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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 154th 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 16 to 20 June 2014. The Session was attended by delegates of the following nine members of the Executive Committee elected by the Directing Council: Bahamas, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, and Paraguay. Representatives of the following other Member States, Participating States, and Observer States attended in an observer capacity: Argentina, Barbados, Colombia, France, Mexico, Peru, Spain, United States of America, and Venezuela (Bolivarian Republic of). In addition, one United Nations agency, one intergovernmental organization, and eight nongovernmental organizations were represented.

2. Dr. Jarbas Barbosa da Silva (Brazil, President of the Executive Committee) opened the session and welcomed participants. He noted with regret the recent passing of Dr. Ciro de Quadros, a leader in the field of immunization who had been at the forefront of regional efforts to eradicate poliomyelitis and other vaccine-preventable diseases. Rather than the traditional minute of silence, he asked the Committee to engage in a round of applause, which seemed a more fitting tribute to the life and work of Dr. de Quadros, a true public health hero.

3. The Committee rose for a sustained round of applause in memory of Dr. Ciro de Quadros.

4. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]), adding her welcome to participants, reported that, even while grappling with significant financial difficulties, the Bureau had made tangible progress on a number of policy, technical, and administrative matters since the Committee's June 2013 session. Moreover, the Organization as a whole had managed to sustain an exceptional level of performance, as evidenced by the assessment of the results achieved under the Strategic Plan 2008-2013, which showed that over 90% of the targets established for the period had been met. She highlighted some of the actions that the Bureau had taken to further regional efforts to achieve universal health coverage, ensure access to vaccines, assist countries in responding to disasters, and support Member States in confronting new challenges in areas such as tobacco control and regulation of food marketing. She also highlighted steps taken to track the Bureau's progress in implementing audit recommendations, implement the PASB Management Information System (PMIS), and boost resource mobilization.

5. She noted that the Committee would be discussing several important issues on which the recently concluded Sixty-seventh World Health Assembly had adopted decisions and resolutions with significant implications for Member States and the Bureau,

including health in the post-2015 development agenda and the framework for WHO's engagement with non-State actors.

6. The Committee would also be considering several important program policy items, including strategies on universal health coverage and health-related law and plans of action on mental health, prevention of obesity in children and adolescents, and disabilities and rehabilitation. She anticipated a rich discussion on all of those matters. She emphasized that the Bureau valued the guidance it received from Member States and looked forward to their continued active participation in the governance of the Organization.

Procedural Matters

Election of Officers

7. The following Members elected to office at the Committee's 153rd Session continued to serve in their respective capacities during the 154th Session:

<i>President:</i>	Brazil	(Dr. Jarbas Barbosa da Silva)
<i>Vice President:</i>	Canada	(Mr. Robert Shearer)
<i>Rapporteur:</i>	Chile	(Mr. Francisco Devia)

8. The Director served as Secretary ex officio, and Dr. Jon Kim Andrus (Deputy Director, PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE154/1, Rev. 2 and CE154/WP/1)

9. The Committee adopted the provisional agenda contained in Document CE154/1, Rev. 2 without change; the Committee also adopted a program of meetings (CE154/WP/1) (Decision CE154[D1]).

Representation of the Executive Committee at the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas (Document CE154/2)

10. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Brazil and Canada, its President and Vice President, respectively, to represent the Committee at the 53rd Directing Council, 66th Session of the Regional Committee of WHO for the Americas. Costa Rica and Paraguay were elected as alternate representatives (Decision CE154[D2]).

Provisional Agenda of the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas (Document CE154/3, Rev. 1 and Rev. 2)

11. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) presented the provisional agenda of the 53rd Directing Council, 66th Session of the Regional Committee of WHO for the Americas, contained in Document CE154/3, Rev. 1, noting that the Bureau would move the items on WHO strategic budget space allocation, the regional consultation on WHO's engagement with non-State actors, the post-2015 development agenda, and implementation of the International Health Regulations from Matters for Information to Program Policy Matters, as recommended by the Executive Committee during this session (see paragraphs 256 to 269, 277 to 290, and 311 to 317 below). The Bureau suggested that items 5.3, "Funding of PAHO After-service Health Insurance," and 8.6, "Report of the PAHO/WHO Advisory Committee on Health Research" be removed from the agenda and that reports on those two items be presented as part of the annual report of the President of the Executive Committee. The Committee might wish to treat some other items in the same manner.

12. In the discussion that followed, concern was expressed about the large number of substantive items on the agenda and the need to prioritize was stressed. Some delegates felt that there would be insufficient time to discuss so many items with the level of understanding and attention required, with several recalling that, as a result of an extraordinarily long agenda, the recently concluded Sixty-seventh World Health Assembly had not had time to discuss several important matters, despite extended working hours. Others were of the view that all of the Program Policy Matters were of great importance and must be discussed, even if that meant working from early in morning until late at night. The Bureau was requested to ensure that interpretation services would be available to accommodate extended hours. The Bureau was also asked to ensure that items requiring the adoption of a resolution or other action by the Directing Council were scheduled for discussion during the first three days of the week, when ministers of health were most likely to be present.

13. The Bureau was requested to include as a substantive item on the agenda a report on the PAHO Revolving Fund for Vaccine Procurement, as had been suggested during an informal briefing on the Fund. Support was expressed for the inclusion of the item on the post-2015 development agenda as a Program Policy Matter, but some delegates cautioned against the adoption of a resolution on the item, pointing out that a global resolution at been adopted at the Sixty-seventh World Health Assembly¹ and that the adoption of a regional resolution might create confusion. Other delegates considered that it was important to set out a clear regional position on the matter in the form of a resolution. It was requested that if a resolution was to be proposed, it should be circulated for consideration by Member States well in advance of the 53rd Directing Council. In view of the discussions under way within the WHO Working Group on Strategic Budget Space Allocation, it was considered preferable that that item remain an information item.

¹ Resolution WHA67.14 (2014).

14. Clarification was requested of the proposed approach to the regional consultation on WHO's engagement with non-State actors and of the procedure for completing the ongoing Member State consultations on the strategies on universal health coverage and health-related law and the plan of action on health in all policies in the interim before the Directing Council (see paragraphs 74 to 89, 134 to 145, and 163 to 176 below).

15. Ms. Huerta said that an informal meeting would be held immediately following the closure of the Committee's 154th Session to discuss the approach to be taken to the regional consultation on WHO's engagement with non-State actors. The Bureau intended to propose that the consultation take place by electronic means before the Directing Council. It would then draw up a document reflecting the views expressed during that consultation, which would form the basis for the Directing Council's discussion of the matter. In order to optimize the use of time, the round table discussion on the post-2015 development agenda might take place in a parallel session during the week of the Directing Council and then the outcome document of that session could be discussed in plenary by the Council. The Bureau would ensure that items requiring a decision were scheduled for discussion early in the week and would explore ways of streamlining the consideration of progress reports and other information items.

16. The Committee agreed that the items on the post-2015 development agenda and the International Health Regulations should be moved to Program Policy Matters and that an item on the Revolving Fund for Vaccine Procurement should also be added to that section of the agenda; that the items on WHO's engagement with non-State actors and strategic budget space allocation should remain under Matters for Information; and that items 5.3 and 8.6 would be removed from the agenda, as suggested by the Bureau. Those decisions are reflected in Document CE154/3, Rev. 2 and Resolution CE154.R18.

Committee Matters

Report on the Eighth Session of the Subcommittee on Program, Budget, and Administration (Document CE154/4)

17. Dr. Fenton Ferguson (Jamaica, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its Eighth Session on 19 and 20 March 2014. The Subcommittee had discussed a number of important financial, administrative, and program matters, including the outline of the final report on the PAHO Strategic Plan for 2008 to 2013 and the end-of-biennium assessment of the 2012-2013 program and budget, funding of after-service health insurance for retired PAHO staff, the Master Capital Investment Plan, and the project for modernization of the PASB Management Information System. The Subcommittee had also discussed WHO reform and recommended a candidate to replace an outgoing member of the Audit Committee. He noted that, as all of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, he would report on them as they were taken up by the Committee.

18. Members of the Executive Committee underlined the importance of the Subcommittee's work for the management of PAHO, applauded its contribution to integrity and transparency, and welcomed the flexibility and openness of its working methods. In relation to the Subcommittee's consideration of the admission of new nongovernmental organizations (NGOs) into official relations with PAHO, it was emphasized that any potential conflicts of interest must be identified and addressed.

19. The Director expressed gratitude to the members of the Subcommittee for their commitment and attention to detail in completing their work.

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

PAHO Award for Administration (2014) (Documents CE154/5 and CE154/5, Add. I)

21. Mr. Diogo Alves (Brazil) reported that the Award Committee of the PAHO Award for Administration (2014), consisting of representatives of Brazil, Chile, and Jamaica, had met on 18 June 2014. After reviewing the information on the award candidates nominated by Member States, the Award Committee had decided to confer the PAHO Award for Administration (2014) on Dr. Miguel Ángel Lezana Fernández, of Mexico, for his contributions to health services administration and medical education, as well as his leadership in the field of epidemiological surveillance and health information systems.

22. The Executive Committee congratulated Dr. Lezana Fernández and adopted Resolution CE154.R13, noting the decision of the Award Committee and transmitting its report (Document CE154/5, Add. I) to the 53rd Directing Council.

Nongovernmental Organizations in Official Relations with PAHO (Document CE154/6, Rev. 1)

23. Ms. Natalie St. Lawrence (Representative of the Subcommittee on Program, Budget, and Administration) reported that in accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee had held a closed meeting during its Eighth Session to consider the application of three nongovernmental organizations (NGOs) seeking to enter into official relations with PAHO and to review the status of three nongovernmental organizations currently in official relations with the Organization. The Subcommittee had recommended that the Executive Committee admit the American College of Health Care Executives; the American Speech Language Hearing Association; and the Consumers International Regional Office for Latin America and the Caribbean into official relations with PAHO for a period of four years and that it continue official relations between PAHO and the Latin American Federation of Clinical Biochemistry (COLABIOCI), the EMBARQ network for sustainable transport of the World Resources Institute, and the National Alliance for Hispanic Health, also for a period of four years. In the light of some concerns expressed during the closed meeting, the Subcommittee had

also recommended that the Bureau should provide the Executive Committee with updated information on the proposed four-year collaborative work plan with COLABIOCI.

24. Dr. Mauricio Pardón, (Acting Director, Department of External Relations, Resource Mobilization, and Partnerships, PASB) reported that the revised four-year collaborative plan submitted by COLABIOCLI had been reviewed favorably and accepted by the relevant technical departments within the Bureau. Therefore, the Executive Committee was asked to accept the Subcommittee's recommendation that official relations with the Federation be renewed. Dr. Jean-Marc Gabastou (Advisor in Public Health Laboratory Services, PASB) expressed the Bureau's satisfaction with its collaboration with COLABIOCLI over more than 20 years and said that the new plan was fully in line with the Organization's strategies.

25. Representatives of three of the nongovernmental organizations whose official relations with PAHO had been examined by the Subcommittee made brief statements on their collaboration with the Organization. The National Alliance for Hispanic Health, a network focused on improving the health and well-being of Hispanics in the United States of America through community-based action, advocacy, and research, looked forward to continuing its relationship with PAHO. The American Speech-Language-Hearing Association, representing professionals and students in the fields of speech-language pathology, audiology, and speech and hearing science, looked forward to working with PAHO in those areas. The American College of Health Care Executives had been working with PAHO staff and other international experts to develop a framework of competencies for health care managers. The resulting Global Healthcare Management Competency Directory would serve as an instrument for assessing the competencies needed for managers to lead their organizations and to promote the health care management profession within their own countries. Review by PASB had enhanced the directory by ensuring the inclusion of public health competencies.

26. A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) commented that the area of water, sanitation, and environment seemed to have been relegated to secondary priority within efforts to achieve universal health coverage. Millions of people in the Americas were still affected by lack of access to safe drinking water and sanitation services, diseases transmitted through water or by vectors that breed in water, inadequate solid waste disposal, and air pollution. More accurate information on the water and sanitation situation was required to develop goals, plans, and programs to meet existing needs. AIDIS would continue to collaborate with the relevant PAHO technical programs on those issues. He invited representatives of the Bureau and Member States to participate in the 34th Inter-American Congress on Sanitary and Environmental Engineering, to be held in November 2014 in Monterrey, Mexico.

27. The Director expressed gratitude to all the nongovernmental organizations in official relations with PAHO, noting that they were an important resource for enhancing the Organization's technical cooperation.

28. The Executive Committee adopted Resolution CE154.R8, endorsing the recommendations of the Subcommittee.

Annual Report of the Ethics Office (2013) (Document CE154/7)

29. Mr. Philip MacMillan (Manager, Ethics Office, PASB) presented an overview of the annual report of the Ethics Office, noting that the Office had responded to 85 consultations from staff on ethical issues; it had received 54 reports, 38 of them anonymous, about behavior that raised possible ethical concerns; and it had received 34 reports about theft or loss of PAHO property and fraud or attempted fraud by persons outside the Organization, with a total loss to PAHO of \$16,041.² In February 2013 the Office had issued a brochure entitled “Zero Tolerance for Fraud and Corruption,” to make it clear that all suspected cases would be investigated and the necessary disciplinary action taken. More detail on those matters could be found in the document.

30. Looking to the future, in 2014 the Ethics Office would implement a new disclosure program, including the administration of a declaration of interest questionnaire to selected staff. It would also issue a series of brochures, prepared in response to a suggestion by the Audit Committee, on conflicts of interest, outside employment and activities, and gifts and hospitality. The Ethics Office would continue to work with other members of PASB’s Integrity and Conflict Management System (ICMS) to improve the internal administration of justice system and to consider whether it would be beneficial to establish focal points in each country office and center.

31. The Executive Committee applauded the efforts of the Ethics Office to inculcate high ethical standards and a culture of accountability within the Organization. The large number of training events on ethical and acceptable behavior was welcomed. A delegate suggested that future reports should contain more information on why people stole or committed fraud and recommendations for strengthening internal controls to limit opportunities for theft or loss. She was pleased to hear of the high rate of use of the ethics hotline, but noted that anonymity might make the investigation process more complex; she also asked about the level of staff awareness of the protection against retaliation afforded to whistleblowers. Questions were also asked about the timetable for updating the Code of Ethical Principles and Conduct, the plan to create a policy on proper conduct in the workplace, and the human resources available to the Ethics Office.

32. Mr. MacMillan explained that the Ethics Office recorded and reported on any theft or loss reported to it, even if the loss was not financially significant, and pointed out that while the number of cases of fraud or theft had increased in 2014, the actual financial amounts lost had been minor. A large proportion of the cases related to loss or theft from points-of-sale of textbooks produced by the Expanded Textbook and Instructional Materials Program (PALTEX), and under the terms of their agreement with PAHO the points-of-sale were obliged to reimburse those amounts to the Organization.

² Unless otherwise indicated, all monetary values in this report are expressed in United States dollars.

33. He explained that anonymity was considered the best protection for those reporting cases of wrongdoing and noted that the Office was able to investigate cases and ask follow-up questions of persons who reported them while still maintaining their anonymity. He acknowledged that there might be a need to provide specialized training to managers on the PASB policy on protecting people who reported wrongdoing or cooperated in an investigation.

34. Updating the PAHO Code of Ethical Principles and Conduct, which had been in existence since 2006, would be a large undertaking, but the Office intended to make significant progress in the current year. As to other future actions, all of the tasks referred to in the report were expected to be completed in the course of 2014. With regard to human resources, since its launching in 2006 the Ethics Office had had a staff of two. The number had increased to three in 2014 with the services of a short-term professional. That made PAHO's Ethics Office comparatively small, both in relation to its dual advisory and investigative mandate and by comparison with other international organizations. In terms of budget, \$133,500 had been allocated in the preceding biennium; for 2015 the figure was \$90,000. The Office recognized the financial constraints facing the Organization, and was trying to do its part to adapt to them, but looked to management to support it by ensuring the resources needed to carry out its mandate. It was worth noting in that connection that an ethical environment was a cost-effective one.

35. The Director emphasized the importance of the work of the Ethics Office, agreeing that there was still work to be done on the continuing education of staff. It was a top-down exercise to create a culture of openness, tolerance, and respect and an understanding of what was acceptable behavior in a diverse working environment. Staff should be encouraged to speak openly without fear of reprisals, and should be made aware of the protections afforded by the Bureau to those who reported wrongdoing or dishonesty.

36. The Executive Committee noted the report.

Report of the Audit Committee of PAHO (Document CE154/8)

37. Ms. Amalia Lo Faso (President, Audit Committee of PAHO) summarized the content of the Audit Committee's report, drawing attention to the Committee's nine recommendations. She reported that the Audit Committee had reviewed the work of the External Auditor, concluding that it had been performed in a manner fully in line with the mandate assigned by the Directing Council and in accordance with professional standards. The Committee had reviewed various reports from the External Auditor and discussed them with the audit team as necessary. Like the External Auditor, the Audit Committee noted continuity and good reporting on PAHO's financial situation, particularly as expressed in the 2013 financial statements.

38. The Audit Committee was also satisfied with the internal audit activities provided through the Office of Internal Oversight and Evaluation Services (IES), noting in particular the good liaison with the office of the External Auditor, which avoided overlap.

The Audit Committee was pleased with the improved follow-up and implementation of Internal Oversight recommendations. While supporting the shift in the role of IES, from carrying out evaluations itself to acting as a focal point for evaluation standards and guidance, the Audit Committee considered that no significant evaluations or lessons learned had been submitted to senior management in 2013 and that more work was needed to build an evaluation culture throughout the Organization. Progress had also been slow in integrating risk management into the Organization's processes.

39. With regard to the *Mais Médicos* project between Brazil and Cuba, the Audit Committee had noted the progress made between the first and the second briefings it had received, but saw an ongoing need to monitor legal risks and develop a contingency plan for all reputational risks. The Audit Committee also considered that the very tight deadlines for the launch of the PASB Management Information System constituted a risk, the management of which would require continued managerial support and budgetary control. In the area of ethics and fraud, the Audit Committee urged the Ethics Office to complete as soon as possible the planned brochures on conflicts of interest and receipt of gifts and hospitality (see paragraph 30 above).

40. The Executive Committee welcomed the report and recommendations of the Audit Committee and urged the Bureau to implement them promptly. In particular, the Committee applauded the recommendation that greater efforts should be expended to create a culture of evaluation in the Organization. At the same time, clarification was requested of the practice regarding competition for appointments to the Audit Committee, which was addressed under recommendation 1. A delegate pointed out that in other international organizations the members of an audit committee were not generally involved in the process of selecting new members, as was envisaged in recommendation 1(c).

41. It was noted that the Revolving Fund for Vaccine Procurement had last been audited in 2009, and information was sought on how frequently such audits were carried out. A delegate inquired which office dealt with the ethical considerations of projects. Another delegate observed that as an environment of dwindling resources caused projects and programs to be cut further and further, there might eventually be nothing left to audit; in that context, the Organization needed to ask itself whether it was expending the right amount of resources on evaluation and audit—whether too much or too little.

42. The Delegate of Brazil welcomed the Audit Committee's attention to and recommendations on the *Mais Médicos* project. He was uncertain, however, about the recommendation that there should be an independent evaluation of the project. He affirmed that his Government would do its utmost to ensure transparency in the project, which was a highly visible initiative of great national importance.

43. Ms. Lo Faso said that in the case of a program or project of the importance and scale of *Mais Médicos*, the Audit Committee considered that it would be advantageous to all parties to have an independent evaluation involving external experts able to give dispassionate technical assessments. However, inputs from Brazil and Cuba would also

be welcomed. Concerning recommendation 1(c), it was considered best practice to consult the members of an existing audit committee about the appointment of new members, as they would have extensive knowledge of potential candidates. That was the practice at several international bodies on whose audit committees she served. She clarified that members of an audit committee should not be involved in decision-making, however, only in providing advice.

44. The Director explained that while significant evaluations were undertaken within PASB, covering various offices, entities, and programs, and while the Department of Program and Budget did ensure that an evaluation component was built into every program, plan of action, or project, what was lacking was leadership within the Office of Internal Oversight and Evaluation Services in guiding the actual performance of evaluations and ensuring that their findings were acted on. She undertook to ensure that steps were taken to address those shortcomings.

45. Assessing the ethical implications of projects was not solely the purview of the Ethics Office. The Regional Program on Bioethics shared responsibility for ensuring that all ethical considerations of a project were taken into consideration.

46. There was no provision regarding the frequency of auditing of the Revolving Fund, but an audit could be scheduled for 2015. She assured the Committee that she conferred regularly with the Internal Auditor about risk areas that had not been audited either externally or internally.

47. The audit team needed to be expanded, in particular to cover *Mais Médicos*. Nevertheless, even with its current audit resources, PASB was heavily audited, more so indeed than WHO. Moreover, while WHO tended to perform desk audits, PASB auditors, both internal and external, traveled to locations to audit on the spot, arguably giving them deeper insight into processes than was the case for WHO auditors.

48. Member States continued to ask the Bureau for greater accountability and transparency, and certainly it was necessary to ensure periodic audits of high-risk areas, but there was also a need to strike the right balance: the Member States wanted audits to ensure that their contributions were being well spent, but more expenditure on evaluations meant fewer resources for technical cooperation.

49. The Committee thanked the Audit Committee for its work and took note of its report.

Appointment of One Member to the Audit Committee of PAHO (Document CE154/9)

50. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the term of office of one of the original members appointed to the Audit Committee in 2009 would expire in June 2014 and that it would therefore be necessary for the Executive Committee to appoint a new member during its 154th Session. The Subcommittee had established a

working group consisting of representatives of Dominica, El Salvador, and the United States of America to review documentation on the three candidates identified by the Director in accordance with the Audit Committee's terms of reference. After hearing the report of the working group, the Subcommittee had decided to recommend that the Executive Committee appoint Mr. Nicholas Treen as a member of the Audit Committee for a three-year term. The Subcommittee had endorsed Mr. Werner Kiene as an alternate candidate for consideration.

51. The Executive Committee adopted Resolution CE154.R3, appointing Mr. Nicholas Treen to the Audit Committee for a term of three years, beginning in June 2014.

Program Policy Matters

Preliminary Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013 (Document CE154/10)

52. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration), reported that the Subcommittee had reviewed a proposed outline of the final assessment and report on the PAHO Strategic Plan 2008-2013 and the assessment of the 2012-2013 program and budget and had been informed of some of the preliminary results of the final assessment. The Subcommittee had endorsed the proposed format and approach to compiling the report. It had also suggested that the Bureau should undertake a qualitative analysis of the reasons for failure to achieve some results, examining in particular whether they related to insufficient funding, administrative or procedural obstacles, or difficulties encountered in implementation.

53. Mr. Daniel Walter (Director, Department of Program and Budget, PASB) introduced the final assessment report of the PAHO Strategic Plan 2008-2013. He explained that the report built on the two progress reports presented to the Governing Bodies at the end of the 2008-2009 and 2010-2011 bienniums and incorporated Member States' recommendations relating to those earlier reports, adding that the Strategic Plan 2008-2013 had been the first to be designed, implemented, and assessed in line with the PASB results-based management (RBM) framework. Its final assessment was a key component of the Organization's accountability to Member States. The assessment had pointed up important lessons that would contribute to further improvement in the effectiveness and measurability of PAHO's work.

54. The Executive Committee welcomed the important progress achieved under the 16 strategic objectives of the Strategic Plan 2008-2013, particularly on the reduction of HIV, tuberculosis, and malaria. Production of the report was seen as an important exercise that would allow the Bureau and the Member States to reflect on and learn from their successes and failures. It was pointed out that the report indicated that improvements were needed in frameworks for monitoring and evaluation, in keeping with the principles of transparency and accountability. As the factors that had contributed to non-achievement in various areas included poor-quality indicators and unrealistic targets,

the Bureau was encouraged to ensure that future indicators were meaningful, realistic, measurable, and related to the health outcomes of its activities. While significant progress in RBM had been made, delegates considered that key issues still needed attention in order to consolidate the approach across all levels of the organization; in particular, systematic documentation and application of lessons learned should be improved. Information was sought about the references in the report to the lack of an integrated corporate resource mobilization strategy and also about the concept of non-traditional partners.

55. It was acknowledged that, while the report revealed great progress in improving health, more action was required in order to address key goals of the Strategic Plan 2008-2013 that had not been fully met, notably the reduction of maternal mortality. In that connection, the need to strengthen integrated systems of health services; improve conditions of access, equity, and solidarity; and improve information systems was emphasized and the need to address deficiencies in disadvantaged urban areas as well as rural areas was highlighted. Delegates endorsed the view expressed in the report that to ensure adequate detection and management of public health emergencies of international concern, Member States, with Bureau support, must augment their national core capacities in line with IHR requirements. To ensure that the gains made during the period were sustainable, it was considered essential to strengthen national health systems to provide integrated and comprehensive health services particularly at local level where the need was greatest. It was also noted that even in the areas of major success, such as the reduction of vaccine-preventable diseases, work remained to be done, for example in ensuring even more affordable vaccine prices. Information was sought on the impact of free trade agreements on health and access to health resources in the Region.

56. Given the current fiscal constraints, the need for a realistic approach to defining programmatic priorities was underscored. It was also considered important for PASB to explore innovative and integrated approaches to country-level and regional technical cooperation. Delegates stressed the importance of continuing the discussions of resource allocation among WHO regions, based on more objective criteria for the Americas. It was emphasized that while the Region had achieved considerable success when compared to others, it should not be penalized for its success through a reduced allocation from WHO. At the same time, it was pointed out that countries must strive to maintain what had been achieved and demonstrate that they were making good use of the Region's resources. It was suggested that it might be helpful to provide an individual report to each Member State on its performance in achieving the Region-wide expected results in 2008-2013, to ensure that each country was fully aware of what it had achieved and the areas where additional progress was needed.

57. Mr. Walter, responding to the concerns about resource allocation and the unequal funding of program areas, said that the constraints resulted from the provision of highly earmarked contributions, giving the Bureau limited flexibility to move funds to priority areas. Nevertheless, as the report showed, three of the four highest priorities identified for 2008-2013 had seen an increase in funding over the period despite a declining budget.

The Bureau appreciated the advocacy of the Member States on its behalf to secure unearmarked funds.

58. The Bureau was building a new resource mobilization team and would be developing a new corporate strategy. With regard to non-traditional partners, he explained that PAHO, like WHO, was currently dependent on a few very large donors. Efforts would be made to reach out to donors beyond the traditional ones, which would involve raising the Organization's profile, in part through a new communications strategy.

59. In the interest of promoting equity, the Organization needed to ensure that the great progress it had made did not benefit only certain portions of the Region's population. That was an aspect addressed explicitly in the new Strategic Plan. He agreed with the comments on the need to ensure that the Region was not penalized for its success: there was still much to do, despite the success so far, and thus it was essential to ensure that the needs of the Region were known.

60. He acknowledged that enhancements were still needed in results-based management, which would entail being more focused and more selective about the work to be done. In terms of improving evaluation systems, the Strategic Plan 2014-2019 had fewer and higher-quality targets and indicators than the previous plan, thanks to the lessons learned in 2008-2013 and the work being done in the Countries Working Group (see paragraphs 66 to 73 below). The lessons learned were outlined in Annex A of the report. One lesson was that a balanced approach was needed to ensure that targets were attainable and yet ambitious enough to motivate action toward the needed outcomes. The Bureau had applied those lessons to the development of the current Strategic Plan and workplans.

61. Noting that both the Bureau and Member States were responsible for the outcomes and impacts of any strategic plan, the Director affirmed said that it was important to incorporate in the 2014-2019 Strategic Plan all the lessons learned in previous periods. The greatest challenge in relation to many of the health issues facing the Region was inequity. She agreed that vulnerable populations were not found only in rural areas; many lived in the growing cities of the Region. The Bureau intended to work with the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) to identify such populations. Indeed, the whole question of how to address access to health care and social determinants of health for vulnerable populations would be an important part of the Bureau's work in the current period. The needs of the priority countries, especially Haiti, would be a particular focus, and a specific interprogrammatic approach to address those needs would be developed.

62. The lack of success in reducing maternal deaths was a major concern. As maternal mortality was often associated with shortcomings with regard to environmental and social determinants of health, including a lack of access to adequate health services, it would be very important to work at the local level to strengthen health services and develop integrated service networks. The plan of action on access to safe blood (see paragraphs

90 to 101 below) should also help, given that a major cause of maternal death was hemorrhage. Progress by Member States towards universal health coverage would also help. Improvement of information systems must also be a priority in order to ensure that figures reported were accurate. It was possible that the non-attainment of some targets and indicators under the Strategic Plan 2008-2013 had been the result of inadequate information.

63. To be successful at raising resources, PAHO must be able to tell its story effectively. To that end, a new communications strategy was under development, staffing of the communications unit was being upgraded, and steps were being taken to address a lack of coordination among various departments dealing with resource mobilization. The Bureau was also working closely with the PAHO Foundation (formerly the Pan American Health and Education Foundation, PAHEF) to step up the mobilization of resources and, through the PAHO/WHO Representatives, was also exploring ways of mobilizing resources at the national level.

64. Regarding the impact of free trade agreements on health in the Region, if Member States wished, a report could be prepared for future consideration by the Governing Bodies.

65. The Executive Committee took note of the report.

PAHO Strategic Plan 2014-2019 Amended (Draft) (Document CE154/11)

66. Mr. Alberto Kleiman (Brazil, Chair of the Countries Working Group) recalled that the Strategic Plan 2014-2019 had been the outcome of a broad collaboration between Member States and the Bureau. More than 1,100 health professionals from 48 countries had contributed to its development, which had reinforced the principle of shared responsibility for monitoring and evaluation of the Plan's outcomes and impacts. The work within the Countries Working Group, which was charged with completing a compendium of indicators for the Strategic Plan and recommending a method for joint monitoring and evaluation of the Plan, was providing the opportunity for additional high-level discussion that would further enhance the Plan and increase its sustainability.

67. The Group's work was proceeding in a participatory and transparent manner on the basis of technical specifications prepared by the Bureau. To date, the Working Group had not eliminated any indicators, although some modifications had been suggested. In addition to compiling the compendium of indicators, the Working Group had been tasked with reviewing the methodology for stratification of programmatic priorities under the Strategic Plan and making recommendations for improvement. That work had been entrusted to a technical subgroup. While some of the baselines and targets might need to be adjusted later on, he was confident that the Working Group would be ready to present a set of outcome and impact indicators, together with the results of its review of the programmatic priority stratification methodology, for consideration by the 53rd Directing Council.

68. Mr. Daniel Walter (Director, Department of Program and Budget, PASB) said that the members of the Working Group possessed exactly the technical expertise and experience required to refine the Strategic Plan indicators and thanked them for their extraordinary commitment to that work. He noted that the Group would hold a virtual meeting in June 2014 and then a last face-to-face meeting in July to finalize its recommendations to the Directing Council.

69. The Executive Committee expressed appreciation to the Working Group for its efforts and to the Government of Brazil for its role as Chair. As implementation of the Strategic Plan 2014-2019 had already begun, it was considered essential to complete the work on the compendium of indicators prior to the 53rd Directing Council, although it was recognized that additional time might be needed subsequently to finalize the baselines and targets, a process that would require consultation with national authorities. It was requested that a preliminary report on the indicators be made available in August so that Member States that had not taken part in the Working Group consultations could review them before they were submitted to the Directing Council. The need for accurate baselines in order to measure progress was stressed, and clarification was sought on how the baselines and targets would be validated.

70. The importance of applying the lessons learned from the assessment of the Strategic Plan 2008-2013 (see paragraphs 52 to 65 above) was again highlighted, as was the need to prioritize the objectives that had not been met under that Plan. Continued work to reduce maternal and infant mortality was seen as especially important, particularly where the relevant Millennium Development Goal targets would not be achieved.

71. Mr. Walter said that the compendium of indicators would be completed in July and that the Bureau would then produce a preliminary report on the indicators and circulate it to Member States in August. It would also strive to ensure that the baselines and targets were validated before the Directing Council; however, as had been noted, validation would require consultation with national authorities, and it was important not to rush the process.

72. The Director thanked Member States for their sustained participation in the process of developing and refining the Strategic Plan. In her view, their exemplary involvement was a best practice that other regions and WHO Headquarters would do well to emulate.

73. The Executive Committee adopted Resolution CE154.R15, recommending that the Directing Council approve the Strategic Plan 2014-2019 Amended, including the indicators as revised by the Countries Working Group.

Strategy for Universal Health Coverage (Document CE154/12)

74. Dr. Francisco Becerra Posada (Assistant Director, PASB) introduced this item and the items on health in all policies and health-related law (see paragraphs 134 to 145 and

163 to 176 below), noting that the three topics were closely related and that the respective policy documents were intended to complement one another. Universal health coverage was an overarching goal of health systems aimed at protecting the right to the highest attainable standard of health and ensuring equitable access to quality health services throughout the life course without undue financial hardship. The achievement of universal health coverage called for intersectoral policies and interventions to address social and environmental determinants of health. The proposed plan of action on health in all policies set out clear lines of action for promoting multisectoral collaboration and participation, accountability, and long-term commitment on the part of national policy-makers to tackle health determinants and inequities.

75. The achievement of universal health coverage also called for the formulation, implementation, revision, and/or reform of laws and regulations. The proposed strategy on health-related law identified the objectives and activities needed to put in place a legal framework for protecting the right to the highest attainable standard of health and other related human rights, especially for the most vulnerable groups. Together, the approaches proposed in the three documents would contribute to the Region's vision and commitment with regard to the elimination of health inequities, as expressed in the Strategic Plan 2014-2019 and in numerous resolutions adopted by the Governing Bodies in recent years.

76. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the proposed strategy for universal health coverage had been developed at the request of the 52nd Directing Council and noted that it remained a draft which was still the subject of consultations with Member States. He observed that while the Region had made significant improvements in economic and social development over the last 30 years, major disparities in income distribution persisted. Those disparities were reflected in inequities in access to health services and in health outcomes. While a strong political commitment to address health needs existed, Member States often faced challenges in translating that commitment into the delivery of services. The situation was complicated by the emergence of new epidemiological and demographic patterns, escalating health care costs, and limited capacity for intersectoral action to address social determinants of health.

77. The Bureau had been asked to develop a proposal that would support countries in grappling with those challenges and moving towards the progressive realization of universal health coverage. The proposed strategy put forward a holistic vision of universal health coverage that was firmly based on the values of the right to health, equity, solidarity, and intersectoral action to address health determinants and promote health and well-being. The strategy and its four interdependent strategic lines were rooted in existing global and regional mandates, particularly the Health Agenda for the Americas, the outcome document of the United Nations Conference on Sustainable Development (Rio+20 Conference), and United Nations General Assembly Resolution 67/81. The strategy was also closely linked to the discussions on health in the post-2015 development agenda (see paragraphs 277 to 290 below).

78. To facilitate the ongoing process of consultation on the strategy, it was suggested that the Committee should form a working group to collaborate with the Bureau in refining the document. National consultations on the strategy were also planned or had already been completed. The Bureau would consolidate all the input received in order to finalize the proposed strategy for presentation to the 53rd Directing Council.

79. The Executive Committee welcomed the proposed strategy as a sound basis for future work on the topic and acknowledged the close linkage between universal health coverage, health in all policies, and health-related law. The Committee was pleased that the strategy and the proposed resolution contained in Document CE154/12 recognized that each country must define its own path toward universal health coverage, taking into account its social, economic, political, legal, and historical context. It was felt, however, that countries' domestic priorities and current and future health challenges also had to be taken into account. It was emphasized that while PAHO could play an advocacy role and provide technical support, achieving universal health coverage was a responsibility of national governments.

80. The Committee considered that clarification of some of the terminology and concepts used in the document was needed, starting with the concept of universal health coverage itself. It was pointed out that there was still no commonly agreed understanding of what universal health coverage meant for each country and region; it was hoped that the ongoing discussions on the strategy would help to clarify the concept. At the same time, it was noted that United Nations General Assembly Resolution 67/81 contained an internationally negotiated definition, which had been endorsed by the 67th World Health Assembly in its Resolution WHA67.14, and it was suggested that that definition should appear in both the strategy and the proposed resolution. It was also requested that the language in the strategy and resolution be brought into line with that of the WHO Constitution, which did not recognize the right to health per se, but rather the right to the enjoyment of the highest attainable standard of health.

81. The strategy's focus on action across sectors to address health determinants was applauded, but it was suggested that the terms "intersectoral" and "interinstitutional" should be replaced with "multisectoral" for consistency with language already negotiated and adopted in other international forums. It was pointed out that addressing health determinants implied more than simply the provision of services; it also required a public health and social protection approach. Delegates expressed general support for increases in public spending on health, tax-funded financing models, and elimination of out-of-pocket costs as means of expanding access to health services. However, increasing public expenditure on health to at least 6% of GDP, as called for in paragraph 2(g) of the proposed resolution, was considered unfeasible for some countries, as was the complete elimination of direct payment at the point of service, recommended in paragraph 2(h).

82. It was suggested that the vulnerable groups to be targeted by the strategy should be specified and should explicitly include lesbian, gay, bisexual, transgender, and intersex persons; migrants; persons deprived of their freedom; adolescents and young people; and children. Several delegates emphasized that the strategy should not promote

access to a minimum or basic package of health services, which would imply a limitation or rationing of coverage, whereas the aim of universal health coverage was to maximize access to comprehensive services. One delegate suggested that the language used in paragraph 10 of United Nations General Assembly Resolution 67/81 should be substituted for the references to a universal package of legally guaranteed services. The importance of regulating private-sector provision of health services and health insurance was highlighted.

83. The need for indicators, targets, and timelines to measure progress and success in implementing the strategy was recognized, and it was emphasized that there should be indicators to measure and evaluate action taken on social determinants of health. It was also considered important to align the indicators with the indicators of WHO and the World Bank relating to universal health coverage. However, the need for a monitoring and evaluation system to measure progress towards universal health coverage, as called for in paragraph 3(c) of the proposed resolution, was questioned, since the Strategic Plan 2014-2019 already contained a set of indicators for that purpose. It was suggested that the Countries Working Group (see paragraphs 66 to 73 above) should be consulted on the matter.

84. A number of specific amendments to the strategy and proposed resolution were suggested, with various delegates indicating that they would submit additional suggestions in writing. The Committee therefore decided to form a working group to revise the proposed resolution and subsequently to continue working with the Bureau to finalize the strategy for presentation to the 53rd Directing Council.

85. Dr. Fitzgerald said that the Committee's comments would be extremely useful for the further development of the strategy. He had identified three main issues that needed to be addressed. One was clarification of the concept of universal health care. He reiterated that the Bureau had attempted to present a holistic vision of universal health coverage based on the Region's long tradition of working towards the principles of the right to the highest attainable standard of health, universality, solidarity, and equity. It would continue dialoguing with Member States in order to arrive at a common understanding of what the concept meant for the countries of the Region.

86. The idea of each country finding its own way and of progressive realization of universal health coverage was crucial. It was not expected, for example, that countries would be able to increase health financing to 6% of GDP overnight, but rather that they would strive to increase the amount gradually. The 6% figure had been included as a long-range objective because there was evidence that countries whose spending was close to that level generally had the necessary conditions in place to allow them to move towards universal health coverage.

87. It had never been the Bureau's intention to promote the idea of a basic or minimum package of services. The aim was to ensure universal access to high-quality health services that responded to the needs of the population. The problem might be one

of the terminology used to express that concept in the Organization's various working languages. The Bureau would work with Member States to clarify the idea.

88. The Director, noting that the countries of the Region were clearly fully committed to the achievement of universal health coverage, affirmed that the ultimate goal was to ensure that all people had access to everything they needed to attain the highest standard of health. That meant addressing social determinants of health and ensuring access to integrated, comprehensive, high-quality services without any out-of-pocket payments. Obviously, not all countries could afford such comprehensive coverage in the short term, and in such cases it might be advisable to define an essential package of services to which the population would have guaranteed access, with the understanding that the country would continue working to expand coverage as part of a process of progressive realization of universal health coverage.

89. The Committee adopted Resolution CE154.R17, which reflected numerous amendments introduced by the working group. It was agreed that consultations would continue in the period before the 53rd Directing Council and that the Bureau would revise the strategy on the basis of the input received from Member States. If necessary in order to reach consensus, a special session of the Executive Committee might be convened.

Plan of Action for Universal Access to Safe Blood (Document CE154/13)

90. Dr. James Fitzgerald (Department Director, Health Systems and Services, PASB), noting that the proposed plan of action had been developed in consultation with national blood programs in the Region, said that the plan's goal was to promote universal access to safe blood in order to save lives and improve the health of patients who needed blood transfusions. The plan would cover the period 2014-2019. It comprised four strategic lines of action: effective sustainable integration of national blood programs and services into national health systems; self-sufficiency in blood supply through 100% voluntary non-remunerated blood donation; strengthening of quality management; and health surveillance, hemovigilance, risk management, monitoring, and evaluation.

91. It was expected that the plan would contribute to a reduction in the number of maternal deaths, since hemorrhage during delivery presently accounted for 21% of such deaths in Latin America and the Caribbean. It would also reduce transfusion patients' exposure to infections such as HIV and hepatitis B and C. Moreover, strengthening the availability, accessibility, and safety of blood and blood products would help to foster achievement of universal health coverage.

92. The Committee thanked the Bureau for ensuring continued attention to the important subject of blood access and safety and praised the participatory process used to develop the plan of action. It was suggested that policies and decision-making for blood safety and availability should take into account ethical considerations, cost-efficiency and cost-benefit analysis, and rational use of blood products in an assessment of national needs. The sharing of national and international data was considered critical for decision-making about national policies on blood safety and availability.

93. A question was raised as to the reason for the time gap between the proposed plan for 2014-2019 and the previous Plan of Action for Transfusion Safety, which had covered the period 2006-2010.³ It was noted that there was also a difference in timeframe between the PAHO plan and the WHO Global Strategic Plan for Universal Access to Safe Blood Transfusion 2008-2015. The importance of alignment between the global and regional plans, as well as between the Plan of Action for Universal Access to Safe Blood and the PAHO Strategic Plan, was stressed. It was pointed out that the report on financial and administrative implications of the proposed resolution contained in Document CD154/13 did not explain how much of the projected \$8 million cost could be subsumed under existing programmed activities or how PAHO would cover the cost of implementing the plan.

94. Several delegates cited issues that they felt had not received sufficient attention in the document. One was the immunological safety of blood, which encompassed considerations in addition to screening for infectious agents in blood for transfusion. Another was the rational use of blood; while the document mentioned appropriate use of blood and blood products, rational use included processing blood into therapeutic products and components in order to ensure the most efficient and effective use of donated blood and reduce blood wastage. Another issue was the need for traceability of donations and of the blood components used so that when an adverse outcome occurred in a recipient, the origin of the problem could be found. One delegate expressed the view that the strategic lines of action did not place enough emphasis on access to blood, despite the direct link between increased access and reduced maternal deaths.

95. Noting that the document reported that all the countries in Latin America had national blood legislation but only four countries in the Caribbean had a legal framework for blood services, the Delegate of the Bahamas requested that the plan offer suggestions on how to address that situation. She also requested technical guidance on how to minimize blood wastage, which was a particular problem in the Caribbean.

96. Dr. Fitzgerald explained that an evaluation of progress under the Plan of Action for Transfusion Safety 2006-2010 had been carried out by independent consultants in 2011 and that the consultation process to develop the new plan had begun in 2012. The Bureau had believed that the new plan of action was not sufficiently complete to be presented to the Governing Bodies in 2013. Therefore, the period covered by the new plan did not start until 2014.

97. Feedback received from the 51st Directing Council on the outcomes of the evaluation of the previous plan had indicated that the next plan of action should focus on strengthening integration between blood services and health systems. The health systems approach might explain why some of the issues mentioned by the delegates were not addressed. Those issues and delegates' other suggestions for improving the usefulness of the document would be taken into account in revising it for the Directing Council.

³ See Document CD46/16 and Resolution CD46.R5 (2005).

98. The Director agreed that objectives on the rational use of blood and blood products and traceability should be incorporated into the document. It was important to begin to work with more Member States on the processing of blood into blood products in order to extend the utility of donated blood and alleviate the significant wastage of unused blood. Likewise, she agreed on the need to highlight access to safe blood as an important factor in meeting Millennium Development Goal 5 on the reduction of maternal mortality.

99. The Committee reviewed a revised resolution that incorporated amendments proposed during the discussion. Some delegations objected to wording in paragraph 2(a) that would call on Member States to promote rather than ensure universal access to blood and blood products, with those who favored “ensure” stressing that access to safe blood must be guaranteed, while those who favored “promote” argued that where blood systems relied on voluntary donation, Governments could not be expected to guarantee access. The Committee eventually agreed to revise the paragraph to read “advance toward ensuring universal access.”

100. Several delegates objected to a proposal to remove the phrase “to prevent the sale of blood and resulting profiteering” from paragraph 2(b)(i), because the sale of blood and blood products was prohibited by law in their countries. The Delegate of Canada explained that her delegation had proposed that change because compensation of donors of plasma collected for the purposes of manufacturing pharmaceutical drugs was currently allowed in all but one province of Canada. The Committee agreed to compromise wording that kept the phrase but added the clarification “except where national law so allows.” Likewise, concern was expressed about a wording change in operative paragraph 2(c), namely, that remunerated and family/replacement donations for transfusion be discouraged “except in limited circumstances of medical necessity.” Since payment for blood donations in any circumstance was prohibited in some Member States, the wording was revised to “except where protected by national regulations.”

101. The Committee adopted Resolution CE154.R16, recommending that the Directing Council approve the Plan of Action for Universal Access to Safe Blood.

Plan of Action on Disabilities and Rehabilitation (Document CE154/14)

102. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced document CE154/14, commending those Member States that had contributed to advancing the agenda regarding disabilities and to promoting quality health care and social protection practices, especially for persons with severe disabilities. Of the 140 million people with disability living in the Americas, only 3% had access to rehabilitation services. Those with severe disability were highly dependent on other people to help them perform essential activities. The prevalence of disabilities was growing, due to population aging and the global rise in chronic diseases, violence, accidents of all types, and the use and abuse of alcohol and illicit substances, and was higher in low-income countries. As noted in the WHO World Report on Disability, people with disabilities had worse health outcomes than those without. In

addition, disability was a human rights issue, since people with disabilities often faced stigmatization and discrimination.

103. A regional consultation process had taken place in January and February 2014, which had included Member States, experts from the PAHO/WHO collaborating centers, selected academic institutions, and nongovernmental organizations. The proposed regional plan of action was based on the experiences of the Region and incorporated many of the comments received during the regional consultations. It was aligned with the WHO Global Action Plan on Disability,⁴ the United Nations Convention on the Rights of Persons with Disabilities, the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons With Disabilities, the recommendations of the United Nations High-level Meeting on Disability and Development, and the PAHO Strategic Plan 2014-2019. It comprised three strategic lines designed to lead to the necessary interventions to improve health, functioning, and quality of life for people with disabilities and their families. The plan would also contribute to the achievement of the targets under category 2 of the PAHO Strategic Plan.

104. The Executive Committee generally supported the proposed plan of action, which reflected the WHO vision of a world in which people with disability enjoyed the highest attainable standard of health. Several delegates described their country's programs and initiatives to promote the inclusion and full societal participation of people with disabilities. Some described national consultations on the issue, additional to the regional consultation mentioned. Several delegates commended the leadership of Ecuador in bringing the matter forward for the Executive Committee's consideration.

105. Committee members welcomed the plan's attention to the need to address the scarcity of public services for persons with disabilities and the inadequacy of the supply of assistive technical devices to them, as well as the stigma, prejudice, and human rights infringements which those persons faced. It was considered that the plan showed a way forward for improving health systems and deepening the intersectoral dialogue needed in countries. The need for an intersectoral approach and coordination, particularly in relation to Strategic Line 1, was emphasized.

106. Several changes to the plan and to the proposed resolution contained in Document CE154/14 were suggested to give a more positive cast to the language, strengthen the message, or clarify some of the concepts used. In particular, it was suggested that the plan should make more mention of successful experiences and best practices in countries of the Region and that a network for the exchange of experiences on disability and rehabilitation might be created. It was also suggested that there should be a greater number of indicators in order to allow a comprehensive evaluation of the degree of achievement of the objectives proposed. The inclusion of indicators that related to improved health outcomes for persons with disabilities was considered especially important.

⁴ See WHO Document A67/16 and Resolution WHA67.7 (2014).

107. It was suggested that it might be advisable to include in the plan of action a list of possible causes of disabilities and to identify those which should be prioritized, either because of the greater vulnerability that they caused or because interventions against them were particularly cost-effective. It was also considered important to recognize the work being done by means of networks and to promote the work of the WHO/PAHO collaborating centers. Several delegates indicated that they would submit additional suggested changes to the Bureau in writing.

108. It was pointed out that some of the baseline data presented were inaccurate, such as in indicator 1.1.1, which asserted that no countries had implemented relevant disability and rehabilitation plans. It was suggested that indicator 3.2.1 should additionally call for data to be disaggregated by type of disability.

109. One delegate observed that countries such as his that had signed but not ratified the Convention on the Rights of Persons with Disabilities might find it problematic to implement some aspects of the plan and suggested that it should be made clear that such countries were encouraged to implement the principles contained in the Convention.

110. Dr. Hennis said that the Bureau deeply appreciated the interest of Member States in the topic and would carefully review and incorporate where possible all the suggestions made, in particular those on language and indicators.

111. The Director agreed that it was important to ensure that the plan's indicators were meaningful, particularly those that related to outcomes and effects on the lives of persons who lived with disabilities. The Bureau would work with Member States to identify more sensitive indicators.

112. The Executive Committee adopted Resolution CE154.R5, recommending that the Directing Council approve the plan of action.

Plan of Action on Mental Health (Document CE154/15)

113. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced the proposed plan of action, noting that it would cover the six-year period 2015-2020 and would serve to update the Plan of Action on Mental Health adopted in 2009 by the 49th Directing Council⁵ and to align it with the PAHO Strategic Plan 2014-2019 and the Comprehensive Mental Health Action Plan 2013-2020 approved by the Sixty-sixth World Health Assembly.⁶ The plan of action emphasized the need for a comprehensive approach to health that recognized the linkage between physical and mental health. It sought to address the treatment gap among patients with mental disorders, which was more than 70% in some countries owing to insufficient and inequitably distributed resources, compounded by the stigma and discrimination associated with mental health problems.

⁵ See Document CD49/11 and Resolution CD49.R17 (2009).

⁶ Resolution WHA66.8 (2013).

114. The four main lines of action of the plan were: development and implementation of mental health policies, plans, and laws; improvement in the response capacity of mental health services; preparation and implementation of promotion and prevention programs in mental health and alcohol and substance abuse; and strengthening of information systems, scientific evidence, and research in the mental health area. In view of the markedly different situations that existed among the Region's countries and even within countries, implementation of the plan needed to be flexible, and expected results and indicators should be adjusted as appropriate to the social and cultural context of each country.

115. During a consultation process carried out in January and February 2014, the plan had been received favorably by reviewers who included representatives of Member States, expert groups, PAHO/WHO collaborating centers, and selected academic institutions and nongovernmental organizations. Many of the comments and suggestions received had been incorporated into Document CE154/15.

116. The Executive Committee expressed its overall support for the vision and lines of action of the plan. However, it was suggested that some topics deserved greater emphasis or more detailed discussion. One such topic mentioned by several delegates was rehabilitation and social reintegration, for which no indicators were included in the plan. It was considered that prevention, timely diagnosis, and the integration of mental health services into primary health care should also be emphasized and that it should be made clear that all aspects of the plan applied to the full spectrum of mental health issues, including alcohol and substance use. Several delegates indicated that they would submit additional textual revisions in writing to the Bureau.

117. Likewise, the proposed resolution included in Document CE154/15 was generally supported, but some amendments were offered. One delegate suggested that the word "outpatient" should not be used in paragraph 2(e), since it carried the connotation of medical treatment as opposed to community-based mental health services. In addition, it was considered important to state explicitly that Member States had the flexibility to implement activities in ways that were appropriate to their national context.

118. Dr. Hennis thanked the Committee for its support of the plan and assured delegates that their suggestions had been noted and would be taken into account in revising the document.

119. The proposed resolution on this item (contained in Annex A of Document CE154/15) was amended to incorporate comments made in the Committee's discussion or submitted in writing and was adopted as Resolution CE154.R12.

Plan of Action for the Prevention of Obesity in Children and Adolescents (Document CE154/16, Rev. 1)

120. Dr. Chessa Lutter (Regional Advisor on Food and Nutrition, PASB), introducing the plan of action, noted that the prevalence of overweight and obesity was higher in the

Americas than in any other WHO Region, and that rates among children and adolescents were rising rapidly. Obesity in childhood or adolescence could have an enormous impact on mental and physical health both during that period and later in life. Obesity also reduced productivity and jeopardized economic development, and the cost of treating it was high and unsustainable. The problem was being exacerbated by an obesogenic environment that encouraged high intake of energy-dense, nutrient-poor snacks, fast foods, and sugar-sweetened beverages and discouraged physical activity.

121. It was time for PAHO to take leadership on the issue by unifying current and future national efforts into a coherent and systematic regional response, providing political support and technical cooperation to Member States, and promoting evidence-informed policies and programs. The proposed five-year plan of action aimed to halt the obesity epidemic at current rates. It was a public health plan with a life-course approach that focused on protection, prevention, and improvement of the environment. The plan linked directly to PAHO's Plan of Action for the Prevention and Control of Noncommunicable Diseases⁷ and its Strategic Plan 2014-2019 and to the proposed strategy on health-related law (see paragraphs 163 to 176 below).

122. By approving the plan, countries would accept responsibility for achieving a number of objectives, such as implementing preschool and school feeding programs in line with the guidelines proposed by PAHO, developing and implementing educational strategies to support new school food policies, and including daily physical activity in school activities. The Bureau would support countries in achieving the objectives through, for example, technical cooperation for the adoption of indicators of obesity and regional guidelines for content of salt, sugar, and fats in foods and beverages; development of guidelines for preschool and school feeding programs and for foods and beverages sold in schools; maintenance of an updated database on nutritional trends; and monitoring of activities related to the implementation of policies, laws, and programs.

123. The Executive Committee acknowledged the seriousness of the problem of child and adolescent overweight and obesity and welcomed PAHO's attention to it. The need for urgent action was recognized, but a phased approach was considered necessary in order to allow for implementation at a manageable pace. An integrated intersectoral approach was also deemed essential, as much of the action needed—particularly with regard to legislative and regulatory measures—would fall outside the direct purview of the health sector. It was pointed out that Member States' policies and approaches would be shaped by their national contexts and the importance of flexibility, adaptability, and country-led priority-setting was highlighted. The need for balance in the plan was noted, including balance between healthy eating and physical activity and balance between whole-of-government interventions that were internal to governments and an inclusive all-of-society approach involving multiple stakeholders and sectors. The linkage between this plan and the proposed plan of action on health in all policies was noted (see paragraphs 134 to 145 below).

⁷ See Document CD52/13, Rev.1 and Resolution CD52.R9 (2013).

124. It was stressed that the plan must be aligned with related global and regional plans and initiatives, including those on noncommunicable diseases and maternal, infant, and young child nutrition. Alignment of the plan's indicators and of measurement and reporting with existing global and regional frameworks was also considered important in order to reduce the reporting burden on Member States. It was pointed out that the plan should also be flexible enough to accommodate the recommendations of an ad hoc Working Group on Science and Evidence for Ending Childhood Obesity, which was being convened by the WHO Director-General with a view to establishing a global consensus on the evidence and gathering the best possible advice on dealing with the crisis of childhood obesity.

125. The efforts of various countries to regulate advertising and marketing of sugar-sweetened beverages and high-calorie foods were applauded, but it was pointed out that those efforts were being undermined in some cases by unscrupulous commercial interests, and the need to combat those negative influences was underlined. Attention was drawn to the particular regulatory problems faced by Caribbean island countries that imported much of their food.

126. Several suggestions were made for improvement of both the plan and the proposed resolution contained in Document CE154/16. It was suggested, for example, that the number of indicators should be reduced. It was also suggested that the plan should include a strategic area of action dealing with health care tailored to the specific needs of the child and adolescent population, with due attention to age, nutritional status, and the existence of comorbidities. The addition of a strategic area of action aimed at strengthening parenting skills was seen as desirable, given that parenting was a major factor in shaping health and eating habits in childhood and adolescence.

127. With regard to objective 2.1, clarification was sought as to the PAHO guidelines relating to preschool and school feeding programs. It was suggested that objective 2.3 would be clearer if it were reworded to read "to develop and implement educational strategies or curricula consistent with improved school food policies." It was considered that indicator 2.4.1 should specify that the target population for the action envisaged was children and adolescents up to the final grade of high school or the equivalent. With regard to objective 4.1, it was suggested that some reference should be made to the types of multisectoral stakeholders whose engagement would be acceptable for the purposes of the plan. In relation to the proposed resolution, it was suggested that the need for intersectoral collaboration should be made clearer and in reference to paragraph 2(d) it was pointed out that not all local culinary traditions were desirable from a health standpoint. Similarly, in relation to paragraph 3(a) it was noted that not all international agencies employed practices that were conducive to bringing about the types of cultural and mindset changes needed to promote healthy eating habits.

128. Several delegations indicated that they would submit additional comments in writing. Several also expressed the view that the Bureau should undertake further consultation with Member States before the 53rd Directing Council in order to refine the plan and its targets and indicators. The Delegate of Brazil invited Member States to take

part in a meeting from 21 to 23 July 2014 in his country to discuss preparations for the Second International Conference on Nutrition, to be held in November 2014.

129. Dr. Lutter said that the Bureau looked forward to working with Member States to improve the plan. Intersectoral actions, as mentioned by several delegates, were basic to changing the obesogenic environment, and the Bureau would place more emphasis on that in the plan. Flexibility and recognition of countries' realities was also critical, and language would be inserted into the introduction section of the document to clarify that Member States should seek to implement the plan's objectives as appropriate within their national legislative frameworks. To further enhance the plan's flexibility, the Bureau would also introduce agreed language from the Framework Convention on Tobacco Control and the WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children. In addition, it would adjust the various indicators as suggested by Member States and would look carefully at whether their number could be reduced.

130. The WHO Commission on Ending Childhood Obesity would not present its results until the end of 2015. Given the urgency of the issue, the Director had considered it important to move forward and not wait for the Commission's recommendations. She had therefore formed an inter-programmatic working group in July 2013 to develop a regional plan of action. Its goal was consistent with the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition⁸ and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases,⁹ as well as with an indicator in the PAHO Strategic Plan 2014-2019. Within the first year of approval of the regional plan of action, the Bureau would convene technical expert groups to formulate regional guidelines on school feeding programs and other matters, building on policies and recommendations already in place in some countries of the Region.

131. Bearing in mind the Organization's limited financial resources, the Bureau would seek opportunities to include discussion of the plan of action in already programmed regional meetings on nutrition. In addition, the interprogrammatic group that had developed the plan was available for video conferences or phone consultations with Member States.

132. The Director said that it was clear that Member States were concerned about the epidemic of childhood obesity occurring in the Region. She had listened carefully to the comments regarding the need for consistency and alignment of the plan's indicators with those in the Strategic Plan, and had also noted the need to pay attention to more specific outcome indicators. Those comments would be borne in mind in revising the plan prior to the Directing Council.

⁸ See Resolution WHA65.6 (2012).

⁹ See Resolution WHA66.10 (2013).

133. The proposed resolution contained in Document CE154/16 was revised to reflect the comments and suggestions made during the discussion and was adopted by the Committee as Resolution CE154.R2, with the understanding that the plan of action would be revised in consultation with Member States prior to the 53rd Directing Council.

Plan of Action on Health in All Policies (Document CE154/17)

134. Dr. Luiz Augusto Galvão (Manager, Sustainable Development and Health Equity, PASB) provided background on the development and evolution of the concept of health in all policies, noting that it was considered a key tool for implementing the Rio Political Declaration on Social Determinants of Health, adopted in 2011 at the World Conference on Social Determinants of Health. It was also one of the strategies identified under the PAHO Strategic Plan 2014-2019 for addressing social, economic, and environmental determinants of health and promoting sustainable well-being of the population. A health-in-all-policies (HiAP) approach was vital for finding common ground between the health sector and other sectors in order to establish shared agendas and strong partnerships.

135. The proposed plan of action had been drawn up in response to a recommendation that had emerged from regional consultations held in preparation for the 8th Global Conference on Health Promotion, which had focused on how the health-in-all-policies approach should be implemented. It was fully aligned with the HiAP Framework for Country Action that had come out of the 8th Global Conference, which in turn had drawn on the experiences of several countries of the Region in implementing health in all policies. The plan would help to generate evidence on HiAP for high-level advocacy, promote the use of regional case studies to further scale-up HiAP, build capacity in countries using the HiAP course developed by several WHO collaborating centers, refine the health impact assessment methodology, foster the implementation of HiAP through the regional healthy municipalities and healthy schools networks, monitor countries' progress, and strengthen South-South and North-South collaboration on HiAP.

136. A key challenge in developing the plan had been defining indicators, as countries had different experiences in implementing and measuring the impact of health in all policies. On the basis of input received from regional consultations, a maximum of two regional indicators had been identified for each objective in the plan. It was intended that Member States would select the indicators that best fit their specific contexts.

137. In the ensuing discussion, Committee members expressed support for the plan of action, with several remarking that it was consistent with intersectoral approaches that their countries were pursuing in order to address social determinants of health and reduce health and social inequalities. The plan seen as a useful resource to guide countries in implementing a health-in-all-policies approach. However, the plan not considered ready for adoption by the Directing Council, and numerous suggestions for improvement were made, including changes aimed at rendering the language of the plan less prescriptive and more flexible and clarifying that each Member State should adapt the plan to its own context and its political and social systems.

138. It was considered necessary to clarify some of the concepts included in the plan, including the definition and scope of health in all policies. It was suggested that the document should elaborate on what, exactly, was meant by a health-in-all-policies approach and how such an approach would be reflected in policies, plans, or programs. It was also suggested that the document might include a glossary of key concepts and terms.

139. The plan's emphasis on the importance of intersectoral action was welcomed, but one delegate considered that it focused too heavily on interaction between sectors and institutions of government. He highlighted the need also to foster the constructive participation of civil society in public policy debates and to place greater emphasis on strategies for bringing about the social change needed in order to eliminate health inequities, including democratizing the flow of information and building capacity at the community level. Another delegate highlighted the importance of health diplomacy in promoting intersectoral collaboration on health determinants such as water and sanitation, food safety and nutritional security, air quality, and others. Several delegates also noted the need to strengthen interaction with other sectors in the discussions on the post-2015 development agenda and to incorporate a health-in-all-policies approach in that agenda.

140. It was considered that the plan should clarify PAHO's roles, which should include facilitating the exchange of information and collecting and disseminating evidence, best practices, and lessons learned. It was pointed out in that connection that evidence on the impact of policies on health and health determinants was essential in order to identify priority areas for intervention through a health-in-all policies approach.

141. A number of suggestions were made with regard to the plan's objectives and indicators. Several delegates suggested that criteria should be developed for prioritizing the objectives, that the number of indicators should be reduced in order to reduce the reporting burden on countries, and that the performance indicators for the plan of action should be limited to the relevant indicators identified in the Strategic Plan 2014-2019. It was also suggested that the wording of the objectives and indicators should be more closely aligned with that of the HiAP Framework for Country Action. Several delegates indicated that they would submit additional written suggestions with regard to specific indicators and other aspects of the plan of action.

142. In light of the numerous modifications suggested to both the plan of action and the proposed resolution contained in Document CE154/17, the Committee decided that the working group formed to revise the proposed strategy and resolution on universal health coverage (see paragraph 84 above) should be asked also to revise the proposed plan of action and resolution on health in all policies.

143. Dr. Galvão said that the Bureau would continue working with Member States to refine the plan of action, in particular the indicators, before the 53rd Directing Council and that it would do its utmost to facilitate monitoring and reporting on the indicators for Member States. With regard to the scope of the health in all policies approach, he clarified that the framework for the intersectoral action envisaged was provided by the

Rio Political Declaration on Social Determinants of Health and by the Helsinki Statement on Health in All Policies, adopted at the 8th Global Conference on Health Promotion. He emphasized that the overarching aim of the plan of action on health in all policies and the strategies on universal health coverage and health-related law was to enhance the health and well-being of the Region's population.

144. The Director commented that while the importance of health in all policies was recognized in all regions, it was the Region of the Americas that had championed the cause of social and environmental determinants of health at the global level. The Region had been promoting multisectoral approaches since the 1970s, although limited headway had been made in interacting with other sectors in a way that had led to significant impacts on health. The health-in-all-policies approach would be an important aspect of the work to be undertaken in addressing health determinants under the Strategic Plan 2014-2019.

145. The Committee adopted Resolution CE154.R14, which reflected numerous amendments introduced by the working group. It was agreed that consultations would continue in the period before the 53rd Directing Council and that the Bureau would revise the plan of action on the basis of the input received from Member States.

Plan of Action for the Prevention of Blindness and Visual Impairment (Document CE154/18)

146. Dr. Juan Carlos Silva (Regional Advisor on Eye Care and Prevention of Blindness, PASB) noted that the proposed plan of action for 2014-2019 before the Committee was the outcome of a regional workshop held in Quito, Ecuador, in April 2013, in which most PAHO Member States had participated. The plan was concordant with the objectives of the global action plan approved by the World Health Assembly in 2013¹⁰ and the Vision 2020 initiative of WHO and the International Agency for the Prevention of Blindness, and it furthered the goals of PAHO's Plan of Action for the Prevention of Avoidable Blindness and Visual Impairment,¹¹ adopted in 2009. In the past five years, studies had shown an increase in coverage of and access to ophthalmic services and a reduction in the prevalence of blindness. However, an estimated 26 million people still suffered from visual impairment, 3 million of whom were blind. All segments of the population, from premature infants to older adults, were potentially affected by the group of diseases that caused blindness and visual impairment, many of which were preventable or curable.

147. The plan of action 2014-2019 emphasized the need to continue generating epidemiological information through population surveys of the prevalence of specific eye diseases, service coverage and quality, and barriers to access. Such studies had shown that public ophthalmic services were weak throughout the Region. Decentralization of services was also needed to bring care to the rural areas and small cities where blindness

¹⁰ See WHO Document A66/11 (2013).

¹¹ See Document CD49/19 and Resolution CD49.R11 (2009).

and visual impairment were most prevalent. Other objectives of the proposed plan included prevention of retinopathy among premature infants by improving the quality of care provided in neonatal intensive care units, development of effective programs to provide corrective lenses to schoolchildren, and provision of rehabilitation and training to persons with functional low vision.

148. The Committee expressed general support for the plan and the proposed resolution contained in Document CE154/18. However, it was suggested that the resolution should recognize the national context in which each Member State must act, as responsibility for health care delivery did not always reside at the national level. PAHO was urged to avoid creating additional reporting obligations for Member States by using indicators assessed under the Strategic Plan 2014-2019 and the WHO global action plan. Delegates highlighted the problems of inadequate coverage of cataract surgery, long wait times and consequent delays in diagnosis and treatment for patients requiring specialist care, and high levels of functional low vision among aging adults; the latter was cited as an increasingly important concern in the Caribbean. It was recommended that the plan should specify the ages of the schoolchildren to be targeted by school visual health programs, and it was suggested that it might benefit from the inclusion of strategies aimed at addressing age-related macular degeneration and learning more about the epidemiology, surveillance, and prevention of ocular complications related to use of contact lenses. More information was requested on how the plan would be financed; it was considered that some of the funding available at the global level for the prevention of blindness and visual impairment should be made available to the Region.

149. Dr. Silva responded that a team of international organizations was helping to finance the plan and therefore its funding would not depend solely on PAHO regular funds. Clarifying the relationship of PAHO's plan to the WHO global action plan, he explained that in the Americas the focus was more on controlling certain diseases (retinopathy of prematurity, diabetic retinopathy, glaucoma), while the WHO plan was more oriented toward strengthening health systems. Age-related macular degeneration was not covered in the plan because there was currently no effective treatment for the condition and thus it was not susceptible to public health interventions; its prevalence would continue to be monitored, however. He acknowledged that the Region faced challenges in three important areas: the low number of cataract surgeries performed by public ophthalmic services, the ineffectiveness of programs that provided eyeglasses to schoolchildren, and the lack of rehabilitation and training for patients with functional low vision. Solutions involved, respectively, provision of training in cataract surgery and monitoring of vision outcomes, use of improved criteria to select children receiving eyeglasses and follow-up to ensure they used them, and inclusion of functional low vision as a diagnostic category in the upcoming 11th edition of the International Classification of Diseases (ICD-11) so that patients with that diagnosis could be referred for additional services.

150. The Director commented that a tactical shift was needed to reduce the prevalence of visual impairments in the Region. Countries should seek to ensure decentralization of

preventive and clinical services and their incorporation in the first level of care. Services such as cataract surgery could be delivered at a much lower cost in simple community facilities than in hospitals. Technical cooperation between countries would allow lessons to be shared by countries that had successfully decentralized their services. Preventive services should utilize school health programs to identify children with visual impairments and then encourage them to wear eyeglasses.

151. The proposed resolution contained in Document CE154/18 was amended to reflect the suggestions made in the course of the Committee's discussion and was adopted as Resolution CE154.R9.

Plan of Action for the Coordination of Humanitarian Assistance (Document CE154/19)

152. Dr. Ciro Ugarte (Acting Director, Department of Emergency Preparedness and Disaster Relief, PASB), introducing the proposed plan of action, pointed out that in addition to their major impact on the physical, mental, and social well-being of affected populations, disasters also accentuated existing inequalities and inequities, particularly among women, the elderly, and people with disabilities or living in vulnerable situations. Thanks to the commitment and hard work of Member States in disaster preparedness, most of the countries of the Americas now had the capacity to respond to moderate-scale emergencies or disasters using their own human and material resources. The efforts of the Member States had also contributed to the establishment of the Emergency Operations Center at PAHO Headquarters. However, when disastrous events of greater magnitude occurred, international assistance continued to be necessary to complement the efforts of the affected countries.

153. The objective of the proposed plan of action was to strengthen the capacity of Member States to coordinate both the reception and the provision of international humanitarian assistance. The plan would address three strategic areas, described in detail in the document. It would also contribute to the achievement of impact goals I and IX of the PAHO Strategic Plan 2014-2019. Monitoring and evaluation of the plan would be in compliance with the Organization's results-based management framework.

154. The Executive Committee welcomed the proposed plan of action, considering its objectives to be extremely relevant given the high vulnerability of certain groups and the consequences arising from climate change. Delegates considered that the activities envisaged under the plan would assist local authorities in effectively coordinating the delivery of incoming assistance so as to minimize duplication and ensure that help reached the affected populations; the plan would also contribute to the essential task of strengthening and expanding strategic partnerships for international cooperation in providing rapid and effective humanitarian assistance in health.

155. Delegates welcomed the fact that the plan of action built on the major advances made by the Bureau and Member States in developing their capacities for disaster prevention and response and highlighted the need to align new coordination processes

and mechanisms under the plan with national emergency management systems already in place and with the international humanitarian response system. Stressing that the plan of action was voluntary and would not succeed if it sought to impose mandatory action, some members of the Committee cautioned against giving the impression that the targets listed were binding on States.

156. It was suggested that the plan of action should have a preventive as well as a response aspect. A preventive approach would be one that reduced the future impact of disasters even before they happened, and would include such features as strengthening of national civil protection systems, expansion of the strategy on safe hospitals, and training for the health teams in reducing, through play, the mental impact of disasters on children.

157. Several delegates suggested that the references to “medical teams” in the plan and the proposed resolution contained in Document CE154/19 should be changed to “health teams” to reflect the necessary multidisciplinary approach. It was also suggested that such teams should be trained to international standards, including those of the Sphere Project. It was considered important to identify a source of funding for the travel of the professionals making up the international teams, and to ensure that they had health and life coverage, as they would be traveling to risk areas. It was also considered important to establish accountability for such teams.

158. Additional information was sought about the flexible mechanism that was being proposed for registering foreign medical teams, and about what registration was intended to achieve. Further information was also requested on the establishment of the health network for emergencies and disasters in the Americas, particularly whether there was already a concept concerning the roles and responsibilities of network members or whether that question would be tackled after the network’s establishment. It was suggested that an evaluation of the network should be planned in order to identify the lessons learned during an actual emergency. It was also suggested that the plan of action might be implemented initially in the form of a pilot project, involving a limited number of interested Member States to test and validate the proposed actions and the three strategic areas.

159. It was pointed out that while Annex B of Document CE154/19 stated that no additional staff would be needed to implement the proposed resolution, it also indicated that a logistics coordinator would be hired. Clarification was sought on the role of that official. Specifically, it was asked whether one aspect of his/her work would be to coordinate with the work of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). It was also pointed out that since the topic had been discussed in 2012 by the 28th Pan American Sanitary Conference¹² the estimated costs had risen by about \$30,000 a year. The Bureau was asked to explain the increase and to indicate how the needed voluntary funding would be mobilized and what contingency measures were in place in the event that adequate funding could not be raised.

¹² See Document CSP28/13 and Resolution CSP28.R19 (2012).

160. Dr. Ugarte welcomed the level of support and agreement expressed by Member States. Referring to the comments relating to foreign medical teams, he explained that the aim was to ensure that medical professionals involved in disaster response adhered to a certain standard of medical care. At present, there was no common standard of care applicable to such personnel, although work on the concept was in progress at the global level. He also explained that all personnel mobilized by the Organization to respond to a disaster were covered by health and accident insurance, and that the assurance of such coverage would be part of the registry mechanism to be developed under the plan of action.

161. The Director stressed the importance of the plan of action for the Region. With climate change, disasters and emergencies could be expected to become more frequent and severe. Such events placed national resources under significant stress, especially in the case of the islands of the Caribbean, some Central American countries, and all of the priority countries. That was the rationale for establishing partnerships and networks among countries of the Region, as well as for strengthening the Organization's ability to work with other agencies involved in humanitarian assistance. The emphasis had to be on strengthening capacity at the national level and, especially, the local level, since it was local people who would be first on the scene. Noting that PAHO had sent teams to provide assistance in the wake of Typhoon Haiyan in the Philippines, she said that the Organization stood ready to provide assistance at regional, national or local level, wherever it was needed.

162. The proposed resolution contained in Document CE154/19 was amended to reflect comments and suggestions made in the course of the Committee's discussion and was adopted as Resolution CE154.R11.

Strategy on Health-related Law (Document CE154/20, Rev. 1)

163. Dr. Heidi Jiménez (Legal Counsel, PASB), introducing Document CE154/20, Rev. 1, recalled that the right to health had been conceived and agreed upon as a fundamental international principle in 1946 in the WHO Constitution, which recognized that "the enjoyment of the highest attainable standard of health is one of the basic rights of every human being." Since then many countries had ratified international treaties and instruments that recognized the right to health, which was also enshrined in the constitutions of 19 PAHO Member States.

164. Over the years the PAHO Governing Bodies had adopted numerous resolutions that called on Member States to formulate, implement, review, and/or reform laws and regulations related to various public health issues. The Strategic Plan 2014-2019 also called for the use of legal and regulatory frameworks as key mechanisms to address a range of issues, including noncommunicable diseases, social determinants of health, and universal health coverage. While the Governing Bodies had established some technical guidelines and general principles on the formulation and reform of domestic laws relating to health issues, they had not identified specifically how the Bureau could better support

Member States for that purpose, and it was therefore considered important to set out specific lines of action in a single technical document with a supporting resolution.

165. The proposed strategy compiled the various mandates on health-related law found in resolutions adopted by the Governing Bodies in the previous 10 years; reviewed the categories of health-related laws and their principal links to public health policies; and identified major trends and challenges observed between 2004 and 2013. One of those trends had been a growing number of requests from ministries of health, legislatures, courts of law, and human rights offices in Member States for technical assistance in the formulation and/or reform of health-related laws, rules and regulations.

166. Document CE154/20, Rev. 1, set out the proposed values, vision, purpose, objectives, and strategic lines of action of the strategy. It included six strategic lines of action that countries might implement as appropriate within their respective national legal frameworks.

167. In the discussion that followed, some delegates expressed firm support for the proposed strategy and resolution, which they believed was pragmatic and would enable Member States, with support from the Bureau, to identify the objectives and activities needed to strengthen their laws so as to guarantee access to health care without discrimination, support the organization of health services, implement the principles established under public policies, and strengthen collaboration between the health sector and other sectors. It was also felt that the activities envisaged under the strategy would help to protect the right to health, support the implementation of a health-in-all-policies approach, and contribute to the achievement of universal health coverage. Gratitude was expressed to the Bureau for the support it had already provided to strengthen health-related legislation in Member States, notably in the area of tobacco control.

168. Other delegates, while appreciating the effort to establish a framework for technical cooperation in the area of health-related law, found that the strategy was perhaps overly ambitious and far-reaching, with the potential for duplication of the Bureau's efforts in other areas. For example, one delegate noted significant overlap between some of the strategy's objectives and those of the proposed plan of action for health in all policies (see paragraphs 134 to 145 above). Several delegates also considered that the practical aim of the strategy and the roles of the Bureau were not entirely clear, and some questioned whether the Bureau currently had the expertise and human resources needed to provide the extent and types of technical cooperation envisaged under the strategy.

169. It was pointed out that there was a lack of convergence between the strategy, which focused on actions to be carried out by the Bureau, and the proposed resolution contained in Document CE154/20, Rev.1, which focused mainly on actions that Member States should take in order to realize the right to the enjoyment of the highest attainable standard of health. It was considered that such an exercise in the definition of human rights went beyond the Organization's mandate and competency. One delegate said that the strategy misstated the right to health and inappropriately conflated it with all public

health-related laws and other health-related interventions and that it interchangeably referred to non-binding aspirational documents and treaties that were binding on States parties.

170. It was emphasized that the Bureau should provide technical assistance only at the request of and in accordance with the context and needs of Member States; otherwise, it might be seen as intruding on the sovereign rights of countries to adopt their own laws and policies and to choose whether or not to implement recommendations emanating from PAHO and WHO. Systematization of information on health-related legislation to facilitate the exchange of experiences and the identification of best practices was seen as another important role for the Bureau. It was pointed out that systematizing the Governing Body mandates and resolutions would help to avoid the replication of discussions or the generation of new mandates on topics that had already been dealt with.

171. Several delegates emphasized the need for a focus on capacity-building, especially at the local level, although it was noted that some countries already had sufficient capacity in place. It was also pointed out that inability to enact legislation aimed at promoting and protecting health was often the result of political resistance, not lack of capacity. It was considered that the Bureau should prioritize support to Member States to enable them to meet their binding international legal obligations, and to enforce the relevant laws and regulations, under, for example, the International Health Regulations (2005) and the Framework Convention on Tobacco Control. It was recommended that explicit mention should be made of the latter in the strategy. The Bureau was also encouraged to assist countries in making use of the flexibilities available under the Trade-related Aspects of Intellectual Property Rights (TRIPS) Agreement in order to increase access to medicines and other health resources. Technical assistance in relation to the possible health impacts of free-trade agreements was also viewed as important.

172. A delegate sought clarification as to whether the Bureau intended to propose a plan of action with indicators for measuring outcomes of the strategy's implementation and drew attention to the increasing difficulty that Member States faced in responding to requests for data on the many strategies and plans of action adopted by the Governing Bodies.

173. In light of the concerns raised during the discussion, several delegations requested that intersessional consultations on the strategy be held and that the Bureau, taking into account the input received, then produce a revised strategy for consideration by the 53rd Directing Council. The Committee decided to form a working group with a view to reaching consensus on a proposed resolution to be recommended to the Directing Council and to begin discussions on revisions to the strategy. El Salvador offered to chair the working group. A number of delegations indicated that they would submit additional written comments on the strategy and the proposed resolution.

174. Dr. Jiménez stressed that the Bureau had no intention of ever infringing on the sovereign right of States to adopt their own legal provisions and frameworks. Indeed, the

strategy was premised on the fundamental understanding that any action taken by Member States in the legal area had to be in accord with their respective legal frameworks and the obligations that they had already assumed. She had listened carefully to Member States' comments and suggestions and looked forward to working with them to reach consensus on a revised version of the strategy to be submitted to the Directing Council. The Bureau incorporate the various suggested amendments, including references to the TRIPS flexibilities and other intellectual property issues. It would also continue supporting Member States that requested assistance in formulating and implementing tobacco-related legislation. In response to the questions concerning the availability of human resources to implement the strategy, she reported that in addition to consolidating the various mandates and lines of action having to do with health-related law, within the past year PASB had also consolidated staff who had previously been scattered across various departments under a single technical-legal area. She was confident that the Bureau did have sufficient human resources to provide technical cooperation on health-related laws when requested by Member States.

175. The Director affirmed that in no way did the Bureau seek to infringe the rights or responsibilities of Member States and agreed that it was important to clarify what roles Member States wished the Bureau play with regard to health-related legislation. She noted that the Bureau had formulated the strategy in response to requests from Member States, many of which were grappling with serious legal and regulatory issues relating to health, access to health care, tobacco control, and other matters that affected people's ability to enjoy the highest attainable standard of health.

176. The Executive Committee was unable to reach consensus on a proposed resolution to recommend to the Directing Council. Some members were of the view that action on the matter should be deferred until 2015 in order to allow more time for consultation among Member States; others pointed out that the working group had made good progress towards consensus and considered that it would be possible to agree on a revised version of the strategy prior to the 53rd Directing Council. The Committee ultimately agreed that the matter would be left on the Council's provisional agenda; the Council could then decide, depending on the outcome of the intersessional consultations, whether to proceed with its consideration of the item or defer it until 2015. If it decided to proceed, a Member State or group of Member States might put forward a proposed resolution at that time.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE154/21, Rev. 1 and Add. I)

177. Mr. Michael Lowen (Director, Department of Financial Resources Management, PASB), noting that Document CE154/21, Rev. 1, and Add. I provided information on quota contributions as of 9 June 2014, reported that since that date the Bureau had received further payments of \$18,108 from Costa Rica and \$89,466 from Paraguay. As a result of the Bureau's strategy for increasing the rate of receipt of assessed contributions

and the demonstrated commitment of Member States to the work of the Organization, 96% of arrears had been paid, leaving an unpaid balance of \$1.6 million. No Member States were currently subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution.

178. Eighteen Member States had paid their current assessments in full. However, those payments amounted to only \$26.3 million, 24.9% of the total amount due for 2014. As a result, the Bureau had been obliged to utilize the Working Capital Fund and other internal resources to finance implementation of its activities. The Working Capital Fund balance as of 31 December 2013 had totaled \$15.9 million. The Director had restored the Fund to its authorized level of \$20 million following repayment of a loan to the Revolving Fund for Vaccine Procurement, but 2014 regular budget disbursements to date totaled \$34.7 million. The assessed contributions received had been insufficient to cover that amount, and consequently the Working Capital Fund was now completely depleted.

179. The Director confirmed that the Bureau faced serious financial difficulties resulting from delays in the payment of Member States' assessed contributions. She expressed gratitude to those Member States that had paid their assessed contributions for the year and appealed to those that had not yet made payments for the current year to take all possible steps to do so.

180. The Executive Committee adopted Resolution CE154.R1, thanking Member States that had made payments for 2014 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 2013 (Official Document 347)

Financial Report of the Director for 2013

181. Dr. Fenton Ferguson (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 expressed concern about the shortfall in miscellaneous income and the arrears in the payment of assessed contributions and had urged the Bureau to continue its efforts to collect outstanding contributions.

182. Mr. Michael Lowen (Director, Department of Financial Resources Management, PASB) presented the highlights of the Financial Report of the Director, which revealed that the Organization's financial position remained strong, despite the difficulties created by the global economic environment and the funding of long-term after-service liabilities. Total consolidated revenue for 2013 had amounted to \$1.14 billion, a 16% increase with respect to 2012. The increase was due primarily to increased revenue from the Organization's procurement funds, especially the Revolving Fund for Vaccine Procurement, as well as a rise in PAHO voluntary contributions for multi-year public health programs.

183. The regular budget had risen from \$137.6 million in 2012 to \$140.6 million in 2013, including \$96.2 million from PAHO assessed contributions, \$42.5 million from WHO, and \$1.9 million in miscellaneous income. The latter figure was \$1.4 million under the 2012 figure of \$3.3 million and drastically below the budgeted amount of \$6 million. Low global interest rates continued to reduce the interest earned on the Organization's investment portfolio, which totaled approximately \$620 million. Assessed contributions still pending at the end of 2013 had totaled approximately \$39 million. Owing to the biennial budgetary deficit, the Working Capital Fund had been drawn down by \$4.1 million as of 31 December 2013, resulting in a balance of \$15.9 million.

184. Consolidated expenses had reached slightly over \$1.1 billion in 2013. Procurement activities on behalf of Member States had accounted for \$581 million of that amount and spending for activities funded by national voluntary contributions had accounted for \$287 million.

Report of the External Auditor for 2013

185. Mr. Javier Medina Guijarro (Court of Audit of Spain), introducing the report of the External Auditor, said that, in its second year as the Organization's External Auditor, the Court of Audit of Spain had continued to learn about PAHO, its procedures, and the environment in which it operated, which had given it a greater understanding of the challenges and risks that the Organization faced. It had endeavored to tailor its recommendations to PAHO's needs and to ensure that they represented true value added for Organization.

186. A team consisting of 11 auditors had made two visits to PAHO Headquarters and had also visited the PAHO/WHO country offices in Brazil, Mexico, and Panama and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA). Members of the team had also participated in the Seventh and Eighth 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 347*. The most significant conclusions of the External Auditor's work were found in the Long Form Report on the 2013 Financial Statements Audit and the Independent Auditor's Opinion and Report to the Directing Council. He was pleased to report that the External Auditor had issued an unqualified audit opinion on the Organization's financial statements for 2013.

187. Mr. Miguel Ángel Sánchez del Águila (Court of Audit of Spain), highlighting figures from the financial review contained in the Long Form Report, noted that the Organization had suffered a net loss of \$2.66 million in 2013, whereas in 2012 it had posted a surplus of \$8.875 million. Although total revenue had grown by 16.4%, rising from \$978.5 million in 2012 to \$1,139.4 million in 2013, expenditure had increased from \$969.7 million to \$1,142.1 million. As noted by Mr. Lowen, the growth in revenues was mainly the result of increases in revenues for procurement funds, which accounted for 52% of the Organization's revenues, and national voluntary contributions, in particular for the *Mais Médicos* project in Brazil, for which PAHO had received \$159.8 million in

2013. Current assets had decreased by \$88.7 million, and while PAHO had sufficient resources to meet its current financial obligations, those assets would need to be monitored carefully in order to ensure the Organization's financial stability.

188. He then summarized the recommendations put forward in the report, which included the design of a contingency plan to mitigate risks associated with the *Mais Médicos* project, particularly lawsuits and other legal challenges; measures to improve compliance with the International Public Sector Accounting Standards (IPSAS), especially in some country offices; measures to ensure that the PASB Management Information System (PMIS) project was completed on schedule and to ensure sufficient human and financial resources to operate the system; a review of all letters of agreement and the establishment of deadlines for their closure, as well as the development of a new policy aimed at avoiding the misuse of such agreements; and measures to avoid excessive expenditure of resources at the end of a budgetary period and ensure the most efficient use of resources and the best value for money. With regard to the implementation of previous recommendations, the External Auditor was satisfied that the Bureau was taking steps to address the issues raised, particularly concerning the PMIS project, which was evidence of its commitment to improving its systems and procedures for management and control.

189. The Executive Committee welcomed the unqualified audit opinion. Concern was expressed that the Organization had ended the 2012-2013 biennium with a deficit of \$2.66 million and the Bureau was encouraged to take the necessary steps to ensure the continuity of activities and projects by improving the efficiency of management and increasing the mobilization of resources. The decline in current assets was also noted and the Bureau was asked to provide information on what could be expected in the 2014 financial period; in particular, information was sought on how the shortfall in miscellaneous income, the decline in voluntary contributions, and the delays in receipt of assessed contributions were impacting the Organization's activities. An update on PAHO's receipt of WHO voluntary contributions was requested, and the Bureau was asked to comment on what action Member States might take to ensure that the Region received its allotted share of such contributions. The Bureau was encouraged to follow the External Auditor's recommendation that it take steps in the next three to five years to address the challenge of meeting long-term employee benefits, in particular after-service health insurance.

190. Concern was expressed about repeated delays in the implementation of the PMIS project, although it was acknowledged that the situation had improved in 2013. It was pointed out that slippage in the project timeline had resulted in higher costs and caused the project to exceed its budget by an estimated \$2.2 million. The Bureau was urged to see that all necessary software was purchased in order to ensure that future implementation deadlines were met. It was also encouraged to take all necessary measures to ensure that the enterprise risk management system was fully operational. Information was requested on how the Bureau intended to finance the investment

required for computer upgrades and assurance was sought that the money already spent for that purpose had been used wisely.

191. The Delegate of Brazil pointed out that all lawsuits brought against the *Mais Médicos* project had been dismissed and reported that the recommended contingency plan had been implemented in July 2013. The project, which had provided access to primary health care for 50 million Brazilians who had previously lacked it, enjoyed the support of 80% of the country's population.

192. Mr. Sánchez del Águila affirmed that the Bureau's current software applications were outdated and not suitable for preparing and maintaining the financial records required by IPSAS. It was therefore essential to upgrade the software and implement the new management information system as soon as possible.

193. Mr. Lowen said that the reduction in current assets did not pose a problem for the management of current liabilities and assured the Committee that the Bureau was monitoring the situation carefully. It was also closely monitoring implementation of the PMIS project. His department was implementing the payroll component and was supporting implementation of the human resources component. The finance component would be implemented in 2015.

194. Mr. Gerald Anderson (Director of Administration, PASB) noted that additional information on the PMIS project and a proposal for ensuring the funding needed for that and several other initiatives would be presented under separate agenda items (see "Status and Authorized Level of the Working Capital Fund," paragraphs 219 to 227, and "Project for Modernization of the PASB Management Information System," paragraphs 235 to 242 below).

195. The Director added that additional information on after-service health insurance would also be presented under a separate agenda item (see paragraphs 212 to 218 below). She wished to assure Member States of the Bureau's commitment to seeing that PAHO remained fit for purpose and financially viable. The Bureau was also committed to implementing the recommendations of the External Auditor, the Internal Auditor, and the Audit Committee, and had a system in place for tracking progress in doing so. Successful implementation of many of those recommendations hinged on implementation of the PMIS. In that regard, she noted that the process of staff backfilling was nearly complete and that the Bureau was adhering to the timeline for implementation presented to Member States in 2013. The human resources component was expected to be fully implemented by January 2015 and the payroll component by December 2015. A request for proposals for procurement of the software required for the treasury module had been issued and the selection process was under way.

196. It was true that the PMIS project costs were higher than envisaged under the budget approved in 2010, but additional costs were inevitable when software and systems had to be customized to meet the Organization's needs and it had been impossible in 2010 to predict exactly what those costs would be. She noted that the Bureau had

succeeded in negotiating several contracts for less than the allotted amounts and assured the Committee that it was working to keep the total expenditure as close as possible to the original budget of \$20.3 million.

197. A consultant from the United Nations International Computing Centre had recently conducted an assessment of the Bureau's computer systems and had found that major upgrades were needed, not just for the implementation of the PMIS but because of chronic underinvestment in information technology (IT), as a result of which PAHO currently ranked at the lowest level of the Gartner Enterprise IT Maturity Scale. She had asked the consultant to indicate what needed to be done immediately in order to keep the computer systems running and to propose a phased approach for upgrading them and enabling the Bureau to function maximally. The Bureau would prepare a report for the next session of the Subcommittee on Program, Budget, and Administration and a proposal for funding the necessary improvements.

198. With regard to other recommendations of the External Auditor, an additional staff member had been recruited to support the enterprise risk management process and changes had been made to enhance the identification, evaluation, and mitigation of risks. Concerning letters of agreement, many of those that remained open were agreements with Member States, some dating back as far as 2004, for which the requisite final reports had not been received. The Bureau was examining how to go about closing agreements in cases where it appeared that the report would never be forthcoming and was also streamlining the use of such agreements in order to maintain tighter control of expenditures. In order to mitigate any future legal risks associated with the *Mais Médicos* project, the Bureau was taking steps to improve internal controls, including the recruitment of a compliance officer and a finance officer, strengthening of the monitoring and evaluation component of the project, and assignment of a project manager dedicated exclusively to *Mais Médicos*. She noted that all funding for the project, including direct and indirect costs, was being provided by the Government of Brazil.

199. As to the impact of reduced voluntary contributions and miscellaneous income, the Bureau expected a shortfall of between \$40 million and \$50 million, or perhaps even more, in the budget for the biennium. In order to reduce regular budget costs, it had taken steps to shrink the human resources component of the budget, including freezing of posts, not filling vacancies, and reducing the number of short-term consultants hired. However, the scale of the reductions, coupled with the decline in voluntary contributions, was seriously taxing the Bureau's ability to provide technical cooperation at the same levels as in the past. As noted above (see paragraph 63), it was working closely with the PAHO Foundation and the PAHO/WHO Representatives to boost resource mobilization.

200. Thus far, the Americas had received no voluntary contributions from WHO for 2014, although as a result of the financing dialogue the WHO budget was now almost 90% funded. The Region was not alone, however. The Director-General had not yet allocated any voluntary funding to any of the regions. Continued active involvement of Member States from the Americas in budget allocation discussions would be important in

ensuring that the Region received a fair share of the WHO budget and that its own budget was adequately resourced.

201. As Member States were aware, historically the Region had received only about half of its allotment of WHO voluntary contributions and it received a significantly lower level of WHO regular budget funding than other regions. That was partly because PAHO also received assessed contributions directly from its Member States, and that fact was taken into account in determining the WHO allocation to the Region. However, as she had continually emphasized in discussions with WHO staff, Member States from the Americas also contributed to the WHO budget and the Region made a significant contribution to the global achievements and results that WHO was able to report.

202. In relation to voluntary contributions, it was important to understand that when such contributions were mobilized in other regions they were counted as part of their WHO voluntary contribution allocation. Voluntary contributions made directly to PAHO, on the other hand, were not, but some at the WHO Secretariat were of the view that they should be.

203. She thanked Member States for their continued keen interest in the Organization's financial health.

204. The Committee took note of the reports.

Report of the Office of Internal Oversight and Evaluation Services (Document CE154/22)

205. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB), highlighting the main points in the report, said that paragraphs 1 to 12 covered the background of the Office's independent advisory work, including its resources; paragraphs 13 to 37 summarized the findings and recommendations of the thematic audits and the audits of country offices and Pan American centers undertaken during the year; paragraphs 38 to 40 described the evolving nature of the Office's work, in line with parallel developments in WHO's evaluation function, paragraphs 41 to 45 reported on the implementation status of the Office's recommendations; and paragraphs 46 to 51 provided the Office's overall opinion on the Bureau's internal control environment, which appeared to have improved gradually but noticeably in recent months.

206. The Committee welcomed the work of the Office of Internal Oversight and Evaluation Services, expressing appreciation both for the thematic and the country-specific evaluations. Noting that the Director and her colleagues were making serious efforts to address the recommendations arising from those evaluations, the Committee encouraged them to bring that process to a swift conclusion.

207. One delegate sought more information on the issue of unfunded liability for terminal payments to employment agency personnel, notably in the country office in

Honduras. She asked under what arrangements such personnel had been hired, whether they were being used as consultants, and why such terminal payments had not been budgeted for in advance. The same delegate noted the opinion of the Internal Oversight Office that the textbooks program, PALTEX, should not be expanded until management had conducted a comprehensive evaluation of it, particularly as the report of the Ethics Office (see paragraphs 29 to 36 above) referred to thefts and losses detected in the program totaling \$79,000.

208. Mr. O'Regan said that the issue of terminal payments owed to employment agency personnel related to the discovery that in some cases unaccrued liabilities that had to be recorded under IPSAS had not always been included in financial statements. The Honduras case was one of several, but he understood that management had now performed a study of all offices to identify all such liabilities, in accordance with IPSAS. The entitlement to terminal benefits was largely driven by the regulatory and legal requirements of the various countries, in some of which agency personnel working for long periods could acquire rights similar to those of staff.

209. Mr. Gerald Anderson (Director of Administration, PASB) said that agency personnel were used for administrative support tasks, not as professional consultants. He added that all of the thefts and losses noted in the context of PALTEX had been recovered, so that there had been no actual cost to PAHO.

210. The Director said that the Bureau took very seriously the recommendations of the Internal Auditor and his Office. She had regular meetings with the Auditor in order to fully understand his findings and recommendations. The Bureau had requested the Internal Auditor to investigate PALTEX and was pursuing a full assessment of the recommendations arising. It would be taking the necessary steps to ensure that the program was delivering technical cooperation effectively to Member States and to examine whether it might be expanded to parts of the Region not yet covered.

211. The Committee took note of the report.

Funding of PAHO After-service Health Insurance (Document CE154/23)

212. Dr. Jean Dixon (Representative of the Subcommittee on Program, Budget, and Administration, PASB) reported that the Subcommittee had examined several proposed options for funding after-service health insurance for PAHO staff and had found all the options viable, but had viewed the levying of a surcharge on staff payroll as undesirable as it could reduce the amount of funding available for technical cooperation. Support had been expressed for a somewhat more aggressive approach to investment, provided it did not place voluntary contributions or regular budget funds at risk.

213. Mr. Gerald Anderson (Director of Administration, PASB) provided an update on developments that had taken place since the Subcommittee had met in March, which included consultations with the WHO Secretariat aimed at identifying options for systematically addressing the after-service health insurance obligation by taking

advantage of the potential for pooled investment with the global WHO Staff Health Insurance Fund. During those consultations several principles for future work on the matter had been identified. First, it had been agreed that the Staff Health Insurance Fund would revise its accounting methodology to include active and retired PAHO/AMRO staff participants in its calculation of the defined benefit obligation for global staff health insurance. Second, PAHO would continue to report its share of the defined benefit obligation in its financial statements, but with a note that the WHO Staff Health Insurance Fund bore the legal responsibility to pay PAHO's after-service health insurance benefits. Third, PAHO's After-Service Health Insurance Trust Fund, which was currently funded at \$38.5 million, would be invested either together with or on the basis of similar long-term investment principles as the WHO Staff Health Insurance Fund, and the principal and interest on those investments would be credited towards satisfying PAHO's benefit obligation.

214. PAHO's actuarial consultant would recalculate the rates required for PAHO/AMRO staff health insurance contributions so that PAHO's obligation could be fully funded over the period in which WHO had planned to meet the global benefit obligation—i.e. the period from 2014 to 2042. The Bureau was working with the actuarial consultant and would endeavor to formulate a plan to be presented to the Governing Bodies in 2015.

215. In the discussion that followed, information was sought on the health insurance contributions paid by staff employed jointly by PAHO and WHO and on how after-service health insurance for such staff would be handled, on whether staff contributions were expected to change as a result of the plan for pooled investment, and on whether the PAHO/WHO Staff Association had been consulted about the various options for funding after-service health insurance. The Bureau was asked to provide an indication of the amount that would be included in the 2016-2017 budget for after-service health insurance.

216. Mr. Anderson explained that staff from all WHO regions received the same benefit package and paid the same base rate, but PAHO staff also paid a supplemental amount because health care costs in North America were higher than in the rest of the world. WHO was planning to increase staff health insurance contributions by 4% a year until 2042. The actuarial study would reveal whether any change, either upwards or downwards, in the supplemental contribution of PAHO staff would be needed. That study would also indicate the amount that needed to be budgeted for after-service health insurance in the 2016-2017 biennium. A series of staff consultations on matters relating to health insurance was planned; both current and retired staff would participate.

217. The Director acknowledged that, although after-service health insurance was a long-term liability, it was necessary to begin addressing it now. PAHO had already made more headway in that regard than most other organizations. In order to ensure that the liability could be fully met, it would be important to make wise investments and exercise good stewardship of resources. The Bureau would carefully consider the actuarial report

and analyze its budget and other obligations in order to determine how much should be invested. It would continue to discuss the matter with Member States.

218. The Committee took note of the report.

Status and Authorized Level of the Working Capital Fund (Document CE154/24, Rev. 1)

219. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a proposal by the Bureau to increase the authorized level of the Working Capital Fund from \$20 million to \$25 million, with the increase being funded over time from any surplus of the biennial Regular Budget and/or the unappropriated balance after implementation of the International Public Sector Accounting Standards (IPSAS). The increase had been considered necessary in the light of growth in the regular budget and the consequent increase in monthly cash requirements, which currently averaged \$8.1 million. During the Subcommittee's discussion, it had been suggested that the Bureau might prepare a document for the Executive Committee showing all the items requiring funding and the various options for providing it.

220. One member of the Subcommittee had opposed the proposed increase, asserting that the Working Capital Fund remained below its current authorized level of \$20 million not because of delays in receiving assessed contributions but because \$4.6 million had been transferred from the Fund during the 2010-2011 biennium to offset the impact of a decline in interest rates.

221. Mr. Gerald Anderson (Director of Administration, PASB) drew attention to the chart that the Bureau had prepared in response to the Subcommittee's request (Document CE54/24, Rev.1, Annex A), which summarized the funding requirements that the Bureau envisaged, and its proposals for addressing them. It also showed a proposal for funding a projected shortfall in the budget for the PASB Management Information System (PMIS), which would be discussed in greater detail under the relevant agenda item (see paragraphs 235 to 242 below). Together, the amounts envisaged to fund the Working Capital Fund increase and the PMIS project totaled \$6.3 million. The internal sources that might be used to address those funding requirements totaled \$14.5 million, and if \$6.3 million were used for the Working Capital Fund and the PMIS, there would be a balance for future years of \$8.2 million.

222. The Bureau had made efforts to increase the rate of receipt of assessed contributions, but the timing of payments meant that it was often still necessary to draw from the Working Capital Fund to meet temporary deficits. He pointed out that the limit of \$20 million for the Working Capital Fund had been approved 11 years earlier, since which time the Organization's monthly cash requirements had grown by 14%. In 2013, the Fund had on several occasions been fully depleted because of non-payment of assessed contributions. Such situations made it unavoidable to use additional unrestricted cash resources, beyond the Working Capital Fund. The problem was ongoing: on 31 May

2014, the regular budget cash deficit had amounted to \$21 million. Thus, an additional \$1 million had had to be found from other unrestricted internal sources. The Director's proposal to increase the Working Capital Fund to \$25 million was intended to adapt to the actual cash flow requirements of recent years, with the intention of avoiding calls on other cash sources, which were intended to support technical cooperation activities.

223. Members of the Committee thanked the Bureau for providing the information requested by the Subcommittee and voiced no objection to the proposed increase in the Working Capital Fund. The Delegate of the United States of America, however, said that her delegation had not supported the increase when it had been proposed to the Subcommittee and still did not support it. She pointed out that not all funding needs had been included in the chart prepared, notably for after-service health insurance, information technology upgrades, and needed expenditures identified by the planned assessment of all PAHO-owned real estate (see "Master Capital Investment Plan," paragraphs 231 to 234 below). She suggested that the proposed increase should be deferred for a year, by which time the funding needs for those three priorities would be known.

224. In response to those comments, members of the Committee pointed out that it was clear that the Bureau was frequently operating with a significant monthly deficit and that refusing the request to increase the authorized level of the Working Capital Fund would place it in a very difficult position, forcing it to continue borrowing funds from other areas in order to cover expenses—a practice that should not be allowed to become routine. It was therefore not considered feasible to postpone the increase.

225. Mr. Anderson explained that the chart of funding requirements contained in Annex A did not include after-service health insurance because the Bureau was developing an alternative approach to that issue, jointly with WHO (see paragraphs 212 to 218 above). The Bureau expected to present a proposal on the matter to the Subcommittee on Program, Budget, and Administration in 2015. Similarly, PASB participated in the WHO Real Estate Fund and would make proposals to that Fund to finance some infrastructure projects, including those that might arise out of the assessment of PAHO-owned real estate. With regard to funding for information technology upgrades, as the Director had mentioned (see paragraph 197 above), a strategy was under development and would be presented to Member States in 2015.

226. The Director said that, whether or not there was an increase in the Working Capital Fund, the Bureau was compelled to meet its monthly obligations. If the Bureau had not received a sufficient amount in assessed contributions, it was forced to use the Working Capital Fund to cover those expenditures. The current authorized level of \$20 million would cover about 2½ months of expenditure, but at the end of that period if the Working Capital Fund were fully depleted the Bureau would have to resort to internal borrowing in order to pay its bills. The Bureau would continue urging timely payment of assessed contributions, but had to rely on Member States to meet their obligations.

227. The Executive Committee adopted Resolution CE154.R4, recommending that the Directing Council increase the authorized level of the Working Capital Fund from \$20 million to \$25 million.

Status of Projects Funded from the PAHO Holding Account (Document CE154/25)

228. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard an update on the status of projects approved by the 48th Directing Council for funding from the Holding Account and had reviewed a proposal to transfer the balances remaining from two completed projects, totaling approximately \$100,000, to the project for modernization of the PASB Management Information System. In response to a question raised during the discussion of the proposal, the Subcommittee had also been informed that no cost overruns had occurred or were expected on projects other than the PMIS project.

229. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) noted that of the original 14 projects approved by the Directing Council for funding through the Holding Account, six had been completed by the end of 2013, and as at the end of April 2014, 79% of all Holding Account funds, some \$20 million, had been spent. Further information, including the implementation status of each project, could be seen in Table 2 of Document CE154/25. Two projects had been completed in 2013 under budget, leaving a total balance of \$100,000 for allocation to other projects. The proposed resolution contained in the document before the Executive Committee, which had been examined by the Subcommittee, proposed to shift that balance to project 3.D for the development and implementation of the PASB Management Information System.

230. The Executive Committee adopted Resolution CE154.R7, approving the transfer of the surplus balance of \$100,513 to the PMIS project, phase 2.

Master Capital Investment Plan (Document CE154/26)

231. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received a report on the capital investment activities and projects completed in 2012-2013 and those proposed for 2014-2015. It had also been informed that the Bureau intended to carry out an assessment, funded from a \$500,000 contribution from the WHO Real Estate Fund, of all PAHO-owned facilities in order to determine likely upkeep costs for coming years.

232. Concern had been expressed regarding the cost of the assessment, given that the balance in the Real Estate Maintenance and Improvement Subfund was slightly under \$650,000, which seemed insufficient for the number of projects proposed for 2014-2015. Delegates had inquired whether the funds from WHO might be used in a more cost-effective manner so that some of the money could be channeled into projects. In response, it had been explained that the contribution from the WHO Real Estate Fund had been provided for the specific purpose of carrying out the assessment, but that the Bureau hoped that it could be completed at a cost of under \$500,000.

233. Mr. Bruce Leech (Director, Department of General Services Operations, PASB) said the Bureau was nearing finalization of a memorandum of understanding for the real estate assessment. It was too early to say whether it would be possible to reduce the cost of the assessment, which the Bureau expected to complete by the end of 2014, providing the results to the Executive Committee in 2015. In his view the assessment was essential for the Bureau to formulate an intelligent strategic plan for ensuring the maintenance, upkeep, and safety of PAHO-owned facilities.

234. The Executive Committee took note of the report.

Status of the Project for the Modernization of the PASB Management Information System (Document CE154/27)

235. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that a budget shortfall of \$2.2 million was anticipated for the PMIS project, including additional costs relating to staffing requirements, contingencies, and change orders. The Subcommittee had urged the Bureau to ensure that there were no further delays and that contingency costs and change orders were avoided.

236. Mr. Estéban Alzamora (PMIS Internal Project Manager, PASB) reviewed the history of the PMIS project from its inception, concentrating on the progress made since the 153rd Session of the Executive Committee, which was described in greater detail in Document CE154/27. He also reviewed the target dates for completion of the various phases of project implementation, noting that at present the project was on track for timely completion in all areas.

237. He added that almost all Enterprise Resource Planning (ERP) software projects encountered additional costs due to change orders. These were changes which the Organization identified during implementation in order to meet unanticipated but essential requirements for the ERP design. As a result of the cost of the change orders, an increase of \$2.2 million was being proposed to the original PMIS budget of \$20.3 million. The Director had identified the internal sources of that additional funding as \$100,000 from the unspent balance of approved projects from the Holding Account and \$2.1 million from the unappropriated balance of the IPSAS surplus. He emphasized that much had been accomplished since the original budget had been approved in 2010 and that the project was currently on schedule.

238. The Executive Committee welcomed the progress made on the project, particularly in the past year. Given the critical importance of the PMIS and the value it would bring both to the Bureau and to Member States, the Bureau was urged to move with alacrity to ensure that the deadlines were met. At the same time, the need for prudence was emphasized. Members of the Committee asked for an assessment of the credibility level of the budget increase estimate and for the information or evidence on which that estimate was based and sought assurance that the Bureau was certain that the

present request would be the last. Clarification was requested of when the timeline for the project had been defined.

239. Mr. Alzamora responded that the \$2.2 million had been calculated on the basis of industry best practices, which indicated that change orders should be budgeted at between 25% and 35% of the integration contract. A solutions review currently under way had so far covered the design for human resources and payroll. As reviews were completed and testing started, there might be additional change orders to be implemented, but so far expenditure was in line with industry standards.

240. Mr. Gerald Anderson (Director of Administration, PASB) added that his department had examined the expenditure on change orders so far, which amounted to around \$430,000, and had estimated that about three times that amount, or \$1.3 million, would be needed for the budgeting and finance modules, which were more complex than human resources and payroll. Thus the total cost of change orders was likely to be around \$1.75 million. The department had added a margin to guard against having to come back to the Committee for yet more money. The staff implementing the project were very cognizant of the importance of adhering to the very tight schedule and considered it essential not to fall behind through any lack of resources.

241. The Director pointed out that experience had shown that some 60% of ERP projects failed. PASB had taken every conceivable step to avoid such failure. She added that the timeline for the project had been revised in 2013, as the schedule drawn up in 2010-2011 had slipped for various reasons. At present, the project was on track to meet the current timeline. As had been noted, the project was very ambitious, but it must be implemented by 2015, in time for preparation of the budget and planning of the work for the biennium 2016-2017. Conscious of that imperative, the Bureau was making significant investments in terms of staff time and the caliber of the personnel assigned to the project, and was committed to doing all in its power to remain within the proposed increased budget.

242. The Executive Committee adopted Resolution CE154.R6, recommending that the Directing Council approve the transfer of the funds mentioned to the PMIS project.

Personnel Matters

Amendments to the PASB Staff Rules and Regulations (Document CE154/28)

243. Dr. Jean Dixon (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Rules and Regulations, including an increase in the salary scale for staff in professional and higher categories, with a commensurate reduction in post adjustment multiplier points; an adjustment to the education grant for three schools in Brussels, Belgium; and several changes aimed at clarifying the staff rules regarding assignment grants, end-of-service grants, and within-grade increases based on service

time. The Subcommittee had been informed that the financial implications of the proposed changes would be minimal.

244. Ms. Kate Rojkov (Manager, Human Resources Management, PASB) added that, pursuant to a request from the Subcommittee for clarification of the term “minimal financial implications,” the Bureau had added an annex to Document CE154/28 (Annex E) showing that the impact of the various changes would total less than \$10,000.

245. The Executive Committee adopted Resolution CE154.R10, confirming the various amendments proposed and adjusting the salaries of the Director, Deputy Director, and Assistant Director.

PASB Staffing Statistics (Document CE154/29)

246. Dr. Jean Dixon (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a report highlighting trends in the PASB staffing profile and, having been informed that the Bureau had reached gender parity in the professional and higher categories, had commended the Bureau’s continued commitment to gender parity. Several questions had been asked regarding the criteria for the extension of the contracts of staff members due to retire and whether the posts of retirees who were rehired as consultants or temporary staff were being filled.

247. In response, it had been explained that if it was found, after a comprehensive analysis, that a staff member had particular skills for which there was a short-term need, then the individual’s contract might be extended. Contracts could be extended for no more than a year at a time and not beyond the staff member’s 65th birthday. Whether or not the posts of retiring staff were filled depended on the outcome of a programmatic and financial analysis. The Director had informed the Subcommittee that the Bureau was developing a comprehensive human resources strategy and plan that would enable it to fulfill its commitments under the Strategic Plan 2014-2019.

248. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE154/30)

249. Ms. Pilar Vidal (President of the PAHO/WHO Staff Association) highlighted the matters that the Staff Association wished to bring to the Committee’s attention, in particular its views and concerns in relation to the internal administration of justice and the management of human resources. She began by inviting Committee members to a reception at which a new agreement governing relations between the Staff Association and the Administration would be signed, updating the current agreement signed in 1979. The Staff Association wished to express its satisfaction with the new agreement and its appreciation of the Director’s willingness to engage in dialogue with the Association.

250. The Staff Association continued working to support and facilitate the various change and reform processes under way in the Organization, while also addressing staff concerns and helping to manage the uncertainty associated with those processes. As part of the operational planning process for the 2014-2015 biennium, staff had been faced with the reduction or elimination of numerous posts; the El Paso Field Office had been entirely closed and other offices had suffered staff cuts. In some cases, those situations had been handled in an orderly and appropriate manner; in others, the Staff Association had had to intervene in order to mitigate the harm to the staff members concerned.

251. The Staff Association remained concerned about various problems in the system for internal administration of justice and continued to believe that an independent review of the various elements comprising the system should be undertaken. Of particular concern was the Board of Appeal, which had still not elected new members or updated its rules of procedure. The work of the external president of the Board was not satisfactory, and conflicts were not being resolved in a timely manner. In keeping with the recommendations of a 2010 report of the United Nations Joint Inspection Unit on ethics in the United Nations system, the head of the Ethics Office should be replaced periodically, as was the case with the Ombudsperson and the members of the Board of Appeal. Those reforms would foster greater confidence among staff and help to reinforce their commitment to the Organization and its mission.

252. In the discussion that followed, members of the Committee expressed gratitude to the staff for their dedication and acknowledged their crucial role in the provision of technical support to Member States. The Director was encouraged to continue dialoguing with staff and to address their concerns promptly in order to ensure that they remained motivated and committed to carrying out the mandates approved by the Governing Bodies.

253. Ms. Vidal reaffirmed the Staff Association's commitment to the Organization and its willingness to continue working with the Director to improve the internal justice system.

254. The Director expressed appreciation for the Staff Association's interest in engaging in dialogue with the Administration and affirmed her commitment to continue working with the Association to ensure an open, respectful, and ethical work environment. Staff were an important resource and could provide valuable information for decision-making, and she would continue to consult the Staff Association on all major issues of concern to the Organization as a whole. She acknowledged that there were problems with the internal justice system—problems that could eventually have a negative impact on staff performance—and pledged to work with the Staff Association to address them.

255. The Committee took note of the statement.

Matters for Information*Update on WHO Reform (Document CE154/INF/1)*

256. Dr. Fenton Ferguson (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of WHO reform, noting that the Subcommittee had highlighted, in particular, the importance of governance reform, the WHO financing dialogue and strategic allocation of WHO resources, and the development of a framework for engagement with non-State actors.

257. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) presented an update on recent initiatives launched since the report on WHO reform presented to the Subcommittee, which included a pilot program to develop project management capacity. PAHO was also developing a management framework that would be coordinated and aligned with that of WHO. Work continued in two areas of particular interest to PAHO: development of a framework for engagement with non-State actors and preparation of a new resource allocation formula. In relation to the latter, he noted that Mexico continued to represent the Region on the working group responsible for developing the new formula, which would be presented to the WHO Executive Board in January 2015 and, if approved, might be applied to the 2016-2017 budget.

258. PAHO was fully aligned with the WHO reforms. Its communication and human rights strategies were congruent with those of WHO and it was committed to bottom-up planning, joint Member State and Bureau accountability for results, and alignment of funding with priorities. A further update on the progress of reform, particularly with regard to resource allocation and engagement with non-State actors, would be presented during the 53rd Directing Council.

259. Like the Subcommittee, the Executive Committee emphasized the importance of the reforms relating to governance, allocation of WHO resources, and engagement with non-State actors. It was considered that the draft framework proposed by the WHO Secretariat was unclear with regard to the principal objective of the Organization's engagement with non-State actors and that the document on the matter¹³ seemed to call on governments to increase collaboration with such actors, whereas it should focus on determining how WHO would identify and eliminate real or potential conflicts of interest and the exercise of undue influence by commercial entities. The need to develop a process for assessing the cost-benefit of engaging with non-State actors was highlighted. It was recalled that the Sixty-seventh World Health Assembly had decided that regional committees should discuss the matter, and information was sought on the proposed format for that discussion. Several delegates stressed the importance of adopting and transmitting to WHO a strong regional position on the issue and suggested that a regional consultation on engagement with non-State actors should therefore be placed on the agenda of the 53rd Directing Council as a substantive item.

¹³ WHO Document A67/6 (2014).

260. With regard to the allocation of WHO resources, it was noted that the initiative had been renamed “strategic budget space allocation” and appreciation was expressed to Mexico for its continued participation on the working group on the issue. The need to develop a fair, transparent, and evidence-based methodology for allocating WHO resources was emphasized. In view of its importance to the Region, it was felt that this matter, too, should be placed on the agenda of the Directing Council as a substantive item.

261. The need to accelerate governance reform was underscored. Faster progress with regard to strategic decision-making by WHO’s Governing Bodies was considered especially important. It was pointed out that the Sixty-seventh World Health Assembly had adopted several resolutions focusing on decision-making and the handling of resolutions that had cost implications exceeding the agreed budget, and it was suggested that PAHO should also look at that issue. With a view to streamlining the work of the Governing Bodies and avoiding duplication of effort, it was suggested that matters discussed by the Subcommittee on Program, Budget, and Administration on which no action was required might be covered at Executive Committee sessions under the Subcommittee’s report rather than as distinct agenda items.

262. The importance of reform at all levels of the Organization was emphasized. It was pointed out while Document CE154/INF/1 noted the relevance of the various WHO reforms to the Region, it did not provide any detail on how PAHO was implementing the reforms, nor did it describe their real or potential impact on PAHO’s current practices. The Bureau was asked to provide a more detailed analysis of reform implementation from a regional perspective, including its views on how lagging elements such as governance reform could be accelerated. Attention was drawn to the need for staff training on reform-related processes and systems and for periodic examination to identify any problems with regard to those processes and systems.

263. The Delegate of Canada noted that his Government had seconded a senior official, Ms. Bersabel Ephrem, to the WHO Secretariat to support the reform process and said that she would be pleased to engage with Member States from the Region on the issue.

264. Mr. Walter said that the Bureau would ensure that future reports on WHO reform included more detail on the impact of reforms on PAHO. It would also see that Member States had the opportunity during the Directing Council to engage in a substantive discussion on the most critical aspects of reform, in particular resource allocation and WHO’s interaction with non-State actors.

265. The Director agreed that it would be desirable to have a substantive discussion on WHO reforms at the regional level. As a basis for that discussion, the Bureau would draw up a document detailing how the various reforms had been implemented in the Region and exploring their implications for PAHO. The Bureau would also endeavor to ensure that the WHO Assistant Director-General responsible for the reform process was present to provide an update. An informal meeting would be held following the closure of the

present session to discuss the arrangements for the regional consultation on WHO's engagement with non-State actors. A report on PAHO's experience in working with non-State actors through the Pan American Forum for Action on Noncommunicable Diseases would be prepared as a contribution to the debate.

266. She recalled that the strategic resource allocation initiative had originated at the behest of the Region of the Americas and thanked Mexico for its leadership on the issue. She agreed that it was important for PAHO to examine the proposed methodology in detail and to agree on a consolidated regional position, which would help the global debate.

267. With regard to governance reforms, she observed that there had not been much success in limiting the number of items on the agendas of the WHO Governing Bodies. PAHO was making some headway with regard to streamlining the work of its Governing Bodies, but more could be done. For example, while it would always be important to address regional specificities, it might not be necessary for Member States to adopt a regional plan of action for every strategy adopted at the global level. They might simply rely on the Bureau to implement global strategies with due attention to regional needs and priorities.

268. In her view, the active involvement of PAHO Member States in the WHO reform process and in the debates on reform was adding significant value to the work under way. She affirmed that the Bureau was committed to implementing the various WHO reforms, to the extent possible and as appropriate; however, as PAHO had already undergone a reform process, some of the WHO reforms had already been introduced in the Region.

269. The Committee took note of the report.

WHO Program Budget 2012-2013 Assessment Report (Document CE154/INF/2)

270. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) gave a brief summary of the WHO performance assessment for the biennium 2012-2013, noting that PAHO's performance had been incorporated into the assessment through its Region-wide Expected Results, although the global report did not focus on data disaggregated by Region. The highlights of the WHO report included an improvement in the achievement of Organization-wide expected results, from 54% in 2010-2011 to 63% in 2012-2013. There had also been an improvement in the alignment of the financing of strategic objectives, although full financial alignment had not yet been achieved.

271. During the Sixty-seventh World Health Assembly, WHO Member States had pointed out that the report was more descriptive than analytical and that the extent to which the results were attributable to the WHO Secretariat was not clear. In response, the Secretariat had indicated that many of those issues would be addressed through the WHO reform process. Also, the program budget for 2014-2015 had a clearer results structure, with impacts, outcomes, and outputs as well as more robust indicators, and with a clearer delineation between the work of Member States and that of the Secretariat. Additionally,

the WHO budget portal would improve transparency and allow ongoing monitoring of WHO's financial and programmatic performance.

272. One member of the Executive Committee said that the assessment provided useful information about the performance of the Organization but still presented significant limitations due to its being self-administered; moreover, under the Medium-term Strategic Plan the links between activities and outcomes were tenuous. Misalignment of resources across strategic objectives and uneven distribution among Regions continued to hinder overall performance, as shown by the fact that only 63% of the Organization-wide Expected Results had been achieved. It was to be hoped that the efforts to enhance resource mobilization and the reform efforts related to resource allocation would improve alignment.

273. Mr. Walter agreed that self-assessment by WHO and PAHO represented a limitation, but said that from the 2014-2015 biennium onwards the monitoring of at least part of the results chain would be done by Member States jointly with the Organization, which should improve the credibility of the performance reports.

274. The Director said that the uneven distribution of the resources available across the strategic objectives really gave weight to the plea that the Director-General made at every opportunity for more flexible funds. Many of the funds donated were highly earmarked, making it very difficult to move them between Strategic Objectives and also from Headquarters to the Regions.

275. It was also important to note that there was significantly uneven achievement across the regions. In particular, for a long period of time the African and South-East Asia Regions had not been meeting some of their targets.

276. The Executive Committee took note of the report.

Status of the Millennium Development Goals and the post-2015 Development Agenda (Document CE154/INF/3)

277. Dr. Luiz Augusto Galvão (Manager, Sustainable Development and Health Equity, PASB), introducing the report, said that, in general, the Region of the Americas was on track to achieve the health-related Millennium Development Goals. However, owing to disparities and inequities between and within countries challenges remained, particularly with respect to three important health-related indicators: infant mortality, maternal mortality, and basic sanitation.

278. As part of the planning process for the post-2015 development agenda, a framework based on the principles of human rights, equality, and sustainability had been proposed, together with four key dimensions of development: inclusive social development, inclusive economic development, environmental sustainability, and peace and security. Following the Rio+20 Conference on Sustainable Development, the United

Nations General Assembly had established an Open Working Group, which was striving to develop a set of sustainable development goals.

279. “Healthy lives and universal health coverage at all ages” had been proposed as an overarching health goal for the post-2015 development agenda, with four possible sub-goals: achieve the health-related Millennium Development Goals; address the burden of noncommunicable diseases, injuries and mental disorders; achieve universal health coverage, including financial risk protection; and address social and environmental determinants of health.

280. It was now generally accepted that health was a critical contributor to and a measure of development, as well as one of its outcomes, which augured well for efforts to ensure a central place for health on the post-2015 development agenda. Nevertheless, the window of opportunity for the health sector to influence the process of establishing sustainable development goals was closing. He therefore urged ministers of health to continue working with their colleagues in the ministries of foreign affairs, who would begin negotiating the post-2015 agenda in September 2014 during the sixty-ninth session of the United Nations General Assembly.

281. The Executive Committee welcomed the progress made towards achievement of the health-related Millennium Development Goals in the Region, but recognized that the results reported at the national level were averages that masked disparities and inequities at the subnational level. It was considered essential in the post-2015 period to maintain the gains made and to continue working to achieve the Goals for all population groups.

282. Continued attention to maternal and child health, reproductive health and family planning, and water and sanitation were considered especially important. The need to continue strengthening health systems and services and health information systems was also stressed. Other health priorities to be pursued in the post-2015 period included prevention and control of noncommunicable diseases, including mental disorders and injuries caused by violence; continued attention to communicable diseases, including HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases; and universal health coverage. With regard to the latter, a delegate expressed the view that the reference in paragraph 29 of Document CE154/INF/3 to “key interventions” implied a limitation on access to health services that ran counter to the concepts of universal health coverage, universal and equitable access to quality health services, and the right to health.

283. Delegates affirmed that health, as recognized in United Nations General Assembly resolution 66/288, was a precondition for and an outcome and indicator of sustainable development. It was reported that experience at the national level had shown that health also contributed to poverty reduction and the promotion of sustainable development, and it was pointed out that the work on the Millennium Development Goals had helped to raise awareness of the very high return that investment in health could yield.

284. The Committee agreed on the need to ensure the centrality of health in the post-2015 development agenda, which was seen as an opportunity to create a new paradigm based on equity. It was emphasized that the establishment of goals, targets, and indicators for the post-2015 agenda must be country-led and that the health sector must continue to play a pivotal role in the process, advocating a comprehensive, multisectoral, health-in-all-policies approach that addressed not only health needs per se but also social, environmental, and economic determinants of health. Resolution WHA67.14, adopted by the World Health Assembly in May 2014, was considered a good framework for the ongoing efforts of Member States, the WHO Secretariat, and the Bureau to ensure a prominent place for health in the post-2015 development agenda. In order to reinforce those efforts and consolidate a regional position on the issue, it was suggested that the post-2015 development agenda should be discussed as a substantive item during the 53rd Directing Council. It was also suggested that a roadmap should be developed to guide and coordinate regional efforts in the run-up to the United Nations General Assembly negotiations on the agenda.

285. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) commended Member States on their progress with regard to the Millennium Development Goals and pledged that the Bureau would continue to support their efforts. The gains made should be celebrated, but at the same time it should be recalled that many people in the Region continued to fall ill and die from preventable causes and that not everyone enjoyed optimum health. As had been highlighted in the discussion, it was essential to strengthen information systems in order to ensure that all births and deaths were recorded and to be able to measure progress. The Bureau continued to work with Member States to improve vital statistics systems and to improve its own databases.

286. Dr. Galvão noted that the progress reports on technical matters (see paragraphs 301 to 327 below) provided additional information on progress towards the health-related Millennium Development Goals and that an updated report on the status of the various Goals would be presented to the 53rd Directing Council, which would take place a few days before the start of the negotiations on the post-2015 development agenda. He also noted that a set of handouts containing more information on the Millennium Development Goals and the process of formulating the post-2015 development agenda had been distributed to Committee members and observers.

287. The Director agreed that the greatest challenge that the Region faced in meeting the Millennium Development Goals was inequity and the “tyranny of averages,” which masked the fact that large swaths of population in some countries would not achieve the Goals. The Region must therefore not rest on its laurels but must continue working to ensure that everyone enjoyed the highest attainable standard of health.

288. The post-2015 development agenda had been discussed in numerous forums at the national, regional, and international levels, and it appeared that the battle for a prominent place for health in the agenda had been won; however, there was still no clear consensus within the health sector as to what the overarching health goal should be. From the outset,

WHO had chosen the goal of universal health coverage, but some were of the view that the overarching goal should be to maximize health throughout the life course. It was essential to bring those two currents of thought together and reach consensus on an overarching goal so that the health sector could present a united front in the negotiations on the agenda.

289. The matter could certainly be discussed as a substantive item during the 53rd Directing Council, but in the meantime it was imperative for health ministers to continue to engage with ministers of foreign affairs to highlight the importance of health to sustainable development. For its part, the Bureau would continue to work through the PAHO/WHO representatives and through Member States' representatives at the Organization of American States to maintain a focus on health. It would also seek to organize a meeting with Member States' permanent representatives to the United Nations in New York.

290. The Committee took note of the report.

Report of the PAHO/WHO Advisory Committee on Health Research (Document CE154/INF/4, Rev. 1)

291. Dr. Luis Gabriel Cuervo (Senior Advisor, Research Promotion and Development, PASB), speaking in his capacity as Secretary ex-officio to the Advisory Committee on Health Research, introduced the Committee's report, which summarized the recommendations made by the Committee during its 45th Session in October 2012. He recalled that the Committee had been advising PAHO since 1962 on its strategic approach to the production and use of research for health. The 45th Session had focused on implementation of PAHO's Policy on Research for Health¹⁴ and had been organized around the Policy's six objectives. The Committee's recommendations emphasized the need to move ahead with assessments of the implementation of the Policy within the Bureau and Member States. They also stressed the need to formulate a strategy and plan of action to support Member States in implementing the Policy in a consistent and equitable manner that would benefit all. The recommendations appeared in Annex A of Document CE154/INF/4, Rev. 1.

292. The Committee had highlighted the need to capitalize on the substantial progress and changes in the landscape for research and had called on the Bureau to develop updated indicators and assessments of the role of research as an essential public health function. It had also underlined the importance of strengthening research governance and knowledge translation efforts, both in Member States and at PASB, with a view to mainstreaming research in tangible ways that would add value to the work of others within the Organization.

293. Dr. Cuervo concluded his presentation with the observation that the holistic approach of research for health, which went beyond the older approach of health

¹⁴ See Document CD49/10 and Resolution CD49.R10 (2009).

research, would facilitate the involvement of relevant sectors of society and government to promote health with equity. It would also afford a fantastic opportunity for PAHO to ensure that scientific research became integral to health care, prevention, and policies for health and that the Bureau's technical assistance would adhere to the highest standards of quality, safety, efficiency, and effectiveness.

294. The Director agreed that research for health was an essential public health function. It was important to identify research needs that would enable Member States to address knowledge gaps in relation to health reform, strengthening of health systems, and specific health issues. She encouraged Member States to take the Committee's recommendations into consideration and to commit to ensuring that relevant research would be conducted.

295. The Executive Committee thanked the Advisory Committee on Health Research for its work and took note of the report.

Systematization of PAHO Mandates (Document CE154/INF/5)

296. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) recalled that during the 153rd Session the Bureau had been requested to develop a tool for organizing and systematizing PAHO mandates so that Member States and other interested parties could more easily monitor progress on resolutions of the Governing Bodies and other international public health commitments. Accordingly, the Bureau had created a new Governing Bodies "community" within the joint PAHO/WHO Institutional Repository for Information-Sharing (IRIS), which was a digital document archive system with a search function that enabled users to search by topic, document type or symbol, date, author, or series. The system was expected to be available for use by Member States in September 2014.

297. In addition, the Director had undertaken an assessment of progress in implementing the resolutions adopted by the Governing Bodies from 1999 to 2013. An internal interprogrammatic working group had developed the methodology for the assessment, which was described in Document CE154/INF/5. A report on the assessment would be presented during the 53rd Directing Council.

298. The Executive Committee welcomed the initiative to systematize information on Governing Body resolutions and other public health commitments. Committee members considered that it would facilitate follow-up of mandates by both the Bureau and Member States, help to identify needed actions or course corrections, strengthen the governance and leadership of the Organization, and enhance the effectiveness of progress monitoring under the Strategic Plan 2014-2019 and other Governing Body mandates. Governance was seen as a joint responsibility of the Bureau and Member States, and the Bureau was encouraged to work along the same lines as the WHO Secretariat with regard to governance reform.

299. Ms. Huerta said that the Bureau had been following the WHO discussions on governance very closely and agreed that governance was a joint effort. The electronic tool to be made available to Member States would provide them and the Bureau with a clear picture of current mandates and of the progress being made on them. As part of the review of Governing Body resolutions, the Bureau was looking carefully at whether it was fulfilling the mandates established for it under each resolution. The report to be presented to the Directing Council would contain detailed information in that respect and would identify successes achieved, lessons learned, and work still to be completed.

300. The Committee took note of the report.

Progress Reports on Technical Matters (Document CE154/INF/6-A, B, C, D, E, F, and G)

A. Strategy and Plan of Action on Climate Change

301. Members of the Committee agreed that climate change represented a threat to human health and to health systems that could only be mitigated through enhanced cooperation across public sectors and among public and private institutions. It was emphasized that the health sector should assume a leadership role in forging those partnerships and ensuring that health considerations related to climate change were identified and addressed.

302. Dr. Luiz Augusto Galvão (Manager, Sustainable Development and Health Equity, PASB) agreed with the comments of the Committee, pointing out that Table 1 in Document CE154/INF/6-A listed improved intersectoral participation and an empowered and proactive health sector as factors required for success in implementing the strategy and plan of action. He reminded the Committee of two upcoming meetings that would focus more attention on the subject: the WHO Conference on Health and Climate, to be held in Geneva in August 2014, and the twentieth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, which would take place in Lima, Peru, in December.

303. The Committee took note of the report.

B. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas

304. The Delegate of Brazil reported on activities carried out in his country to interrupt transmission of measles and to verify and document the elimination of measles, rubella and congenital rubella syndrome (CRS). He affirmed that the recent measles outbreak in Brazil had been controlled.

305. Dr. Cuauhtémoc Ruiz Matus (Chief, Comprehensive Family Immunization Unit, PASB) recognized the contributions of public health workers in all the countries of the Region toward the success of the initiative. The International Expert Committee formed

to examine evidence of the elimination of measles, rubella, and CRS in the Americas was awaiting one final report from Brazil before moving forward with the certification process. In his view, the elimination of these diseases in the Americas served as an example for the rest of the world. In response to that comment, a delegate suggested that PAHO Member States should advocate for global elimination of measles, rubella, and CRS.

306. The Director congratulated Member States for their achievement but warned that the Region would only remain free of measles, rubella, and CRS if high immunization coverage rates were maintained.

307. The Committee took note of the report.

C. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity

308. Two Committee members reported on their countries' progress towards achieving the reduction in maternal mortality called for under Millennium Development Goal 5, with one supplying data that had not been included in the Bureau's report. In one case, it was reported that maternity units had been instrumental in bringing about the decline. In the other, the reduction was attributed to the abolition of fees in the public health system, which had led to an increase in prenatal care and attended births; the establishment of maternity homes and institutional birth services throughout the country; and the redistribution of trained human resources to poor and rural areas.

309. Dr. Suzanne Serruya (Director, Latin American Center for Perinatology, Women, and Reproductive Health) said that the missing data would be included in the revised version of the report submitted to the 53rd Directing Council and commended the strategies used to combat maternal mortality, which were examples of best practices. She reiterated a point made by various members, namely that it was important to study "near-miss" cases—those in which mothers and newborns with severe illness or birth complications had almost died—in order to better understand the factors involved in both their morbidity and their survival. Formal surveillance of such cases was currently deficient, but the Bureau was launching a new initiative to monitor cases of severe complications during childbirth, and she urged all Member States to participate.

310. The Committee took note of the report.

D. Implementation of the International Health Regulations (IHR)

311. Information was requested on the status of the IHR Review Committee's examination of requests for extension to 2016 of the target date for meeting the core capacity requirements under the Regulations. While recognizing that many countries had found it difficult to implement the core capacities, delegates urged that the Bureau and Member States prioritize efforts to meet the 2016 deadline and undertake collaborative activities to strengthen IHR core capacities.

312. Several members of the Executive Committee proposed that, in lieu of a progress report on the Regulations, a substantive item should be placed on the agenda of the 53rd Directing Council, under the title “Advancing Toward a Regional Position on Implementation of the IHRs.” It was felt that the subject required further discussion by the Governing Bodies of PAHO and WHO in the light of agreements reached at the Regional Meeting in the Americas on Implementation of the IHRs, which had been held from 29 to 30 April 2014 in Buenos Aires in response to a request made by Member States to the Director of PASB during the 52nd Directing Council.¹⁵ In particular, it was considered important to continue discussion of the roadmap for the Region that had been drafted and approved by participants at the Buenos Aires meeting. The roadmap dealt with mechanisms for monitoring compliance with the IHRs and would ultimately be presented as regional recommendations to WHO. Concerns included the need for comprehensive monitoring beyond implementation of the core capacities, including monitoring of their maintenance in the post-2016 period.

313. Additional topics of interest included certification of ports of entry, which some delegates felt should remain voluntary and be carried out at the request of the country, and the development of a global health security agenda. It was suggested that the latter would help to ensure compatibility among the requirements of various international agencies in terms of both activities and the tools used to evaluate them. Regarding yellow fever, it was noted that previously suggested revisions to the mapping of risk areas in the Americas had still not been made.

314. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB), congratulating Member States on their progress in implementing the core capacities, said that he did not yet have information on when the IHR Review Committee would meet. Regarding yellow fever, he explained that the risk areas map was managed by a committee of international experts in Geneva and promised to pass along information about recommended revisions. He fully agreed with the view that each country had the sovereign right to make decisions about voluntary matters such as certification of ports or adoption of recent changes to the guidelines for yellow fever immunization.

315. He welcomed the suggestions about global preparedness and a global security health agenda and highlighted the importance of ensuring that initiatives to implement core capacities worked together and did not compete with each other. Ministries of health should strive to involve other sectors in efforts to achieve the core capacities. Likewise, WHO and PAHO should maintain engagement with international and regional entities outside the health sector, such as the International Atomic Energy Agency, the International Civil Aviation Organization, and the Inter-American Committee on Ports of the Organization of American States, all of which had been represented at the Buenos Aires meeting.

¹⁵ Decision CD52(D5) (2013).

316. The Director said that the proposed IHR agenda item would, as requested by the Committee, be placed under Program Policy Items on the provisional agenda of the 53rd Directing Council (see paragraphs 11 to 16 above).

317. The Committee took note of the report.

E. Elimination of Neglected Diseases and other Poverty-related Infections

318. The Committee applauded the progress made to date on the elimination of neglected and poverty-related infectious diseases. It was pointed out that the achievements outlined in the progress report clearly indicated that the goal was feasible.

319. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) congratulated Member States on how far they had come in eliminating several of the neglected and poverty-related diseases. He urged them to maintain their political will and activities so that, with ongoing support from the Bureau, they could deliver the final blow. He praised the recent cooperation agreement between Brazil and Venezuela aimed at eliminating onchocerciasis among the Yanomami populations of the border region and reported that the PAHO/WHO country offices in those countries were helping to facilitate preparation of an operation plan. He also congratulated Ecuador, which was on the verge of being certified free of onchocerciasis. If certification was granted, and initial indications were that the outlook was positive, it would be the second country in the Region (after Colombia) to achieve that goal.

320. The Director joined in applauding and thanking Member States for their tremendous efforts in this area. Drawing attention to the new infectious disease threat posed by the chikungunya fever epidemic in the Caribbean, she said that it was projected that the disease would soon spread to other parts of the Region. Therefore, Member States should begin immediately to implement prevention plans, which should include the same preventive measures as those used against dengue.

321. The Committee took note of the report.

F. Plan of Action on Safe Hospitals

322. It was pointed out that the disasters occurring since the adoption of the Plan of Action on Safe Hospitals in 2010 had highlighted the progress made in disaster risk reduction, but had also revealed how easily hospitals, health centers, and public health systems could be overburdened by public health emergencies and disasters. The Bureau was encouraged to facilitate opportunities for the exchange of technical information and expertise and the provision of training to Member States for the construction of safe hospitals that would remain structurally sound and capable of operating in an emergency situation.

323. Dr. Ciro Ugarte (Acting Director, Department of Emergency Preparedness and Disaster Relief, PASB) said that those comments would be taken into account in future

work under the Plan of Action. The Americas was the region in which the most progress had been made with regard to the Safe Hospitals Initiative, and documentation on the subject produced by Latin American experts had been translated into seven languages and was being used by countries all over the world. The work done in the Region had shown that it was possible with relatively low levels of investment not only to make hospitals safer, but also to render them more energy-efficient and better adapted to climate change.

324. The Committee took note of the report.

G. Status of the Pan American Centers

325. The work of the various Pan American centers was considered of great importance to the Region. In particular, the contributions of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) to food safety and to prevention and control of zoonoses as well as to the elimination of foot-and-mouth disease were welcomed. It was suggested that a new administrative structure similar to that of the Latin American and Caribbean Center on Health Sciences Information (BIREME) should be put in place in order to allow for greater participation by Member States in PANAFTOSA's governance and to enhance coordination among countries of foot-and-mouth disease elimination activities; such a mechanism might take the form of commission or board of directors, with equitable representation of subregions. The Government of Paraguay offered to organize an international event in order to explore this idea further and formulate a proposal.

326. The Director recalled that under the Strategic Plan 2014-2019 very low priority had been accorded to foot-and-mouth disease. Nevertheless, the Bureau recognized that although it was not a human disease, foot-and-mouth was an important health, economic, and social issue for a number of countries in the Region and had continued its work in support of elimination efforts. It lacked the resources, however, to complete all the work needed to realize the goal of eradication, and would therefore be pleased to work with Member States on the development of a participatory governance mechanism. The Bureau would also welcome the opportunity to engage with ministries of agriculture and animal health associations in the countries concerned to ensure adequate funding for PANAFTOSA's work.

327. The Committee took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CE154/INF/7-A and B)

A. Sixty-seventh World Health Assembly

328. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) reported on the resolutions and other actions of the Sixty-seventh World Health Assembly considered to be of particular interest to the PAHO Governing Bodies, noting that in the short span of time since the Assembly, the Bureau had made a preliminary analysis of the

implications for the Region of the resolutions adopted and would present a more detailed study during the 53rd Directing Council. She drew particular attention to the resolution on the global strategy and targets for tuberculosis prevention, care, and control after 2015 (WHA67.1), noting that it had been adopted just one year before the end of the timeframe for the PAHO Regional Strategy for Tuberculosis Control for 2005-2015, at which time the Bureau would review the results achieved and might propose a new initiative aligned with the global strategy. With regard to Resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and children, she noted that PAHO had a long history of working to prevent and respond to interpersonal violence, including violence against women, with several documents and mandates guiding the Organization's work in the area. As to Resolution WHA67.25 on antimicrobial resistance, Member States might wish to consider the advisability of adopting a regional resolution on the issue in the near future.

B. Subregional Organizations

329. Dr. Beverley Barnett (Acting Head, Country and Subregional Coordination, PASB) reported that the Council on Human and Social Development of the Caribbean Community (CARICOM) had discussed issues related to the CARICOM health agenda; the Caribbean Cooperation in Health, Phase III; the Caribbean Public Health Agency (CARPHA); communicable and noncommunicable diseases; HIV and AIDS; the International Health Regulations (2005); the Regional Pharmaceutical Policy; and laboratory quality management.

330. In Central America, the XXIX Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) had discussed governance and access to water with a human rights approach; neglected infectious diseases; the impact of drug addiction in the subregion; and medicines and technology regulation. The Council of Central American Ministers of Health (COMISCA) of the Central American Integration System (SICA) had approved indicators for monitoring the implementation of the Health Plan for Central America and the Dominican Republic and had requested PAHO/WHO to assist with the development of a resolution to begin work on a SICA health policy. COMISCA also planned to collaborate with PAHO to develop a model for complementary work between RESSCAD and COMISCA.

331. In South America, the Meeting of Ministers of Health of the Andean Area (REMSAA) had discussed basic indicators for monitoring national health systems for universal access; intercultural health; access to medicines; and development of a policy on disability. The Ministers of Health of the Southern Common Market (MERCOSUR) had discussed the epidemiological situation of the region's priority communicable diseases: dengue, measles, influenza, tuberculosis, and malaria. They had also discussed binational health activities in the context of the World Cup taking place in Brazil, especially with regard to those diseases. Health systems profiles for Brazil and Uruguay had been presented and the *Mais Médicos* project discussed. The Union of South American Nations (UNASUR), through its various health organs, had discussed monitoring of the health-related Millennium Development Goals, inclusion of health in

the post-2015 development agenda, pricing of medicines, and a South American Day for donation of breast milk.

332. The Executive Committee took note of the report.

Closure of the Session

333. Following the customary exchange of courtesies, the President declared the 154th Session of the Executive Committee closed.

Resolutions and Decisions

334. The following are the resolutions and decisions adopted by the Executive Committee at its 154th Session:

Resolutions

CE154.R1: Collection of Assessed Contributions

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CE154/21, Rev. 1 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 2014 assessed contributions,

RESOLVES:

1. To take note of the report of the Director on the collection of assessed contributions (Documents CE154/21, Rev. 1 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 2014 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 53rd Directing Council on the status of the collection of assessed contributions.

(First meeting, 16 June 2014)

CE154.R2: Plan of Action for the Prevention of Obesity in Children and Adolescents

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Prevention of Obesity in Children and Adolescents* for 2014-2019 (Document CE154/16, Rev. 1),

RESOLVES:

To recommend that the 53rd Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION FOR THE PREVENTION OF OBESITY
IN CHILDREN AND ADOLESCENTS**

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Prevention of Obesity in Children and Adolescents* for 2014-2019 (Document CD53/__);

Recalling the right of children to the enjoyment of the highest attainable standard of health, as set forth in the Constitution of the World Health Organization, the United Nations Convention on the Rights of the Child, and other international and regional human rights instruments;

Mindful that overweight and obesity have reached epidemic proportions among children and adolescents in the Americas and that the problem is already prompting diverse control efforts at the local as well as national levels by Member States;

Recognizing that the scientific and public health knowledge about the mechanisms involved in the current obesity epidemic and the public action required to control it is vast and robust;

Cognizant that the present Plan of Action aligns with international mandates emerging from the World Health Assembly, in particular the WHO Global Strategy on Diet, Physical Activity, and Health (WHA57.17 [2004]) and the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition (WHA65.6 [2012]), in addition to mandates by PAHO Governing Bodies, including the Strategy and Plan of

Action for Integrated Child Health (CSP28/10 [2012]), the Regional Strategy for Improving Adolescent and Youth Health (CD48.R5 [2008]), the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015 (CD47/18 [2006]), and the Strategy and the Plan of Action for the Prevention and Control of Noncommunicable Diseases (Documents CSP28/9, Rev. 1 [2012], and CD52/7 [2013]), as well as with the United Nations Declaration of Human Rights (1948), and the United Nations Convention of the Rights of the Child (1989),

RESOLVES:

1. To approve the *Plan of Action for the Prevention of Obesity in Children and Adolescents* for 2014-2019.
2. To urge Member States to:
 - a) give priority and advocate at the highest levels for the implementation of this Plan of Action;
 - b) promote coordination between ministries and public institutions, primarily in the sectors of education, agriculture, finance, trade, transportation, and urban planning, as well as with local city authorities, to achieve national consensus and synergize actions to halt progression of the obesity epidemic among children;
 - c) support and lead joint efforts between the public and private sectors and civil society organizations around the Plan of Action;
 - d) develop mass communication plans and programs to disseminate the Plan of Action and educate the public on matters of food, healthy eating, and the value of local culinary traditions consistent with healthy eating;
 - e) establish an integrated monitoring, evaluation, and accountability system for policies, plans, programs, legislation, and interventions that will make it possible to determine the impact of implementing the Plan of Action;
 - f) ensure that processes are established to hold external reviews and analyses of the Plan's implementation based on national priorities, needs, and capabilities.
3. To request the Director to:
 - a) provide support to the Member States in collaboration with other UN agencies and committees such as the Food and Agriculture Organization, the United Nations Children's Fund, the World Food Programme, and the United Nations Committee on the Rights of the Child, other stakeholders and donors, as well as national sectors, to work collectively on the Plan of Action, particularly its activities at the subregional and country levels;

- b) promote implementation and coordination of the Plan of Action to ensure that activities cross-cut the Organization's various program areas and different regional and subregional contexts;
- c) promote and consolidate cooperation with and among countries, with sharing of the experiences and lessons learned;
- d) report periodically to the Governing Bodies on progress and constraints in execution of the Plan of Action, as well as on its adaptation to new contexts and needs.

(Third meeting, 17 June 2014)

CE154.R3: Appointment of One Member to the Audit Committee of PAHO

THE 154th 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. Alain Gillette for his years of service to the PAHO Audit Committee.
3. To appoint Mr. Nicholas Treen to serve as a member of the PAHO Audit Committee for a term of three years from June 2014 through June 2017.

(Third meeting, 17 June 2014)

CE154.R4: Status and Authorized Level of the Working Capital Fund

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director *Status and Authorized Level of the Working Capital Fund* (Document CE154/24, Rev. 1);

Noting that the provisions of Financial Regulation VII stipulate that the amount and purposes of the Working Capital Fund will be determined from time to time by the Pan American Sanitary Conference or the Directing Council;

Noting, with concern, the increasing demands placed on the Working Capital Fund as the Organization's Regular Budget activities expand;

Noting the need to adequately position the Organization to manage the uncertainties of the cash and budgeting cycles,

RESOLVES:

To recommend to the 53rd Directing Council the adoption of a resolution along the following lines:

**STATUS AND AUTHORIZED LEVEL OF
THE WORKING CAPITAL FUND**

THE 53rd DIRECTING COUNCIL,

Having considered the report of the Director *Status and Authorized Level of the Working Capital Fund* (Document CD53/___);

Having noted that the Director has replenished the Working Capital Fund to its current authorized level of US\$ 20.0 million;¹

Having considered the recommendation of the Executive Committee concerning an increase in the authorized level of the Working Capital Fund, in recognition of increasing demands placed on the Working Capital Fund as the Organization's Regular Budget activities expand, as well as the need to ensure that the Program is carried out in an efficient and orderly manner,

RESOLVES:

1. To approve an increase in the authorized level of the Working Capital Fund from \$20.0 million to \$25.0 million.

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

2. To authorize the Director to finance the increase in the Working Capital Fund from any surplus of revenue over expense as a result of efficiencies realized in the implementation of the Program and Budget, beginning with the current 2014-2015 biennium.

(Third meeting, 17 June 2014)

CE154.R5: Plan of Action on Disabilities and Rehabilitation

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action on Disabilities and Rehabilitation* (Document CE154/14),

RESOLVES:

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

PLAN OF ACTION ON DISABILITIES AND REHABILITATION

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Disabilities and Rehabilitation* (Document CD53/___);

Recognizing that the prevalence of the disabilities is growing, due, among other things, to the aging of the population, the rise in chronic diseases and their risk factors, substance abuse, occupational and traffic injuries, and violence and humanitarian crises;

Recognizing that disability is a public health problem, a human rights issue, and a development priority;

Understanding that persons with disabilities have worse health outcomes when compared with the disability-free population, and that they face stigma and barriers to service access;

Recognizing that community-based rehabilitation creates an appropriate environment for providing quality health care and protecting the human rights of persons with disabilities;

Understanding that investing in habilitation and rehabilitation and in the provision of assistive technology is important for enabling persons with disabilities to live an

independent life and integrate with their families and communities, and that it helps reduce the need for formal support services and relieve the physical and psychological burden on caregivers;

Considering that Resolution CD47.R1 (2006), *Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights* urges the Member States to draft and adopt policies, plans, and laws on health, habilitation, and rehabilitation consistent with the applicable international human rights instruments;

Considering that, in May 2014, the Sixty-seventh World Health Assembly discussed a proposal for a WHO global disability action plan 2014-2021: Better health for all people with disabilities, the Pan American Health Organization (PAHO), with the consensus of its Member States, drafted this plan of action aligned with the WHO global disability action plan 2014-2021 and the PAHO Strategic Plan 2014-2019 approved by the Directing Council in 2013;

Observing that this plan of action addresses the objectives essential for meeting the countries' needs,

RESOLVES:

1. To approve the *Plan of Action on Disabilities and Rehabilitation* and its implementation within the context of the particular conditions of each country.
2. To urge the Member States, taking into account the shared responsibilities in federated States, to:
 - a) make disability a priority in their national health policies to ensure implementation of the respective plans leading to universal, equitable access by persons with disabilities and their families to health services and programs that include habilitation and rehabilitation, the provision of assistive technology, and other support;
 - b) strengthen the legal framework and regulations in the countries and their enforcement to protect the human rights of persons with disabilities, pursuant to the Convention on the Rights of Persons with Disabilities, the Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities, and the applicable international standards;
 - c) support civil society involvement in activities to promote and protect the health of persons with disabilities, ensuring that they are consulted through their representative organizations and can actively participate in policy-making and the drafting of legislation, as well as the creation of the respective services;

- d) strengthen the community-based rehabilitation strategy in integrated service networks by broadening activities for disability prevention and detection, early intervention, access to assistive technology, and other support;
- e) continue efforts to shift the hospital-based disability care model to a community-based model in which treatment is provided at the primary health care level and decentralized outpatient rehabilitation services are set up close to the population;
- f) ensure a health service response suited to the particular characteristics of vulnerable or special needs groups with disabilities;
- g) consider the upgrading and regular training of human resources a key component for improving the health service response;
- h) improve the production, analysis, and use of disability data in national information systems and apply valid tools consistent with the International Classification of Functioning, Disability, and Health;
- i) support research on priority areas in the field of the disability;
- j) adopt an effective multisectoral approach that includes mechanisms for coordinating ministries, NGOs, academic institutions, and other related services;
- k) protect the health of caregivers;
- l) promote the sharing of experiences and good practices among countries.

3. Request the Director to:

- a) strengthen PAHO cooperation with the Member States to promote and protect the quality of life of persons with disabilities and their enjoyment of the highest attainable standard of physical and mental health;
- b) assist the Member States with the preparation, review, and implementation of national disability and rehabilitation plans and the updating of laws;
- c) collaborate in evaluations of country habilitation and rehabilitation programs and services, especially by monitoring success indicators, to evaluate progress and the impact of the interventions;
- d) help the Member States improve their health information systems to produce, analyze, and utilize disability data;
- e) foster partnerships with international organizations and other regional and subregional entities to support the multisectoral response needed to implement this plan of action;
- f) facilitate information dissemination and the sharing of experiences and good practices, in addition to promoting technical cooperation among the Member States;

- g) facilitate the Member States' collaboration with teaching institutions and nongovernmental organizations, especially organizations of persons with disabilities and others that promote protection and respect for persons with disabilities.

(Fourth meeting, 17 June 2014)

CE154.R6: Status of the Project for the Modernization of the PASB Management Information System

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director *Status of the Project for the Modernization of the PASB Management Information System* (Document CE154/27);

Noting the need to adequately fund the modernization of the PASB Management Information Systems in anticipation of the projected contingency costs incurred during the implementation,

RESOLVES:

To recommend to the 53rd Directing Council the adoption of a resolution along the following lines:

**STATUS OF THE PROJECT FOR THE MODERNIZATION OF THE
PASB MANAGEMENT INFORMATION SYSTEM**

THE 53rd DIRECTING COUNCIL,

Having considered the report of the Director *Status of the Project for the Modernization of the PASB Management Information System* (Document CD53/__);

Having considered the recommendation of the Executive Committee concerning the funding needs for the modernization of the PASB Management Information Systems (PMIS) in anticipation of contingency costs incurred during implementation to meet the unexpected but essential requirements for the ERP design,

RESOLVES:

1. To approve an increase in the authorized budget for the modernization of the PMIS from US\$ 20.3 million¹ to \$22.5 million.

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

2. To authorize the Director to finance the projected \$2.2 million deficit in the authorized budget for the modernization of the PMIS as follows:

- a) unspent balance of approved projects from the Holding Account: \$100,000;
- b) funding from the unappropriated balance of IPSAS Surplus: \$2,100,000.

(Fourth meeting, 17 June 2014)

CE154.R7: Use of the Balance Resulting From the Completion of Holding Account Projects

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on the status of the implementation of Holding Account projects as of 31 December 2013 (Document CE154/25);

Considering that project 1.A “Emergency Operations Center and Knowledge Center” was completed leaving a balance US\$ 91,300,¹ and that project 4.A “Improvements to Facilities: MOSS Upgrades and Security Measures” was also completed leaving a balance of \$9,213;

Noting that the Pan American Sanitary Bureau proposes to transfer both of the above mentioned balances to project 3.D “Modernization of the PASB Management Information System–Phase 2,” which would represent an increased allocation of \$100,513 to this project,

RESOLVES:

- 1. To reduce the approved funding from the Holding Account to project 1.A “Emergency Operations Center and Knowledge Center” by \$91,300, leaving the total funding for project 1.A at \$2,808,700.
- 2. To reduce the approved funding from the Holding Account to project 4.A “Improvements to Facilities: MOSS Upgrades and Security Measures” by \$9,213, leaving the total funding for project 4.A at \$290,787.
- 3. To increase the funding for project 3.D “Modernization of the PASB Management Information System – Phase 2” by a total of \$100,513; the total funding from the Holding Account for project 3.D will be \$9,328,850.

(Fourth meeting, 17 June 2014)

¹ Unless otherwise indicated, all monetary figures in this resolution are expressed in U.S. dollars.

CE154.R8: Nongovernmental Organizations in Official Relations with PAHO

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with PAHO* (Document CE154/6, Rev. 1);

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

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations for a period of four years:
 - a) the Latin American Federation of Clinical Biochemistry (COLABIOCLI),
 - b) the World Resources Institute Center for Sustainable Transport (EMBARQ),
 - c) the National Alliance for Hispanic Health (NAHH).
2. To admit the following nongovernmental organizations into official relations with PAHO for a period of four years:
 - a) the American College of Health Care Executives (ACHE),
 - b) the American Speech Language Hearing Association (ASHA),
 - c) the Consumers International Regional Office for Latin America and the Caribbean (CIROLAC).
3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
4. To request the Director to:
 - a) advise the respective nongovernmental organizations of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American nongovernmental organizations of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and nongovernmental organizations working in the field of health.

(Sixth meeting, 18 June 2014)

CE154.R9: Plan of Action for the Prevention of Blindness and Visual Impairment

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Prevention of Blindness and Visual Impairment* (Document CE154/18),

RESOLVES:

To recommend that the 53rd Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION FOR THE PREVENTION OF BLINDNESS
AND VISUAL IMPAIRMENT**

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Prevention of Blindness and Visual Impairment* (Document CD53/__);

Observing that visual impairment is a major problem in the Region associated with poverty and social marginalization;

Aware that the majority of the causes of blindness are avoidable and that current treatments are among the most successful and cost-effective of all health interventions;

Appreciating the efforts of the Member States in recent years to prevent avoidable blindness but aware of the need to consolidate the achievements;

Recalling Directing Council Resolution CD47.R1 (2006), *Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights,*

RESOLVES:

1. To approve the *Plan of Action for the Prevention of Blindness and Visual Impairment 2014-2019*.
2. To urge the Member States, taking into account their national context and priorities, to:
 - a) strengthen national initiatives to prevent avoidable visual impairments through better integration of eye health into national health plans and the delivery of health services, among other actions, as appropriate;

- b) implement the actions proposed in the Plan of Action 2014-2019, in keeping with national priorities and universal access to services;
 - c) consider the related budgetary implications;
 - d) promote partnerships among the public sector, nongovernmental organizations, the private sector, civil society, and communities in programs and activities geared to the prevention of blindness;
 - e) promote cooperation among countries in the prevention and treatment of blindness and visual impairment;
 - f) protect the human rights of persons with disabilities and update laws on disability, as appropriate, adapting them to the applicable regulations and international standards.
3. To request the Director to:
- a) support implementation of the plan of action in order to maintain and strengthen collaboration between the Pan American Sanitary Bureau and the Member States in the prevention of blindness;
 - b) provide technical assistance to the Member States for implementing the measures proposed in this plan of action, in keeping with national priorities and the universal and regional human rights instruments applicable to health and disability;
 - c) support implementation of this plan of action, especially with respect to the inclusion of universal and equitable access to services;
 - d) continue to prioritize the prevention of avoidable blindness and consider the possibility of allocating resources for implementing this plan of action;
 - e) promote technical cooperation among countries and forge strategic partnerships to carry out activities for the protection of eye health.

(Sixth session, 18 June 2014)

CE154.R10: Amendments to the PASB Staff Rules and Regulations

THE 154th 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 CE154/28;

Taking into account the actions of the Sixty-seventh World Health Assembly regarding the remuneration of the Deputy Director-General, Assistant Directors-General and Regional Directors;

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

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

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 July 2014 concerning: assignment grant, end of service grant, within-grade increase for service time, and adoption leave.
2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning 1 January 2014, at US\$ 171,007¹ before staff assessment, resulting in a modified net salary of \$133,205 (dependency rate) or \$120,527 (single rate).
3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2014, at \$172,436 before staff assessment, resulting in a modified net salary of \$134,205 (dependency rate) or \$121,527 (single rate).
4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2014, at \$189,744 before staff assessment, resulting in a modified net salary of \$146,321 (dependency rate) or \$131,682 (single rate).

(Seventh meeting, 19 June 2014)

CE154.R11: *Plan of Action for the Coordination of Humanitarian Assistance*

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for the Coordination of Humanitarian Assistance* (Document CE154/19),

RESOLVES:

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

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

**PLAN OF ACTION FOR THE COORDINATION OF
HUMANITARIAN ASSISTANCE**

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Coordination of Humanitarian Assistance* (Document CD53/_);

Recognizing that the countries of the Region of the Americas have increased their ability to respond with their own human and material resources to emergencies and disasters, but that when events of greater magnitude occur, international assistance continues to be necessary to complement the efforts of the affected country;

Understanding that humanitarian assistance requires that adequate mechanisms of national and international coordination be established to ensure that interventions are carried out according to agreed international humanitarian standards, including medical care and public health interventions respecting the culture and customs of the affected countries;

Recognizing that the disasters can accentuate existing inequalities and inequities, and that actions that strengthen the capacities for coordination of assistance make it possible to include aspects such as the protection of vulnerable groups, gender equity, and the identification of cultural needs or special needs of ethnic groups;

Considering that the Humanitarian Reform process and the Transformative Agenda of the United Nations, as well as resolutions CD45.R8 (2004) and CSP28.R19 (2012) of PAHO/WHO and WHA65.20 (2012) of WHO, all urge that steps be taken to improve coordination among the different actors that work in emergency response, with a view to optimizing the responsiveness and accountability of international cooperation;

Recognizing the unique and central role of the United Nations Office for Coordination for Humanitarian Affairs (OCHA) in coordinating international humanitarian action, and in taking into due consideration the role of national disaster management authorities;

Recognizing that the Strategic Plan of the Pan American Health Organization 2014-2019 and the Program and Budget 2014-2015, approved by the 52nd Directing Council of PAHO, call for the countries to have a coordination mechanism for health emergencies that meets the minimum requirements for satisfactory performance;

Recognizing the complexity and crucial role of the health sector in its response at the onset of a disaster or emergency, and recognizing that coordination of international health assistance could be better reflected in existing national and international multisectoral mechanisms;

Considering the importance of having a Plan of Action that strengthens the health sector in Member States and increases their ability to effectively and efficiently improve coordination of the receipt and provision of health-related humanitarian assistance in emergencies and disasters, with a view to saving the greatest possible number of lives and protecting the health of the affected population,

RESOLVES:

1. To approve the *Plan of Action for the Coordination of Humanitarian Assistance* and promote its consideration in development policies, plans, and programs, as well as in proposals and discussions on national budgets.
2. To urge the Member States to:
 - a) participate in the formation of a regional advisory group of a temporary nature;
 - b) participate in the health network for emergencies and disasters in the Americas, and promote and facilitate the incorporation into this network of the bilateral and multilateral cooperation activities in health that are currently underway in the Region;
 - c) to consider implementing, as appropriate according to United Nations rules and in coordination with existing national disaster risk management authorities, a flexible mechanism for registry of foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas;
 - d) facilitate and participate in the interconnection of health-related logistical systems in the Americas into a network to facilitate humanitarian assistance in health in the Region;
 - e) promote the implementation of mechanisms for coordination with other sectors;
 - f) promote and facilitate the training of their human resources for emergencies and disasters.
3. To request the Director to:
 - a) support the coordination and execution of the Plan of Action in order to coordinate humanitarian assistance in the international sphere and provide necessary technical cooperation to countries;
 - b) facilitate and promote the creation of a flexible mechanism for registry of foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas, in coordination with WHO and OCHA, and in accordance with WHO guidelines;

- c) facilitate the formation of a temporary regional advisory group with experts from the countries in order to review, harmonize, update, and disseminate procedures and mechanisms for humanitarian assistance in health in the Region;
- d) serve as the secretariat of the above-mentioned regional advisory group;
- e) promote the formation of alliances among countries, with regional integration forums, international agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, in order to further enhance the capacity of Member States to respond to health emergencies.

(Seventh meeting, 19 June 2014)

CE154.R12: Plan of Action on Mental Health

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action on Mental Health* (Document CE154/15),

RESOLVES:

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

PLAN OF ACTION ON MENTAL HEALTH

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Mental Health* (Document CD53/__);

Recognizing that there is a high prevalence of mental and substance use disorders in the world and that this is a major contributor to morbidity, disability, and premature mortality, and that, in addition, there is a wide treatment gap;

Understanding that there is no health without mental health, conceptualized not only as the absence of disease, but as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”;¹

Considering that, in 2009, the Directing Council of PAHO adopted the Strategy and Plan of Action on Mental Health; and that, in 2013, the World Health Assembly approved the Comprehensive Mental Health Action Plan 2013-2020, and that also that

¹ World Health Organization. Comprehensive mental health action plan 2013-2020, annex, pg. 3 (2013).

same year, PAHO adopted its Strategic Plan 2014-2019, it is advisable and necessary to update our regional Plan of Action on Mental Health and align it with the PAHO Strategic Plan and with the WHO comprehensive mental health action plan;

Recalling key international human rights instruments, such as the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities;

Observing that the Plan of Action on Mental Health addresses the lines of action fundamental for responding to the various of mental health needs of the countries,

RESOLVES:

1. To approve the *Plan of Action on Mental Health* and its implementation in the context of the special conditions of each country, in order to respond to current and future mental health needs.
2. To urge Member States, as appropriate to their national context, to:
 - a) include mental health and mental health promotion as a priority within national health policies, in order to ensure the implementation of mental health plans that consider the deficit and unequal distribution of resources in some countries;
 - b) strengthen, develop, review and, if necessary, reform country legal frameworks and their implementation, in order to protect the human rights of people with mental disorders;
 - c) support the involvement of civil society, and in particular user and family-member associations, in the planning and implementation of activities to promote and protect the mental health of the population;
 - d) promote universal and equitable access to comprehensive, community-based mental health care for the entire population, through strengthening the response capacity of mental health systems and services within the framework of integrated service networks with particular emphasis on reducing the existing treatment gap;
 - e) continue efforts to shift from a psychiatric-hospital centered model to a community-based model that integrates a mental health component into primary health care and general hospitals, and that establishes decentralized mental health services close to where people live;
 - f) ensure an appropriate response by mental health services to the particular characteristics of vulnerable or special-needs groups;
 - g) ensure delivery of mental health services and psychosocial support in emergencies and disasters;

- h) consider the strengthening of human resources in the field of mental health development as a key component in the improvement of the response capacity of services and in particular primary care, for which regular training programs are essential;
 - i) foster intersectoral initiatives to promote mental health and prevent mental disorders, with particular attention to the life course and on addressing stigma and discrimination directed at people with mental disorders;
 - j) undertake specific suicide prevention interventions that include improvement of information and surveillance systems;
 - k) bridge the existing mental health information gap through improvements in the production, analysis, and use of information, as well as through research;
 - l) strengthen multisectoral governmental partnerships, and partnerships with nongovernmental organizations, academic institutions, and other key social actors.
3. To request the Director to:
- a) support Member States in the preparation, review, strengthening, and implementation of national mental health plans and legal frameworks that use this Plan of Action as a reference, endeavoring to correct inequities and giving priority to care for vulnerable and special-needs groups;
 - b) collaborate in the assessment of mental health programs and services in the countries so that appropriate actions are undertaken based on an existing situation assessment;
 - c) prepare and disseminate among the Member States a complementary technical document with recommendations on practical options for implementing this plan in the countries, and on measurement of the suggested indicators;
 - d) facilitate the dissemination of information and the sharing of experiences, and promote technical cooperation among the Member States;
 - e) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional and subregional entities in support of the comprehensive response that is required in the process of implementing this Plan of Action.

(Eighth meeting, 19 June 2014)

CE154.R13: PAHO Award for Administration (2014)

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Administration (2014)* (Document CE154/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), and by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), and 146th (2010) sessions,

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Administration (2014) for their excellent 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 Administration (2014), on Dr. Miguel Ángel Lezana Fernández, of Mexico, for his outstanding contributions to public health, exemplified by his work and leadership in the field of epidemiological surveillance and health information systems; for his distinguished career and his contributions to health services administration as a manager and leader, corroborated by the academic and administrative positions he has held and by his large number of publications in national and international journals; for his outstanding contributions to medical education; for his significant contributions to the International Classification of Diseases (ICD), in particular the leadership he demonstrated in Mexico during the transition to ICD-10 and the establishment of a PAHO/WHO collaborating center; and for his leadership in Mexico in the preparation for and response to the Influenza A(H1N1)pdm09 in 2009, which contributed significantly to the response of health systems throughout the Region.

3. To transmit the *Report of the Award Committee of the PAHO Award for Administration (2014)* (Document CE154/5, Add. I), to the 53rd Directing Council.

(Eighth meeting, 19 June 2014)

CE154.R14: Plan of Action on Health in All Policies

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action on Health in All Policies* (Document CE154/17),

RESOLVES:

To recommend that the 53rd Directing Council adopt a resolution along the following lines:

PLAN OF ACTION ON HEALTH IN ALL POLICIES

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Health in All Policies* (Document CD53/__);

Considering the Helsinki Statement on Health in All Policies as an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity, as well as the WHO Health in All Policies (HiAP) Framework for Country Action, which sets out six key components that should be addressed in order to put the HiAP approach into action;

Recalling the Alma-Ata Declaration, with its emphasis on a primary health care strategy, and the Global Strategy for Health for All by the Year 2000, with its call for coordination, cooperation, and intersectoral action for health among relevant sectors and aspects of national and community development, as well as the call of the Ottawa Charter for building healthy public policies and creating supportive environments;

Acknowledging the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards, and programs and across the social gradient, that go beyond economic growth, and recognizing the important advocacy role of health ministries in this regard;

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

Recognizing that health gains have not been shared equally between and within countries in the Region, that inequity remains one of the greatest challenges for health and sustainable development in the Americas, and that increased migration, the aging of the population, and the related increase in noncommunicable diseases are the most important trends shaping health in the Americas;

Recognizing the PAHO Strategic Plan 2014-2019 and especially its Category 3 (determinants of health and promoting health throughout the life course),

RESOLVES:

1. To approve the *Plan of Action on Health in All Policies* for 2014-2019.
2. To urge Member States, as appropriate and taking into account their national context and priorities, to:
 - a) champion health and the promotion of health equity as a priority and take efficient action on the social determinants of health, universal health coverage, strengthening of health systems, and health equity;
 - b) take effective measures, including, where appropriate, legislation, structures, processes, and resources that enable public policies which take into account and address their impacts on health, health equity, and the determinants of health, and put in place mechanisms to measure and track determinants of health and health disparities;
 - c) develop and maintain, as appropriate, adequate and sustainable institutional capacity and skills to achieve, through actions across sectors, improved outcomes from the perspective of health and health equity;
 - d) utilize relevant tools to identify, assess, mobilize, and strengthen multisectoral participation and actions for health, including, as appropriate, interministerial committees, integrated budgets and accounting, and health impact analysis;
 - e) strengthen due diligence and accountability, and increase the transparency of decision-making and engagement;
 - f) involve, as appropriate, local communities and civil society actors in the development, implementation, monitoring, and evaluation of policies across sectors, including mechanisms for community engagement and public participation;
 - g) contribute to the development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between policy objectives in health and other sectors;
 - h) encourage the active participation of the health authority with other sectors.
3. To request the Director to:
 - a) support national efforts to improve health and well-being and ensure health equity, including action across sectors on determinants of health and risk factors for diseases, by strengthening knowledge and evidence to promote health in all policies;
 - b) provide guidance and technical assistance, upon request, to Member States in their efforts to implement Health in All Policies, including building necessary

- capacities, structures, mechanisms, and processes for measuring and tracking determinants of health and health disparities;
- c) strengthen PAHO's role, capacities, and knowledge resources for giving guidance and technical assistance to support implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration with PAHO's own initiatives requiring actions across sectors, including in the regional response to the challenges posed by noncommunicable diseases;
 - d) strengthen the exchange of experiences between countries and the work among United Nations System and Inter-American System agencies.

(Ninth meeting, 20 June 2014)

CE154.R15: PAHO Strategic Plan 2014-2019 Amended

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report on the *PAHO Strategic Plan 2014-2019 Amended* (Document CE154/11);

Noting the progress made to improve key components of the PAHO Strategic Plan, as requested by the 52nd Directing Council (Resolution CD52.R8) and the 153rd Session of the Executive Committee;

Acknowledging the valuable input of the Countries Working Group (CWG) to: *i*) improve the definition of and measurement criteria for impact and outcome indicators, including the development of a comprehensive compendium of indicators; *ii*) refine the programmatic priorities stratification methodology; and *iii*) develop the new joint monitoring and evaluation system for the PAHO Strategic Plan 2014-2019;

Recognizing the importance of undertaking consultations with Member States to validate the baseline and targets of the Strategic Plan outcome indicators,

RESOLVES:

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

PAHO STRATEGIC PLAN 2014-2019 AMENDED

THE 53rd DIRECTING COUNCIL,

Having considered the proposed amendments to the indicators of the PAHO Strategic Plan 2014-2019 (*Official Document 345*);

Welcoming the improvements to the definition of and measurement criteria for impact and outcome indicators of the PAHO Strategic Plan;

Acknowledging the valuable input of the Countries Working Group (CWG) to:
i) improve the definition of and measurement criteria for the impact and outcome indicators, including the development of a comprehensive compendium of indicators; *ii)* assess and make recommendations to refine the programmatic priorities stratification methodology; and *iii)* develop the new joint monitoring and evaluation system for the PAHO Strategic Plan 2014-2019;

Recognizing the importance of engaging in consultation with Member States to validate the baseline and targets of the Strategic Plan outcome indicators,

RESOLVES:

1. To approve the *PAHO Strategic Plan 2014-2019 Amended (Official Document 345)*, including its revised indicators.
2. To thank the CWG for their commitment and valuable input for the refinements of the Strategic Plan indicators, including the development of a comprehensive compendium of indicators, and their guidance in the development of the joint monitoring and evaluation system for the PAHO Strategic Plan 2014-2019 Amended.
3. To request the Director to:
 - a) continue to undertake consultations with Member States on any further revisions to baselines and targets of the Strategic Plan outcome indicators;
 - b) incorporate any necessary changes to the Program and Budget 2014-2015 in response to the revised indicators of the PAHO Strategic Plan 2014-2019 Amended;
 - c) establish the joint monitoring and evaluation system to report on the implementation of the Strategic Plan, in collaboration with Member States;
 - d) present a report on the status of implementation of the amended PAHO Strategic Plan 2014-2019 at the end of 2014-2015 biennium.

(Tenth meeting, 20 June 2014)

CE154.R16: Plan of Action for Universal Access to Safe Blood

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action for Universal Access to Safe Blood* (Document CE154/13),

RESOLVES:

To recommend to the 53rd Directing Council that it adopt a resolution in the following terms:

PLAN OF ACTION FOR UNIVERSAL ACCESS TO SAFE BLOOD

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action for Universal Access to Safe Blood* (Document CD53/____);

Observing the importance of effectively and sustainably integrating national blood programs and services into national health systems to achieve blood self-sufficiency, safety, efficiency, and availability, and universal access to blood and blood products, when and where these are needed to help save lives and improve the health condition of all people who need them, including children with severe anemia, the chronically ill, patients with hemoglobin disorders, injuries, or cancer; pregnant women, and patients who undergo major surgery;

Considering blood transfusion to be one of the eight key interventions in emergency obstetric care;

Aware of the efforts made by the Pan American Sanitary Bureau and the national blood programs of the Member States to strengthen national blood systems to improve access to blood, and its availability and safety;

Taking into account the joint evaluation of the implementation of the Plan of Action for Transfusion Safety 2006-2010, conducted in 2011 and presented to the 51st PAHO Directing Council in Document CD51/INF/5; and the achievements and challenges identified in the evaluation, which serve as a starting point for drafting the Plan of Action for Universal Access to Safe Blood 2014-2019;

Recognizing the need to adjust current national approaches to achieve sufficient blood supply, appropriate quality, and safe transfusion;

Concerned that in order to achieve self-sufficiency in blood and blood products, it will be necessary to increase the number of volunteer donors in the Region of the Americas, and considering that the collected blood is routinely processed to be transformed into blood components;

Motivated by the spirit of Pan-Americanism, the internationally agreed development goals stated in the U.N. Millennium Declaration, binding universal and

regional human rights instruments, and the challenge of achieving universal access to safe blood and blood products,

RESOLVES:

1. To approve the *Plan of Action for Universal Access to Safe Blood* and its implementation in the context of the particular conditions of each country.
2. To urge the Member States, taking into account their national context and priorities to:
 - a) renew their commitment to supporting the establishment of well-organized, nationally coordinated, and sustainable blood programs and services that are integrated into the health system with appropriate legal and regulatory framework necessary to advance toward ensuring universal access to blood and blood products through sufficient supply, quality and safety, and the appropriate use of blood and blood products;
 - b) allocate the necessary resources for the proper functioning and development of the system, including:
 - i. financial resources to ensure the viability and transparent management of the system to prevent the sale of blood and resulting profiteering, except where national law so allows,
 - ii. ensuring the availability of trained human resources by supporting educational efforts and measures to avoid high staff rotation in blood services;
 - c) promote only non-remunerated, preferably repeated, voluntary blood donations; and discourage remunerated and family/replacement donations, except where protected by the national regulatory system;
 - d) set up quality management systems that ensure: universal screening of blood for the markers that PAHO/WHO has stipulated for the Region; the implementation of national programs for external performance evaluation; and the appropriate use of blood and blood products to promote patient safety;
 - e) promote intersectoral participation (public and private sector, other ministries, civil society, among others) to strengthen resources and achieve synergies that benefit the national blood system;
 - f) establish a regulatory framework that strengthens the health surveillance system to ensure regulation and oversight of the transfusion chain;
 - g) ensure mechanisms to implement a non-punitive hemovigilance system in which transfusion reactions are reported in order to identify timely interventions and take corrective action to minimize risks;
 - h) allocate and use, as appropriate, resources to achieve the objectives of the Plan of Action for Universal Access to Safe Blood 2014-2019;

- i) establish mechanisms to monitor and evaluate implementation of the Plan of Action for Universal Access to Safe Blood 2014-2019.
3. To request the Director to:
 - a) cooperate with the Member States, as needed, in the implementation of this Plan 2014-2019, taking a multidisciplinary approach and considering health promotion, human rights, gender equity, and the social determinants of health;
 - b) promote the implementation of this Plan of Action and guarantee its cross-cutting nature through the Organization's program areas and the different regional, subregional, and national contexts, and through collaboration with and among the countries in strategy design and the sharing of competencies and resources;
 - c) continue advocating for active resource mobilization and promote partnerships that support the implementation of this resolution;
 - d) monitor and evaluate the implementation of this Plan of Action and report periodically to the Governing Bodies on the progress made and the obstacles to the implementation of the Plan, and on any necessary adaptations to new contexts and needs.

(Tenth meeting, 20 June 2014)

CE154.R17: Strategy for Universal Health Coverage

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Strategy for Universal Health Coverage* (Document CE154/12),

RESOLVES:

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

STRATEGY FOR UNIVERSAL HEALTH COVERAGE

THE 53rd DIRECTING COUNCIL,

Having considered the *Strategy for Universal Health Coverage* presented by the Director (Document CD53/___);

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

Recognizing that universal health coverage implies that all people have access, without discrimination of any kind, to nationally determined comprehensive health services (promotion, prevention, treatment, palliative care, and rehabilitation) that they need, and to safe, affordable, effective, quality medicines, while ensuring and that the use of these services does not expose users to financial hardship, in particular the poor, vulnerable, and marginalized sectors of the population;

Recognizing that policies and interventions that address the social determinants of health and foster the commitment of society as a whole to promote health and well-being, with an emphasis on groups in conditions of poverty and vulnerability, are an essential requirement to advance toward universal health coverage;

Recognizing that universal health coverage is framed by the values and principles of primary health care in the spirit of Alma Ata;

Observing that the countries of the Region reaffirmed their commitment to universal health coverage at the 52nd PAHO Directing Council (2013) by approving the PAHO Strategic Plan 2014-2019, and through their active participation in other international forums such as the Rio Political Declaration on Social Determinants of Health (2011), the Rio+20 United Nations Conference on Sustainable Development (2012), United Nations General Assembly Resolution A/RES/67/81 (December 2012), and the World Health Assembly resolution WHA67.14 (2014) on health in the post-2015 development agenda, which proposes universal health coverage and the unmet Millennium Development Goals as important factors for equity and human development in the post-2015 development agenda;

Noting the recent improvements achieved in health throughout the Americas due in part to the economic and social development of the countries, the consolidation of democratic processes, the strengthening of health systems, and the political commitment of countries to address the health needs of their populations;

Recognizing that despite the advances made, major challenges exist; that the Region remains the most inequitable in the world; that the process of reducing health inequities is made more complex by the new epidemiological and demographic patterns that require different and innovative responses from health systems and services; and that problems of exclusion and lack of access to quality services persist for large sectors of the population in the Region, especially those groups in conditions of greatest vulnerability;

Observing that the efforts to strengthen and transform health systems in the countries of the Region have generated considerable knowledge and experience that will facilitate continued progress toward universal health coverage;

Recognizing that advancing toward universal health coverage requires efforts to overcome exclusion, inequity, and barriers to access and to the timely use of comprehensive health services;

Considering the importance of strengthening health systems and adopting integrated, inclusive policies to protect health and to address the social determinants of health for achieving universal health coverage; and also bearing in mind that the Constitution of the World Health establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recognizing the importance of prioritizing the strengthening of health systems, with universal health coverage as the general objective, in order to address inequities in access to health;

Observing that the Strategy defines the essential conditions that will allow countries to focus their policies and measure the success and progress toward universal health coverage;

Recognizing that each country should define its own path towards universal health coverage, taking into account its social, economic, political, legal, historical, and cultural context;

Recognizing the participatory process implemented for the development of the Strategy, including national consultations by the Member States in coordination with the Pan American Sanitary Bureau, and subregional and regional consultations coordinated by the Bureau and the country working groups,

RESOLVES:

1. To adopt the *Strategy for Universal Health Coverage*.
2. To urge the Member States, as appropriate to their context and their domestic priorities, to:
 - a) establish formal mechanisms for participation and dialogue to promote the development and implementation of inclusive policies, and ensure accountability in moving toward universal health coverage;
 - b) establish national targets and goals, and define their respective roadmaps toward universal health coverage; set national priorities for the period 2014-2019, in accordance with the commitments established in the PAHO Strategic Plan and the Twelfth WHO General programme of work (2014-2019);
 - c) define and implement a set of actions to strengthen the governance and stewardship capacity of the health sector; exercise leadership to impact on

- policies, plans, legislation, regulations, and actions beyond the health sector that address the determinants of health;
- d) advance toward providing universal access to comprehensive and inclusive health services that are consistent with health needs, system capacities, and the national context; identify the unmet and differentiated needs of the population as well as specific needs of groups in conditions of vulnerability;
 - e) define and implement actions to improve the organization and management of health services through the development of health care models that focus on the needs of people and communities, increasing response capacity at the primary level of care through integrated health services networks;
 - f) improve human resource capacity at the first level of care, increasing employment opportunities with attractive labor conditions and incentives, particularly in underserved areas; consolidate collaborative multidisciplinary health teams; ensure that these teams have access to health information and telehealth services (including telemedicine); introduce new professional and technical profiles coherent with the model of comprehensive care services;
 - g) increase efficiency and public financing of health, as appropriate, noting that in most cases, public expenditure of 6% of GDP is a useful benchmark and that these resources should be allocated, as appropriate, on a priority basis to the primary level of care to expand the supply of quality services and quickly address unmet health needs;
 - h) advance toward eliminating or avoiding significant direct payment at the point of service, replacing it on a planned basis by pooled contributions based on taxes and other sources of financing, in order to avoid barriers to access, catastrophic expenditure, and the impoverishment of individuals as a result of seeking the care they need;
 - i) identify and implement a set of actions to improve the efficiency of health system financing and organization;
 - j) implement programs for the empowerment of people and communities, including promotion, prevention, and education activities that enable individuals and the community to know more about their health situation, their rights, responsibilities, and the social determinants of health.
3. To request the Director to:
- a) use the Strategy to facilitate the leadership of the health authorities in order to promote the mobilization of national resources to support the transformation or strengthening of health systems toward universal health coverage;
 - b) prioritize technical cooperation that supports countries in the development of participatory processes to define targets and national goals, as well as action plans to advance toward universal health coverage;

- c) measure the progress toward universal health coverage using the indicators identified in the Strategic Plan 2014-2019 and report on the advances through the biennial assessment reports on the implementation of the Strategic Plan;
- d) develop actions and tools to support the implementation of the Strategy;
- e) promote innovation in technical cooperation in health system transformation or strengthening toward universal health coverage, updating the Bureau's mechanisms to support cooperation among countries, establishing expert and knowledge management networks, facilitating the documentation and communication of country experiences, and making use of technological platforms, in a manner consistent with country needs and current capacities, and the lessons learned;
- f) strengthen interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations System, the Inter-American System, and with other stakeholders working toward universal health coverage, in particular with subregional integration mechanisms and relevant international financial institutions.

(Tenth meeting, 20 June 2014)

CE154.R18: Provisional Agenda of the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD53/1) prepared by the Director for the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE154/3, Rev. 2;

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

RESOLVES:

To approve the provisional agenda (Document CD53/1) prepared by the Director for the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas.

(Tenth meeting, 20 June 2014)

Decisions

Decision CE154(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 CE154/1, Rev. 2).

(First meeting, 16 June 2014)

Decision CE154(D2): Representation of the Executive Committee at the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to appoint Brazil and Canada, its President and Vice President, respectively, to represent the Committee at the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas. Costa Rica and Paraguay were elected as alternate representatives.

(Ninth meeting, 20 June 2014)

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

DONE in Washington, D.C., on this twentieth day of June in the year two thousand fourteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau.

Jarbas Barbosa da Silva Júnior
President of the 154th Session of the
Executive Committee
Delegate of Brazil

Carissa Etienne
Secretary ex officio of the
154th 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 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the Eighth Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Administration (2014)
- 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 3.4 Annual Report of the Ethics Office (2013)
- 3.5 Report of the Audit Committee of PAHO
- 3.6 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

- 4.1 Preliminary Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013
 - 4.2 PAHO Strategic Plan 2014-2019 Amended (Draft)
 - 4.3 Strategy for Universal Health Coverage
-

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.4 Plan of Action for Universal Access to Safe Blood
- 4.5 Plan of Action on Disabilities and Rehabilitation
- 4.6 Plan of Action on Mental Health
- 4.7 Plan of Action for the Prevention of Obesity in Children and Adolescents
- 4.8 Plan of Action on Health in All Policies
- 4.9 Plan of Action for the Prevention of Blindness and Visual Impairment
- 4.10 Plan of Action for the Coordination of Humanitarian Assistance
- 4.11 Strategy on Health-related Law

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2013
- 5.3 Report of the Office of Internal Oversight and Evaluation Services
- 5.4 Funding of PAHO After-service Health Insurance
- 5.5 Status and Authorized Level of the Working Capital Fund
- 5.6 Status of Projects Funded from the PAHO Holding Account
- 5.7 Master Capital Investment Plan
- 5.8 Status of the Project for the Modernization of the PASB Management Information System

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Rules and Regulations
- 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 WHO Program Budget 2012-2013 Assessment Report
- 7.3 Status of the Millennium Development Goals and the post-2015 Development Agenda
- 7.4 Report of the PAHO/WHO Advisory Committee on Health Research
- 7.5 Systematization of PAHO Mandates
- 7.6 Progress Reports on Technical Matters:
 - A. Strategy and Plan of Action on Climate Change
 - B. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas
 - C. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity
 - D. Implementation of the International Health Regulations
 - E. Elimination of Neglected Diseases and other Poverty-related Infections
 - F. Plan of Action on Safe Hospitals
 - G. Status of the Pan American Centers
- 7.7 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
 - A. Sixty-seventh World Health Assembly
 - B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

Annex B

LIST OF DOCUMENTS

Official Documents

Of. Doc. 347 Financial Report of the Director and Report of the External Auditor for 2013

Working Documents

CE154/1, Rev. 2 Agenda

CE154/2 Representation of the Executive Committee at the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas

CE154/3, Rev. 2 Provisional Agenda of the 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas

CE154/4 Report on the Eighth Session of the Subcommittee on Program, Budget, and Administration

CE154/5 and Add. I PAHO Award for Administration (2014)

CE154/6, Rev. 1 Nongovernmental Organizations in Official Relations with PAHO

CE154/7 Annual Report of the Ethics Office (2013)

CE154/8 Report of the Audit Committee of PAHO

CE154/9 Appointment of One Member to the Audit Committee of PAHO

CE154/10 Preliminary Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013

CE154/11 PAHO Strategic Plan 2014-2019 Amended (Draft)

CE154/12 Strategy for Universal Health Coverage

Working Documents (*cont.*)

CE154/13	Plan of Action for Universal Access to Safe Blood
CE154/14	Plan of Action on Disabilities and Rehabilitation
CE154/15	Plan of Action on Mental Health
CE154/16, Rev. 1	Plan of Action for the Prevention of Obesity in Children and Adolescents
CE154/17	Plan of Action on Health in All Policies
CE154/18	Plan of Action for the Prevention of Blindness and Visual Impairment
CE154/19	Plan of Action for the Coordination of Humanitarian Assistance
CE154/20, Rev. 1	Strategy on Health-related Law
CE154/21, Rev. 1 and Add. I	Report on the Collection of Assessed Contributions
CE154/22	Report of the Office of Internal Oversight and Evaluation Services
CE154/23	Funding of PAHO After-service Health Insurance
CE154/24, Rev. 1	Status and Authorized Level of the Working Capital Fund
CE154/25	Status of Projects Funded from the PAHO Holding Account
CE154/26	Master Capital Investment Plan
CE154/27	Status of the Project for the Modernization of the PASB Management Information System
CE154/28	Amendments to the PASB Staff Rules and Regulations
CE154/29	PASB Staffing Statistics
CE154/30	Statement by the Representative of the PAHO/WHO Staff Association

Information Documents

CE154/INF/1	Update on WHO Reform
CE154/INF/2	WHO Program Budget 2012-2013 Assessment Report
CE154/INF/3	Status of the Millennium Development Goals and the post-2015 Development Agenda
CE154/INF/4, Rev. 1	Report of the PAHO/WHO Advisory Committee on Health Research
CE154/INF/5	Systematization of PAHO Mandates
CE154/INF/6	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. Strategy and Plan of Action on Climate ChangeB. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the AmericasC. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal MorbidityD. Implementation of the International Health RegulationsE. Elimination of Neglected Diseases and other Poverty-related InfectionsF. Plan of Action on Safe HospitalsG. Status of the Pan American Centers
CE154/INF/7	Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: <ul style="list-style-type: none">A. Sixty-seventh World Health AssemblyB. Subregional Organizations

Anexo C

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