



162nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2018

CE162/FR
22 June 2018
Original: English

FINAL REPORT

CONTENTS

	<i>Page</i>
Opening of the Session	6
 Procedural Matters	
Election of Officers	7
Adoption of the Agenda and Program of Meetings	7
Representation of the Executive Committee at the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas	8
Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas	8
 Committee Matters	
Report on the 12th Session of the Subcommittee on Program, Budget, and Administration	9
PAHO Award for Health Services Management and Leadership 2018	9
Engagement with non-State Actors	10
Non-State Actors in Official Relations with PAHO	11
Annual Report of the Ethics Office for 2017	12
Report of the Audit Committee of PAHO	14
Appointment of One Member to the Audit Committee of PAHO	16
 Program Policy Matters	
Preliminary Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019	17
Evaluation of the PAHO Budget Policy	19
New Scale of Assessed Contributions	21
Plan of Action for Women’s, Children’s and Adolescents’ Health 2018-2030	22
Plan of Action for Cervical Cancer Prevention and Control 2018-2030	24
Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023	26
Plan of Action on Entomology and Vector Control 2018-2023	29
 Administrative and Financial Matters	
Report on the Collection of Assessed Contributions	31
Financial Report of the Director and Report of the External Auditor for 2017	31
Programming of the Budget Surplus	36
Programming of the Revenue Surplus	36
Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation	37

CONTENTS (*cont.*)*Page***Administrative and Financial Matters** (*cont.*)

Report of the Office of Internal Oversight and Evaluation Services for 2017	37
Amendments to the Financial Regulations and Financial Rules of PAHO	40

Personnel Matters

Amendments to the PASB Staff Regulations and Rules	41
PASB Human Resources Management	41
Statement by the Representative of the PAHO/WHO Staff Association	44

Matters for Information

Preliminary Version of the Final Evaluation of the Health Agenda for the Americas 2008-2017	45
Proposed Process for Development of the PAHO Strategic Plan 2020-2025	46
Report on Strategic Issues between PAHO and WHO	48
Cybersecurity in PAHO	49
Status of the PASB Management Information System (PMIS).....	50
Report of the Advisory Committee on Research for Health.....	51
Report of the Commission on Equity and Health Inequalities in the Americas	52
Implementation of the International Health Regulations (IHR)	54
Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas	56
Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons	57
Plan of Action on Road Safety: Final Report	58
Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report	59
Strategy and Plan of Action for Integrated Child Health: Final Report	61
Strategy and Plan of Action on Climate Change: Final Report	62
Strategy and Plan of Action on eHealth: Final Report	64
Strategy and Plan of Action on Knowledge Management and Communication: Final Report	65
Health and International Relations: Linkages with National Health Development: Final Report	66
National Institutions Associated with PAHO in Technical Cooperation: Final Report.....	67
Bioethics: Towards the Integration of Ethics in Health: Final Report.....	67

CONTENTS (*cont.*)

	<i>Page</i>
Matters for Information (<i>cont.</i>)	
Progress Reports on Technical Matters	
A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report.....	69
B. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review	70
C. Strategy and Plan of Action on Urban Health: Midterm Review.....	71
D. Plan of Action on Antimicrobial Resistance: Midterm Review.....	71
E. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm Review	72
F. Plan of Action for the Prevention and Control of Tuberculosis: Midterm Review	73
G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review	73
H. Plan of Action for Malaria Elimination 2016-2020: Midterm Review	74
I. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report, Rev. 1	74
J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report.....	75
K. Status of the Pan American Centers	75
Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO	
A. Seventy-first World Health Assembly	76
B. Subregional Organizations	76
PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States	
	77
Governing Body Matters	
Change of Dates of the 56th Directing Council.....	79
Closure of the Session	79
Resolutions and Decisions	
<i>Resolutions</i>	
CE162.R1: Collection of Assessed Contributions	80
CE162.R2: Plan of Action for Cervical Cancer Prevention and Control 2018-2030	80
CE162.R3: Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023	83
CE162.R4: Plan of Action on Entomology and Vector Control 2018-2023	85
CE162.R5: Appointment of One Member to the Audit Committee of PAHO	88

CONTENTS *(cont.)*

Page

Resolutions and Decisions *(cont.)*

Resolutions *(cont.)*

CE162.R6: Amendments to the Financial Rules of the Pan American Health Organization	89
CE162.R7: PAHO Award for Health Services and Leadership 2018	89
CE162.R8: Amendments to the Staff Rules of the Pan American Sanitary Bureau	90
CE162.R9: Non-State Actors in Official Relations with PAHO	95
CE162.R10: Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas	96

Decisions

Decision CE162(D1): Adoption of the Agenda	97
Decision CE162(D2): Composition of the Strategic Plan Advisory Group	97
Decision CE162(D3): Representation of the Executive Committee at the 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas	97
Decision CE162(D4): Change of Dates of the 56th Directing Council	97

Annexes

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

FINAL REPORT

Opening of the Session

1. The 162nd Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 18 to 22 June 2018. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Antigua and Barbuda, Argentina, Belize, Brazil, Canada, Chile, Colombia, Panama, and Peru. Delegates of the following other Member States, Participating States, and Observer States attended in an observer capacity: Ecuador, Mexico, Paraguay, United States of America, Uruguay, and Venezuela (Bolivarian Republic of). In addition, six nongovernmental organizations were represented.
2. Mr. Carlos Fernando Gallinal Cuenca (Brazil, Vice President of the Executive Committee) opened the session and welcomed participants, noting that the arrival of Dr. Miguel Antonio Mayo Di Bello (Panama, President of the Executive Committee) had been delayed. He emphasized the importance of the Executive Committee's role in preparing for the 56th Directing Council.
3. Dr. Carissa F. Etienne (Director, Pan American Sanitary Bureau [PASB]), also welcoming participants, extended condolences to the people and the Government of Guatemala for the loss of life, property damage, and population displacement resulting from the recent eruption of the Volcán de Fuego. She noted that significant public health milestones had been reached in the previous five years, one of the most recent ones being the certification of malaria elimination in Paraguay. At the same time, the Region faced many challenges, including economic uncertainty, political instability, poverty and inequality, natural disasters and climate change, and the burgeoning epidemic of chronic noncommunicable diseases. The Director explained that the decisions that the Committee would take during the week would help to guide policy formulation and planning aimed at tackling unmet needs and improving the health and well-being of the people of the Region.
4. Priorities for the next five years included continued progress towards universal health coverage and universal access to health, the development of resilient health systems based on the primary health care approach, and the delivery of comprehensive people-centered health services. In a region where natural disasters were frequent, it was essential to ensure that strong emergency preparedness and response capacities existed at both national and regional levels. Climate change and its impact on health could not be ignored. An effective response to the increasing prevalence of antimicrobial resistance must also be a priority. In addition, there must be a renewed focus on the health of women and children, indigenous peoples, and populations living in conditions of vulnerability.
5. The Region had achieved considerable success in eliminating communicable diseases, but there was a need to strengthen efforts to eliminate mother-to-child

transmission of HIV and congenital syphilis and expand the number of countries certified free of malaria, tuberculosis, and various neglected infectious diseases. Measles and diphtheria outbreaks in several countries underscored the need for continued vigilance and concerted action in order to protect and sustain hard-won gains in the prevention and control of vaccine-preventable diseases. Prevention and control of noncommunicable diseases, which accounted for 78% of deaths in the Region, must remain a key priority.

6. She concluded by expressing confidence that the countries of the Region could fulfill their collective health commitments, including the achievement of the health-related Sustainable Development Goals, by working together through synergistic partnerships and solidarity.

Procedural Matters

Election of Officers

7. The following Members elected to office at the Committee's 161st Session continued to serve in their respective capacities during the 162nd Session:

<i>President:</i>	Panama	(Dr. Miguel Antonio Mayo Di Bello)
<i>Vice President:</i>	Brazil	(Mr. Carlos Fernando Gallinal Cuenca)
<i>Rapporteur:</i>	Colombia	(Ms. Carolina Schlesinger Faccini)

8. 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 CE162/1, Rev. 2, and CE162/WP/1, Rev. 2)

9. The Delegate of Canada proposed that an item entitled "PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States," originally scheduled as an informal briefing, should be added as a formal agenda item under "Matters for Information."

10. The Delegate of Panama, noting that the 56th Directing Council would coincide with the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, proposed that the dates of the Council should be changed and that the matter should be discussed in conjunction with the Committee's discussion of the agenda for the 56th Directing Council (see paragraphs 18 to 20 below).

11. The President noted that the Bureau had proposed that the change of dates should be discussed as a standalone item, to be added to the Committee's agenda under "Governing Body Matters."

12. Committee Members expressed unanimous support for the addition of the item on maintaining effective technical cooperation in Venezuela and neighboring States. Delegates emphasized that the discussion should not be politicized and underscored the need to maintain a public health perspective. They also stressed that the aim of the discussion should be to provide objective technical information on the situation, in the interests of transparency.

13. The Delegate of the Bolivarian Republic of Venezuela acknowledged that the situation in her country was characterized by numerous challenges, and found it regrettable that an attempt was being made to stigmatize the country and to cast a shadow on the transparent work that PAHO was doing with Venezuela on a basis of respect, cooperation, and understanding.

14. The President, noting that there was consensus among Committee Members to add the item, said that it would be included in the agenda as item 7.22 under “Matters for Information.” The item on the change of dates for the 56th Directing Council would be added as a standalone item under “Governing Body Matters.”

15. The Committee adopted the provisional agenda, as amended (Document CE162/1, Rev. 2 (Decision CE162[D1])); the Committee also adopted a program of meetings (Document CE162/WP/1, Rev. 2).

Representation of the Executive Committee at the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas (Document CE162/2)

16. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Panama and Brazil, its President and Vice President, respectively, to represent the Committee at the 56th Directing Council of PAHO, 70th Session of the Regional Committee of the World Health Organization (WHO) for the Americas. Belize and Canada were elected as alternate representatives (Decision CE162[D3]).

Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas (Documents CE162/3, Rev. 1)

17. Ms. Mônica Zaccarelli-Davoli (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas, prepared by the Director in accordance with Article 12.C of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council (Document CE162/3).

18. Three amendments to the draft provisional agenda prepared by the Director were proposed. Under “Matters for Information,” it was proposed to add an item entitled “PAHO’s Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States” and an item on the development of indicators for the Thirteenth General Program of Work of WHO. Under “Awards,” it was proposed

to add a proposal to amend the selection criteria for the PAHO Award for Health Services Management and Leadership and to modify the composition of the Award Committee.

19. The Committee approved the provisional agenda as amended (Resolution CE162.R10).

Committee Matters

Report on the 12th Session of the Subcommittee on Program, Budget, and Administration (Document CE162/4)

20. Ms. Cristina Luna Ribadeneira (Ecuador, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 12th Session from 21 to 23 March 2018. The Subcommittee had discussed a number of important financial, administrative, and other issues, including an overview of the Financial Report of the Director for 2017, the programming of revenue and budget surpluses, an outline of the end-of-biennium assessment of the PAHO Program and Budget for 2016-2017/second interim report on the PAHO Strategic Plan 2014-2019, an evaluation of the PAHO Budget Policy, the proposed process for developing the PAHO Strategic Plan for the period 2020-2025, and the final evaluation of the Health Agenda for the Americas 2008-2017.

21. Ms. Luna Ribadeneira noted that, as all of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, she would report on them as they were taken up by the Committee.

22. The Delegate of Antigua and Barbuda expressed regret that her delegation had been unable to participate in the Subcommittee's 12th Session owing to a snowstorm in Washington, D.C., which had resulted in the cancellation of all flights from Antigua and Barbuda.

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

24. The Director also expressed gratitude to the Subcommittee for its work and to its President for the efficient manner in which the session had been conducted.

PAHO Award for Health Services Management and Leadership 2018 (Documents CE162/5 and Add. I)

25. Ms. Maria Eugenia Arosemena (Pamana) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2018, comprising the delegates of Antigua and Barbuda, Brazil, Canada, and Panama, had met on 19 June and examined the documentation on the candidates nominated by Member States. The Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership 2018 should be awarded to Dr. Natalia Largaespada Beer, of

Belize, for her considerable achievements in the area of maternal and child health and her contribution to the introduction and strengthening of evidence-based and people- and community-centered public health strategies to improve the lives of people in situations of vulnerability.

26. The Delegate of Belize thanked the Award Committee for having considered Dr. Largaespada Beer a worthy candidate.

27. The Delegate of Canada said that the Award Committee wished to propose some changes to the criteria and the process for the selection of candidates, namely that the Award Committee should have an uneven number of members in order to avoid the possibility of an evenly split vote and, secondly, that the candidate selection criteria should include a criterion relating to reputational risk. The Award Committee recommended that the proposal should be included as an item on the agenda of the 56th Directing Council (see paragraphs 18 to 20 above).

28. The Executive Committee adopted resolution CE162.R7, conferring the PAHO Award for Health Services Management and Leadership (2018) on Dr. Natalia Largaespada Beer, of Belize.

Engagement with non-State Actors (Document CE162/6)

29. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been updated on the steps taken by PAHO as of March 2018 to implement the Framework of Engagement with Non-State Actors (FENSA), adopted by the World Health Assembly in May 2016 and by the PAHO Directing Council in September 2016, including an update on WHO's progress in finalizing the Register of Non-State Actors, the Guide for Staff, and the Handbook for Non-State Actors. The Subcommittee had been pleased to note that the implementation process was proceeding in accordance with the two-year time frame established in Resolution CD55.R3. It had been suggested that future reports should include a timeline showing the implementation steps taken to date and a schematic roadmap of FENSA decision-making processes. It had also been suggested that future reports should present a summary of issues that had arisen in the course of due diligence and risk assessment reviews. In addition, it had been noted that FENSA was a new mechanism that should be revisited periodically with an eye to identifying needed improvements.

30. In the Executive Committee's discussion of the report, the Bureau was encouraged to ensure that FENSA was implemented at both regional and country levels. It was also urged to engage with a variety of non-State actors and to seek out new non-State partners who might bring fresh insights and perspectives. A delegate inquired whether the Bureau and the other regional offices of WHO had contributed to the development of the Guide for Staff. She also requested that, in future reports, the Bureau include more detailed information and examples of how FENSA was being implemented.

31. Dr. Heidi Jiménez (Legal Counsel, PASB) affirmed that the requested information and examples would be included in future reports. She reported that WHO had recently completed two tools that were essential to the full implementation of FENSA: the Guide for Staff and the Handbook for Non-State Actors. The Bureau was currently reviewing them in order to adapt them to PAHO's legal framework. It expected to publish both the Guide and the Handbook prior to the 56th Directing Council in September 2018. She also noted that the register of non-State actors was still not fully operational. The Bureau was following the WHO Secretariat's progress on the register closely.

32. The Committee took note of the report.

Non-State Actors in Official Relations with PAHO (Document CE162/7)

33. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report and a packet of confidential information provided by the Bureau on two nongovernmental organizations that were seeking admission as non-State actors in official relations with PAHO and eleven organizations whose status as non-State actors in official relations with PAHO was due for review. The Bureau had considered that the two NGOs seeking to enter into official relations with PAHO met the conditions for admission.

34. As for the 11 NGOs whose status was due for review, the Bureau had recommended the continuation of relations with seven of them. It had recommended that the review of PAHO's collaboration with three organizations should be deferred so that they could update their work plans, and recommended that official relations with one NGO should be discontinued, owing to a lack of collaboration in the past three years.

35. After considering the information provided and additional explanations by the Bureau, the Subcommittee had decided to recommend that the Executive Committee admit the organizations Action on Smoking and Health and the Drugs for Neglected Diseases initiative–Latin America into official relations with PAHO. The Subcommittee had also decided to recommend that the Executive Committee approve the continuation of official relations between PAHO and the following organizations: American Speech Language-Hearing Association, Framework Convention Alliance, InterAmerican Heart Foundation, Latin American Federation of the Pharmaceutical Industry, Latin American Society of Nephrology and Hypertension; National Alliance for Hispanic Health, and Sabin Vaccine Institute.

36. The Subcommittee had recommended that the Committee defer a decision on the continuation of official relations with the following three organizations until 2019: American College of Healthcare Executives, Latin American Confederation of Clinical Biochemistry, and World Resources Institute Ross Center for Sustainable Cities/EMBARQ. Lastly, the Subcommittee had decided to recommend that the Executive Committee discontinue official relations with Consumers International, Regional Office for Latin America and the Caribbean.

37. A representative of the Latin American Confederation of Clinical Biochemistry said that the Confederation was making every effort to update its work plan and avoid the risk of being excluded from official relations with PAHO. Its efforts were being somewhat hindered, however, by the distances between countries and by communication problems. In addition, it was having difficulty in obtaining the documentation it needed from the relevant authorities in order to establish its legal personality. The Confederation hoped to achieve a positive outcome by December, but if that proved impossible, she hoped that some consideration might be given to those difficulties.

38. A representative of the Latin American Federation of the Pharmaceutical Industry expressed gratitude for the continuation of official relations with PAHO, with which it shared the objective of improving the health of all the population of Latin America.

39. The Director said that the Bureau valued its collaboration with non-State actors and would continue to work with those in official relations with PAHO, while also looking for opportunities to work with additional associations and civil society bodies that met the requirements under FENSA.

40. The Executive Committee adopted resolution CE162.R9, endorsing the recommendations of the Subcommittee.

Annual Report of the Ethics Office for 2017 (Document CE162/8)

41. Mr. Philip MacMillan (Manager, Ethics Office, PASB), presenting an overview of the report on the activities of the Ethics Office, noted that the Office had originally had a dual mandate of providing guidance and advice to staff on ethical issues and carrying out investigations into allegations of misconduct. Following a recommendation by the Audit Committee, it had been decided to remove the investigative function from the Ethics Office and create a new Investigations Office in 2018, leaving the Ethics Office with the primary role of providing guidance and advice to help staff meet their obligations under PAHO's Code of Ethical Principles and Conduct. In 2017 the Office had conducted 132 ethics-related consultations, the most in any single year.

42. Outreach efforts were critically important to the Office's work, enabling personnel irrespective of work location to receive training on the Code, become familiar with the Organization's expectations in terms of acceptable behavior, and know whom to contact for advice. The Office had conducted training sessions in six country offices and two Pan American centers in 2017. Those eight visits represented the highest number made in a single year.

43. With regard to investigations into allegations of misconduct and suspected violations of the Code, in 2017 there had been 38 reports of behavior that raised potential ethical concerns. That was the lowest number of reports since 2011. The Office had received 50 reports of theft, loss, or fraud, for a total value of about US\$ 25,000.¹ An

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

especially serious case had involved the theft of medicines valued at \$18,000 from the essential medicines warehouse in Haiti. The Office had made recommendations on security and internal controls at the warehouse. Based on investigations by the Ethics Office in 2017, five staff had been separated for creating a hostile work environment or for sexual harassment, one for making false expense claims, one for stealing computer hardware, and one for failing to comply with the standards for the hiring of domestic employees.

44. In 2018, the Office would intensify its actions to detect and prevent fraud, including identification of fraud risk factors and development of a comprehensive anti-corruption and anti-fraud policy, as well as dedicated anti-fraud training. PAHO's whistleblower protection policy would also be reviewed to ensure that it remained up to date. In addition, the Ethics Office would embark on an information campaign and would ensure that the necessary policies and safeguards were in place to prevent sexual harassment and exploitation from happening at PAHO and to address any cases that did occur expeditiously. Managing conflicts of interest was also a priority, as was ensuring that staff disclosed any activity that might give rise to a potential conflict of interest. To that end, the Office had automated its declaration of interest questionnaire in 2017.

45. The Ethics Office looked forward to its new mandate in the future. It would cooperate fully in ensuring a smooth transition of cases to the new Investigations Office, which should be fully staffed later in 2018.

46. In the ensuing discussion, a delegate asked whether the Ethics Office or the new Investigations Office would monitor the Ethics Helpline. Noting the decrease in the number of misconduct complaints, she inquired whether there was any concern about underreporting. She also requested information on the number of reports of behavior raising potential ethical concerns that had resulted in investigations and on whether had the Office received any complaints of retaliation. Welcoming the review of the whistleblower protection policy, she encouraged the Ethics Office to take into account the recommendations from a pending United Nations Joint Inspection Unit (JIU) review of whistleblower protection policies and practices in United Nations system bodies. She expressed strong support for anti-harassment initiatives and asked whether any training on harassment would be conducted, and whether PAHO was involved in the Task Force on Addressing Sexual Harassment established by the United Nations System Chief Executives Board for Coordination (CEB).

47. Mr. MacMillan responded that the Helpline had already been bifurcated. Reports alleging misconduct were automatically submitted to the Investigations Office, while consultations on ethics were directed to the Ethics Office. It was difficult to say whether the decline in the number of reports was positive or negative. The total of 38 was in line with the average number of reports received each year since establishment of the Ethics Office in 2006. It might be that the greater number of ethics consultations had led to better decision-making, resulting in fewer reports. The 38 reports had resulted in nine investigations, only two of which were still pending. There had been no complaints of retaliation. The Office would be looking at the JIU report on whistleblower protection to

see what changes were needed in its own policy. The Office was not part of the CEB Task Force.

48. Thanks to the various outreach efforts, personnel were now more aware of the different reporting mechanisms and of their obligation to report ethical issues. However there was still a need to focus more on detection and on making sure that staff had no fear of reporting any type of misconduct. There would be training on harassment, sexual exploitation, and staff conduct, based on new training materials designed to make training more engaging.

49. The Director said that one of her goals was for PASB to become a fully ethical and respectful workplace. The resources available to achieve that objective included the Ombudsman, whose office had been increasingly active in training staff and dealing with specific issues raised by them, not only at Headquarters but also in country offices. For her part, she repeatedly stressed to staff that they had a duty to build an ethical and respectful work environment.

50. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE162/9)

51. Mr. Claus Andreasen (Chair, PAHO Audit Committee), after reviewing the functions and advisory role of the Audit Committee, outlined the Committee's activities in 2017 and 2018. He reported that the Committee had met twice, in October 2017 and April 2018. It had received briefings and presentations from senior management and other staff, and issued recommendations after each meeting. Its focus was on systems, procedures, and tools available to enable the Organization to fulfill its mandate.

52. The Committee had issued eight recommendations during the reporting period. Recommendation 1 concerned the *Mais Médicos* project. The Committee had been pleased to note that the Bureau was addressing all previous recommendations concerning the project. However, it had also noted that there had not been a full independent evaluation of the project's contribution to primary health care, and therefore recommended such an evaluation. Recommendation 2 related to the PASB Management Information System (PMIS). The Committee had noted the External Auditor's view that the PMIS was adding good value to the Organization. However, some further fine-tuning of the system was needed. The Committee had also noted the concerns raised with regard to Workday and the lack of automated bank statement reconciliation or exchange rate calculation.

53. In its recommendations 3 to 5, the Audit Committee advised that *a*) priority should be given to establishing a clear linkage between the internal control framework and the enterprise risk management (ERM) system; *b*) that action should be taken to address gaps in information security controls; and *c*) that the Bureau should initiate an assessment of standard operating procedure compliance with the model internal control framework of the Committee of the Sponsoring Organizations of the Treadway Commission (COSO), once the framework had been in place for a significant period.

54. Recommendation 6 had to do with internal oversight and evaluation and the risks identified in the internal audit report with regard to Haiti. The Committee was pleased to see the attention being paid to those risks, but was concerned that the Bureau had not detected them before the audit. The Bureau should strengthen its monitoring role to avoid a repeat of that situation. Recommendation 7 concerned the separation of the ethics and investigation functions of the Ethics Office (see paragraphs 42 to 51 above). The Audit Committee recommended that the Bureau take account of the Committee's recommendations on the terms of reference for the new Investigations Office and the job description for the new chief investigator.

55. In recommendation 8, on the financial report and statements, it was proposed that the wording of the internal control statement should be revised. The Committee had made that recommendation before the current statements had been finalized and was pleased to see that the recommendation had been taken into account.

56. The Committee had discussed a status report on evaluation at its October 2017 meeting and had concluded that the evaluation culture and function in PASB were not very well developed. The Committee was aware that the Bureau was developing a new evaluation policy in response to its observations and looked forward to commenting on the policy.

57. The Committee was pleased to see the action taken with regard to internal audit and considered that the follow-up on the recommendations of the Office of Internal Oversight and Evaluation Services (IES) had been quite satisfactory. There was one recommendation dating back to 2011, but apart from that the Bureau's attention to the recommendations had been good. The Committee was impressed with the Director's management practice of holding a meeting every year with senior managers and others to discuss outstanding audit recommendations.

58. The Audit Committee's overall impression was that Bureau was in good shape in terms of risk management and that other oversight instruments were also being taken seriously, all of which increased the likelihood that the Organization would be able to fulfill its mission.

59. In the discussion that followed Mr. Andreasen's remarks, speakers praised the work of the Audit Committee as a valuable contribution to strengthening governance, transparency, and accountability. One delegate, referring to the concerns raised in respect of the PAHO/WHO office in Haiti and the problems with risk management, pointed out that the fragile national context in Haiti was well known and underlined the need for the Bureau to anticipate the risks inherent in such situations and to take measures to minimize them; that was an important aspect of the fiduciary role that the Bureau accepted with regard to donors who provided funds for Haiti. Another delegate urged implementation of all the Committee's recommendations, but especially those concerning the PMIS. She asked Mr. Andreasen to elaborate further on the Committee's concerns regarding the findings of the internal audit of budgetary processes within the Bureau and sought more

information on the terms of reference for the chief investigator and the Investigations Office.

60. The Delegate of Brazil said that, considering the volume of resources that *Mais Médicos* accounted for in the PAHO budget, it was natural that it should be a focus of attention. She noted that the project was continually evaluated internally to assess its social impact. It would be important, however, to identify lessons learned by the other partners involved, pinpoint any needed adjustments, and assess the potential for replication of the project in other countries. Her delegation therefore welcomed recommendation 1.

61. Mr. Andreasen replied that the Committee had been briefed by IES about the audit of budgetary processes done in 2016-2017. The Audit Committee felt there was a need to reopen the audit because a number of problems had been noted and the audit had not fully accomplished its objectives. The Committee's recommendation was to widen the scope of the audit, perform a new risk assessment, and then carry out a more comprehensive audit.

62. Concerning investigations, the Committee had compared the draft terms of reference with what it knew to be best practices in other organizations, especially within the United Nations system. It had recommended that the chief investigator should be a part of IES, reporting to the Auditor General, and that the investigation reports should go to the Director. The Committee had discussed the recommendations with the Bureau and knew that the latter was addressing them. It expected to see an amended draft of the terms of reference later in the year.

63. The Director said that the Bureau took all audit recommendations seriously and had implemented many of them. She thanked the Audit Committee for its valuable contribution and for working with the Bureau to improve transparency and accountability.

64. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE162/10)

65. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of office of one member of the Audit Committee would expire in June 2018, making it necessary for the Executive Committee to appoint a new member to the Audit Committee during the 162nd Session. The Subcommittee had established a working group to review the list of candidates proposed by the Director. The working group had evaluated the five candidates on the basis of the criteria for membership set out in section 4 of the Terms of Reference of the Audit Committee and had decided to recommend that Mr. Martin Guozden be appointed to the Audit Committee. The Subcommittee had endorsed the recommendation of the working group.

66. The Executive Committee endorsed the recommendation of the Subcommittee and adopted Resolution CE162.R5, thanking Mr. John D. Fox for his years of service to the

PAHO Audit Committee and appointing Mr. Martin Guozden to serve as a member of the Audit Committee for a term of three years, from June 2018 to June 2021.

Program Policy Matters

Preliminary Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019 (Documents CE162/11 and Add. I)

67. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an outline of the report on the end-of-biennium assessment of the PAHO Program and Budget 2016-2017 and second interim report on the PAHO Strategic Plan 2014-2019. Delegates had noted that the joint assessment would provide an opportunity to identify best practices and lessons learned, which could be applied in developing the Organization's next Strategic Plan, and it had been suggested that the end-of-biennium assessment report should contain a section on lessons learned. The proposed inclusion of information on both programmatic and budget implementation had been applauded, as such information would serve to highlight funding gaps. The importance of close cooperation between national authorities and the Bureau had been highlighted, as had the need for a common agreement between them with regard to output and outcome indicators, baselines, and targets.

68. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) reviewed the timeline for the assessment, noting that approximately 85% of the assessments by countries and territories had been completed by mid-June 2018. He also reviewed the structure of the report, which for the first time would provide an update on progress towards the impact goals identified in the Strategic Plan 2014-2019. It would also provide key achievements, challenges and country success stories by category. More detailed category reports would be posted on the PAHO Program and Budget Web Portal.

69. Summarizing some of the preliminary findings of the Bureau's technical assessment, Mr. Chambliss reported that 79% of the outcome indicators were on track to be achieved by 2019 and 98% of output indicators had been fully or partially reached. Among other key achievements, timely responses to all emergencies with potential health impact had been mounted within 72 hours in 33 countries and territories, WHO had certified six additional countries and territories for elimination of mother-to-child transmission of HIV and syphilis, the cholera case fatality rate had been kept below 1% in Haiti, and the elimination of onchocerciasis had been verified in Guatemala and Mexico.

70. With regard to impact-level results, five were considered to be on track to be achieved by 2019: Goal 1, healthy life expectancy; Goal 2, healthy start for newborns; Goal 3, safe motherhood; Goal 8, communicable diseases; and Goal 9, death, illness and disability arising from emergencies. Four of the impact-level results were at risk of not being achieved by 2019: Goal 4, mortality due to quality of care; Goal 5, premature mortality due to noncommunicable diseases; Goal 6, mortality due to communicable diseases; and Goal 7, premature mortality due to violence and injuries.

71. Overall implementation of the program and budget for 2016-2017 reached 78% of the approved level and 97% of available funding for the biennium. While \$567 million in financing was received, only \$521.6 million was available for implementation during the biennium; the remaining \$45.4 million was carried forward into 2018-2019. Financing was uneven across categories: in keeping with historical patterns, Categories 1 (communicable diseases) and 5 (preparedness, surveillance and response) continued to be the best financed, while Categories 2 (noncommunicable diseases) and 3 (determinants of health and promoting health throughout the life course) received the least financing. Only five of the Organization's top eight priorities were funded at 75% or more of their approved budget levels. The Bureau used flexible funding to strengthen the program areas in most need, with emphasis on those ranked by Member States as high priorities in the program and budget 2016-2017.

72. In the ensuing discussion, delegates welcomed the positive results reported, while also expressing concern about the impact indicators that were not on track for achievement by 2019. The Bureau was asked to indicate what action would be taken to address that situation. The assessment exercise was seen as an opportunity to reflect on the successes achieved, but also to identify persistent gaps and challenges and to extract lessons learned. It was emphasized that the latter should be borne in mind in the development of the Strategic Plan for 2020-2025 and in the implementation of the Sustainable Health Agenda for the Americas 2018-2030. The increase in measles cases in the Region was noted with concern and the Bureau was urged to ensure that the programmatic area responsible for immunization was adequately funded so that it could provide needed support to Member States.

73. Clarification was sought regarding the information provided on budget implementation. In particular, a delegate wished to know how the Bureau could estimate the extent to which the approved budget had been implemented when some of the funding for that budget had not been received. In her view it would be more useful to provide information on the gap between the amount of funding approved and the amount actually received and implemented. An update was requested on the proposal to create a flexible voluntary contribution fund to pool donations for priority programs.

74. With regard to the assessment process, several delegates stressed the need to allow sufficient time for national authorities to compile the necessary information, particularly as some data had to be collected from sectors other than health. It was also considered essential to ensure that the technical specifications for all indicators were available in the Strategic Plan Monitoring System. A delegate noted that there continued to be a lack of familiarity in the Organization with the agreed output indicators and their definitions, which created difficulties in communication between national authorities and Bureau staff and led to delays in the assessment process.

75. Mr. Chambliss, responding to the questions concerning budget implementation, explained that the budget envelopes set by Member States at the beginning of a biennium were an indication of their priorities or, in other words, where they wished to see funds spent if those funds materialized, which was not always the case. The Bureau reported on

the amount approved, the amount received, and the amount actually implemented so that Member States could see to what extent it had been possible to implement the budget in accordance with their wishes.

76. With regard to the impact goals, he pointed out that it could take considerable time to see progress in relation to phenomena such as mortality and equity gaps. He assured the Committee that the technical staff of the Bureau were very conscious of the importance of the impact goals and were working hard to ensure that they were achieved, not just in terms of the funds allocated, but also in terms of the efforts of staff at country level. He also assured the Committee that the results of the assessment would be used in formulating the next Strategic Plan and in setting ambitious but realistic objectives for the period 2020-2025.

77. Member States were invited to continue submitting written comments on the assessment and the preliminary report until 15 July.

78. The Director expressed gratitude to Member States for their participation in the joint assessment and thanked those that had already submitted their reports. The Bureau was following up with those that had not yet submitted reports in order to ensure that the final report on the assessment reflected information from all countries and territories in the Americas.

79. The Committee took note of the report.

Evaluation of the PAHO Budget Policy (Documents CE162/12 and Add. I)

80. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a proposal by the Bureau for the evaluation of the PAHO Budget Policy adopted in 2012. It had been informed that the assessment of the policy would seek to determine whether resources had been allocated in accordance with the policy during the period 2014-2017 and would also identify lessons learned in the policy's implementation, particularly in light of the integrated approach to budgeting adopted in 2016.

81. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the reports on this item, noting that the addendum to Document CE162/12 contained the report of the external evaluator who had conducted the evaluation. He recalled that the budget policy had been approved in 2012 and covered the same period as the current Strategic Plan, 2014 to 2019. The policy had been intended to apply only to regular budget resources, which comprised assessed contributions and budgeted miscellaneous income. Since the policy's adoption, however, both WHO and PAHO had moved to an integrated method of budgeting, in which there was not a separate regular budget appropriation.

82. In order to ensure objectivity in the evaluation, the Bureau had retained an external evaluator to carry out the evaluation. In brief, the evaluator had found that budget

allocations under the policy met the standards of solidarity, equity, and Pan Americanism and were consistent with expectations, given that the policy had been designed to apply only to regular budget funds. He had also found, however, that significant revisions would be required to ensure that the policy remained relevant in a context of integrated budgeting. The evaluator had put forward nine recommendations for improving key areas of the budget policy, including simplification of its formula-based restrictions, the preparation of biennial budget policy executive reports, and the inclusion of all processes needed to comply with the budget policy in PAHO's planning and budgeting methodologies. The Bureau proposed to study the recommendations and to present a set of budget policy recommendations to Member States during the 2019 cycle of Governing Bodies meetings.

83. In the discussion that followed, more information was requested on what was meant by resource allocation based on costing of outputs, mentioned in paragraph 24 of the external evaluator's report. Clarification was also requested on the implications of the external evaluator's recommendations for needs-based allocation of funding. It was emphasized that any reform of the budget policy must ensure that countries with the greatest needs were not adversely affected. It was recognized that reliance on strict formulas could lead to a budgeting process that was too mechanical and inflexible, but it was also pointed out that without some scoring system budgeting might become too arbitrary. The Bureau was encouraged to seek a middle ground between those two extremes.

84. Mr. Chambliss said that the reference to allocations based on output costing was related to the bottom-up budgeting exercise carried out at both PAHO and WHO. When the initial exercise was conducted to determine the level of the budget and how it should be allocated across the country offices and the various divisions at PAHO Headquarters, the Bureau looked at the outputs that each part of the Organization was responsible for and tried to do a costing for each one. It was often then necessary to make adjustments in order to arrive at a budget that was realistic in terms of the funding that could actually be mobilized.

85. With regard to needs-based allocations, the Bureau would need more time to consider the external evaluator's recommendations. The question of how to deal strategically with budget issues could also be discussed in the context of both the formulation of the next Strategic Plan and the development of the program and budget for 2020-2021.

86. The Director, echoing Mr. Chambliss's comments, asked that Member States allow the Bureau time to thoroughly analyze the evaluation report and put forward some recommendations in 2019 regarding what how the budget policy should be adjusted.

87. The Committee took note of the report.

New Scale of Assessed Contributions (Documents CE162/13)

88. Ms. Cristina Luna Ribadeneira, (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed in March that the PAHO scale of assessments to be applied in 2019 would depend on the outcome of discussions by the General Assembly of the Organization of American States (OAS) on the OAS scale for 2019 and beyond. It had also been informed that negotiations at the OAS were continuing and that a progress update would be provided to the Executive Committee at its 162nd Session.

89. Mr. Dean Chambliss (Director, Department of Program and Budget, PASB) recalled that article 24.A of the PAHO Constitution provided for its Member States to be assessed at the same rate as the Member States of the Organization of American States (OAS). PAHO Participating States and Associated States were assessed on the basis of their population. In June 2017, the OAS had adopted a transitional scale of assessments, which was currently undergoing review. PAHO had adopted that transitional scale while awaiting a decision from the OAS. Discussions were ongoing, but there was no agreement as yet. The OAS General Assembly had recently decided to postpone a decision on modifying the current scale methodology. The OAS Committee on Administrative and Budgetary Affairs would present an amendment to the scale calculation method by the end of June.

90. A special session of the OAS General Assembly had been scheduled for October 2018, when it was expected that a final decision would be taken. PAHO would present the new scale for 2019 as soon as the OAS made a decision. If that had not occurred before the Directing Council in September 2018, PAHO would maintain the 2018 scale, as adjusted for PAHO, for 2019.

91. In the discussion that followed, a delegate inquired as to the implications of the new scale for the PAHO budget; another asked for clarification on when the new scale would be adopted.

92. Mr. Chambliss responded that there were no implications for PAHO in terms of the total assessed contribution budget. The OAS scale simply indicated the percentages that each country was expected to pay of the total for PAHO. He pointed out that if the OAS General Assembly did not meet until October, PAHO Member States would not be able to discuss the new scale during the 56th Directing Council, which would meet in September. However, the Bureau might become aware of the outcome of the deliberations of the OAS Committee on Administrative and Budgetary Affairs somewhat earlier than October and might thus be able to provide advance information to the Directing Council, even if the scale had not been formally approved.

93. The Director clarified that the PAHO scale was based on the formally approved OAS scale. In 2019, the Organization would continue with the 2018 scale if the OAS had not approved a new one and would then present the new scale based on the approved OAS scale in 2019.

94. The Committee took note of the report.

Plan of Action for Women's, Children's and Adolescents' Health 2018-2030 (Document CE162/14)

95. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) introduced the proposed plan of action, noting that it was aligned with both the Global Strategy for Women's Children's and Adolescents' Health 2016-2030, the Sustainable Development Goals, and the Sustainable Health Agenda for the Americas 2018-2030. The plan also built on lessons learned from four regional strategies related to maternal mortality and neonatal, child, and adolescent health that were currently sunseting. The overall goal of the plan was to protect the gains made so far and close the remaining gaps to ensure healthy lives and well-being for all women, children, and adolescents in the Americas.

96. The proposed plan of action had a strong equity focus and promoted action in favor of population groups that consistently suffered higher burdens of preventable mortality and morbidity, in particular indigenous peoples, Afro-descendants, and less-educated, poor, and rural women, children, and adolescents. The plan of action was innovative in that it combined areas of work previously addressed under four separate strategies and plans. It was ambitious, as it went beyond the prevention of disease to embrace the building of optimal health and development throughout the life course. It also promoted efficient use of resources by addressing the common risk factors and health determinants of vulnerable populations.

97. In addition to cross-cutting actions, there would be a specific focus on addressing child mortality and morbidity and promoting the physical, emotional, and cognitive development of all children. Adolescent mortality would be addressed by scaling up evidence-based action to improve mental health, reduce violence, and foster healthy lifestyles and safe environments. The sexual and reproductive health of adolescents and women of all ages would remain a priority, as would the reduction of maternal mortality.

98. In the ensuing discussion, delegates acknowledged the plan's alignment with the Global Strategy and welcomed its emphasis on addressing the needs of vulnerable populations and its attention to issues such as nutrition, education, basic sanitation, and health care infrastructure. Maternal mortality was considered a matter of particular concern. In that regard, a delegate expressed satisfaction at the plan's recognition of the role of midwives. Delegates noted the importance of sustaining regional efforts to address the social, cultural, and gender barriers that limited demand for and equitable access to quality health care. There was general consensus on the importance of an integrated multisectoral approach to women's, children's, and adolescents' health and on the need to eliminate health inequities; reduce violence, especially homicides; eliminate sexual exploitation; address mental health issues; and strengthen data collection and information systems to maintain gains, move forward, and leave no one behind. Several delegates expressed their country's willingness to share good practices and lessons learned.

99. Member States had differing views on the issue of sexual and reproductive health and rights. One delegate affirmed that protection and promotion of the rights of women and girls, especially their sexual and reproductive health and rights, was a critical platform for empowerment. Another delegate asserted that, while her delegation supported health and education programs that empowered adolescents to avoid sexual risks and prevent early pregnancy and sexually transmitted infections, it could not accept the use of the expressions “sexual and reproductive health services” and “sexual and reproductive rights” in any context, as they had acquired certain connotations and were being used to promote abortion and the right to abortion. The same delegate went on to say that, while her country was a stalwart defender of maternal and child health and supported voluntary and informed family planning, it did not recognize abortion as a method of family planning, nor did it support abortion in its global health assistance.

100. Although several delegates supported the plan of action as proposed in Document CE162/14, others were critical. Acknowledging the complexity of formulating a multisectoral plan of action, one delegate nevertheless pointed out that the plan suffered from a lack of clear definitions, methodologies, inclusive language, and a gender perspective; it was also missing data and indicators, included indicators that were beyond the control of the health sector, and contained some problematic targets. Furthermore, it was not clear how the plan of action was linked with other PAHO initiatives. Other delegates echoed those concerns. One delegate stressed the importance of using existing monitoring and reporting mechanisms to avoid duplication of efforts and prevent additional reporting burdens for Member States. Another delegate called for studies to determine the cost of the plan.

101. Noting the weaknesses of the plan of action and the fact that it did not adequately address issues raised by several countries during the technical consultation in Panama, several delegates suggested that Member State consultations on the plan should continue in the months preceding the Directing Council. Several delegates indicated that they would submit additional comments in writing.

102. Dr. De Francisco Serpa thanked Member States for their support for the proposed plan of action. Touching on various issues raised by the delegates, he stressed the importance of adapting the global strategy to the situation in the Region and of ensuring continuity of the work done on adolescent health and the reduction of maternal and child mortality over the previous six years. He also noted the need to address violence, especially among adolescents, and he affirmed the importance of disaggregated data and of identifying systems for measuring inequalities.

103. He pointed out that the plan of action clearly stated that abortion was not a method of family planning. He agreed on the usefulness of risk avoidance education, also noting the need for a positive approach in order change behaviors by working in schools, workplaces, and communities. He acknowledged the importance of learning from countries’ experiences and indicated the Bureau’s willingness to include a more explicit gender perspective in the plan.

104. The Director observed that adolescents were particularly at risk, owing to factors such as alcohol and substance abuse, violence, and lack of negotiating and conflict resolution skills. Addressing the needs of adolescents required a multisectoral approach. Disaggregation of data was essential in order to be able to identify groups that had yet to be reached and design interventions to reach them. A significant reorientation of health programs was also required to meet the needs of the adolescent population.

105. She noted that there had been consultations on the plan of action, but in light of the complexity and importance of the issues raised by the Committee, she believed that it was necessary to give Member States more time for consultation. A working group could be formed for that purpose, or additional consultations could be held by subregional groups, after which a regional consultation could be organized. The objective was to arrive at the Directing Council with a mature plan of action that had benefited from the involvement of and input from Member States and civil society.

106. The Committee agreed to form an intersessional working group, during the time between the 162nd Session of the Executive Committee and the 56th Directing Council, open to participation of all Member States to continue consultations on the plan of action.

Plan of Action for Cervical Cancer Prevention and Control 2018-2030 (Document CE162/15)

107. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced the item, observing that cervical cancer was the leading cause of death in 11 countries in the Region and the second leading cause in 12. Those figures were alarming, given that cervical cancer was largely preventable through human papillomavirus (HPV) vaccination and screening and treatment for precancerous lesions. PAHO had been providing technical cooperation in relation to cervical cancer for over 20 years. The final report on the previous strategy and plan of action had been submitted to the 29th Pan American Sanitary Conference in 2017, at which time the Bureau had been requested to develop a new plan of action on cervical cancer.

108. The new plan, developed with input from experts and other collaborators, built on the institutional commitments in the plans of action on noncommunicable diseases, immunization, and HIV and sexually transmitted infections (STIs). It envisaged a future in which cervical cancer would be eliminated as a public health problem through universal access to sexual health and STI prevention services, HPV vaccines, effective screening and precancer treatment services, treatment of invasive cervical cancer, and palliative care. Aligned with the WHO Director-General's call to end cervical cancer, issued at the World Health Assembly in May 2018, the plan of action proposed four lines of action aimed at reaching the goal of a one-third reduction in cervical cancer incidence and mortality by 2030. If approved, the plan would be implemented in close collaboration with existing partner organizations in the United Nations system, other international organizations, professional groups, and civil society organizations.

109. In the ensuing discussion, delegates acknowledged that cervical cancer was a serious public health problem that particularly affected women in vulnerable communities. Declaring their commitment to cervical cancer prevention and control, delegates noted that while regional advances were encouraging, it was important to sustain the momentum and accelerate progress. It was pointed out that ongoing surveillance and an improvement in health records was needed to ensure that women had access to timely and appropriate treatment. There was general support for the plan, although one delegate asked that language be inserted to accommodate the situation of federated States. Noting that many countries did not have specific programs for cervical cancer, another delegate asked why there was no plan for other types of cancer, especially breast cancer, and stressed the need for an integrated strategy on women's health.

110. There was consensus on the need for universal access to comprehensive care and on the importance of immunization. In regard to the latter, one delegate called for implementation research aimed at determining how best to reach and vaccinate all adolescents, while another underscored the need for publicly funded vaccination programs for girls and boys, as well as efforts to combat the misconceptions surrounding the HPV vaccine. Delegates acknowledged the need to take advantage of the Revolving Fund to procure vaccines at affordable prices and to gain access to rapid tests and the necessary drugs and technology. Several emphasized the importance of equitable access to immediate care, such as the "see and treat" strategy, along with the use of eHealth, mHealth, and strengthened information systems, including the use of unique identification numbers, to ensure that no women were lost to follow-up after a precancer or cancer diagnosis.

111. A delegate asked for clarification on how strategic line 4, on improving access to services for cancer diagnosis, treatment, rehabilitation, and palliative care, would be implemented at the country level. Another delegate suggested that the plan of action should include a mass communication campaign targeting academia, health professionals, and the community at large to provide information on risk and protective factors and encourage timely access to health services for screening, diagnosis, and treatment of precancerous lesions and cervical cancer. He furthermore suggested that DNA tests for cervical cancer should be available through the PAHO Strategic Fund to enable countries to take advantage of centralized procurement.

112. Dr. Hennis expressed his appreciation for the Committee's positive responses to the proposed strategy and plan of action. He agreed on the need for surveillance and population screening and on the usefulness of unique identification numbers to allow the linkage of records and thus trace women who had been tested. Acknowledging the importance of immunization, he pointed out that cervical cancer offered an opportunity to eliminate a noncommunicable disease for the first time and noted that the Region of the Americas was well ahead of the curve in that regard.

113. With regard to cervical cancer testing, Dr. Hennis reported that GeneXpert was being used to test for other diseases in the Region and might offer an opportunity for cervical cancer screening. However, the matter would require greater discussion and evaluation of the needs and demands of Member States. He agreed that the availability of

rapid tests, particularly for women in remote areas, was important and affirmed that the Bureau would work closely with Member States to assist with health system strengthening and thus improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care.

114. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) elaborated on the topic of drugs offered through the PAHO Strategic Fund. He noted that access to oncological medicines was perhaps one of the main challenges faced by cancer programs in the Region and reported that, in 2013, the Director had approved the incorporation of a list of NCD drugs, including oncologicals, to be offered through the Strategic Fund. The Bureau had actively engaged with Member States to determine their needs, which had resulted in lower costs and increased access to such medicines.

115. However, the decentralized structure of the Region's cancer programs, most of which were specialized programs run by hospitals, had created challenges for consolidating demand for a common list of oncologicals. Another challenge was the financial protection mechanisms required to ensure access to cancer therapy; many were not financed with public funds, but rather through insurance or out-of-pocket expenditure. The Bureau would continue working with countries on access to cancer therapies.

116. The Director thanked Member States for asking PASB to develop the plan of action and for recognizing the action necessary to address morbidity and mortality from cervical cancer, a disease that disproportionately affected poor, indigenous, and rural women. Real progress could be made towards eliminating cervical cancer, but a new approach would be needed. One of the main barriers to reducing the incidence and prevalence of cervical cancer was the fact that some women had to walk for miles to a health facility for a Pap smear. They often then returned home without a diagnosis and were lost to follow-up. It was imperative to learn which women were not being reached, why, and what could be done to improve their access to care and treatment. Decisive action and investments on the part of countries would be needed. Affordable screening methods were available. While they might not necessarily be the methods preferred by Member States, it was necessary to move beyond the Pap smear to reach disproportionately affected groups and ensure that no one was left behind.

117. The Executive Committee adopted Resolution CE162.R2, recommending that the Directing Council approve the plan of action.

Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 (Document CE162/16)

118. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the proposed plan of action, affirming that the availability, distribution, acceptability, and quality of health services were critical factors to be addressed if countries in the Americas were to achieve universal access to health and universal health coverage. Though estimates differed considerably, there was consensus on the existence of a severe shortage of human resources for health in the Americas. Inequalities persisted in the

availability, distribution, and quality of the health workforce between and within countries, between different levels of care, and between the public and the private sector. The situation was further characterized by poor retention rates in rural and underserved areas, high mobility and migration, particularly from the Caribbean; overspecialization in tertiary care services; and precarious working conditions—all of which was hindering the progressive expansion of health services, particularly at the first level of care.

119. The plan of action proposed a specific set of objectives and indicators to support, guide, and monitor implementation of the regional Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, adopted by the 29th Pan American Sanitary Conference in 2017. The plan had been prepared following consultations with Member States and subregions, which had revealed the need for the selected indicators to reflect each country's specific priorities and context. It had been developed recognizing that a set of policies, regulations, and interventions to strengthen governance and intersectoral action was needed to produce the kind of health workforce needed for the 21st century. The plan proposed indicators that would support more equitable distribution of human resources with the needed capacities. Finally, it would guide Member States in the organization of human resources training to respond to the needs of health systems that were undergoing transformation as part of the effort to achieve universal access to health and universal health coverage.

120. In the Committee's discussion of the proposed plan of action, delegates welcomed its emphasis on national contexts and priorities. It was pointed out, however, that not all the indicators in the plan applied to all countries, and several delegates sought clarification as to which indicators applied to which countries. One delegate noted that it would be hard for her country to report on indicators requiring national data, as the different jurisdictional responsibilities of the country's federal, provincial, and territorial governments made information-gathering a complex undertaking. A second delegate pointed out that the countries had different understandings of some concepts addressed in the indicators, such as accreditation. A third delegate, referring to indicator 2.4.1, said that, although her country supported the idea of multilateral dialogue on the issue of health workforce migration, it could not commit to adopting the WHO Global Code of Practice on the International Recruitment of Health Personnel.

121. Delegates acknowledged that the strategic lines of the plan touched on important aspects, such as equal opportunity, equity, quality, governance, access, and health education, that could help countries address inequities in the availability, distribution, and qualifications of health professionals. One delegate suggested that the plan should put greater emphasis on improving education for health professionals, stressing a human rights, gender, and intercultural approach and inculcating respect for differences among future professionals. She also called for greater attention to the role of the labor sector in the regulation of working conditions for health professionals.

122. Another delegate said that his country's experience had shown that a market-based health care system was more patient-centric and provided better quality health care for more people in a timelier manner than a government-centric approach. He noted that

countries working toward universal access must do so in accordance with their own national contexts and priorities and suggested adding the following wording to strategic line of action 3: “public-private partnerships that increase health workforce capacity through evidence-based education and training can be a tool for Member States to further the paradigm shift and accelerate transformation towards high-quality, timely delivery of cutting-edge health care.”

123. A number of delegates described their country’s activities in the development of human resources for health and offered to share best practices with other countries in the Region. The Delegate of Canada noted that her country could offer expertise based on its experience with legislated universal health coverage and best practices and lessons learned from an interprofessional education initiative for collaborative patient-centered practice. The Delegate of the United States, in turn, highlighted the work done in relation to strategic line of action 3 through its scholarship and loan repayment programs. He noted that the United States provided funding to help students pursue careers in the health professions and encouraged them to deliver health care in underserved communities. Several delegates indicated that they would submit additional comments in writing.

124. Dr. Fitzgerald recalled that the aim of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, adopted the previous year, was to address the principal problems that countries in the Region were facing to ensure the availability, quality, and appropriate distribution of the human resources required for the transformation of health systems as envisaged under the Strategy. It was important to emphasize that the plan had been built on a basis of equity, solidarity and achievement of the highest attainable standard of health as its core principles and values.

125. Equal opportunity was a key issue. During the consultations with countries, the Bureau had been very conscious of the need to ensure that gender equity and issues of ethnicity and race were addressed under the plan. The Bureau would revisit those issues with a view to better reflecting them in the document. The intersectoral component was one of the innovative elements of the plan of action. Previous strategies and plans of action on human resources for health had focused primarily on the health sector. However, since the health sector was not the principal sector that produced the health workforce, it must forge ties with the education and labor sectors. A regional conference to be held in Brazil later in 2018 would bring together representatives of the various sectors involved in producing and regulating the quality of the health workforce.

126. The Bureau recognized the potential of public-private partnerships to address health workforce needs and expand access to health care, especially in underserved rural areas, where a market-based approach might not be able to provide the services needed and private-sector services might not be economically viable. Public-private partnerships in the education sector could also be critical to producing the required health workforce.

127. On the issue of health workforce migration, Dr. Fitzgerald noted that some countries, especially in the Caribbean, had experienced the mass migration of nurses and doctors to countries where those professionals could obtain better working conditions and

salaries. As a result, during the consultation on the plan of action in the Caribbean there had been considerable discussion on how to address the issue in terms of strategies for retention and regulation. The Caribbean Member States had requested that PASB include an indicator on the mobility and migration of health workers, with a specific mention of the Global Code of Practice on the International Recruitment of Health Personnel.

128. The Executive Committee adopted Resolution CE162.R3, recommending that the Directing Council approve the plan of action.

Plan of Action on Entomology and Vector Control 2018-2023 (Document CE162/17, Rev. 1)

129. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) introduced the proposed plan of action, which addressed the need to prevent the spread of the principal vector-borne diseases in the Region through the control of vectors such as *Anopheles darlingii*, the main vector of malaria, and *Aedes aegypti*, the vector of dengue, chikungunya, Zika virus infection, and other diseases. Yellow fever was a reemerging disease, transmitted in its sylvatic cycle by mosquitoes of the genus *Haemagogus* and *Sabethes*, but the risk of urban transmission by *Aedes* persisted. Furthermore, other vector-borne diseases, such as Chagas and leishmaniasis, remained serious public health problems.

130. The plan of action was the product of a participatory process that had begun with a discussion in the PAHO Technical Advisory Group on Entomology and Vector Control. That discussion had been followed by a meeting of experts in Belize in March 2018 and a Web consultation in which a draft of the plan of action had been shared with Member States. In April, during a meeting in Guatemala to review the Strategy for Arboviral Disease Prevention and Control, the draft had been presented and discussed with the representatives of 19 countries. It had also been presented at a meeting on Chagas in which Member States, representatives of academia, and investigators had participated. Finally, a workshop had been held in Miami on 24 May.

131. The objective of the plan of action was to strengthen regional and national capacity in vector prevention and control and thereby diminish the spread of vector-borne diseases. The plan had five lines of action: multilevel integration, government and community, vector control programs and systems, tools and interventions, and workforce and training.

132. Delegates welcomed the plan of action, applauding its interinstitutional and intersectoral approach. The plan was seen as an important tool that was well-aligned with PAHO mandates. Several described their countries' progress in the prevention and control of vector-borne diseases. Delegates acknowledged the importance of strengthening vector-borne disease prevention and control beyond national borders and stated their willingness to work with international partners to halt the spread of vector-borne diseases and other neglected tropical diseases. Paraguay's successful efforts to eliminate malaria within its borders were applauded.

133. Recognizing that vector-borne diseases such as malaria, dengue, Zika, chikungunya, yellow fever, and Lyme disease were serious public health problems, delegates cited climate change, migration, tourism to endemic areas, urban growth, insecticide resistance, and inequalities as some of the major reasons for their spread, pointing out that vulnerable populations were the most affected group. Several delegates noted that the low visibility of vector-borne diseases was also a factor. There was consensus on the need for greater public awareness, increased vaccination, integrated vector management, insecticide resistance monitoring, regular surveillance of high-risk areas, and the addition of entomologists to vector control teams, all of which implied the need for greater financing. With regard to insecticide resistance monitoring, one delegate noted the need for supplies that were currently available from only one country and called for efforts to strengthen countries' capacity to increase the supply.

134. Dr. Espinal acknowledged the countries' efforts to prevent and control vector-borne disease. Noting that Brazil, which had experienced serious dengue, chikungunya, and Zika epidemics, was at the forefront of the fight to control the vectors of those diseases, he highlighted the work of the Oswaldo Cruz Foundation (FIOCRUZ) in that area and reported that PASB had been working closely with the Foundation, the Brazilian Ministry of Health, and other partners to address the complex problem of vector control. Furthermore, the Director had strengthened the vector control team at Headquarters; in addition to three in-house entomologists, there was a roster of external entomologists who were available to assist Member States.

135. He acknowledged the validity of the comments on climate change and the multisectoral nature of vector control and noted that the plan of action took those issues into account. He informed the Committee that some new vaccines were in the pipeline and added that the future for new tools in vector control was very promising, noting that the WHO Vector Control Advisory Group had met in May and reviewed 18 potential new tools. Before such tools could be brought to market, however, it was important to determine whether, in addition to their entomological impact, they might also have environmental and epidemiological impacts.

136. The Director noted that, in the previous five years, the Region had experienced epidemics of two emerging diseases, Zika and chikungunya, which had spread rapidly, at tremendous economic and social cost. Malaria was still endemic in 21 countries, and efforts to eliminate it would entail significant economic and social challenges. It was essential to work on vector control, which would require firm political will, recognition of the need for investment, and the sustained engagement of other sectors. It was easy to get other sectors involved when there was an outbreak of some disease, but ensuring sustained multisectoral engagement was often very difficult. Emphasizing the need for a regional response, she recalled that the Governing Bodies had adopted a resolution calling for the elimination of dengue in 1937, and yet the disease was still present in the Region. The engagement of all Member States would be required if the Plan of Action on Entomology and Vector Control was to succeed.

137. The Executive Committee adopted Resolution CE162.R4, recommending that the Directing Council approve the plan of action.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE162/18 and Add. I)

138. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) said that he was pleased to report that no Member State was in arrears to an extent that it could be subject to application of article 6.B of the PAHO Constitution. One Associate Member, however, had been in arrears since 2015. Thirteen Member States had paid their 2018 contributions in full, while eight had made partial payments for 2018. He thanked those Member States for their commitment to the Organization. As of 15 June, 21 Member States had made no payments for 2018. A total of \$2.4 million was pending for prior years' assessments. Timely receipt of assessed contributions was crucial to the work of the Organization, and he urged those Member States with pending contributions to pay them as expeditiously as possible.

139. The Director thanked those Member States that had made timely payments. Affirming that the Organization relied heavily on the receipt of assessed contributions to perform its work, she urged States that had not paid in full to make their payments.

140. The Committee adopted Resolution CE162.R1, thanking Member States that had made payments for 2018 and urging other Member States to pay all outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2017 (Official Document 356)

141. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a preliminary, unaudited version of the Financial Report. The Subcommittee had been informed that the Organization's consolidated revenue for 2017 had totaled over \$1.5 billion and that PAHO assessed contributions for 2017 had totaled \$96.4 million, the same as in 2016. The Subcommittee had also been informed that the Bureau expected a budget surplus of \$1 million and a revenue surplus of \$5.7 million for the biennium (see paragraphs 166 to 167 and 168 to 172 below). The Subcommittee had welcomed the positive trends in the Organization's finances and commended the Bureau for its sound financial management. It had been requested that, in the report to be presented to the Executive Committee, the Bureau include a breakdown of funding by category and information on how past recommendations of the External Auditor had been implemented and on how the recommendations made in respect of the 2017 financial report would be applied.

142. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) presented an overview of the Financial Report of the Director, including figures on total revenue and expenditure, collection of assessed contributions,

voluntary contributions, and procurement on behalf of Member States. He noted that, for the first time, the PASB Management Information System (PMIS) had been used to close the financial accounts for the biennium ending in 2017. In addition, Standard 39 of the International Public Sector Accounting Standards (IPSAS), which required immediate reporting of employee benefit liabilities, had been implemented. As a result of that change, some figures for 2016 had been restated in order to permit comparison with other years.

143. Consolidated total revenue for 2017 had amounted to \$1.508 billion, which was about 4% higher than in 2016. However, total revenue for the 2016-2017 biennium had been some \$200 million less than in the previous biennium. The decrease was due to fluctuations in revenue from national voluntary contributions, which in turn were the result of exchange rate fluctuations. Expenditures for the 2016-2017 biennium had totaled \$2.939 billion. Total revenue had exceeded total expenditure by \$21.4 million in 2016, whereas total expenditure had exceeded total revenue by \$2 million in 2017, leaving the Organization with a surplus of over \$19 million for the biennium. Purchases of supplies, commodities, and materials had accounted for the largest share of expenditure in 2017. The vast majority of those purchases had been made through the Organization's procurement funds. Transfers and grants to counterparts had accounted for the second largest share of expenditures. Most of those transfers had gone to the *Mais Médicos* project, which was funded by national voluntary contributions.

144. Receipts of current and prior years' assessed contributions in 2017 had totaled \$58.4 million and \$40.1 million, respectively; 27 States and territories had paid their assessed contributions for the year in full, 7 had made partial payments, and 8 had made no payments. Arrears in the payment of assessed contributions had amounted to \$44.4 million at the end of 2017, an increase of \$4 million with respect to 2016. Total voluntary contributions had risen from \$53.9 million in 2016 to \$73 million in 2017, reversing the downward trend of recent years. The value of procurement on behalf of Member States had increased from \$678.5 million in 2016 to \$684.8 million in 2017, the highest amount in the Organization's history.

145. Noting that the current year marked the end of the mandate of the Court of Audit of Spain as PAHO's External Auditor, Mr. Puente Chaudé expressed gratitude to the team of auditors for their excellent work, their professionalism and independence, and their helpful recommendations, which had helped to enhance the Bureau's processes, the quality of its reports, and its accountability to Member States.

Report of the External Auditor for 2017

146. Mr. Ramón Álvarez de Miranda García (President, Court of Audit of Spain), introducing the report of the External Auditor, recalled that, during its six-year mandate, the Court of Audit of Spain had completed audits at PAHO Headquarters and in 12 country offices. It had also carried out audit activities at the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Caribbean Epidemiology Center (CAREC), and the Caribbean Food and Nutrition Institute (CFNI). The External Auditor had issued a total of 658 recommendations during its mandate, 47 of which were still being implemented; of the

latter, 35 related to 2017. The overall rate of implementation of the audit recommendations had been 92.86%.

147. The most significant conclusions of the External Auditor's work for 2017 could be found in the Opinion of the External Auditor and the Long Form Report on the 2017 Financial Statements Audit. The audit team was grateful to the staff of the Bureau for its support and cooperation and to PAHO Member States for the confidence they had placed in the Court of Audit.

148. Mr. José Luis Cea Claver (Technical Director, Court of Audit of Spain) reported that the auditors had concluded that the Organization's financial statements accurately reflected the financial position and the results of operations and cash flows for the financial period ended 31 December 2017, and that the statements had been prepared in accordance with the International Public Sector Accounting Standards and the Financial Rules and Financial Regulations of PAHO. The External Auditor had therefore issued a favorable, or "unmodified," opinion on the financial statements for the year.

149. Mr. Alfredo Campos Lacoba (Technical Subdirector, Court of Audit of Spain), highlighting figures from the financial review contained in the Long Form Report, noted that the Organization had ended 2017 with a deficit of \$2 million, whereas it had posted a surplus of \$21.4 million in 2016. Total revenue had increased by 4% with respect to 2016 and total spending had risen by 5.8%. However, since the Organization's budgets covered a two-year period, neither the deficit of the current year nor the surplus of the previous year was significant. The higher revenue figure was related mainly to voluntary contributions, which had increased by \$42.7 million, or 7.5%, in comparison with 2016. The rise in expenditures was due mainly to increases in the use of contractual services, the purchase of supplies and materials, and transfers and grants to counterparts. Miscellaneous income had fallen from \$23 million in 2016 to \$16.1 million in 2016. In general terms, PAHO had sufficient resources to cover its current financial obligations and its short-term employee benefit liabilities, although future funding of the latter would remain a challenge in the medium and long term.

150. He then summarized the recommendations put forward in the report, which included various measures aimed at enhancing internal control procedures and other aspects of the *Mais Médicos* project; addressing weaknesses in the PASB Management Information System, including off-the-system manual operations; and improving scheduling of the implementation of the Program and Budget and developing tools to avoid the accumulation of expenses at the end of a biennium. He noted that the Bureau had responded positively to all past recommendations of the External Auditor, including those relating to the *Mais Médicos* project and the PMIS, which demonstrated its commitment to improving its systems and procedures.

151. The Executive Committee welcomed the unmodified audit opinion and thanked the Court of Audit of Spain for its work as the Organization's External Auditor. Delegates commended the Bureau for its responsiveness to previous audit recommendations and urged it to implement the recommendations put forward in the External Auditor's report

for 2017. The Bureau's work to prevent maternal deaths from postpartum hemorrhage was applauded, as was its support for the countries affected by the numerous natural disasters that had occurred in 2017.

152. Concern was expressed about the deficit registered in 2017 and about the 5.8% rise in expenditures. The Bureau was asked to explain what accounted for the significant increase in travel expenses and was encouraged to make use of modern technological tools, including virtual meetings, to facilitate information-sharing and the provision of technical assistance. It was also encouraged to improve financial management practices in order to avoid the accumulation of expenses at the end of the biennium, in line with the External Auditor's recommendation 10. The 20% increase in liabilities was noted, as was the considerable funding gap for after-service health insurance (ASHI). The Bureau was asked to comment on what measures might be taken to ensure full funding for that liability.

153. A delegate, while acknowledging that the Bureau had taken steps to address the recurrent issue of unimplemented voluntary contributions, underlined the need to fully resolve the problem in order to avoid having to return funds to donors. Another delegate, noting that the External Auditor had recommended avoiding the use of general grants or budget lines to fund activities within the scope of the *Mais Médicos* project, asked which budget lines had been used for that purpose. The same delegate sought information regarding the data being manipulated outside the PMIS, while another delegate sought clarification regarding whether certain processes, such as bank statement reconciliations, were still being performed manually.

154. It was noted that there had been 81 cases of fraud, theft, and loss of property, and the Bureau was encouraged to take steps to improve internal controls in order to prevent such occurrences in the future. It was also pointed out that the summary of voluntary contributions reflected a balance due from the PAHO Foundation, and information was sought on the impact of the Organization's decision to terminate its relationship with the Foundation.

155. Mr. Puente Chaudé explained that it was normal for there to be a surplus in the first year of a biennium and a deficit in the second year because more of the budget was implemented in the second year, which meant that spending was higher. At the same time, revenue in the second year was generally lower than in the first year. Nevertheless, the Organization had ended the biennium with a net surplus of \$19 million. That figure reflected both budget and non-budget revenue and expenditures, such as those relating to the PAHO procurement funds and to national voluntary contributions. The budget surplus—which related only to the budget funded by assessed contributions and budgeted miscellaneous income—had amounted to \$1 million for the biennium (see paragraphs 166 to 167 below).

156. With regard to the reasons for the increase in liabilities, he explained that the actuarial study alluded to in the Financial Report had applied the latest life expectancy table of the United Nations pension fund, according to which average life expectancy had risen by two years. Consequently, the after-service liability had also increased. In addition,

market interest rates in the Americas had decreased from 4.3% to 3.8%, which had increased the value of Organization's liabilities. The ASHI liability had totaled \$234 million at end of 2017. Actuarial predictions indicated that the liability would be fully funded in 2049. The Staff Health Insurance Global Oversight Committee had adopted several cost containment measures with a view to ensuring that the Organization could meet the ASHI liability, including encouraging eligible retired staff in the United States to participate in the Medicare program. It had also taken steps to discourage staff from traveling to seek care in the United States, the country with the highest health care costs in the world.

157. As to travel costs, the amount for staff duty travel had remained stable. What had increased was travel for technical cooperation events, including PAHO's response to the numerous natural disasters and other emergencies. Travel for such events had accounted for two thirds of the travel budget in 2017.

158. Regarding the question about the use of budget lines to fund activities under the *Mais Médicos* project, the Bureau disagreed with the External Auditor's conclusion that funds for that project had been used for activities funded by a different national voluntary contribution in Brazil. In any case, Mr. Puente Chaudé assured the Committee that no PAHO budget funds had been used to cover activities funded by national voluntary contributions.

159. With respect to the manipulation of data outside the PMIS, he explained that it had not yet been possible to automate all processes, although the Bureau was working towards that goal.

160. Mr. Campos Lacoba added that, in an organization as large and complex as PAHO, change had to be a gradual process. The External Auditor's recommendations were intended to highlight the areas where change should be a priority. The automation of bank statement reconciliation and other processes within the PMIS was one such area, as manual procedures could lead to errors and discrepancies in figures.

161. The Director expressed thanks to the external audit team for helping the Bureau through the difficult period of implementing and improving the PMIS. Nevertheless, the Workday system had some inherent deficiencies, as a result of which some work had to be done outside the system. PAHO worked in four languages and multiple currencies, and Workday had not been designed to deal with such complexities. The Bureau was working to address those deficiencies and some significant improvements had already been made.

162. Regarding the increase of expenditures in the last quarter of 2017, she noted that the revenue that the Bureau was assured of receiving was a relatively small portion of total projected income. Accordingly, it tended to be conservative in the allocation and disbursement of resources early in a biennium. Nevertheless, in order to address the External Auditor's recommendation, it had advanced 80% to 85% of available flexible funding at the beginning of the 2018-2019 biennium. In addition, it had been decided that funds from voluntary contributions would be made available from the date of signature of

the relevant agreement, whereas before the funds had not been made available until they had been received. That decision was expected to avoid both the accumulation of expenditures at the end of the biennium and the need to return funds to donors. Voluntary contribution funds were monitored through the PMIS, which enabled the Bureau to know when grants were due for closure. However, if grants were received late in a biennium, it was very difficult to implement the totality of the funds before the end of the accounting period.

163. The Organization had indeed terminated its relationship with the PAHO Foundation, but the Bureau was working arduously to collect the amounts due from the Foundation, which had been accumulated over many years.

164. On behalf of the Executive Committee, the President expressed gratitude to the Court of Audit of Spain for its service as External Auditor. The Executive Committee took note of the report.

Programming of the Budget Surplus (Document CE162/19)

165. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed in March that the Bureau expected a budget surplus of some \$1 million resulting from funded assessed contributions and budgeted miscellaneous revenue not committed by the end of the 2016-2017 biennium and not carried over to the 2018-2019 biennium. The Subcommittee had also been informed that, under Financial Regulation 4.6, any such budget surpluses were to be allocated to the Working Capital Fund whenever the balance in that Fund was below its approved level of \$25 million. In March 2018, the balance in the Working Capital Fund had stood at \$21.7 million. Accordingly, the budget surplus would be moved to the Working Capital Fund.

166. The Executive Committee took note of the report.

Programming of the Revenue Surplus (Document CE162/20)

167. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposal by the Bureau for the allocation of a revenue surplus of \$5.7 million resulting from an excess of total revenue over budgeted miscellaneous revenue during the 2016-2017 biennium. It had been proposed that \$4.1 million of the surplus should be allocated to the Master Capital Investment Fund to help cover the costs of needed repairs to the PAHO Headquarters building. It had also been proposed that \$1.6 million should be allocated to increase the capitalization of the Revolving Fund for the Purchase of Strategic Public Health Supplies (commonly known as the Strategic Fund). It had been explained that the increased capitalization was needed in order to enable more Member States to use the Strategic Fund, especially for the purchase of medicines for noncommunicable diseases. The Subcommittee had endorsed the proposal for the use of the expected revenue surplus.

168. In the Executive Committee's discussion of this item, a delegate requested that subsequent reports to the Governing Bodies should show how the revenue surplus had been used and what effect it had had on countries' purchases through the Strategic Fund.

169. Mr. Dean Chambliss (Director, Department of Program and Budget, PASB) confirmed that the use made of the increased capitalization would be described in subsequent reports.

170. The Director noted that the Strategic Fund was used by 31 countries. The Fund was already being used for medicines for HIV/AIDS, tuberculosis, and malaria and had been expanded to include medicines for noncommunicable diseases. The additional capitalization of the Fund would enable the Organization to better serve countries' needs in all of those areas.

171. The Executive Committee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document CE162/21)

172. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the Master Capital Investment Fund and its various subfunds. The Bureau had reported that it was working with an expert real estate consultant on a proposal for future renovations, directed towards meeting safety and security requirements, enhancing energy efficiency, and renovating the rotunda building at PAHO Headquarters. In the Subcommittee's discussion of the report, clarification had been requested regarding the planned improvements to Room A of the Headquarters building and the proposed installation of solar panels and procurement of vehicles at the country office in Haiti.

173. In response to those requests, it had been explained that difficult road conditions in Haiti had rendered many of the vehicles at the country office unsafe and/or inoperable, and it had therefore been necessary to replace them. With regard to the solar panels, it had been explained that the country office in Haiti suffered frequent power cuts and was therefore forced to rely on generators powered by imported fossil fuels, which were very costly. The solar panel project was designed to provide the office with an uninterrupted power supply in order to enable it to maintain communications with Headquarters and within Haiti, and to operate the PMIS.

174. The Executive Committee took note of the report.

Report of the Office of Internal Oversight and Evaluation Services for 2017 (Document CE162/22)

175. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) presented his report, which summarized the work of the Office of Internal Oversight and Evaluation Services (IES), its findings, and its overall opinion on the

Organization's internal control environment. He noted that IES had encountered no obstacles to its independence. Its overall opinion on the internal control environment was that it was satisfactory to meet the Organization's needs and had improved relative to 2016, as the PMIS had settled down into operation. Further details could be found in paragraphs 44 to 48 of the report. He expressed thanks to the Spanish Court of Audit for its collaboration with IES, noting that the sharing of information and findings between IES and the Court of Audit had helped to avoid duplications and enhanced the quality of the work.

176. In the ensuing discussion, delegates praised the work of Office of Internal Oversight and Evaluation Services and its contribution to the strengthening of internal controls within the Organization. However, several delegates expressed concerns at the failure to carry out the verification of dependents in a timely manner, which had resulted in allowances being paid to staff who might not have been eligible. The Bureau was asked to indicate what was being done to address the apparent lack of internal controls in that area. Several delegates also expressed concerns about risk management of voluntary contribution grants and asked how the Bureau was tackling that issue. In addition, one delegate noted that the report mentioned recurrent problems at country level in relation to procurement planning, administration of fixed assets, and other matters.

177. Delegates were pleased to hear that management took the IES recommendations seriously, but noted that some recommendations had not been fully implemented, including some that had been pending since before 2015. The Bureau was asked to explain why those recommendations remained open. It was suggested that future reports should include a list of all open medium- and high-risk audit recommendations. The Bureau was also asked to clarify whether it had accepted all the audit recommendations from 2017 and, if that was not the case, to indicate which ones it had not accepted and why. It was urged to implement all recommendations promptly, including the recommendation concerning the development of a project management framework for voluntary contributions, which dated back to 2011.

178. Mr. O'Regan, emphasizing the advisory role of IES, said that he could not speak on behalf of management or explain any management decisions concerning recommendations. He acknowledged the concerns expressed about annual verification of dependents, voluntary contributions, and the recurring country office audit issues, including procurement planning. He pointed out, however, that it was sometimes difficult to eliminate all internal control concerns. The recommendation for a formal project management framework did indeed date back to 2011, but progress towards implementation had significantly accelerated recently, and the recommendation was expected to be completed by the second half of 2018.

179. The information in the report dated from December 2017, and since then IES had continued to follow up on the recommendations. Some had in fact been closed since the report was written. At present there were three recommendations outstanding from 2013, one from 2014, and four from 2015. Referring to a recommendation from 2013 on storage of information on standalone devices outside formal organizational networks, he said that

cases continued to be found, particularly in the country office audits, of information being recorded on spreadsheets or elsewhere outside PMIS. Such occurrences had decreased, but the practice persisted.

180. With regard to the issue of acceptance of internal audit recommendations, IES's process was to prepare a draft report, which was given to management for comment. Then the Office issued a final report, which was sent to the Director, who had two months to accept it. Once the report had been accepted, the recommendations were considered "live." At present, only one report was pending acceptance by the Director. That report had been finalized in the early months of 2018, and was still within the two-month period in which the Director could accept it. No recommendations had been rejected by the current or the previous Director. In one case, IES had been requested to direct a recommendation to a different office, but the substance of the recommendation had remained the same. He undertook to include information on open recommendations in future reports.

181. Mr. Gerald Anderson (Director of Administration, PASB) said that annual dependent verifications were an example of a process being managed manually outside the PMIS (see paragraphs 151, 154, and 160 above). However, the business process for the verifications had been revised, so that all data were now in the PMIS and could be reported through the system. Affected staff members would thus receive automated notifications, and payments to those no longer eligible would automatically be turned off. The automated system was expected to be in place in the second half of 2018.

182. With regard to procurement planning, a recent update to Workday had placed a procurement planning template in the PMIS for all country offices, which would enable them to review recurrent procurements, delete those no longer needed, and add new ones. That had significantly increased compliance with the requirement to have procurement plans in place.

183. Concerning voluntary contribution grants, the most significant risk was that the grant would not be implemented within the period of the grant agreement. The most effective mitigation measure would be to allocate funds from voluntary contribution grants as soon as the agreements were signed. That would significantly reduce the risk that the grant would not be implement within the requisite period.

184. With regard to the 2013 internal audit recommendation on comprehensive use of networked information repositories, in 2017 the Organization had implemented Office 365, which was a cloud-based storage platform. The Organization had also developed a standardized networked filing structure for all country offices and Headquarters, which would significantly reduce the storage of data outside the PMIS.

185. The Director thanked Mr. O'Regan for his professionalism and collaboration with Executive Management to address the various recommendations. She assured Member States that PASB was improving internal controls. It had appointed a compliance officer to work in Administration and with other entities in order to strengthen PASB's defenses.

PASB had also increased its capacity for risk analysis and management. She thanked Member States for their vigilance and suggestions.

186. The Executive Committee took note of the report.

Amendments to the Financial Regulations and Financial Rules of PAHO (Document CE162/23)

187. Ms. Cristina Luna Ribadeneira, (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a proposed amendment to Financial Rule 12, concerning the performance of internal audits by PAHO's Office of Internal Oversight and Evaluation Services. In line with recommendations from the Audit Committee and the Institute of Internal Auditors, it had been proposed to include a reference to an internal audit charter in Rule 12. It had been explained that the internal audit charter had existed for years in PAHO, but was not explicitly mentioned in the Financial Rules. Support had been expressed for the amendment, but amended wording had been proposed in order to align PAHO rules with United Nations system-wide best practice and with recommendations from the United Nations Joint Inspection Unit (JIU) and the Institute of Internal Auditors auditing standards.

188. Specifically, it had been proposed that the amendment should be reworded to read: "The internal audit activity shall be determined by a formal internal audit charter, as established by the Auditor General in consultation with the Audit Committee, and be approved by the Director and the Executive Committee." The Subcommittee had endorsed the proposed rewording of the amendment.

189. The Executive Committee welcomed the proposed amendment and expressed appreciation to the Bureau for revising the wording as recommended by the Subcommittee. Delegates welcomed the principles of integrity, objectivity and confidentiality embodied in the internal audit charter. It was felt that the charter, and the work of the internal auditor, would contribute to greater transparency and accountability, which in turn could help the Organization to attract new partners, thereby increasing its resources.

190. A delegate, while supporting the proposed amendment, noted that paragraph 20.5 of the charter could create a potential conflict of interest, as it provided that IES might conduct investigations when requested by the Director. The delegate pointed out that auditors were not necessarily professional investigators and sought an explanation from the Bureau for that provision, especially in light of the plan to establish the new Investigations Office. She also asked whether the charter should not include a requirement for the internal audit function to be subject to an independent external quality assessment, with external independent validation every five years, in line with the standards of the Institute of Internal Auditors and JIU recommendations.

191. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) explained that IES might be asked to perform an investigation in cases where the investigator might have a conflict of interest. Indeed, IES had performed one

such investigation in the past. He also explained that, although the five-year review of the Office was not explicitly mentioned, paragraph 20.4 of the charter provided that the internal audit function must follow the International Professional Practices Framework of the Institute of Internal Auditors. That implied that there would be five-year reviews.

192. The Executive Committee adopted resolution CE162.R6, confirming the amendments to the Financial Rules.

Personnel Matters

Amendments to the PASB Staff Regulations and Rules (Document CE162/24)

193. Ms. Cristina Luna Ribadeneira, (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Rules relating to revisions of the salary scale for staff in the professional and higher categories, determination of the dependency status of the spouses of staff members, and recovery of the lump sum of the settling-in grant in the case of dismissal of a staff member for misconduct within one year of appointment or reassignment. In the Subcommittee's discussion of the proposed amendments, clarification had been sought regarding the annual incremental financial impact of the increase in the base/floor salary scale.

194. In response to the latter question, Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) had explained that the overall increase of \$421,000 per year was for the entire United Nations system and that its impact would thus be negligible at the level of individual agencies.

195. Following Ms. Luna Ribadeneira's introduction, Dr. Barillas explained that the proposed amendments had the objective of keeping the Organization current in terms of best practices and in line with WHO and other United Nations bodies.

196. The Executive Committee adopted Resolution CE162.R8, confirming the amendments to the Staff Rules set out in Document CE162/24 and establishing the annual salaries of the Director, the Deputy Director, and the Assistant Director for 2018, with effect from 1 January.

PASB Human Resources Management (Document CE162/25)

197. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that that the Subcommittee had received an update in March on the most important initiatives undertaken in the sphere of human resources during 2017 and on the progress made in implementing the Bureau's human resources strategy, known as the "People Strategy." The Subcommittee had welcomed the progress made towards gender parity, but had encouraged the Bureau to continue striving to achieve parity at the P5, P6, and D levels. Further information on succession planning and knowledge transfer had also been requested.

198. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) explained that the information in the report was intended to demonstrate how the Bureau was consolidating a series of initiatives, which previously had been somewhat separate, within the context of the People Strategy. That process included incorporating new electronic tools in areas such as recruiting, as well as learning tools and platforms. The work had been gradual, but results were beginning to emerge.

199. One important development in 2017 had been the implementation of the revised education allowance. Another had been the rise in the mandatory retirement age to 65. One of the policies intended to strengthen the People Strategy and modernize the management of the workforce was teleworking, which had been introduced as a pilot program. The experience had been reviewed by both participants and their supervisors, and the program was currently undergoing a formal legal review.

200. A system had been implemented to enable closer monitoring and control risks associated with the decentralization of authority, especially for contracting, following the implementation of the PMIS. Improvements to the recruiting and selection process had reduced hiring time from eight months to four or five. A new organizational structure to support the People Strategy had been introduced; it would be reviewed in July and any needed adjustments would be made. In order to train staff and advance their professional development, the Bureau had incorporated two electronic learning platforms.

201. An operational plan for talent and succession management had been submitted for consideration by Executive Management, and a platform had been put in place for electronic exit/reassignment reports. The aim of those initiatives was to address the concerns expressed by Member States and by the Organization's auditors with regard to the preservation of institutional memory. From February, all staff retiring or being reassigned were mandatorily required to submit an electronic report.

202. The Bureau had undertaken the commitment to advance the Gender Parity Initiative, which would be phased in during the current biennium. Changes in gender-related staff statistics from 2016 to 2017 had been minimal. Overall, 51% of professional staff were women, but in the posts with managerial responsibilities or demanding high-level technical knowledge there was definitely scope for improvement. The two highest positions in the Organization were held by women, but women continued to be underrepresented in grades P4 to D2.

203. In terms of age, by a significant margin the largest group of professionals comprised those between 50 and 65. Consequently, the Bureau would probably be losing 77 professionals in the following five years. However, attrition due to retirement was proceeding as anticipated, and it was expected that concerns about hard-to-replace professionals who were retiring would be met through the succession plan and the various other initiatives.

204. The Executive Committee recognized that significant efforts had been made to achieve the Organization's various human resources objectives. One delegate requested

more information on how the changes in organizational structure, specifically the movement of the program on prevention of violence against women to the Department of Noncommunicable Diseases and Mental Health, would affect the recognition of the intrafamilial, life course, and intergenerational issues particular to violence against women. Another delegate requested more detailed information on the telework program and how it would help the Organization, other than by providing a better work environment for the staff. He also asked about incentives being provided to contingent workers and about how the hiring of new talent was helping to renew the Organization. A third delegate asked how the intern program was being operationalized, in light of the World Health Assembly resolution adopted on the subject (Resolution WHA71.13, see paragraphs 385 to 388 below).

205. Dr. Barillas responded that all short-term and fixed-contract staff were eligible to participate in the telework program on a trial basis, under a binding agreement with the Organization which committed them to be fully contactable while teleworking. In terms of what the program offered other than improved working conditions for staff, she noted that office space was scarce and increasingly expensive, and teleworking helped to alleviate those constraints. It was also an opportunity for the Organization to demonstrate trust in its professional staff and in their capacity to work outside the office while still maintaining business continuity.

206. With regard to incentives for contingent workers, the Bureau offered competitive remuneration based on past experience, expertise, and seniority, but such workers did not enjoy most of the incentives available to full-time staff. The Bureau did meet the minimum legal requirements with regard to insurance for workplace accidents involving contingent workers. It would have to weigh the potential advantages of offering any additional benefits against the costs to the Organization.

207. The hiring of new talent and the transfer of institutional knowledge was a major focus of the succession plan. The learning platforms put in place in recent years offered a wide array of personal and professional development opportunities, including 80 hours of mandatory training a year. It was necessary, however, to balance the need to foster the development of internal talent against the need to bring in people from outside for very specialized positions. The improved recruitment times had helped to ensure that the Bureau could hire personnel as and when needed.

208. With regard to the internship program, the Bureau recognized the need to find a way to ensure that eligible participants were not excluded for financial reasons. Some years earlier, the Department of Human Resources had put forward a proposal for the payment of a stipend to interns, and the Department was assessing the possibility of offering a health insurance plan for interns, who were currently required to pay for their own insurance. While expanding the internship program would provide more young people with learning opportunities in an international environment, the time that their supervisors could devote to them was limited, so an appropriate balance had to be struck.

209. The Director thanked Member States for their interest in the management of the Organization's human resources, which were one of its most important assets. Sound personnel management was needed to ensure a level of expertise that would respond to Member States' needs, but at the same time it was important to maintain high staff morale and prevent excessive turnover, while also balancing the need to ensure room for career mobility with the desirability of bringing in new talent. Without career mobility staff became stagnant and unmotivated; without continued learning and the injection of new talent, the Organization could not stay on the cutting edge. A particular problem in terms of career mobility was that too many staff remained stuck at the P4 level with little chance for advancement.

210. No decrease in the performance of staff participating in the telework program had been detected, and teleworking was having a beneficial effect both on staff morale and on resources. Contingent staff provided much-needed flexibility and enabled the Bureau to react more rapidly to the changing needs of countries, for example in emergencies. With regard to interns, it was important to consider how the program could be made more equitable so that potential interns with limited means could participate. She noted that many former interns had gone on to occupy important positions in their countries and in PAHO.

211. With regard to the question on the program on violence against women, she stressed that the Organization employed a team approach that cut across areas of work. The Organization had limited resources to devote to issues of violence in general, and moving the single staff member responsible for work on intrafamilial violence had been seen as a way of better addressing a multisectoral issue. Thus far, that shift had not had any impact on the staff member's output or effectiveness.

212. The Executive Committee took note of the report.

***Statement by the Representative of the PAHO/WHO Staff Association
(Document CE162/26)***

213. Ms. Ana Carolina Báscones (General Secretary, PAHO/WHO Staff Association) affirmed the commitment of the staff to the mission and values of the Organization, values of equity, excellence, respect, and integrity and noted that the interaction between staff and management was characterized by cooperation, effort to achieve consensus, and mutual respect. She drew attention to two matters that the Staff Association had highlighted in its report to the Executive Committee (Document CE162/26): the importance of a working environment that was conducive to trust and creativity and the need for a responsive internal justice system.

214. The management style of the Director had been critical to creating a working environment fostering respect and creativity. The staff considered that the achievements and lessons learned under the human resources strategy offered the opportunity to strengthen efforts towards a cultural change in the management of human resources and promote a comprehensive policy on succession planning, capacity-building, and the

incorporation of new talent. The Learning Board, spearheaded by the Deputy Director, was one of the pillars of cultural change. The Staff Association welcomed the recent reestablishment of the Director's Joint Advisory Committee on Staff Matters, which, together with the Learning Board would help to foster discussion on policies that would promote best practices in human resources management.

215. Concerning the internal administration of justice, the Staff Association acknowledged that significant progress had been made with regard to the reform of the Board of Appeal and applauded the efforts of the Ethics Office to provide training to all staff on PASB's Code of Ethical Principles and Conduct. It also welcomed the zero-tolerance policy on fraud and harassment and underlined the need to impress upon the younger generation of staff that certain behaviors, in particular sexual harassment, were unacceptable. The Staff Association saw training as a tool for preventing future problems. It had offered a variety of workshops on topics such as stress management, not only at Headquarters but also in country offices. It also supported activities that fostered teamwork and camaraderie, such as the "PAHO's Got Talent" competition.

216. The Director thanked the Staff Association for the mature approach they brought to the collaboration with Executive Management and their openness in discussions with her during their regularly scheduled meetings. She viewed the Association as a partner in human resources management.

217. The Executive Committee took note of the report.

Matters for Information

Preliminary Version of the Final Evaluation of the Health Agenda for the Americas 2008-2017 (Document CE162/INF/1)

218. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a document that explained the methodology for carrying out the final evaluation of the Health Agenda for the Americas 2008-2017 and proposed an outline for the report. The Subcommittee had expressed general agreement with the proposed methodology and outline. Delegates had emphasized the importance of identifying lessons learned from the implementation of the Health Agenda and including them in the report. It had also been considered important to identify areas where improvements or additional efforts were needed. The importance of avoiding duplication in regional evaluation efforts had been stressed.

219. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the preliminary version of the final evaluation, noting that it was a work in progress and inviting Member States to continue submitting written comments until 15 July. He recalled that the Health Agenda for the Americas had been approved in 2007 and had served as the highest strategic policy document to guide health planning at the regional, subregional, and country levels. A review of the achievements under the Agenda

had been conducted as part of the development of the Sustainable Health Agenda for the Americas 2018-2030, approved in 2017.

220. The Bureau had been requested to present a comprehensive final evaluation of the Health Agenda in 2018 in order to document lessons learned that could inform the implementation of the new Sustainable Health Agenda. The evaluation would also be useful in the development of PAHO's Strategic Plan 2020-2025 (see paragraphs 226 to 236 below). The preliminary report submitted to the Executive Committee showed that the Agenda had served its purpose as a reference framework for strategic policies and plans and that progress had been made in all of the eight areas of action identified therein. The methodology employed for the final evaluation had been similar to that used for the midterm evaluation. A review of additional information from existing sources, together with further analytics, would be added to the report prior to the Directing Council.

221. The Executive Committee welcomed the significant progress made in the eight areas of action and affirmed the need to identify lessons learned and apply them in the implementation of the new Sustainable Health Agenda. It was pointed out that, despite the achievements registered at the regional level, disparities persisted between subregions and countries and within countries. The importance of disaggregating data by subregion, in the final evaluation and all future evaluations, was emphasized. It was considered important for the evaluation to take account of developments in a number of areas, including universal health coverage, quality of care, health investment and expenditure, human resources, emergency and disaster response capacity, and others. It was also considered important to note the problems created by the fact that the Health Agenda had not included any measurable targets or indicators, which had made it difficult or impossible to assess progress in some areas. Several delegations indicated that they would submit further comments in writing.

222. Mr. Chambliss thanked delegates for their oral comments and said that he looked forward to receiving additional written comments.

223. The Director expressed thanks to Member States for their ongoing work with the Bureau to improve the final evaluation.

224. The Committee took note of the report.

Proposed Process for Development of the PAHO Strategic Plan 2020-2025 (Document CE162/INF/2)

225. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's consideration of the proposed process for developing the new Strategic Plan, noting that it had been informed that a Strategic Plan Advisory Group composed of representatives of Member States would be formed to assist in drafting the plan, but that all Member States would have the opportunity to provide input throughout the process. The Subcommittee had welcomed the

proposed participatory process and supported the proposed criteria for the appointment of members to the Strategic Plan Advisory Group.

226. The Subcommittee had underlined the importance of aligning the new Strategic Plan with the Sustainable Health Agenda for the Americas, the WHO Thirteenth General Program of Work, the Director-General's WHO transformation agenda, and the Sustainable Development Goals. It had been considered important also to take into account other regional commitments. In order to ensure that the implementation of the new Strategic Plan did not represent an undue burden for Member States, it had been considered necessary to draw up a map of global and regional commitments to be addressed.

227. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) reviewed the timeline for the development of the Strategic Plan 2020-2025, noting that it comprised a total of 18 months, which was six months more than had been allotted for the process of developing the current Strategic Plan. Hence, there would be ample time for Member State consultations. The new plan would incorporate the 11 goals and 60 targets included in the Sustainable Health Agenda for the Americas. However, it would also be necessary to align it with WHO's Thirteenth General Program of Work (GPW13), which did not include any targets or indicators. Some initial proposals for targets and indicators had been put forward in a strategic impact framework, but they were still being refined.

228. With regard to the proposed Strategic Plan Advisory Group (SPAG), he noted that, based on previous experience the Bureau had proposed that the group should include 10 to 12 members, including both Member States that had and had not participated in the development of the current Strategic Plan and/or the Sustainable Health Agenda for the Americas. The Bureau also proposed that Panama, the current President of the Executive Committee, should chair the SPAG. Several Member States had expressed interest in being members of the SPAG.

229. Like the Subcommittee, the Executive Committee welcomed the participatory process outlined proposed for the development of the Strategic Plan 2020-2025 and affirmed the need to take account of lessons learned from the evaluation of the Strategic Plan 2014-2019 and the Health Agenda for the Americas 2008-2017. The importance of Member State participation in both the formulation of the new Strategic Plan and the evaluation of its results was highlighted.

230. The need to align the new plan with GPW13 and the Sustainable Health Agenda for the Americas was once again emphasized, as was the need to align it with other global and regional commitments such as the such as the Montevideo Consensus on Population and Development. To that end, it was suggested that the Bureau should provide the SPAG with a mapping of all regional and global commitments that needed to be taken into account in the formulation of the new Strategic Plan.

231. It was suggested that the SPAG should also be provided with an assessment of national progress based on evaluations of results achieved in the 2014-2015 and 2016-2017

bienniums. In order to avoid duplication in measurement efforts and reduce the reporting burden on Member States, it was considered important to use existing targets and indicators to the extent possible. A delegate pointed out that the Region could not complete the development of the new Strategic Plan until the targets and indicators for GPW13 were known and expressed concern that the process for developing indicators at the global level might not be sufficiently participatory. The need to provide training for national authorities and PAHO country office staff on the PAHO-Hanlon prioritization method was also noted.

232. Delegates acknowledged the importance of regional specificity in developing the Strategic Plan 2020-2025 and underlined the importance of a focus on strengthening health systems in the new Strategic Plan in order to ensure universal and equitable access to health services, protect the public health gains made to date, and confront the numerous health-related challenges in the Region. The need to prioritize pandemic and emergency preparedness was also emphasized, as was the need for the Bureau to provide evidence-based guidance and technical assistance to Member States to support them in meeting the health-related Sustainable Development Goals.

233. Mr. Chambliss assured the Committee that the Bureau was very conscious of the need to use existing indicators and avoid increasing the reporting burden on Member States and would look carefully at how to ensure coherence between existing regional indicators and how best to align the Strategic Plan with those indicators and with indicators for the Sustainable Development Goals, GPW13, and other commitments. Such alignment was important not only to facilitate monitoring and reporting, but also in order to reduce the costs associated with collecting additional data. He had taken note of the comments regarding the preliminary work that the Bureau needed to do and affirmed that preparations for the deliberations of the SPAG had already begun.

234. The Director thanked Member States for their keen interest in the development of the new Strategic Plan and previous strategic planning instruments. The new plan would guide the work of both the Bureau and Member States, and it was therefore essential that Member States be fully involved in both its development and its monitoring and evaluation.

235. The Executive Committee endorsed the proposed process for development of the Strategic Plan 2020-2025 and decided to appoint Panama to chair the Strategic Plan Advisory Group. The Committee decided to appoint the following Member States as members of the SPAG: Antigua and Barbuda, Guyana, Saint Lucia, and Trinidad and Tobago as representatives of the Caribbean subregion; Bolivia, Brazil, Ecuador, Paraguay, and Venezuela (Bolivarian Republic of) as representatives of the South American region; Costa Rica, El Salvador, Guatemala, and Panama as representatives of the Central American subregion; and Canada, Mexico, and United States of America as representatives of the North American subregion (Decision CE162[2]).

Report on Strategic Issues between PAHO and WHO (Document CE162/INF/3)

236. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been invited to comment

on the format and content of a report prepared pursuant to a request from the 29th Pan American Sanitary Conference, which had called upon the Bureau to transform the yearly report on WHO reform into a report on issues of strategic importance to the relationship between PAHO and WHO. The Subcommittee had generally agreed that the report was satisfactory in terms of format and structure, but several delegates had been of the view that it lacked the detail and the strategic vision that Member States wished to see.

237. It had been suggested that future reports should include an analysis of whether the activities described were on track, how collaboration between PAHO and WHO might be improved, and information on the sharing of best practices between the two organizations. In addition, it had been suggested that future reports should contain information on issues discussed during the most recent sessions of the WHO Executive Board and Programme, Budget, and Administration Committee that were of particular relevance to the Region and that they should also address administrative and financial matters such as PAHO's participation in the WHO mobility policy, funding gaps, and coordination between PAHO and WHO on financing and resource mobilization.

238. In the Executive Committee's discussion of the report, a delegate expressed thanks to the Bureau for revising the document in order to provide Member States with information of a more strategic nature and encouraged it to continue including more analysis of challenges and opportunities, rather than a mere description of activities, in future reports. He welcomed the inclusion of information on WHO program budget funding levels approved for each region and the funding actually received. Noting that the amount of funding received by the Region of the Americas was considerably lower than in the other regions, he urged the Bureau to continue working to close the gap between approved and available funding. He applauded the Bureau's efforts to ensure that PAHO was an active participant in WHO-coordinated resource mobilization efforts.

239. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) assured the delegate that the Bureau would take his comments into account in preparing future reports. He observed that underfunding of the Region of the Americas with respect to the other WHO regions had been a historic pattern. Nevertheless, the amount of flexible funding received had generally been reliable. The proportion of WHO voluntary contributions received, on the other hand, was quite low in comparison with the proportions received by other regions.

240. The Executive Committee took note of the report.

Cybersecurity in PAHO (Document CE162/INF/4)

241. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the steps being taken to ensure a safe digital environment in PAHO. It had been reported that a thorough information security assessment conducted in 2017 had found that current controls were providing a good level of protection and that there had been no critical security incidents in 2017. The Subcommittee had been informed that the Bureau had

drawn up a roadmap for addressing the survey's recommendations for improvement and strengthening its cybersecurity capabilities. The Subcommittee had acknowledged the growing threat posed by cyberattacks and welcomed the Bureau's efforts to safeguard and maintain a safe digital environment. Its efforts to strengthen data backup and recovery capabilities had been considered especially important. It had been suggested that the Bureau might wish to develop its roadmap into a cybersecurity program incorporating enterprise risk management and budget and investment strategies. The need to ensure that the Organization's financial transactions were protected from cyberattacks had been emphasized.

242. Mr. Valentin Prat Padros (Director, Department of Information Technology Services, PASB) said that the Bureau had taken note of the comments made by the Subcommittee and was incorporating them into its preparedness plans. It was making every effort to mitigate cyberattacks. In 2017 some attacks had been detected, but the controls in place had been sufficient to detect and block them. It was impossible to guarantee 100% security, but the roadmap provided a good plan for improving controls and ensuring that the Organization was well prepared for any attacks.

243. The Director observed that security was complex in an organization like PAHO, with offices in many countries and many system users. The Bureau would remain vigilant and continue striving to improve cybersecurity.

244. The Executive Committee took note of the report.

Status of the PASB Management Information System (PMIS) (Document CE160/INF/5)

245. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the PMIS project had been successfully completed on time and on budget and that the system was operating in four languages, handling transactions in 24 currencies, supporting 180 business processes, and serving more than 2,000 users in over 30 locations across the Americas. It had also been reported that the system was already producing tangible benefits, including streamlining business processes, improving data management, and facilitating cooperation and mobility. In the Subcommittee's discussion of this item, it had been suggested that the report should contain information on how the PMIS was linked with the WHO Global Management System and whether it had facilitated communication. It had also been suggested that an external evaluation of the PMIS should be conducted and that the Bureau should produce a document on lessons learned from the implementation of the system.

246. The Director noted that the PMIS had become fully functional in 2016 and recalled that the Executive Committee had heard some findings and recommendations of the External Auditor and the Audit Committee on improving some of the information coming out of the PMIS and on strengthening some of the weaknesses detected in Workday. As she had commented to the Subcommittee, she believed it was still too soon to do an external

evaluation of the PMIS. The lessons to be learned from such an evaluation would be important not only to PAHO but also to other organizations seeking to implement an enterprise resource planning (ERP) system, but not enough time had elapsed since the system's implementation to be able to usefully assess its performance.

247. The Executive Committee took note of the report.

Report of the Advisory Committee on Research for Health (Document CE162/INF/6)

248. Mr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the report, noting that, since 2009, the Advisory Committee on Health Research (ACHR) had advised PAHO on the implementation of its Policy on Research for Health. He pointed out that research for health was essential to generate evidence to guide decision-making and bring about improvements in health and equity. It would also be needed if the Region was to achieve the Sustainable Development Goals and the objectives of the Sustainable Health Agenda for the Americas. The report presented for consideration by the Executive Committee summarized the deliberations of the Advisory Committee on Health Research (ACHR) and the recommendations made during its 46th session, held in November 2016. The Advisory Committee had assessed progress on a number of specific research initiatives and had urged the Bureau and Member States to continue to support and promote research in accordance with national priorities and needs.

249. In the ensuing discussion, a delegate encouraged the Advisory Committee and the Organization as a whole to focus on implementation science and robust program evaluation to ensure that Member States built capacity to evaluate and modify health interventions as appropriate in order to progress towards and achieve the Sustainable Development Goals. She added that her country would be happy to share best practices and provide technical assistance to other Member States, particularly with regard to implementation science.

250. Dr. Francisco Becerra-Posada (Assistant Director, PASB), acknowledging the value of implementation science, highlighted the importance of national and local research for generating the evidence needed for decision-making. While ministries of health generally did not conduct such research directly, they did have a responsibility to provide guidance on the type of research needed in order to yield the evidence required for national policy- and decision-making. Capacity for local research was often limited, however, by lack of specific funding, lack of training, and lack of the necessary equipment and materials. He pointed out that regional resources, such as the Latin American and Caribbean Center on Health Sciences Information (BIREME) and the *Pan American Journal of Public Health* could also be useful sources of evidence for decision-making, noting that the *Journal* routinely published local research studies.

251. The Executive Committee took note of the report.

***Report of the Commission on Equity and Health Inequalities in the Americas
(Document CE162/INF/7)***

252. Dr. Heidi Jiménez (Legal Counsel, PASB) recalled that the Director had established the Commission on Equity and Health Inequalities in the Americas with the objective of gathering and evaluating the available evidence on the causes of health inequities and inequalities and formulating recommendations aimed at improving the health and well-being of all people in the Region, regardless of gender, sexual orientation, ethnic identity, or economic or social status. The formation of the Commission had been a result of the growing importance attached to social determinants of health and to considerations related to gender, ethnicity, equity, and human rights. Those four cross-cutting themes were central to the Commission's work.

253. The Commission was composed of 12 highly respected experts who had been recognized for their work in the four cross-cutting areas. In addition, the Commission had partnered with 15 PAHO Member States to review the available information and evidence on health and inequalities. The Commission had met seven times since 2016 to analyze evidence and consider the final recommendations to be presented to Member States in 2018.

254. The Commission would produce two final outputs: a final report and 13 evidence reviews. The latter would be presented, together with an executive summary of the final report, to Member States during the 56th Directing Council in September. The evidence reviews covered a broad spectrum of topics, including health system, health in the early years of life and healthy aging, gender, race and ethnicity, disability, urbanization, environment, poverty and social protection, and violence. The Commission's final report and recommendations would provide new ways of understanding and prioritizing action to address health inequities and inequalities in the Americas.

255. Delegates applauded the Director's initiative in establishing the Commission and expressed firm support for its work, with one pointing out that it had marked a move forward from thought and discussion on equity and inequalities to action and distinct measures that would assist countries in focusing resources where they were most needed. Delegates praised the Commission's focus on social determinants of health and on the four cross-cutting themes of gender, ethnicity, equity and human rights and welcomed its analysis of the social and biological factors that influenced equity and health inequalities. Its efforts to create a record of positive and innovative practices and case studies were also welcomed.

256. Several delegates highlighted the importance of reliable data and a strong evidence base for decision-making and for identifying and tackling health inequalities. In that connection, one delegate reported that her country had developed a health inequalities data tool containing data on indicators of health status and health determinants stratified by a range of social and economic characteristics; another delegate highlighted the importance

of finalizing a comprehensive plan of action on information systems for health, as agreed during the 29th Pan American Sanitary Conference in 2017.²

257. Delegate of Mexico sought clarification of the criteria applied in selecting the members of the Commission and, pointing out that there were no members from Meso-America, inquired whether geographic representation had been taken into account. He also asked for further information about the nature of the Commission's partnerships with Member States and urged it to seek input from national health authorities. He noted that Mexico had a national observatory on health inequities and would be pleased to share information from the observatory with the Commission.

258. A delegate said that her delegation had expected that the executive summary of the Commission's report would be made available to the Committee for discussion. She suggested that it should be circulated to Member States prior to the Directing Council and that the full final report should then be presented to the Council.

259. Dr. Jiménez explained that the Commission was an independent body of experts. Its members served in an individual capacity, not as representatives of their respective governments. They had been selected following an extensive review of numerous factors, one of which had been geographical representation. The Bureau had endeavored to involve as many countries as possible in partnerships with the Commission. Mexico had been one of the partner countries. There had been ongoing communication with government officials in the partner countries, and the information in the evidence reviews had been gathered directly from officials in those countries.

260. As to the suggestion that the full final report should be presented to the Directing Council, she explained that even if the Commission members were able to finalize their report before September—which was highly unlikely—it would be impossible for the Bureau to have it translated into the Organization's other three official languages in time for submission to the Directing Council. The executive summary, however, would be made available in all four official languages before September. It would include a summary of the Commission's recommendations.

261. The Director, noting that equity was a central issue in the Sustainable Health Agenda for the Americas, the Strategy for Universal Access to Health and Universal Health Coverage, and WHO's Thirteenth General Program of Work, said that the Commission's report would provide important evidence to be used in policy- and decision-making to address the persistent inequalities and inequities in the Region. It was hoped that the report would contribute to the achievement of not only the health-related Sustainable Development Goals, but other Goals as well. As Dr. Jiménez had explained, it would not be possible to have the final report ready by September. However, the Bureau was planning a regional launch of the report on a later date, at which time it hoped to engage Member

² See the final report of the 29th Pan American Sanitary Conference, Document CSP29/FR (2017), paragraphs 93 to 101.

States in a fruitful discussion of how best to implement the Commission's recommendations.

262. The Committee took note of the report.

Implementation of the International Health Regulations (IHR) (Document CE162/INF/8)

263. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the report, which provided an update on Member States' progress in implementing the International Health Regulations and reviewed the actions taken by Member States and the Bureau to strengthen IHR core capacities and respond to acute public health events. It also highlighted issues on which ongoing concerted action was needed.

264. During the period covered by the report (July 2017 to March 2018), 70 acute public health events had been reported, 60% by States and 40% by other, non-official sources. All had been investigated; 28 had related to communicable diseases, including diphtheria, measles, yellow fever, and malaria. The report provided information on the countries affected.

265. There had been substantial improvements in all IHR core capacities during the reporting period. Notable progress had been made in strengthening capacities to respond to chemical events and radiation emergencies, especially in the Caribbean countries. Overall, the Americas was one of the most advanced regions with regard to compliance with the core capacity requirements. The Region also showed a high level of compliance with requirements of an administrative nature, such as annual reporting by States Parties.

266. The Executive Committee welcomed the progress made in implementing the Regulations and strengthening core public health capacities in the Region, although delegates recognized that further work was needed to achieve and sustain full implementation. The need for greater transparency and mutual accountability was also noted. Delegates reaffirmed their countries' commitment to implementing the Regulations and expressed support for the five-year Global Strategic Plan to Improve Public Health Preparedness and Response, 2018-2023, and the IHR Monitoring and Evaluation Framework. While acknowledging the potential usefulness of the Framework's three voluntary monitoring tools, several delegates stressed that annual self-evaluation and reporting should remain the only requirement for States Parties.

267. Other delegates highlighted the value of joint external evaluations for identifying where core capacities were working well and where there was room for improvement. The Delegate of Canada reported that his country was engaged in a joint external evaluation and encouraged other countries to consider undertaking such evaluations and to support the evaluation process in other countries. It was recognized that joint external evaluations must always take account country contexts and needs, and it was emphasized that they should not be used as indicators of IHR implementation or as conditions for the granting of financing from international organizations.

268. Several delegates affirmed the need to strengthen implementation of the Regulations in response to the public health challenges posed by migration. The Delegate of Colombia described the challenges that his country was grappling with as a result of a large influx of migrants from the Bolivarian Republic of Venezuela, 800,000 of whom had taken up residence in the country; another half a million had transited through Colombia en route to other countries. As a result, demand for health services had grown substantially, and there had been a rise in public health events associated with vaccine-preventable diseases. The delegate pointed out that the situation was also affecting other countries and posed a risk to public health regionwide. He thanked the Bureau and other Member States for the support they had provided to assist the Colombian Government in addressing the health needs of the migrant population and expressed the hope that such support would continue.

269. The Delegate of the Bolivarian Republic of Venezuela acknowledged that her country was undergoing a complex situation, which unfortunately had impacted the health sector. She pointed out that the country had also been affected by a series of sanctions, which had prevented it from buying medicines. She stressed that her Government was well aware of its responsibility towards its citizens in the area of health and was not relinquishing that responsibility, but it was concerned that there did not appear to be a willingness on the part of health authorities—as there had been in other situations affecting health in border areas in the Region—to work together in a collaborative manner. Instead, the health situation in Venezuela had been used for political purposes. She expressed gratitude for the Bureau for the high-level technical support it had provided to help her country address the health challenges it faced.

270. Dr. Ugarte, expressing thanks to Member States for their ongoing efforts to improve their core capacities, confirmed that only self-reporting was mandatory under the Regulations. He noted that a number of countries in the Region had nevertheless conducted voluntary simulation exercises and joint external evaluations. He pointed out that the findings of the evaluation under way in Canada could prove useful not only to that country, but also to others, as experts from several countries in the Americas had taken part, as had experts from other regions. With regard to the reports of disease outbreaks mentioned in Document CE162/INF/8, he noted that they were a demonstration of collaboration and had enabled countries to improve their capacity to tackle such challenges together.

271. The Director added that the fact that countries had been able to promptly detect and respond to outbreaks of measles and other diseases was evidence of their success in strengthening their surveillance systems and ability to respond to public health events of international concern. Nevertheless, only 60% of acute public health events during the reporting period had been notified by national authorities, which pointed to a need for greater transparency and openness. She recalled that numerous Member States had accepted some level of independent evaluation when the Region had been preparing for the possible introduction of the Ebola virus several years earlier, and assured Member States that the Bureau stood willing to support any Member State that wished to undertake a joint

external evaluation, the aim of which would be to help the country identify any needed improvements with regard to its core capacities and readiness.

272. The Committee took note of the report.

Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas (Document CE162/INF/9)

273. Ms. Cristina Luna Ribadeneira (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update in March on the situation of inactivated poliovirus vaccine supply in the Americas and on the Bureau's efforts to ensure that adequate quantities of the vaccine were available through the Revolving Fund for Vaccine Procurement. The Subcommittee had been informed that the Bureau expected to be able to obtain enough vaccine to meet a large proportion—though not all—of the demand for 2018 and that it was negotiating for further quantities for 2018 and 2019. The Subcommittee had also been informed of the steps being taken to prepare countries to administer fractional doses of IPV in the event that it proved impossible to obtain sufficient supplies to fully meet demand for the vaccine.

274. The Subcommittee had underlined the importance of maintaining the eradication of poliomyelitis in the Region and commended the Bureau's efforts to ensure adequate supplies of IPV and to prepare countries to deal with potential shortages of the vaccine. Delegates had expressed support for the administration of fractional doses, although it had been pointed out that the decision to use fractional doses should be made at the national level in the light of regulatory and programmatic considerations and contextual factors. The Bureau was encouraged to continue providing training for health personnel on all aspects of IPV introduction, including the use of fractional doses.

275. In the Executive Committee's discussion of the report, delegates affirmed the importance of maintaining polio eradication in the Region and stressed the need for concerted effort to keep the Americas polio-free. A delegate drew attention to the need to heighten awareness among both public health professionals and the general public about the importance of vaccination and alert them to the possibility of reintroduction of the wild poliovirus and the emergence of vaccine-derived poliovirus, and notification and investigation of any cases of acute flaccid paralysis in children under 15 years of age. Another delegate noted the threat to global eradication efforts posed by worldwide shortages of IPV and by the fact that some countries outside the Region had not yet been able to introduce the inactivated vaccine.

276. Delegates noted the strategic role of the Revolving Fund in negotiating a timely and adequate supply of vaccine at affordable prices, with one delegate noting that the Fund was an important mechanisms for South-South cooperation. Additional information on the negotiations, particularly with respect to the availability and price of the vaccine, was requested. Delegates applauded the Bureau's efforts to prepare for shortages and highlighted the importance of training health workers in the correct administration of fractional doses of IPV in order to ensure immunogenicity.

277. Dr. John Fitzsimmons (Chief, Special Program on the Revolving Fund for Vaccine Procurement, PASB) confirmed that there had been a shortage of IPV in the Region since 2016. The situation had improved in the current year as a result of the resolution adopted by Member States on the matter in September 2017 (Resolution CSP29.R16). Concerning the request for additional information on the results of the negotiations with vaccine suppliers, the Bureau estimated that approximately 95% of the Region's vaccine needs would be met in 2018 and 90% to 95% in 2019. Continuous vigilance of the vaccine supply would be required, however. The supply chain for IPV remained fragile, although it was improving. Regarding South-South cooperation, the Bureau expected that in 2020, other suppliers, some of them from developing countries, would be entering the market, which would help to keep prices down. The Bureau was working closely with global partners such as the United Nations Children's Fund (UNICEF) and the Global Polio Eradication Initiative to ensure that adequate supplies of vaccine were available for all regions of the world.

278. The challenge for the coming year would be the uptake of the recommendations of PAHO's Technical Advisory Group on Vaccine-Preventable Diseases concerning the potential two-dose scheme and fractional dosing. Fractional dosing created opportunities for significant savings in terms of both doses and dollars. In the case of one country, it would save 70% of the doses required and \$600,000.

279. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) emphasized the importance of introducing fractional dosing of IPV, noting that evidence compiled by the Strategic Advisory Group of Experts on Immunization and PAHO's Technical Advisory Group on Vaccine-Preventable Diseases indicated that two fractional doses of IPV were equally or more immunogenic than one intramuscular dose. He reported that nine countries in the Region had begun preparations to introduce fractional dosing, and Cuba and Ecuador had already done so. The training materials used to prepare health workers to administer fractional doses in Ecuador had been enhanced as a result of its experience and would be used to help other Member States that were preparing to introduce fractional dosing.

280. The Committee took note of the report.

Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons (Document CE162/INF/10)

281. Dr. Heidi Jiménez (Legal Counsel, PASB) recalled that in 2013 the PAHO Member States had adopted Resolution CD52.R6, which recognized that stigma and discrimination often prevented LGBT persons from accessing much needed mental health and other services, and that this and other manifestations of social and cultural exclusion resulted in health inequity, inequality, and increased vulnerability to adverse health outcomes. The resolution urged Member States to promote the delivery of health services; enact policies, plans, and legislation promoting equal access to services tailored to the specific needs and barriers faced by LGBT persons; and collect data about access to health care and health care facilities. It also requested the Director to prepare a report on the health situation and

access to care of LGBT persons, the barriers they faced in accessing health care services, and the impact of reduced access on the LGBT population. Document CE162/INF/10 summarized the Bureau's work and the main findings of the Director's report and contained recommendations that could help Member States to eliminate the barriers faced by LGBT populations and advance towards the achievement of universal access to health. The final report of the Director would be presented to Member States during the 56th Directing Council in September.

282. In the Committee's discussion of the report, it was acknowledged that LGBT persons continued to face persistent challenges to accessing quality services. It was considered incumbent upon Member States to recognize the causes of disparities in accessing health services. A delegate described his country's efforts to explore the issues that impact LGBT persons, foster inclusion, and improve their access to health care.

283. The Director stated that, from the standpoint of equity, LGBT persons were an important group to consider and that stigma and discrimination based on sexual orientation or expression must be addressed. Despite the progress made, efforts were needed to strengthen capacity and reduce stigma and discrimination in health services. Better training for health workers who delivered care to the LGBT population was therefore needed.

284. The Committee took note of the report.

Plan of Action on Road Safety: Final Report (Document CE162/INF/11)

285. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced the report, noting that progress had been made towards achievement of several of the objectives included in the Plan of Action. Improvements had been seen in the development and designation of lead agencies as coordinating entities and in legislation on driving under the influence of alcohol and the use of child restraint systems. However, much remained to be done. Reforms were still needed to improve legislation on speed, compulsory helmet use for cyclists, and compulsory seat belt use. Moreover, there had been delays in compliance with and the enforcement of existing laws.

286. To build on the achievements to date, countries needed to work towards the recognition of road safety as a public health priority, in keeping with the recommendations of the Brasilia Declaration and the 2030 Agenda for Sustainable Development. Considering the significant increase in recent deaths from motorcycle crashes in the Region, it was recommended that Member States should define, strengthen, or implement road safety policies targeting motorcyclists. In the area of general road safety, all risk factors should be taken into account, including emerging risks such as distracted driving involving the use of mobile devices and driving under the influence of psychoactive substances. PASB would keep working to address the new realities in the Region, supporting countries in the improvement of legislation and enforcement and advocating for safe infrastructure and safe public transportation. PASB would also continue international cooperation with key actors in the Region, such as the United Nations Economic Commission for Latin America and

the Caribbean and the Inter-American Development Bank, to meet the Sustainable Development Goal targets on road safety.

287. Delegates welcomed the report and affirmed their commitment to continuing efforts to meet the objectives of the Plan of Action, concurring that road safety should be considered a public health priority. It was pointed out that, although some progress had been made, problems persisted, especially in the areas of legislation and enforcement, human and financial resources, and data collection. Concerning the latter, a delegate noted that the most recent data had not yet been published and therefore, the final report might have underestimated the progress made. There was consensus on the need to address issues such as distracted driving and driving under the influence of alcohol or psychoactive substances; concern was expressed about the risks that those behaviors posed to pedestrians, cyclists, and motorcyclists.

288. Dr. Hennis applauded Member States' comprehensive approach to road safety, noting that it was a very complex problem that involved many players, including ministries of transport, urban planning, and the interior. He stressed that a key factor in road safety—the enforcement of legislation on speeding, distracted driving, substance use, etc.—was beyond the mandate of the ministries of health. Thus, a multisectoral approach was needed. He informed the Committee that WHO would be publishing the Global Status Report on Road Safety in 2018; that report would contain the most recent data. The regional report would be issued once the finalized data were available, at which point the concerns about the underestimation of progress could be addressed.

289. The Director commented that, although progress might have been underestimated in the final report, it had still been insufficient, as evidenced by persistent high mortality and disability from road traffic incidents, especially among young males. Moreover, as road infrastructure had improved, road traffic accidents and mortality had increased. She affirmed the need for a multisectoral approach and for government investment in improved road infrastructure, better enforcement of relevant laws, and extensive education for drivers and other road users. Measures to address the problem of alcohol and psychoactive substance use, especially among young males, were also needed.

290. The Committee took note of the report.

Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report (Document CE162/INF/12)

291. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) summarized the content of the final report, noting that only 14, or 38%, of the countries and territories in the Region had updated their national plans in line with the Regional Plan of Action. The Plan's three main objectives—to help accelerate the reduction in maternal mortality, to prevent severe maternal morbidity, and to strengthen surveillance of maternal morbidity and mortality—had only partially been met. The target for reduction of the maternal mortality ratio in the Region had been 21%; the reduction achieved had been 11%. On the positive side, a number of countries had

begun keeping records on maternal morbidity, and surveillance of maternal morbidity and mortality had also improved. Analysis of the other 19 progress or outcome indicators generally revealed low reporting of coverage and, in some cases, a lack of reliable data. One of the biggest problems had been the lack of disaggregated data for different population subgroups, which posed a challenge for the study of maternal health inequities.

292. It was essential for Member States and PASB to maintain their commitment and efforts to consolidate the gains made and address the unfinished agenda in the area of maternal mortality and morbidity. They should also continue working to improve national surveillance and monitoring systems, emphasizing epidemiological analysis using indicators disaggregated by variables such as age, ethnicity, place of residence, and income. Quality measurement and assurance should be included as essential components in the design and execution of interventions going forward.

293. In the ensuing discussion, a delegate affirmed that the death of women during pregnancy, delivery, or soon after delivery was a tragedy for families and society as a whole and emphasized the need for continued effort to track and reduce maternal morbidity and mortality and improve health outcomes for women. Another delegate pointed out that countries' disparate criteria for defining severe maternal morbidity had resulted in significant variability in the data reported. He underlined the need to standardize definitions. He also noted the need to continue strengthening registries of pregnant women and pregnant women with severe morbidity in order to obtain accurate and internationally standardized information.

294. Dr. De Francisco Serpa said that it was important to move beyond national and regional averages. It was known that there were major differences among subgroups of the population in terms of morbidity, mortality, and access to services. Strengthened surveillance systems were needed to identify the women who were dying, where and why they were dying, and the reasons they were unable to receive the necessary health care. Without that information, it would be impossible to bring about any significant change. With regard to the lack of standardized criteria for defining severe maternal morbidity, he reported that the Bureau was working with a new global standard known as the "near miss," which referred to pregnant women who would have died had they not reached a health facility. That standard was now being applied in some countries of the Region, particularly in the Caribbean.

295. The Director observed that the "tyranny of averages" made it impossible to pinpoint which segments of the population suffered disproportionately high maternal mortality, although it was known that higher rates were seen among women in the lower economic quintiles, diverse populations, and remote areas. Affirming that maternal mortality was indeed a tragedy, she said that it was also tragic that the indicators in the Plan of Action had only partially been met. Continued effort on the part of both the Bureau and Member States was needed to address that tragedy. It was therefore important to ensure that the new Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (see paragraphs 96 to 107 above) adequately addressed the issue of maternal mortality. She reported that the Bureau had allocated resources to enable a P4 advisor to be assigned to

work in each of the 10 countries with the highest rates of maternal mortality and called upon Member States to increase their commitment and their investment in actions to prevent maternal deaths.

296. The Committee took note of the report.

Strategy and Plan of Action for Integrated Child Health: Final Report (Document CE162/INF/13)

297. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) reported that the Region had made progress on multiple fronts under the Strategy and Plan of Action for Integrated Child Health. The Region had achieved Millennium Development Goal 4: reduction of under-5 child mortality by two thirds. That achievement suggested that countries had the means and experience to end child mortality from preventable causes such as communicable diseases and undernutrition. Member States had increased access to care, including by enlisting community health workers and home health visitors as part of primary health care services, and had established multisectoral mechanisms to address various child health priorities, including promoting optimal child development.

298. Nevertheless, progress had been uneven across and within countries in terms of the burden of disease and the coverage of some interventions. To reduce inequities it was essential to focus public health actions on children in situations of vulnerability, including indigenous, Roma, and Afrodescendent children; migrant children; children with disabilities; and other groups. Unfortunately, data on such children remained limited. The main challenges for the Region in relation to child health were to address residual child mortality; increase preventive measures, targeting children in situations of vulnerability in particular; and promote actions that would increase opportunities for every child to grow and fully develop.

299. Dr. De Francisco Serpa concluded by noting that the lessons learned from the implementation of the strategy and plan of action, including the need to define precise, measurable indicators to assess progress, had been incorporated into the new Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (see paragraphs 96 to 107 above).

300. In the discussion that followed, delegates welcomed the progress made and emphasized the critical importance of the first six years of life for child growth and development, with one pointing out that investment in the health and well-being of children during that early period was one of the most profitable investments a society could make in terms of long-term social impact. The need for multisectoral approaches to address the needs of children in situations of vulnerability was emphasized.

301. Attention was drawn to the growing problem of childhood overweight and obesity, and the need to encourage healthy diets and promote breastfeeding was stressed. One delegate noted that his country had already met some of the targets and asked whether

indicator baselines could be revised to reflect the current reality in the countries of the Region.

302. Dr. De Francisco Serpa explained that the baseline information reflected the situation in 2011. The report indicated the progress made with respect to those baselines during the period covered by the Strategy and Plan of Action, 2012 to 2017. He noted that WHO and other partners had recently launched the publication *Nurturing Care for Early Childhood Development*,³ which provided a framework bringing together efforts in a variety of areas to promote healthy child development.

303. The Director pointed out that access to education, safe water and sanitation, good nutrition, safe and healthy housing, and other social determinants of health had a huge impact on children. Multisectoral action was therefore needed to improve the health and development of the Region's children. She hoped that in the further consultations on the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030, Member States would pay particular attention to the issue of equity and to those groups for whom progress indicators were still below regional averages.

304. The Committee took note of the report.

Strategy and Plan of Action on Climate Change: Final Report (Document CE162/INF/14)

305. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) recalled that the Strategy and Plan of Action on Climate Change had been adopted in 2011. The aim had been to strengthen and prepare national and local health systems to protect human health from risks related to climate change. Member States had made significant strides under all of the strategic lines of action and in some cases had exceeded the targets in the Plan of Action.

306. Summarizing some of the achievements, he reported that 23 Member States had included information about climate change and health in their national climate change strategies; 25 Member States had included climate indicators in environmental health surveillance systems; 33 Member States had submitted health sector contributions as part of their national communications to the secretariat of the United Nations Framework Convention on Climate Change; and 27 Member States had completed an assessment for increasing the resilience of their health systems.

307. Other important achievements had included the preparation and dissemination of training materials, including an online course offered through the PAHO Virtual Campus for Public Health. More than 6,000 people from 34 countries had taken the course thus far. In addition, intersectoral partnerships had been formed with various international agencies

³ WHO, UNICEF, World Bank. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO; 2018. Available from: http://www.who.int/maternal_child_adolescent/documents/nurturing-care-early-childhood-development/en/

with a view to mainstreaming health considerations and building the foundations for intersectoral work in the area of climate change.

308. The report suggested a number of actions in order to maintain the progress achieved, including building capacity in ministries of health and continuing to support the participation of health sector representatives in the global climate change agenda; identifying vulnerabilities in health systems and developing plans and roadmaps to address them; and formulating proposals to raise funding to increase the resiliency of health systems to climate change and to mitigate its effects.

309. In the ensuing discussion, delegates commended PAHO for its leadership role and its efforts to promote action to address the risks of climate change to health and well-being. It was pointed out that recent hurricanes in the Region had demonstrated the impact that climate change could have on individuals, health systems, and societies and had highlighted the need to prepare for future impacts of climate change. The role of climate information for public health preparedness and health service delivery was recognized, and Member States were encouraged to continue investing in health system resilience. A delegate observed that, while PAHO could add value by providing technical assistance, priority-setting for adaptation must be a country-led exercise.

310. Delegates applauded the progress made under the Strategy and Plan of Action, while recognizing that more needed to be done. The importance of addressing the risks of climate change for rural and indigenous populations was highlighted. The importance of intersectoral action was also noted. It was pointed out that, while the report revealed progress in the area of mitigation, it was important also to show tangible progress with regard to adaptation. In that connection, the Delegate of Canada reported that her Government had recently collaborated with PAHO, WHO, and the World Meteorological Organization to develop a report titled “Climate Change and Health Vulnerability and Adaptation Assessment Guidelines for Small Island Developing States in the Caribbean.”

311. The Delegate of the United States requested that a sentence in paragraph 7 of the report which read “Those actions must take relevant international initiatives into consideration, including the Paris Agreement 2015, the United Nations Sustainable Development Goals, and the Sendai Framework for Disaster Risk Reduction 2015-2030” be revised to read: “Those actions should take relevant international frameworks into consideration, including the Paris Agreement 2015, as applicable, the United Nations Sustainable Development Goals, and the Sendai Framework for Disaster Risk Reduction 2015-2030.”

312. Dr. Espinal agreed that climate change was a multisectoral issue. However, from the standpoint of an organization such as PAHO, the main focus was health and ensuring that health was taken into account when countries carried out assessments and that health concerns were addressed in adaptation plans. The Bureau recognized that the formulation of such plans was a country-led exercise and that its role was to provide technical cooperation. To that end, the Director had recently created a new unit that would look at environmental determinants of health, including climate change. Staff were being deployed

to Central America and the Caribbean to continue assisting Member States in preparing their adaptation plans and in ensuring that they included a strong health component.

313. The Director remarked that, although the period covered by the Strategy and Plan of Action had ended, work with regard to climate change and health must not only continue but be ramped up. She noted that a meeting on climate change and health in small island developing States would be held in Grenada in October 2018. Echoing Dr. Espinal's comments, she emphasized the need to ensure that health and the capacity-building needs of ministries of health were taken into account in resource mobilization efforts in the area of climate change.

314. The Committee took note of the report.

Strategy and Plan of Action on eHealth: Final Report (Document CE162/INF/15)

315. Dr. Francisco Becerra (Assistant Director, PASB) presented the final report on the Strategy and Plan of Action on eHealth, noting that advances in technology offered new opportunities for revolutionizing the health sector. The presence of over 1.1 billion cell phone plans in the Region and the fact that 66% of the population had an Internet connection was facilitating the development of eHealth, making it possible to surmount geographical barriers, provide appropriate health interventions, cut costs, and promote healthy lifestyles.

316. The final report highlighted three main achievements. First, PASB had determined what was needed in eHealth and how to accomplish it. Second, the Bureau and Member States had produced methodological documents and guidelines for eHealth that included support for priority-setting in eHealth policies. As a result, the number of countries with national eHealth strategies had increased by 50%, and 25 countries were in the process of drafting strategies for the development of mHealth. Third, the use of eHealth solutions in the Region had been growing; 16 countries had reported using mHealth for surveillance and monitoring, 9 had electronic health information systems that provided instant and secure information to authorized personnel, and 17 offered teleradiology services.

317. Nevertheless, challenges remained. The organizational and technological interoperability of health systems was still problematic owing to the lack of integration among existing information systems. The Information Systems for Health Initiative, launched in 2017, was helping to address that issue and other challenges.

318. Delegates welcomed the report and applauded the progress made. They acknowledged that eHealth was a valuable tool for improving the health of populations, strengthening national capacity to promote health, and preventing noncommunicable diseases. In that regard, one delegate reported that his country was promoting the use of mHealth in diabetes prevention and management. Other delegates reported that their countries were using eHealth to improve communication, information systems, and knowledge management for decision-making. Notwithstanding this progress, however, ongoing PASB collaboration was considered necessary in the areas of technology

assessment, capacity-building, interoperability, and the monitoring and control of health determinants.

319. The Assistant Director assured the Committee that the Bureau would continue working with Member States in those areas, particularly to strengthen health information systems through the Information Systems for Health Initiative. He noted that an important aspect of the Initiative was analysis of the maturity of countries' information systems in order to be able to identify and address specific needs.

320. The Committee took note of the report.

***Strategy and Plan of Action on Knowledge Management and Communication:
Final Report (Document CE162/INF/16)***

321. Dr. Isabella Danel (Deputy Director, PASB), speaking in her capacity as Acting Manager of the Office of Knowledge Management and Publications, introduced the final report, recalling that the Strategy and Plan of Action on Knowledge Management and Communication, adopted in 2012, had aimed to close the gap between knowledge and decision-making on health in the Region, promoting an environment that encouraged the production, exchange, communication, and effective application of knowledge to benefit health. The final report summarized the achievements during the implementation period and identified best practices, lessons learned, and challenges.

322. Considerable progress had been made, and most of the targets had been met. The number of States with related policies or programs had increased. The Virtual Campus for Public Health had been adopted as an e-learning platform by 18 Member States, and a subregional node was being developed for the Caribbean. The Hinari Access to Research for Health Program and the Virtual Health Library had been adopted as platforms by multiple Member States, and databases such as LILACS and MEDLINE had been made available through the Virtual Health Library platform. The Bureau had developed 90 listservs on a variety of public health topics to facilitate the rapid distribution of new information to Member States. Furthermore, three collaborating centers on knowledge management had been established, and negotiations were under way for the establishment of an additional three.

323. The Bureau would continue to strengthen efforts to organize the plethora of information available on the Internet, classify it, and make available the right knowledge for the right people at the right time and in the right format. Member States were encouraged to keep working to establish knowledge management, information access, and communication in health as key elements of their policies, programs, and practices. Given the rapid changes and improvements in many areas of health practice, the availability of and access to health information and knowledge-sharing would be crucial to achieving the Sustainable Development Goals. Member States were invited to keep working towards the achievement of the Strategy's goals and objectives.

324. The Director commented that knowledge management was an area that required continued development within the Bureau and in its work with Member States. Efforts would therefore continue with the aim of ensuring that Member States were in command of the information they required at the various stages of their development.

325. The Committee took note of the report.

Health and International Relations: Linkages with National Health Development: Final Report (Document CE162/INF/17)

326. Mr. Alberto Kleiman (Director, Department of External Relations, Partnerships and Resource Mobilization) recalled that, in 2008, the 48th Directing Council had adopted a policy paper on health and international relations (Document CD48/15), which had highlighted the role of international cooperation as a contributing factor to national health development. It had also noted the need to strengthen the capacities of national teams in order to obtain better results in international cooperation.

327. The final report submitted to the Executive Committee for consideration outlined the principal actions taken by the Bureau in response to the resolution adopted on the matter (Resolution CD48.R16), including working actively with Member States in strengthening offices of international relations in health (ORIS) within ministries of health; organizing workshops and other training opportunities, including through the Bureau's Leaders in International Health Program; and overseeing the cooperation among countries for health development (CCHD) initiative and its "seed fund" financing mechanism for promoting cooperation. In addition, the Bureau had worked to promote coordination and synergies with subregional integration mechanisms in the Region.

328. Mr. Kleiman concluded his remarks by noting that, in the 10 years since Resolution CD48.R16 was adopted, the context, tools, and approaches had evolved, but achieving continuity and consolidation in the development of health diplomacy and international relations remained a challenge that required ongoing commitment and engagement.

329. In the ensuing discussion, delegates welcomed the Bureau's efforts to help strengthen offices of international relations in health (ORIS) and urged it to continue those efforts. In that connection, the development of a virtual community of practice was welcomed. Delegates also emphasized the need to continue strengthening capacity for health diplomacy, the management of international cooperation, and participation in global health governance. The value of systematizing and sharing successful experiences and best practices in those areas was highlighted. The Delegate of Panama noted that a recent gathering of representatives of ORIS held in her country had provided a good opportunity to exchange experiences. It was suggested that a framework of criteria or indicators for assessing the basic capacities of ORIS might be a useful tool.

330. The Bureau was also urged to continue its support for technical cooperation among countries, including through the seed fund mechanism. It was suggested that the PAHO country offices should work with ORIS to identify areas in which such cooperation could

be most beneficial. The Bureau's work with subregional integration mechanisms was also applauded and the importance of coordinating regional agendas with the agendas of the subregional mechanisms was noted.

331. Mr. Kleiman said that he had taken note of all the comments and suggestions, which would be useful in the Bureau's future efforts to help strengthen the capacity of ministries of health in the management of cooperation and international relations in health.

332. The Director said that it was a source of pride to see how many ORIS had blossomed as a result of the activities described in the report. She noted that, as part of strengthening national capacity for health diplomacy and international relations, the Bureau had provided organized training at the national level for the officials who attended the PAHO and WHO Governing Bodies sessions with a view to enabling them to participate more meaningfully. She assured the Committee that the Bureau would continue to work with Member States both to strengthen national capacity and to enhance regional involvement in international relations.

333. The Committee took note of the report.

National Institutions Associated with PAHO in Technical Cooperation: Final Report (Document CE162/INF/18)

334. Ms. Ana Solís-Ortega Treasure (Head, Office of Country and Subregional Coordination, PASB) noted that the Organization had a long history of working with national institutions in various sectors, including think tanks, academic institutions, and civil society organizations. Those relationships had enriched the consultation processes carried out in countries for the formulation of country cooperation strategies and had facilitated the dissemination and implementation of public health policies, norms, and standards. The Bureau remained committed to working with national institutions under the Framework of Engagement with Non-State Actors (FENSA) (see paragraphs 30 to 33 above).

335. The Committee took note of the report.

Bioethics: Towards the Integration of Ethics in Health: Final Report (Document CE162/INF/19)

336. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the report, pointing out that recent events such the Ebola and Zika virus disease outbreaks had posed unprecedented ethical challenges in the Region and had made it clear that the integration of ethics in health work was not easy, but was necessary. He recalled that, in 2012, the 28th Pan American Sanitary Conference had approved a concept paper entitled Bioethics: Towards the Integration of Ethics in Health (Document CSP28/14, Rev. 1), marking an important milestone in the regional commitment to advance bioethics. The final report summarized the remarkable progress achieved by Member

States since then in advancing the integration of ethics in health, focusing on two key priority areas: research ethics and public health ethics.

337. Member States had developed normative frameworks and strengthened capacity to conduct thorough and efficient ethics reviews of research involving human subjects. The Bureau had supported those efforts through the provision of detailed ethics guidance, as well as practical guidance and resources to facilitate ethics reviews. In the area of public health ethics, special attention had been devoted to the integration of ethics into decision-making and priority-setting processes to support the achievement of universal access to health and universal health coverage.

338. The report called for continued effort to integrate ethics into health in the Americas and, specifically, to strengthen research ethics systems in order to ensure that research was always ethical and to systematically integrate ethics into public health work and decision-making processes.

339. In the ensuing discussion, a delegate expressed agreement with the report's conclusion that good progress had been made, but that work on improving ethics systems should continue. She suggested that more specific recommendations should be put forward for strengthening research ethics systems, including enacting appropriate laws and regulations and formulating guidelines; building the capacity of research ethics committees at both local and national levels; strengthening compliance and oversight mechanisms; and training researchers in research ethics.

340. Another delegate noted that his delegation would submit written comments on his country's experiences with a view to updating and enriching the information in the report.

341. Dr. Fitzgerald said that the Bureau would welcome the information, noting that it had been difficult to decide which of the many advances to highlight in the report. One notable development was that 25 countries in the Region now had a specific legal framework for ensuring ethical standards in health. That reflected significant progress with respect to the situation that had existed five years earlier. There were still weaknesses with regard to compliance, which was why the Bureau was calling for a more systemic approach to ethics review in order to ensure that the policies and regulations in place were, in fact, implemented.

342. The Assistant Director observed that many investigators still did not appreciate the importance of ensuring a bioethical review of all research projects. It was important to make it clear that the aim of such reviews was not to hinder research, but to protect human subjects. Similarly, the aim of integrating ethics into public health prioritization and decision-making was to ensure that vulnerable population groups were protected and that no one was left behind.

343. The Committee took note of the report.

Progress Reports on Technical Matters (Document CE162/INF/20, A-K)***A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report***

344. Delegates reaffirmed their support for the Strategy and Plan of Action and welcomed the progress made towards the targets and objectives, while at the same time acknowledging the need for further efforts to address and end the problem of violence against women. Delegates also expressed support for the actions proposed in the report to improve the situation. The importance of work to address the intersection between various forms of violence, in particular, was acknowledged. Several delegates noted that violence against women was a complex, multifactorial problem and underlined the need for multisectoral and multidisciplinary approaches. Delegates described some of the measures their countries were taking to implement the Strategy and Plan of Action and offered to share successful experiences with other countries.

345. One delegate drew attention to the importance of tracking the specific impacts of violence on adolescent girls and encouraged the Bureau to include age-disaggregated data in future progress reports and to support Member States in developing greater capacity for data disaggregation. Another delegate urged countries to incorporate sexual and reproductive health into their national plans to address violence against women. A third delegate noted the need for operational research to provide scientific evidence to serve as a basis for decision-making and, in particular, to identify effective measures for primary prevention of violence. He also emphasized the need to incorporate training related to violence against women in medical school curricula.

346. It was suggested that the report to be prepared for the 56th Directing Council should make more explicit reference to specific mental health problems—such as depression, suicidal behavior, and post-traumatic stress disorder—associated with exposure to violence. It should also note the potential for poor birth outcomes, particularly low birthweight, among women who experienced violence. A more direct mention of the physical injury by violence was also considered warranted.

347. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), commending Member States for their progress in tackling the problem of violence against women, affirmed that the problem was a significant public health challenge. As had been noted, it was also a problem that required multisectoral action. He acknowledged the need for more disaggregated data, noting that no progress had been made on indicator 1.1.3, which called for an increase in the number of Member States that were able to provide data on homicide, disaggregated by age, sex, and relationship of the victim to the perpetrator. He looked forward to receiving additional information on national initiatives to reduce and prevent violence against women; that information would help to strengthen the report to be submitted to the 56th Directing Council.

348. The Assistant Director said that it was important to recognize the role of masculinity and paternity in the problem of violence against women. The relationship that

boys had with their fathers could be a factor that contributed to violent behavior later in life. It was also important to acknowledge the important role that medical professionals could play in detecting the problem and reporting it to legal authorities.

349. The Committee took note of the report.

B. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review

350. Delegates agreed that tackling obesity in children and adolescents was a public health priority. At the same time, it was pointed out that government action alone could not turn the tide of the obesity epidemic, and the need for multisectoral action was emphasized. Several delegates described initiatives their countries had undertaken to curb rising rates of overweight and obesity among young people, including taxes on sugary beverages, restrictions on marketing of unhealthy foods, regulations on foods served in school cafeterias, front-of-package labeling, and strategies to promote physical activity. One delegate reported that the prevalence of obesity among school-age children had stabilized as a result of his country's national strategy to combat overweight, obesity, and diabetes. The importance of sharing successful experiences was underlined.

351. A delegate noted that, while good progress had been made on some indicators, very little had been made on others. She stressed the need for all Member States to commit to the achievement of the Plan's targets and objectives. Delegates welcomed the recommendations put forward in the report, although one delegate felt that they could be strengthened in some respects; for example, the recommendation concerning access to "open streets" should also encourage increased access to parks and other recreational areas. Another delegate questioned the recommendation on front-of-package warning labels; in her view, national authorities should be encouraged to consider approaches aimed at promoting the consumption of healthy, balanced diets, including through positive messaging, rather than focusing resources on mandating negative messaging. The same delegate said that her Government did not support the report's focus on the taxation of sugar-sweetened beverages, adding that evidence to assess the impact on health of such taxation was not yet conclusive.

352. Delegates also highlighted the need to link the activities envisaged in the plan of action with the recently adopted WHO Global Action Plan on Physical Activity and Health 2018-2030 and with efforts to combat noncommunicable diseases.

353. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) said that it was clear that Member States recognized that childhood obesity was a public health emergency that must be addressed. Otherwise, there was a real risk that, for the first time in human history, the current generation of children would be less healthy and live shorter lives than their parents. It was gratifying to hear the success stories reported by delegates, but much remained to be done if the objectives of the Plan of Action were to be met by 2019. He agreed that it was important to share successful experiences and said that the Bureau was working to facilitate such sharing. It was also

seeking to compile evidence on the impact of regulations and other measures. He also agreed that it was essential to promote physical activity, including by creating environments that encouraged people to exercise.

354. The Assistant Director affirmed that obesity was a multifactorial problem to which there was not a single solution. Each country had to find the approach that was best suited to its situation. The Bureau would continue to support Member States in identifying effective strategies.

355. The Committee took note of the report.

C. Strategy and Plan of Action on Urban Health: Midterm Review

356. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB), noting that three years remained to achieve the objectives agreed by Member States under the Strategy and Plan of Action, said that 80% of the Region's population lived in urban areas and that the proportion was expected to rise to 85% by 2030. The issue of urban health was therefore a very important one. Multisectoral effort was needed to ensure that urban planning was health-friendly. A number of initiatives were under way in the Region, and the Bureau hoped soon to be able to provide additional information on the results achieved thus far under the Plan of Action.

357. The Committee took note of the report.

D. Plan of Action on Antimicrobial Resistance: Midterm Review

358. Delegates thanked the Bureau for its leadership in the effort to combat antimicrobial resistance (AMR) and described their countries' progress toward meeting the targets of the Plan of Action. One delegate, however, noted the impediments created by financial constraints and limited national capacity. Agreeing that antimicrobial resistance in both humans and animals posed a significant public health threat to all nations, delegates concluded that a multisectoral "One Health" approach was the most promising way to tackle this public health issue. They agreed on the importance of promoting the appropriate use of antibiotics in human and animal health and halting the sale of such medicines without a prescription, emphasizing the need for intersectoral action between health and agriculture, collaboration between specialized international organizations, AMR surveillance, training for health workers, and joint efforts in research, vaccine development, and diagnostic methods.

359. A delegate expressed the hope that Member States would continue to use existing national, regional, and global research initiatives, such as the newly established Global AMR R&D Hub, to explore ways to enhance coordination and collaboration. Another delegate reported that his country was playing a leading role in the development of the Joint Programming Initiative on Antimicrobial Resistance Virtual Research Institute, a global research network that was seeking to better understand how microbes became resistant to treatment and what could be done to combat resistance.

360. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) stressed the importance of finalizing national plans of action in this area and allocating the necessary resources for their implementation. Pointing out that the “One Health” principle included animal, environmental, and human health, he informed the Committee that the Director had strengthened the team at Headquarters and at the country level by creating a special program on AMR to implement both the WHO global action plan and the regional plan. He pointed out that the Pan American Center for Foot-and-Mouth Disease was the only center in the WHO global network that was devoted to animal health. Furthermore, PAHO was collaborating closely with the regional offices of the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) and with other relevant agencies. Underscoring the need for global research, he reminded the delegates that new antibiotics had not been introduced for more than 50 years and urged the enforcement of laws to combat unrestricted antibiotic use.

361. The Director agreed that AMR was a complex issue with serious public health and personal health implications. While PASB would continue strengthening work at the organizational level, national action and the implementation of national AMR plans were critical. For antibiotics to remain effective, legislation and/or regulations were needed to stop their over-the-counter sale. Strengthening the “One Health” approach at the national level was therefore imperative. Stressing the importance of continued capacity-building for all prescribers in the fields of both human and animal health, the Director called on Member States also to ramp up education and health promotion in order to enlist the general public in the fight against AMR.

362. The Committee took note of the report.

E. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm Review

363. Delegates noted that substantial progress had been made towards meeting the objectives of the Plan of Action, initiating and implementing the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B, and Chagas Disease (EMTCT-Plus), and promoting universal screening of blood donations. They commended PAHO on the progress made in increasing hepatitis B vaccination coverage through its support for the introduction of the birth dose of the vaccine in Member States. Delegates also encouraged support for evidence-based strategies for viral hepatitis prevention, care, and control and the strengthening of country capacity for the development and use of strategic information and cost-effectiveness analyses in decision-making. A delegate reported that her country had developed a mathematical model for estimating the number of persons in need of treatment for hepatitis C and noted that the model might be useful to other countries for strategic planning. Citing the need to promote equitable access to drugs for all, delegates agreed that a main area of concern was bringing down the prices of antiviral drugs.

364. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) informed the Committee that the Bureau had conducted a simulation exercise in Brazil using different intervention scenarios. He

congratulated that country for hosting the World Hepatitis Summit 2017. He also reported that PASB was considering how best to work with Member States to ensure access to affordable antiviral medicines.

365. The Committee took note of the report.

F. Plan of Action for the Prevention and Control of Tuberculosis: Midterm Review

366. Delegates welcomed the Region's significant progress in tuberculosis prevention and control and acknowledged the Bureau's commitment to supporting Member States in their efforts to eliminate tuberculosis, both in the Region and globally. They underscored the need for multisectoral action, evidence-based strategies, early diagnosis and treatment, and the prioritization of preventive TB therapy and TB case-finding. The disproportionate impact of tuberculosis on vulnerable populations, especially indigenous groups, was noted. There was consensus that the stigma associated with the disease and the fear of being shunned by their families and employers could deter the sick from seeking diagnosis and treatment, thus exacerbating the problem. One delegate noted the role of diabetes in driving the TB epidemic and encouraged PAHO to fast-track and implement collaborative activities for the care and control of TB-diabetes coinfections. Delegates acknowledged that more needed to be done to meet the goal for 2019 and looked forward to the first high-level meeting of the United Nations General Assembly on ending tuberculosis, scheduled for 26 September 2018, which they expected would galvanize action to eliminate the disease at the global and regional level.

367. The Committee took note of the report.

G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review

368. Delegates applauded the advances in the prevention and control of HIV and sexually transmitted infections (STIs) and commended PAHO's leadership in this area. At the same time, it was pointed out that limited progress had been made in meeting the targets for HIV and STI testing and treatment coverage, especially among vulnerable populations. One delegate noted the importance of adding specific STI and HIV antimicrobial resistance objectives to strategies and urged all Member States to include the pathogen for gonorrhea, which had displayed growing resistance, in their national strategies for the prevention of antimicrobial resistance. Given the concern about primary drug resistance, PAHO's emphasis on monitoring and minimizing HIV resistance was welcomed.

369. Delegates commended PAHO for its leadership in the global initiative for the dual elimination of mother-to-child transmission of HIV and syphilis and applauded the success of six Member States in achieving elimination. However, it was pointed out that recent data indicated stalled progress in the areas of both prenatal HIV and syphilis testing and the treatment of women testing positive for syphilis, the latter due to benzathine penicillin shortages. Broader HIV/STI testing and prophylaxis coverage was considered necessary, along with scaled-up efforts to meet the needs of vulnerable populations, including lesbian,

gay, bisexual, trans, and intersex persons, sex workers, and men who have sex with men. It was suggested that the PAHO Strategic Fund could be used to help procure the necessary drugs and laboratory supplies to accomplish this.

370. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) agreed that, despite significant progress, the Region had a long way to go in the area of prevention and control of HIV and sexually transmitted infections. Access to antiretrovirals had increased and mother-to-child transmission had fallen, but not enough. Most importantly, new infections were not decreasing, and universal access to antiretrovirals was not a reality. Member States needed to continue investing in HIV prevention and control and take advantage of the Strategic Fund to procure antiretrovirals at preferential prices. No one in the current day and age should die of HIV infection.

371. The Director urged Member States to renew their commitment to the HIV/STI program, noting the reversals in some of the gains that had been made in some countries. She stressed the importance of a national commitment to prevention, testing, and treatment, pointing out that treatment was a preventive measure in itself.

372. The Committee took note of the report.

H. Plan of Action for Malaria Elimination 2016-2020: Midterm Review

373. The ongoing efforts to eliminate malaria in the Region were acknowledged and Paraguay was commended for being the first country to have been certified malaria-free. Member States were urged to maintain their efforts to implement the Plan of Action. One delegate expressed concern about the sharp uptick in malaria cases and deaths in a subset of countries in the Region and called for an increase in their domestic resource commitments for the elimination of malaria in order to reverse that troubling trend.

374. Dr. Marcos A. Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB), affirming the need for sustained effort, said that 18 countries were in a position to eliminate malaria in the near future and 7 of them were close to doing so.

375. The Committee took note of the report.

I. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report, Rev. 1

376. Delegates reaffirmed their commitment to implementing the Plan of Action and expressed their support for international efforts to advance disaster risk reduction. Implementation of the International Health Regulations, partnerships with public and private stakeholders, and the participation of populations, with a gender equity approach, were considered important for building sustainable public health systems that could effectively respond to public health events and other disasters.

377. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) noted that the Region was the only WHO region to have a disaster risk reduction plan, which put the countries of the Americas in a better position to respond to such events. Nevertheless, challenges remained, and the Plan of Action needed to be fully implemented. He pointed out that the Regional Platform for Disaster Risk Reduction provided a forum for the countries of the Americas to discuss progress and challenges in that regard.

378. The Director, stressing the importance of the topic, noted that the 2018 hurricane season was under way. Many of the islands in the Caribbean were not in a position to undertake any form of mitigation at the present time because of the serious damage inflicted by hurricanes in 2017. It was imperative that all countries develop their risk reduction capacities and be fully prepared to respond to the growing severity of hurricanes and tropical storms.

379. The Committee took note of the report.

J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report

380. The Committee took note of the report.

K. Status of the Pan American Centers

381. A delegate expressed concern about the activities of the Latin American Center for Perinatology, Women, and Reproductive Health, noting that her delegation had stated clearly on many occasions that, consistent with Program of Action of the International Conference on Population and Development, abortion was not recognized by the global community as a method of family planning. Her Government did not condone the provision or promotion of abortion services in PAHO-supported activities.

382. The Assistant Director said that PAHO did not promote abortion or recommend it as a method of family planning. However, hemorrhage resulting from abortion, whether spontaneous or induced, was the main cause of maternal mortality in the Region. PAHO therefore supported Member States in dealing with post-abortion issues, including guidance on family planning methods after abortion, with a view to reducing maternal deaths.

383. The Director reaffirmed that PAHO did not promote abortion as a form of family planning.

384. The Committee took note of the report.

Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Document CE162/INF/21, A-B)***A. Seventy-first World Health Assembly***

385. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) introduced the document, explaining that it followed the Organization's usual practice of providing a brief overview of the matters discussed during the World Health Assembly that were of interest to PAHO. It covered the positions that the countries of the Americas had taken during the Assembly and summarized the resolutions and decisions adopted. Topics of particular interest included the Thirteenth General Program of Work 2019-2023, preparations for the high-level meeting of the United Nations General Assembly on noncommunicable diseases, and preparations for another high-level meeting on tuberculosis. Other resolutions and decisions of major interest to the countries of the Region dealt with infant and young child feeding, the global shortage of and access to medicines and vaccines, and the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property. A more detailed analysis would be provided in the report to be submitted to the 56th Directing Council.

386. A delegate asked that the report to be submitted to the Directing Council specify which resolutions had been put forward by countries of the Region, such as one her country had sponsored on improving access to assistive technologies and another, co-sponsored by several countries of the Region, on the worldwide burden of snakebite envenoming. She also inquired how the resolution on reforming the global internship program would be implemented in the Region.

387. Ms. Mônica Zaccarelli-Davoli said that the delegate's suggestions would be taken into account in preparing the report for the Directing Council.

388. The Director clarified that PAHO had an internship program of its own and had been considering how it could be made more equitable and more accessible, particularly to applicants of limited financial means. She suggested that the topic might be discussed during the next cycle of Governing Bodies meetings.

B. Subregional Organizations

389. Ms. Ana Solís-Ortega Treasure (Head, Department of Country and Subregional Coordination, PASB) explained that the objective of the report was to inform Member States about meetings and relevant activities related to public health in the context of subregional integration processes such as Central American Integration System (SICA), the Caribbean Community (CARICOM), the Southern Common Market (MERCOSUR), and the Union of South American Nations (UNASUR). The report also provided information about the progress of activities initiated under cooperation agreements signed between PAHO and integration bodies at subregional level.

390. In summary, it could be stated that health topics remained high on the agendas of subregional integration bodies and were of concern in a wider context than meetings of deliberative bodies specializing in health. An example of that wider context was the 2017 meeting of the Conference of Heads of Government of CARICOM, which had devoted considerable attention to the topic of noncommunicable diseases. PAHO had a mandate to formalize collaboration with the health-related bodies of the integration processes and strove to implement cooperation agreements with those bodies, promoting synergies and optimizing resources.

391. PAHO's technical cooperation responded to the priorities identified by the various integration mechanisms and to the situation, context, and dynamics of each of them. Areas where PAHO could demonstrate value added included joint negotiations on the cost of high-priced medicines, formulation of policies for training health human resources, and response to vector-borne diseases. PAHO remained committed to supporting subregional integration mechanisms, as reflected in the strengthening of the subregional offices in the Caribbean, Central America, and South America.

392. The Committee took note of the reports.

PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States (Document CE162/INF/22)

393. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the content of Document CE162/INF/22, noting that there had been outbreaks of diphtheria, measles, and malaria in the Bolivarian Republic of Venezuela. The diseases had spread rapidly, partly as a result of population migration within the country and to other countries. Neighboring countries had also experienced outbreaks. Indigenous groups living in border areas had been the populations most affected.

394. The Venezuelan Government had made efforts to ensure access to health services free of charge. The country's health system had deteriorated in the course of the previous five years, however, which had reduced access to free health care and medicines. The majority of hospitals were experiencing shortages of medicines and other supplies. Nevertheless, the Venezuelan health system continued to have significant capacity in place. The Government had initiated a process of rehabilitating and strengthening health services. More than 200 projects were currently under way as part of that effort.

395. In response to the situation, PASB had scaled up its cooperation with Venezuela in a number of areas. Cooperation with hospitals had been prioritized and high-complexity hospitals had received assistance in the form of training and direct delivery of supplies. It had also provided support for the strengthening of the National Emergency Operations Center. Training had been provided for personnel in logistics, emergency management, and risk reporting. The Bureau was supporting national efforts to vaccinate the population against measles, diphtheria, and other vaccine-preventable diseases and to ensure early detection and control of malaria. It was also supporting work in the area of HIV/AIDs, especially with respect to the availability of antiretroviral drugs, and in the area of

tuberculosis control. Cooperation with regard to noncommunicable diseases, cancer prevention, mental health, violence prevention, road safety, and other areas had continued, albeit less intensively. Efforts to reduce maternal mortality also continued.

396. PASB was collaborating with health authorities in neighboring countries to control measles outbreaks, vaccinate both local populations and migrants, improve capacities at points of entry, and strengthen health services in border areas, including through training of health workers. Support was also being provided in the areas of epidemiological surveillance, information management, detection, verification, and risk assessment.

397. Dr. Ugarte concluded by noting that the document contained a number of recommendations for the Bolivarian Republic of Venezuela and for all countries aimed at, *inter alia*, halting the transmission of measles and diphtheria and preventing outbreaks of other vaccine-preventable diseases, reducing morbidity and mortality from malaria and scaling up malaria elimination efforts, strengthening health systems and services, and addressing the health needs of migrants.

398. In the discussion that followed, a delegate thanked the Bureau for its assistance in responding to the public health situation in the Bolivarian Republic of Venezuela and in neighboring countries that had received large influxes of Venezuelan migrants. He emphasized the need to continue to respond to the situation in a spirit of solidarity and collaboration in order to protect regional public health gains and called for increased cooperation with countries of destination and transit for migrants. He suggested that, in addition to the actions recommended in the document, the Bureau and Member States should strive to strengthen information-sharing on migration dynamics and seek opportunities to strengthen cooperation in border areas and manage international cooperation resources for joint regional initiatives.

399. The Delegate of Venezuela, noting that the document had been transmitted to national authorities as soon as it had been published, expressed thanks to the Bureau for its assistance in addressing the challenges her country faced. She also noted that the Director had recently led a successful high-level visit to her country, which had included a meeting with President Nicolás Maduro, who had approved \$250.0 million for the procurement of vaccines and other supplies and equipment through the PAHO Strategic Fund and Revolving Fund for Vaccine Procurement. The Venezuelan Constitution recognized the right to health, and her Government attached great importance to health. Although it had faced limitations as a result of the sanctions imposed on Venezuela, the Government had not neglected its duties and responsibilities with regard to health.

400. The Director, emphasizing the need for all countries to maintain high levels of vaccination coverage and strengthen their surveillance systems, said that the Bureau took its mission seriously and was committed to engaging with all countries. Through its various procurement funds, it would continue to provide access to vaccines and other medical supplies. However, if a country's debt climbed too high, as had been the case with the Bolivarian Republic of Venezuela, the Bureau could not continue to accede to requests for additional purchases. She expressed gratitude to Member States for the spirit in which the

discussion had been conducted and affirmed that solidarity and a common approach to solving public health problems would enable the Region to continue to lead the rest of world.

401. The Committee took note of the report.

Governing Body Matters

Change of Dates of the 56th Directing Council (Document CE162/27)

402. Ms. Mônica Zaccarelli-Davoli (Senior Advisor, Governing Bodies Office, PASB), noting that the 56th Directing Council had been scheduled to meet from 24 to 28 September 2018, reported that it had been proposed to change the dates to 23 to 27 September and invited the Executive Committee to make a decision concerning this matter.

403. The Delegate from Panama indicated that their proposal was made in order to facilitate the participation of the Region's health authorities in the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, to be held in New York on 26 and 27 September.

404. Members of the Executive Committee expressed support for the proposal, noting that high-level health authorities would thus be able to participate in the first half of the Directing Council and then travel to New York for the United Nations meeting. A delegate inquired whether holding the first day of the Directing Council on a Sunday would entail additional cost for the Bureau.

405. Ms. Zaccarelli Davoli replied that there would be some additional cost, mainly related to support and logistics staff, although Bureau staff routinely worked during the weekend preceding a session of the Governing Bodies.

406. The Committee adopted Decision CE162(D4), approving the proposal to change the dates of the 56th Directing Council to 23 to 27 September 2018.

Closure of the Session

407. Following the customary exchange of courtesies, the President declared the 162nd Session of the Executive Committee closed.

Resolutions and Decisions

408. The following are the resolutions and decisions adopted by the Executive Committee at its 162nd Session:

Resolutions

CE162.R1: *Collection of Assessed Contributions*

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CE162/18 and Add. I) presented by the Director;

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

Noting that as of 15 June 2018, 21 Member States have not made any payments towards their 2018 assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CE162/18 and Add. I) presented by the Director.
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2018 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
4. To request the Director to continue to inform the Member States of any balances due and to report to the 56th Directing Council on the status of the collection of assessed contributions.

(First meeting, 18 June 2018)

CE162.R2: *Plan of Action for Cervical Cancer Prevention and Control 2018-2030*

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CE162/15),

RESOLVES:

To recommend that the 56th Directing Council adopt a resolution in the following terms:

**PLAN OF ACTION FOR CERVICAL CANCER
PREVENTION AND CONTROL 2018-2030**

THE 56th DIRECTING COUNCIL,

Having examined the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/__);

Considering that the Plan is aligned with World Health Organization Resolution WHA70.12, Cancer Prevention and Control in the Context of an Integrated Approach, the WHO Global Health Sector Strategy on Sexually Transmitted Infections, the UN Joint Global Programme on Cervical Cancer Prevention and Control, the new WHO Global Strategy to Eliminate Cervical Cancer, and the Sustainable Development Goals (SDGs), and that this plan of action provides a clear long-term plan to reduce the cervical cancer burden in the Americas by 2030;

Cognizant of the impact that this disease has on women, their families, and their communities throughout the Americas, especially among priority populations in situations of vulnerability;

Acknowledging the need to decrease and eliminate the scourge of this disease, which is preventable through HPV vaccination, screening, and precancer treatment, and curable if detected at early stages of disease;

Aware of the cost-effective and affordable interventions that are available to reduce cervical cancer incidence and mortality and the urgent action that is required to implement these interventions on a population-based scale, seeking to ensure equitable access to cervical cancer primary, secondary, and tertiary prevention,

RESOLVES:

1. To approve the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/__).
2. To urge Member States, as appropriate and taking into account their national context and needs, to:
 - a) prioritize the prevention and control of cervical cancer in the national public health agenda;

- b) formulate, review, and align national comprehensive cervical cancer strategies and plans with related global and regional strategies, plans, and targets, and regularly report on progress in this area;
 - c) strengthen governance, organization, and access to health services to ensure that comprehensive cervical cancer services are integrated across the relevant levels of care and that high coverage of HPV vaccination, screening, precancer treatment, and invasive cancer treatment is achieved;
 - d) strengthen cancer registries and information systems to monitor the coverage of HPV vaccination, coverage of screening, and treatment rates, and report regularly on these indicators;
 - e) implement high-impact interventions on a population-based scale along the continuum of health education and promotion, HPV vaccination, cervical cancer screening and diagnosis, and treatment for precancer and invasive cancer, with interventions tailored to the needs of priority populations in situations of vulnerability;
 - f) facilitate the empowerment and engagement of civil society organizations to provide a multisectoral approach to comprehensive cervical cancer prevention and control;
 - g) increase and optimize public financing with equity and efficiency for a sustainable response to cervical cancer, and progressively integrate prevention, screening, and treatment interventions into comprehensive, quality, and universal health services;
 - h) expand health services according to need and with a people-centered approach, noting that in most cases public expenditure of 6% of GDP for the health sector is a useful benchmark;
 - i) secure the uninterrupted supply of quality-assured and affordable HPV vaccines, screening tests, and evidence-based technologies for precancer and invasive cancer treatment, as well as palliative care medicines and other strategic commodities related to cervical cancer, while strengthening supply chain management structures and processes, including forecasting, procurement, warehousing, and distribution;
 - j) strengthen the technical capacity and competencies of the national health workforce, particularly at the primary level of care, to address cervical cancer prevention.
3. To request the Director to:
- a) support implementation of this Plan of Action through a coordinated and interprogrammatic approach to technical cooperation for comprehensive cervical cancer prevention and control;
 - b) provide technical support to Member States to strengthen cervical cancer program coverage, quality, and effectiveness in coordination with the Network of National

- Cancer Institutes and Institutions (RINC)/UNASUR cervical cancer prevention and control plan for South America;
- c) provide support for cancer registration and information systems in order to build country capacity to generate quality, complete, and up-to-date information, and regularly report on HPV vaccination coverage, screening coverage, treatment rates, and cervical cancer incidence and mortality;
 - d) provide technical support to Member States for the development and review of policies, norms, and guidelines for high-impact interventions along the continuum of cervical cancer prevention, screening, and diagnosis and treatment of precancer and invasive cancer, based on the latest WHO recommendations, while seeking to ensure quality and equity;
 - e) advocate for the empowerment of people and communities and their meaningful, effective, and sustainable engagement in the development and delivery of services for HPV vaccination and cervical cancer screening, treatment, and palliative care;
 - f) support capacity-building in the national health workforce, particularly at the primary care level, to provide good quality, accessible, equitable, and people-centered care in the health services;
 - g) provide support to Member States through the PAHO Regional Revolving Fund for Strategic Public Health Supplies or the PAHO Revolving Fund for Vaccine Procurement to improve the processes of procurement and supply management and distribution in order to ensure uninterrupted access to quality-assured and affordable HPV vaccines, HPV tests, and essential medicines for cancer and for palliative care in alignment with WHO prequalification;
 - h) mobilize resources, adhering to the rules and procedures of the Framework for Engagement with non-State Actors, to support Member States to increase investments in comprehensive cervical cancer prevention and control.

(Second meeting, 18 June 2018)

CE162.R3: Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* (Document CE162/16),

RESOLVES:

To recommend that the 56th Directing Council adopt a resolution in the following terms:

PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018-2023

THE 56th DIRECTING COUNCIL,

Having considered the *Plan of Action on Human Resources for Universal Access to Health and Universal Health 2018-2023* (Document CD56/__) presented by the Director;

Bearing in mind that, in September 2017, the 29th Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, and that its corresponding resolution requests the Director to prepare, by 2018, a regional plan of action with specific objectives and indicators to advance more quickly on the path established in the strategy;

Considering that the 29th Pan American Sanitary Conference adopted the Sustainable Health Agenda for the Americas 2018-2030,

RESOLVES:

1. To approve the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2030* (Document CD56/__).
2. To urge the Member States, in keeping with the objectives and indicators established in the plan of action, and considering their own contexts and priorities, to:
 - a) promote the implementation of the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* in order to advance more effectively in its implementation.
3. Request the Director to:
 - a) provide technical support to the Member States to strengthen national capacities and information systems for human resources for health that contribute to the implementation of the plan and the achievement of its objectives.

(Second meeting, 18 June 2018)

CE162.R4: Plan of Action on Entomology and Vector Control 2018-2023

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Plan of Action on Entomology and Vector Control 2018-2023* (Document CE162/17),

RESOLVES:

To recommend that the 56th Directing Council adopt a resolution in the following terms:

**PLAN OF ACTION ON ENTOMOLOGY AND
VECTOR CONTROL 2018-2023**

THE 56th DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Entomology and Vector Control 2018-2023* (Document CD56/__), which proposes to accelerate regional prevention, control, and elimination of selected vector-borne diseases; expand integrated vector management; improve insecticide resistance surveillance and management; support opportunities in public health entomology education and training; and contribute to the achievement of the proposed targets of the PAHO Strategic Plan 2014-2019 and the Sustainable Health Agenda for the Americas 2018-2030;

Recognizing the Region's important achievements in the prevention, control, and elimination of vectors and vector-borne diseases, including mosquito-borne arboviruses and malaria; the elimination of onchocerciasis transmission in four countries; local elimination of the principal vectors of Chagas disease in several countries; and the elimination or control of other selected vector-borne neglected infectious diseases or their vectors in various countries and territories since publication of the WHO Global Strategic Framework for Integrated Vector Management in 2004;

Aware that despite these achievements, vector-borne diseases remain a serious threat to the health, well-being, and economy of peoples and nations in the Americas and, in some cases, have historically reemerged in areas where commitment and efforts against a disease have weakened; and furthermore, noting that accidental importation of new vectors to the Region has occurred in recent decades, as in the case of *Aedes albopictus*;

Aware that efforts for the prevention, control, and elimination of selected vectors and vector-borne diseases will necessitate *a)* better coordination among all partners and stakeholders; *b)* review and updating of the education and training of vector control technicians and specialists, policies, and strategic frameworks; *c)* the use of new vector control tools and techniques; *d)* improved and sustained surveillance of vectors and vector-borne diseases at all levels of the health system; *e)* the sustained commitment of

stakeholders; f) approaches tailored to local environmental and epidemiological conditions; and g) preparation to eliminate selected vectors and prevent the establishment of new vectors;

Considering that the recent WHO document on Global Vector Control Response 2017-2030, which offers a global strategic approach, priority activities, and targets for strengthening country and local capacity to respond more effectively to the presence and threat of vectors and the diseases they transmit during the period up to 2030, has a bold vision of a world free of human suffering from vector-borne diseases and aims to reduce mortality from vector-borne diseases globally by at least 75% by 2030 relative to 2016, reduce case incidence from vector-borne diseases globally by at least 60% relative to 2016, and prevent epidemics of vector-borne disease in all countries by 2030;

Recognizing that this Plan of Action is the platform for implementing the WHO Global Vector Control Response 2017-2030 and its strategic approach in the Region,

RESOLVES:

1. To approve the *Plan of Action on Entomology and Vector Control 2018-2023* (Document CD56/___).
2. To urge the Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) affirm the growing importance of entomology and vector control as a public health priority for the Member States of the Region;
 - b) review and update national strategic and operational plans or establish new ones towards vector surveillance, prevention, control, and/or elimination, investing in appropriate human and capital resources and new tools and strategies; employ tailored approaches that address disease transmission by vectors in the context of the social determinants of health and existing health care systems; and provide for stepping up interprogrammatic collaboration and intersectoral action;
 - c) heighten engagement in efforts to address vectors and vector-borne diseases, including coordination with other countries and relevant subregional initiatives in entomological and epidemiological surveillance, insecticide resistance surveillance and adequate measures to manage and prevent/reverse it, collaborative efforts in the monitoring and evaluation of new tools and technologies deployed in the Region, and dissemination of monitoring and evaluation results;
 - d) guarantee the availability of key vector control supplies, including WHO-recommended insecticides and other biocides and treated insecticidal nets, vector traps, and other control tools, through effective planning and forecasting of national needs, utilizing the PAHO Regional Revolving Fund for Strategic Public Health Supplies for joint procurement, as applicable;

- e) strengthen entomological and appropriate epidemiological and public health services and align them with PAHO/WHO evidence-based guidelines and recommendations on vector surveillance, prevention, and control and insecticide resistance surveillance;
 - f) sustain the commitment of both endemic and non-endemic countries to combat targeted vector-borne diseases, including the sharing of vector surveillance information, where feasible; and strengthen appropriate sectors (e.g., agriculture, housing, infrastructure, environment) to help ministries of health combat vectors and the diseases they transmit, particularly in terms of collaborative planning and sustained or increased investments and provision of the necessary resources from those sectors;
 - g) establish integrated entomological, epidemiological, public health, and vector control strategies and develop capacities to surveil, prevent, and control the establishment or reestablishment of vectors and the diseases they transmit, with broad community participation so that the process helps to strengthen and sustain national health systems; surveillance, alert, and response systems; and disease control and elimination programs, with attention to factors related to gender, ethnicity, and social equity;
 - h) engage in regular dialogue on collaboration in vector control with subnational and municipal governments, local stakeholders and communities living in conditions that make them more vulnerable to the occurrence and transmission of vector-borne diseases; further intensify efforts to educate public health professionals and technicians about vector prevention and control, and to educate and engage populations and occupational groups living in areas highly susceptible or vulnerable to vectors and the diseases they transmit;
 - i) support engagement in the testing, evaluation, and monitoring of new or expanded entomological and vector control tools and techniques in the context of an organized operational research agenda that addresses important knowledge and operational and technology gaps in vector surveillance and control in the various work contexts of the Region.
3. To request the Director to:
- a) support implementation of the *Plan of Action on Entomology and Vector Control 2018-2023* and provide technical cooperation, including capacity-building efforts in entomology and vector control needs for countries, to develop and implement national strategic or operational plans or establish new ones aimed at vector surveillance, prevention, control, and/or elimination and insecticide resistance surveillance and management;
 - b) coordinate regionwide efforts to eliminate selected vectors or the diseases they transmit and prevent the establishment of new vectors anywhere in the Region or the reestablishment of existing vectors in vector-free areas, in collaboration with countries, territories, and partners;

- c) advise on the implementation of national strategic vector control plans, insecticide resistance surveillance systems, and effective management plans;
- d) continue to advocate for the active allocation and mobilization of resources among countries, as well as globally, and encourage close collaboration to forge strategic partnerships that support the implementation of national, subregional, and regional efforts, including populations and occupational groups living in hard-to-reach locations and vulnerable conditions;
- e) employ entomologically and epidemiologically tailored approaches that address the social determinants of health that hinder vector control and elimination, improve interprogrammatic collaboration, and facilitate intersectoral action;
- f) report to the Governing Bodies on progress in the implementation of the Plan of Action and the achievement of its targets at mid-term (2021) and at the end of the implementation period (2024).

(Second meeting, 18 June 2018)

CE162.R5: Appointment of One Member to the Audit Committee of PAHO

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist in the PAHO Audit Committee,

RESOLVES:

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To thank Mr. John D. Fox for his years of service to the PAHO Audit Committee.

3. To appoint Mr. Martín Guozden to serve as a member of the PAHO Audit Committee for a term of three years from June 2018 through June 2021.

(Third meeting, 19 June 2018)

CE162.R6: Amendments to the Financial Rules of the Pan American Health Organization

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Director's proposed amendments to the Financial Rules of the Pan American Health Organization, as they appear in Annex A to Document CE162/23, and the Audit Charter of the Office of Internal Oversight and Evaluations Services, as it appears in Annex B to Document CE162/23;

Taking into consideration that the amendments will provide consistency with the Financial Regulations in setting forth the basis under which PAHO's internal audit functions are conducted,

RESOLVES:

1. To confirm the amendments proposed by the Director of the Pan American Sanitary Bureau to the Financial Rules of the Pan American Health Organization as they appear in Annex A to Document CE162/23, and to make these amendments effective as of 1 July 2018.
2. To approve the Audit Charter of the Office of Internal Oversight and Evaluations Services of the Pan American Health Organization, as it appears in Annex B to Document CE162/23.
3. To forward the amended Financial Rules of the Pan American Health Organization to the 56th Directing Council for information.

(Third meeting, 19 June 2018)

CE162.R7: PAHO Award for Health Services and Leadership 2018

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Health Services and Leadership 2018* (Document CE162/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Health Services and Leadership (previously known as the PAHO Award for Administration), as approved by the 158th Session of the Executive Committee (2016),¹

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership 2018 for their professionalism and outstanding work on behalf of their countries and the Region of the Americas.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2018 on Dr. Natalia Largaespada Beer, of Belize, for her considerable achievements in the area of maternal and child health, having proven to be a strong supporter of the use of data for decision-making on policies and programs. Dr. Largaespada Beer is recognized for having made the program for maternal and child health one of the national programs with the greatest number of projects executed with a systemic approach. Furthermore, she has contributed to the introduction and strengthening of evidence-based and people- and community-centered public health strategies to improve the lives of people in conditions of vulnerability.
3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2018* (Document CE162/5, Add. I), to the 56th Directing Council.

(Sixth meeting, 20 June 2018)

CE162.R8: Amendments to the Staff Rules of the Pan American Sanitary Bureau

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE162/24;

Taking into account the actions of the Seventy-first World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General and the Deputy Director-General based on the United Nations General Assembly's approval of the amended base/floor salary scale for the professional and higher categories;

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

¹ The procedures and guidelines for conferring the Award were approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), and by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), 146th (2010), and 158th (2016) sessions.

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the United Nations Common System Agencies,

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 July 2018 concerning definitions, education grant, settling-in grant, within-grade increase, special leave, resignation, and conference and other short-term staff.
2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning from 1 January 2018, at US\$ 174,777¹ before staff assessment, resulting in a modified net salary of \$130,853.
3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2018, at \$176,292 before staff assessment, resulting in a modified net salary of \$131,853.
4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2018, at \$194,329 before staff assessment, resulting in a modified net salary of \$143,757.

Annex

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

Annex

**PROPOSED AMENDMENTS TO THE STAFF RULES
OF THE PAN AMERICAN SANITARY BUREAU**

310. DEFINITIONS

...

310.5 “Dependants”, for the purposes of determining entitlements under the Rules except as otherwise specified, are defined as:

310.5.1 a staff member’s spouse whose income, if any, does not exceed during any calendar year:

310.5.1.1 in the case of professional and higher category staff, a limit equivalent to the gross base salary of the lowest general service category entry level in force on 1 January of the year concerned at the base city of the professional salary system, i.e. G-2 step I for New York;

310.5.1.2 for general service staff, a limit equivalent to the gross base salary of the lowest general service category entry level in force on 1 January of the year concerned at the duty station of the staff member;

350. EDUCATION GRANT

...

350.1.1 the education grant shall be paid starting with the school year in which a child, as defined by the Bureau, is five years of age or older at the beginning of the school year, or when the child reaches the age of five within three months of the beginning of the school year, if it can be shown that the child is attending a full-time program that contains the basic elements of formal education as a major part of its curriculum. The grant shall extend up to the end of the school year in which the staff member’s child reaches the age of 25, completes four years of post-secondary studies or is awarded the first post-secondary degree, whichever is earlier;

...

350.1.3 the amounts of the grant payable under the Rules shall be as specified in Appendix 2 to these Rules and apply to out-of-pocket expenses actually incurred by the staff member.

365. SETTLING-IN GRANT

...

365.2.3 with respect to a dependent child studying outside the duty station, per diem as defined in 365.2.2 to be paid in conjunction with the first round trip to the official station provided that the child resides with the staff member at the duty station during school vacations. Upon reaching age 21, children are not entitled to the settling-in grant.

365.3.1 The lump sum shall be recovered proportionately under conditions established by the Bureau if a staff member resigns from the Bureau within six months of the date of his appointment or reassignment or if the staff member is dismissed or summarily dismissed for serious misconduct within one year of the date of appointment or reassignment.

...

365.5 The settling-in grant will not be paid:

550. WITHIN GRADE INCREASE

...

550.2.2 two years of full-time service for grades P-1 to P-5 from step VII, P-6/D-1 from step IV and D-2 from step 1;

...

550.3 This rule applies to staff members in the professional and higher categories as defined in Staff Rules 420.2 and 420.3. It does not apply to those holding temporary appointments as defined in Rule 420.4 and short-term service staff under Rule 1320.

650. SPECIAL LEAVE

650.1 Special leave with full, partial or no pay may be granted at the request of a staff member for such period and under such conditions as the Bureau may prescribe for training or research in the interest of the Organization or for other important reasons including family, health, or personal matters.

650.2 The Director may, at his or her initiative, place a staff member on special leave with full, partial or no pay, if he or she considers such leave to be in the interest of the Organization.

650.3 Special leave is normally granted without pay, for a period not exceeding one year.

650.4 Special leave is normally granted when annual leave has been exhausted.

650.5 Continuity of service shall not be broken during periods of special leave, which shall be credited for all purposes except as otherwise specified in the Staff Rules.

650.6 Service credits accrue in the same proportion as the rate of partial pay during special leave with partial pay of more than 30 days.

650.7 Service credits shall not accrue towards sick, annual or home leave, salary increment, termination indemnity or repatriation grant during periods of special leave without pay of more than 30 days.

650.8 During special leave with full or partial pay the staff member and the Organization continue to contribute at the full rate to the United Nations Joint Staff Pension Fund, the Staff Health Insurance and the Accident and Illness insurance.

650.9 During special leave without pay the staff member may continue to participate in the United Nations Joint Staff Pension Fund, the Staff Health Insurance and the Accident and Illness insurance by paying both his or her own and the Organization's contributions.

650.10 Other conditions for special leave may be established by the Director.

650.11 Administrative leave is a type of special leave with full pay granted by the Organization:

- when circumstances (e.g., inclement weather, civil disturbance, building maintenance) result in the need to close an office.
- Upon a staff member's recruitment, reassignment and separation from service, under conditions established by the Bureau.

1010. RESIGNATION

1010.1 Subject to the conditions stated in Rule 1010.2, a staff member appointed for one year or more may resign on giving three months' notice. Staff members holding probationary fixed-term appointments or temporary appointments of more than 60 days may resign on giving one month's notice. Temporary staff members appointed for a shorter period shall give the notice specified in their conditions of appointment. The Bureau may shorten or waive the required notice period at its discretion.

1320. SHORT TERM STAFF- 60 DAYS OR LESS

The Bureau may establish conditions of service for staff holding temporary appointments of 60 days or less without regard to any other provisions of these Staff Rules.

(Seventh meeting, 21 June 2018)

CE162.R9: Non-State Actors in Official Relations with PAHO

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE162/7);

Mindful of the provisions of the Framework of Engagement with Non-State Actors, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

RESOLVES:

1. To admit the following two non-State actors into official relations with PAHO for a period of three years:
 - a) Action on Smoking and Health (ASH),
 - b) Drugs for Neglected Diseases initiative (DNDi) – Latin America.

2. To renew official relations between PAHO and the following seven non-State actors for a period of three years:
 - a) American Speech-Language-Hearing Association (ASHA),
 - b) Framework Convention Alliance (FCA),
 - c) InterAmerican Heart Foundation (IAHF),
 - d) Latin American Federation of the Pharmaceutical Industry (FIFARMA),
 - e) Latin American Society of Nephrology and Hypertension (SLANH),
 - f) National Alliance for Hispanic Health (NAHH),
 - g) Sabin Vaccine Institute (SABIN).

3. To defer review of the following three non-State actors to permit time to finalize new plans of collaboration without compromising existing engagement:
 - a) American College of Healthcare Executives (ACHE),
 - b) EMBARQ, The World Resources Institute Ross Center for Sustainable Cities,
 - c) Latin American Confederation of Clinical Biochemistry (COLABIOCLI).

4. To discontinue official relations with Consumers International Regional Office for Latin America and the Caribbean (CI-ROLAC), in light of the lack of collaboration over the past three years.
5. To request the Director to:
 - a) advise the respective non-State actors of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and non-State actors working in the field of health.

(Eighth meeting, 21 June 2018)

CE162.R10: Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD56/1) prepared by the Director for the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE162/3, Rev. 1;

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

RESOLVES:

To approve the provisional agenda (Document CD56/1) prepared by the Director for the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 21 June 2018)

Decisions

Decision CE162(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director, as amended by the Committee (Document CE162/1, Rev. 2).

(First meeting, 18 June 2018)

Decision CE162(D2): Composition of the Strategic Plan Advisory Group

The Executive Committee endorsed the proposed process for development of the PAHO Strategic Plan 2020-2025 (Document CE162/INF/2) and decided to appoint Panama to chair the Strategic Plan Advisory Group. The Committee decided to appoint the following Member States as members of the Strategic Plan Advisory Groups: Antigua and Barbuda, Guyana, Saint Lucia, and Trinidad and Tobago as representatives of the Caribbean subregion; Bolivia, Brazil, Ecuador, Paraguay, and Venezuela (Bolivarian Republic of) as representatives of the South American subregion; Costa Rica, El Salvador, Guatemala, and Panama as representatives of the Central American subregion; and Canada, Mexico, and United States of America as representatives of the North American subregion.

(Sixth meeting, 20 June 2018)

Decision CE162(D3): Representation of the Executive Committee at the 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Panama and Brazil, its President and Vice President, respectively, to represent the Committee at the 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas. The Committee appointed Belize and Canada as alternate representatives.

(Eighth meeting, 21 June 2018)

Decision CE162(D4): Change of Dates of the 56th Directing Council

The Executive Committee decided that the 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas, would be held from 23 to 27 September 2018.

(Eighth meeting, 21 June 2018)

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

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

Miguel Antonio Mayo Di Bello
162nd Session of the Executive Committee
Delegate of Panama
President of the

Carissa F. Etienne
Secretary ex officio of the
162nd Session of the Executive Committee
Director of the
Pan American Sanitary Bureau

Annex A

AGENDA

- 1. OPENING OF THE SESSION**
- 2. PROCEDURAL MATTERS**
 - 2.1 Adoption of the Agenda and Program of Meetings
 - 2.2 Representation of the Executive Committee at the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas
 - 2.3 Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas
- 3. COMMITTEE MATTERS**
 - 3.1 Report on the 12th Session of the Subcommittee on Program, Budget, and Administration
 - 3.2 PAHO Award for Health Services Management and Leadership 2018
 - 3.3 Engagement with non-State Actors
 - 3.4 Non-State Actors in Official Relations with PAHO
 - 3.5 Annual Report of the Ethics Office for 2017
 - 3.6 Report of the Audit Committee of PAHO
 - 3.7 Appointment of One Member to the Audit Committee of PAHO
- 4. PROGRAM POLICY MATTERS**
 - 4.1 Preliminary Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.2 Evaluation of the PAHO Budget Policy
- 4.3 New Scale of Assessed Contributions
- 4.4 Plan of Action for Women's, Children's and Adolescents' Health 2018-2030
- 4.5 Plan of Action for Cervical Cancer Prevention and Control 2018-2030
- 4.6 Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023
- 4.7 Plan of Action on Entomology and Vector Control 2018-2023

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2017
- 5.3 Programming of the Budget Surplus
- 5.4 Programming of the Revenue Surplus
- 5.5 Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
- 5.6 Report of the Office of Internal Oversight and Evaluation Services for 2017
- 5.7 Amendments to the Financial Regulations and Financial Rules of PAHO

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Regulations and Rules
- 6.2 PASB Human Resources Management

6. PERSONNEL MATTERS *(cont.)*

- 6.3 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Preliminary Version of the Final Evaluation of the Health Agenda for the Americas 2008-2017
- 7.2 Proposed Process for Development of the PAHO Strategic Plan 2020-2025
- 7.3 Report on Strategic Issues between PAHO and WHO
- 7.4 Cybersecurity in PAHO
- 7.5 Status of the PASB Management Information System (PMIS)
- 7.6 Report of the Advisory Committee on Research for Health
- 7.7 Report of the Commission on Equity and Health Inequalities in the Americas
- 7.8 Implementation of the International Health Regulations (IHR)
- 7.9 Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas
- 7.10 Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons
- 7.11 Plan of Action on Road Safety: Final Report
- 7.12 Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report
- 7.13 Strategy and Plan of Action for Integrated Child Health: Final Report
- 7.14 Strategy and Plan of Action on Climate Change: Final Report
- 7.15 Strategy and Plan of Action on eHealth: Final Report

7. MATTERS FOR INFORMATION (*cont.*)

- 7.16 Strategy and Plan of Action on Knowledge Management and Communication: Final Report
- 7.17 Health and International Relations: Linkages with National Health Development: Final Report
- 7.18 National Institutions Associated with PAHO in Technical Cooperation: Final Report
- 7.19 Bioethics: Towards the Integration of Ethics in Health: Final Report
- 7.20 Progress Reports on Technical Matters:
 - A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report
 - B. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review
 - C. Strategy and Plan of Action on Urban Health: Midterm Review
 - D. Plan of Action on Antimicrobial Resistance: Midterm Review
 - E. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm Review
 - F. Plan of Action for the Prevention and Control of Tuberculosis: Midterm Review
 - G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review
 - H. Plan of Action for Malaria Elimination 2016-2020: Midterm Review
 - I. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report, Rev. 1
 - J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report
 - K. Status of the Pan American Centers

7. MATTERS FOR INFORMATION (*cont.*)

7.21 Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:

A. Seventy-first World Health Assembly

B. Subregional Organizations

7.22 PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States

8. GOVERNING BODY MATTERS

8.1 Change of Dates for the 56th Directing Council

9. OTHER MATTERS

10. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Official Documents

Off. Doc. 356 Financial Report of the Director and Report of the External Auditor for 2017

Working Documents

CE162/1, Rev. 2 and CE162/WP, Rev. 2 Adoption of the Agenda and Program of Meetings

CE162/2 Representation of the Executive Committee at the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas

CE162/3, Rev. 1 Draft Provisional Agenda of the 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas

CE162/4 Report on the 12th Session of the Subcommittee on Program, Budget, and Administration

CE162/5 y Add. I PAHO Award for Health Services Management and Leadership 2018

CE162/6 Engagement with non-State Actors

CE162/7 Non-State Actors in Official Relations with PAHO

CE162/8 Annual Report of the Ethics Office for 2017

CE162/9 Report of the Audit Committee of PAHO

CE162/10 Appointment of One Member to the Audit Committee of PAHO

CE162/11 and Add. I Preliminary Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019

CE162/12 and Add. I Evaluation of the PAHO Budget Policy

Working Documents (*cont.*)

CE162/13	New Scale of Assessed Contributions
CE162/14	Plan of Action for Women's, Children's and Adolescents' Health 2018-2030
CE162/15	Plan of Action for Cervical Cancer Prevention and Control 2018-2030
CE162/16	Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023
CE162/17, Rev. 1	Plan of Action on Entomology and Vector Control 2018-2023
CE162/18 and Add. I	Report on the Collection of Assessed Contributions
CE162/19	Programming of the Budget Surplus
CE162/20 y Add. I	Programming of the Revenue Surplus
CE162/21	Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
CE162/22	Report of the Office of Internal Oversight and Evaluation Services for 2017
CE162/23	Amendments to the Financial Regulations and Financial Rules of PAHO
CE162/24	Amendments to the PASB Staff Regulations and Rules
CE162/25	PASB Human Resources Management
CE162/26	Statement by the Representative of the PAHO/WHO Staff Association
CE162/27	Change of Dates for the 56th Directing Council

Matters for Information

CE162/INF/1	Preliminary Version of the Final Evaluation of the Health Agenda for the Americas 2008-2017
CE162/INF/2	Proposed Process for Development of the PAHO Strategic Plan 2020-2025
CE162/INF/3	Report on Strategic Issues between PAHO and WHO
CE162/INF/4	Cybersecurity in PAHO
CE162/INF/5	Status of the PASB Management Information System (PMIS)
CE162/INF/6	Report of the Advisory Committee on Research for Health
CE162/INF/7	Report of the Commission on Equity and Health Inequalities in the Americas
CE162/INF/8	Implementation of the International Health Regulations (IHR)
CE162/INF/9	Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas
CE162/INF/10	Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons
CE162/INF/11	Plan of Action on Road Safety: Final Report
CE162/INF/12	Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report
CE162/INF/13	Strategy and Plan of Action for Integrated Child Health: Final Report
CE162/INF/14	Strategy and Plan of Action on Climate Change: Final Report
CE162/INF/15	Strategy and Plan of Action on eHealth: Final Report

Matters for Information (*cont.*)

CE162/INF/16	Strategy and Plan of Action on Knowledge Management and Communication: Final Report
CE162/INF/17	Health and International Relations: Linkages with National Health Development: Final Report
CE162/INF/18	National Institutions Associated with PAHO in Technical Cooperation: Final Report
CE162/INF/19	Bioethics: Towards the Integration of Ethics in Health: Final Report
CE162/INF/20	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress ReportB. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm ReviewC. Strategy and Plan of Action on Urban Health: Midterm ReviewD. Plan of Action on Antimicrobial Resistance: Midterm ReviewE. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm ReviewF. Plan of Action for the Prevention and Control of Tuberculosis: Midterm ReviewG. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm ReviewH. Plan of Action for Malaria Elimination 2016-2020: Midterm ReviewI. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report, Rev. 1J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress ReportK. Status of the Pan American Centers

Matters for Information (*cont.*)

- | | |
|--------------|---|
| CE162/INF/21 | Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:

A. Seventy-first World Health Assembly

B. Subregional Organizations |
| CE162/INF/22 | Respuesta de la OPS para mantener una agenda eficaz de cooperación técnica en Venezuela y en los Estados Miembros vecinos |

Annex C

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES
OFFICERS / MESA DIRECTIVA**

President / Presidente: Dr. Miguel Antonio Mayo Di Bello (Panama)
Vice-President / Vicepresidente: Sr. Carlos Fernando Gallinal Cuenca (Brazil)
Rapporteur / Relator: Sra. Carolina Schlesinger Faccini (Colombia)

MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO

ANTIGUA AND BARBUDA/ANTIGUA Y BARBUDA

Chief Delegate – Jefe de Delegación

Dr. Rhonda Sealey-Thomas
Chief Medical Officer
Ministry of Health and the Environment
St. John's

ARGENTINA

Chief Delegate – Jefe de Delegación

Lic. Jorgelina Constanzi
Directora Nacional de Relaciones
Sanitarias Internacionales
Ministerio de Salud de la Nación
Buenos Aires

Delegates – Delegados

Sr. Julio César Ayala
Ministro Consejero, Representante Alterno
de Argentina ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Cynthia Hotton
Ministra, Representante Alternativa de
Argentina ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Yoel Rivas
Misión Permanente de Argentina ante la
Organización de los Estados Americanos
Washington, D.C.

BELIZE

Chief Delegate – Jefe de Delegación

Dr. Ramón Figueroa
Chief Executive Officer
Ministry of Health
Belmopan City

Delegates – Delegados

Mr. Emil Joseph Waight
Minister Counselor, Alternate
Representative
of Belize to the Organization of American
States
Washington, D.C.

BRAZIL/BRASIL

Chief Delegate – Jefe de Delegación

Conselheira Marise Ribeiro Nogueira
Chefe da Divisão de Temas Sociais
Ministério de Relações Exteriores
Brasília

Delegates – Delegados

Sr. Carlos Fernando Gallinal Cuenca
Conselheiro, Representante Alternativo
do Brasil junto à Organização dos
Estados
Americanos
Washington, D.C.

Sra. Luciani Martins Ricardi
Servidora da Assessoria Internacional
Ministério da Saúde
Brasília

MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)

BRAZIL/BRASIL (cont.)

Delegates – Delegados (cont.)

Sra. Indiara Meira Gonçalves
Servidora da Assessoria Internacional
Ministério das Relações Exteriores
Brasília

CANADA/CANADÁ

Chief Delegate – Jefe de Delegación

Mr. Nicolas Palanque
Director
Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Delegates – Delegados

Her Excellency Jennifer Loten
Ambassador, Permanent Representative
of Canada to the Organization of
American States
Washington, D.C.

Ms. Lucero Hernandez
Manager, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Monica Palak
Senior Policy Analyst
Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Charlotte McDowell
Senior Development Officer and Alternate
Representative of Canada to the
Organization of American States
Washington, D.C.

CHILE

Chief Delegate – Jefe de Delegación

Sr. Jaime Alliende
Ministro Consejero, Representante Alterno
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Sra. Carolina Horta
Segunda Secretaria, Representante Alternata
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Felipe Aravena
Segundo Secretario, Representante Alternata
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

COLOMBIA

Chief Delegate – Jefe de Delegación

Sr. Jaime Matute Hernández
Coordinador de Cooperación y Relaciones
Internacionales
Ministerio de Salud y Protección Social
Bogotá

Delegates – Delegados

Excmo. Sr. Andrés González Díaz
Embajador, Representante Permanente
de Colombia ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Álvaro Calderón
Ministro Consejero, Representante Alternata
de Colombia ante la Organización de los
Estados Americanos
Washington, D.C.

MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)

COLOMBIA (cont.)

Delegates – Delegados (cont.)

Sra. Carolina Schlesinger Faccini
Segunda Secretaria, Representante Altern
de Colombia ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Stephanie Ashton
Tercera Secretaria, Representante Altern
de Colombia ante la Organización de los
Estados Americanos
Washington, D.C.

PANAMA/PANAMÁ

Chief Delegate – Jefe de Delegación

Dr. Miguel Antonio Mayo Di Bello
Ministro de Salud
Ministerio de Salud
Ciudad de Panamá

Delegates – Delegados

Dra. Reina Roa
Directora Nacional de Planificación
Ministerio de Salud
Ciudad de Panamá

Sra. Maria Eugenia Arosemena
Asesora del Despacho Superior
Ministerio de Salud
Ciudad de Panamá

PANAMA/PANAMÁ (cont.)

Delegates – Delegados (cont.)

Licda. Natasha Dormoi
Directora de Asuntos Internacionales y
Cooperación Técnica
Ministerio de Salud
Ciudad de Panamá

Sr. Demetrio Fong Vigil
Consejero, Representante Altern
de Panamá ante la Organización de los
Estados Americanos
Washington, D.C.

PERU/PERÚ

Chief Delegate – Jefe de Delegación

Lic. Sofía del Pilar Velásquez Portocarrero
Ejecutiva Adjunta
Ministerio de Salud
Lima

Delegates – Delegados

Excma. Ana Rosa Valdivieso Santa María
Embajadora, Representante Permanente
de
Perú ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. José Marco Rodriguez
Consejero, Representante Altern
de Perú ante la Organización de los
Estados Americanos
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO**

CUBA

Sr. Miguel Fraga
Primer Secretario
Embajada de Cuba
Washington, D.C.

ECUADOR

Excmo. Sr. Marcelo Vázquez-Bermúdez
Embajador, Representante Altern
del
Ecuador ante la Organización de los
Estados Americanos
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

ECUADOR (cont.)

Mag. Cristina Luna Ribadeneira
Asesora Despacho Ministerial
Ministerio de Salud Pública
Quito

MEXICO/MÉXICO

Excmo. Sr. Jorge Lomónaco
Embajador, Representante Permanente de
México ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Mariana Olivera West
Ministra, Representante Alternativa
de México ante la Organización de los
Estados Americanos
Washington, D.C.

Lic. José Gustavo Valle Mendoza
Subdirector de Gestión Interamericana
Secretaría de Salud
México, D.F.

Sr. Gustavo Torres Cisneros
Segundo Secretario, Representante Alternativo
de México ante la Organización de los
Estados Americanos
Washington, D.C.

PARAGUAY

Excma. Sra. Elisa Ruíz Díaz Bareiro
Embajadora, Representante Permanente
de
Paraguay ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Ricardo Fabián Chávez Galeano
Abogado, Misión Permanente del Paraguay
ante la Organización de los Estados
Americanos
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA**

Mr. Garrett Grigsby
Director
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Elisa Adelman
Health Officer
Bureau of Global Health
US Agency for International Development
Washington, D.C.

Ms. Ann Blackwood
Senior Health Advisor
Office of Economic and Development Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Ann Danelski
Global Health Officer
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Adriana Gonzalez
Program Analyst
Office of Management Policy and
Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Jenifer Healy
Chief of Staff
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Rachel Owen
Health Advisor
Office of Economic and Development Affairs
Bureau of International Organization Affairs
U.S. Department of State
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Ms. Cristina Rabadan-Diehl
Director
Americas Office
Office of Global Affairs
Department of Health and Human Services
Washington

Mr. Peter Schmeissner
Director, Multilateral Affairs
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Jose Fernandez
Deputy Director
Global Health Security, Pandemics and
Emerging Threats Office
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Valerie Huber
Senior Policy Advisor
Office of the Assistant Secretary for Health
Department of Health and Human Services
Washington, D.C.

Ms. Bethany Kozma
Senior Advisor for Women's Empowerment
Office of Gender Equality and Women's
Empowerment Bureau for Economic
Growth,
Education, and Environment
U.S. Agency for International Development
Washington, D.C.

Ms. Gabrielle Lamourelle
Deputy Director of Multilateral Affairs
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Maya Levine
Senior Global Health Officer
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Ms. Dianna Lightfoot
Advisor
Bureau for Global Health
U.S. Agency for International Development
Washington, D.C.

Ms. Rachel Wood
Global Health Officer
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

URUGUAY

Lic. Alicia Arbelbide
Ministra Consejera, Representante Alterna
del Uruguay ante la Organización de los
Estados Americanos
Washington, D.C.

**VENEZUELA (BOLIVARIAN REPUBLIC OF/
REPÚBLICA BOLIVARIANA DE)**

Excma. Sra. Carmen Velásquez de Visbal
Embajadora, Representante Alterna de la
República Bolivariana de Venezuela ante
la Organización de los Estados
Americanos
Washington, D.C.

Sra. Sara Lambertini
Primera Secretaria, Representante Alterna
de la República Bolivariana de Venezuela
ante la Organización de los Estados
Americanos
Washington, D.C.

Sr. Cristian Romo
Personal de Apoyo
Misión Permanente de la República
Bolivariana de Venezuela ante la
Organización de los Estados Americanos
Washington, D.C.

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN
OFFICIAL RELATIONS WITH PAHO/
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES EN
RELACIONES OFICIALES CON LA OPS**

**American Speech-Language-Hearing
Association/Asociación Americana del
Habla, Lenguaje y Audición**

Dr. Lemmietta McNeilly
Mrs. Lily Waterston

**Latin American Federation of the
Pharmaceutical Industry/
Federación Latinoamericana de la
Industria Farmacéutica**

Sr. Juan Carlos Trujillo de Hart

**Inter-American Association of Sanitary
and Environmental Engineering/
Asociación Interamericana de Ingeniería
Sanitaria y Ambiental**

Dra. Carmen del Pilar Tello Espinoza

March of Dimes

Dr. Salimah Walani

**Latin American Association of
Pharmaceutical Industries /
Asociación Latinoamericana de Industrias
Farmacéuticas**

Sr. Rubén Abete

U.S. Pharmacopeia

Dr. Katherine Bond
Mr. Damian Cairatti

**Latin-American Confederation of Clinical
Biochemistry/
Confederación Latinoamericana de
Bioquímica Clínica**

Prof. Dra. Stella Raymondo

SPECIAL GUESTS / INVITADOS ESPECIALES

**PAHO Audit Committee/
Comité de Auditoría de la OPS**

Mr. Claus Andreasen
Mr. John Fox

**External Auditor, Court of Audit of
Spain/Auditor Externo, Tribunal de Cuentas
de España**

Sr. Ramón Álvarez de Miranda García
Presidente del Tribunal de Cuentas

**External Auditor, Court of Audit of
Spain/Auditor Externo, Tribunal de Cuentas
de España (cont.)**

Sr. José Luis Cea Claver
Director Técnico de la Presidencia del
Tribunal de Cuentas

Sra. Karen Ortíz Finnemore
Directora de Relaciones Internacionales del
Tribunal de Cuentas

Sr. Alfredo Campos Lacoba
Subdirector Técnico del Tribunal de Cuentas

**PAN AMERICAN HEALTH ORGANIZATION/
ORGANIZACIÓN PANAMERICANA DE LA SALUD**

**Director and Secretary ex officio of the
Executive Committee/Directora y
Secretaria ex officio del Comité Ejecutivo**

Dr. Carissa F. Etienne

**Advisors to the Director/
Asesores de la Directora**

Dr. Isabella Danel
Deputy Director
Directora Adjunta

Dr. Francisco Becerra
Assistant Director
Subdirector

**Advisors to the Director/
Asesores de la Directora (cont.)**

Mr. Gerald Anderson
Director of Administration
Director de Administración

Dr. Heidi Jimenez
Legal Advisor, Office of the
Legal Counsel
Asesor Legal, Oficina del Asesor
Jurídico

Ms. Mônica Zaccarelli Davoli
Senior Advisor, Governing Bodies Office
Asesora Principal, Oficina de los Cuerpos
Directivos
