



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



**46th DIRECTING COUNCIL**  
**57th SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 26-30 September 2005*

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*Provisional Agenda Item 6.2*

CD46/29 (Eng.)  
24 August 2005  
ORIGINAL: ENGLISH

**REPORT OF THE WORKING GROUP ON PAHO  
IN THE 21st CENTURY**

The Director is pleased to transmit to the Executive Committee the Report of the Working Group on PAHO in the 21st Century.

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Annex

## **I. INTRODUCTION**

1. The 44th Directing Council of PAHO, which met from 22 to 26 September 2003, resolved to request the Executive Committee: “(a) to establish an open-ended working group comprised of selected Members of the Executive Committee; representatives of organizations with experience in the area of institutional and/or organizational reform in the United Nations system and in the public/private sector; and representatives of Member States wishing to participate, ensuring equitable distribution among the subregions; (b) to ask the working group for the review of PAHO’s situation in the 21st century to prepare its terms of reference and work plan with input from the Member States and present its report to the 134th Session of the Executive Committee; (c) to review the report of the working group and make recommendations to the 45th Directing Council.”<sup>i</sup>

2. Pursuant to this mandate, the 133rd Session of the Executive Committee (September 2003) formed the Working Group on PAHO in the 21st Century and appointed Argentina, Barbados, Costa Rica, and Peru to serve as members. At its first meeting (Roseau, Dominica, 26-27 February 2004), the Working Group elected the Minister of Health of Barbados to serve as Chairman. The 135th Session of the Executive Committee (October 2004), due to the conclusion of Peru’s mandate, elected Cuba as a member of the Working Group, even though it decided to continue the participation of Peru. In addition to the countries named by the Executive Committee, other countries participated in the activities of the Working Group throughout the process or during part of it.<sup>ii</sup> Also, the Working Group obtained the support of the Secretariat for the development of its activities.

3. The Working Group (WG) held six meetings<sup>iii</sup> and identified the main challenges to public health in the Region, as well as the role of international cooperation in addressing them. WG members and participants divided up the topics identified and prepared documents as inputs for this report.<sup>iv</sup> Meeting reports, WG documents, comments on the documents made by some countries, information documents prepared by the Secretariat at the request of the WG, a progress report, and successive versions of this report are available to the countries and the public on the PAHO website.<sup>v</sup>

4. At the 38th Session of the Subcommittee on Planning and Programming (March 2004), the Chairman of the WG presented an oral report<sup>vi</sup> on the progress made by the Group. At the 134th Session of the Executive Committee (June 2004), the WG provided a summary of the documents prepared thus far.<sup>vii</sup> At the 45th Directing Council (September 2004), the WG gave a report on the progress to date.<sup>viii</sup> At the 135th Session of the Executive Committee (October 2004), the WG’s work plan through September 2005 was presented and reviewed, and at the 39th Session of the Subcommittee on Planning and Programming (March 2005), the WG reported on the progress made thus far.

5. This document, which the WG is presenting to the Executive Committee, is the final report, the product of the deliberations and agreements reached in the WG. The report has seven sections: this introduction, a description of the strategic challenges for public health in the Americas, international cooperation in health and the role of PAHO, PAHO governance, financial and human resources of PAHO, technical cooperation approaches and strategies, and, in the final section, the WG's recommendations on PAHO in the 21st Century.

## **II. STRATEGIC CHALLENGES FOR PUBLIC HEALTH IN THE AMERICAS**

6. The challenges for public health arise within a scenario characterized by: a) profound transformations in society, the State, and the health systems during the last twenty-five years; b) a worldwide trend towards a convergent position regarding the challenges that the world faces and the broad strategies that will need to be adopted in order to address them; c) the certainty that major progress can be achieved with strong national and international political leadership, appropriate management and allocation of the international resources available for health and development, and the incorporation of international, national, and local concerns into the health agenda; and d) a population-based approach to health that entails both intersectoral action and the participation of a broad range of social actors.

### **Challenges related to the Differential Impact of Health Problems**

7. Latin American and Caribbean countries face health problems of varying nature and intensity that pose enormous challenges for public health:

- the persistence of high infant and maternal mortality and high fertility rates, malnutrition, communicable and noncommunicable diseases, together with emerging problems, and growing drug addiction and violence make it necessary to redouble efforts to address the “unfinished agenda,” while at the same time carrying out the “new agenda;”
- the differential impact of health problems related to the life cycle and socioeconomic status of the population, requires broader sectoral and intersectoral action in search of equity;
- the inequitable distribution of health care benefits related to geographic, economic or sociocultural access calls for a strengthening of actions to achieve greater equity in health;
- the need to ensure that the significant achievements made or about to be made in the Region are maintained, such as the increase in life expectancy at birth; the reduction in infant mortality, population growth rate, and fertility rate; the eradication of smallpox and poliomyelitis, and the eradication of measles in the not-too-distant future.

### **Challenges related to Poverty and Social Exclusion**

8. The persistence and magnitude of poverty, underscored by the extreme disparities in income, aggravate social and health exclusion. Most of the countries of Latin America and the Caribbean must deal with the challenges related to:

- sluggish, unstable growth, problematic structural models, unequal distribution of income, and declining employment and trade opportunities – taken as a whole, these countries have the highest gross national income per capita of all the regions, but they also have the greatest inequalities;
- the differences in life expectancy, which is greater in countries with high income per capita and those where income distribution is characterized by smaller differences between diverse occupational and economic categories;
- malnutrition, which is one of the major problems and where progress has been slow, despite national and international efforts to address it;
- the worsening of social and health exclusion, partly because of the erosion in working conditions, rising unemployment, expansion of the informal sector, and the persistence of wide gaps between skilled and unskilled workers, formal and informal workers, and men and women.

### **Challenges related to Political and Governmental Factors**

9. Democracy is becoming stronger, increasing value is being given to its institutions, and the importance of social development is being recognized at the highest levels of government. At the same time, however, social unrest, social and economic instability, and lack of safety are undermining people's confidence in the system. In the social sphere, this problem could increase, in view of the possibility that public institutions had lost some of their capacity to formulate and enforce social and public health policies, especially distributive or regulatory policies aimed at improving equity and protecting the population. Among the main challenges for public health in this area are:

- strengthening the role of the State to better address health problems;
- strengthening the leadership of the health authority at all government levels; one of the important factors in strengthening the steering role of the health authority is to get public health back on the sectoral transformation agenda and make sure that the State performs its essential public health functions;
- reaffirming public health as a social and institutional responsibility, since neglecting it undermines the ability of governments to fully exercise their steering role and perform the essential public health functions; in the context of growing difficulties and/or deep political, social, and economic crises in some countries,

- this can lead to setbacks and jeopardize the successes already achieved, especially in terms of public health and social security service coverage;
- identifying and addressing disparities in health through the formulation and execution of intersectoral public policies;
  - handling political pressure resulting from the larger number of social actors participating in health-related decisions;
  - increasing capacity to allocate and utilize resources in an innovative manner.

### **Challenges related to the Changes Produced by Globalization**

10. Globalization has impacted health and the environment in many ways throughout the world. These changes include an intensification of the asymmetrical articulation of national and subregional economies through trade, finance, and production in a global market that operates through interactive communication and networks of producers, providers, users and consumers. In addition, globalization is found concomitant to another megatrend: decentralization. On one hand the processes of reform of health systems has considered the health situation as a local issue. On the other hand, globalization represents a challenge of how to unify international efforts to reduce risks and take advantage of opportunities in health.

11. The main challenges for public health are:

- the growing international transfer of risks; these can be environmental, associated with the movement of individuals across borders and the exportation of unhealthy lifestyles associated with the export of hazardous work processes, associated with the growing international trade in legal and illegal substances that are harmful to health or with the export of medical technologies;
- the marked increase in the international health services trade, especially as it relates to the cross-border movement of health service consumers and providers;
- the need to strengthen national governance and boost their capacity to foresee and identify cross-border disease risks, environmental pollution, and threats to security;
- the dizzying increase in opportunities for greater cooperation exchanges among countries and regions at all levels, as well as the greater opportunities for channeling resources to the technical areas and zones most in need of them;
- the potential for greater connectedness to improve the exchange of knowledge, cooperation in health, and the management of technology transfer.

### **Challenges related to Natural Disasters and Quality of the Physical Environment**

12. Communicable diseases such as dengue and malaria, work-related injuries, and chronic diseases associated with chemical and physical agents are all evidence of ways in which the environment can affect health. Natural disasters cause devastation, displacement of populations, diseases, accidents, deaths, and economic losses of such magnitude that they can often set back national development for years. The main challenges for public health that require intersectoral and, in many cases, international action, are;

- reducing the gaps in the availability of drinking water and basic sanitation;
- reducing the risks of chemical and biological contamination of resources in the workplace and the general environment;
- improving laws and regulations, and ensuring that they are obeyed;
- making greater progress in disaster preparedness and mitigation;
- reducing the harmful effects of urban growth, particularly in large cities.

### **Challenges related to Science, Technology, Research, and Information**

13. Despite great heterogeneity in the Region, there are a number of problems that are common to most of the countries. These include an absence of policies on science and technology that are compatible with and tied to national health policies, as well as the low level action by the Ministries of Health in the promotion of policies in the area of science and technology. This situation calls for:

- heightening the presence of the Region's national health authorities in scientific and technological areas;
- promoting the development of national policies on health science and technology under the leadership of the Ministries of Health; these policies should be regarded as intersectoral policies and should be supported by a commitment to combat inequality in health;
- increasing the selective and catalytic capacity of the system to promote science and technology by creating a national agenda of health research priorities; the Mexico Statement on Health Research, recently signed by Ministers of Health and participants from 58 countries of the world, represents progress in this direction and calls for the involvement of national governments, the WHO Secretariat, agencies that fund health research, the international community, the research community, and other stakeholders in addressing these challenges;
- supporting policies aimed at shrinking the enormous gaps that currently exist between the knowledge generated and national capacity to apply it;

- incorporating proposals specifically geared to the health industrial complex into a science and technology policy, since the countries have a great need for drugs, vaccines, sera, blood products, diagnostic kits, equipment, etc.; this makes it essential to have the highest level of technical training, and, in some areas, technological autonomy and self-sufficiency as well;
- developing a policy on health technology and innovation that adheres strictly to the principles of the Doha Declaration, which states that public health considerations must prevail over industrial intellectual property rights;
- adapting national legislation to take maximum advantage of flexible areas in international agreements on patents, encourage bilateral agreements for the procurement of drugs and other supplies, and create conditions for expanding and improving production capacity within the countries;
- increasing the regional exchange of initiatives that will reinforce the governments' managerial capacity to access drugs and other supplies, taking into account research and development, production, distribution, and rational use, especially in connection with generic and antiretroviral drugs;
- continuing to advance in the development of information systems (examples: BIREME, the human resources observatories initiatives, health databases, etc.).

### **Challenges related to the Health Systems and Universal Access to Health Services**

14. The 1980s and 1990s saw profound transformations in the health systems. While these changes had varying impact on the health status of the populations, in any case it was insufficient to meet the goals that had been established internationally in this area. The main challenges with respect to health systems are:

- achieving greater equity, since there are few cases in which the sectoral reforms were effective in narrowing the coverage gaps in basic programs and services, and in most of the countries they failed to reduce disparities in the distribution of resources;
- achieving greater effectiveness and quality, since despite the intent of the reforms, relatively little progress has been made in improving the overall effectiveness of the system, the quality of care, and satisfaction of users' needs;
- searching for greater efficiency, since presently more gains are registered in productivity and development of purchasing practices than in reorienting resource allocation in order to increase the degree of social protection in health, among other things;
- fostering greater sustainability, since at present very few countries have seen improvement in the medium- and long-term generation of resources for maintaining and expanding the current level of service delivery, and there is a



- high degree of dependency on external financing as well as a lack of mechanisms for replacing current resource flows once these cease;
- facing the persistent segmentation of health systems, given that some countries have extremely low health expenditure while others are excessively dependent on external resources; even when the countries have increased public resources for health, this increase represents a relatively small percentage when compared with the rise in the out-of-pocket expenditures necessary to access these services.

### **Challenges related to Human Resources for Health**

15. There is increasing awareness about the active role that the work in health places in effectively safeguarding the right to health and universal access to quality health services, as well as growing consensus that one of the chief obstacles to attaining the health goals of the Americas has been poor public policies relating to health workers, which have proposed ambitious technical and managerial goals but ignored the objective agents responsible for executing and fulfilling these goals.. The most important challenges are:

- formulating policies that encourage careers in the health sector, reorganizing workers into career paths that meet professional accreditation requirements, allocate staff based on the needs of the system, and target cities and regions where there are major staffing shortages;
- formulating policies aimed at eliminating job instability in the field of health by progressively consolidate more stable work relationships with appropriate financing mechanisms from governments and an adequate legal context;
- formulating policies aimed at promoting workers' quality of life and the humanization of work relationships in health;
- tackling problems that have yet to be solved, and that in many countries, on the contrary, are on the rise; most important among these are the shortage of professionals in many geographical areas, their irregular distribution and greater concentration in urban centers and more developed regions, the growing migration of health professionals and other health workers from less developed to more developed countries, and increasing specialization;
- improving managers' accessibility to up-to-date, broad-coverage information.

16. With respect to the education of present and future human resources, it calls for:

- avoiding fragmented sectoral action; it is essential to employ an intersectoral approach to problems with joint participation by the health, education, and labor sectors in the formulation and implementation of change-inducing policies;
- adopting, without delay, new and more powerful approaches to overcoming the remaining dichotomies that have been the object of previous initiatives for change

- (the individual versus the collective, clinical medicine versus public health, specialization versus generalization, technological sophistication versus simplified approaches);
- the permanent education in health approach should be the fundamental strategy for reorganizing practices in training, health care, , management, policy-making, and social participation in the health sector, establishing regular and official intersectoral actions with the education sector.

### **Challenges Related to Financial Resources**

17. The principal challenges faced by the countries of Latin America and the Caribbean in the area of health expenditure are those associated with the design and implementation of public policies directed to optimizing national health expenditure with the criterion of equity, since:

- State reform and modernization policies aimed at improving the operational efficiency of health sector institutions have a limited effect, given the public/private composition of national expenditure.
- Policies for reforming or restructuring the health sector that are limited to institutions in the public sector will affect only a relatively small portion of total national health expenditure.
- Policies for social security reform will have greater impact on countries that have compulsory health insurance systems, administered by public and private institutions that offer high levels of health coverage.
- It has not been possible to control the trend toward an absolute and relative rise in the cost of health care, nor is this expected to happen in the near term.
- The wide variations in the distribution of public expenditure in health services and public health programs indicate that most of the countries are not yet in a position to use public expenditure as a tool for allowing more equitable access to health care.
- It is necessary to make better use of available fiscal tools to address matters of health and equity and increase the expenditure on health programs and services by all public institutions, improving its distributive impact.

### **Challenges Related to International Cooperation in Health**

18. Among the principal challenges that the countries face in the area of international cooperation in health are:

- developing adequate public policies on international cooperation;
- upgrading national capacity to plan and manage international cooperation, especially in light of current trends toward greater bilateral cooperation and the

- system's switch to move from short-term projects to support for programs and sectoral and intersectoral approaches;
- integrating global objectives into national priorities and programming;
  - improving multilateral approaches and collaborating on disaster preparedness and mitigation as part of national programs;
  - strengthening advocacy to improve the status of health in international political and economic programs, creating awareness of the links between health and development, and establishing effective ties;
  - ensuring that national human resources working on international cooperation projects are properly trained to serve as strong and effective counterpart in the cooperation process.

### **III. INTERNATIONAL COOPERATION IN HEALTH AND THE ROLE OF PAHO**

#### **Toward a Common Agenda**

19. Since the historic Alma-Ata Conference on Primary Health Care, there has been a plethora of international agreements promoting health objectives and targets. The Millennium Declaration, approved in the Millennium Summit in 2000, represents a notable consensus of global leaders regarding the challenges that the world faces. In the Millennium Declaration, the countries reaffirmed their faith in the United Nations and its Charter as indispensable foundations for a more peaceful, prosperous, and just world. They went on to recognize certain fundamental values that are essential to international relations in the 21st century: freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. The Declaration calls for strengthening the United Nations so its performance will be more effective. In this connection, a series of Millennium Development Goals have been defined, and these are intended to provide a framework within which the entities of the United Nations system can work together more closely toward fulfilling their shared purposes. The goals have also served as a framework for WHO in developing its Eleventh General Program of Work. In 2002 the United Nations convened the International Conference on Financing for Development in Monterrey, Mexico, for the purpose of promoting and generating financial commitments from the developed and developing countries in pursuit of those Goals.

20. The countries of the Region of the Americas, in addition to participating through their governments in the formulation of global objectives for health and development (PHC, MDG), have ratified their commitment to these goals by requesting PAHO to integrate them into its agenda on a priority basis. Thus, PAHO has a mandate both from its Member Countries and within the framework of the broader mandate of WHO, to ensure that these commitments are reflected through its technical programs, in its policies

and operations. During these last two years, the Member Countries have called on PAHO to support them in redoubling their efforts to guarantee expanded social protection in the area of health,<sup>x</sup> and they have also renewed their commitment to Health for All, asking PAHO to ensure that all its technical programs place renewed emphasis on the principles of primary health care (especially as they relate to attainment of the Millennium Development Goals<sup>xi</sup>). The Member Countries have also asked PAHO to expand its support to the countries in integrating the MDG into the framework of national health policies.<sup>xii</sup>

21. Recent years have seen an increase in the number of agents involved in health in the Region. PAHO can play an important role, because solid technical orientation is necessary for these new partners who are helping the countries. PAHO should continue to exercise its leadership and capacity to coordinate efforts, which will help to rationalize the distribution of the work between the partners to form alliances through more harmonious cooperation. Within the framework of these new types of relationships, PAHO and its Member States should continue to perform their important functions of resource mobilization; exchange of knowledge, technology, and technical capability; networking; and planning, testing, and evaluation. Both PAHO and its Member States should also develop systems for improving accountability and mechanisms for ensuring full transparency. In order to coordinate health initiatives effectively, it will be necessary, inter alia, to strengthen global partnerships and national health systems and to ensure consistency between all of the strategies and the cooperation efforts at the national, regional, and global levels.

### **Regional and Global Public Health Goods and Their Relationship to the PAHO Mandate**

22. A public good has two characteristics: there is no rivalry in its consumption, and no one can be excluded from its benefits. Many public goods have become global, which means that they cannot be adequately provided through national policies and some form of international cooperation is required in order for them to be accessed locally.

23. The discussion of public health goods and their globalization may be instrumental for orienting the cooperation of the Pan American Health Organization in fulfillment of its mission “to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.”

### Classification of Global Health Goods and Services

<b>Pure global public goods and services</b>	In addition to peace, equity and justice, which have a demonstrable impact on the health of the population, others include the reduction of poverty, epidemiological and public health surveillance, environmental measures to protect against risks, prevention of communicable diseases, fluoridation of water, food protection...
<b>Meritorious global goods and services</b>	Vaccines, essential drugs for the treatment of communicable diseases, health research, new diagnostic and treatment technologies. In general, these meritorious goods are highly subsidized by the State, and, since their externalities transcend borders, they may also be subsidized by regional blocs, global funds, or international NGOs.
<b>Other global goods and services</b>	Technical cooperation in public health, international agreements as intermediate producers of final goods, control of trade in legal or illegal products that are harmful to health...

24. PAHO can contribute significantly to the production and distribution of Regional and global public health goods:

- It is necessary to jointly (Member States–PASB) identify and characterize the regional public health goods that are most needed by the countries of the Region and diagnose the trends, current status of their production and availability, and their possible contribution to attainment of the MDG.
- It is also necessary to find practical ways to ensure the provision of global and regional public health goods, since the adequate financing of global public goods requires special resources, such as the creation of funds that emphasize these goods; resources could be made available by reducing perverse tax incentives or those that encourage “public evils” (examples might be a world tax on carbon emissions or one on international airplane travel).
- PAHO should encourage and participate in the debate on methods of financing these goods, and it should foster consensus and joint negotiation on the procurement of regional public goods and services.
- One of the essential roles of international health agencies should be to promote global public goods: research and development, information, the generation of standards for national use and the regulation of international transactions that affect health, and consensus on health policies.

#### **IV. PAHO GOVERNANCE**

25. The Organization exercises its governance through the Pan American Sanitary Conference, Directing Council, and Executive Committee. The Executive Committee has three advisory bodies: the Subcommittee on Planning and Programming, the Subcommittee on Women, Health, and Development and the Standing Committee on Nongovernmental Organizations. As has occurred recently in other organizations, WHO for example, there is a need for reviewing the functions, the cycle and composition of these subcommittees of the Executive Committee. In order to ensure good governance, the Member States are responsible for seeing that their collective will to improve health in the Americas is manifested in the work of the Organization, and that the managerial process is carried out with emphasis on accountability, performance, and efficient operation, as well as on the development and evaluation of the staff. To this end, the Member States allocate resources to the Organization and set health priorities at the national, subregional, and regional levels that are reflected in the PAHO budget and technical cooperation programs. In addition, the Member States assist in the management of PAHO's work in the countries and give it firm support and commitment so that it can fulfill its mission, its mandate, and its goals. PASB, in turn, is responsible for helping the Member States to manifest their collective will by carrying out the concrete responsibilities and functions set forth in the Pan American Sanitary Code, as well as any that the Pan American Sanitary Conference or the Directing Council may assign to it in the future. In fulfilling this purpose, the PASB is expected to work closely with the countries and governments in the strengthening of national capacity and the formulation and implementation of programs. PAHO Representative Offices in the countries play a decisive role in achieving this objective, and hence they are fundamental to the realization of PAHO's mission.

26. The WG has a strategic vision of PAHO as an institution with international leadership in health, it is sharply focused and its areas of service are clearly defined, and contributing to the formulation of national policies with a role of support and orientation. PAHO must have a dual role, both serving as a liaison between the various actors that intervene in health-related areas, including the Member Countries, and strengthening its own capacity to provide technical cooperation in a variety of fields in which it is already the best actor (that is, the one that has the most highly developed capacity) to provide the cooperation directly. It is envisioned as an institution that operates with a high degree of effectiveness, efficiency, and transparency; makes optimal use of its resources and relies increasingly on national resources; minimizes bureaucracy; has a strong financial and administrative system; and works together with the Member States in monitoring and evaluation, based on clear criteria of effectiveness and equity in the allocation of financial resources. The WG also sees PAHO as an institution with solid partnerships and well-established ties, strengthening its role as an agent for new partnerships in health, and playing an active role in the technical orientation of other international organizations. In

addition, PAHO is visualized in the role of guiding coordinated efforts for health and development as an appropriate means of ensuring that direct stakeholders can cope with the challenges. Public health problems can be expected to attract steadily greater cooperation from the international community as it becomes increasingly evident that it is impossible to deal with the different areas of policy independently.

### **Mission of PAHO**

27. The Pan American Health Organization is an institution with international leadership in health composed of the States and territories of the Americas. Its secretariat, the Pan American Sanitary Bureau, is the oldest international public health organization in the world. The PASB also serves as the Regional Office of the World Health Organization (WHO) for the Americas and in this capacity belongs to the United Nations system, while at the same time it is the specialized body for health within the Inter-American System. The Constitution of the Pan American Health Organization, Article 1, states that the organization's fundamental purposes "... shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people."<sup>xiii</sup> The document goes on to specify the functions of the Governing Bodies, and it stipulates that "the duties and functions of the Bureau shall be those specified in the Pan American Sanitary Code, and those which are assigned in the future by the Conference or the Council in fulfillment of the purposes expressed in Article 1..."<sup>xiv</sup> However, the Constitution does not define the functions corresponding to the Organization as a whole or those related to the realization of its mission. The 22 functions of WHO defined in its Constitution are actually the definitive basis of the functions of PAHO/WHO.

28. The **values** of PASB are: **Equity**: Striving for impartiality and justice through the elimination of differences that are avoidable and unnecessary. **Excellence**: Attainment of the highest quality in whatever task it does. **Solidarity**: Promotion of responsibilities and shared interests, facilitating collective efforts to meet common targets. **Respect**: Acceptance of the dignity and diversity of individuals, groups, and countries. **Integrity**: Guarantee of transparency, ethics, and responsibility in performance.<sup>xv</sup>

### **Relationship between PAHO and WHO**

29. The relationship between PAHO and WHO has become more dynamic in recent years. This trend, together with the multiple levels of articulation that have developed between the two organizations, makes it necessary to give priority attention to this relationship and spend more time and effort on examining it. Attention should be given to both directions of interaction—that is, the contribution that WHO policies, strategies, and management systems has made, and can make, to PAHO, and also the contribution that PAHO policies, strategies, and management systems has made, and can make, to WHO.

Currently, PAHO and WHO are going through parallel and interrelated processes of renewal and organizational change.

### **Institutional Development and Transparency**

30. The issues of transparency and accountability are related, but not limited, to the management of economic and financial resources. They also arise in personnel management, relationships with parties outside the Organization, and ongoing relations with the Member Countries. It is necessary to:

- achieve greater transparency and accountability in PAHO;
- continue to identify those areas that do not follow the best accepted practices and to make any changes that may be required;
- implement the steps agreed upon at the 45th Directing Council that the Bureau should take with a view to formulating, implementing, and evaluating effective, formal, and uniform standards for the management of its resources and its relationships with third parties;
- ensure that the Directing Council takes the necessary steps to monitor the implementation of the recommendations of the External Auditor's special report in the areas of ethical standards and code of conduct, recruitment of employees and consultants, procedures for the filing of complaints, investigation of complaints and reporting on the results, management of external relations, and safety in the area of information technology.<sup>xvi</sup>

### **Consensus Building**

31. The WG considers necessary:

- strengthening communication within the Governing Bodies and between the Member States; PAHO should encourage a greater timely exchange of information between the members of the Executive Committee and the other Member States, as well as the use of feedback mechanisms to request comments, recommendations, and suggestions from other Member States regarding the activities presented to the Committee;
- encouraging more participation by the Member States in preparing the agenda to be discussed by the Governing Bodies;
- with regard to the meetings of the Governing Bodies, the Bureau should make certain that the documents to be presented reflect the interests, concerns, and suggestions of the countries themselves.

### **Organizational Structure**



32. The most important points are:
- The process of election or selection of the senior staff (Director, Deputy Director, and Assistant Director) should be reviewed, in order to take into consideration attributes other than political factors, in particular in the field of public health.
  - PAHO Representative Offices should be the center of coordination for the support that the Bureau provides to the governments; they should support the countries in defining and meeting their health targets, as well as in adopting and adhering to standards; they should support the Member States in planning and administering cooperation activities in the countries, coordinating health-related matters (in the countries and with external associates), and mobilizing and making rational use of resources.
  - Pan American Centers should be evaluated with the objective of examining their contributions to the public health challenges faced by the countries, and especially ensuring that the centers coordinate their programming with the Country Representative Offices and the national programs of the country and/or subregion where the center is located.
  - It is necessary to develop guidelines for defining the relationships between the Representative Offices and the Ministries of Health, as well as other institutions, in order to promote a multisectoral approach to the development of health.
  - It is also essential to have an integrated program of cooperation at all levels of the Organization with the countries, which define the needs, policies, priorities of each country, as well as the complementary role of other partners of the international community.
  - Financial and programming authority should be delegated to the PAHO/WHO Representative Offices; at the same time, Headquarters staff should be increasingly decentralized to the countries and a system should be developed that will allow staff established in a given country to take responsibility for a subregional area, if necessary.
  - It is important to carefully study which specific functions should correspond to Headquarters and which to the Representative Offices, in order to establish the appropriate utilization of human and economic resources; depending on the characteristics of the work, it might not be appropriate to decentralize certain areas. Clearly, it is necessary to have a centralized structure that will assume responsibility for achieving regional collaboration and connectivity.
  - Every decision or recommendation relating to decentralization should take into account the impact that drastic changes in human resources could have on personnel, and it is also necessary to take appropriate steps to minimize any negative impact that decentralization might have on them.

## **V. HUMAN AND FINANCIAL RESOURCES OF PAHO**

### **Budgetary Structure and Financial Resources**

33. In September of last year, the 45th Directing Council adopted a new regional program budget policy:
- This policy calls for the allocation of no less than the 40% of resources to country programs, at least 7% of resources to subregional programs, and the rest to regional budget lines.
  - It also endorsed a needs-based model that will redistribute resources among the countries based on the criteria of equity and solidarity.
  - The allocation of the funds in the regional program budget under the new policy will generate a change in the allocation of budgetary resources.
  - This will have a significant impact on the Organization's operations, not only causing changes in the distribution of financial and human resources, but also and even more important, affecting its modus operandi and modalities of cooperation.
  - The policy clearly calls for a single budget, financed with funds of all sources, both regular and voluntary.
34. In this regard, the WG considers necessary:
- disseminating the results and implementing the recommendations of the study conducted on the distribution of budgetary allocations and other PAHO strategies in order to improve the rate of collection of quota contributions;
  - strengthening the participation of the Member States in the monitoring and evaluation of operational, management, and financial practices, adequate mechanisms for this purpose should be found;
  - supporting the development of links between financial evaluation and program budget execution;
  - recognizing that the regional program budget policy entails a commitment on the part of PAHO to both results-based management and the importance of effective monitoring and evaluation.

## **Human Resources of PASB**

35. The WG identified the following as the most important aspects in this area: a) competencies and training, b) staff recruitment, assignment, and performance evaluation, and c) decentralization of human resources.

### *Competencies and Training*

- The WG identifies the need to improve the capacity of national human resources and considers that PASB staff can perform a crucial role in this regard. PASB should ensure that its personnel are adequately trained to contribute to the development of human resource capabilities of the countries.
- An approach based on a competency analysis can be very useful for tailoring the training programs of the PASB's human resources.

### *Staff Recruitment, Assignment, and Performance Evaluation*

- The composition of the professional staff should reflect the diversity of the Region; by the same token, the profiles of people assigned to the Representative Offices should coincide with the health needs, problems, and challenges identified and prioritized by the countries themselves, and staff should be properly trained to work with local human resources.
- A competency-based approach should be used in recruiting PASB staff. The identification of human resource competencies, defined as the combination of skills, attributes, and behaviors that are closely related to successful performance of the work of the assigned staff member, together with the ongoing assessment of these competencies, can be a useful mechanism in the process of recruiting, assigning, and adapting the PASB workforce at Headquarters, Representative Offices and Pan American Centers.
- The WG expressed concern with regard to the process of recruiting and retaining consultants, both in the countries and at Headquarters. It is important for PASB to ensure that the consultants hired have the required profile in the strategic areas of work identified by the Member States.
- PASB currently encourages women to apply for posts; however, little is actively being done to recruit and retain women in high-ranking positions. Promotion within PASB tends to involve transferring from one country to another or from a subregion to Headquarters. For women, this can create considerable difficulties because of family obligations.
- Younger staff is a reservoir of institutional and technical expertise that PAHO could capitalize on by creating paths for career advancement. Measures of this kind would also help to improve staff morale.

- As a part of the ongoing effort to generate high-quality cooperation, it is essential to conduct regular evaluations of human resources. Since many of the Member States are unfamiliar with the way in which the performance of PASB is reviewed and appraised, the procedures currently in effect should be made known to them.

#### *Decentralization of Human Resources*

- The staff in each Representative Office should be appropriate for the particular country. At the same time, the national counterpart should be well prepared. When this is not the case, it is essential to foster the development of such counterparts, and PAHO can play a very important role in seeing that this is done.

## **VI. TECHNICAL COOPERATION APPROACHES AND STRATEGIES**

### **PAHO Roles and Strategies in Partnerships and Alliances for Health**

36. The WG identified the following issues for PAHO with regard to partnerships and alliances:

- Partnerships and Alliances are highly important if PAHO is to remain a key organization in the changing panorama of health in the Region.
- It is possible that PAHO's main role will be to coordinate and promote dialogue between various actors on matters that involve safeguarding public health goods, a task that lies at the halfway point between advocacy and direct participation; it involves consensus-building with actors who represent diverse values, objectives, and organizational cultures, and it requires the ability to recognize institutional weaknesses and strengths.
- The Organization should seek further partnerships for promoting the generation of scientific knowledge and research, in order to lay the necessary groundwork for health policy-making at national and regional levels.
- Partnerships are especially needed in connection with health determinants, since addressing them requires the participation of actors outside the sector.
- Stronger links should be performed with civil society in order to promote complex agendas such as the right to health and citizen participation in social control of services.
- Maintaining partnerships and alliances involves a variety of resources (time, money, and human), and it is necessary to plan and provide the means necessary to keep these relationships alive.

37. It is important to explore ways in which PAHO can support the countries in obtaining more resources of bilateral, multilateral, and other origin to carry out their public health activities.

### **Expectations from Country-focused Technical Cooperation and the Country Cooperation Strategy (CCS)**

38. The WG considers that:

- This is a time of great possibilities, in which PAHO, working with the Member States, should take the utmost advantage of its potential to develop highly effective technical cooperation processes.
- PAHO can help the countries to identify, build, and take advantage of their own capacity and strengths, known as “best practices,” and serve as a mechanism that promotes and supports cooperation among countries.
- In this way, with PAHO support, the countries can become not only the receivers or beneficiaries, but providers of cooperation or countries to imitate in their previously identified areas of greatest strength or success.
- The country cooperation strategy (CCS) is a mechanism that can help define and satisfactorily plan the cooperation that PAHO provides and the countries receive through the evaluation of the country health situation.
- The CCS strategy will help the countries conduct an internal analysis of the challenges, weaknesses, needs, trends, critical events, and new opportunities in health that they are facing, as well as their strengths and capacity in terms of their national response or contributions.
- At the same time, in addition to shedding light on the countries’ situation, it will permit better allocation or channeling of resources not only from PAHO but other actors or providers of technical or financial cooperation, from this Hemisphere or beyond.
- The CCS should be based on the policies and plans of each government in the sphere of health; thus, at no time should the process stray from them.
- This exercise can lead to a broad, in-depth internal examination, which should be undertaken with the active participation or fostering of partnerships among solid technical groups working in the field of health in the countries: government, academia, civil society, development agencies, etc.
- This will give PAHO a better grasp of the situation in each country and will be very useful for defining the cooperation and steering it toward areas in which the greatest weaknesses and needs have been identified, developing solutions suited to each country’s context and avoiding the channeling of efforts to areas that are already advanced.

- In addition to identifying the countries' internal weaknesses to which cooperation should be channeled, the strategy should also serve to define or identify the countries' areas of greatest strength, or the areas with the potential for the country's own cooperation, that is, that would help identify "best practices" in the countries.
- Country-focused Technical Cooperation, as a unifying approach to cooperation, and the Country Cooperation Strategy (CCS) will have an extraordinary impact at all levels of the Organization.
- The CCS will make it possible to join together the efforts of governments and PAHO/WHO, civil society, and the private sector; through the CCS approach, the State will be represented not only by its government, but the different sectors of society; this reconceptualized State will perform a fundamental steering role and buttress mutually strengthening partnerships centered around national, regional, and international goals.
- Focusing on national needs and priorities, together with a greater presence in the country, will help to improve coordination and collaboration with the other organizations of the United Nations system and the international community.
- To support implementation of the CCS, it will be necessary to intensify the programmatic and financial decentralization toward the PAHO/WHO Representative Offices and to reorient and adapt some of them.
- The Organization must strengthen mechanisms for connectivity, cooperation, and communication between the Representative Offices, the Pan American Centers, and national health institutions.
- In the national sphere, it is necessary for health authorities to work on the development of coherent policies on international cooperation in general and technical cooperation in health in particular, since the majority of the countries of the Region do not have explicit policies and appropriate institutional support structures to coordinate the various interests, actors, and resources in play in the international cooperation process.
- It should be recognized that the countries generally lack the financial resources to strengthen the area of cooperation and that it is important to ensure that these resources find their way into the national budgets.
- An in-depth analysis is needed of how the lack of national policies is affecting technical cooperation processes and their results in the countries, especially in the face of national situations where there is no continuity in technical teams or health authorities.
- One of PAHO's key functions in the future should be to facilitate collaboration among countries, within the framework of the CCS, whenever feasible, while PAHO consolidates efforts in the development of more direct activities aimed at producing better health outcomes in the Region.

- The WG recognizes that implementation of this strategy has begun and that several countries have made significant progress, among them Barbados and the Eastern Caribbean Countries, Bolivia, Costa Rica, Guyana, Nicaragua, Mexico, and Venezuela.

### **Human Resources for the Implementation of International Cooperation in Health**

39. In international cooperation in health, human resources development is as important as in other areas of the health sector, and it is true for both national and international human resources that:

- Appropriate policies in the countries, international organizations, and other agents involved are necessary to boost the effectiveness and efficiency of technical cooperation processes.
- Suitable approaches are necessary, but what is needed above all is strong political and technical leadership in the countries and cooperating agencies that operate in this area and generate ideas, proposals, and cooperation resources.
- Leadership should be in the hands of human resources with the right political vision, technical training, and experience to direct the process.
- Separate analysis of the issue of one pool of human resources for PAHO and another for the Member States is impossible, since a pool of experienced technical staff implies the construction of a continuous line of action that includes the execution of activities in their own countries, work in the international sphere, and work in the execution of activities in PAHO; to establish this continuous line of action, efforts are under way to introduce new mechanisms, such as “cooperation among countries”, the recognition of collaborating centers, the creation of international centers directly linked with a particular international organization, and the establishment of international networks for knowledge sharing.
- Ensuring that cooperation among countries reaches its full potential will require:  
a) a strengthened PAHO that supports and facilitates the encounter between professionals and institutions in the countries through an explicit policy in this area that takes advantage of the vast experience and leadership of the Organization; b) countries that have identified, or are in a position to identify, not only their needs and weaknesses, but their strengths as well, so that they can collectively offer them to countries, institutions, and teams that may require them; c) in addition to the international staff needed to fulfill PAHO’s mission, consultants who come directly from the countries, highly skilled personnel who can devote part of their time to attending the requests from neighboring countries in areas in which they are considered to have greater expertise, should be engaged.

- That strategy, together with the CCS mentioned above, would help to maximize cooperation resources, in a scenario in which PAHO would be strengthened, boosting its efficiency and productivity in that field, building local institutional capacity in the cooperating countries, and forging strategic partnerships and networks with innovative approaches, which in turn would facilitate the formation of small committees or multinational working groups that could act as technical bodies of the Bureau.

## **VII. RECOMMENDATIONS**

### **PUBLIC HEALTH GOODS**

40. Whereas, it is possible in the health sector to identify worthy global public goods in health, whose benefits and externalities transcend national borders and can be more effectively guaranteed or provided through cooperation among countries of regional blocs, global funds, and international Nongovernmental Organizations.

41. And these worthy global public goods should be available to all population groups, regardless of their social, economic, and cultural status, ethnicity, or gender, across generations,

**1. Recommendation:** PAHO should work with the Member States to facilitate identification of the public health interventions required by the countries of Region that will contribute to attainment of the international goals established in the Millennium Declaration.

**2. Recommendation:** PAHO should support the production, processing, and dissemination of information, ensuring its high quality and accessibility to the countries and subregional blocs, as a way of helping them develop policies.

2.1. Suggested action: PAHO should contribute by designing a clear strategy to support research and the dissemination of reliable, quality information on health status through the creation of a Fund for Applied Research, Core Data Initiatives, and Virtual Public Health Library. Furthermore, PAHO should harmonize norms and standards for information exchange and the dissemination of evidence-based public health practices. PAHO, in conjunction with the Member States, could negotiate the purchase and/or generation of health information and databases, guaranteeing their availability and equal access to them.

**3. Recommendation:** PAHO will support subregional, regional, and international consensus building in health (at the different levels), based on the principles of equity and solidarity, to achieve the highest standards of health.



3.1. Suggested action: PAHO will monitor fulfillment of the commitments derived from the regional and international consensus, keeping the Member States informed and alerting them to possible divergences.

**4. Recommendation:** PAHO will facilitate and furnish support and technical assistance to the countries to assist them in achieving economies of scale, thereby facilitating the procurement of drugs, other strategic inputs, and health technologies and their access by the population of the Member States.

4.1. Suggested action: PAHO will provide technical assistance for the construction of price and supplier databases and facilitate negotiations to guarantee access to the drugs, strategic inputs, and health technologies, as well as their evaluation and monitoring.

**5 Recommendation:** PAHO should support regional and subregional economic evaluations that examine the social costs and the cost of regional and subregional interventions for diseases such as HIV/AIDS, malaria, dengue, Chagas' disease, and tuberculosis.

5.1. Suggested action: PAHO should undertake needs assessment in the areas of health information, health services (technologies, HR, financing), and international support to contribute to the achievement of the strategic objectives established by the countries.

**6. Recommendation:** PAHO should consolidate and expand evaluations and analysis of the strategies used to date for disease control and prevention and should intensify regional and subregional exchanges of information and experts (including information on good practices, experts, etc.), in addition to cooperating in the planning of joint activities among the countries.

**7. Recommendation:** PAHO should identify priority countries by type of regional health problem, such as tuberculosis and malaria, so that the countries can interact more closely in a joint analysis of situations, the strategies employed, and new interventions.

**8. Recommendation:** PAHO should strengthen the contribution of health to regional and subregional peace.

8.1. Suggested action: Intensification of regional exchange on intersectoral interventions to prevent violence (with emphasis on modification of the principal health determinants: nutrition, education, housing, employment, environment) and mental health care models (primary mental health care).

**9. Recommendation:** PAHO will help strengthen the institutional capacity of the countries' ministries of health to negotiate and implement international agreements in health.

**10. Recommendation:** PAHO should cooperate in the identification of regional and subregional health needs, coordinating with other sectors and engaging in monitoring and evaluation.

**11. Recommendation:** PAHO should cooperate in the identification of opportunities for health financing and promote the best use of cost-effective interventions.

## **SCIENCE, TECHNOLOGY, RESEARCH AND STRATEGIC SUPPLIES**

**1. Recommendation:** PAHO should stimulate and facilitate discussions in support of innovations in science, technology, research, strategic inputs and information to enable the development of national policies.

1.1. Suggested action: PAHO should create a mechanism to help Member States develop public policies directed to the production of technical knowledge and improve information sharing initiatives and integration among the countries involved with this area

1.2. Suggested action: PAHO should support Member States in defining a selective agenda that establishes the priorities in the areas of scientific and technological research in health, such as the development of human resources.

**2. Recommendation:** PAHO should promote activities and policies that will work to reduce the existing gap between the generation of knowledge and its application by decision makers.

2.1. Suggested action: PAHO should work with Member States where applicable to improve dialogue between the national health authorities and the national science and technology authorities to reduce the gap and develop appropriate policies.

2.2. Suggested action: PAHO should facilitate the dissemination and publication of information for appropriate development of health policies

**3. Recommendation:** PAHO should support the development of national capacities for the generation of technology and production and procurement of supplies in order to ensure accessibility.

**4. Recommendation:** PAHO should promote the development of compatible and integrated information systems to improve health systems planning and assessment.

4.1. Suggested action: PAHO should strengthen the provision of technical assistance to Member States to develop and standardize their Health Information and Data Processing Systems (Health Human Resources Management, Drugs Management, Hospital Management, Laboratory Management, etc)

**5. Recommendation:** PAHO should support Member States in defining priorities and developing methodologies in research that allows them to address the principle health problems and contribute to the establishment of alliances for their financing.

**6. Recommendation:** PAHO should develop and disseminate information and knowledge sources, in a cooperative manner, for countries and sub-regional groups, leading to increased equity of access to these sources.

**7. Recommendation:** PAHO should promote scientific knowledge and technological development and innovation of research and development, pharmaceuticals, diagnostic tools, medical equipment and other health supplies.

**8. Recommendation:** PAHO should support Member States in the development and implementation of measures at the national levels to comply with international agreements and policies in the related areas of science, technology and trade, in order to ensure access to drugs and health critical supplies.

**9. Recommendation:** PAHO should promote horizontal cooperation and exchange initiatives to increase national management skills in terms of research, access, production, distribution, dispensing, and rational use of drugs and health supplies.

**10. Recommendation:** PAHO should foster the development and regional harmonization of clinical protocols and therapeutic guidelines to incorporate and utilize appropriate technology in health services.

**11. Recommendation:** PAHO should support Member States in the development of cooperative systems for the assessment of health technology.

## **DEVELOPMENT OF ASSOCIATIONS AND PARTNERSHIPS AND THE ROLE OF PAHO**

***Recommendations for PAHO's work with other agencies of the United Nations, inter-American systems, bilateral cooperation agencies, and international financial institutions***

**1. Recommendation:** PAHO should strive to continuously improve the coordination of its activities with other agencies of the United Nations system and the International Financing Institutions (IFIs) not only at the regional level but particularly at the national level.

1.1. Suggested action: PAHO should replicate its Shared Agenda Initiative with the IDB and the World Bank at the national level, developing strategic plans with the countries that include well-coordinated activities and the formation of partnerships and associations with these agencies at the national level.

1.2. Suggested action: PAHO should instruct its Representative Offices to disseminate information about the regional agreements and partnerships that it enters into with other specialized health agencies and execute them at the national level.

**2. Recommendation:** PAHO should work with its sister agencies to simplify and harmonize the mandatory reporting processes that are requested from Member States

**3. Recommendation:** PAHO should enhance/strengthen/clarify its relationship with the Inter American System.

3.1. Suggested action: PAHO should pursue a strategy to harmonize its policies and strategies with those of the OAS to enhance the relationship between the two organizations and generate opportunities to improve health in the region.

3.2. Suggested action: PAHO should play a greater role in the subregional integration processes in the Americas, helping the countries to give health its proper place on the subregional and regional political agenda.

**4. Recommendation:** PAHO should step up efforts to enhance cooperation for the Region.

4.1. Suggested action: PAHO should make the serious inequality and gaps in income and social indicators in Region known to the various international bilateral cooperation agencies by participating more actively in the various forums and taking advantage of opportunities inside and outside the United Nations system.

4.2 Suggested action: PAHO should work to collect information about international cooperation that will enable it to identify ODA trends and anticipate changes in regional priorities and the areas targeted by the main cooperating parties--information that should be adequately communicated to the countries.

***Recommendations for PAHO's Work with the Member States***

**5. Recommendation:** PAHO should offer technical cooperation for better utilization/channeling of financial resources and investment from national and international sources to promote health in the Region.

5.1. Suggested action: PAHO should offer technical cooperation to the ministries of health to facilitate their negotiations with the national institutions responsible for financing health matters, taking into account the contribution of health to development.

**6. Recommendation:** PAHO should strengthen its technical cooperation to Member States in order to increase their capacity to mobilize additional resources.

**7. Recommendation:** PAHO should engage its external relations activities more fully in technical cooperation with Member States.

7.1. Suggested action: PAHO should provide the external relations activities with greater financial and human resources.

7.2. Suggested action: PAHO should strengthen the Representative Offices with experts in negotiation and resource mobilization, providing direct support for the respective Representatives in their technical assistance to the countries.

**8. Recommendation:** PAHO should regularly update its administrative processes in keeping with global initiatives for harmonization and alignment of cooperation.

**9. Recommendation:** PAHO should provide assistance to Member States to obtain knowledge about new financial cooperation modalities and disseminating information about them.

9.1. Suggested action: PAHO should disseminate information on the new modalities available for accessing reimbursable and non-reimbursable financial cooperation, through bulletins, forums, and at least one annual meeting of the offices in charge of international cooperation in health

9.2. Suggested action: PAHO should set up a Clearinghouse on international cooperation in health that makes information on potential cooperating partners and new cooperation modalities available to the countries.

**10. Recommendation:** PAHO should facilitate horizontal cooperation among the countries of the Region for the creation of strategic partnerships and the mobilization of health cooperation resources.

10.1 Suggested action: PAHO should promote exchange programs between the countries' international cooperation offices.

10.2. Suggested action: PAHO should organize at least one annual meeting of the Region's offices in charge of international cooperation in health.

## **TECHNICAL COOPERATION MODALITIES IN HEALTH**

**1. Recommendation:** PAHO should promote and strengthen its participation as an active partner in technical cooperation with and among the Member States.

1.1 Suggested action: PAHO should support Member States in the search for and identification of strategic partnerships with public and private actors who, at the global level, have gained a reputation in the field of international health.

1.2 Suggested action: PAHO should develop mechanisms that help Member States to identify, build, take advantage of, and export their experiences, capacities, and strengths, known as "best practices."

1.3 Suggested action: PAHO should develop and support the creation and consolidation of more innovative cooperation modalities.

**2. Recommendation:** PAHO should improve its traditional mechanisms for classifying or measuring levels of well-being in the Member States.

2.1 Suggested action: PAHO should adopt fairer and more objective mechanisms to identify the degree or level of well-being of Member States in terms of health.

**3. Recommendation:** PAHO should support the Member States in planning the cooperation that they can receive or offer.

3.1 Suggested action: PAHO should offer support to Member States that desire assistance in conducting an internal analysis of their challenges, weaknesses, and needs in health to better orient cooperation to the countries.

3.2 Suggested action: PAHO should support the identification of strengths in health within the Member States, together with the sharing of these strengths with other Member States.

## **GOVERNANCE**

### ***Improve Communication within Governing Bodies and amongst Member States***

**1. Recommendation:** PAHO should involve the Member States in the design and implementation phase of policies, plans and programs being designed and implemented by the Secretariat.

1.1. Suggested action: PAHO should engage in dialogue and consultation with Member States to promote their active participation in PAHO's activities.

**2. Recommendation:** PAHO should provide in advance of the Governing Body meetings all documents related to agenda items via the web page for rapid and easy access by users inside and outside the Organization in Accordance with Rules of Procedures.

2.1. Suggested action: PAHO must ensure early translation of documents into English, French, Portuguese, and Spanish, as appropriate; ensure easy access to the documents; and ensure strict adherence to the rules for the provision of all relevant background materials to Member States, Associate Members and Observer States, regarding the Pan American Sanitary Conference and Directing Council (at least 30 days prior to session), and the Executive Committee and Subcommittee on Planning and Programming (at least 21 days prior to the session).

***Involvement of NGOs and other professionals in PAHO's work***

**3. Recommendation:** PAHO should review its relationship with these entities and should hold special sessions and fora for the civil society organizations.

3.1. Suggested action: Review existing Standing Committee on NGO's to strengthen criteria for their participation.

**4. Recommendation:** PAHO should encourage Member States to include specialists from other sectors in their delegation to Governing bodies.

***Organizational and Budgetary Structure***

**5. Recommendation:** PAHO should develop a more formal transparent process for selecting candidates for the top senior posts in the Organization.

5.1. Suggested action: PAHO should introduce a more formal transparent process for selecting senior staff, in order to ensure greater regional representation and cultural diversity in the selection of senior level staff and provide an equitable opportunity for all Member States to have candidates for consideration for these three senior level posts (Director, Deputy Director, and Assistant Director).

**6. Recommendation:** PAHO should clearly articulate the criteria for the distribution of budget allocations to countries. PAHO should be transparent in selecting the indices for determining needs/priorities in countries including the criteria and indices used for the priority countries (Haiti, Guyana, Bolivia, Nicaragua and Honduras).

6.1. Suggested action: PAHO should provide Member States with all documentation on budget allocations in a timely manner;

6.2. Suggested action: PAHO should provide Member States with all the criteria and indices used in budget allocations to countries.

**7. Recommendation:** PAHO should provide Member States with data on its operational, managerial and financial practices.

7.1. Suggested action: (a) PAHO should establish a permanent Standing Audit and Evaluation Committee comprising the current external auditing mechanism of the organization, along with elected representatives from among the Member States, Associates Members and the Bureau.

**OR**



(b) PAHO should establish a Programme Budget and Administration Committee as proposed by the WHO.

7.2. Suggested action: This Committee should conduct performance reviews in order to assess productivity, quality of service, efficiency and cost-effectiveness, as well as establish criteria for measuring impact, outcome and success of programmes in addition to expenditure review.

**8. Recommendation:** PAHO should formalize the links between financial reporting and effective evaluation through the simultaneous production of an evaluation report on the implementation of the programme budget and the financial report for the same programme budget period.

8.1. Suggested action: The Committee defined in 7.1 would perform this action.

#### *Assessment of Regional Centres*

**9. Recommendation:** PAHO should ensure that there is complementarity in the programmes of the regional centers and country offices.

9.1. Suggested action: PAHO should design and implement the Regional Centres' programmes in consonance with the national programmes and those of the Country Offices to ensure uniformity in programming.

9.2. Suggested action: PAHO should ensure that the Regional Centres and Country Offices adopt an integrated approach and a shared agenda when programming to avoid duplication and to pool their resources toward addressing national needs, regional priorities and the achievement of global targets.

9.3. Suggested action: PAHO should evaluate and if necessary improve functions of the Pan American centers.

9.4. Suggested action: PAHO should evaluate and enhance the role of the WHO collaborating centers.

#### *Improve Efficiency of Country Offices*

**10. Recommendation:** PAHO should develop guidelines for the country offices to improve the relations with Ministries of Health as well as other institutions to promote a multi-sectoral approach to health development.

**11. Recommendation:** PAHO should develop an integrated national program in collaboration with the country which includes a definition of needs, policies and

priorities of the country to facilitate more efficient, result oriented program planning and implementation.

**12. Recommendation:** PAHO should undertake an evaluation to identify common problems and develop solutions across offices of international cooperation.

### ***Improvements in PAHO's Operations***

**13. Recommendation:** In order to exploit advantages of information technology and to achieve optimal knowledge management, PAHO should seek to improve cooperation and communication between national health institutions and the PAHO/WHO secretariat, country offices, and Pan American centers.

**14. Recommendation:** PAHO should focus the management of its country programs on the WHO General Program of Work, national objectives and global targets.

14.1. Suggested action: PAHO should ensure that there is a new focus on program management.

### ***Enhanced Relationships between PAHO and WHO***

**15. Recommendation:** PAHO should pursue a strategy to harmonize its policies and strategies with those of WHO to enhance the relationship between the two organizations and generate opportunities to improve health in the region.

### ***Decentralization of resources and staff from Headquarters to Country Offices***

**16. Recommendation:** PAHO should decentralize some of its technical staff and resources from Headquarters to the country level in order to strengthen the performance of country offices, improve the use of PAHO's resources within countries and for the development of a more strategic approach to PAHO's cooperation with countries.

**17. Recommendation:** PAHO should evaluate its recruitment policy in order to address the geographical distribution inequalities in hiring staff from the region. This is to ensure that recruitment is not only in consonance with PAHO's Constitution and its Core Values but also that there is greater language and cultural diversity in the Organization as well as an equitable distribution of staff from Latin America, the Caribbean and North America.

17.1. Suggested action: PAHO should design a study to determine the factors inhibiting wider recruitment of nationals from all Sub-regions and mechanisms must be instituted to redress any geographical recruitment inequality.

**18. Recommendation:** PAHO should establish formal, transparent processes and systems for the transfer, exchange or hiring of national technical staff for cooperative activities.

18.1. Suggested action: PAHO should adopt contracts which ensure that the latest skills and knowledge are available for the work of the Organization. PAHO must ensure that the contract holders are not disadvantaged with reference to social security coverage, salaries, allowances, termination indemnity and job security. The terms of the contractual arrangements for temporary appointments to project activities limited in time and/or funding must be clearly outlined and understood by all parties to avoid conflict and grievance in the organization.

**19. Recommendation:** The Country Offices should be empowered with adequate financial and programmatic authority in responding to country needs. PAHO should review the level of responsibility that is delegated to PWRs and Centre Directors for efficient coordination of operations at the country level in harmony with the Plan of Work, which is developed by the Member States and Country Offices.

## **HUMAN RESOURCES**

### ***Training of PAHO Staff***

**1. Recommendation:** PAHO should ensure that all staff maintain the highest level of skills and knowledge necessary to undertake their work. This should include appropriate training in all relevant areas. Furthermore, PAHO should keep Member States fully informed of its human resources needs and strategy.

1.1. Suggested action: PAHO Secretariat should provide a detailed breakdown in the Biennial Program and Budget regarding specific staff training for particular priority areas.

1.2. Suggested action: PAHO should explore compiling a small team of experts on capacity building for particular priority areas that could be dispatched on an as-needed basis to countries or subregions to help in capacity building efforts at the national level. This should be done taking into account national experiences and existing capacities.

1.3. Suggested action: PAHO should develop a mechanism by which country office staff can receive short coursework or training in specialized areas to enhance their skills to better serve the country they are assigned to.

1.4. Suggested action: PAHO should develop a strategy to better utilize or increase, if needed, the numbers of the organization's social communication experts, information management experts, and program managers. This may include providing training for existing PAHO technical experts in these areas.

1.5. Suggested action: PAHO should examine and begin to develop training paths for qualified individuals to continue their career development within the Organization

1.6. Suggested action: PAHO should produce and disseminate to Member States a biennial report on its Human Resource Strategy.

### ***Hiring of PAHO Staff***

**2. Recommendation:** PAHO should develop a hiring policy, in line with WHO, that would help it achieve greater geographical and cultural diversity in its workforce. This hiring policy should work in tandem with Member States Human Resources policies to reinforce Human Resources capacities within the country.

2.1. Suggested action: PAHO should develop a more stringent policy for the hiring and evaluation of short-to-mid-term consultants. Such a policy should be widely disseminated among Member Countries

2.2. Suggested action: PAHO should encourage women to apply for positions within the Organization. It should undertake additional activity to actively recruit and retain women in professional and other senior positions.

2.3. Suggested action: PAHO should examine the situation of the "graying" of its workforce and strategically plan for workforce shortages that will occur during the coming years as professional staff retires. PAHO should produce an evaluation report and present it to Member States on a biennial basis.

2.4. Suggested action: PAHO should begin a discussion on ways to incorporate a tenure system that provides the benefits of stability while protecting against possible abuse.

2.5. PAHO, consistent with the review undertaken by WHO, should develop specific strategies to encourage nationals from underrepresented countries or regions to apply for positions within WHO/PAHO for equitable distribution.

2.6. The PAHO Secretariat should provide a detailed breakdown in the Biennial Program and Budget regarding hiring of staff. Specifically, this should include a

breakdown of regular and contracted PAHO staff based in country offices and in Headquarters

### ***PAHO Workforce Assignments***

**3. Recommendation:** The profile of the individuals assigned to the country offices, as well as their training and experience, should be strictly consistent with the health needs, problems, and challenges identified and prioritized by the countries themselves, and take into account existing local capacity. When working in country, field staff, headquarters staff, and consultants should recognize that they will be working and coordinating with local human resources

3.1. Suggested action: In the selection/assignment for country level staff, PAHO should solicit country input early to achieve a more democratic or inclusive process.

3.2. Suggested action: PAHO should work with Member States to modify the core competencies for a given position to specifically match the needs of that country.

3.3. Suggested action: PAHO staff should be sensitized to the cultural norms of the country in which they are working.

3.4. Suggested action: PAHO should make available to Members States the core competencies that have been developed by WHO/PAHO.

3.5. Suggested action: PAHO should also develop and circulate, if not already developed and widely circulated, core competencies for contract personnel (e.g., short- and medium-term consultants), against which the consultants will regularly be monitored and evaluated.

### ***Evaluation of PAHO Staff***

**4. Recommendation:** Clear evaluation criteria and processes of PAHO staff (regular and contracted) should be disseminated to staff and Member States

4.1. Suggested action: PAHO Secretariat should make available to Member States the policy on how PAHO personnel are reviewed and evaluated.

4.2. Suggested action: PAHO staff should be made aware of the core competencies that they are expected to maintain. Regular performance evaluations should be conducted and should examine the individual's ability to meet these competencies.

4.3. Suggested action: PAHO should review and strengthen its system for the monitoring and evaluation of contract personnel, which includes an evaluation of the contractor's ability to meet the required core competencies.

***[Addendum]***

**[Recommendation:** PAHO should assist the Member States in improving mechanisms for assigning and upgrading the work force at PAHO Headquarters and in the Representative Offices.

1. Suggested action: PAHO should improve the mechanisms for distributing HR at Headquarters and in the countries, so that they better respond to the geographic and epidemiological diversity of the Member States and take advantage of country knowledge about the situation in the Hemisphere.

2. Suggested action: PAHO should improve mechanisms geared to ensuring that the assignment/hiring of personnel in the Representative Offices:

- is strictly consistent with the needs and challenges identified and prioritized by the Member States themselves
- considers the technical capacity and competencies of the Member States' own human resources.

3. Suggested action: PAHO should strengthen mechanisms for the supervision and evaluation of personnel assigned/hired in the Member States, especially medium- and long-term consultants.]

***PAHO's Role in Strengthening National Health Resources***

**5. Recommendation:** PAHO must work with Member States to strengthen national health resources in a participatory and sustainable manner. This includes helping to build a solid base of health professionals at the country level, and helping countries to continuously educate these professionals to handle new and reemerging public health issues.

5.1. Suggested action: PAHO should identify already existing country-based institutions renowned for excellence to form a regional/sub-regional network that will provide a base of highly skilled personnel in the various technical areas identified. PAHO should inform Member States of the resource available through the development of this network.

**6. Recommendation:** PAHO should explore the development of an international health training program at the undergraduate level to generate interest and build future capacity in international health.

**7. Recommendation:** PAHO should explore developing relationships with universities and institutions in the Region to develop and maintain the necessary expertise to face the coming challenges in the public health field.

**8. Recommendation:** PAHO should work with Member States to address the issues of migration of health professionals from the region to ensure the availability of necessary health professionals within each Member State and in the region.

8.1. Suggested action: PAHO should assist Member States in addressing issues of retention including training, accreditation, licensing, improvement of the working conditions.

Annex

## Notes and References

<sup>i</sup> Resolution CD44.R14, ninth session of the 44th Directing Council.

<sup>ii</sup> The list of participants in each of the meetings is available on the PAHO website:  
<http://www.paho.org/english/GOV/PAHO21stC.htm>

<sup>iii</sup> The WG held the following meetings:

- First Working Meeting, Roseau, Dominica, 26-27 February 2004.
- Second Working Meeting, Washington, D.C., USA 23 March 2004.
- Third Working Meeting, San José, Costa Rica 26-27 July 2004.
- Fourth Working Meeting, Rio de Janeiro, Brazil 14-15 December 2004.
- Fifth Working Meeting, Washington, D.C., USA 17-18 February 2005.
- Sixth Working Meeting, Bridgetown, Barbados, 11-13 April 2005.

<sup>iv</sup> The documents are:

- The Evolutionary Nature of Associations and Alliances. Prepared by Peru.
- Regional and Global Public Health Goods. Prepared by Argentina.
- Modalities of Technical Cooperation in the Area of Health. Prepared by Costa Rica.
- PAHO Governance. Prepared by Barbados.
- PAHO's Human Resources. Prepared by the United States.
- Public Health Challenges in the 21<sup>st</sup> Century. Prepared by Mexico.
- Public Health Challenges in the 21<sup>st</sup> Century. Prepared by PAHO's Secretariat.
- Managing Work and Education in Health. Prepared by Brazil.
- Science, Technology, Strategic Inputs and Information in Health. Prepared by Brazil.
- Scientific Research for Health in the Countries of the Latin-American and Caribbean Region. Prepared by Chile.
- Science, Technology, and Strategic Inputs: Contributions from the Ministries of Health of Brazil and Chile (it consolidates aforementioned documents by Brazil and Chile on Science and Technology).
- Health Financial Resources in the Americas. Prepared by the Secretariat.
- Report about Progress Made by the Working Group on PAHO in the 21<sup>st</sup> Century: Document on Progress and Status of the Reflection CD45/18, September 17, 2004. Prepared by Costa Rica.
- WHO and PAHO Organizational Change. Prepared by the Secretariat.
- Relationship and Mechanisms of Coordination between PAHO and WHO.

<sup>v</sup> <http://www.paho.org/english/GOV/PAHO21stC.htm>

<sup>vi</sup> 38th Session of the Subcommittee on Planning and Programming, 24-26 March 2005. See CE134/INF/1

<sup>vii</sup> 134th Session of the Executive Committee, 21-25 June 2004. See SE134/6, Add. I.

<sup>viii</sup> Progress Report of the Working Group on PAHO in the 21st Century: Report on Progress and the Status of the Reflection. CD45/18. 27 September to 1 October 2004.

<sup>ix</sup> Mexico Statement on Health Research. Knowledge for Better Health: Strengthening Health Systems. Ministerial Summit on Health Research, Mexico City, 16-20 November, 2004.

<sup>x</sup> 26th Pan American Sanitary Conference, CSP26.R19, Washington, DC, 23-27 September 2002.

<sup>xi</sup> 44th Directing Council, CD44.R6, Washington, D.C., 22-26 September 2003.

<sup>xii</sup> 45th Directing Council, CD45.R3, Washington, D.C., 27 September - 1 October 2004.

<sup>xiii</sup> Constitution of the Pan American Health Organization, adopted by the 1st Directing Council in Buenos Aires, 24 September - 2 October 1947.

<sup>xiv</sup> Ibid. Article 20. *Functions*.

<sup>xv</sup> The 26th Pan American Sanitary Conference adopted the current **Values, Vision, and Mission** of the PASB.

<sup>xvi</sup> See Implementation of the Recommendations of the External Auditor's Special Report, CE135/5, 1 October 2004 and CE135/FR.





PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **136th SESSION OF THE EXECUTIVE COMMITTEE**

*Buenos Aires, Argentina, 20-24 June 2005*

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### ***RESOLUTION***

#### ***CE136.R3***

#### **PROCESS OF INSTITUTIONAL STRENGTHENING OF THE PAN AMERICAN SANITARY BUREAU**

##### ***THE 136th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the Report of the Working Group on PAHO in the 21st Century (Document CE136/5),

##### ***RESOLVES:***

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

##### ***THE 46th DIRECTING COUNCIL,***

Considering the various processes that have systematically examined the workings of the Pan American Health Organization with the goal of strengthening the Organization to better meet the needs of Member States;

Bearing in mind that the 44th Directing Council of PAHO requested the Executive Committee to establish an open-ended working group to review PAHO's situation in the 21st century and present its report and make recommendations to the Directing Council;

Having considered the Report of the Working Group on PAHO in the 21st Century (Document CE136/5);

Noting Document CE136/14 "Update on the Progress of Institutional Change within the Pan American Sanitary Bureau;" and

Recalling Resolution CE134.R5, requesting the Pan American Sanitary Bureau to report regularly to the Executive Committee on the work of the WHO Office of Internal Oversight Services, and Decision CE135(D7), regarding the implementation of the Recommendations of the Special Report of the External Auditor,

***RESOLVES:***

1. To congratulate and thank the Working Group on PAHO in the 21st Century for its report.
2. To acknowledge the report of the Working Group on PAHO in the 21st Century and its recommendations.
3. To commend the Director for the institutional changes within the Pan American Sanitary Bureau implemented to date.
4. To request that the WHO Office of Internal Oversight Services report annually to the Executive Committee.
5. To thank the President and past President of the Executive Committee for their work in monitoring the Secretariat's implementation of the recommendations of the Special Report of the External Auditor.
6. To request the Director to:
  - (a) implement the recommendations of the Internal Auditor;
  - (b) complete the implementation of the recommendations of the Special Report of the External Auditor, particularly those focusing on complaints management systems and human resources;
  - (c) take into account the findings of the report and recommendations of the Working Group on PAHO in the 21st Century, the institutional changes within the Pan American Sanitary Bureau, and the recommendations of the Special Report of the External Auditor, when preparing the next Strategic Plan for the work of the Pan American Sanitary Bureau.

*(Ninth meeting, 24 June 2005)*