to ensure that it could continue supporting Member States through technical cooperation.

63. The Subcommittee noted the report.

Programming of the Budget Surplus (Document SPBA10/9)

64. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) noted that under Financial Regulation 4.6, if there were any

unspent regular budget funds (i.e., funds from assessed contributions and miscellaneous income) at the end of a biennium, the surplus was to be used first to replenish the Working Capital Fund to its full authorized level of \$25 million. If any funds remained, the Director could propose a use for them, to be approved by the Governing Bodies. As the balance remaining in the Working Capital Fund at the end of the 2014-2015 biennium had been \$20.7 million, the expected budget surplus of \$0.7 million would be allocated in its entirety to the Working Capital Fund.

65. The Subcommittee endorsed the proposal contained in Document SPBA10/9 for the use of the anticipated budget surplus.

Programming of the Revenue Surplus (Document SPBA10/10)

66. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) explained that in each biennium the Organization budgeted how much it expected to receive in income from investments and other sources of miscellaneous revenue. According to Financial Regulation 4.8, any excess over the budgeted miscellaneous revenue at the end of a biennium was considered a revenue surplus, and the Director had discretion, with the concurrence of the Subcommittee, to use that surplus to cover unfunded portions of the Strategic Plan. The Bureau anticipated that there would be a revenue surplus of \$7.8 million for the 2014-2015 biennium, mainly as a result of investment of excess local currency balances in Brazil. However, the final figure would not be available until the External Auditor had completed the audit of the Organization's financial statements, which would occur by 15 April 2016. At that time, the Director would prepare a proposal for use of the \$7.8 million. The Subcommittee would be asked to examine the proposal at its 11th Session in 2017.

67. The Director explained that it was customary and beneficial to delay a decision on the use of revenue surpluses, in this case until early 2017, because doing so enabled the Bureau to undertake a better analysis of funding gaps and thus make more targeted recommendations to the Subcommittee.

68. The Subcommittee took note of the report.

After-service Health Insurance (Document SPBA10/11, Rev. 1)

69. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) recalled that, under the PASB Staff Regulations and Rules, PAHO provided and was responsible for funding certain post-retirement employee benefits and entitlements, including the WHO Staff Health Insurance Plan in which PAHO participated. In keeping with the International Public Sector Accounting Standards (IPSAS), each year the Bureau was required to estimate the current liability for that coverage. It was also responsible for managing the assets set aside to cover the liability.

70. As of 31 December 2015, the defined benefit obligation had totaled \$300.2 million. A surcharge on payroll provided approximately \$3.2 million per year towards

that liability. Taking into account the After Service Health Insurance (ASHI) Trust assets of \$48.8 million, certain other adjustments, and a one-time transfer in January 2016 of \$8 million to the ASHI Trust assets from the accumulated surplus of health insurance contributions of active staff, the net unfunded liability was \$212.6 million. PAHO must consider a plan to fund that liability within a determined period of time. To that end, the Bureau and the WHO Secretariat had developed a joint strategy, which was described in Document SPBA10/11, Rev. 1.

71. The Subcommittee acknowledged the Bureau's efforts to ensure that it could meet its benefits obligation to staff. Support was expressed for the proposal to merge the actuarial services of PAHO and WHO, and information was requested on how that merger would be operationalized. One delegate was concerned about the possible impacts on the Organization's performance that might arise from the forthcoming large wave of retirements. She requested that the Bureau prepare a report on the budgetary and organizational implications of those retirements, together with information on its plans for filling the resultant vacancies.

72. Mr. Puente Chaudé explained that one of the aims of merging the actuarial services was to ensure that PAHO and WHO were applying the same criteria in the valuations of the after-service health insurance liability. The merger would also reduce costs.

73. Mr. Gerald Anderson (Director of Administration, PASB), noting that additional information on staff retirements would be covered under the report on PASB staffing statistics (see paragraphs 86 to 97 below), clarified that the pensions that retirees received were funded by the United Nations Joint Staff Pension Fund, a global fund covering all of the participating United Nations agencies, including WHO and PAHO. The fund was built up by monthly contributions both from the organizations and from the staff members, and thus those pensions were already completely funded. Consequently, the number of retirements in any given year, however high, had no impact on PAHO's financial capability to implement its program and budget. The potential health care costs of retirees were calculated actuarially, enabling the Organization to be sure that it had sufficient funds to cover the health benefits of all retirees, even with the high number of retirements expected in the coming two bienniums.

74. The Subcommittee took note of the report.

Report on the Master Capital Investment Fund: Review of the Master Capital Investment Plan (Document SPBA10/12)

75. Mr. Gerald Anderson (Director of Administration, PASB) recalled that a report presented to the 156th Session of the Executive Committee (Document CE156/24) had identified repair and renovation liabilities in PAHO-owned buildings amounting to approximately \$10 million for centers and country offices and approximately \$50 million for the Headquarters building, and had presented options and potential strategies for implementing the work. He added that the Directing Council in October 2015 had

approved the use of various surpluses to increase the Master Capital Investment Fund (MCIF). In the case of the field offices, it was estimated that the funds already available in the Master Capital Investment Plan, combined with the expected revenue over the coming 10 years, would be sufficient to cover the \$10 million needed.

76. He noted that in the discussion of the issue by the Executive Committee in 2015, several Member States had requested the Bureau to analyze the report and the options and to produce a proposal for consideration by Member States that would not require any increase in assessed contributions or any special contribution from them. Consequently, a study of the Washington, DC, real estate market was being prepared. It was intended to be a self-financing plan to fund the \$50 million needed for the Headquarters building. The plan would be presented to the SPBA in 2017.

77. He drew attention to the MCIF's five subfunds and to the balances in them, as detailed in Document SPBA10/12. In particular, he referred to the newest of them, the Human Resources Strategy Subfund, which had been established to implement the 2015 decision of the Directing Council to allocate \$1,055,178 in surpluses from prior bienniums to support the implementation of PASB's human resources strategy. Following a discussion within the Bureau, it had been decided to place those funds under the MCIF for ease of reporting and transparency. Lastly, he noted that the reserve for the MCIF currently stood at \$4 million.

78. In the ensuing discussion the Delegate of Mexico, while recognizing the importance of keeping the Headquarters building and the country offices in the best possible condition, inquired why there was no mention of the relocation of the country office in Mexico. She also asked for clarification of the amounts spent to repair the country office in Haiti and requested more information on the renovation of the four elevators in the Headquarters building. The same delegate pointed out that some of the amounts quoted under the Vehicle Replacement Subfund did not seem sufficient to cover the procurement of replacement vehicles of adequate quality from a safety standpoint.

79. Mr. Anderson clarified that the country office in Mexico was not in a PAHO-owned building, and thus did not fall under the MCIF, but under the annually expensed rental fund. The repairs to the Haiti office had been based on a condition assessment carried out by the United Nations Office for Project Services. The results of that assessment were reported in the annex to Document CE156/24. Refurbishment of the elevators in the Headquarters building had been considered an urgent repair and had been undertaken on the basis of a competitive bid. With regard to vehicle replacements, some of the figures given were net amounts required in addition to the proceeds from the sale of existing vehicles. Explanatory footnotes would be added to the document to be prepared for the Executive Committee, giving more detail about vehicle costs and about the work in Haiti.

80. The Director added that the Organization purchased its vehicles duty-free, which was a further explanation of the moderate cost figures. She emphasized that the Bureau attached high priority to staff safety and security. Noting the requests for more detailed

information, she pointed out that the Bureau had to carefully assess the amount of detail included in the information provided to the Governing Bodies in order to avoid producing overly long documents.

81. The Subcommittee took note of the report.

Amendments to the PASB Staff Regulations and Rules (Document SPBA10/13)

82. Dr. Luz Marina Barillas (Interim Director, Department of Human Resources Management, PASB) summarized the proposed changes to the Staff Rules set out in the Annex A to Document SPBA10/13, which were intended to maintain consistency in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization, in light of experience and in the interest of good human resources management. She noted that the majority of the amendments were editorial and were intended to increase clarity and consistency. One new rule had been introduced in order to provide an explicit definition of staff members' obligation to protect the financial interests of the Organization. The other amendments were detailed in the document.

83. In the ensuing discussion, a delegate, while noting with appreciation the salary scale provided in Annex B of the document, requested information on the salaries of the Director, the Deputy Director, and the Assistant Director.

84. Dr. Barillas explained that the salaries for those posts, which were ungraded, did not appear in the table because they had not yet been established. According to Staff Regulation 3.1, the salary of the Director was set by the Executive Committee and the salaries of the Deputy Director and Assistant Director were determined by the Director with the approval of the Executive Committee.

85. The Subcommittee endorsed the proposed amendments.

PASB Staffing Statistics (Document SPBA10/14)

86. Dr. Luz Marina Barillas (Interim Director, Department of Human Resources Management, PASB) presented the PASB staffing statistics, highlighting changes between 2014 and 2015. As of 31 December 2015, staff in fixed-term or career appointments had totaled 759, as compared with 782 in 2014, a drop of 3%. The reduction had not been consistently distributed, however: international professional staff had gone down by 1.5% and general services staff by 9%, but the number of national professional officers had increased by 14%. That increase was consistent with the Bureau's strategy of placing resources "on the front lines" in the countries that it served.

87. She drew attention to the group of 96 personnel with temporary United Nations contracts, a category that had increased by 15% in 2015. To some extent, that increase reflected the demands of the new PMIS. Once fully established, that system would yield efficiencies and lead to staff reductions, but its implementation and early days of

operation had required extra staff. The number of non-United Nations staff had also increased, mostly as a result of temporary hires in the “employed by others” or “agency” categories. Some such staff were on loan from governments, and the majority were stationed in countries, with just a few at Headquarters.

88. The Bureau continued to maintain almost exact gender parity among international and national fixed-term professionals, with virtually no change from 2014 to 2015. In that respect, PASB compared favorably with other United Nations bodies. With regard to professional staff mobility, she provided information updating the figures shown in the document, noting that in addition to transfers between country offices/centers and between Headquarters and country offices/centers, in 2015 there had also been nine interagency transfers (versus 11 in 2014), primarily between WHO and PAHO. The largest proportion of staff—more than half—had fewer than 10 years of service to the Organization. That was because PASB habitually hired people who were already at a fairly advanced stage in their careers, since meeting the high standards that PAHO demanded required a number of years of experience.

89. Turning to the age distribution of fixed-term staff, she drew attention to the high proportion in the 50–59 age-bracket, who were thus approaching the statutory retirement age. Preparation for the large number of retirements had involved a comprehensive planning effort entailing examination of the skills of the staff who would soon be leaving. The aim was not simply to refill those vacancies, but to determine whether the post was still needed and, if so, what new or different skills would be needed by the staff concerned. That process had been facilitated by a multidisciplinary group from various key offices. By contrast with the fixed-term staff, the majority of temporaries fell into the 30–39 range. That provided an opportunity because in many cases, after a certain time and with a degree of experience, temporary staff might have the opportunity to take fixed posts, thus providing another source of staff to replace staff who retired or left the Organization for other reasons.

90. The Subcommittee congratulated the Bureau on maintaining gender parity in the professional and higher categories. However, it was also noted that gender equity was not seen across levels, as women occupied the majority of P1–P3 posts and men occupied the majority of higher posts. It was also pointed out that women were overrepresented in temporary staff appointments, with men continuing to occupy most of the senior-level posts in that category, too. While the importance of selecting candidates based on merit and competence was acknowledged, the Bureau was encouraged also to develop recruitment and workforce planning strategies that would contribute to greater gender equality and cultural diversity. In particular, it was suggested that the Bureau should consider ways to ensure that highly qualified female staff could rise in the ranks of the Organization, including through promotion of an organizational culture that provided equitable access to training opportunities and family-friendliness, both at Headquarters and at the country level.

91. With regard to professional staff mobility, it was considered that PASB’s implementation of the Technical Staff Rotation Plan would enable staff to acquire diverse

skills and experience, strengthening technical excellence across the Organization. While it was recognized that consultants and other non-United Nations contract staff could provide technical expertise to the Organization, information was sought on whether there were mechanisms in place to retain institutional knowledge after the departure of such staff. Clarification of the terms “employed by others” and “agency” was also requested. The Bureau was also asked to explain the criteria under which the contracts of 37 staff members had been extended beyond the age of retirement. Concern was expressed about the impacts of the forthcoming wave of retirements on the Organization’s performance, and a detailed report on the budgetary and organizational implications of those retirements and on the Bureau’s plan for filling the resultant vacancies was requested.

92. The Director explained that the Region had great difficulty in identifying suitable candidates for PAHO/WHO representative (PWR) posts because many of those on the global roster of candidates did not have the language skills needed. That dearth of replacement candidates made it necessary to retain some representatives beyond their retirement age. In addition, there was now a set procedure for appointing PWRs. In the past, the Director would send three names to the country concerned, which would decide which one it wished to accept as the representative. Under the new procedure, candidates must apply at the global level. They would be tested and screened and then, if they were found to be suitable, placed on the global roster. Vacancies must then be filled from the global roster. The Bureau would perform a selection procedure, find the best fit, and then inform the country of the identity of its new PWR. Sometimes countries were reluctant to accept the Bureau’s selection, however, which also contributed to the delays in filling PWR posts.

93. Dr. Barillas added that in some cases a representative might be managing a project funded by a grant, the term of which would end after the representative’s retirement date. Given all the contacts cultivated and the inside knowledge acquired by the representative, it often made sense to keep him/her in place until the end of the project. As to how the Bureau intended to deal with the impending wave of retirements, all managers had been urged to begin recruiting early so as to avoid gaps in service and ensure that the replacements chosen were the best fits for the posts. Where possible, it was considered beneficial to have an overlap between the outgoing and the incoming staff. As for maintaining institutional knowledge, the Bureau had initiated a process of coordination between the Department of Human Resources Management and the Office of Knowledge Management, Bioethics, and Research with regard to the end-of-mission reports that managers were required to submit before changing roles, moving to another institution, or retiring. The process of submission of the reports and the elements that they were required to contain had been standardized so as to gather information on the work of the staff member concerned that could be kept for the long term.

94. She explained that the term “employed by others” referred to staff who were not employees of PASB, but worked for some kind of specialized company. The Bureau contracted with the company for the provision of such personnel and paid the company, not the employees, for their services. The arrangement with “agencies” was similar,

although the use of staffing agencies in the conventional sense was minimal: for example, only one such agency was used at Headquarters. With regard to the increase in the hiring of consultants, she said that such personnel generally supplied competencies and skills that were not available in-house and were hired to enable the Bureau to complete a specific task in a specific time.

95. Dr. Francisco Becerra (Assistant Director, PASB) recalled that Member States had reviewed and approved the Bureau's human resources strategy,⁴ which was guiding the efforts aimed at mitigating the coming wave of retirements. He also noted that the retirement age for staff hired since 2014 was 65. In the future, staff hired before 2014 would also likely be able to opt to retire at 65, which would extend their working lives and provide a little more flexibility in replacing outgoing staff.

96. Mr. Gerald Anderson (Director of Administration, PASB) added that, in preparation for the impending retirements, additional recruiting staff had been assigned to the Department of Human Resources Management. Regarding the increase in the number of consultants, he noted that the Organization had received a significantly larger amount of resources in 2015 than in the first year of the biennium. A portion of those additional resources had been used for project implementation as opposed to funding core staff, which was why it had been possible to hire a greater number of consultants.

97. The Subcommittee took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021 (Document SPBA10/15)

98. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB), introducing Document SPBA10/15, noted that the term of office of the current External Auditor, the Court of Audit of Spain, would end in 2018, following the completion of the audit for the 2017 financial period. It would therefore be necessary for the 29th Pan American Sanitary Conference to appoint a new External Auditor to serve for the 2018-2019 and 2020-2021 bienniums. In August 2016 the Bureau would send a note verbale to Member States, Participating States, and Associate Members seeking nominations for the position. The deadline for submission of nominations would be 31 January 2017. The requirements for candidates were set out in the annex to Document SPBA10/15.

99. In the ensuing discussion, a delegate observed that the External Auditor provided valuable expertise and recommendations, thereby strengthening transparency and financial efficiency within the Organization. She expressed confidence that the next External Auditor would maintain the standard of excellence demonstrated by the Court of Audit of Spain.

⁴ See Document CE156/31 (2015).

100. Mr. Puente Chaudé, agreeing on the importance of the External Auditor's work in ensuring transparency, encouraged Member States to nominate suitable candidates.

101. The Subcommittee took note of the report.

Matters for Information

PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States (Document SPBA10/INF/1)

102. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) recalled that the 54th Directing Council, in Resolution CD54.R16 (2015), had requested that the Director establish, in consultation with the Member States, a mechanism to present interim reports on the implementation of the program and budget. The resolution also requested the Director to identify a mechanism to report to the Governing Bodies on the level of financing and implementation for each source of financing for the various categories and program areas in the program and budget 2016-2017.

103. As the Director had explained (see paragraph 19 above), the Bureau regularly monitored its performance and the implementation of the program and budget throughout the biennium. The primary means of doing so were the performance monitoring and assessments (PMAs) conducted Organization-wide every six months. Those assessments reviewed progress towards the implementation of each office's work plans, including the delivery of products and services contributing to the achievement of the outputs in the program and budget. Programmatic and financial risks were also assessed in the PMAs, the results of which were used to make any necessary midterm adjustments to the programs being implemented. It would appear that the information derived from the mid-biennium PMA could serve as the mechanism for midterm reporting to Member States. A summary of the PMA could be made available online or through the PAHO country offices, probably by February of the second year of a biennium, so two months in advance of Subcommittee sessions.

104. A new mechanism that could supplement the PMA information and possibly replace it over time would be the PAHO web portal, which would have the potential to keep Member States continually apprised of financial and programmatic performance. The intention would be to extract data from the PMIS on budget income and expenditure, down to country and office level, and to track funding flows and trends by source. The Bureau planned to have the portal in place in 2017. It would be updated at least quarterly, thereby keeping Member States informed of the status of program and budget implementation throughout the biennium and complementing the information provided in the Financial Report of the Director.

105. The Subcommittee welcomed the proposal on creation of the portal, considering it an important tool for transparency and accountability and for providing timely and accurate information to Member States on how resources were being implemented and on

the costs of projects and initiatives. Ensuring the availability of such information was considered particularly important now that the Organization had an integrated budget.

106. The Bureau was urged to ensure that the portal had a user-friendly interface, accessible to all Member States, and that the data in it were updated on an ongoing basis. It was suggested that the portal should not serve solely as a passive database; with modern information technology, it should be possible to make it an intelligent database, capable of using statistical techniques and other means to adjust for changes in circumstances, such as depreciation of currencies over time.

107. With regard to the timeline for the development of interim reporting mechanisms proposed in Document SPBA10/INF/1, it was pointed out that, as 2017 would be the end of the biennium, data provided at that point could not really be considered interim midterm information. Moreover, there would be little opportunity to make adjustments before the start of the 2018-2019 biennium, which was the last biennium covered under the current Strategic Plan. Several delegates suggested that the Subcommittee should propose to the Executive Committee the establishment of an advisory group of Member States to work with the Bureau on defining the type of reporting that would be needed, taking into account the changes that the Organization had already made in the programmatic and budgetary areas, including the start-up of the PMIS.

108. Mr. Walter welcomed the Subcommittee's enthusiastic response. He concurred that there would be great benefit from Member State input into the design and development of the portal, so as to ensure that it provided all the information that the countries needed to remain abreast of progress towards the implementation of the program and budget. He also welcomed the suggestions regarding the inclusion of forward-looking information in the portal through modeling. The incorporation of that type of intelligence into the system would make PAHO's portal more powerful than that of WHO, which provided data that were already old by the time they became available.

109. The Director also thanked the Member States for their enthusiasm and, in particular, for the suggestion of an advisory group. At the same time, she sounded a cautionary note: as Director, she had a responsibility to ensure that PASB's resources were not overstretched, and while advice from Member States would be very helpful, it would be the Bureau's staff who would have to do all the underlying planning and analysis, on top of their regular work.

110. The Subcommittee expressed confidence that the Bureau staff would be up to the task and recommendations made by the Subcommittee.

Update on WHO Reform (Document SPBA10/INF/2)

111. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) presented a report on the status of WHO reform, noting that most of the planned reforms were now in the implementation stage at both the global and the regional levels. The programmatic and managerial reforms were relatively well advanced, but those in

the area of governance continued to lag behind. A new component, WHO's work in emergencies and outbreaks, had been added to the reform agenda in the wake of the Ebola virus disease outbreak in 2015. Key reforms implemented to date included bottom-up planning and priority-setting, which had been initiated by PAHO for the 2014-2015 biennium and by WHO for the 2016-2017 biennium. The financing dialogue had been introduced and appeared to have borne fruit, as WHO had begun the current biennium with more of its program budget financed than in the past; PAHO had secured a similar level of funding for its 2016-2017 program and budget, assuming that the regional allocation from WHO was fully funded.

112. As another product of reform, WHO had created a web portal that provided detailed information on financial flows, which represented a significant advance in transparency. PAHO contributed information on the Region for the WHO portal and intended to replicate it at the regional level in 2017, drawing from information now available through the PMIS (see paragraphs 119 to 124 below). In addition, PAHO and WHO had revised their human resources strategies in order to be better fit for purpose, and both organizations were putting in place risk registers with mitigation plans.

113. Several issues remained pending in the area of governance reform. Member State working groups were taking the lead in preparing recommendations on those issues and in establishing a framework for engagement with non-State actors. An open-ended intergovernmental meeting on governance reform had taken place in March 2016 and another meeting would be held in April. It was intended that proposals on governance and engagement with non-State actors would be ready for consideration by the World Health Assembly in May. The Bureau would hold a virtual meeting to prepare PAHO Member States for those meetings and would prepare a paper on the implications of the proposed reforms for PAHO.

114. Reforms aimed at better equipping WHO to deal with emergencies and outbreaks were being developed with input from three independent working groups. It had been agreed that a global emergency workforce roster should be created, that uniform business rules and practices and a secure and ongoing source of financing were needed, and that countries' capacity to respond to emergencies and outbreaks should be strengthened. Other issues, such as degree of centralization and lines of authority during a response to an emergency or outbreak, were still under discussion.

115. The Subcommittee welcomed the information provided on PAHO's progress in implementing the various WHO reforms, which showed the Region's alignment with the global reform process. The Bureau was urged to continue implementing applicable areas of WHO reform. WHO's commitment to join the International Aid Transparency Initiative (IATI) was also applauded and additional information was requested as to the documents that would be disclosed publicly. It was considered essential for PAHO also to join IATI, either as part of WHO or separately.

116. The Subcommittee noted that governance reform had been slow in part because some aspects of it were dependent on Member State negotiations. Governance reform at

all three levels of WHO was seen as paramount to ensuring the effectiveness of the Organization as a whole, and Argentina and Mexico were commended for their leadership of the governance reform process. While it was recognized that it was necessary to ensure that reform processes were consistent with PAHO's legal status, closer integration of PAHO and WHO on governance matters was considered important in order to ensure a "One WHO" approach.

117. Regarding engagement with non-State actors, delegates requested more information on the latest developments with regard to the proposed framework and expressed the hope that consensus could be reached on the outstanding issues before the World Health Assembly. It was emphasized that the framework must ensure accountability, transparency, and effective management of potential conflicts of interest. With respect to emergency and outbreak response, support was expressed for the proposal of 30 March 2016 by the Director-General's Global Policy Group regarding the establishment of a single program, with one workforce, one budget, one set of rules and processes, and one clear line of authority for WHO Headquarters, regional offices, and countries.⁵

118. It was suggested that future reports on WHO reform should present a more strategic analysis of the whole of the reform process, without which the implications of advances in one area might not be reflected in other areas. The Bureau was requested to provide regular updates to Member States on the various meetings held on WHO reform, particularly those held in Geneva, as it was difficult for governments to send representatives to all meetings.

119. Mr. Walter said that he had noted the various suggestions regarding future reports and would ensure that the requested information was provided. He pointed out that Document SPBA10/INF/2 had been published before the March meeting of the working group on governance, and the Bureau had not had time to revise it to include information on the outcome of that meeting prior to the opening of the Subcommittee's 10th Session. The report of that meeting could be provided to delegates, however. Regarding IATI, he noted that the Director-General was still in the early stages of working out the details of how the initiative would be implemented in WHO.

120. The Director observed that a number of PAHO Member States did not maintain permanent missions in Geneva, where many of the discussions concerning WHO reform were taking place, which limited their ability to participate in the discussions. As a result, a group of well-resourced countries were making decisions for the whole of the WHO membership. Moreover, there was sometimes a discrepancy between the positions taken by mission staff and the views of ministries of health at the national level. All of those factors had made it difficult to reach consensus. The discussions on the framework of engagement with non-State actors (FENSA), for instance, had been ongoing for four years, and still a number of issues remained to be resolved.

⁵ http://www.who.int/about/who_reform/emergency-capacities/who-health-emergencies-programme-progress-report-march-2016.pdf?ua=1

121. In the Bureau's view, there needed to be better balance in decision-making on FENSA. It was important to set parameters for working with non-State actors, but the framework for engagement currently under consideration established such stringent requirements that it would virtually preclude any meaningful collaboration with nongovernmental organizations. Furthermore, any collaboration by PAHO with a nongovernmental entity would have to be approved in Geneva, which was sure to create bottlenecks and delays.

122. Other governance reforms currently under consideration also raised concerns. The proposal regarding selection of regional directors, for example, would take some parts of the process out of the hands of Member States. With regard to the proposal for a single program on emergency and outbreak response, in her view any program in which all decisions were made in Geneva would be destined to fail, particularly as it was essential to be able to mobilize emergency personnel within 48 hours of an emergency. Financial resources must also be made available promptly. It was therefore essential to clarify what roles would be played and what decisions made by regional and country offices in response to an emergency. It was also vital to recognize and respect the sovereignty of States and their role in managing disasters.

123. The Director appealed to Member States to be mindful of such concerns and to review all proposed reforms carefully to ensure that they would, in fact, achieve the desired effect and not have unintended negative consequences. She also pointed out that, because PAHO was an organization in its own right, with its own Constitution, the framework for engagement with non-State actors and any other major governance reforms eventually approved by the World Health Assembly would have to be submitted to PAHO's Governing Bodies for consideration and approval.

124. Dr. Heidi Jiménez (Legal Counsel, PASB), outlining some of the actions taken by the Bureau to facilitate participation by PAHO Member States in the WHO reform discussions, noted that PASB had prepared a series of implication papers that aimed to elucidate how major WHO reforms could be applied to PAHO, given its independent legal status. These documents were revised following each intersessional meeting. With regard to FENSA, the WHO Executive Board had decided to extend the mandate of the open-ended intergovernmental meeting and to convene a meeting in late April 2016 to continue negotiations on outstanding issues.

125. The WHO Secretariat had been asked to compile an information document, with input not only from Secretariat staff but also from Member States, indicating all the implications of the very complex framework currently under consideration. WHO had circulated a questionnaire on the matter to all regional offices. The results had been submitted to the WHO External Auditors, who formulated a set of recommendations based on the responses received from the regional offices. The Bureau had only just received the WHO document and had not yet had time to review it. It was her understanding that the WHO Secretariat also planned to circulate a second document on FENSA to all Member States before the intergovernmental meeting in April. The Bureau would also prepare an implication paper and distribute it to Member States before that

meeting. In that paper, it would explain the adjustments that would have to be made in order to for PAHO to implement the framework as currently proposed.

126. With regard to governance, agreement had been reached on several matters relating to meetings of the Governing Bodies. The main outstanding issues related to deeper governance reforms having to do with the idea of “One WHO.” The Bureau had just received the report on the most recent meeting of the Open-ended Intergovernmental Meeting on Governance Reform, which had been held in March, and would prepare a paper analyzing the implications for PAHO of the proposals put forward in that report. Additional information would be provided during the virtual consultation to be held in April.

127. The Director added that the Bureau could also organize a briefing in Geneva prior to the World Health Assembly to update PAHO Member States on the latest developments.

Status of the PASB Management Information System (Document SPBA10/INF/3)

128. Mr. Esteban Alzamora (PMIS Internal Project Manager, PASB) reported that the PMIS had gone live, on schedule, at the beginning of January 2016. During the design, testing, and configuration cycles several enhancements and custom reports had been identified as not being go-live-critical and thus not immediately needed. Those features, plus the Workday recruitment module, would be implemented in 2016 using the remaining \$5.1 million of the project budget. Workday made information on staff and on suppliers readily available electronically and would very helpful in performing analysis and making real-time decisions.

129. The PMIS Advisory Committee had been established in January 2016 to launch the PMIS governance, with participation by country offices, technical areas, and enabling areas. During the transition period, the PMIS Post-Go-Live Center was assisting PASB staff by answering questions and providing support. The Center was staffed by business process experts from various areas of the organization, such as the Department of Human Resources Management and the Department of Planning and Budget, along with the systems integrators. During 2016, the Information Technology Department would be managing daily PMIS operations, and some of the PMIS project team would be helping with the implementation of the new recruiting module, along with other enhancements.

130. In terms of budget, the project had expended \$17.4 million by 31 December 2015, out of the total budget of \$22.5 million. The remaining deliverables would be implemented in 2016, using the remaining \$5.1 million of the budget, together with the \$500,000 approved by the Directing Council for the recruitment module under PASB’s Human Resources Strategy.

131. The Director observed that the brevity of the presentation and of the related document perhaps masked the significance of the PMIS for the Bureau and the magnitude of the effort that had gone into making it work well. Staff had put in many hours of

unanticipated extra work during the year-end holiday season, which had also been the end of a biennium, in order to move all of the Organization's data from the old system to the new one. Familiarization with and adjustment to the new system were still taking place, with the Post-Go-Live Center providing valuable assistance.

132. PASB had planned carefully to ensure that the PMIS would not suffer the fate of many enterprise resource planning systems, 60% of which failed. While there were certainly things that could have been done better or more expeditiously, overall the implementation of the PMIS had gone much more smoothly than the implementation of WHO's Global Management System, which had basically brought that Organization's daily workings to a halt. She was grateful to Member States for their vigilance of the PMIS project and their recommendations on the system's implementation and operation.

133. The Subcommittee took note of the report.

Draft Provisional Agenda for the 158th Session of the Executive Committee (Document SPBA10/INF/4)

134. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 158th Session of the Executive Committee contained in Document SPBA10/INF/4. She recalled that the 157th Session of the Executive Committee had reviewed proposed lists of topics for consideration by the Governing Bodies in 2016.⁶ The Director had added, eliminated, or modified some items in response to comments and recommendations received during that session.

135. Item 3.3 (PAHO Award for Administration: Changes to the Procedures and Guidelines) had been added in response to recommendations by Member States that the criteria for the Award for Administration should be revised. With regard to item 4.4 (Resilient Health Systems), rather than presenting a plan of action for a disaster-resilient health sector, the Director, in consultation with her technical advisors, had decided to propose a policy document on resilient health systems in order to provide a more comprehensive policy on the matter. At the same time, she had decided, under item 4.11, to propose a new plan of action for disaster risk reduction, as the period covered by the Plan of Action on Safe Hospitals⁷ had ended in 2015. The new plan of action would include a report on the evaluation of the previous plan. Under item 4.5 (Access and Rational Use of Strategic and High-cost Medicines and Health Technologies), the Bureau would present a single item on medicines rather than two, as originally proposed during the 157th Session of the Executive Committee. As to item 4.6 (Health of Migrants), in light of the proposed new global framework for promoting the health of migrants,⁸ the Director had considered it preferable to put forward a broader policy paper on migrant health rather than a concept paper on health policies across borders.

⁶ See Document CE157/FR (2015), Annexes E and F.

⁷ See Resolution CD50.R15 and Document CD50/10 (2010).

⁸ To be considered by the Sixty-ninth World Health Assembly; see WHO Document A69/27.

136. The documents on item 4.7 (Plan of Action for Malaria Elimination 2016-2020) and item 4.8 (Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021) would include reports on the previous plans of action on those topics. The document on item 4.8 would also include an end-of-period evaluation of the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis.⁹ The document on item 4.9 (Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022) would propose a comprehensive approach to neglected diseases and would include reports on progress towards the regional goals for elimination of onchocerciasis¹⁰ and elimination of neglected diseases and other poverty-related infections¹¹ and the Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care.¹² Lastly, item 7.1 (PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States) had been added to the agenda in response to requests by several Member States.

137. In the ensuing discussion, delegates sought clarification as to whether Zika virus disease would be dealt with under item 4.10 (Strategy for Arboviral Disease Prevention and Control). A specific discussion of Zika was considered essential, given the seriousness of the current outbreaks of the disease in the Region. It was also suggested that arrangements between Member States for reciprocal health services should be also discussed. Information was requested on the topics to be addressed under the item on resilient health systems.

138. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) confirmed that Zika virus disease would be addressed under the item on arboviral diseases. Information on recent health emergencies would also be provided in conjunction with the report on implementation of the International Health Regulations (2005). In addition, the Director generally provided an update on disease outbreaks during the sessions of the Governing Bodies.

139. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) explained that the concept of resilience was being mentioned with increasing frequency in discussions of how to ensure that health systems were prepared to deal with disease outbreaks and other emergencies. The policy document on item 4.4 would explore what characteristics made a health system resilient and put forward a systemic approach to building such resilience that took into consideration not only the capacity required to respond to emergency situations, but also issues relating to health system financing and governance, universal access to health and universal health coverage, health information systems and monitoring of health system response capacity, and performance of essential public health functions, including implementation of the International Health Regulations (2005).

⁹ See Resolution CD50.R12 and Document CD50/15 (2010).

¹⁰ See Resolution CD48.R12 and Document CD48/10 (2008).

¹¹ See Resolution CD49.R19 and Document CD49/9 (2009).

¹² See Resolution CD50.R17 and Document CD50/16 (2010).

140. The Director affirmed that an information document with updated substantive information on Zika virus disease would be added to the agenda of the Executive Committee.

141. The Subcommittee endorsed the provisional agenda as proposed by the Director.

Closure of the Session

142. Following the customary exchange of courtesies, the President declared the 10th Session of the Subcommittee closed.

Annexes

IN WITNESS WHEREOF, the President of the Tenth Session of the Subcommittee on Program, Budget, and Administration, Delegate of Antigua and Barbuda, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington D.C., United States of America, this first day of April in the year two thousand sixteen. The Secretary shall deposit the original signed document 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.

Molwyn Morgorson Joseph
President of the 10th Session
of the Subcommittee on Program, Budget,
and Administration
Delegate of Antigua and Barbuda

Carissa F. Etienne
Secretary ex officio of the 10th Session
of the Subcommittee on Program, Budget,
and Administration
Director of the Pan American Sanitary Bureau

Annex A

AGENDA

- 1. OPENING OF THE SESSION**
 - 2. PROCEDURAL MATTERS**
 - 2.1 Election of Officers
 - 2.2 Adoption of the Agenda
 - 3. PROGRAM POLICY MATTERS**
 - 3.1 Outline of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019
 - 3.2 Interim Assessment of the Implementation of the PAHO Budget Policy
 - 3.3 Refinement of the Programmatic Priority Stratification Framework of the PAHO Strategic Plan
 - 3.4 Nongovernmental Organizations in Official Relations with PAHO
 - 3.5 Appointment of One Member to the Audit Committee of PAHO
 - 3.6 PAHO Award for Administration: Changes to the Procedures and Guidelines
 - 4. ADMINISTRATIVE AND FINANCIAL MATTERS**
 - 4.1 Overview of the Financial Report of the Director for 2015
 - 4.2 Programming of the Budget Surplus
 - 4.3 Programming of the Revenue Surplus
 - 4.4 After-Service Health Insurance
 - 4.5 Report on the Master Capital Investment Fund: Review of the Master Capital Investment Plan
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4. ADMINISTRATIVE AND FINANCIAL MATTERS (*cont.*)

4.6 Amendments to the PASB Staff Regulations and Rules

4.7 PASB Staffing Statistics

4.8 Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021

5. MATTERS FOR INFORMATION

5.1 PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States

5.2 Update on WHO Reform

5.3 Status of the PASB Management Information System (PMIS)

5.4 Draft Provisional Agenda for the 158th Session of the Executive Committee

6. OTHER MATTERS

7. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Working Documents

SPBA10/1, Rev. 1	Agenda
SPBA10/2	Outline of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019
SPBA10/3	Interim Assessment of the Implementation of the PAHO Budget Policy
SPBA10/4	Refinement of the Programmatic Priority Stratification Framework of the PAHO Strategic Plan
SPBA10/5	Nongovernmental Organizations in Official Relations with PAHO
SPBA10/6	Appointment of One Member to the Audit Committee of PAHO
SPBA10/7 and Add. I	PAHO Award for Administration: Changes to the Procedures and Guidelines
SPBA10/8, Rev. 1	Overview of the Financial Report of the Director for 2015
SPBA10/9	Programming of the Budget Surplus
SPBA10/10	Programming of the Revenue Surplus
SPBA10/11, Rev.1	After-Service Health Insurance
SPBA10/12	Report on the Master Capital Investment Fund: Review of the Master Capital Investment Plan
SPBA10/13	Amendments to the PASB Staff Regulations and Rules
SBPA9/14	PASB Staffing Statistics
SPBA10/15	Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021

Information Documents

SPBA10/INF/1	PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States
SPBA10/INF/2	Update on WHO Reform
SPBA10/INF/3	Status of the PASB Management Information System (PMIS)
SPBA10/INF/4	Draft Provisional Agenda for the 158th Session of the Executive Committee

Annex C

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