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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 160th 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 26 to 30 June 2017. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Antigua and Barbuda, Argentina, Brazil, Chile, Colombia, Guatemala, Panama, Trinidad and Tobago, and the United States of America. Delegates of the following other Member States, Participating States, and Observer States attended in an observer capacity: Canada, Ecuador, Mexico, Peru, and Spain. In addition, two intergovernmental organizations, and seven nongovernmental organizations were represented.

2. Dr. Rubén A. Nieto (Argentina, President of the Executive Committee) opened the session and welcomed participants. He extended condolences to the people affected by the recent sinking of a passenger boat in Colombia.

3. Dr. Carissa F. Etienne (Director, Pan American Sanitary Bureau [PASB]), also welcoming participants, noted that the world had undergone tremendous change in recent months. People were increasingly exposed to economic, environmental, geopolitical, social, and technological risks in a tightly interconnected global village. Infectious diseases continued to spread and terrorist attacks and cyberattacks had escalated. Social instability and large-scale migration had negatively affected health in numerous countries, as had extreme weather events and natural disasters. Despite improvements in the overall collective ability to fight disease, global health needs were not being fully met. Moreover, over half of the world's population lived on less than two dollars a day, and nearly 30,000 children died each day from poverty-related conditions.

4. Against that tapestry of interconnected global events, the Bureau had worked diligently and collaboratively with Member States to advance shared health goals for the Region. It continued to support Member States in making tangible progress towards universal access to health and universal health coverage, building resilient health systems, strengthening national emergency preparedness and response capacity, and reducing health inequities, especially among populations living in conditions of vulnerability.

5. Member States, too, had undertaken significant work in the past year in order to develop a new sustainable health agenda for the Americas for the period 2018-2030. The agenda, which the Committee would examine during the session, would provide direction and political vision for health development in the Region over the next 13 years. The Director concluded her remarks by thanking Member States for their unstinting commitment to PAHO and expressing gratitude to the Committee for its critical guidance and insightful perspectives on the Organization's work.

Procedural Matters

Election of Officers

6. The following Members elected to office at the Committee's 159th Session continued to serve in their respective capacities during the 160th Session:

<i>President:</i>	Argentina	(Dr. Rubén A. Nieto)
<i>Vice President:</i>	Trinidad and Tobago	(Dr. Vishwanath Partapsingh)
<i>Rapporteur:</i>	Guatemala	(Dr. Lucrecia Hernández Mack)

7. 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 CE160/1, Rev. 2, and CE160/WP/1)

8. The Director, introducing the provisional agenda (contained in Document CE160/1, Rev. 1), said that, as a nomination for the position of External Auditor had been received since the approval of the preliminary agenda by the Subcommittee on Program, Budget, and Administration in March 2017, it would be necessary to add an item on the appointment of the External Auditor to the Committee's agenda.

9. The Committee adopted the provisional agenda, as amended in Document CE160/1, Rev. 2 (Decision CE160[D1]); the Committee also adopted a program of meetings (CE160/WP/1).

Representation of the Executive Committee at the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas (Document CE160/2)

10. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Argentina and Trinidad and Tobago, its President and Vice President, respectively, to represent the Committee at the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas. Colombia and Panama were elected as alternate representatives (Decision CE160[D2]).

Draft Provisional Agenda of the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas (Document CE160/3, Rev. 1)

11. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas (Document CE160/3, Rev. 1), noting that item 8.6, "Implementation of the International Health Regulations

(2005),” had been added pursuant to Decision WHA70(11) of the Seventieth World Health Assembly, which had called for regional consultations on the topic.

12. The Director observed that the Conference would have a heavy agenda, which would include the election of the Director for the period 2018-2023, the presentation of the Organization’s flagship publication *Health in the Americas*, and the adoption of the new Sustainable Health Agenda for the Americas. The preparatory work undertaken by the Committee would therefore be very important in order to ensure that the resolutions on the various Program Policy Matters were ready for adoption.

13. The Committee adopted the provisional agenda (Resolution CE160.R13).

Committee Matters

Report on the 11th Session of the Subcommittee on Program, Budget, and Administration (Document CE160/4)

14. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 11th Session from 22 to 24 March 2017. The Subcommittee had discussed a number of important financial, administrative, and other issues, including: an overview of the Financial Report of the Director for 2016, a draft version of the proposed PAHO Program and Budget for 2018-2019, proposed amendments to the PAHO Strategic Plan 2014–2019, an update on the development of the Sustainable Health Agenda for the Americas 2018–2030, a report on the process for the election of the Director for the next five-year period, and reports on non-State actors in official relations with PAHO and on the implementation of the Framework of Engagement with non-State Actors.

15. Dr. Hernández Mack 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.

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

17. The Director also expressed gratitude to the Subcommittee, observing that the rich discussions that had taken place in that body would greatly facilitate the work of the Executive Committee.

PAHO Award for Health Services Management and Leadership (2017) (Documents CE160/5 and Add. I)

18. Dr. Miguela Pico (Argentina) reported that the Award Committee of the PAHO Award for Health Services Management and Leadership (2017), consisting of the representatives of Argentina, Brazil, Panama, Trinidad and Tobago, and the United States

of America, had met on 27 June 2017 and had examined the information on the candidates nominated by Member States. Following discussions, and recognizing the merits of all five candidates, the Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership (2017) be granted to Dr. Stella Bolaños Varela, of Costa Rica, for her significant professional career and her long-standing commitment to the quality and management of health services at the national level and for her outstanding contributions in the field of health education and management of health services for the older adult population, as well as for her leadership in the implementation of people-centered models of care.

19. The Executive Committee adopted Resolution CE160.R12, conferring the PAHO Award for Health Services Management and Leadership (2017) on Dr. Stella Bolaños Varela, of Costa Rica.

Report on the Implementation of the Framework of Engagement with non-State Actors (Document CE160/6)

20. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the steps taken by PAHO as of March 2017 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. Those measures included the issuance of a general information bulletin explaining the new policy to staff and briefings during various regional and subregional staff meetings. The Subcommittee had also been informed that WHO was still developing some of the tools needed for the full implementation of the Framework, including the register of non-State actors, a guide for staff, and a handbook for non-State actors.

21. The Subcommittee had welcomed the steps taken to implement FENSA, which had been seen as a means of ensuring transparency in relations with non-State actors, avoiding conflicts of interest, and protecting the integrity and independence of PAHO and WHO. The Secretariat had been encouraged to continue its efforts to implement the Framework promptly and fully at all three levels of the Organization.

22. The Executive Committee also welcomed the progress made in implementing FENSA at the regional level, with several delegates noting that the Americas had been the first of the WHO regions to apply the framework in practice. Delegates also affirmed that the Framework would help to protect against undue influence by non-State actors in the formulation and implementation of public health policies, preserve the integrity and independence of PAHO and WHO, and enhance public trust in the two organizations. The Bureau was encouraged to continue collaborating closely with the WHO Secretariat in order to ensure uniform application of FENSA at the regional and global levels. Updates were requested on WHO's progress in preparing the guide for staff and the handbook for non-State actors. Delegates also sought information on the Bureau's progress in training its staff to apply the Framework, on PAHO's contribution to the development of the global registry of non-State actors, on the participation of PAHO/WHO representative

offices in the implementation of FENSA, and on any specific challenges that had been encountered in implementing the Framework at the regional level.

23. Mr. Scott Shauf (Senior Legal Advisor, PASB) reported that WHO had launched the register of non-State actors shortly before the Seventieth World Health Assembly in May 2017. The Bureau was collaborating with the WHO Secretariat to determine how and when the non-State actors with which PAHO collaborated would be incorporated into the registry. An initial draft of the guide for staff had been released for review by FENSA focal points in April 2017 and the Bureau had just received a revised second draft. WHO expected to have the guide finalized and ready for use in August. The Bureau intended to begin using the guide to train staff, including staff in the country offices, during the second half of the year. A draft of the handbook for non-State actors was expected to be ready for circulation in the near future.

24. The Director recalled that she had promised that PASB would be the first of the WHO regional offices to implement FENSA, which was indeed the case. The Bureau had proceeded immediately to apply FENSA in all cooperation with non-State actors, despite the fact that WHO had not completed work on all the tools required to implement the Framework fully. She wished to make it clear, however, that although one of the Framework's purported objectives had been to facilitate the Organization's work with non-State actors, in fact it had made it more difficult, not because of the way FENSA was being implemented, but because of constraints imposed by the Framework, which went far beyond PAHO's former policy on working with the private sector.

25. The Committee took note of the report.

Non-State Actors in Official Relations with PAHO (Document CE160/7)

26. Dr. Lucrecia Hernández Mack (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 eight nongovernmental organizations whose status as non-State actors in official relations with PAHO was due for review. The review had been conducted in accordance with the Framework of Engagement with Non-State Actors, whereas in the past the Subcommittee had reviewed PAHO's relations with NGOs on the basis of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations.

27. The Bureau had recommended that official relations with six organizations should be continued. It had also recommended that a decision be deferred on the continuation of relations with the Latin American Federation of the Pharmaceutical Industry (FIFARMA) in order to allow time for the Federation to draw up a more robust plan of collaboration and that official relations with the International Diabetes Federation be discontinued owing to a lack of collaboration over the previous two years. It had been noted that the discontinuation of relations with the Federation would not preclude future cooperation with it or with the national-level associations that it represented.

28. After considering the information provided, the Subcommittee had decided to recommend that the Executive Committee approve the continuation of official relations between PAHO and the American Public Health Association, the American Society for Microbiology, the Inter-American Association of Sanitary and Environmental Engineering, the March of Dimes, the United States Pharmacopeial Convention, and the World Association for Sexual Health. It had also recommended that the Committee defer a decision on the continuation of official relations with FIFARMA until 2018 and discontinue official relations with the International Diabetes Federation.

29. The Executive Committee endorsed the recommendations of the Subcommittee. Additional information on the resources of the various organizations and on their work was requested.

30. A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) expressed her organization's gratitude for the renewal of official relations, emphasizing its commitment to continue working alongside PAHO in enhancing access to safe drinking water and sanitation as a contribution towards achieving the Sustainable Development Goals in the Americas.

31. Mr. Scott Shauf (Senior Legal Advisor, PASB) said that the confidential information distributed to the members of the Subcommittee, which contained detailed information on the resources and work of the various organizations, could also be made available to members of the Executive Committee.

32. The Director said that collaboration with non-State actors, including the private sector, would be crucial in advancing the work of the Organization towards achievement of the Sustainable Development Goals. The purpose of FENSA was to facilitate such collaboration while also safeguarding the normative and standard-setting role of the Organization. The Bureau needed to find new ways of working with the private sector, which in turn had to be more aware of what international and intergovernmental organizations could and could not do. Provided that all parties understood their respective roles, there would be room for working together to ensure that the Sustainable Development Goals would be met and that the world would be not only healthier but also more prosperous, with sustainable development for all.

33. The Executive Committee adopted Resolution CE160.R5, renewing official relations between PAHO and the six organizations mentioned above, deferring until 2018 a decision on the maintenance of official relations with FIFARMA, and discontinuing official relations with the International Diabetes Federation.

Annual Report of the Ethics Office (2016) (Document CE160/8)

34. Mr. Philip MacMillan (Manager, Ethics Office, PASB) reported on the activities undertaken by the Ethics Office in 2016 in five key areas: advice and guidance for PAHO personnel on ethical issues; training and outreach activities; reports of possible ethical concerns; cases of fraud, theft, or loss of property or resources; and implementation of new

policies and initiatives to improve the ethical culture in PAHO, promote a respectful workplace, and reduce the level of interpersonal conflict. There had been a total of 91 consultations from staff, covering general workplace concerns, outside employment, participation on boards and committees, receipt of gifts, and employment of relatives. That number represented a slight decrease in consultations as compared with the previous year but was still above the norm for most organizations.

35. In the area of training and outreach, the Office had implemented a training program specifically tailored to senior managers on the importance of staff being able to raise good-faith concerns without fear of retaliation. The program had covered general principles of retaliation and protection, and how managers could avoid missteps that might lead to complaints of inappropriate conduct. In addition the Ethics Office had assisted the office of the Ombudsman in developing an online course to help promote a healthy workplace in which all staff were treated with dignity and respect.

36. There had been 49 reports of behavior raising possible ethical concerns, a slightly lower number than in the preceding three years. Of that total, 18 reports had come through the Ethics Helpline, 17 of them anonymously. The Office had received several reports alleging harassment in the workplace, and had also assisted the WHO Secretariat in its handling of two such cases. One staff member had been dismissed for misconduct, as a result of an investigation. He recalled that at the 2016 Executive Committee meeting, he had reported that the Ethics Office had received anonymous reports about senior PASB officials. Those reports had been investigated and found to be without merit. Subsequently, someone using a pseudonym had sent anonymous communications to WHO, to the United Nations Ethics Office, and to members of the PAHO Audit Committee, among others. Given the need to protect the reputation of the Organization and staff, the Director had commissioned an external review by a prominent law firm in Washington, DC. In December 2016, having concluded that the allegations were unsupported by facts and without merit, the law firm had recommended closing the case.

37. In the areas of fraud, theft, and loss of PAHO property and resources, in 2016 there had been 29 reports, and the total losses incurred by the Organization had totaled \$9,522,¹ the lowest level of losses reported over the previous nine years. Most cases involved the theft of laptops and phones.

38. New policies and initiatives put in place included the implementation of a new helpline, featuring a more sophisticated case management system, and better analytical tools to monitor the status of cases and generate statistics. Under the leadership of the Ethics Office, new rules of procedure for the PAHO Board of Appeal had been approved and published. The Office had also issued two general information bulletins for Bureau staff, one on reporting of ethical concerns and the other on participation in political activities that might be viewed as being critical of a government. Lastly, in 2016 the Ethics Office had created two separate functions: one dealing with its advisory role and the other

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

with its investigative role. The Office had thus been able to strengthen its focus on prevention and outreach and reduce the risk of improper conduct.

39. Pursuant to a comprehensive report issued in 2016 by the United Nations Joint Inspection Unit (JIU), fraud prevention, detection, and response would be a major focus in 2017. As part of those efforts, the Ethics Office would spearhead the development of a fraud awareness strategy as well as dedicated training on detecting and combating fraud and corruption. The Office would also implement an Organization-wide online training program on proper workplace conduct and would launch a campaign to emphasize that staff had the right to speak up when faced with a situation in the workplace that raised ethical concerns.

40. The campaign would be supplemented by a mandatory online training course on whistleblower protection and the prevention of retaliation. The Office also intended to embark on a broader campaign to minimize risks of conflicts of interest that could damage the Organization's reputation. In addition, it would conduct a survey throughout the Organization on the ethical climate and work environment in the different units, country offices, and centers. PAHO's 11-year-old Code of Ethical Principles and Conduct would undergo a comprehensive review, and necessary adjustments would be made to reflect the latest practices and trends.

41. In the ensuing discussion, delegates recognized the valuable role of the Ethics Office in fostering an ethical culture in the Organization and commended the efforts to implement a comprehensive online training program for staff. The Office's advice function was considered very valuable for promoting ethical conduct and avoiding conflicts of interest. The intention to conduct an ethics climate survey was welcomed, as was the Office's plan to make fraud prevention and response part of its work in 2017. More information was sought on how those efforts would tie in with recommendations from the United Nations JIU report. The planned training on whistleblower protection and prevention of retaliation was also applauded. It was stressed that all complaints and allegations of ethics violations in all offices should be investigated.

42. Mr. MacMillan, responding to a question, confirmed that the online training program would be mandatory for all staff. It would be repeated every three or four months. The Office intended to expand training to cover consultants, locally hired personnel, contractors, and others who worked for the Organization in a non-staff capacity. Everyone engaged by PAHO was subject to its Code of Ethical Principles and Conduct. There was a need to ensure specific provisions in contracts about expected behavior of people working for the Organization.

43. In his view, there was underreporting of fraud throughout the United Nations system. As the primary form of identifying fraud and misconduct was through staff reporting, it was necessary to ensure staff were aware of the different avenues for reporting and to make it clear that there would be no retaliation against staff who reported fraud or corruption. That information would be included in the new training on fraud detection and prevention. He noted that all documents on the Office's website were available in the four

official languages of PAHO so that all staff could clearly understand what their options were for reporting concerns and what their due process rights were in the event that they were the subject of an investigation.

44. Dr. Francisco Becerra-Posada (Assistant Director, PASB) said that the Bureau had a clear interest in maintaining transparency and in preventing fraud and corruption, for which it had a zero-tolerance policy. It would continue to emphasize the responsibility of all to maintain ethical behavior in the workplace and to behave with transparency and accountability in their day-to-day activities.

45. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE160/9, Rev 1.)

46. Mr. John Fox (Chair of the PAHO Audit Committee) introduced the report of the Audit Committee, highlighting some of the topics discussed at the Committee's meetings in October 2016 and April 2017. He reported that Committee members had been impressed with the progress made on the PASB Management Information System (PMIS) project, having noted that efforts to install similar systems in other organizations had often been disastrous, whereas the PMIS project had been completed on budget and on time. The Audit Committee had recommended that a report be produced on the installation and use of the PMIS once it had been in use for a full biennium. The Committee was particularly interested in how the development of the PMIS would enhance the Bureau's capacities in terms of internal control and the functioning of the program and budget process.

47. He recalled that the Audit Committee had previously stressed the need for formal approval of an internal audit charter and noted that a recent review of the audit activities of the Office of Internal Oversight and Evaluation Services (IES) by the International Institute of Auditors (IIA) Quality Services had found only partial conformity to international standards. That finding should not be taken as a criticism of IES, but as a reflection of the fact that the internal audit charter approved by executive management in 2002 had never been approved by Member States through the Executive Committee or the Directing Council.

48. Turning to the Ethics Office, he said that the Audit Committee had become increasingly concerned about the possibility of a conflict of interests arising out of the combination of ethics and investigation functions within the same office. That situation might compromise the impartiality required for professional investigations and might also curtail the time available for the Office to address important ethical concerns. The previous year, at the Audit Committee's recommendation, the Director had arranged for a peer review of the matter by an external expert. The report of that review had strongly supported separating investigations completely from the Ethics Office in order to allow the latter to concentrate on its ethics role and to ensure the objectivity required for professional performance of the investigation function.

49. The Audit Committee had been pleased with the reports of the increasing effectiveness of the *Mais Médicos* project. Its recommendations with respect to *Mais Médicos* were aimed at ensuring that the Organization would not become dependent on the very high program support costs derived from that project, which constituted a large source of revenue but one that was destined to come to an end at some point.

50. In the area of external audit, the Audit Committee noted that the financial statements for 2016 and the report of the External Auditor had not been signed off on until late April. Consequently, the Audit Committee had been unable to perform the key function of reviewing and reporting on those documents. In terms of internal controls, the Audit Committee had received a draft standard operating procedure regarding compliance, but it had arrived too late to be given full consideration in the current year and would therefore be considered at the Committee's next meeting in Autumn 2017.

51. The priorities for the Audit Committee in the coming year would largely be follow-up to issues raised in its report, namely: ensuring the independence of internal audit activities, strengthening the culture of evaluation in the Bureau, and continued improvement in enterprise risk management. The Committee also intended to examine the program planning and budgetary process. With regard to internal Committee matters, one issue was the non-renewal of the term of office of Mr. Nicholas Treen. The Committee fully recognized that it was the prerogative of Member States to decide on Audit Committee members and understood that the decision to select another expert rather than renew Mr. Treen's mandate did not in any way reflect a lack of appreciation for the excellent service he had provided. However, the Committee also wished to underline the importance of continuity in Committee membership as a way to ensure that a majority of the Committee's members were familiar with how the Organization functioned.

52. In the ensuing discussion, delegates expressed appreciation for the Audit Committee's contribution to strengthening the Organization's governance, transparency, and accountability, encouraging the Bureau to implement all of the Committee's recommendations. They sought clarification on the recommendation to separate the ethics and investigation functions, asking for more information about the results of the peer review of the Ethics Office and about how the two functions would be structured. With regard to the appointment of Audit Committee members, the importance of maintaining continuity and institutional knowledge of the Organization was acknowledged and it was suggested that perhaps a different process or additional criteria should be applied when considering a sitting member for reelection. It was also suggested that the matter should be referred to the Subcommittee on Program, Budget, and Administration for further consideration.

53. Mr. Fox expressed his appreciation for Executive Committee's support for the Audit Committee's recommendations.

54. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) explained that the program support costs levied on all voluntary contributions were considered flexible funding and confirmed that the *Mais Médicos* project had become a

significant source of such funding in recent years. Efforts were in hand to ensure a diverse and sustainable funding profile for the Organization, as there was certainly a need to anticipate the ending of *Mais Médicos* and to put mechanisms in place to substitute for that source of funding in future years.

55. Mr. Gerald Anderson (Director of Administration, PASB), clarified that the draft standard operating procedure referred to by Mr. Fox allowed constant maintenance and electronic updating of standard procedures whenever there was a system change. It also provided for the gathering of comments from all affected parties. The Organization looked forward to hearing the views of the Audit Committee on the document in October.

56. Dr. Isabella Danel (Deputy Director, PASB) recalled that three options had been put forward in the report of the peer review of the Ethics Office. One had been to change nothing, the second to completely separate the ethics and investigation functions, and the third to have the Ethics Office continue in some sort of gatekeeper role with regard to the investigation function. The Bureau was now examining the potential forms the three options might take, including details such as staffing and potential costs. It was also taking the opportunity to review the whole ethics function in the Organization and incorporate any relevant new ideas into the work of the Ethics Office. It was hoped that the review would be finished by August or September and some of the findings could thus be presented to the Executive Committee at its next session in September.

57. The Director thanked the Audit Committee, the External Auditor, and the Head of IES for their assistance in making the Organization more transparent and accountable. She also thanked Member States for their vigilance in monitoring whether the Bureau was implementing recommendations and noted that the main mechanism for doing so resided in her twice-yearly meetings with executive management, which reviewed every recommendation, determining what needed to be done and a time frame for doing it.

58. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE160/10)

59. Dr. Lucrecia Hernández Mack (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 2017, making it necessary for the Executive Committee to appoint a new member to the Audit Committee during the 160th 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 Ms. Kumiko Matsuura-Mueller be appointed to the Audit Committee. The Subcommittee had endorsed the recommendation of the working group.

60. The Executive Committee endorsed the recommendation of the Subcommittee, with several delegates expressing thanks to Mr. Nicholas Treen for his service on the Audit Committee.

61. The Executive Committee adopted Resolution CE160.R3, thanking Mr. Nicholas Treen for his years of service to the PAHO Audit Committee and appointing Ms. Kumiko Matsuura-Mueller to serve as a member of the PAHO Audit Committee for a term of three years from June 2017 to June 2020.

Program Policy Matters

Strategic Plan of the Pan American Health Organization 2014-2019: Proposed Amendments (Documents CE160/11 and Add. I)

62. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed the proposed amendments to the PAHO Strategic Plan 2014-2019, which were intended to align the Strategic Plan with changes in the WHO program and results structure and also to incorporate new priorities for the Region. The Subcommittee had been informed that the number of program areas would increase from 30 to 34 and that Category 5 had been restructured in line with the new WHO Health Emergencies Program. In addition, the programs on food safety and antimicrobial resistance had been moved from Category 5 to Category 1. Antimicrobial resistance had been established as a new program area, and viral hepatitis had been incorporated into Category 1.

63. The Subcommittee had expressed support for the proposed amendments, welcoming in particular the increased focus on antimicrobial resistance and on food safety. The alignment of Category 5 with the WHO Health Emergencies Program had also been welcomed. With regard to antimicrobial resistance, the need to formulate and implement national action plans in line with the WHO Global Action Plan on Antimicrobial Resistance had been stressed, and several further amendments had been proposed with a view to highlighting the critical importance of country-level action. It had been pointed out that the scope of Category 5 had been narrowed to focus on strengthening capacities only in the health sector. Given the acknowledged importance of action by other sectors in emergency preparedness and response, the Bureau had been strongly encouraged to remove the reference to the health sector.

64. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) summarized the proposed amendments, which were listed in Table 2 of Document CE160/11. Some were additions, while others were changes in the location of text within the document, which reflected the movement of some program areas to different categories. Updates to the programmatic priorities stratification framework, in line with the refined PAHO-Hanlon methodology approved by the 55th Directing Council,² had been taken into account in drafting the proposed amendments, as had the

² See Document CD55/7 and Resolution CD55.R2 (2016).

results of prioritization exercises conducted in Member States. He noted that 11 additional countries had completed such exercises since the March session of the Subcommittee on Program, Budget, and Administration.

65. The document had been revised to incorporate suggestions made by the Subcommittee or submitted by Member States. Accordingly, the reference to the definition of the inequity component of the PAHO-Hanlon method had been updated, and the scope of Category 5 had been broadened to include capacity-building beyond the health sector, given the need for a multisectoral approach. The program area for disaster risk reduction, a specific priority for the Americas, had been retained in that category. Outcome indicator baselines and targets had been incorporated for viral hepatitis and antimicrobial resistance. Some outcome indicators, particularly in Category 5, still lacked baselines and targets; those were being validated by technical staff and would be incorporated into the document to be submitted to the 29th Pan American Sanitary Conference. The Strategic Plan incorporated the Sustainable Development Goals (SDGs) across all categories and program areas.

66. Referring to the Final Report on the 10-Year Regional Plan on Oral Health for the Americas (see paragraphs 268 to 274 below), he noted that, in light of the progress made in the Region and Member States' increased capacity to address oral health needs, it had been decided that oral health could be integrated into Category 2 (Noncommunicable Diseases and Risk Factors), Category 3 (Determinants of Health and Promoting Health throughout the Life Course), and Category 4 (Health Systems—specifically program area 4.2, People-centered Integrated, Quality Health Services).

67. The Executive Committee welcomed the proposed amendments and the consequent greater programmatic alignment with WHO. PAHO's alignment with the WHO Health Emergencies Program, in particular, was applauded. The amendments were considered necessary in order to reflect new and emerging priorities, such as universal health coverage and the health-related Sustainable Development Goals. The Committee also felt that the amended agenda accurately reflected specific regional priorities identified through the use of the PAHO-Hanlon methodology. Delegates expressed support for the proposals to add antimicrobial resistance as a new program area under Category 1 and to move food safety to that category, with several delegates remarking that those areas were priorities for their countries. Noncommunicable disease prevention and control was also identified as a high-priority area. Support was expressed for the strengthening and streamlining of PAHO's leadership and governance function to ensure that technical cooperation was in line with actions envisaged to attain the Sustainable Development Goals.

68. With regard to antimicrobial resistance, the need to formulate and implement national action plans that were aligned with the WHO Global Action Plan on Antimicrobial Resistance was stressed; it was suggested that the indicator relating to antimicrobial resistance could be strengthened by noting that a country's surveillance capacity should be in line with the WHO Global Antimicrobial Resistance Surveillance System (GLASS). Delegates were pleased that the scope of Category 5 had been broadened to reflect the need

for a multisectoral approach to emergency preparedness and response and welcomed the focus on building countries' capacities in that area. It was suggested that indicator 5.5 under that category should be reformulated, as it appeared to be intended to measure financing for emergency core services rather than the existence or effectiveness of such services.

69. It was emphasized that the Strategic Plan could be implemented successfully only through joint efforts by the Bureau and Member States. The need for effective monitoring and evaluation methods was stressed, with one delegate noting that those methods should be described in the Strategic Plan document. Several delegates sought clarification as to how budget resources would be redistributed in order to reflect shifts in priorities and program areas. A delegate noting that sizeable gaps and inequities remained in the area of oral health, also requested clarification regarding what resources would be allocated to that area.

70. Mr. Chambliss said that no changes had been made in budget allocations for the current biennium. However, Member States would see the shifts in priorities reflected in the proposed program and budget for 2018–2019 (see paragraphs 74 to 87 below). The Bureau had taken note of the comments on the indicators relating to antimicrobial resistance and emergency core services and would explore how best to address the concerns raised.

71. The Director affirmed that the Strategic Plan, and all of the Organization's action plans, must be living and evolving documents that could be amended to reflect new priorities and new scientific developments. She expressed thanks to Member States for their commitment to take joint responsibility for both planning and results and acknowledged the need for strong leadership by the Bureau. The bottom-up approach to planning and implementation had served the Region well, and some of the methodologies developed in the Region—most notably the PAHO-Hanlon method—constituted best practices that had been shared with WHO.

72. She observed that Member States continued to call on the Bureau to do many things, but she would also like to hear their views on what it should not do or where it should scale back its technical cooperation activities. In the area of oral health, for example, if Member States wished the Bureau to do more than that it was already doing through the integrated approach described by Mr. Chambliss, then they would need to decide where it should do less.

73. The Committee adopted Resolution CE160.R6, recommending that the 29th Pan American Sanitary Conference approve the proposed amendments to the Strategic Plan 2014-2019.

Proposed PAHO Program and Budget 2018-2019 (Documents CE160/12, Add. I and Add. II, Rev. 1)

74. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a draft version of the proposed program and budget for 2018–2019, which for the first time had been presented to the Subcommittee as a complete preliminary program and budget, rather than as an outline. The Subcommittee had been informed that the total program and budget would increase somewhat, with the bulk of the increase going to specific programs and to outbreak and crisis response. However, assessed contributions would remain unchanged at \$210.6 million. The increase would be funded from an expected increase in the WHO allocation to the Region.

75. The Subcommittee had expressed appreciation for the Bureau's efforts to ensure the budget's feasibility and applauded the steps it had taken to improve efficiencies and adjust for inflation in order to avoid any increase in the assessed contributions of Member States. Concern had been expressed about the large proportion of the budget allocated to management and administration under Category 6, and it had been suggested that some of those funds should perhaps be redistributed to high-priority areas such as noncommunicable diseases and health emergencies. Delegates had also voiced concern about the reductions in various program areas, including women's and children's health, emergency preparedness, and the International Health Regulations (2005).

76. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) highlighted key aspects of the proposed program and budget for 2018—2019, the last biennium of the period covered by the Strategic Plan 2014–2019. He noted that the proposal incorporated lessons learned from the previous two bienniums and included, for the first time, a chapter on risks and risk management. The proposal reflected a bottom-up costing exercise undertaken at country level and within individual units at PAHO Headquarters. It also incorporated the results of the priority stratification exercise undertaken by Member States, and it addressed various regional and global mandates, including the Sustainable Development Goals.

77. The proposal had been revised since the March session of the Subcommittee to take account of a \$1.5 million reduction in the allocation expected from WHO, as a result of which the budget for base programs had been reduced from \$621.1 million to \$619.6 million. It had also been revised to reflect suggestions made by the Subcommittee. In particular, \$11.7 million had been shifted from Category 6 to various technical categories, thanks partly to increased administrative and operational efficiency. In addition, the Bureau had examined the items costed under Category 6 at PAHO and those costed under the same category at WHO, and had decided to adopt the WHO practice of budgeting for capital investment expenditures outside the program and budget. Some information technology costs had also been shifted.

78. Country-level budgets, which had not been available in March, had been added to the program and budget proposal, and additional results from national prioritization

exercises had been incorporated and were shown in Table 4 of Document CE160/12. The top tiers reflected program areas where Member States collectively expected to see greater emphasis during the biennium; however, the fact that a program area fell in a lower tier did not mean that it was less important or that PASB would stop technical cooperation in that area. Some of the programmatic outputs had been revised to align with the version of the WHO program budget approved by the World Health Assembly in May 2017. Areas of particular emphasis in 2018–2019 would include universal access to health and universal health coverage, maternal and child health, noncommunicable diseases and associated risk factors, health emergencies and the International Health Regulations (2005), vector-borne diseases and elimination of priority neglected tropical diseases, antimicrobial resistance, and health information systems.

79. The total overall budget would increase by \$27.8 million, with the entirety of the increase for base programs coming from the increase in the WHO allocation to the Region. All the technical categories would receive increases, the largest of them in Category 4 (Health Systems) and Category 5 (Health Emergencies). Member States' assessed contributions would not increase. The budgeted WHO allocation to the Region would rise from \$178.1 million to \$190.1 million; however, the Bureau did not expect to receive the entire budgeted amount. In recent bienniums, only about 80% had been received, and a similar percentage was anticipated for 2018-2019.

80. The Executive Committee welcomed the alignment of the program and budget with the WHO program budget, the PAHO Strategic Plan, and the priorities identified through the priority stratification exercises conducted at country level. The Committee also commended the Bureau's efforts to control costs and improve efficiency in order to avoid any increase in the assessed contributions of Member States. The Bureau was encouraged to continue its efforts to reduce administrative, operational, and travel costs. It was also urged to continue to strive to expand the Organization's donor base and mobilize flexible voluntary funding that could be used for activities in program areas that had been identified as high priorities. More detailed information was requested on the Bureau's proposal to create a flexible voluntary contribution fund and hold a conference with funding partners.

81. Delegates expressed appreciation for the Bureau's efforts to reduce the allocation to Category 6, but noted that it remained the largest category in terms of resource allocation. The Bureau was asked to clarify whether the reduction in that category was indeed a reduction or merely a shifting of funds from one category to another. Delegates also noted that the allocations for several areas identified as high priorities by Member States remained relatively low or had been reduced with respect to the current biennium, including noncommunicable diseases, vaccine-preventable diseases, country health emergency preparedness and the International Health Regulations (2005), and maternal, newborn, and child health. The Bureau was asked to explain what activities it would be unable to carry out in those areas as a result of the reductions. While it was acknowledged that the reduction for the area of women's, maternal, newborn, child, adolescent, and adult health and sexual and reproductive health was not as great as it had been in the proposal submitted to the Subcommittee on Program, Budget, and Administration, it was also

pointed out that adequate resources would be needed to meet the targets set in that area under both the SDGs and the new Sustainable Health Agenda for the Americas.

82. Mr. Chambliss explained that the proposed budget allocations were the result of a detailed bottom-up costing exercise undertaken by all PASB units. They also reflected the decision to move from an aspirational approach to budgeting to a realistic one. In program area 3.1 (Women's, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health), for example, it had historically been difficult to fund the entire budget envelope. For the past two bienniums, the budget space for program area 3.1 had not even come close to being fully funded. In 2014-2015, the allocated budget envelope had been \$42.7 million, while actual funding received had totaled \$26 million. For 2016-2017, the budget envelope had been set at \$44.8 million, but thus far only around \$32.6 million in funding had been mobilized. While the proposed envelope for that area in 2018-2019 had been reduced by \$2.2 million with respect to 2016-2017, it nevertheless remained one of the largest in the budget. Moreover, actual spending for that area could be higher than the amount budgeted if the amount of funding received was higher than anticipated.

83. The proposed flexible voluntary contribution fund would not be a new, separate funding stream. It would be a mechanism that would enable Member States to provide voluntary contributions that were not earmarked for a specific purpose, similar to WHO's core voluntary contributions. The fund would be managed in the same manner as all other flexible funding received.

84. Category 6 had been reduced by \$11.7 million with respect to the proposal submitted to the Subcommittee and by \$12.4 million with respect to the 2016-2017 budget envelope. Those reductions were the result of both shifting of some expenses outside the program budget and savings due to increased efficiencies related in particular to the implementation of the PMIS, but also to reductions in travel costs and other expenses. Of the funds subtracted from Category 6, \$5.5 million had been reallocated to Category 1 for vector-borne diseases and antimicrobial resistance; \$1 million had been moved to Category 2 for noncommunicable diseases and risk factors; \$0.5 million had been shifted to Category 3 for maternal, child, and adolescent health and sexual and reproductive health; \$2 million had been moved to Category 4 for health systems and services; and \$2.7 million had gone to Category 5 for activities related to health emergencies and the International Health Regulations (2005).

85. Dr. Isabella Danel (Deputy Director, PASB) said that a dialogue with funding partners was planned for near the end of 2017. The Bureau would inform Member States as soon as the date was set.

86. The Director said that she was grateful to Member States for helping the Bureau to identify priorities and put together a program and budget proposal for the coming biennium. It should be remembered, however, that the amounts shown in the proposal represented "budget space," not actual money, and that funding could be shifted as money became available. She, too, was concerned about Category 3. However, as Mr. Chambliss had noted, that category had been significantly over-budgeted in the past. The figures

shown in the proposal for 2017–2018 represented an attempt to reduce the budget to a more realistic level. The Bureau was nevertheless striving to ensure that adequate resources were available for areas that were considered particularly high priorities. For example, it had decided to make a P4 professional available in each of the 10 countries with the highest maternal mortality.

87. The Committee adopted Resolution CE160.R8, recommending that the 29th Pan American Sanitary Conference approve the proposed program and budget, and Resolution CE160.R9, recommending the establishment of the assessed contributions of Member States, Participating States, and Associate Members of PAHO in accordance with the transitional scale of assessments approved by the Organization of American States for 2018 (see paragraphs 88 to 93 below).

New Scale of Assessed Contributions (Documents CE160/13, Rev. 1 and Add. I, Rev. 1)

88. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced this item, noting that a recent decision taken within the Organization of American States (OAS) had resulted in some revisions to the proposed new scale of assessed contributions, which had been incorporated into a revised version of the working document on the item (Document CE160/13, Rev. 1). He noted that the current OAS scale of assessments covered the period 2016-2017. The OAS Secretariat had submitted a proposed new scale for the period 2018-2020 to the OAS Committee on Administrative and Budgetary Affairs on 29 March 2017, but it had not been approved. Instead, the Committee had been requested to reduce the maximum assessment rate (59.47%, paid by the United States) and to present implementation scenarios, taking into account Members' ability to pay. A working group had been established to evaluate several options for both the assessment scale and implementation scenarios. The working group's recommendations would be presented to the special session of the OAS General Assembly in October 2017.

89. In the meantime, the OAS had decided to adopt an interim scale to be applied in 2018 only. It was therefore proposed that the Pan American Sanitary Conference should also adopt the interim scale for 2018. After the new OAS scale for 2018-2020 was adopted in October 2017, it would be presented to the Subcommittee on Program, Budget, and Administration in March 2018.

90. The Delegate of Mexico, speaking as the Chair of the working group of the OAS Committee on Administrative and Budgetary Affairs charged with revising the scale of the assessments, clarified that the new scale for 2018-2020 had, in fact, been approved. However, a resolution had been adopted³ calling for the revision of the current quota system, with the aim of gradually reducing the percentage paid by the largest contributor over a period of five years; at the same time, the contributions of the lowest contributors would be reviewed in order to balance out the scale. A rule providing that the quota percentage assessment of each Member State could not rise or fall by more than 25% from

³ AG/RES. 2911 (XLVII-O/17).

one three-year period to the next would also be reviewed. The scale to be applied in 2018 would thus be a transitional scale, with the definitive scale for the remainder of the period 2018–2020 to be adopted in October 2017.

91. Other delegates underscored the transitional nature of the 2018 scale of assessed contributions and noted that their Governments were carefully following the ongoing consultations on the new scale within the OAS. It was stressed that the reduction of the assessment of the highest contributor should not be offset by a commensurate rise in the assessments of the lowest contributors, which could create economic difficulties for those countries and hinder their ability to meet their financial obligations to the Organization and to participate in it on an equal footing with other countries. It was also pointed out that, while the health sector was not directly involved in the negotiations on the new scale, health sector budgets could be negatively affected by the outcome of the discussions.

92. The Director affirmed that, while the Bureau certainly did not wish to create economic difficulties for any Member, PAHO was obligated to adopt and apply the OAS scale of assessments.

93. The Committee adopted Resolution CE160.R.7, recommending that the Pan American Sanitary Conference approve the proposed transitional scale of assessed contributions for 2018.

Sustainable Health Agenda for the Americas 2018-2030 (Documents CE160/14, Rev. 1 and Add. I)

94. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard a presentation on the development of the Sustainable Health Agenda for the Americas for the period 2018-2030, which would replace the current Health Agenda for the Americas for the period 2008-2017. The Subcommittee had been informed that the Agenda was being developed by a working group composed of representatives of 16 countries, chaired by Ecuador.

95. The Subcommittee had voiced support for the proposed outline of the agenda. It had been considered important for the agenda to emphasize social and environmental determinants of health and strengthening of health systems. At the same time, it had been pointed out that the agenda's main focus should be on improving the health of people, not on enhancing structures or systems. The proposed rights-based approach had been welcomed, but the working group had been urged to ensure that the language in the agenda was consistent with previously agreed language relating to various rights. The efforts to align the new health agenda with the 2030 Agenda for Sustainable Development had also been welcomed.

96. Dr. María Verónica Espinosa Serrano (Ecuador, President of the Countries Working Group) summarized the content of the proposed Sustainable Health Agenda for the Americas 2018-2030 and outlined the process for developing it, noting that the

Countries Working Group had met in Ecuador following the March session of the Subcommittee and had then sent a draft version of the Agenda to all Member States for comment. A presentation on the Agenda had also been made at a side event held during the Seventieth World Health Assembly in May 2017. The Countries Working Group comprised 16 Member States representing all subregions in the Americas. It had held two face-to-face meetings and six virtual meetings thus far and would hold a third face-to-face meeting in July to incorporate the recommendations received from the Executive Committee and from further consultations with Member States. The Agenda would then be submitted to the 29th Pan American Sanitary Conference for approval.

97. The Agenda was intended to be a call to collective action to achieve the highest attainable standard of health and well-being in the Region. It reflected the health sector response to the commitments assumed by Member States in the 2030 Agenda for Sustainable Development, as well as to the unfinished agenda of the Millennium Development Goals and the Health Agenda for the Americas 2008-2017. In formulating targets for the achievement of the SDGs in the Americas, the Group had taken into account the regional context, input received from PASB technical programs, and information available in the Organization's policy documents and regional strategies and plans of action. It had also taken into account the midterm evaluation of the current Health Agenda for the Americas. The Agenda set out 11 goals and more than 150 targets that would help to guide health strategies and interventions in the countries of the Region over the next 13 years. It would be implemented through the strategies and plans of PAHO and through plans adopted at the subregional and national levels. Existing monitoring and evaluation mechanisms would be used to the extent possible to avoid duplication of effort and reduce the reporting burden on Member States.

98. She expressed thanks to the members of the Countries Working Group and to all the countries that had provided input for the Group's work on the Agenda, which demonstrated the commitment of the Governments of the Region to transform policy declarations into concrete actions and results for the peoples of the Americas.

99. The Executive Committee commended the work of the Countries Working Group and expressed gratitude to its President, Ecuador, and its two Vice Presidents, Barbados and Panama. The Committee also thanked the Bureau for its support of the Group's work. The participatory process of developing the Agenda was seen as an excellent example of cooperation and Pan Americanism. Delegates agreed that the Agenda should serve as a strategic instrument that would provide direction and political vision for health development in the Region for the next 13 years and that it should guide the formulation of PAHO's strategic plans and the development of plans at the subregional and national levels.

100. Delegates welcomed the Agenda's alignment with the 2030 Agenda for Sustainable Development and the PAHO Strategic Plan. The incorporation of lessons learned from the implementation of the Health Agenda for the Americas 2008-2017 and from the work undertaken to achieve the Millennium Development Goals was also welcomed. Delegates applauded the Agenda's emphasis on intersectoral coordination and its call for

an all-of-government and all-of-society approach to implementation. Support was also expressed for Goal 6 of the Agenda (strengthening information systems for health to support the development of evidence-based policies and decision-making).

101. Several concerns were raised with regard to the Agenda's proposed goals and targets. One delegate was of the view that the inclusion of specific targets could diminish the Agenda's effectiveness as a political call to action, since the targets might have to be modified over time. Another delegate pointed out, however, that it had proved extremely difficult to conduct the midterm evaluation of the current Health Agenda for the Americas precisely because it had lacked specific targets against which progress could be measured. A third delegate requested that the Countries Working Group provide information on the method it had used to set the Agenda targets, some of which were significantly more ambitious than the corresponding SDG targets, reflecting the fact that the Region was more advanced in some areas than other regions of the world.

102. It was pointed out that, whereas existing PAHO instruments typically specified a certain number of countries that would deliver on targets, the Agenda called on all countries to deliver on all the targets, which some countries might find problematic. To facilitate acceptance of the Agenda, it was suggested that its vision statement should make it clear that it was intended to be an aspirational, visionary policy document. It was also suggested that target 2.1 should include a specific reference to access to contraceptives and sexual and reproductive health information and services, and the Bureau was encouraged to ensure that reporting on the Agenda included an assessment of access to such services, which would be critical to reducing the regional maternal mortality ratio.

103. Two delegates expressed the view that, since the Agenda would be adopted by means of a resolution at the Pan American Sanitary Conference, it would not be necessary for health authorities to sign a declaration of commitment at a separate signing ceremony like the one held to launch the current Health Agenda for the Americas. They recalled that the latter document had been prefaced by a statement of intent, not a declaration of commitment, and suggested that the same approach should be followed in the Sustainable Health Agenda.

104. Dr. Espinosa Serrano emphasized that, thanks to the broad participation by Member States in the process of formulating the Agenda, it reflected the voice of all. The Countries Working Group had taken care to listen to the perspectives of all countries and to draft the Agenda in such a way that it gave due attention to both shared objectives and issues of particular importance to individual countries. One of the primary concerns of the Countries Working Group had been to ensure that the Agenda would be a useful tool that would facilitate work at the subregional and national levels.

105. Whether or not to include measurable targets had been the subject of much debate within the Countries Working Group, which had concluded that such targets were essential in order to measure progress and determine whether the implementation of health policies was yielding the desired results. Moreover, measurement of results had proved to be the only real way of assessing how committed countries were to the priorities they had

established. She agreed that it was important for all Member States to understand how the targets had been designed and undertook to see that information on the technical methods applied was made available. In that connection, she believed that it was important for the Agenda to be accompanied by a declaration of commitment rather than a mere statement of intent. If intentions were to give rise to concrete results, they must be underpinned by a firm political commitment to take collective action for the common good.

106. The Director affirmed that the midterm assessment of the current Health Agenda for the Americas had been difficult because it had lacked targets and baselines. That evaluation had also revealed that, although the intention had been that the Health Agenda should serve as the vision underpinning work at the regional, subregional, and national levels, that had not occurred. The Sustainable Health Agenda for the Americas would become a PAHO mandate once it had been approved by the Pan American Sanitary Conference, and the Bureau would treat it as such and would be fully committed to implementing it. She was uncertain, however, whether that regional commitment would be sufficient to ensure the necessary commitment at the national and subregional levels. Member States might wish to ask themselves that question in considering whether or not to hold a separate signing ceremony.

107. The proposed resolution contained in Document CE160/14, Add. I, was amended to reflect the views expressed in the course of the discussion and adopted as Resolution CE160.R15, which recommends that the 29th Pan American Sanitary Conference approve the new Sustainable Health Agenda for the Americas.

Policy on Ethnicity and Health (Document CE160/15)

108. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) introduced this item, recalling that since the 1990s PAHO had approved lines of action and supported interventions involving an intercultural approach to the health of indigenous peoples in the Region. The policy proposed in Document CE160/15 recognized the need to broaden the Organization's efforts to address the needs of other ethnic groups. National and regional consultations on the policy document had been held with representatives from national ministries of health and organizations of indigenous, Afrodescendent, and Roma people. One of the greatest challenges to reaching consensus on the document had been the sheer number of stakeholders consulted.

109. The proposed policy recognized that countries differed with regard to ethnic composition and had different norms concerning the identification of ethnic groups. It had been developed within the framework of major global consensus and initiatives that recognized the need to ensure respect for individual and, where appropriate, collective rights, including the right to the enjoyment of the highest attainable standard of health, and to reorient health systems through an intercultural approach. The Region had a variety of intercultural primary health care models that could serve as a reference.

110. The policy was framed within the Health Agenda for the Americas 2008–2017, which recognized that the Region was diverse and that its populations had different needs that called for differentiated sociocultural approaches to improve health. It also responded to the commitment made under the 2030 Agenda for Sustainable Development to ensure that no one was left behind in the effort to achieve sustainable development. That commitment was in keeping with the regional commitments reflected in the Strategy for Universal Access to Health and Universal Health Coverage and the Plan of Action on Health in All Policies.⁴ Relevant international instruments approved by Member States were also taken into account.

111. PASB proposed to provide technical cooperation to Member States for the implementation of the five priority lines of action described in Document CE160/15. Technical cooperation activities would be oriented towards helping countries to strengthen health system capacity to address ethnicity as a social determinant of health. To facilitate understanding of the complex issue of ethnicity and health, the document contained a glossary of key terms.

112. The Executive Committee noted the relevance of the policy document, acknowledging the importance of addressing the association between ethnicity and health inequalities, particularly in light of the highly diverse populations in many countries of the Region. Delegates described national and subnational efforts and achievements in this area. One delegate applauded the specific inclusion of Roma people in the document, noting that they were a vulnerable group rarely mentioned in international forums. There was broad consensus on the need to address social determinants of health and reorient health services through an intercultural approach with emphasis on respect for individual and collective rights. Numerous delegates acknowledged the discrimination experienced by indigenous peoples, Afrodescendants, Roma, and members of other ethnic groups, framing the issue squarely within the human rights approach enshrined in a wide range of international conventions and initiatives. A number of delegates also cited the need for a cross-cutting approach, more and better data, and institutional strengthening.

113. While there was general support for the policy, the Committee felt that the document needed additional work. Several delegates expressed the view that traditional medicine should be considered part of the larger health system and that links should be established between the institutional and indigenous health systems. A number of delegates stressed that respect for the health practices and world visions of indigenous groups should be instilled in health workers during their training.

114. Several delegates called for the inclusion of more national experiences in the policy document and for alignment of the policy with the WHO Traditional Medicine Strategy 2014-2023. In that connection, a delegate noted that the WHO strategy did not reference ancestral knowledge or indicate traditional and complementary medicine as a basis for national policy-making. The same delegate suggested deleting references to particular ethnic groups in the policy, using instead only the generic term “ethnic groups.” In her

⁴ See Documents CD53/5, Rev. 2 (2014) and CD53/10, Rev.1 (2014).

view, lumping together indigenous peoples, Afrodescendants, and Roma groups was not appropriate because they had different needs and faced different issues. Furthermore, there were significant differences within groups, and depending on the national or historical context, some groups might not view themselves as belonging to a vulnerable category facing discrimination and exclusion. Other delegates disagreed with that view and felt that the specific groups should be named, precisely because they had different histories and faced different challenges.

115. In the discussion of the proposed resolution on this item (contained in Document CE160/15), several delegates proposed that the Executive Committee should recommend that the 29th Pan American Sanitary Conference “support” rather than “adopt” the policy. One delegate noted inconsistencies in the use of those terms in PAHO resolutions and suggested that the terminology should be clarified.

116. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) explained that, save for a few exceptional cases, the practice in PAHO was to “adopt” a policy or strategy but “approve” a plan of action or a combined strategy and plan of action. She added that the Office of Governing Bodies could produce a glossary or terminology guide at a later date to assist delegates in future discussions.

117. Dr. de Francisco Serpa explained that the national consultations had revealed parallels in terms of inequities and inclusion among indigenous, Afrodescendent, and Roma populations. He agreed on the importance of considering the differing world visions of the various groups and noted that they had been taken into account in the policy.

118. The Director was pleased that Member States recognized the centrality of ethnicity to achieving universal access to health and universal health coverage, meeting the SDGs, and leaving no one behind. It had been clear when the resolution on universal access to health and universal health coverage was adopted that it was essential to reach people who had hitherto been unreached. Part of the problem was that many ethnic groups were essentially invisible in the dominant societies and cultures, and cultural norms therefore needed to consider if those populations were to be reached. The inability of health workers to communicate with patients in their language was an impediment, as was a lack of understanding of ethnic populations’ perceptions of health and how health problems were addressed through traditional and complementary medicine.

119. In keeping with PAHO’s emphasis on a people-centered approach, it was essential to identify their issues and problems and to devise solutions, taking into account their cultural norms. Much more needed to be learned about the work with indigenous populations in the Region, and the experiences of Member States in that regard would serve as valuable input.

120. The Director also said that health information systems were critical. Births in ethnic populations were often not recorded in vital statistics systems, and people whose births were not recorded had no access to the benefits of citizenship. Moreover, members of ethnic groups were often not counted in censuses, sometimes because they were reluctant

to report their ethnicity for fear of discrimination. It was essential to disaggregate information on ethnicity in health information systems to provide a better understanding of the situation of ethnic populations. Such populations could not be treated as one big group; their differentiation was key to understanding the particular problems of each group and formulating appropriate solutions. Ethnic minority populations, where inequity was starkly evident, were the ones that were significantly underperforming in terms of social and economic variables. If the SDGs and universal health coverage were to be achieved, those groups needed particular attention.

121. A working group was formed to revise the language of both the document and the proposed resolution and incorporate the various amendments proposed in the course of the discussion. The Executive Committee adopted the resolution as revised by the working group (Resolution CE160.R11), recommending that the 29th Pan American Sanitary Conference adopt the policy on ethnicity and health.

Plan of Action for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 (Document CE160/16)

122. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) introduced this item, noting that the plan of action contained a detailed roadmap, with strategic lines of action, objectives, and indicators, that would help to prevent endemic reestablishment of the measles and rubella viruses in any country in the Region. The Americas had been the only WHO region to be declared free of rubella (in 2015) and measles (in 2016). Nonetheless, keeping the Region free of those diseases would remain a challenge in the coming years, since countries faced an ongoing risk of imported cases.

123. Under the Global Vaccination Action Plan (GVAP), all six regions of the World Health Organization had committed to the goal of eliminating measles by 2020 and two regions had committed to eliminating rubella by the same date. Progress had been slow, however. None of the targets set for 2015 had been met, except in the Americas. The Mid-term Review of the WHO Global Measles and Rubella Strategic Plan 2012-2020 had called for an assessment in 2020 of whether a global target could be set for the eradication of the two diseases, but that could not happen if the other five regions did not meet regional elimination goals.

124. The plan of action, which had been discussed extensively in working groups with the national authorities responsible for measles and rubella control in Member States, proposed four lines of action with their respective objectives and indicators, which were described in Document CE160/16. The Bureau would support countries in their efforts in those four areas.

125. The Executive Committee welcomed the plan of action, noting that it was well-aligned with existing policy on the issue. There was consensus on the urgency of maintaining elimination in the face of potential importation of cases. Delegates congratulated PASB for its global leadership in the elimination campaign, citing the

essential role of the Expanded Program on Immunization and the PAHO Revolving Fund in that regard. They stressed the importance of the four pillars of the plan, underscoring in particular the need for sustained epidemiological surveillance and vaccination coverage. Several voiced concern about the influence of the anti-vaccination movement and called for communication and education campaigns to combat vaccination hesitancy, with one delegate commenting that people had forgotten the harm that measles and rubella could cause. Another delegate expressed appreciation for the flexibility of the language included in the proposed resolution on this item (contained in Document CE160/16), which would facilitate its implementation in federated States, and requested that similar language be included in the plan of action.

126. Delegates appreciated PASB's commitment to rapid outbreak response and affirmed that this dedication had made it possible to maintain the elimination of measles and rubella in the Americas. There were differing opinions about the feasibility of setting a date for the global eradication of measles and rubella, with one delegate opining that it would be premature to attempt to do so, given the lack of progress in the other five WHO regions. An update on the outcome of a recent meeting of the WHO working group on measles and rubella, held in June 2017, was requested.

127. Dr. de Francisco Serpa thanked Member States for their support of the plan of action and their recognition that measles and rubella elimination was a regional endeavor, observing that maintaining elimination would require enormous effort, given the lack of progress in the other WHO regions. The Region of the Americas had served as a leader for the other regions and was committed to continuing in that role.

128. Dr. Cuauhtémoc Ruiz-Matus (Chief, Comprehensive Family Immunization Unit, PASB) reported that the discussions during the recent WHO meeting had focused on whether there was a possibility of setting a target date for measles eradication. It had been noted in the report of the Global Vaccine Action Plan presented during the Seventieth World Health Assembly that, of the six WHO regions, the only one that had met the elimination target was the Region of the Americas. The working group had issued a call to all countries and all regions to step up efforts to meet the commitment to elimination and then eradication. No target date had been set for the latter. In 2020, the evidence would be reviewed to see if there was a possibility of setting a date.

129. The Director said that Member States had demonstrated their commitment to the elimination of measles and rubella, as evidenced by the financial and human resources and the time devoted to reaching that milestone. The challenge was now to sustain elimination. While certainly there were risks from outside the Region, there were also challenges from within it. Vaccine hesitancy was one such challenge, but recent declines in coverage of the measles/mumps/rubella vaccine was even more important. The significant variation in coverage among municipalities was resulting in a high number of susceptibles capable of sustaining measles transmission. To maintain elimination, Member States would have to commit to keeping vaccination coverage high nationwide.

130. The Committee adopted Resolution CE160.R2, recommending that the 29th Pan American Sanitary Conference approve the plan of action.

Plan of Action for the Strengthening of Vital Statistics 2017-2022
(Document CE160/17, Rev. 2)

131. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) introduced the proposed plan of action, pointing out that civil registration was an acknowledged human right and the basis for establishing a formal identity for every individual. He noted that approximately 400,000 deaths in the Region went unreported and unregistered every year. The United Nations Children’s Fund (UNICEF) had estimated that close to 3.2 million children under 5 went unregistered. It was likely that those who were uncounted were among the Region’s most vulnerable population and those most in need of access to health services.

132. The Region had made great strides towards meeting the goals of the Regional Plan of Action for Strengthening Vital and Health Statistics 2008-2013. The proposed plan of action built upon those earlier achievements and set goals for the Americas to advance towards universal registration of births and deaths. It included five strategic lines with targets and commitments for the period 2017-2023. Those strategic lines would complement global initiatives, such as the WHO/World Bank initiative “Global Civil Registration and Vital Statistics: A Scaling Up Investment Plan 2016-2024.” In line with various regional and global commitments, such as the 2030 Agenda for Sustainable Development and its SDGs, the proposed plan of action set targets for promoting the development of disaggregated national and subnational information and analysis. The plan also complemented the PAHO core indicators initiative, which had been collecting data from Member States for 20 years.

133. The Executive Committee acknowledged the importance of vital statistics for decision-making, planning and implementing public health programs, and improving health outcomes. However, while some delegates expressed support for the proposed plan of action as a means of buttressing vital statistics systems and keeping them high on government agendas, others felt that the plan’s focus was too narrow and that it should be aimed at also improving other aspects of health information systems. One delegate pointed out that the proposed plan was not based on a consensus among countries, while several others noted that it differed from an initial version circulated earlier in the year that had comprehensively addressed the issue of vital and health statistics. Another delegate remarked that, although the plan of action was intended to build on and provide continuity to the previous plan, the impact of that plan had not been evaluated. Other delegates emphasized that other health information subsystems also needed strengthening and that the reductionist approach of the proposed plan of action did not comport with the proposed resolution (contained in Document CE160/17, Rev. 2), which was broader in scope. Some also felt that adopting the plan as proposed in Document CE160/17, Rev.2 would mark a step backwards and could jeopardize some of the gains made with regard to the strengthening of health information systems.

134. One delegate disagreed, however, stating that targeting vital statistics as part of the larger issue of health information systems would be more likely to yield results in the short term. He emphasized the need for accurate vital statistics to inform decision- and policy-making on a range of health issues. His view was echoed by another delegate who stressed that action to address the long-standing weaknesses in vital statistics systems should not be delayed.

135. There was consensus on the need for greater interoperability of vital statistics and health information systems, standardization of data, electronic information systems and the use of technology such as unique personal identifying numbers, greater sharing of experiences and best practices, and better training for human resources in the coding of deaths. The need for clarification of some indicators in the plan was noted; for example, in the case of indicator 1.4.2 (number of Member States that have a system for analysis of neonatal deaths), it was not clear what was to be measured, and in the case of indicator 4.1.1 (number of Member States that identify successful practices to be disseminated in the Region), it was not clear who would be responsible for identifying and disseminating successful practices.

136. Dr. Espinal, noting that PAHO had a long history of monitoring and strengthening health information in the Region, said that the linkage between the plan of action and other PAHO initiatives should have been more clearly specified in the document. He would ensure that that shortcoming was remedied in the revised document to be submitted to the Pan American Sanitary Conference. He explained that the plan focused on vital statistics because in many Member States such statistics were not the purview of the ministry of health but of other agencies. The idea was to “bring them to the table” with the ministries of health. The effort to strengthen vital statistics, however, was not meant to detract from other parallel initiatives. For example, the aim of the Information Systems for Health initiative presented to the Member States of the English-speaking Caribbean was to work with the countries to make all their information systems interoperable and interconnected, since the main problem in many countries was the existence of multiple databases in different systems that were not linked to each other. That initiative would be also being presented to the Meso-American Member States at a meeting to be held in late August.

137. Strengthening health information systems was a PAHO mandate, and the Bureau was working with Member States in that area through the core indicators initiative; the Strategic Plan 2014-2019, which had a specific indicator to strengthen health information systems; and the Organization’s Special Program on Sustainable Development and Health Equity. The Bureau would be guided by the Executive Committee, but if the plan of action were expanded to address health information systems comprehensively, efforts to strengthen vital statistics could be diluted.

138. The Director commented that the need to strengthen health information systems had been raised every year since she had first begun attending sessions of the Governing Bodies in 2003. She believed that Member States continued to bring up the topic because there were fundamental issues to be addressed. One of them was inadequate birth and death registration. The issue of birth registration was particularly critical because if people’s

births were not registered their existence was not officially recognized and they thus lacked access to health care, education, and other health determinants.

139. The Bureau would, if Member States so wished, prepare a more comprehensive document on information systems for health. However, such a document could not be ready for the 29th Pan American Sanitary Conference, as considerable time would be required for consultations with Member States. Presentation of the document would therefore have to be postponed until 2018. She suggested that the Bureau could revise the content of Document CE160/17, Rev. 2, to clarify the linkage between the proposed plan of action and the broader issue of information systems for health. At the same time, it could begin the process of preparing a comprehensive general plan on information systems for health, to be taken up by the Governing Bodies in 2018.

140. The Committee decided to convene a working group to discuss the proposed next steps. The working group considered and endorsed a proposal by the Bureau to undertake consultations with Member States on the proposed plan of action for the strengthening of vital statistics with a view to presenting it to the 29th Pan American Sanitary Conference in September 2017. Simultaneously, the Bureau would launch the development of and consultations on a strategy and plan of action on information systems for health. The Bureau proposed the following roadmap for consultations with Member States:

- July 2017 — Virtual subregional consultations on the proposed plan of action on vital statistics to obtain further feedback on an updated document.
- August 2017 — Consultation with Member States from the Meso-American and Andean subregions on the framework for information systems for health, to be presented to the Governing Bodies in 2018.
- September 2017 — Presentation of the proposed plan of action on vital statistics for approval by the 29th Pan American Sanitary Conference.
- February 2018 — Consultation on the framework for information systems for health with Member States from the MERCOSUR bloc.
- June 2018 — Presentation of a proposed strategy and plan of action on information systems for health for approval by the Executive Committee.
- September 2018 — Presentation of the proposed strategy and plan of action to the 56th Directing Council.

141. The Executive Committee adopted Decision CE160(D3), agreeing that regional consultations should be convened in accordance with the roadmap proposed by the Bureau and endorsed by the working group, with the goal of presenting a revised version of the plan of action on vital statistics to the 29th Pan American Sanitary Conference in September 2017. The Committee also decided that a separate strategy and plan of action

for information systems for health should be prepared for consideration by the Governing Bodies in 2018.

Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CE160/18)

142. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the proposed strategy, noting that, although estimates differed depending on the methods applied, there was consensus that the Region continued to experience severe shortages of human resources for health. Low retention rates in rural and underserved areas, high levels of workforce mobility and migration, over-specialization in tertiary care services, and precarious working conditions coupled with low productivity were all hindering progress in the expansion of health services, particularly at the first level of care.

143. The proposed strategy identified a set of interdependent strategic lines of action to address those challenges in the specific context of the Americas. The strategy, which was aligned with the WHO Global Strategy on Human Resources for Health: Workforce 2030 and the recommendations of the High-level Commission on Health Employment and Economic Growth convened by the United Nations, was the product of numerous consultations held at the country, subregional, and regional levels since 2015. It recognized that the transition to universal health coverage required a set of policies, regulations, and interventions related to training, employment, and labor conditions; mobility of health professionals; education and professional practice; and workforce distribution.

144. The strategy called for the implementation of intersectoral policies that would address the future needs of health systems and services, with input from the labor, education, social, and finance sectors. It urged countries to strengthen the regulation, planning, and management of human resources for health to improve the availability, retention, and distribution of inter-professional teams, especially at the first level of care. It stressed the importance of addressing working conditions and other factors that affected workforce availability and called on the health and education sectors to work hand in hand to address the training, accreditation, and performance of health professionals and to ensure an appropriate skills mix.

145. The Executive Committee voiced strong support for the proposed strategy, with numerous delegates commenting that their countries were already undertaking activities envisaged under the three strategic lines. Delegates expressed satisfaction with the process of consultation on the strategy and were pleased to see that many of the outcomes of those discussions had been incorporated into the proposal contained in Document CE160/18. It was considered that the strategy would support the development of policies and plans at the national level and help to remedy inequities in the availability, distribution, and quality of human resources. Delegates recognized that adequate investment would be needed for that purpose, although it was pointed out that the resources required for such investment might be mobilized from a variety of sources. The strategy's emphasis on intersectoral collaboration, particularly between the health and education sectors, was welcomed, and

the need to incorporate instruction on new health technologies into the training of health professionals was underscored. Delegates also commended the strategy's recognition of the impact of health workforce migration. Clarification was requested, however, of what was meant by regulation of the impact of professional mobility under strategic line of action 2.

146. Delegates acknowledged the need for incentives—including both economic incentives and opportunities for professional development—to attract and retain health workers in rural and underserved areas. The importance of culturally appropriate training for health professionals serving in such areas was highlighted. Delegates also supported the strategy's emphasis on putting in place inter-professional teams at the first level of care and on developing information systems to identify human resource gaps. It was suggested that such systems should include information on a wide range of health workers, including, for example, midwives and community health workers. The importance of accurate information for evidence-based workforce planning and development was stressed.

147. The strategy's linkage with the Global Strategy on Human Resources for Health and the work of the High-level Commission on Health Employment and Economic Growth was applauded. It was pointed out that the Seventieth World Health Assembly had adopted the Five-year Action Plan on Health Employment and Inclusive Economic Growth⁵ and that coordinating the implementation of the strategy with that of the Five-year Action Plan could help to accelerate progress on human resources for health in the Region. It was also suggested that the strategy should reference the WHO national health workforce accounts (NHWA) initiative, which could assist Member States with workforce planning, monitoring, and reporting. The Bureau was encouraged to support Member States' efforts in that regard.

148. Dr. Fitzgerald said that the Bureau had identified two critical factors that were impeding the achievement of universal access to health and universal health coverage: economic factors related to the allocation of public resources for health and lack of appropriately qualified and distributed human resources for health. He recalled that when Member States had adopted the Strategy for Universal Access to Health and Universal Health Coverage, they had acknowledged the need to progressively increase public expenditure on health and had set a benchmark of 6% of gross domestic product (GDP). While some countries had reached or exceeded that benchmark and had been able to address inequities in access to health services, others continued to struggle to reach underserved populations. The available evidence indicated that increasing private investment would not address the health needs of such groups; public investment was needed. The emphasis on public investment was thus one of the important linkages between the proposed strategy on human resources and Strategy for Universal Access to Health and Universal Health Coverage.

149. The key importance of reliable workforce information had been highlighted repeatedly during the consultations held on the strategy. Many countries were working to

⁵ See Resolution WHA70.6 (2017).

develop the necessary information systems to guide strategic development of human resources to respond to the needs of health systems, which also called for effective coordination between the health and education sectors. Dr. Fitzgerald agreed that the WHO national health workforce accounts could be a useful tool for future workforce planning and noted that the Bureau had recently held a meeting for the purpose of adapting the NHWA indicators so as to help the countries of the Region to move forward towards universal access to health and universal health coverage.

150. Regulation of professional mobility comprised three aspects: recognizing that migration was bound to occur and planning strategically for it, while also working on incentives to encourage retention; regulation of the accreditation of health professionals to facilitate more structured and organized migration within and between countries; and implementation of international standards of professional practice.

151. The Director affirmed that the goals of the Strategy for Universal Access to Health and Universal Health Coverage could not be achieved without radical strategic changes in relation to human resources for health. There was a need to look closely at the training of health care workers and at the numbers and skill mix required. For that purpose, as had been pointed out, coordination between the health and education sectors was key.

152. Distribution of health care workers was another important consideration. Attention must be paid to working conditions, especially at the first level of care, and an effort must be made to render health care jobs in rural and remote communities more attractive. It was also essential to increase the capacity of health professionals at the first level to resolve the majority of the health issues encountered. In the face of epidemiological and demographic changes, different competencies and skills would be needed. Psychologists, social workers, and nutritionists, for example, would need to work alongside doctors and nurses on the health team in order to help move populations towards healthy lifestyles. Obviously, good information systems would be needed for strategic health workforce planning.

153. Migration was a critical issue for the Caribbean countries in particular. The majority of the nurses trained in those countries ended up working in North America and Europe. The WHO Global Code of Practice on the International Recruitment of Health Personnel had addressed the issue to some extent, but adherence to the Code was entirely voluntary. The migration of health workers was difficult to control, both for source and recipient countries, especially in the case of federated States. The Organization would continue to work with Member States to devise innovative ways of dealing with migration and the concomitant shortages of health workers.

154. Several amendments were suggested to the proposed resolution on this item (contained in Document CE160/18) with a view to facilitating its implementation in various national contexts. The Committee subsequently adopted the amended resolution as Resolution CE160.R4, recommending that the 29th Pan American Sanitary Conference adopt the strategy.

Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CE160/19)

155. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), introducing the proposed strategy and plan of action, observed that the adverse impact of tobacco use on public health was well known. Globally, tobacco killed more than 7 million people every year, including 900,000 deaths in the Americas from exposure to second-hand smoke. Deaths from tobacco use in the Region accounted for 14% of all deaths from noncommunicable diseases. Tobacco use not only affected health but exerted a substantial negative impact on economic growth, educational achievement, and social development. In Latin America, the direct costs attributed to smoking had been estimated at \$34 billion, or almost 1% of regional GDP annually. There was now a large evidence base demonstrating a direct association between poverty and tobacco use, with the most disadvantaged groups being the most affected.

156. Following the entry into force of the WHO Framework Convention on Tobacco Control (FCTC) in 2005, there was now greater awareness of the threats that the tobacco epidemic posed in terms of both health and sustainable development. Tobacco reduction targets had been included in numerous high-level declarations and initiatives, including the 2007 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the 2030 Agenda for Sustainable Development. Although the Region of the Americas had made progress in reducing tobacco use over the previous 12 years, greater efforts were needed to meet premature mortality reduction targets. While there were 30 States Parties to the FCTC in the Region, a number of whom were well-recognized global leaders in tobacco control, 15 countries had yet to implement any of the four FCTC mandates; 11 of those countries were parties to the Convention.

157. The proposal for a strategy and plan of action to strengthen tobacco control in the Region of the Americas was therefore both timely and necessary, as a clear plan was needed to operationalize the commitments made by Member States. The plan of action sought to strengthen evidence-based lines of action that had been successfully implemented by several countries, demonstrating that implementing such measures was feasible and would result in reduced tobacco use and, ultimately, improved health outcomes.

158. The Bureau would continue to provide cooperation to Member States to make the Region the global leader not only in tobacco control but also in the prevention and control of noncommunicable diseases and to fulfill its mission of protecting health and promoting the highest attainable standard of health for its communities.

159. The Executive Committee expressed general support for the strategy and plan of action, concurring that tobacco use imposed a heavy toll on public health and the economy. Delegates acknowledged the strong link between tobacco use and death and disability from noncommunicable diseases and the economic impact of increased public health and

out-of-pocket expenditure and lost workforce productivity. It was also pointed out that the use of pesticides and fertilizers to grow tobacco was jeopardizing sustainable development.

160. The Committee endorsed the four strategic lines of action, noting the need to control the supply of and demand for tobacco products and the consistency of the plan with the FCTC. One delegate commented that comprehensive efforts to control tobacco use, including public education and awareness efforts and smoking cessation interventions, had proven efficacious and highly cost-effective. There was general concern about the continuing challenges to implementing the FCTC and reducing tobacco use, particularly in light of tobacco industry interference. Delegates called for a stronger commitment to eliminating the barriers to FCTC implementation.

161. Several delegates highlighted the need to prioritize health over commercial interests, particularly those of the tobacco industry, and called upon PASB to help Member States strengthen their capacity in that regard, including through technical cooperation to assist in the development of legal instruments and enhance understanding of international trade agreements. At the same time, it was emphasized that tobacco control interventions must take account of national and local contexts and must be consistent with States' international trade obligations. Noting that the noncommunicable diseases caused by tobacco use particularly affected vulnerable populations, several delegates viewed tobacco control as a human rights issue. One delegate, however, objected to a statement in paragraph 23 of Document CE160/19 that put forward the idea that protecting people from exposure to tobacco smoke was implicit in the right to life. Her delegation did not believe that States' obligation to protect the right to life under the International Covenant on Civil and Political Rights extended to threats to life from the environment or actions of non-State actors.

162. Delegates had a number of questions regarding the strategy and plan of action and suggestions about ways to improve it. One delegate requested more information about what would be needed to achieve indicator 4.1.1, which referred to mechanisms for the identification and management of conflicts of interest among government officials and employees with responsibility for tobacco control policies. The same delegate called for greater emphasis on tobacco-related disparities and for evidence-based, targeted interventions to address such disparities. The need for disaggregated data in order to identify disparities and assess the effectiveness of interventions was noted. One delegate asked for more details on how PASB would work with countries to achieve indicator 1.2.2 on neutral or standardized packaging, adding that the strategy and plan of action would have been better had Member States been consulted about them. That sentiment was echoed by other delegates, who called for further consultations. It was noted with appreciation that most of the information needed to gauge progress on the various indicators in the plan of action was already being collected, so the plan would not add to the reporting burden on countries.

163. Dr. Hennis explained that the conflicts of interest indicator was linked to Article 5(3) of the FCTC and acknowledged that it would benefit from further development. Regarding the indicator on neutral or standardized packaging, he reported

that one country had already implemented the measures called for in the indicator. The Bureau was working with several other Member States in that regard and believed that the target set for 2022 was attainable. It would continue to work with Member States to refine the strategy and plan of action prior to the 29th Pan American Sanitary Conference.

164. The Director emphasized that exposure to tobacco was one of the fundamental risk factors for chronic noncommunicable diseases. She believed that it was important to look carefully at why, 12 years after the FCTC had been adopted, the countries of the Region continued to have difficulty implementing its strategic lines of action. It was also essential to ask why the tobacco industry continued to wield so much influence. An all-of-government response was needed to fight tobacco use and mount a response to the tobacco industry. It was counterproductive, for example, for a country's ministry of health to call for reducing exposure to tobacco smoke, while its ministry of trade was calling for the construction of a tobacco factory and its Head of State was insisting that the factory was needed to create jobs. That was a fundamental problem that needed to be addressed at the highest level of governance.

165. The proposed resolution contained in Document CE160/19 was revised to incorporate numerous amendments suggested in the Committee's discussion of this item and was subsequently adopted as Resolution CE160.R10, which recommends that the 29th Pan American Sanitary Conference approve the strategy and plan of action.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE160/20 and Add. I)

166. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) reported that the Organization had received \$26.8 million relating to prior years' assessments, which represented 66% of the total pending. That left an outstanding balance of \$13.7 million from prior years. No Member State was subject to the provisions of Article 6.B of the PAHO Constitution. With regard to the current year, as of the end of June, \$30.9 million had been received, equivalent to 30.2% of total assessed contributions for 2017. Although that figure was low, given that half the year had already elapsed, it was the highest level of current-year assessments collected in the past decade. A total of 12 Member States had paid in full for 2017 and one had also paid a portion of its 2018 contribution.

167. He thanked those Member States that had already met their obligations to the Organization for the year and appealed to others to pay their assessed contributions in order to ensure the efficient and effective implementation of the PAHO program and budget.

168. The Director also expressed gratitude to the Member States that had paid their assessed contributions for 2017, appealing to the remainder to follow suit.

169. The Executive Committee adopted Resolution CE160.R1, thanking Member States that had made payments for 2017 and prior years and urging other Member States to pay all outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2016 (Official Document 353)

170. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of a preliminary, unaudited version of the Financial Report, noting that the Subcommittee had been informed that PAHO assessed contributions for 2016 had totaled \$66.4 million. During the year, 29 Member States, Associate Members, and Participating States had paid their assessed contributions in full, 5 had made partial payments, and 8 had made no payments. Arrears in the payment of assessed contributions had amounted to \$40.5 million at the end of 2016. The Subcommittee had commended the Bureau for its transparency in reporting the financial results for the year and its efficiency in the management of resources. The difficulties caused by non-payment of assessed contributions had been recognized, and all Member States had been encouraged to meet their financial obligations to the Organization on a timely basis.

171. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources, 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 new PASB Management Information System had been used to close the financial accounts for the biennium ending in 2016. Consolidated total revenue for the year had amounted to \$1.4 billion, which was slightly less than in 2015. The reduction was due mainly to a decline in revenue from voluntary contributions, particularly national voluntary contributions, which in turn was the result of depreciation of the currencies of some countries with respect to the United States dollar.

172. Revenue from national voluntary contributions had decreased from \$554.7 million in 2015 to \$511.9 million in 2016, while revenue from other voluntary contributions had totaled \$53.9 million in 2016 versus \$61.0 million in 2015. At the same time, deferred revenue from PAHO voluntary contributions had more than doubled, rising from \$65.6 million in 2015 to \$145.6 million in 2016, largely because the Bureau had signed two major agreements, one with the United States Agency for International Development (USAID) and the other with the Department for International Development (DFID) of the United Kingdom. Revenue from procurement on behalf of Member States had increased 6%, from \$638.6 million in 2015 to \$678.5 million in 2016. Miscellaneous income had increased by \$30 million with respect to 2015.

173. Total expenditure in 2016 had amounted to \$1.426 billion, as compared with \$1.468 billion in 2015. The year had ended with a surplus of \$21.8 million, which was similar to the surplus figure at year's end in 2014, also the first year of a biennium, when expenses tended to be lower than in the second year. Assessed contributions paid in 2016

had totaled \$106.1 million, a figure that included \$39.7 million in prior-year assessed contributions. Collection of current-year contributions had increased slightly, from \$64.8 million in 2015 to \$66.4 million in 2016. Assessed contribution arrears had declined from \$44.2 million in 2015 to \$40.5 million in 2016.

174. The External Auditor had issued an “unmodified opinion” on the Organization’s financial statements for 2016, which meant that the auditor had concluded that the financial statements accurately reflected the financial position and the results of operations and cash flows for the financial period ended 31 December 2016.

Report of the External Auditor for 2016

175. Ms. Karen Ortiz Finnemore (Court of Audit of Spain), introducing the report of the External Auditor, said that, in its ongoing work as the Organization’s External Auditor, the Court of Audit of Spain had continued to learn about PAHO and had endeavored to tailor its recommendations so as to help the Organization to achieve its objectives with regard to transparency and sound financial management. A team of nine auditors had made two visits to PAHO Headquarters in 2016 and had also visited the PAHO/WHO representative offices in Argentina, Brazil, and Uruguay. In addition, members of the team had participated in the 13th and 14th Sessions of the PAHO Audit Committee. As the outcome of that work, the External Auditor had prepared the documents comprising the report of the External Auditor contained in *Official Document 353*. The most significant conclusions of the External Auditor’s work could be found in the Opinion of the External Auditor and the Long Form Report on the 2016 Financial Statements Audit.

176. Mr. Alfredo Campos Lacoba (Court of Audit of Spain), highlighting figures from the financial review contained in the Long Form Report, noted that the Organization had ended 2016 with a budget surplus of \$21.8 million, whereas in 2015 it had posted a deficit of \$8.8 million. Total revenue had declined by 0.8% with respect to 2015 and total spending had fallen 2.9%. Both reductions were related to a decline in voluntary contributions, which represented a significant source of funding for the Organization. Miscellaneous income had increased significantly, mainly as a result of growth in the value of non-dollar investments and a rise in interest income. Staff and other personnel costs had dropped by 6.3%, and employee benefits and liabilities had decreased by 1.1%. 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.

177. He then summarized the recommendations put forward in the report, which included various measures aimed at enhancing the database of Cuban physicians participating in the *Mais Médicos* project and mitigating possible negative impacts of lawsuits brought by some of the physicians, addressing weaknesses in the PASB Management Information System and improving its reliability, and ensuring full funding for the after-service staff health insurance liability. The Bureau had taken action on 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.

178. The Executive Committee welcomed the unmodified audit opinion and commended the Bureau for its efficient and transparent management of resources and for its integrated approach to budgeting, which had facilitated the availability of resources and afforded greater flexibility in their use. The surplus was also welcomed, with delegates commenting that such a surplus was rare in an international organization and noting that it had been achieved despite the decline in revenue in 2016. It was pointed out, however, that budget implementation also appeared to have declined and that some voluntary contributions had been returned to donors, which was a concern, given the Organization's growing reliance on such contributions. The Bureau was encouraged to take steps to ensure that donor funding was fully implemented. Delegates sought clarification on how the surplus would be used and why national voluntary contributions were not counted as part of the Organization's revenue.

179. The increase in the rate of collection of assessed contributions was noted, but it was pointed out that the rate was still low, which could affect the Organization's operations. Delegates called upon the Bureau to continue its efforts to increase the collection rate and on Member States to pay their assessed contributions in a timely manner. The Bureau was urged to implement all the recommendations of the External Auditor but in particular those relating to the performance of the PMIS and the improvement of internal controls. The Bureau was also encouraged to put in place succession plans and effective transition mechanisms to reduce the risk of loss of institutional knowledge as a result of the retirement of senior managers.

180. The Delegate of Brazil expressed gratitude to the Bureau and to the Government of Cuba for their participation in the *Mais Médicos* project, noting that the project had been well received by the Brazilian population and had had a major positive impact on public health in the country. He also noted that in September 2016 the project had been extended for a further three years. He affirmed that the Government of Brazil concurred fully with the recommendations of the External Auditor concerning the project and would work to see that they were implemented. With regard to the lawsuits referred to in the External Auditor's report, he appealed to the Bureau to support the Brazilian Government in enforcing the terms of the cooperation agreement for the project, which provided that participating Cuban physicians could remain in Brazil for a maximum of three years. Lastly, he inquired why the Financial Report had not been made available in the Portuguese language.

181. Mr. Puente Chaudé explained that it was not unusual to have a surplus after the first year of a biennium. The existence of such a surplus was not indicative of a failure to implement program funds, nor did it mean that the biennium would end with a surplus. The Bureau always aimed to implement the entire program and budget. If there was a budget surplus at the end of the biennium, however, Member States would decide how the funds should be used. If there was a revenue surplus—which occurred when miscellaneous income earnings were higher than budgeted—the use of the funds would be decided in the

following biennium. The Organization had a well-defined investment policy and followed a cautious approach aimed at protecting the invested principal and maximizing interest income.

182. Mr. Campos Lacoba affirmed that the financial results of the first year of a biennium were not necessarily indicative of the true level of implementation, as many activities were generally completed in the second year.

183. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) explained that national voluntary contributions were not included in the Organization's program and budget in part because of the volume of such contributions, which in the 2016-2017 biennium were expected to amount to about \$1.2 billion. Moreover, national voluntary contributions were negotiated bilaterally, were country-specific, and all decision-making about how the funds would be used was done at country level.

184. The Director added that national voluntary contributions came from very few countries and were for specific projects at country level. In recent years, the vast majority had come from Brazil for the *Mais Médicos* project. As to why the Financial Report had not been made available in Portuguese, traditionally the report had been produced in English and Spanish only. The Bureau would, however, be willing to collaborate with Brazil in order to produce a Portuguese version.

185. She believed that there had been a reduction in implementation of the budget for 2016, which had been due in part to the amount of staff time that had had to be invested in operationalizing the PMIS and learning how to use the system. At the same time, staff had been called upon to respond to the widespread Zika virus disease epidemic and to numerous other emergency situations. The Bureau was working to scale up implementation in 2017.

186. She assured the Committee that the Bureau took seriously the recommendations of the External Auditor and reviewed its implementation of them every six months.

187. Mr. Gerald Anderson (Director of Administration, PASB), speaking at the request of the Director, outlined the steps being taken to implement the recommendations relating to the PMIS, which included the establishment of a compliance unit responsible for drawing up a list of reports to be used by cost centers at Headquarters and in the country offices to monitor their compliance and validate the data in the system. Ensuring the accuracy of the data that staff put into the system was of paramount importance. One means of verification was to use reports that compared various views of the data. The staff were becoming increasingly knowledgeable about how to use such reports. Work was also under way to address the recommendation regarding manual manipulation of data outside the system, which had been commonplace under the previous system. The Bureau had made considerable headway in automating tasks. It had also gained significant experience in the use of worktags and would apply the lessons learned in planning for the 2018-2019 biennium.

188. The Executive Committee took note of the report.

Programming of the Revenue Surplus (Document CE160/21)

189. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposal by the Bureau for the use of a revenue surplus of some \$7.8 million, resulting from higher-than-expected miscellaneous income during the 2014-2015 biennium. It had been recalled that in May 2015 the Bureau had presented a report on real estate projects under the Master Capital Investment Plan,⁶ which listed the repair work that would need to be carried out on both the Headquarters building and the PAHO country offices, together with cost estimates, which totaled approximately \$50 million. The Subcommittee had been informed that, as a step towards accumulating the funds needed for those real estate projects, the Director proposed to allocate the total revenue surplus to the Real Estate Maintenance and Improvement Subfund of the Master Capital Investment Fund.

190. In the ensuing discussion, the need for the repairs and improvements was acknowledged and the proposed use of the surplus was endorsed. It was noted that the surplus amount fell far short of the \$50 million required and that it would therefore be necessary to prioritize the repairs. It was considered that those aimed at enhancing safety and security for staff should be top priorities, as should repairs that, if postponed, were likely to result in ever-higher maintenance costs.

191. The Director said that the Bureau had a prioritized plan for the repairs and improvements and affirmed that it was not wise to continue postponing work that needed to be done in order to avoid further deterioration of PAHO-owned buildings, particularly the Headquarters building. She undertook that in the next cycle of Governing Bodies meetings she would make some proposals for raising the needed additional funds.

192. The Executive Committee took note of the report.

After-service Health Insurance (Document CE160/22)

193. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that in 2016 PASB and the WHO Secretariat had developed a long-term plan to fund the obligation for after-service health insurance (ASHI) for retired PAHO staff and their families, whereby the two organizations would combine their assets in the Staff Health Insurance Fund. According to actuarial estimates, WHO would have fully funded its ASHI obligation by 2038 and PAHO by 2052. As another part of the plan, efforts would be made to contain the costs of health care for staff in the United States of America. The Subcommittee had welcomed the progress made towards funding the ASHI obligation and the plans for the future. The cooperation with WHO had been regarded as a positive step. The Subcommittee had endorsed a proposal that future reports on the status of the

⁶ See Document CE156/24, Rev. 1.

ASHI obligation should not be presented as a separate agenda item, but instead should be included in the Director's financial report.

194. In the Executive Committee's discussion of this item, delegates supported the combining of PAHO's assets with those of WHO as a way of promoting efficiencies and maximizing returns. They also welcomed PAHO's careful monitoring of the situation and looked forward to updates at future Governing Bodies meetings on the status of PAHO's share of the conjoined assets. Additionally, they welcomed the proposal that the matter should henceforth be covered under the Director's financial report.

195. Mr. Gerald Anderson (Director of Administration, PASB) said that the Bureau was satisfied at the progress made so far towards reducing the ASHI benefit obligation.

196. The Executive Committee took note of the report.

Update on the Master Capital Investment Fund (Document CE160/23)

197. Dr. Lucrecia Hernández Mack (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 and had approved a proposal to transfer the revenue surplus of \$7.8 million to the Real Estate Maintenance and Improvement Subfund of the Master Capital Investment Fund. In response to questions about the human resources strategy, the Bureau had explained that the Human Resources Strategy Subfund had been created in 2015. Of the two main projects to be financed from that fund, the recruiting platform had gone live in February 2017 and work on the electronic learning platform was nearing completion, with training courses for new employees planned for the near future.

198. In the ensuing discussion, a delegate asked how and when it would be possible to achieve all the real estate improvements needed and whether a plan existed, with priorities, for tackling those needs.

199. Ms. Maria Teresa Angulo (Director, General Services Operations, PASB) said that the Bureau continued to be guided by Document CE156/24, Rev. 1, submitted to the Executive Committee in 2015. That detailed document set out the various priorities to be addressed.

200. The Director observed that the improvements in the Headquarters building could be accelerated if more funds were available. A possibility had arisen for raising additional resources, but unfortunately it had not materialized. The improvements required on the second and tenth floors were high priorities, but it was even more important to improve safety and security at the main entrance to the building.

201. The Executive Committee took note of the report.

***Report of the Office of Internal Oversight and Evaluation Services
(Document CE160/24)***

202. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) introduced the report on the work of the Office of Internal Oversight and Evaluation Services (IES). He drew attention to the various sections of the report, contained in Document CE160/24, pointing out in particular that the report, in its paragraphs 41 through 45, offered IES' opinion that the Bureau's internal control environment continued to provide reasonable assurance on the accurate and timely recording of financial transactions, assets, and liabilities; on the safeguarding of assets; and on the mitigation of risks to the achievement of the Organization's objectives. The report also affirmed the independence of the internal oversight function from management, noting that IES had encountered no obstacles in the performance of its duties.

203. He explained that the modernization of management information systems through the PMIS project had resulted in a temporary weakening of internal controls in the first half of 2016, but that such an occurrence was not uncommon in the implementation of such major information system projects. By the second half of 2016, the PMIS had begun to stabilize, and the evidence to date indicated some consequent enhancement of the internal control environment.

204. In the discussion that followed, delegates stressed the importance of internal oversight functions, as part of ensuring transparency and accountability and welcomed the information provided regarding thematic and country audits. Delegates were pleased to note that the Bureau took IES recommendations seriously. It was pointed out, however, that two priority recommendations from 2011 were still outstanding and the Bureau was encouraged to ensure timely implementation of all recommendations. The fact that the internal audit of budgetary processes in PASB had found internal controls to be unsatisfactory was seen as a source of concern, and information was sought about progress in implementing the recommendations from that audit.

205. Mr. O'Regan responded that IES recommendations were followed up on three times a year, with written communications to the individual managers to whom the recommendations had been assigned for follow-up, who were required to provide written feedback about their status. In addition the Director's twice-yearly meetings examined all pending recommendations and established expected implementation dates and any further actions needed.

206. With regard to the two recommendations pending since 2011, he referred to paragraph 40 of the IES report. One recommendation had been that management should produce an Organization-wide analysis of travel expenditure. That had been resolved through the PMIS and completed. The second recommendation had concerned project management, especially in the case of voluntary contributions, and implementation of that recommendation was now about 90% complete. The unsatisfactory findings of the internal audit of budgetary processes had been related to the implementation of the PMIS during the first half of 2016. That had been a transitory period, and there had since been

improvements. As the system continued to be enhanced, the quality of internal controls could also be expected to improve.

207. The Executive Committee took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021 (Document CE160/28)

208. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) reported that in August 2016, a note verbale had been sent to all Member States, Participating States, and Associate Members, describing in detail the process to be followed in order to nominate an Auditor for the 2018-2019 and 2020-2021 bienniums. The deadline for the receipt of nominations had been 31 January 2017, but no nominations had been received by that date. In order to provide Member States additional time to participate in the process, the Director had therefore extended the deadline to 19 June 2017.

209. In mid-June, PASB had received a communication from the Government of the United Kingdom of Great Britain and Northern Ireland, nominating its National Audit Office. All the documentation relating to the nomination had been forwarded to the PAHO Audit Committee for review and advice. The proposal, along with any comments made by the Audit Committee, would be submitted to the 29th Pan American Sanitary Conference in September 2017. During the Conference, a representative of the National Audit Office would be invited to make a brief presentation. The selection of the External Auditor would be by secret ballot.

210. Mr. John Fox (Chair, PAHO Audit Committee) said that, based on its review of the application by the National Audit Office and its experience with the Office and other organizations that had served as External Auditor, the Audit Committee strongly recommended that the National Audit Office be selected as the PAHO External Auditor.

211. The Executive Committee took note of the report.

Personnel Matters

Amendments to the PASB Staff Regulations and Rules (Document CE160/25)

212. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Regulations and Rules, which were intended to maintain consistency in the conditions of employment of PAHO staff and the other arms of the United Nations system, in accordance with United Nations General Assembly Resolution 70/244, which mandated changes to the compensation package for professional staff with effect from 1 January 2017.

213. The proposed amendments were expected to yield financial savings of about \$113.2 million per year across the United Nations system as a whole, thereby slightly reducing personnel costs in the long term. The changes included the elimination of the dual salary scale for staff with and without dependents and its replacement with a single scale. Another significant source of savings would be the elimination or curtailment of entitlements related to children's education. One major change covered by Resolution 70/244 was the increase of the retirement age in the United Nations system to 65. That change would affect staff engaged before 1 January 2014, although they would also have the option of retiring at the age applicable when they were hired.

214. In the ensuing discussion, concern was expressed about the impact that the rise in retirement age might have on the gap between younger and older staff, especially women, most of whom were P2s or P3s. Their chances of rising to P4 would be reduced if older staff stayed in those posts.

215. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) explained that the Bureau had initiated a succession plan in order to mitigate any negative impact of the rise in retirement age and had taken measures to ensure that women could advance in their careers. For example, in the new recruitment system there was a requirement that at least one candidate on the short list for a position be a woman. Also, the Organization had instituted training aimed at enabling women to gain the managerial and leadership skills they needed to rise to higher levels.

216. The Assistant Director said that the succession plan would be made available to the Executive Committee at its next session. He clarified that, while the Bureau was taking steps to enable women to advance in their careers, they could not rise automatically from P2 to P3 to P4, because all posts required a competitive selection process. Succession planning would make it possible to retain the expertise that the Bureau already had and also afford an opportunity to reflect on whether the posts and competencies currently in place were the most appropriate for meeting new and emerging needs. One option might be to have shorter-term contracts to deal with specific needs. The PASB human resources strategy was helping the Bureau to plan for the future while meeting the demands of the present.

217. The Executive Committee adopted Resolution CE160.R14, confirming the amendments set out in Document CE160/25.

PASB Staffing Statistics (Document CE160/26)

218. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the overall staff complement in 2016 had remained virtually the same as in 2015. Women occupied slightly over half of the posts in the professional and ungraded categories, but most of them were concentrated in lower-level professional posts. The Subcommittee had also been informed that individuals aged 50 to 59 years made up the largest segment in all categories of fixed-contract staff and that the Bureau had initiated

a series of measures to deal with the impending wave of retirements, including a process intended to ensure knowledge transfer and safeguard institutional memory. It had been explained that a succession plan approved by executive management in 2016 was being operationalized.

219. The Subcommittee had congratulated the Bureau on its continued progress towards gender parity in the professional and higher categories and had sought information on any new initiatives that were being implemented to increase upward mobility for women in the lower professional positions. The Bureau had been encouraged to continue to promote geographic mobility as a means of enabling staff to acquire diverse skills and experience, thus strengthening the technical excellence of the Organization as a whole.

220. In the Executive Committee's discussion of this item, it was pointed out that future challenges might require the Bureau to recruit staff with expertise in new areas, such as health care financing, personalized medicine, and issues relating to the pharmaceuticals market.

221. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE160/27)

222. Ms. Pilar Vidal (President, PAHO/WHO Staff Association) highlighted the issues that the PAHO/WHO Staff Association wished to bring to the attention of the Executive Committee. She began by reaffirming the commitment of PAHO staff to the mandates and mission of the Organization and noting that relations between staff and management continued to be constructive. Staff had the opportunity to present their perspectives on decisions that affected the working environment, productivity, and staff well-being. The Staff Association was pleased to note the decision to raise the retirement age to 65 for staff appointed prior to 1 January 2014, in line with United Nations General Assembly Resolution 70/244; at the same time, it would work to ensure that the necessary measures were put in place to mitigate any possible negative impact of the higher retirement age on younger staff.

223. The approval of the rules of procedure of the Board of Appeal and the formalization of the Board, with the election of members by staff, represented a welcome milestone with respect to the administration of justice within the Bureau. The Staff Association would continue advocating for a more structured justice system, particularly in the area of investigation, and would participate actively in the review of the investigation protocol.

224. The Staff Association also welcomed the efforts to align PASB staff recruitment and selection processes with those of WHO. That alignment would simplify the selection process and ensure the participation of staff representatives in that process. The Staff Association would closely monitor the impact of the changes recently approved by the United Nations General Assembly to the compensation package for professional staff, which could hinder the Bureau's ability to recruit the best public health professionals.

225. The Staff Association appreciated management's efforts to enhance gender parity in staff selection, while also recognizing the need to ensure the recruitment of the best qualified staff in terms of efficiency, technical competence, and integrity. Greater effort was needed, however, to increase the representation of women in professional posts and improve career advancement opportunities for female staff. The Association called on the Department of Human Resources Management to put in place an effective program designed to help women acquire the knowledge and skills required to enable them to compete for higher-level posts. It was important for the Organization to invest in staff development, as staff were its most important asset.

226. Lastly, she paid tribute to the Director, commending her leadership and achievements over the previous five years and her clear commitment to maintaining excellence within the Organization and protecting its integrity and reputation.

227. The Director expressed her thanks to the Staff Association for its collaboration with management and its willingness to share its broad institutional memory. She was well aware of the importance of improving gender parity, especially at the highest levels. The Bureau was examining selection processes to see how preference might be given to female candidates while also maintaining excellence. Staff were indeed the Organization's greatest asset, and she was committed to ensuring that they were treated with respect and enjoyed the best possible working conditions.

228. The Executive Committee took note of the report.

Matters for Information

Update on WHO Reform (Document CE160/INF/1)

229. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update in March 2017 on key actions and achievements with respect to WHO reform since the previous report on the subject in 2016. It had been informed, inter alia, that both PAHO and WHO had continued to apply a bottom-up planning approach for the development of their program budgets and that PAHO was developing a web portal similar to the WHO program budget web portal. The Bureau had proposed to discontinue the presentation of annual reports on WHO reform to PAHO's Governing Bodies and instead to provide any needed updates through reports on individual agenda items.

230. In the Subcommittee's discussion of the report, it had been suggested that, rather than discontinuing the annual reports altogether, the Bureau should present updates on PAHO and WHO coordination with regard to programs, governance, emergency response, management and human resources, and other areas. Assurance had been sought that the PAHO web portal would be linked electronically to the WHO portal and would ensure the same level of transparency and accessibility of data. The Bureau had explained that the PAHO portal could not be linked directly to the WHO portal because of PAHO's status as a separate legal entity, but that the PAHO platform would be virtually identical to the

WHO platform and would present the same level of information, in the same structure and format, and with the same level of transparency and accessibility.

231. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) highlighted some of the key actions taken with respect to WHO reform in the previous year, noting that the majority of the reform outputs had been delivered and that WHO had not included any reform-specific outputs in the program budget adopted by the World Health Assembly in May 2017. He reported that PAHO had continued to apply a bottom-up approach in the formulation of its program and budget and had also applied the refined programmatic priorities stratification methodology approved by the Directing Council in 2016.⁷ Work on the PAHO web portal had continued and the portal was expected to go live and be accessible by Member States by September. WHO had begun participating in the International Aid Transparency Initiative (IATI); PAHO was participating as the Regional Office of WHO for the Americas (AMRO).

232. The Bureau continued to work to limit the number of items on the agendas of the Governing Bodies and to improve the quality of the reports submitted for consideration. The Framework of Engagement with Non-State Actors, adopted in 2016, had replaced PAHO's guidelines for collaboration with commercial enterprises and nongovernmental organizations. The WHO Health Emergencies Program had been established in a coordinated fashion at the global and regional levels. Both the WHO Secretariat and the Bureau had launched a new staff recruitment tool and ensured the alignment of staff profiles with functional requirements. In addition, within PAHO, the transition to the PMIS had been completed.

233. Mr. Chambliss presented a prototype of the PAHO program and budget web portal, demonstrating its various features, which would allow Member States to track the amount of funding available for the six categories under the PAHO Strategic Plan 2014-2019 by funding source, including the amount received from WHO. It would also show outputs by country and by type of expenditure.

234. The Executive Committee welcomed the efforts undertaken at the global and regional levels to implement WHO reform and acknowledged that reforms at PAHO had predated those at WHO in some areas. Delegates considered that reform efforts should continue as a means of enhancing performance, transparency, and accountability and welcomed the Bureau's plans to continue strengthening joint monitoring and assessment with Member States of the PAHO Strategic Plan and the Organization's program and budget. It was emphasized that, in the interests of greater transparency, all PAHO senior staff, including PAHO/WHO representatives, should be required to sign conflict-of-interest declarations. PAHO's alignment with the WHO Health Emergencies Program was also welcomed, and the Bureau was encouraged to continue assisting Member States in strengthening their emergency response capacity and building resilient health systems.

⁷ See Document CD55/7 and Resolution CD55.R2 (2016).

235. It was suggested that future reports relating to WHO reform might take the form of reports on PAHO and WHO matters of strategic importance to Member States and might include information on new areas of focus and on progress with regard to ongoing activities such as the new PAHO web portal, the Health Emergencies Program, and discussions relating to PAHO at WHO Governing Bodies sessions.

236. Mr. Chambliss suggested that the Bureau might present a proposal for future reports on the topic during the March 2018 session of the Subcommittee on Program, Budget, and Administration.

237. The Committee took note of the report.

Process for the Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas (Document CE160/INF/2)

238. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the procedure for the election of the Director, which would take place during the 29th Pan American Sanitary Conference. In March 2017, all Member States, Participating States, and Associate Members had been invited to submit nominations. The nomination period had closed on 1 May, after which all nominations had been compiled, translated into the Organization's four official languages, and forwarded by the President of the Executive Committee to Member States, Participating States, and Associate Members. The Subcommittee had also been informed that nominees would be invited to make a presentation during a candidates' forum, to be held during the week of the 160th Session of the Executive Committee.

239. Mr. Scott Shauf (Senior Legal Advisor, PASB) reported that only one nomination had been received by the 1 May 2017 deadline. Dr. Carissa Etienne had been nominated by Dominica, to serve a second term as the Bureau's Director. She would have the opportunity to make a presentation during the candidates' forum to be held on 30 June, after which Member States would be invited to submit questions. Verbatim transcripts of the forum would be sent to all Member States.

240. The Executive Committee took note of the report.

Status of the PASB Management Information System (PMIS) (Document CE160/INF/3)

241. Dr. Lucrecia Hernández Mack (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update in March 2017 on the progress of PMIS project, the first phase of which had gone live in February 2015, covering human resources and payroll. Phase 2, which included finance, procurement, and budget, had gone live in January 2016. The year 2016 had been devoted to stabilization of the system, resolving issues of governance, system enhancements,

creation of custom reports, financial closure of the project, and its transition from the project team to the PAHO Department of Information Technology Services. The system had been used for the financial closure of the year 2016, but a forthcoming challenge would be the financial closure of the 2016-2017 biennium, which would be a more complex process than a mid-biennium closure.

242. In the Subcommittee's discussion of this item, it had been requested that, as the biennial closure was expected to be a challenging exercise, updates on the performance of the PMIS should continue to be provided to the Subcommittee and the Executive Committee.

243. The Executive Committee took note of the report.

PAHO/WHO Collaborating Centers (Document CE160/INF/4)

244. The Assistant Director introduced this item, noting that the PAHO/WHO collaborating centers contributed to the Organization's technical cooperation and facilitated access to expertise in a variety of areas where PAHO lacked sufficient technical capacity or human resources to meet Member States' needs. Collaborating centers had provided valuable assistance in the areas of mental health and bioethics, for example. The expertise available in such centers contributed to evidence-based decision-making that translated into policies and programs. The centers' activities were aligned with the WHO General Program of Work, the PAHO Strategic Plan, and the 2030 Agenda for Sustainable Development.

245. There were currently 182 collaborating centers in the Region, distributed across 15 countries. Centers were selected through a rigorous process that involved various technical areas within PAHO and WHO. Within each Organization there was an official charged with coordinating and monitoring the activities of the centers that fell within his or her sphere of responsibility. The centers were required to carry out their agreed work plans and their work was regularly evaluated to determine whether or not they would continue as PAHO/WHO collaborating centers.

246. The Executive Committee affirmed the importance of collaborating centers in strengthening PAHO and WHO technical cooperation with Member States and in facilitating the sharing of experiences and lessons learned. It was pointed out that the centers offered specialized knowledge and experience that contributed to capacity-building and development both in their host countries and in neighboring countries, including through South-South, North-South, and triangular cooperation. Nevertheless, several delegates noted a need for greater transparency and better coordination and communication between collaborating centers and the governments of the countries in which they were located, calling for stronger support and oversight from PASB to ensure that the work of collaborating centers had more impact in the host country. Information was sought on how the remuneration of collaborating centers was handled.

247. Support was expressed for the activities proposed in Document CE160/INF/4 for strengthening the collaborating centers in the Region, particularly the creation of national networks of centers and the establishment of a web platform to disseminate results and share experiences and lessons learned. With regard to the possibility of organizing a meeting of all collaborating centers, careful strategic planning was advised, given the large number of centers and the diversity of their areas of expertise.

248. The Assistant Director noted that several highly productive meetings of collaborating centers working in specific areas had already been held. As to the remuneration of collaborating centers, he clarified that the centers financed their activities out of their own budgets; they received no direct compensation from the Organization, although PAHO might assist them in covering travel and related expenses for specific projects or studies that it asked them to carry out.

249. He explained that, in order to be designated as a collaborating center, an institution had to have worked with PAHO or WHO for at least two years, and after it was designated it was expected to carry out its agreed work plan in order to be redesignated. Governments were always consulted and their approval sought before an institution was designated as a PAHO/WHO collaborating center. Governments were thus aware of which institutions had been designated and could work directly with them to strengthen coordination at the national level. The national networks of collaborating centers could also contribute to better coordination.

250. The Director expressed appreciation for the contribution of the PAHO/WHO collaborating centers to the sharing of knowledge and expertise in the Region and for their support of PAHO's work, particularly in responding to health emergencies and disease outbreaks.

251. The Executive Committee took note of the report.

Impact of Violence on the Health of the Populations in the Americas: Final Report (Document CE160/INF/5)

252. Dr. Kira Fortune (Acting Chief, Special Program on Sustainable Development and Health Equity, PASB) introduced this item, affirming that violence in all its manifestations was a major public health problem in the Americas and an impediment to development. Homicide was the most visible form of violence and often the only form for which data was routinely collected in national statistics. The Latin America and Caribbean region had the highest rate of homicide among children and adolescents of any region in the world, fueled by alarming levels of armed violence, gang activity, and organized crime. However, violence also often occurred in homes and families and was often invisible in national statistics. Fifty-eight percent of boys and girls in the Latin American and Caribbean region experienced some form of physical, sexual, or emotional abuse each year. Furthermore, one in every three women in the Region would experience abuse at the hands of a partner or sexual violence by non-partners.

253. The impact of such violence was immeasurable. Its effects could be immediate, but could also last a lifetime, manifesting in poor mental health, unintended pregnancies, and harmful use of tobacco, drugs, and alcohol. In addition, studies showed that violence entailed high economic costs in terms of medical and legal costs and lost productivity and could actually slow a country's economic and social development. Therefore, preventing violence was a priority for the Region, and the health sector had a key role to play.

254. The regional experience in this area had enabled PAHO to support the development and approval of the Global Plan of Action to Strengthen the Role of the Health System within a National Multisectoral Response to Address Interpersonal Violence, in particular against Women and Girls, and against Children, endorsed by the World Health Assembly in 2016. The Global Status Report on Violence Prevention 2014 was the first time that systematic government-authorized data had been collected. The report revealed that the majority of countries and territories in the Region had taken steps to develop national or subnational plans and intervention programs to address different forms of violence. Four countries in the Region had also developed comprehensive observatories. In addition, most had invested in primary prevention programs that included the seven "best buy" violence-prevention strategies recommended by WHO in 2010. Over the previous 10 years, PASB had intensified cooperation with Member States to support efforts to prevent violence against women, girls, children, and youth, producing analyses, guidelines, and technical packages in collaboration with WHO and other international and national agencies.

255. Despite the increased visibility of violence prevention on policy agendas, recognition of violence and injuries as a significant public health issue was still limited. Moreover, fewer than half the reporting countries and territories had addressed key risk factors for violence through social and educational policy measures. The 2014 global report also showed a marked variation in the availability of services to identify, refer, protect, and support victims of violence. Thus, violence prevention would require increased multisectoral collaboration and long-term investment. Member States were encouraged to continue advocating for the recognition of violence as a public health priority and for increased investment in its prevention and to continue implementing the Regional Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women and the Global Plan of Action to Strengthen the Role of the Health System within a National Multisectoral Response to Address Interpersonal Violence, in particular against Women and Girls and against Children.

256. The Executive Committee applauded the progress made by the countries in addressing violence as a public health issue. There was consensus, however, that much remained to be done, as violence in the Region was growing, making the Americas the most violent of the six WHO regions. Thus, there was an urgent need to scale up prevention and response efforts through national programs and initiatives. The Bureau was encouraged to look for ways to maximize the impact of prevention, program, practice, and policy investments by doing more to address the interconnection between the various forms of violence. There was also consensus that violence was a societal problem that

called for education, including sex education, and coordination across sectors. Delegates expressed their countries' commitment to implementing the regional and global plans of action.

257. Many delegates noted the high prevalence of domestic and gender violence, indicating that these problems were a national priority and describing their country's efforts to combat violence against women, girls, and children in general. One delegate emphasized that violence against women was both a public health issue and a human rights violation with far-reaching consequences not only for women and families, but for national economies. The consumption of alcohol and psychoactive substances was mentioned as a contributing factor in interpersonal violence, with several delegates linking it to the availability of firearms. Other areas of concern were gang and youth violence and elder abuse.

258. Dr. Fortune noted that there had been a shift towards greater recognition of violence as a public health issue. However, efforts to prevent violence needed to be scaled up. Lack of data continued to impede the development of national plans and initiatives, but the issue was being tackled, and efforts were under way to disaggregate data in order to understand the reality in countries. A multisectoral approach was needed, and PASB was working hand in hand with other sectors and sister agencies to address the issue. It was also important to learn from countries' experiences what had worked and what had been a challenge in order to showcase successful models, particularly for addressing gang violence, homicide, youth violence, and elder abuse.

259. The Director observed that, despite the improvements that had been chronicled, violence in all its forms remained a major societal issue in the Region that went far beyond the realm of public health. Violence not only contributed to increasing mortality, morbidity, and disability, but had social and economic implications. Violence was the major cause of death among young people, causing the Region to lose many years of life expectancy. It was even affecting tourism, a major contributor to the economies of Central America and the Caribbean. Nevertheless, the response to the problem had been limited. The health sector must engage Heads of State and other sectors in the effort to stop violence. PASB would collaborate fully in that endeavor. The OAS might also contribute by highlighting the fact that the Region could not progress economically and enjoy sustainable development if the burgeoning problem of violence in society was not addressed.

260. The Committee took note of the report.

Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report (Document CE160/INF/6)

261. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) presented the report, noting that the goal of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control had been to develop and/or strengthen cervical cancer prevention and control programs in the Region. The plan had

been designed to address the burden of cervical cancer, which was still high and disproportionately affected vulnerable populations. While no targets or indicators had been included in the plan, the resolution adopting it (Resolution CD48.R10) had called for specific actions by Member States and the Bureau.

262. All the countries in the Region had made significant progress in improving their public health strategies for cervical cancer prevention and control. As of December 2016, 23 countries and territories had introduced the human papillomavirus (HPV) vaccine for girls aged 9-13, facilitated by the PAHO Revolving Fund. Nine countries had incorporated HPV testing as a primary screening strategy, although the traditional Pap test continued to be the main screening strategy. There was no information from country programs on the proportion of women treated, even though the treatment rate was an important indicator of success. Thus, there was a need to incorporate cervical cancer indicators into health information systems. Nearly all countries reported having radiotherapy services for cancer treatment, with the exception of several Caribbean countries, where such services were not widely available. The high cost of cancer treatment and limitations in health system capacity for cancer surgery, radiotherapy, and chemotherapy remained a challenge to improving care. Access to palliative care was also a challenge, as only nine countries reported having such services in place.

263. Efforts to reduce the cervical cancer burden in the Americas continued to face significant challenges. Cervical cancer control was often not considered a priority in countries with limited health budgets, and addressing the high costs associated with new technologies, such as HPV vaccines and cancer treatment, continued to be a major priority for improving access to those life-saving technologies. The Bureau would continue to support Member States in their efforts to build capacity for HPV vaccine implementation, cervical cancer screening, and treatment and for improving program monitoring and evaluation.

264. The Executive Committee welcomed the advances made in preventing and controlling cervical cancer, while also acknowledging that much more needed to be done. One delegate noted that cervical cancer disproportionately affected women in vulnerable communities, pointing to the many challenges faced by countries, including limited access to screening and treatment services, limited human resource capacity, and limited infrastructure. There was general consensus on the importance of sharing information, lessons learned, and best practices. The need for partnerships and South-South cooperation was also highlighted, and the Bureau was called upon to facilitate such cooperation. A delegate pointed out that recent developments in HPV vaccination for both boys and girls, HPV diagnosis, and treatment for cervical cancer offered a real opportunity to strengthen progress in cervical cancer prevention and control. Several delegates mentioned the importance of educating the public and enlisting health care workers and civil society, including church groups, in efforts to promote the introduction of the HPV vaccine. Others spoke of the need to improve health information systems and cervical cancer registries and to take advantage of the Revolving Fund to procure the HPV vaccine at affordable prices.

265. Dr. Hennis said that the advances in cervical cancer prevention and control would not have been possible without the high level of Member State involvement. He noted the tremendous progress made in the Caribbean, in particular, and underscored the importance of early detection, screening, prevention, and control, as well as access to the HPV vaccine, which continued to be a problem, despite the vaccine's availability through the Revolving Fund. The Bureau was working to identify the factors that limited access by the most vulnerable populations. Sharing lessons about what worked and what did not was vital. He encouraged countries to create cancer registries to monitor outcomes and evaluate the effectiveness of public health interventions and affirmed that the Bureau looked forward to continuing to work with Member States towards the elimination of cervical cancer.

266. The Director acknowledged the efforts and commitment of Member States to the prevention and control of cervical cancer. Nevertheless, the Region had a long way to go, since cervical cancer incidence and mortality in Latin America and the Caribbean were projected to rise. Member States should therefore redouble their efforts to increase access to HPV vaccines, ensuring that even populations in the remotest areas and most vulnerable conditions were reached. Greater access to screening was also imperative. At the same time, it was important to understand why some women did not take advantage of screening opportunities and to address those issues. She agreed that there was a need to strengthen education and the provision of public information about cervical cancer. Steps must also be taken to ensure access to treatment for all, including low-income populations. PASB would look into ways of facilitating access to chemotherapy and radiotherapy through the Strategic Fund.

267. The Committee took note of the report.

Proposed 10-Year Regional Plan on Oral Health for the Americas: Final Report (Document CE160/INF/7)

268. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) introduced this item, reporting that oral health in the Region had substantially improved for three main reasons. The first was the implementation of cost-effective salt and water fluoridation programs in every country in the Americas, as a result of which a significant decline in the prevalence of dental caries had been reported by countries, based on oral health surveys using DMFT (decayed, missing, or filled teeth) scores. The fluoridation programs had provided evidence that prevention was the key to continuing oral health gains and had also offered a better understanding of how to integrate oral health into primary health care programs.

269. Secondly, oral health services had improved. Implementation of cost-effective treatment for dental caries using the atraumatic restorative treatment (ART) technique, recognized by every country as a best practice model, had been scaled up throughout the Region. Thirdly, the direct linkage between oral health and risk factors for noncommunicable diseases had been made clear through, inter alia, the inclusion of oral health in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2011.

The SOFAR (Oral Health Risk Factors) Multicountry Plan had been implemented in nine countries to further improve children's oral health and reduce common risk factors for noncommunicable diseases through multidisciplinary approaches.

270. In order to continue improving oral health and overall health in the Region, oral health must be recognized as important for general health and as a factor that directly impacted the quality of life of the aging population. Countries should continue strengthening the capacity of primary health care workers to improve oral health and sustainably integrate oral health into primary health care. In addition, the state of the science with regard to the link between human papillomavirus (HPV) infection and oral cancer and its implications for future research and public health policy in the Region should be addressed.

271. The Executive Committee welcomed the report and applauded the progress made. There was consensus on the importance of oral health to overall health and the prevention of systemic disease throughout the life course. Delegates described their countries' oral health programs and achievements in this area, underscoring the need for integrated, intersectoral efforts that included educational programs, partnerships with universities, oral health programs in primary health care facilities, water and salt fluoridation, and nutrition programs, among other measures. One delegate highlighted the importance of early intervention through school programs. Another delegate noted that the Bureau was working on a new plan entitled "Advancing Public Oral Health Policies through the Life Course and Strengthening the Workforce," to be completed by December 2017, and asked whether it was intended to be a new regional plan on oral health.

272. Dr. de Francisco Serpa affirmed that health began in the mouth and should be addressed in family health programs so that education and remedial action could be undertaken early in life. In addition to improving oral health, such education would contribute to healthier diets, including a reduction in sugar consumption, and to the prevention of malnutrition and noncommunicable diseases. The new plan was aimed at integrating oral health throughout the life course and developing ways to foster nutritional health and family health programs through health services; it was not a plan of action as such.

273. The Director congratulated Member States for the progress made in oral health. She noted that the programmatic priorities stratification exercise conducted in Member States had revealed that oral health was not high on their list of priorities for PAHO technical cooperation. One conclusion that could be drawn from that finding was that Member States recognized their own capacity to deal with oral health. With that in mind, it would be necessary to continue to reassess the allocation of resources to the oral health program, which were already minimal.

274. The Committee took note of the report.

Progress Reports on Technical Matters (Document CE160/INF/8, A-M)***A. Plan of Action on Health in All Policies: Progress Report***

275. It was recognized that social determinants of health and decisions made by sectors other than the health sector could affect, positively or negatively, the health of populations, and the need for intersectoral approaches to public health problems was underlined. The Delegate of Mexico, noting that his country had recently launched an observatory of health inequities, inquired whether Mexico was included among the countries that formed the baseline for indicators 1.1.1, 1.1.2, and 2.1.1 of the Plan of Action.

276. Dr. Kira Fortune (Interim Chief, Special Program on Sustainable Development and Health Equity, PASB) acknowledged the exemplary work that Mexico had done with respect to health in all policies and confirmed that it was part of the baseline for indicator 2.1.1 and was expected to achieve the other two indicators.

277. The Committee took note of the report.

B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

278. The progress made was noted, but it was pointed out that there continued to be gaps and challenges in epidemiological, occupational, and environmental surveillance. The need for educational and preventive measures targeting young people of working age, families, and communities was highlighted, as was the need for surveillance of occupational environments. It was suggested that legislation adopted in Panama on the regulation of pesticide use might provide useful guidance for further work in this area.

279. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that the work on chronic kidney disease in agricultural communities remained a priority, especially for the Central American countries. He agreed that it was essential to address the environmental and occupational factors that put people at risk for the disease.

280. The Committee took note of the report.

C. Plan of Action for Universal Access Safe Blood: Midterm Review

281. The Committee took note of the report.

D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons: Progress Report

282. Delegates welcomed the report, concurring that barriers and discrimination in access to health services could have negative health consequences for LGBT persons and affirming that all people, regardless of their sexual orientation or gender identity, had the right to the highest attainable standard of physical and mental health. One delegate urged governments to decriminalize same-sex conduct, support the work of grassroots LGBT

organizations and combat violence and discrimination against individuals based on their sexual orientation or gender identity. Another delegate highlighted the need for training that would enable health care providers to understand how gender stereotypes and discrimination could affect health. Both of these delegates highlighted the need for intersectional analysis and data that took account of the fact that LGBT persons might face discrimination not only on the basis of gender identity or sexual orientation, but also on the basis of race or ethnicity, religion, age, socioeconomic status, or immigration status.

283. Dr. Nancy Machado (Legal Advisor, Office of Legal Counsel, PASB) said that delegates' comments were very much in line with the interprogrammatic work under way on the topic.

284. Dr. Amalia del Riego (Chief, Health Services and Access Unit, PASB) noted the close linkage between the work aimed at eliminating disparities in access to health services for LGBT persons and the work aimed at achieving universal access to health and universal health coverage. She added that more of the information derived from the assessment and the literature review mentioned in the progress report (Document CE160/INF/8) would be included in the report to be submitted to the Pan American Sanitary Conference.

285. The Committee took note of the report.

E. Health and Human Rights: Progress Report

286. The progress made in integrating a human rights approach in health policies and initiatives was welcomed. It was pointed out that the conceptual framework for health and human rights took into account many important determinants that had an impact on health and well-being, but it did not explicitly recognize gender equality as a health determinant. PASB was encouraged to integrate gender equality as a key focus in all of its technical cooperation on health and human rights. It was also encouraged to implement the recommendations of the recently established High-level Working Group for the Health and Human Rights of Women, Children and Adolescents.⁸

287. A delegate, recalling that the negotiations on the conceptual framework on health and human rights had been hard-fought, said that her Government continued to view the right to the enjoyment of the highest attainable standard of health as a right that was not justiciable and one that was to be progressively realized. She suggested that the revised version of the progress report to be submitted to the Pan American Sanitary Conference should reinforce the idea that the decision to join international instruments was a sovereign one and that not all instruments were applicable to all Member States. It should also identify the six specific areas of technical cooperation on the topic and clarify how many Member States were participating in the Commission on Equity and Health Inequalities in the Region of the Americas.

⁸ More information available at:
<http://www.who.int/life-course/news/human-rights-working-group-for-women-children-adolescents/en>

288. Dr. Nancy Machado (Legal Advisor, PASB) said the Bureau had taken note of the suggestions made and would attempt to adjust the language in the document to convey the idea that any actions taken by Member States with regard to health and human rights had to fit within the prevailing context and the legal framework applicable in those States.

289. The Committee took note of the report.

F. Plan of Action on Immunization: Midterm Review

290. The limited progress towards the targets established in the Plan of Action was noted and the need for Member States to reaffirm their commitment to maintaining high vaccination coverage was stressed. It was also emphasized that, despite the success achieved with regard to the elimination of measles and rubella, the targets for those two diseases must be maintained, particularly as migration and other factors posed a risk of the introduction of cases. It was suggested that consideration should be given to adding an indicator on investment in health systems, cold chains, and information systems. A delegate asserted that strengthening of national immunization programs and surveillance would not only help to prevent disease outbreaks, but would also facilitate the implementation of the International Health Regulations (2005), contribute to the control of antimicrobial resistance, and help to advance sustainable development.

291. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) said that it was important to understand the relationship between health systems, investment, and immunization and affirmed that investment was essential to maintaining high vaccination coverage among all population groups.

292. Dr. Cuauhtémoc Ruiz-Matus (Chief, Comprehensive Family Immunization Unit, PASB) pointed out that, while the Plan of Action did not include a specific indicator on investment in cold chains, it did include an indicator on the proportion of government investment in immunization programs, which set a target of over 90% domestic funding for those programs.

293. The Committee took note of the report.

G. Strategy and Plan of Action on Epilepsy: Midterm Review

294. Delegates welcomed the progress made in implementing the Strategy and Plan of Action and expressed support for the proposed adjustments to indicators 1.1.1, 1.2.1, and 1.2.3. It was suggested that Member States should consider establishing one or more indicators for objective 3.2 that could be used to track the implementation of standardized epilepsy education programs for the public. Combating the stigma associated with the disease was considered critical to ensuring that adequate resources were allocated to address the epilepsy burden, as were continued efforts by government and the private and social sectors to implement and evaluate effective prevention and treatment programs in health care settings, communities, and homes. It was pointed out that the creation of specific services for the care of persons with epilepsy could potentially lead to

discrimination against them, and the importance of a comprehensive, life-course approach to care was stressed.

295. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) observed that the issue of epilepsy was probably not as visible as it should be, given that the disease was a significant cause of ill health. He noted that the indicators originally established under the Strategy and Plan of Action had been a little too ambitious, and he welcomed Member States' support for the Bureau's proposal to scale them down to more realistic levels. He also appreciated the suggestion made with respect to objective 3.2. Education about epilepsy was indeed important, especially to combat discrimination and stigma.

296. The Committee took note of the report.

H. Plan of Action on Mental Health: Midterm Review

297. Delegates welcomed the efforts to prevent mental illness and promote mental wellness, calling attention to the economic and social costs of poor mental health. Strong support was expressed for community-based models of care for persons with mental health problems, and the importance of incorporating mental health services into primary health care was underscored. The linkage between mental health problems and other health problems was highlighted, and the importance of an integrated approach to mental health was stressed. It was also considered essential to raise awareness of mental health issues, increase access to mental health services, and combat the stigma associated with mental illness. A delegate drew attention to the need for health services to address the growing burden of mental health problems associated with population aging, notably Alzheimer disease and other forms of dementia.

298. Support was expressed for the actions recommended in the progress report, in particular those relating to strengthening of information and surveillance systems and enhancing the accuracy of information on suicide in the Region. With regard to the latter, the Delegate of Panama noted that the subregion of Central America and the Dominican Republic was setting up an observatory on suicidal behavior and developing a set of standardized basic mental health indicators.

299. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) said that it was gratifying to see that the importance of mental health and its impact on overall health had been recognized through its incorporation into SDG 3. While certainly challenges remained in terms of combating stigma and discrimination and enhancing the accessibility of mental health services, at the same time significant progress had been made in mental health care. Particular praise was due to Member States that were taking steps to incorporate mental health services into primary health care.

300. The Committee took note of the report.

I. Plan of Action on Disabilities and Rehabilitation: Midterm Review

301. One delegate said that while her delegation generally agreed with the metrics used in the midterm review to chart progress, it would have liked to see the inclusion of information on country-level investment to train and recruit skilled health professionals to serve individuals with disabilities. She expressed the hope that future reports would give greater attention to the important issue of workforce development. It would also be useful to include examples of best practices with regard to health system interventions to improve the lives and well-being of persons with disabilities.

302. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) said that the Bureau had taken note of the comments regarding the investment needed to train and recruit relevant health professionals. He noted that the issue of disabilities and rehabilitation had not been ranked as a particularly high priority in the recent prioritization exercises conducted at country level, which was a matter of concern, particularly in light of the significant burden of disability linked to noncommunicable diseases in the Region.

303. The Director observed that the progress reports on epilepsy, mental health, disability, and immunization highlighted the importance of strengthening health systems based on primary health care and ensuring proper training of staff. They also illustrated the need for community action and for legal provisions to address the discrimination and stigma associated with mental health problems, disabilities, and epilepsy. With regard to immunization, she appealed to Member States to ensure equity in immunization coverage. The available data showed that there were a number of municipalities where coverage was lower than the overall national average. Low coverage could give rise to pockets of susceptibles, which could reestablish transmission of diseases that had been eliminated or nearly eliminated.

304. The Committee took note of the report.

J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review

305. The Delegate of Ecuador outlined the work her country was undertaking, drawing on the lessons learned from the recent earthquake in Ecuador, to strengthen collaboration with other countries of the Region in relation to humanitarian assistance. Those activities included the organization of a regional network for humanitarian assistance, participation in the WHO Emergency Medical Teams Initiative, and the development of procedures for the management of supplies and medicines. The Delegate of Mexico indicated that his delegation would submit detailed written comments on the midterm review.

306. The Committee took note of the report.

K. Cooperation for Health Development in the Americas: Progress Report

307. Delegates expressed solid support for the Organization's efforts to foster cooperation for health development in the Region and described their countries' cooperation initiatives. The value of sharing successful experiences and lessons learned was underlined, and the important role that PASB could play in facilitating such exchanges was highlighted. The Delegate of Antigua and Barbuda reported that her country had been able to enhance its capacity for health diplomacy and international health relations thanks to its participation in the Program for Strengthening Cooperation for Health Development in the Americas offered by PAHO and the FIOCRUZ Center for International Relations in Health in Brazil.

308. It was suggested that future reports should provide concrete examples of cooperation for health development and information on the results achieved. It was also suggested that they should focus especially on the impact of such cooperation on the most vulnerable populations. A delegate expressed particular interest in the impact of cooperation for health development on women and girls and their sexual and reproductive rights.

309. Ms. Ana Solís-Ortega Treasure (Chief, Office of Country and Subregional Coordination, PASB) observed that it had been difficult to catalogue the enormous amount of cooperation that was occurring among the countries of the Region. The Bureau was conducting surveys to identify the many initiatives under way and would endeavor to present more complete information in future reports. The nature of South-South and triangular cooperation had also made it difficult to measure impact. As work continued, however, indicators and monitoring mechanisms would be developed, which should make it easier to assess the impact of such cooperation. The Bureau intended to put in place a platform for sharing best practices.

310. The Committee took note of the report.

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

311. The Committee took note of the report.

M. Status of the Pan American Centers

312. The Committee took note of the report.

***Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO
(Document CE160/INF/9, A-B)******A. Seventieth World Health Assembly***

313. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) summarized the outcomes of the Seventieth World Health Assembly (WHA), stressing the leading role played in the deliberations by various representatives of the Region of the Americas. The Region had distinguished itself by a high degree of preparedness for the meetings and had presented at least 11 unified regional positions on priority issues, which had had a major impact on the content of the global public health policies endorsed by the Health Assembly. The Health Assembly had adopted 16 resolutions and 24 decisions. As the Assembly had ended only a few weeks before the opening of the Executive Committee session, the Bureau had only had time to prepare a preliminary analysis of the implications of the resolutions for the Region. More detailed information would be provided to the 29th Pan American Sanitary Conference.

314. Highlighting several of the resolutions and decisions adopted, she noted that Resolution WHA70.6, on Human Resources for Health and Implementation of the Outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, would certainly have an impact on PAHO's strategy document on human resources for universal access to health and universal health coverage. As a result of Decision WHA70(11), on Implementation of the International Health Regulations (2005), that topic had been included on the agenda of the Pan American Sanitary Conference. Decision WHA70(20) on Strengthening Synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control clearly had implications for PAHO's consideration of the Strategy and Plan of Action on Tobacco Control.

315. The Director commended the Member States of the Region for their active participation in the World Health Assembly and for the leadership role that the Region was playing at the global level.

B. Subregional Organizations

316. Ms. Ana Solís-Ortega Treasure (Head, Department of Country and Subregional Coordination, PASB) outlined various resolutions and agreements on health-related matters adopted by subregional integration organizations in Central America, the Caribbean, and South America. She drew attention to document CE160/INF/9(B), which listed those subregional organizations and some of the events in which they had been involved in the past year. Stressing that such cooperation was fundamental to improving the health situation in the Region, she said that the Bureau remained committed to supporting subregional processes wherever it could. Particular areas where it had a role to play were joint negotiations on the price of high-cost medicines, coordination of policies on the training of human resources for health, and the response to vector-borne diseases.

317. The Delegate of Panama noted that her country had just taken over from Costa Rica the presidency of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA). At the most recent meeting of COMISCA, countries had agreed to set up a mechanism for joint price negotiations on high-cost medicines, with each country contributing on the basis of the savings it had made through the mechanism. She added that Panama itself was pursuing a diversified purchasing strategy, using the various mechanisms available, including the PAHO Strategic Fund. She also noted that the Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) had recently become the Regional Intersectoral Forum for Health of Central America and the Dominican Republic, the first session of which would be hosted by Panama. PAHO support for that event would be crucial.

318. Ms. Solís-Ortega Treasure thanked Panama for the information, reiterating that the Bureau was committed to working with the various subregional mechanisms.

319. The Executive Committee took note of the reports.

Closure of the Session

320. Following the customary exchange of courtesies, the President declared the 160th Session of the Executive Committee closed.

Resolutions and Decisions

321. The following are the resolutions and decisions adopted by the Executive Committee at its 160th Session:

Resolutions

CE160.R1: Collection of Assessed Contributions

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CE160/20 and Add. I);

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

Noting that 18 Member States have not made any payments towards their 2017 assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CE160/20 and Add. I).
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 2017 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 29th Pan American Sanitary Conference on the status of the collection of assessed contributions.

(First meeting, 26 June 2017)

CE160.R2: *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023*

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CE160/16),

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference adopt a resolution in the following terms:

**PLAN OF ACTION FOR THE SUSTAINABILITY OF MEASLES, RUBELLA,
AND CONGENITAL RUBELLA SYNDROME ELIMINATION IN THE
AMERICAS 2018-2023**

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/___);

Having considered the declaration of measles, rubella, and congenital rubella syndrome elimination in the Americas in the report submitted by the chairman of the

International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas (IEC) to the Director and to the Member States at the 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas, in September 2016;

Having reviewed the recommendations of the IEC to maintain the Region of the Americas free from the endemic transmission of measles, rubella, and congenital rubella syndrome;

Recognizing the enormous work that the Member States have done in finalizing the documentation and verification of interruption of the endemic transmission of measles and rubella in the Region of the Americas, as requested in Resolution CSP28.R14 of September 2012;

Noting with concern that the global initiative to eliminate measles and rubella in other regions of the world has not progressed significantly, and that, as long as transmission of the two viruses is not interrupted on a global scale, importation of the viruses is possible and the achievements of the Region of the Americas are at risk;

Considering that the sustainability phase of measles and rubella elimination requires the highest level of political commitment on the part of the PAHO Member States to address the challenges in their vaccination programs and their surveillance systems to avoid threats to the elimination of these diseases;

Recognizing the need for an action plan to protect the achievements of our Region, maintain elimination on an ongoing basis, and avoid the risk of endemic reestablishment of these viruses through importation of cases from other regions of the world,

RESOLVES:

1. To congratulate all the Member States and their health workers on the historic achievement of measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas.
2. To approve and implement the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/___) in the context of the particular conditions in each country.
3. To urge all Member States to:
 - a) promote implementation of the objectives and indicators contained in the PAHO Plan of Action on Immunization for 2015-2019 (Document CD54/7, Rev. 2 [2015]) in order to achieve at least 95% vaccination coverage at the national and municipal levels with the first and second doses of measles, mumps, and rubella vaccine, as

- well as least 95% national and municipal coverage of follow-up vaccination campaigns against measles and rubella;
- b) strengthen epidemiological surveillance of measles, rubella, and congenital rubella syndrome for achieving timely detection of all suspected and confirmed cases of these diseases in the context of emerging new diseases that are public health priorities, such as arbovirus diseases;
 - c) build national operational capacity in the countries to sustain measles and rubella elimination by creating or maintaining national committees to monitor fulfillment of plans for the sustainability of elimination, and also by using regional and national tools to update and train health workers in the public and private sectors;
 - d) establish standardized mechanisms for rapid response to imported cases of measles, rubella, and congenital rubella syndrome in order to prevent the reestablishment of endemic transmission of these diseases within countries, while also creating or activating rapid response teams trained for this purpose and implementing national rapid response plans in the event of imported cases.
4. To request the Director to:
- a) continue to provide Member States with technical cooperation for strengthening national capacity to carry out the activities needed to immunize the population and conduct high-quality epidemiological surveillance of measles, rubella, and congenital rubella syndrome, as described in this Plan of Action, to ensure the sustainability of elimination of these viruses;
 - b) continue to mobilize the additional financing necessary to support Member States in preparing their response to measles and rubella outbreaks associated with imported cases, as well as in conducting follow-up vaccination campaigns and other activities described in this Plan of Action;
 - c) continue to promote efforts at the highest political level in other regions of the world and with partners and allies to move rapidly toward reaching the targets established by WHO for the global elimination of measles and rubella and the ultimate eradication of both viruses.

(First meeting, 26 June 2017)

CE160.R3: Appointment of one Member to the Audit Committee of PAHO

THE 160th 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. Nicholas Treen for his years of service to the PAHO Audit Committee.
3. To appoint Ms. Kumiko Matsuura-Mueller to serve as a member of the PAHO Audit Committee for a term of three years from June 2017 through June 2020.

(Third meeting, 27 June 2017)

CE160.R4: Strategy on Human Resources for Universal Access to Health and Universal Health Coverage

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CE160/18),

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference adopt a resolution in accordance with the following terms:

**STRATEGY ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO
HEALTH AND UNIVERSAL HEALTH COVERAGE**

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having considered the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/__) presented by the Director;

Taking into account that the United Nations General Assembly adopted the new 2030 Agenda for Sustainable Development, in which Goal 3 seeks “to ensure healthy lives and promote well-being for all at all ages”;

Aware that the implementation of the Strategy for Universal Access to Health and Universal Health Coverage, approved during the 53rd Directing Council of PAHO (2014), requires human resources that are sufficient in number, distributed equitably and possess the appropriate capacities, in accordance with the needs of communities;

Considering that the 69th World Health Assembly, in May 2016, adopted the Global Strategy on Human Resources for Health: Workforce 2030; considering that the High-level Commission on Health Employment and Economic Growth convened by the United Nations in November 2016 established that investing in employment in the health sector can generate economic growth and contribute to the development of countries; and considering that the 70th World Health Assembly, in May 2017, adopted the five-year action plan on health employment and inclusive economic growth;

Recognizing that, despite progress made, challenges remain, especially in the availability and distribution of personnel, planning, governance, intersectoral coordination, and training to meet the needs of health systems in transformation towards universal access to health and universal health coverage,

RESOLVES:

1. To adopt the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/___).
2. To urge the Member States, as appropriate to their context and their domestic priorities, to:
 - a) establish formal mechanisms to strengthen stewardship in the development of national policies on human resources for health, including high-level intersectoral collaboration and coordination to promote synergies in regulation, strategic planning, and decision-making, based on the needs of the health system;
 - b) increase public spending and financial efficiency by fostering quality education and employment in the health sector to increase the availability of human resources for health, motivate health teams, promote retention, improve health outcomes, and support economic development;
 - c) strengthen strategic planning, forecasting of present and future needs, and performance monitoring, through the development of information systems on human resources for health;
 - d) promote the development of interprofessional teams within services networks through interprofessional training and the diversification of learning environments, realigning professional profiles and new work management processes (task

- shifting/task sharing) to foment the integration of these teams within health services networks;
- e) implement strategies to retain human resources for health, particularly for underserved areas, consonant with the intercultural characteristics of each community, that include economic and professional development incentives, life plans, and work and infrastructure conditions;
 - f) advocate for the transformation of professional health education to include the principles of social mission, the incorporation of a public health perspective, and a social determinants approach, as linchpins in the education of human resources for health;
 - g) promote high-level agreements between education and health sectors in order to align the education of human resources with current and future health system needs, and move forward in the evaluation and accreditation of health sciences training programs which incorporate social relevance among the criteria for educational quality standards;
 - h) develop continuous professional development strategies for health professionals, incorporating new information and communications technologies, telehealth, virtual education, and learning networks, in order to improve the resolute capacity and quality performance of integrated health services networks;
 - i) strengthen governance in planning and regulating the education of specialists, setting incremental goals for more positions in family and community health and in basic specialties;
 - j) incorporate a gender perspective as well as the needs of female workers in future models for organizing and contracting health services, taking into consideration the growing feminization of human resources in the health sector.
3. Request the Director to:
- a) promote intersectoral policy dialogue to facilitate implementation of the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* in the Member States and, in particular, to increase investment in human resources for health;
 - b) prepare a regional plan of action for 2018, with specific objectives and indicators in order to advance more quickly on the path established in this strategy;
 - c) support countries in strengthening their capacity for strategic planning, human resources management, and the development of information systems to help inform current and future scenarios for the progressive achievement of universal access to health and universal health coverage;
 - d) promote research, the sharing of experiences, and cooperation among countries in areas such as interprofessional health teams, quality and socially relevant education, and retention strategies for human resources;

- e) promote coordination among United Nations agencies and other international organizations working on issues related to human resources for health, and establish a high-level technical commission to evaluate trends, capacities, and mobility in human resources for health in the Region of the Americas.

(Fourth meeting, 27 June 2017)

CE160.R5: Non-State Actors in Official Relations with the Pan American Health Organization

THE 160th 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 CE160/7);

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 renew official relations between PAHO and the following non-State actors for a period of three years:
 - a) the American Public Health Association (APHA),
 - b) the American Society for Microbiology (ASM),
 - c) the Inter American Association of Sanitary and Environmental Engineering (AIDIS),
 - d) the March of Dimes,
 - e) the United States Pharmacopeial Convention (USP),
 - f) the World Association for Sexual Health (WAS).
2. To defer the decision for maintaining official relations with the Latin American Federation of the Pharmaceutical Industry (FIFARMA) until 2018.
3. To discontinue official relations with the International Diabetes Federation (IDF).
4. 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.

(Fourth meeting, 27 June 2017)

CE160.R6: Strategic Plan of PAHO 2014-2019: Proposed Amendments

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Strategic Plan of PAHO 2014-2019: Proposed Amendments* (Document CE160/11), which amends the 2014 version of the Strategic Plan (*Official Document 345*);

Acknowledging the programmatic changes introduced by the World Health Organization (WHO) through the document *Reform of WHO's Work in Health Emergency Management Programme* (Document A69/30 [2016]) presented at the 69th World Health Assembly;

Recalling the priorities established by Member States, including in the Plan of Action on Antimicrobial Resistance (Document CD54/12, Rev. 1 [2015]) and the Plan of Action for the Prevention and Control of Viral Hepatitis (Document CD54/13, Rev. 1 [2015]);

Recognizing the results of the programmatic prioritization exercises conducted with Member States using the refined PAHO-Hanlon methodology, established in the document *Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan* (Document CD55/7 [2016]), approved by the 55th Directing Council,

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution along the following lines:

STRATEGIC PLAN OF PAHO 2014-2019 (AMENDED)

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having considered the proposed amendments to the *Strategic Plan of the Pan American Health Organization 2014-2019 (Official Document 345)*, which modifies the 2014 version of the Strategic Plan;

Welcoming the programmatic and functional alignment with the WHO emergency management reform in the Region of the Americas;

Recognizing the importance of programmatic prioritization in consultation with Member States using a robust and systematic methodology,

RESOLVES:

1. To approve the proposed amended version of the *Strategic Plan of the Pan American Health Organization 2014-2019 (Official Document 345)*.
2. To thank the national health authorities who conducted the programmatic prioritization exercises using the refined PAHO-Hanlon methodology.
3. To request the Director to:
 - a) implement the programmatic changes in the 2018-2019 biennium with corresponding adjustments to the Program and Budget 2018-2019 in response to the revised categories and outcomes in the Strategic Plan of PAHO 2014-2019;
 - b) update the compendium of outcome indicators and the Strategic Plan Monitoring System (SPMS) to facilitate the joint assessment with Member States of the Strategic Plan outcomes and Program and Budget outputs;
 - c) present a second interim report on the implementation of the Strategic Plan of PAHO 2014-2019 in 2018, and a final report in 2020.

(Fifth meeting, 28 June 2017)

CE160.R7: *New Scale of Assessed Contributions*

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Pan American Sanitary Bureau on the *New Scale of Assessed Contributions* to be applied to Member States, Participating States, and Associate Members of the Pan American Health Organization for the budgetary period 2018-2019 (Document CE160/13);

Bearing in mind the provisions of Article 60 of the Pan American Sanitary Code, which establishes that the assessed contributions of the Pan American Health Organization shall be apportioned among the Signatory Governments on the same basis as the contributions of the Organization of American States (OAS);

Taking into account Article 24 (a) of the Constitution of the Pan American Health Organization, which states that the Organization shall be financed by annual contributions

from its Member Governments and that the rate of these contributions shall be determined in conformity with Article 60 of the Pan American Sanitary Code;

Considering that the General Assembly of the Organization of American States has adopted a transitional scale of assessed contributions for the fiscal year 2018 while the Committee on Administrative and Budgetary Affairs continues to review the current OAS quota system and methodology, the results of which will be presented for approval at the special session of the General Assembly in October 2017,

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference approve the following PAHO scale of assessed contributions which is based on the transitional scale of OAS Quota Assessments for the fiscal period 2018 by adopting a resolution along the following lines:

NEW SCALE OF ASSESSED CONTRIBUTIONS

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Executive Committee on the *New Scale of Assessed Contributions* for Member States, Participating States, and Associate Members of the Pan American Health Organization (Document CSP29/___);

Considering that Member Governments of the Pan American Health Organization are assessed in conformity with Article 60 of the Pan American Sanitary Code and Article 24 (a) of the Constitution of the Pan American Health Organization;

Noting that nearly 34% of the PAHO Program and Budget 2018-2019, considered in Official Document ___, will be financed from assessed contributions from Member States, Participating States, and Associate Members;

Considering that the General Assembly of the Organization of American States (OAS) has adopted a transitional scale of quota assessments for the fiscal period 2018 while the current quota system and methodology is under review,

RESOLVES:

1. To approve the proposed scale of assessed contributions for Member States, Participating States, and Associate Members of the Pan American Health Organization for application in the fiscal year 2018 as shown in the table below.
2. To submit for consideration of PAHO's Governing Bodies a revised scale of assessment for fiscal year 2019 on the basis of the 2019 OAS quota scale of assessments, as and when that scale is adopted.

Member State	Assessment Rate (%)
Antigua and Barbuda	0.022
Argentina	3.000
Bahamas	0.047
Barbados	0.026
Belize	0.022
Bolivia	0.070
Brazil	12.457
Canada	9.801
Chile	1.415
Colombia	1.638
Costa Rica	0.256
Cuba	0.132
Dominica	0.022
Dominican Republic	0.268
Ecuador	0.402
El Salvador	0.076
Grenada	0.022
Guatemala	0.171
Guyana	0.022
Haiti	0.022
Honduras	0.043
Jamaica	0.053
Mexico	6.470
Nicaragua	0.022
Panama	0.191
Paraguay	0.087
Peru	1.005
Saint Kitts and Nevis	0.022
Saint Lucia	0.022
Saint Vincent and the Grenadines	0.022
Suriname	0.022
Trinidad and Tobago	0.129
United States	59.445
Uruguay	0.298
Venezuela	1.940
Participating State	Assessment Rate (%)
France	0.203
The Netherlands	0.022

Member State	Assessment Rate (%)
United Kingdom	0.022
Associate Member	Assessment Rate (%)
Aruba	0.022
Curaçao	0.022
Puerto Rico	0.025
Sint Maarten	0.022
TOTAL	100.00

(Fifth meeting, 28 June 2017)

CE160.R8: Proposed Program and Budget of the Pan American Health Organization 2018-2019

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed Program and Budget of the Pan American Health Organization 2018-2019* (Document CE160/12);

Having considered the *Report on the Eleventh Session of the Subcommittee on Program, Budget, and Administration* (Document CE160/4);

Noting the work of the Pan American Sanitary Bureau (PASB) to propose a Program and Budget that uses a bottom-up approach and takes into account the priorities of Member States, as well as the Sustainable Development Goals,

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference adopt a resolution along the following lines:

**PROGRAM AND BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION 2018-2019**

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having examined the *Program and Budget of the Pan American Health Organization 2018-2019* (Official Document ____);

Having considered the report of the 160th Session of the Executive Committee (Document CSP29/__);

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

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

RESOLVES:

1. To approve the program of work of the Pan American Health Organization with a budget of US\$ 619.6 million for base programs and \$56.0 million for specific programs and response to emergencies, as outlined in the PAHO Program and Budget 2018-2019.
2. To encourage Member States to continue to make timely payments of their assessments in 2018 and 2019 and of arrears that might have accumulated in the previous budgetary periods.
3. To encourage Member States to continue advocating for an equitable share of WHO resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
4. To encourage all Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the Program and Budget 2018-2019, and, where possible, to consider making these contributions fully flexible and to a pool of un-earmarked funds.
5. To allocate the budget for the 2018-2019 budgetary period among the six programmatic categories as follows:

Category	Amount
1. Communicable Diseases	114,600,000
2. Noncommunicable Diseases and Risk Factors	59,100,000
3. Determinants of Health and Promoting Health throughout the Life Course	81,400,000
4. Health Systems	118,400,000
5. Health Emergencies	56,400,000
6. Leadership, Governance, and Enabling Functions	189,700,000
Base Programs – Total (Categories 1-6)	619,600,000
Specific Programs and Response to Emergencies	56,000,000
Program and Budget - Total	675,600,000

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

Fund Source	Amount
a) Assessed Contributions from PAHO Member States, Participating States, and Associate Members	210,640,000
Less Credit from Tax Equalization Fund	(16,340,000)
b) Budgeted Miscellaneous Revenue	20,000,000
c) Other Sources	215,200,000
d) Funding allocation to the Region of the Americas from the World Health Organization	190,100,000
TOTAL	619,600,000

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

8. To authorize the Director to use assessed contributions, miscellaneous revenue, other sources such as voluntary contributions, and the funding allocation from the World Health Organization to the Region of the Americas to fund the budget as allocated above, subject to the availability of funding.

9. To further authorize the Director to make budget transfers, where necessary, among the six categories listed above, up to an amount not exceeding 10% of the approved budget in either the receiving or the source category. The expenditures resulting from such transfers shall be reported under the final category in the financial reports for the years 2018 and 2019.

10. To request the Director to report to the Governing Bodies the expenditure amounts from each source of financing against the categories and program areas outlined in the Program and Budget 2018-2019.

(Fifth meeting, 28 June 2017)

CE160.R9: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2018

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed Pan American Health Organization Program and Budget 2018-2019* (Document CE160/12), and having approved Resolution CE160.R7;

Having considered the Report on the Eleventh Session of the Subcommittee on Program, Budget, and Administration (Document CE160/4),

RESOLVES:

To recommend to the 29th Pan American Sanitary Conference the adoption of a resolution along the following lines:

ASSESSED CONTRIBUTIONS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2018

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Considering that the 29th Pan American Sanitary Conference approved, in Resolution CSP29.R__, the *Pan American Health Organization Program and Budget 2018-2019* (Official Document ____);

Considering Article 60 of the Pan American Sanitary Code which says, "For the purpose of discharging the functions and duties imposed upon the Pan American Sanitary Bureau, a fund of not less than \$50,000 shall be collected by the Pan American Union, apportioned among the Signatory Governments on the same basis as are the expenses of the Pan American Union";

Bearing in mind that the 29th Pan American Sanitary Conference, in Resolution CSP29.R__, adopted the scale of assessments for the Members of the Pan American Health Organization (PAHO) and for 2018,

RESOLVES:

1. To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2018 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent a zero nominal growth in gross assessments with respect to the financial period 2017.
2. To call upon the Pan American Sanitary Bureau to revise the assessed contributions of Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2019, when the Organization of American States (OAS) adopts a new quota scale for the same period. The revised scale of assessment for PAHO Member States in 2019 should be submitted to the first PAHO Governing Body meeting following adoption in the OAS.

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2018										
Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
<i>Member States</i>										
Antigua and Barbuda	0.022		23,170		1,797					21,373
Argentina	3.000		3,159,600		245,100					2,914,500
Bahamas	0.047		49,500		3,840					45,661
Barbados	0.026		27,383		2,124					25,259
Belize	0.022		23,170		1,797					21,373
Bolivia	0.070		73,724		5,719					68,005
Brazil	12.457		13,119,712		1,017,737					12,101,976
Canada	9.801		10,322,413		800,742		40,000			9,561,672
Chile	1.415		1,490,278		115,606					1,374,673
Colombia	1.638		1,725,142		133,825					1,591,317
Costa Rica	0.256		269,619		20,915					248,704
Cuba	0.132		139,022		10,784					128,238
Dominica	0.022		23,170		1,797					21,373
Dominican Republic	0.268		282,258		21,896					260,362
Ecuador	0.402		423,386		32,843					390,543
El Salvador	0.076		80,043		6,209					73,834
Grenada	0.022		23,170		1,797					21,373
Guatemala	0.171		180,097		13,971					166,127
Guyana	0.022		23,170		1,797					21,373
Haiti	0.022		23,170		1,797					21,373
Honduras	0.043		45,288		3,513					41,775
Jamaica	0.053		55,820		4,330					51,490
Mexico	6.470		6,814,204		528,599					6,285,605
Nicaragua	0.022		23,170		1,797					21,373
Panama	0.191		201,161		15,605					185,557

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2018										
Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Paraguay	0.087		91,628		7,108				84,521	
Peru	1.005		1,058,466		82,109				976,358	
Saint Kitts and Nevis	0.022		23,170		1,797				21,373	
Saint Lucia	0.022		23,170		1,797				21,373	
Saint Vincent and the Grenadines	0.022		23,170		1,797				21,373	
Suriname	0.022		23,170		1,797				21,373	
Trinidad and Tobago	0.129		135,863		10,539				125,324	
United States	59.445		62,607,474		4,856,657		6,000,000		63,750,818	
Uruguay	0.298		313,854		24,347				289,507	
Venezuela	1.940		2,043,208		158,498		35,000		1,919,710	
<i>Participating States</i>										
France	0.203		213,800		16,585				197,215	
The Netherlands	0.022		23,170		1,797				21,373	
United Kingdom	0.022		23,170		1,797				21,373	
<i>Associate Members</i>										
Aruba	0.022		23,170		1,797				21,373	
Curaçao	0.022		23,170		1,797				21,373	
Puerto Rico	0.025		26,330		2,043				24,288	
Sint Maarten	0.022		23,170		1,797				21,373	
TOTAL	100.000		105,320,000		8,170,000		6,075,000		103,225,000	

(Fifth meeting, 28 June 2017)

CE160.R10: Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022* (Document CE160/19),

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference adopt a resolution in accordance with the following terms:

**STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL
IN THE REGION OF THE AMERICAS 2018-2022**

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having examined the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022* (Document CSP29/__);

Recognizing that tobacco use and exposure to tobacco smoke remain a serious public health problem and are a common risk factor for the main noncommunicable diseases;

Recognizing that noncommunicable diseases are the primary cause of mortality in the Region and that approximately one-third of the deaths from noncommunicable diseases are premature, occurring in people aged 30-70;

Recognizing the high cost of tobacco-related illness to households and health systems in the Member States, which exacerbates poverty and inequalities in health and hinders achievement of the objective of universal health in the Region;

Recognizing that even though the Framework Convention on Tobacco Control (FCTC) of the World Health Organization has been internationally in force for 12 years and that 30 Member States in the Region are States Parties to it, progress in implementing its measures has been unequal among the countries and in terms of the types of measures approved, and the pace of their implementation has been slowing;

Recognizing also that many circumstances have hindered domestic implementation of FCTC measures by the States Parties, but underscoring that the common and greatest challenge to all countries is interference by the tobacco industry and those who work to further its interests;

Observing that this Strategy and Plan of Action prioritizes the FCTC measures contained in the interventions for NCD prevention and control, which WHO has determined to be highly cost-effective and capable of implementation even in contexts of limited resources, making its implementation important for all Member States, regardless of whether they are States Parties to the FCTC,

RESOLVES:

1. To approve the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022* (Document CSP29/__) within the context of the specific conditions of each country.
2. To urge the Member States, considering their national context, to:
 - a) promote public health practices that protect the general public, and children and adolescents in particular, from the dangers of tobacco use and exposure to tobacco smoke, with the ultimate goal of reducing the burden of disease and death that they entail;
 - b) prioritize the adoption of a comprehensive regulation on smoke-free environments and the inclusion of health warnings on the packaging of tobacco products, as well as the strengthening and eventual improvement of existing regulations on these matters and their enforcement, so that these measures protect the entire population of the Americas;
 - c) consider adopting or strengthening implementation of the remaining FCTC measures, with special emphasis on banning the advertising, promotion, and sponsorship of tobacco products in accordance with Article 13 of the FCTC and adopting fiscal measures to reduce the demand for tobacco;
 - d) regard taxes on tobacco as a source of revenue that, pursuant to domestic legislation, could be used as a domestic source of financing for health in particular and development in general;
 - e) strengthen their national surveillance systems to enable countries to evaluate not only the prevalence of tobacco use, but the effectiveness of the measures implemented and to obtain information disaggregated by sex, gender, ethnicity, and other factors, insofar as possible, and use this information to create evidence-based interventions targeted to reduce disparities;
 - f) oppose attempts by the tobacco industry and its front groups to interfere with, delay, hinder, or impede implementation of tobacco control measures designed to protect public health, and recognize the need to monitor, document, and, pursuant to current domestic legislation, publicize industry activities in order to expose industry strategies and reduce their effectiveness;
 - g) consider the need for legal instruments to address the issue of conflicts of interests among government officials and employees with respect to tobacco control;

- h) consider, if Party to the FCTC, ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to ensure its speedy entry into force at the international level.
3. Request the Director to:
- a) assist the Member States in the preparation, review, and implementation of tobacco control regulations and policies, regardless of whether they are States Parties to the FCTC;
 - b) promote technical cooperation with and among countries to share best practices and lessons learned;
 - c) strengthen technical cooperation to improve Member States' capacities to promote policy coherence between trade and public health in the context of tobacco control, to protect health from tobacco industry interference;
 - d) promote partnerships with other international organizations and subregional entities, as well as members of civil society at the national and international levels, for the execution of this Strategy and Plan of Action.

(Sixth meeting, 28 June 2017)

CE160.R11: Policy on Ethnicity and Health

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Policy on Ethnicity and Health* (Document CE160/15),

RESOLVES:

To recommend that the 29th Pan American Sanitary Conference adopt a resolution in the following terms:

POLICY ON ETHNICITY AND HEALTH

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the *Policy on Ethnicity and Health* (Document CSP29/__);

Considering the need to promote an intercultural approach to health to eliminate health inequities among indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, as applicable to the national context;

Recognizing the differences among ethnic groups between and within countries and acknowledging the differences in their challenges, needs and respective historical contexts;

Recalling the principles enshrined in the Durban Declaration and Programme of Action (2001); the United Nations Declaration on the Rights of Indigenous Peoples (2007); the Rio Political Declaration on the Social Determinants of Health (2011); the World Summit of Afro-descendants (2011); the International Decade for People of African Descent 2015-2024 (2013); the World Conference on Indigenous Peoples (2014); and the 2030 Agenda for Sustainable Development (2015), as well as the principles enshrined in other international instruments related to ethnicity and health;

Referring to the framework of PAHO mandates related to the health of indigenous peoples, the mainstreaming of ethnicity as a cross-cutting theme of the PAHO Strategic Plan, and the lessons learned;

Recognizing the importance of PAHO as a whole (PASB and Member States) emphasizing efforts to strengthen the intercultural approach to health to achieve the enjoyment of the highest attainable standard of health by indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, based on their respective national context;

Bearing in mind the need to adopt the necessary measures to guarantee the intercultural approach to health and equal treatment of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups from the standpoint of equality and mutual respect, considering the value of their cultural practices, which include their lifestyles, value systems, traditions, and world views,

RESOLVES:

1. To adopt the *Policy on Ethnicity and Health* (Document CSP29/__).
2. To urge the Member States, as appropriate, and taking their national context, regulatory frameworks, priorities, and financial and budgetary situation into account, to:
 - a) promote public policies that address ethnicity as a social determinant of health from the perspective of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups;
 - b) foster better access to quality health services, among other things, promoting intercultural health models that, through dialogue, include the perspective of the ancestral and spiritual wisdom and practices of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, based on the respective national context;
 - c) strengthen institutional and community capacity in the Member States to produce sufficient quality data and generate evidence for policy-making with respect to the inequalities and inequities in health experienced by indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups for intersectoral policy-making in health;

- d) strengthen institutional and community capacity at all levels to implement the intercultural approach to health systems and services, helping, among other things, to guarantee access to quality health services;
 - e) increase, promote, and ensure the social participation of all indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the development and implementation of health policies, considering gender differences and life-course perspective;
 - f) promote the generation of knowledge and dedicated spaces for ancestral medicine and wisdom to strengthen the intercultural approach to health;
 - g) integrate the ethnic approach and vision of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the implementation of the *Plan of Action on Health in All Policies* (Document CD53/10, Rev.1 [2014]), in keeping with national realities;
 - h) promote intersectoral cooperation for the sustainable development of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups.
3. Request the Director, as the financial resources of the Organization permit, to:
- a) advocate for the inclusion of strategic components on ethnicity and health in the Sustainable Health Agenda for the Americas 2018-2030 and the PAHO Strategic Plan 2020-2025;
 - b) prioritize technical cooperation to assist countries in strengthening health system capacity to include ethnicity as a social determinant of health from the perspective of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, in line with the Sustainable Development Goals (SDGs) and applicable international and regional human rights instruments;
 - c) continue prioritizing ethnicity as a cross-cutting theme of PAHO technical cooperation, in harmony with gender, equity, and human rights;
 - d) strengthen interinstitutional coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation within the United Nations and Inter-American systems and with other stakeholder entities working in the field of ethnicity in health, especially subregional integration mechanisms and pertinent international financial institutions.

(Sixth meeting, 28 June 2017)

CE160.R12: PAHO Award for Health Services Management and Leadership (2017)

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership (2017)* (Document CE160/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Health Services Management and Leadership, as approved by the 158th Session of the Executive Committee (Resolution CE158.R14 [2016]),¹

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership (2017) for their professionalism and outstanding work on behalf of their countries and the Region.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership (2017), upon Dr. Stella Bolaños Varela, of Costa Rica, for her significant professional career and her long-standing commitment to the quality and management of health services at the national level. Dr. Bolaños Varela is recognized for her outstanding contributions in the field of health education, management of health services for the older adult population, and for her leadership in the implementation of people-centered models of care.
3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership (2017)* (Document CE160/5, Add. I) to the 29th Pan American Sanitary Conference.

(Sixth meeting, 28 June 2017)

CE160.R13: Provisional Agenda of the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CSP29/1) prepared by the Director for the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE160/3, Rev. 1;

¹ The original PAHO Award for Administration was approved by the 18th Pan American Sanitary Conference (Resolution CSP18.R18 [1970]). Subsequent amendments were approved by the 20th Pan American Sanitary Conference (CSP20.R17 [1978]), the 27th Directing Council (CD27.R5 [1980]), the 24th Pan American Sanitary Conference (CSP24.R10 [1994]), and by the Executive Committee at its 124th (CE124.R10 [1999]), 135th (CE135[D6] [2004]), 140th (CE140.R12 [2007]), 146th (CE146.R11 [2010]), and 158th (CE158.R14 [2016]) sessions.

Bearing in mind the provisions of Article 7.F of the Constitution of the Pan American Health Organization and Rule 8 of the Rules of Procedure of the Conference,

RESOLVES:

To approve the provisional agenda (Document CSP29/1) prepared by the Director for the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas.

(Sixth meeting, 28 June 2017)

CE160.R14: Amendments to the PASB Staff Regulations and Rules

THE 160th 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 CE160/25;

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

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

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the 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 January 2017 concerning: definitions, salaries, dependants' allowances, mobility incentive, hardship allowance and non-family service allowance, settling-in grant, repatriation grant, end of service grant, recruitment policies, assignment to duty, within-grade increase, home leave, travel of staff members, travel of spouse and children, relocation shipment, failure to exercise entitlement, expenses on death, as well as those amendments effective 1 January 2018 concerning education grant and retirement.
2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning from 1 January 2017, at US\$ 172,858 before staff assessment, resulting in a modified net salary of \$129,586.

3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2017, at \$174,373 before staff assessment, resulting in a modified net salary of \$130,586.
4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2017, at \$192,236 before staff assessment, resulting in a modified net salary of \$142,376.

Annex

Annex

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

310. DEFINITIONS

...

310.5.2 a child as defined by the Bureau and for whom the staff member certifies that he provides the main and continuing support, provided that the child is under 18 years of age or, if in full-time attendance at a school or university, under the age of 21 years. Age and school attendance requirements shall not apply if the child is physically or mentally incapacitated for substantial gainful employment either permanently or for a period expected to be of long duration. If both parents are staff members of international organizations applying the common system of salaries and allowances, the children, if determined dependent, will be recognized as the dependants of the parent whose annual gross occupational earnings yield the higher amount, unless the concerned staff members request otherwise;

...

310.7 A “single parent” is a staff member who meets the following criteria:

310.7.1 The staff member does not have a spouse;

310.7.2 The staff member has a dependent child as defined under Rule 310.5.2;

310.7.3 The staff member provides main and continuing support to the child.

330. SALARIES

330.1 Gross base salaries shall be subject to the following assessments:

330.1.1 For professional and higher graded staff:

Assessable income	Staff assessment rates (%)
US\$	%
First 50,000	17
Next 50,000	24
Next 50,000	30
Remaining assessable payments	34

340. DEPENDANTS' AND SINGLE PARENT'S ALLOWANCES

Staff members appointed to the professional or higher categories, except those holding temporary appointments as defined in Rule 420.4, are entitled to an allowance, as follows:

340.1 For a dependent child, as defined in Staff Rule 310.5.2. The entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

340.2 For a child who is physically or mentally disabled, as defined in Staff Rule 310.5.2, an amount equivalent to double the dependent child allowance. The entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

340.3 For a dependent father, mother, brother or sister, as defined in Staff Rule 310.5.3.

340.4 For a dependent spouse, as defined in Staff Rule 310.5.1.

340.5 For being recognized as a single parent, as defined in Staff Rule 310.7.

340.6 The amount of the allowances to be paid under this Staff Rule shall be consistent with the conditions of service established for the United Nations Common System.

350. EDUCATION GRANT

...

350.1.1 the education grant shall be paid starting with the school year in which a dependent child, as defined under Staff Rule 310.5.2, 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 a 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;

...

350.2 This grant is payable for:

...

350.2.2 the cost of full-time attendance at an educational institution outside the country or area of the duty station. An additional lump sum of \$5,000 is payable, to a staff member assigned to a non-Headquarters duty station, for boarding-related expenses incurred at the primary and secondary education levels outside the country or commuting area of the duty station.

...

350.2.5 tuition for teaching the mother tongue to a child, in respect of whom the staff member is entitled to the grant under Rule 350.1.1, who is attending a local school in which the instruction is given in a language other than the child's own, when the staff member is serving at an official station in a country whose language is different from his own and where satisfactory school facilities for learning the latter are not available.

...

350.4 "Cost of attendance" is defined as the cost of tuition, including mother tongue tuition, and enrolment-related fees only.

...

350.6 Capital assessment fees charged by education institutions shall be reimbursed, outside the education grant scheme, under conditions prescribed by the Bureau.

360. MOBILITY INCENTIVE, HARDSHIP ALLOWANCE AND NON-FAMILY SERVICE ALLOWANCE

The following non-pensionable allowances are paid to staff members, except those hired under Staff Rule 1310 or 1330, who are appointed or reassigned to ICSC-designated categories of duty stations for a period of one year or more. These allowances are determined by the Bureau on the basis of conditions and procedures established by the International Civil Service Commission (ICSC):

360.1 Mobility Incentive: In order to provide incentives for mobility, an allowance is paid to staff members holding fixed-term or service appointments.

360.2 Hardship Allowance: In order to recognize varying degrees of hardship at different duty stations, a hardship allowance is paid to staff members holding fixed-term, service or temporary appointments.

360.3 Non-Family Service Allowance: In order to recognize service in duty stations with family restrictions, a non-family service allowance is paid to staff members holding fixed-term, service or temporary appointments.

365. SETTLING-IN GRANT

365.1 On authorized travel upon appointment or upon reassignment to an official station for a period of at least one year, a fixed-term staff member will be paid settling-in grant. (See, Staff Rule 365.6 with respect to temporary staff.)

365.2 The amount of the settling-in grant shall be the equivalent of the travel per diem applicable on the date the individual arrives at the duty station:

365.2.1 for the staff member for a period of 30 days;

365.2.2 for the spouse and/or dependant child(ren) accompanying or joining the staff member at the Organization's expense under Rule 820, for 15 days.

365.3 Subject to conditions established by the Bureau on the basis of conditions and procedures approved by the United Nations General Assembly for the United Nations System, the settling-in grant shall also include a lump sum calculated and payable on the basis of one month of the staff member's net base salary and, as applicable, the post adjustment at the duty station to which the staff member is assigned and at the rate applicable from the date of arrival at the duty station.

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.

365.4 If both spouses are staff members of international organizations applying the common system of salaries and allowances at the same official station, each staff member will receive the per diem portion of the settling-in grant specified under Staff Rule 365.2.1. With respect to the per diem portion of the grant payable under Staff Rule 365.2.2, payment will be made to the staff member in respect of whom a child has been recognized by the Organization as a dependent. The lump sum portion of the grant payable under Rule 365.3 will be paid to the spouse whose entitlement yields the higher amount.

365.5 The settling-in assignment grant will not be paid:

365.5.1 for children born, or for any other dependent acquired, after the arrival of the staff member at the duty station;

365.5.2 to a staff member who is separated from service and subsequently offered a new appointment at the same duty station within one year.

365.6 On authorized travel upon appointment, a staff member holding a temporary appointment will be paid the settling-in grant under Rule 365.2.1 only with respect of himself or herself. Temporary staff are not eligible to receive the lump sum portion of the settling-in grant. Any payment made under Staff Rule 365.2.1 may not be inconsistent with Staff Rule 365.5.2.

370. REPATRIATION GRANT

370.1 A staff member who on leaving the service of the Bureau, other than by summary dismissal under Rule 1075.2, has performed at least five years of continuous service outside the country of his recognized place of residence under a fixed-term or service appointment shall be entitled to a repatriation grant in accordance with the following schedules and with Rule 380.2. Payment in respect of entitlements shall be subject to receipt from the former staff member of documentary evidence, in accordance with established criteria, of relocation outside the country of the staff member's last duty station or residence during the last assignment, with due regard to the provisions of Rule 370.4. This part of the grant is payable if it is claimed within two years of the effective date of separation.

370.1.1 Repatriation grant for staff members of the professional and higher categories:

Years of qualifying service	Weeks of salary	
	Without spouse or dependent children	With spouse or dependent children
5	8	14
6	9	16
7	10	18
8	11	20
9	13	22
10	14	24
11	15	26
12 or more	16	28

370.1.2 Repatriation grant for staff members in the general service category:

Years of Qualifying service	Weeks of salary	
	Without spouse or dependent children	With spouse or dependent children
5	7	14
6	8	16
7	9	18
8	10	20
9	11	22
10	12	24
11	13	26
12 or more	14	28

375. END-OF-SERVICE GRANT

375.1 Staff members holding a fixed-term appointment, including staff members in posts of limited duration with five or more years of service, will be entitled to a grant based on their years of service provided that:

- 375.1.1** their appointment is not renewed after completing five years of continuous qualifying service;
- 375.1.2** they did not receive or decline an offer of renewal of appointment;
- 375.1.3** the staff member has not reached age 65 or, alternatively, his or her elected retirement date as notified to the Organization pursuant to Staff Rule 1020.1; and

...

410. RECRUITMENT POLICIES

...

410.2 Candidates under 20 or over 65 years of age shall not be considered for appointment.

510. ASSIGNMENT TO DUTY

...

510.2 An assignment for the purpose of entitlement to settling-in grant, mobility incentive and relocation shipment is an assignment requiring the installation of the staff member in the duty station for a period of at least one year.

550. WITHIN-GRADE INCREASE

...

550.2 The unit of service time is defined as the minimum length of time which must be served at a step in order to achieve a within-grade increase under the terms of Staff Rule 550.1. The unit of service time is as follows:

- 550.2.1** one year of full-time service at all levels and steps except at those in Staff Rule 550.2.2;
- 550.2.2** two years of full-time service for grades P-1 to P-5 beyond step VII, P-6/D 1 beyond step IV, and D-2 beyond step I;

...

640. HOME LEAVE

...

640.4 Staff members shall be eligible for home leave as follows:

- (a) Upon completion of 12 months of qualifying service at a D or E duty station that does not fall under the Rest and Recuperation Scheme (these duty stations are known for purposes of their home leave cycles as “12-month stations”); or
- (b) Upon completion of 24 months of qualifying service at any other duty station (these duty stations are known for purposes of their home leave cycles as “24-month stations”).
- (c) In cases of reassignment or reclassification of a duty station, upon completion of the period of qualifying service determined by the Director in accordance with established criteria.

810. TRAVEL OF STAFF MEMBERS

The Bureau shall pay the travel expenses of a staff member as follows:

...

810.5 Once in each interval between home leave eligibility dates (or once during an appointment of equivalent duration) from the official station to the place where the staff member's spouse and children, as defined in Rule 820.1, are residing, and return to the official station, provided that:

810.5.1 the staff member has waived his entitlements to the travel of his spouse and children under Rules 820 and 825, except for education grant travel under Staff Rule 820.2.5.2;

820. TRAVEL OF SPOUSE AND CHILDREN

820.1 Family members recognized as eligible for purposes of travel at the Bureau's expense are:

...

820.1.3 each such child for whom travel expenses have previously been paid by the Bureau, to the extent of the final one way passage either to join the staff member at the official station or to return to the country of the recognized place of residence within one year after ceasing to qualify as a dependant. The Organization's financial responsibility shall be limited to the cost of one way travel between the official station and the recognized place of residence. However, if a round trip to which the child may be entitled under Rule 820.2.5.2 is completed after the end of the scholastic year in which the child reaches the age of 21, this travel shall not be authorized;

820.1.4 a child entitled to the education grant under Rule 350.1.2, for purposes of travel under Rules 820.2.5.1, 820.2.5.2 and 820.2.5.5.

820.2 Except for staff members holding temporary appointments as defined in Rule 420.4, the Bureau shall pay the travel expenses of a staff member's spouse and dependent children as defined in Rule 820.1 under the following circumstances:

820.2.1 on appointment for a period of not less than one year, from the recognized place of residence or, at the option of the Bureau, the place of recruitment, to the official station, or from some other place, provided that the cost to the Bureau does not exceed that for the travel from the recognized place of residence, and subject to the requirement that in any case the spouse remains at the official station at least six months;

...

820.2.5 for a child for whom there is an entitlement to boarding under an education grant in accordance with Rule 350 for study outside the commuting distance of the duty station, provided Rule 655.4 does not apply:

...

820.2.5.3 return travel on home leave between the place of study and the place to which the staff member is authorized to travel under Rule 640.5 (provided that the cost to the Bureau is limited to the cost of return travel between the official station and the staff member's recognized place of residence) if:

- 1) the travel coincides with the staff member's travel on home leave;
- 2) the child is under the age of 21 years; and
- 3) the travel is reasonably timed in relation to other authorized travel under Rule 820;

820.2.5.4 the final one-way passage defined in Rule 820.1.3 within one year after ceasing to qualify for education grant under Rule 350.1.2, provided that such entitlement has not already been exercised under Rule 820.1.3. The Bureau's financial responsibility shall be limited to the cost of one-way travel between the official station and the recognized place of residence. However, if a round trip to which the child may be entitled under Rule 820.2.5.2 is completed after the child ceases to qualify for an education grant under Rule 350.1.2, this travel shall not be authorized;

855. RELOCATION SHIPMENT

855.1 Staff members holding a fixed-term or service appointment who are installed for at least one year at a duty station that is not their recognized place of residence are entitled to reimbursement, within established limits, for the cost of moving their household goods. Reimbursement is made when a staff member is assigned to a duty station (see Staff Rule 510.2) and when a staff member is separated from service, except as specified in Staff Rule 1010.2.

855.2 If both spouses are staff members of international organizations applying the common system of salaries and allowances, this entitlement shall be governed by terms and conditions set forth in the PAHO/WHO Manual.

860. FAILURE TO EXERCISE ENTITLEMENT

Any entitlement to repatriation travel or relocation shipment must be exercised within two years of the date of the staff member's separation.

870. EXPENSES ON DEATH

...

870.2 A deceased staff member's spouse and child(ren) shall be entitled to travel and relocation shipment to any place, provided that the Bureau had an obligation to repatriate them under Rule 820.2.7 and that the cost to the Bureau does not exceed that for travel and transportation to the deceased staff member's recognized place of residence. Entitlement to relocation shipment is determined by Rule 855.1.

1020. RETIREMENT

1020.1 Except as specified below, staff members must retire on the last day of the month in which they reach age 65.

1020.1.1 Staff members who became participants in the United Nations Joint Staff Pension Fund before 1 January 1990 may elect to retire on the last day of the month in which they reach age 60, or between the ages of 60 and 65, by giving at least three months' written notice of the elected date of retirement.

1020.1.2 Staff members who became participants in the United Nations Joint Staff Pension Fund between 1 January 1990 and 31 December 2013 inclusive may elect to retire on the last day of the month in which they reach age 62, or between the ages of 62 and 65, by giving at least three months' written notice of the elected date of retirement.

1020.1.3 Staff members shall not change their elected date of retirement once they have given three months' notice pursuant to Staff Rule 1020.1.1 or 1020.1.2.

1020.2 In exceptional circumstances, a staff member's appointment may be extended beyond the age of 65 provided that the extension is in the best interest of the Bureau and that no more than a one year extension is granted at a time and not beyond the staff member's 68th birthday.

(Seventh meeting, 29 June 2017)

CE160.R15: Sustainable Health Agenda for the Americas 2018-2030

THE 160th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Sustainable Health Agenda for the Americas 2018-2030: A call to action for health and well-being in the Region of the Americas* (Document CE160/14, Rev. 1);

Taking note of the decision reached at the meeting on 28 September 2016 among ministers and delegates of the Member States on the need to prepare a new Health Agenda for the Americas that expresses the shared vision of the countries for health development in the Region of the Americas;

Recognizing the importance of having a regional health agenda that responds both to the commitments of the 2030 Agenda for Sustainable Development in the regional context and to the priorities of the countries of the Region in continuing to advance toward the enjoyment of the highest attainable standard of health and well-being that can be achieved for all people;

Recognizing the effort and commitment of the 16 Member States of the Countries Working Group in preparing the Agenda through a participatory and inclusive process, as well as the leadership of the Ministry of Public Health of Ecuador, which chaired the group, and the Ministries of Health of Panama and Barbados, which served as vice-chairs, and the support of the Pan American Sanitary Bureau (PASB) in its role as Technical Secretariat,

RESOLVES:

To recommend to the 29th Pan American Sanitary Conference that it adopt a resolution along the following lines:

SUSTAINABLE HEALTH AGENDA FOR THE AMERICAS 2018-2030

THE 29th PAN AMERICAN SANITARY CONFERENCE,

Having considered the *Sustainable Health Agenda for the Americas 2018-2030: A call to action for health and well-being in the Region of the Americas* (Document CSP29/__);

Observing that the Sustainable Health Agenda constitutes the framework for policy and strategic planning on health in the Region of the Americas that will serve to guide PAHO's strategic plans and the national plans of the Member States;

Taking note that the health authorities of the Region have decided that this Agenda is a call for collective action to achieve higher standards of health and well-being in the new regional and global context, and that it represents the response of the health sector to the commitments made by PAHO's Member States in the 2030 Agenda for Sustainable Development and to the unfinished business of the Millennium Development Goals (MDGs) and the Health Agenda for the Americas 2008-2017, as well as the emerging regional challenges surrounding public health;

Recognizing that the Countries Working Group, made up of delegates of the ministries and secretariats of health of 16 Member States in representation of each subregion of the Hemisphere and with the support of the Pan American Sanitary Bureau in its role as Technical Secretariat, has worked intensely and has held consultations with the Member States on the subject in order to develop a proposal for the new Agenda in a participatory and inclusive manner,

RESOLVES:

1. To approve the *Sustainable Health Agenda for the Americas 2018-2030: A call to action for health and well-being in the Region of the Americas* (Document CSP29/__).
2. To thank the Countries Working Group, through its President, the Minister of Public Health of Ecuador, and its Vice Presidents, the Ministers of Health of Panama and Barbados, for its leadership and contributions to the development of the Agenda, and thank the Director for the important support lent by PASB in role as the Technical Secretariat for the Group.
3. To urge the Member States to:
 - a) use this Agenda as an important strategic input for health policy-making in their countries, as they deem appropriate;
 - b) determine the measures and resources necessary to achieve the Agenda's goals and to fully implement the Agenda, taking into account the specific context of each country, established priorities, and international obligations;

- c) exchange experiences and good practices, and promote partnerships aimed at achieving the targets and goals, in accordance with the principle of the Pan American solidarity;
 - d) make efforts to promote intersectoral governmental coordination and the participation of civil society organizations in order to ensure progress on the Agenda, while promoting accountability;
 - e) support and participate in monitoring, evaluation, and reporting, through standard mechanisms, on advances in their countries toward the achievement of the goals and targets of the Agenda.
4. To ask the Director to:
- a) use the Sustainable Health Agenda for the Americas 2018-2030 as the framework for the highest level of policy and strategic planning in the Region with a view to guiding the formulation of PAHO's future strategic plans;
 - b) establish that PAHO's strategic plans will be the instruments for implementing the new Agenda in the regional context and that efforts and strategies for cooperation between the Organization and the Member States will be guided by these strategic plans;
 - c) establish processes for defining the indicators for implementation, monitoring, evaluation, and reporting on the new Agenda, on the basis of currently existing systems within the Organization;
 - d) coordinate with the relevant entities of the Organization of American States (OAS) and the Economic Commission for Latin America and the Caribbean (ECLAC) in order to strengthen regional cooperation mechanisms in the implementation of this Agenda and the 2030 Agenda;
 - e) promote the dissemination of the new Agenda among international cooperation agencies and regional and subregional integration forums involved in health, with a view to achieving harmonization and synergies that foster contributions to the achievement of the Agenda's goals;
 - f) inform Member States about the implementation of the Agenda, including achievement of the targets set out herein, through periodic progress reports to PAHO's Governing Bodies.

(Seventh meeting, 29 June 2017)

Decisions

Decision CE160(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 CE160/1, Rev. 2).

(First meeting, 26 June 2017)

Decision CE160(D2): Representation of the Executive Committee at the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas

In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Argentina and Trinidad and Tobago, its President and Vice President, respectively, to represent the Committee at the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas. The Committee appointed Colombia and Panama as alternate representatives.

(Sixth meeting, 28 June 2017)

Decision CE160(D3): Plan of Action for the Strengthening of Vital Statistics 2017-2022

After reviewing the proposed plan of action for the strengthening of vital statistics, the Executive Committee decided that regional consultations should be convened in accordance with the roadmap proposed by the Bureau and endorsed by a working group of Member States, with the goal of presenting a revised version of the plan of action for the strengthening of vital statistics to the 29th Pan American Sanitary Conference in September 2017. The Committee also decided that a separate strategy and plan of action on information systems for health should be prepared for consideration by the Governing Bodies in 2018.

(Sixth meeting, 28 June 2017)

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

DONE in Washington, D.C., on this thirtieth day of June in the year two thousand seventeen. 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.

Dr. Rubén A. Nieto
President of the
160th Session of the Executive Committee
Delegate of Argentina

Dr. Carissa F. Etienne
Secretary ex officio of the
160th 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 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas
- 2.3 Draft Provisional Agenda of the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the 11th Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Health Services Management and Leadership (2017)
- 3.3 Report on the Implementation of the Framework of Engagement with non-State Actors
- 3.4 Non-State Actors in Official Relations with PAHO
- 3.5 Annual Report of the Ethics Office (2016)
- 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 Strategic Plan of the Pan American Health Organization 2014-2019: Proposed amendments
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4. PROGRAM POLICY MATTERS *(cont.)*

- 4.2 Proposed PAHO Program and Budget 2018-2019
- 4.3 New Scale of Assessed Contributions
- 4.4 Sustainable Health Agenda for the Americas 2018-2030
- 4.5 Policy on Ethnicity and Health
- 4.6 Plan of Action for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome Elimination in the Americas 2018-2023
- 4.7 Plan of Action for the Strengthening of Vital Statistics 2017-2022
- 4.8 Strategy on Human Resources for Universal Access to Health and Universal Health Coverage
- 4.9 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022

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 2016
- 5.3 Programming of the Revenue Surplus
- 5.4 After-service Health Insurance
- 5.5 Update on the Master Capital Investment Fund
- 5.6 Report of the Office of Internal Oversight and Evaluation Services
- 5.7 Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Regulations and Rules

6. PERSONNEL MATTERS (*cont.*)

6.2 PASB Staffing Statistics

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

7. MATTERS FOR INFORMATION

7.1 Update on WHO Reform

7.2 Process for the Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

7.3 Status of the PASB Management Information System (PMIS)

7.4 PAHO/WHO Collaborating Centers

7.5 Impact of Violence on the Health of the Populations in the Americas: Final Report

7.6 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report

7.7 Proposed 10-Year Regional Plan on Oral Health for the Americas: Final Report

7.8 Progress Reports on Technical Matters:

A. Plan of Action on Health in All Policies: Progress Report

B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

C. Plan of Action for Universal Access to Safe Blood: Midterm Review

D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons: Progress Report

E. Health and Human Rights: Progress Report

F. Plan of Action on Immunization: Midterm Review

7. MATTERS FOR INFORMATION (*cont.*)

7.8 Progress Reports on Technical Matters: (*cont.*)

- G. Strategy and Plan of Action on Epilepsy: Midterm Review
- H. Plan of Action on Mental Health: Midterm Review
- I. Plan of Action on Disabilities and Rehabilitation: Midterm Review
- J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review
- K. Cooperation for Health Development in the Americas: Progress Report
- L. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report
- M. Status of the Pan American Centers

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

- A. Seventieth World Health Assembly
- B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Official Documents

Off. Doc. 353 Financial Report of the Director and Report of the External Auditor for 2016

Working Documents

CE160/1, Rev. 2 Adoption of the Agenda and Program of Meetings

CE160/2 Representation of the Executive Committee at the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas

CE160/3, Rev. 1 Draft Provisional Agenda of the 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas

CE160/4 Report on the 11th Session of the Subcommittee on Program, Budget, and Administration

CE160/5 y Add. I PAHO Award for Health Services Management and Leadership (2017)

CE160/6 Report on the Implementation of the Framework of Engagement with non-State Actors

CE160/7 Non-State Actors in Official Relations with PAHO

CE160/8 Annual Report of the Ethics Office (2016)

CE160/9, Rev. 1 Report of the Audit Committee of PAHO

CE160/10 Appointment of One Member to the Audit Committee of PAHO

CE160/11 y Add. I Strategic Plan of the Pan American Health Organization 2014-2019: Proposed amendments

CE160/12, Add. I y II, Rev. 1 Proposed PAHO Program and Budget 2018-2019

Working Documents (*cont.*)

CE160/13, Rev. 1 y Add. I, Rev. 1	New Scale of Assessed Contributions
CE160/14, Rev. 1 y Add. I	Sustainable Health Agenda for the Americas 2018-2030
CE160/15	Policy on Ethnicity and Health
CE160/16	Plan of Action for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome Elimination in the Americas 2018-2023
CE160/17, Rev. 2	Plan of Action for the Strengthening of Vital Statistics 2017-2022
CE160/18	Strategy on Human Resources for Universal Access to Health and Universal Health Coverage
CE160/19	Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022
CE160/20 y Add. I	Report on the Collection of Assessed Contributions
CE160/21	Programming of the Revenue Surplus
CE160/22	After-service Health Insurance
CE160/23	Update on the Master Capital Investment Fund
CE160/24	Report of the Office of Internal Oversight and Evaluation Services
CE160/28	Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021
CE160/25	Amendments to the PASB Staff Regulations and Rules
CE160/26	PASB Staffing Statistics
CE160/27	Statement by the Representative of the PAHO/WHO Staff Association

Matters for Information

CE160/INF/1	Update on WHO Reform
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Matters for Information (*cont.*)

CE160/INF/2	Process for the Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
CE160/INF/3	Status of the PASB Management Information System (PMIS)
CE160/INF/4	PAHO/WHO Collaborating Centers
CE160/INF/5	Impact of Violence on the Health of the Populations in the Americas: Final Report
CE160/INF/6	Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report
CE160/INF/7	Proposed 10-Year Regional Plan on Oral Health for the Americas: Final Report
CE160/INF/8	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. Plan of Action on Health in All Policies: Progress ReportB. Chronic Kidney Disease in Agricultural Communities in Central America: Progress ReportC. Plan of Action for Universal Access to Safe Blood: Midterm ReviewD. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons: Progress ReportE. Health and Human Rights: Progress ReportF. Plan of Action on Immunization: Midterm ReviewG. Strategy and Plan of Action on Epilepsy: Midterm ReviewH. Plan of Action on Mental Health: Midterm ReviewI. Plan of Action on Disabilities and Rehabilitation: Midterm ReviewJ. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review

Matters for Information (*cont.*)

CE160/INF/8

Progress Reports on Technical Matters: (*cont.*)

- K. Cooperation for Health Development in the Americas:
Progress Report
- L. Review of the Charge Assessed on the Procurement of
Public Health Supplies for Member States:
Progress Report
- M. Status of the Pan American Centers

CE160/INF/9

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

- A. Seventieth World Health Assembly
- B. Subregional Organizations

Annex C

LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES

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Vice-President / Vicepresidente:	Dr. Vishwanath Partapsingh (Trinidad and Tobago)
Rapporteur / Relator:	Dra. Lucrecia Hernández Mack (Guatemala)

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Banco Mundial**

Dr. Fernando Lavandez

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN
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RELACIONES OFICIALES CON LA OPS**

**American Society for
Microbiology/Sociedad Americana de
Microbiología**

Dr. Prasad Kuduvalli

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

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Asociación Interamericana de Ingeniería
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**External Auditor, Court of Audit of
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Mr. Alfredo Campos Lacoba

**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

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Asesores de la Directora**

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Dr. Francisco Becerra
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Asesor Legal Senior, Oficina del Asesor
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Ms. Piedad Huerta
Senior Advisor, Governing Bodies Office
Asesora Principal, Oficina de los Cuerpos
Directivos

- - -