



**17th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

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FINAL REPORT

CONTENTS

	<i>Page</i>
Opening of the Session	3
Procedural Matters	
Election of Officers.....	4
Adoption of the Agenda.....	4
Program Policy Matters	
Outline of the Proposed Program Budget of the Pan American Health Organization 2024-2025.....	4
Scale of Assessed Contributions for 2024-2025.....	7
Engagement with non-State Actors	8
Non-State Actors in Official Relations with PAHO.....	9
Appointment of One Member to the Audit Committee of PAHO.....	10
Administrative and Financial Matters	
Overview of the Financial Report of the Director for 2022.....	11
Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027.....	12
Amendments to the Pan American Sanitary Bureau Staff eulations and Rules	13
Human Resources Management in the Pan American Sanitary Bureau.....	14
Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation.....	17
Report on the Status of the Emergency Loan from the Revolving Fund or Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies	18
Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)	19
Matters for Information	
Report on Strategic Issues between PAHO and WHO	20
Draft Provisional Agenda for the 172nd Session of the Executive Committee.....	22
Other Matters	23
Closure of the Session	24
Annexes	
Annex A: Agenda	
Annex B: List of Documents	
Annex C: List of Participants	

FINAL REPORT

1. The 17th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held from 22 to 23 March 2023. As the conference facilities at the PAHO Headquarters Building were being renovated, the session was held at the General Secretariat Building of the Organization of American States (OAS) in Washington, D.C. The session was attended by delegates of the following seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Brazil, Dominican Republic, Honduras, Jamaica, Saint Kitts and Nevis, and United States of America. Delegates of Antigua and Barbuda, Bolivia (Plurinational State of), Canada, Mexico, and Spain attended in an observer capacity.

Opening of the Session

2. Dr. Jarbas Barbosa da Silva (Director, Pan American Sanitary Bureau) opened the session and welcomed the delegates of the Members of the Subcommittee and of the States participating as observers. Highlighting some of the Bureau's technical achievements in 2022, he noted that PAHO had continued to respond to the COVID-19 pandemic, providing political, strategic, and technical guidance and launching the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and Other Health Technologies in the Americas. It had also delivered life-saving assistance in response to other emergencies, including the monkeypox and cholera outbreaks, multiple natural disasters, and the ongoing humanitarian crisis in the Bolivarian Republic of Venezuela.

3. At the same time, it had continued providing technical cooperation in a wide range of areas with a view to improving the health and well-being of the peoples of the Americas. For example, intensive support had been provided to countries for health sector reform processes based on primary health care, including expert support for the expansion of the health workforce, service delivery, governance, and health financing reform. PAHO's procurement funds had continued to support Member States in the procurement of vaccines, essential medicines, and diagnostics. In response to rising concerns about the impact of the COVID-19 pandemic, the Pan American Sanitary Bureau (PASB) had supported countries in developing and implementing mental health policies, plans, laws, and capacity-building. It had also continued to implement the regional policies on digital transformation of the health sector and the application of data science in public health approved by Member States in 2021¹ and had made great progress in implementing telehealth projects at the first level of care to reduce barriers in access to health services.

4. Other organizational achievements during 2022 included successful mobilization of resources to support PAHO's Strategic Plan 2020-2025 and the Program Budget 2022-2023; introduction of innovative ways of working, including expanded use of new virtual tools and development of more flexible human resources policies; significant

¹ See Documents CD59/6 and CD59/7 and Resolutions CD59.R1 and CD59.R2 (2021).

strides in the areas of information technology infrastructure, operations, and information security; completion of the external evaluation of PAHO's response to the COVID-19 pandemic, and enhancement of PAHO's visibility through the launch of its 120th anniversary celebrations.

Procedural Matters

Election of Officers

5. The following Member States were elected to serve as officers of the Subcommittee for the 17th Session:

<i>President:</i>	Dominican Republic	(Mr. Miguel Rodríguez)
<i>Vice President:</i>	Saint Kitts and Nevis	(Dr. Patrick Martin)
<i>Rapporteur:</i>	Argentina	(Dr. Carla Moretti)

6. The Director served as Secretary ex officio, and Ms. Mary Lou Valdez (Deputy Director, PASB) served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents SPBA17/1 and SPBA17/WP)

7. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA17/1) without change. The Subcommittee also adopted a program of meetings (Document SPBA17/WP).

Program Policy Matters

Outline of the Proposed Program Budget of the Pan American Health Organization 2024-2025 (Document SPBA17/2)

8. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) presented the outline of the proposed program budget of PAHO for 2024-2025, noting that the process of developing the proposal had begun with the prioritization exercise launched in November 2022, the preliminary results of which were shown in Document SPBA17/2. He highlighted the key strategic considerations underpinning the proposal, pointing out that the program budget 2024-2025 would be the final one under the PAHO Strategic Plan 2020-2025 and that, during the biennium, the Bureau's focus would shift from emergency response to the COVID-19 pandemic to sustained core technical cooperation. He noted that the overall level of the proposed budget envelope for 2024-2025 was US\$ 820 million,² including \$700 million for base programs, a 3% increase with respect to the budget for 2022-2023, and an estimated \$120 million for special programs

² Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

and emergencies, as compared with \$202 million in 2022-2023. The proposal was considered prudent and realistic in terms of funding.

9. Mr. Maza reported that, in view of the impact of the pandemic and the hardships it had caused for Member States, as well as the ongoing discussions on the OAS scale of assessed contributions (see paragraphs 19 to 22 below), the Director had decided not to seek any increase in assessed contributions this year, which would therefore remain unchanged at \$194.4 million. He pointed out, however, that assessed contributions had not increased since the 2012-2013 biennium and that maintaining the nominal value of such contributions at the same level for more than 10 years had represented a reduction of \$50 million in real terms. He also noted that, while the Bureau continued to seek efficiencies and explore ways of doing more with less, there was a limit to what it could do in that regard. He underlined the need to achieve a healthy balance between voluntary contributions and assessed contributions in order to ensure that flexible funding was available when needed to deliver priority programs, particularly chronically underfunded ones such as noncommunicable diseases.

10. The Subcommittee welcomed the Bureau's efforts to transition from emergency response to the post-pandemic recovery phase and voiced support for the program budget proposal and for the priorities identified therein. The priorities related to promoting integrated care, strengthening national regulatory systems, expanding regional production capacity, improving access to mental health care, strengthening genomic surveillance, revitalizing immunization programs, and focusing on primary health care were considered especially important. A greater focus on noncommunicable diseases, with a primary prevention approach, was also viewed as crucial. Several delegates highlighted the need for continued emphasis on equity and solidarity. It was considered essential to strengthen health systems and the health workforce in order to address the major disruptions in essential health services that had occurred during the pandemic. It was pointed out that a critical aspect of health systems strengthening was the maintenance of infrastructure and equipment, which was a challenge for many developing countries.

11. The prioritization exercise was considered vital for identifying and addressing regional priorities, ensuring that resource allocation under the program budget for 2024-2025 adequately reflected regional health needs, and guiding collective efforts towards achieving shared objectives, including those identified in the PAHO Strategic Plan 2020-2025, the Sustainable Health Agenda for the Americas 2018-2030, and the Sustainable Development Goals. The shifting of more resources to base programs was seen as appropriate in the post-COVID context, as was the transition to sustained core technical cooperation. The Bureau was asked to indicate which programs would be affected by that transition and to provide information on any resulting staffing changes. It was also asked to indicate how a gender equality perspective would be mainstreamed throughout the program budget.

12. It was pointed out that the WHO allocation to the Region of the Americas would account for 42% of the budget for base programs, and it was suggested that the Bureau should plan for potential gaps in the funding actually received. It was also pointed out that

the regional allocation for base programs was projected to increase by \$3.5 million, or 1.6%, which was far less than the proposed 20% increase in assessed contributions proposed in the WHO program budget for 2024-2025.³ The Bureau was asked to comment on the reasons why the Region was receiving such a small proportion of the overall increase in WHO resources. It was also asked to indicate whether it would participate in the discussions on the OAS scale of assessments.

13. Mr. Maza replied that the Bureau was engaged in discussions with the budget and finance personnel of the OAS and would continue those discussions as the OAS moved towards the consideration of a new scale of assessments in June 2023. He noted that any changes made to the OAS scale would affect only the distribution of assessed contributions at PAHO; the overall level of assessed contributions would remain unchanged. He also pointed out that the WHO program budget proposal for 2024-2025 did not provide for an overall increase in the budget. Rather, it proposed a redistribution in order to ensure that 50% of the base program portion was allocated to the country level. That redistribution had resulted in a \$3.5 million increase for the Region of the Americas. It was important to note, however, that while the Region's share of WHO budget space had increased steadily over the previous five bienniums, the level of funding it actually received had not increased to the same extent. Generally, the Region received about 25% less than had been budgeted.

14. He explained that it was not possible to say, at this stage, which specific programs would be affected by the transition to sustained core technical cooperation; each department and program would have to determine where additional attention was needed. With regard to how gender equality would be mainstreamed across the program budget, he recalled that gender was one of the cross-cutting themes identified in the PAHO Strategic Plan 2020-2025. As such, it was addressed in an integrated manner not just in the program budget but in every strategy and plan of action approved by Member States. It was also incorporated in operational planning, performance monitoring, and assessment.

15. The Director noted that consultations with Member States on the proposed program budget for 2024-2025 were part of an important planning process for the transition from the acute phase of the COVID-19 pandemic to post-pandemic recovery. The program budget needed to reflect changes in the priorities of Member States that had occurred as a result of the pandemic. For example, digital health, which had been assigned relatively low priority before the pandemic, was now considered a much higher priority. At the same time, the program budget proposal had to take account of the need to continue addressing COVID-19 and other emergencies that might arise. He pointed out that during the 2024-2025 biennium it would be important to start discussions on the next PAHO Strategic Plan, which would cover the period from 2026 to 2030. In his view, a better analysis of priorities would be needed in order to reduce the list of priorities under the new Strategic Plan from the current 28 to a more strategic and manageable number.

16. Regarding gender equality, he noted that the Equity, Gender, Human Rights, and Cultural Diversity Unit had recently been moved from the Deputy Director's Office and

³ See WHO Executive Board Document EB152/27 (2023).

placed under the responsibility of the Assistant Director, where it had been previously. That change would enable closer interaction between the Unit and the various technical departments and provide a better platform for integrating gender and equity across the technical programs in the Organization.

17. With respect to the Region's allocation from WHO, the Director stressed that continued advocacy by PAHO Member States would remain important to ensure that not only did the budget envelope increase but that a greater amount of funding came to the Region. He pointed out that the Region of the Americas differed from the other WHO regions in terms of its country presence and its capacity to implement activities. The other regions were much more dependent on the WHO Secretariat. Nevertheless, the Region should not be penalized for its greater independence and capacity. It was important for all regions to receive an equitable share of the WHO budget. Moreover, the allocation to the Region of the Americas should reflect the fact that it was characterized by tremendous inequality, that some countries were poor and had high poverty rates, and that poverty had increased across the Region during the pandemic. He assured Member States that the Bureau would provide Member States with all necessary information to enable them to participate in WHO budget and funding discussions with a view to improving the balanced distribution of resources across the six WHO regions.

18. The Subcommittee took note of the report.

Scale of Assessed Contributions for 2024-2025 (Document SPBA17/3)

19. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced Document SPBA17/3, recalling that PAHO assessed contributions were established in accordance with the OAS scale. The scale to be applied for 2024-2025 would depend on the outcome of the discussions during the OAS General Assembly to be held in June 2023, where OAS Member States would consider a new OAS scale for 2024-2025 and beyond. In the event that no new scale had been adopted before the 172nd Session of the Executive Committee or the 60th Directing Council of PAHO, the Bureau would propose, as an interim measure, to maintain the scale approved by the Governing Bodies for 2022-2023. Should the new OAS scale not be adopted until after the 60th Directing Council, PAHO Member States would need to consider a revised scale at a later date.

20. In the ensuing discussion, a delegate expressed support for the approach proposed by the Bureau and affirmed her country's commitment to pay its assessed contributions.

21. The Director said that the Bureau would continue to monitor the progress of the discussions at the OAS. He thanked the Member States that had made payments towards their assessed contributions and reaffirmed the importance of timely payment in full of all assessed contributions in order to enable the Bureau to continue providing technical cooperation to Member States.

22. The Subcommittee took note of the report.

Engagement with non-State Actors (Document SPBA17/4)

23. Dr. Heidi Jiménez (Legal Counsel, PASB) recalled that the Framework of Engagement with non-State Actors (FENSA) had been adopted by the PAHO Directing Council in September 2016,⁴ noting that the actions taken by the Bureau to implement FENSA in 2022 were detailed in Document SPBA17/4. She reported that, to ensure consistent implementation of FENSA in the Region, the Bureau regularly reviewed and updated its rules and procedures and provided guidance and recommendations to staff on potential engagements with non-State actors. It also continued to coordinate with the WHO Secretariat and with FENSA focal points in other regions to ensure coherent implementation of FENSA globally. In addition, the Bureau continued to enhance FENSA training for all staff. An online training tool to be launched in 2023 would be available to all PASB staff and would also be made available externally for use by Member States to guide engagement and manage potential risks and conflicts of interest with non-State actors.

24. Dr. Jiménez noted that the Bureau proactively engaged with a broad range of non-State actors to support Member States in fulfilling the Organization's mission. Before engaging with a non-State actor, it performed a thorough due diligence and risk assessment, as stipulated in the FENSA guidelines. It had conducted over 200 such assessments in 2022, and some 97% of the proposed engagements had been approved. The primary reason for non-engagement with non-State actors had been links to the tobacco industry. In addition, as it had done throughout the pandemic, the Bureau continued to conduct expedited due diligence reviews for emergency activities.

25. The Subcommittee welcomed the Bureau's efforts to increase engagement with non-State actors to advance the Organization's mission, its consistent and uniform application of FENSA, and its continued alignment with the WHO Secretariat in implementing the Framework. FENSA was considered an important tool for ensuring transparency in engagement with non-State actors and for protecting the integrity, independence, and reputation of the Organization. The efforts to update PAHO's policy and procedures in relation to FENSA in response to organizational needs were applauded, as were the ongoing FENSA training courses. The Bureau was asked to confirm that FENSA training was included in the induction process for staff of all PAHO/WHO representative offices. A delegate asked whether performance indicators would be developed for the new online training course.

26. It was pointed out that the number of due diligence and risk assessments conducted in 2022 had been lower than in 2021, and the Bureau was asked to comment on the reasons for that reduction. A delegate inquired whether, given resource constraints, it was considered essential always to conduct reviews of engagements that were deemed to be low-risk. The Bureau was asked to indicate what percentage of proposed engagements were related to emergency situations and health crises, whether it intended to maintain the expedited process for reviewing such engagements in the long term, and whether it planned

⁴ See Document CD55/8, Rev. 1, and Resolution CD55.R3 (2016).

to conduct evaluations to systematically identify lessons learned from the streamlined process.

27. A delegate noted that input received by her Government from a wide variety of non-State actors in the WHO context indicated that there appeared to be significant problems with the implementation of FENSA, which had limited productive engagement with non-State actors. She wondered whether the Bureau had received any similar feedback from non-State actors. Another delegate asked whether the Bureau considered that it was receiving sufficient technical support, advice, and guidance from the WHO specialized unit on FENSA, particularly with regard to complex or higher-risk engagements.

28. Dr. Jiménez explained that the number of due diligence and risk assessment reviews had surged in 2020 and 2021 as a result of the COVID-19 pandemic. While the number had come down some in 2022, it remained significantly higher than the number of reviews conducted prior to the pandemic. She explained that the Bureau considered it necessary to continue to conduct simplified reviews of low-risk engagements in order to ensure that potential risks—such as any involvement of a non-State actor with the tobacco industry—were identified. Information on the percentage of reviews related to emergencies would be included in the report to be submitted to the Executive Committee.

29. Regarding the perception within WHO that FENSA had limited engagement with non-State actors, she noted that the WHO Secretariat had different due diligence and risk assessment processes than PAHO. The Bureau conducted its own due diligence reviews and was thus able to respond quickly to proposed engagements. Nevertheless, it collaborated closely with the WHO Secretariat, sharing information and conferring regularly on proposed engagements.

30. Dr. Jimenez confirmed that FENSA training was included in the induction process for PAHO/WHO Representatives, noting that refresher training was also provided periodically to all PASB managers. She also confirmed that the Bureau planned to conduct an evaluation not just of the new online course but of the entire FENSA training program.

31. The Director affirmed that, by conducting its own due diligence reviews, the Bureau had greater agility and was better able to engage with non-State actors. He pointed out that the COVID-19 pandemic had raised the visibility of the health sector and of health organizations such as PAHO, which had afforded increased opportunities for engagement with non-State actors. FENSA provided a tool for promoting such engagement while protecting the Organization against risks and ensuring that the collaboration with non-State actors was truly beneficial for Member States.

32. The Subcommittee took note of the report.

Non-State Actors in Official Relations with PAHO (Document SPBA17/5)

33. Ms. Regina Campa (Advisor, Department of External Relations, Partnerships and Resource Mobilization, PASB) recalled that official relations between PAHO and

non-State actors were based on a three-year collaboration plan developed and agreed upon jointly by the non-State actor and the Bureau. The three-year plans were structured in accordance with the PAHO Strategic Plan and could not be primarily of a commercial or for-profit nature. She reported that, for this period, two applications had been received from non-State actors seeking to enter into official relations with PAHO. In addition, 11 non-State actors in official relations were due for their triennial review.

34. The Bureau had analyzed the applications of Coalición América Saludable (Coalition for Americas' Health) and the International Diabetes Federation in accordance with FENSA and determined that they met the requirements for admission into official relations with PAHO. It therefore recommended that their applications be approved. The Bureau also recommended the continuation of relations with all 11 of the non-State actors due for triennial review.

35. The Subcommittee held a closed meeting in order to consider the recommendations on each non-State actor. Having reviewed the confidential information provided by the Bureau, the Subcommittee decided to recommend to the Executive Committee that it approve the admission of Coalición América Saludable (Coalition for Americas' Health) and the International Diabetes Federation into official relations with PAHO. The Subcommittee also recommended the continuation of official relations between PAHO and the American Heart Association, the American Public Health Association, the American Society for Microbiology, Basic Health International, Global Oncology, the Inter-American Association of Sanitary and Environmental Engineering, March of Dimes, the Pan-American Federation of Associations of Medical Schools, the Pan American Federation of Nursing Professionals, the United States Pharmacopeial Convention, and the World Association for Sexual Health.

36. The President announced that the Subcommittee's recommendations would be submitted to the Executive Committee at its 172nd Session in the form of a proposed resolution.

Appointment of One Member to the Audit Committee of PAHO (Document SPBA17/6)

37. Dr. Heidi Jiménez (Legal Counsel, PASB) provided a brief overview of the work of the Audit Committee and drew attention to its Terms of Reference, which appeared as an annex to Document SPBA17/6. She noted that, under those Terms of Reference, the three members of the Audit Committee were elected by the Executive Committee and served no more than two full terms of three years each. As the term of office of one member would end in June 2023, it would be necessary for the Executive Committee to fill the upcoming vacancy at its 172nd Session in June 2023. In accordance with the process for identifying candidates for Audit Committee membership, the Director had updated the roster of qualified potential candidates to fill Audit Committee vacancies and developed a shortlist for consideration by the Subcommittee, which was asked to recommend a candidate to the Executive Committee. The relevant documentation on the candidates had been distributed to the Members of the Subcommittee.

38. The Subcommittee decided to establish a working group consisting of the delegates of Honduras, Saint Kitts and Nevis, and the United States of America to review the list of candidates proposed by the Director. Subsequently, Dr. Dafne Carias Mossi (Honduras), Chair of the working group, reported that the working group had evaluated the three proposed candidates on the basis of the criteria for membership set out in Section 4 of the Terms of Reference and had selected five critical factors for ranking them. Each member of the group had ranked each of the candidates separately; the scores had then been consolidated and the individual results averaged. Ms. Sara R. Greenblatt had been unanimously selected as the candidate to be recommended for appointment to the Audit Committee.

39. Gratitude was expressed to Mr. Clyde MacLellan, whose term of office would end in 2023, for his contributions throughout his term on the Audit Committee and to the Bureau for its efforts to obtain a diverse pool of qualified candidates.

40. The Director thanked the members of the working group, who had faced a difficult choice, given the number of well-qualified candidates. He noted that the Audit Committee was an essential part of the auditing process system at PAHO, which promoted transparency and accountability in the Organization.

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

Administrative and Financial Matters

Overview of the Financial Report of the Director for 2022 (Document SPBA17/7)

42. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) presented the overview of the financial report of the Director for 2022, noting that the financial statements were still being audited by the Organization's External Auditor, the National Audit Office (NAO) of the United Kingdom of Great Britain and Northern Ireland, and that the audited report would be presented to the 172nd Session of the Executive Committee in June.

43. Highlighting the main trends with regard to revenue and expenditure, he reported that the unaudited preliminary figures showed that total consolidated revenue in 2022 had amounted to \$1,577.5 million, compared with \$1,794.4 million in 2021, that is a 12% reduction, but the amount was still significantly higher than in 2019, the pre-pandemic baseline year. Program budget revenue had increased from \$362.4 million in 2021 to \$410.6 million in 2022, owing to growth in both PAHO and WHO voluntary contributions, which in turn was due mainly to increases in contributions related to the COVID-19 emergency. The collection of assessed contributions had improved with respect to 2021, but the outstanding balance of \$65 million was higher than in 2018 and earlier years. As a result of the delays in payment of assessed contributions, the Bureau had also been forced to use the entirety of the balance in the Working Capital Fund and to borrow from other unrestricted funds. Revenue from procurement on behalf of Member States had totaled

\$1,093.2 million, which was lower than in 2021, but substantially higher than in 2019 and 2020. As in previous years, procurement through the Revolving Fund for Access to Vaccines had accounted for the largest share of procurement revenue.

44. The unaudited preliminary figures showed that total consolidated expenditures for 2022 had amounted to \$1,561.8 million, in comparison with \$1,785.1 million in 2021. Purchases of supplies, commodities, and materials had accounted for the largest share of spending.

45. In the discussion that followed, it was noted that the Bureau had fully utilized the Working Capital Fund and had also borrowed from unrestricted funds to implement the program budget in 2022. Mr. Kasapantoniou was asked to explain what difficulties that situation had caused for the Organization and whether the Bureau expected to be able to meet needs exclusively from the Working Capital Fund in 2023 or would need to borrow from unrestricted funds again.

46. Mr. Kasapantoniou explained that the high level of unpaid assessed contributions had put significant pressure on the Bureau in terms of financing operations and implementing the Organization's program. He emphasized the need for timely payment of assessed contributions.

47. The Director recalled that assessed contributions had remained the same for more than a decade, which meant that, in real terms, assessed contributions had decreased by \$50 million. At the same time, the size of the outstanding balance of assessed contributions had grown, forcing the Bureau to do much more with less by increasing its efficiency. However, this situation was limiting PAHO's ability to strengthen its technical cooperation by making it very difficult to fill some vacant staff posts. As the Organization shifted from pandemic response to pandemic recovery, it was important to fill those posts in order to implement the program budget that Member States had approved and address new priorities that had emerged during the pandemic. He encouraged all Member States to pay their assessed contributions in full and in a timely manner. He noted that the Bureau planned to approach both new and traditional donors with a view to mobilizing additional voluntary contributions in order to increase funding for the budget approved by Member States.

48. The Subcommittee took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027 (Document SPBA17/8)

49. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) recalled that the term of office of the External Auditor was four years and could be extended once for an additional two years. The mandate of the current External Auditor was set to expire in 2023. In accordance with established procedures, a note verbale had been sent to all Member States, Participating States, and Associate Members requesting nominations for the position of External Auditor for the 2024-2025

and 2026-2027 bienniums. The Bureau had received one nomination, from the Government of Chile, nominating the Comptroller General of the Republic of Chile. Having determined that the nominee met the requirements, the Bureau would forward the nomination with the related documentation to the Audit Committee for its consideration. The nomination and any comments from the Audit Committee would then be submitted to the PAHO Governing Bodies in 2023.

50. The Bureau was encouraged to continue its efforts to recruit multiple candidates for future External Auditor appointments in order to ensure the most competitive selection process possible.

51. Mr. Kasapantoniou noted that only one nomination had been received and that the same had been true of the previous appointment process, although in both cases the notes verbales calling for nominations had been circulated widely.

52. The Director expressed gratitude for the excellent work of the National Audit Office of the United Kingdom of Great Britain and Northern Ireland. While he acknowledged the importance of increasing participation in the selection process, he noted that it had always been difficult to find qualified candidates to carry out such a specialized job.

53. The Subcommittee took note of the report.

Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules (Document SPBA17/9)

54. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) explained that the amendments to the PASB Staff Rules reflected recommendations made by the International Civil Service Commission (ICSC) to the United Nations General Assembly in the light of experience and good human resources management practices. The amendments were made to maintain consistency in conditions of employment between PAHO and other organizations in the United Nations common system.

55. In line with the ICSC recommendations, the United Nations General Assembly had approved an increase of 2.28% to the base salary scale for the professional and higher categories, which would also apply to the posts of Director, Deputy Director, and Assistant Director of PASB. The increase had been implemented on a no-loss/no-gain basis, thus resulting in no change in net pay. The adjustment would have a financial impact of approximately \$1.2 million per year for the United Nations system as a whole and of \$12,000 per year for PAHO. The General Assembly had also approved an increase of \$787 in the allowance for children with disabilities, bringing the total to \$6,645 per child per year, but had not approved a similar increase in the dependent child allowance. As a result, Staff Rule 340.2 would be amended to delink the calculation of those two allowances. That adjustment would have a financial impact of approximately \$5,500 for PAHO.

56. It was proposed that the number of official holidays observed by PASB staff should increase from 10 to 11 days per year to allow PASB staff in the United States to observe

19 June (Juneteenth), in the spirit of the WHO Diversity, Equity and Inclusion initiative. Country offices would determine the additional holiday to be observed in accordance with the official national holidays in each country. Amendments were also proposed to combine the entitlements to maternity and paternity leave under a single heading of “parental leave” in order to promote equality in professional opportunities and provide both parents with the opportunity to spend time with their children following birth or adoption. The implementation of such best practices would help PASB to attract and retain the most talented individuals.

57. In the discussion that followed, the Bureau was asked to clarify whether any measures were required to ensure that the recommendations of the ICSC were fully incorporated at PAHO. It was requested that a more detailed technical explanation of the process for adopting such recommendations be included in the document to be prepared for the Executive Committee. With regard to parental leave, the Bureau was encouraged to emphasize that the gestational parent should have priority when requesting such leave. In relation to adoptions, the Bureau was asked to clarify whether the age of the adopted child would be taken into consideration when granting requests for parental leave.

58. Dr. Barillas said that clarification regarding the parental leave policy would be included in the document presented to the Executive Committee. The Bureau agreed that priority for parental leave should be given to the gestational parent.

59. Dr. Heidi Jiménez (Legal Counsel, PASB) explained that PAHO automatically applied ICSC recommendations. In 2023, WHO had needed to take additional measures to clarify that it was bound to implement amendments related to salary scales and post adjustments because it had failed to do so in the past. Although no such additional action was legally required in PAHO, a paragraph would be included in the document submitted to the Executive Committee to provide clarification.

60. The Director said that updating the PASB Staff Rules was an important step for maintaining PAHO’s reputation as an appealing workplace and attracting and retaining qualified professionals from the Region and the rest of the world to provide technical cooperation to Member States.

61. The Subcommittee took note of the report.

Human Resources Management in the Pan American Sanitary Bureau (Document SPBA17/10)

62. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB), introducing the report on human resources management, noted that in 2022 the Bureau had focused its efforts on high-priority activities aligned with the three pillars of its human resources strategy, the People Strategy 2.0. The new internship policy had facilitated the participation of 82 interns. The Bureau had successfully launched the recruitment module in the Workday human resources management system, through which 386 consultants had been hired. The telework policy had been updated to continue to

accommodate the return of personnel to the workplace. A second Personnel Engagement Survey had been conducted, and the findings had been used to develop action plans to further monitor and assess corporate performance. Based on the findings of the skills and competencies gap analysis, the Bureau had begun to develop additional learning paths on existing online platforms.

63. Regarding PASB staffing statistics, Dr. Barillas reported that the number of contingent workers totaled 1,541 (65% of the total workforce). Since 2018, the number of fixed-term appointments had fallen by 7%, reflecting the Bureau's efforts to mitigate the impacts of the financial crisis. Nevertheless, in line with its corporate strategic human resources planning for 2022-2023, the Bureau had carried out 100 competitive selection processes for fixed-term staff appointments, of which 50% had been filled by internal candidates. In terms of gender parity, 60% of the total workforce were women. Since 2018, there had been an 8% increase in the number of women serving as heads of PAHO/WHO representative (PWR) offices. However, there had been a decrease of 2% in the number of women in P4, P5, P6, D1, and D2 posts. Dr. Barillas reported that there had been two confirmed cases of wrongdoing involving PASB staff in 2022, which had resulted in summary dismissal.

64. In the ensuing discussion, support was expressed for the People Strategy 2.0. Delegates welcomed efforts to adopt a hybrid work model and update the intern policy. Countries were encouraged to present candidates for fixed-term international staff positions. Delegates expressed concern over the decrease in the number of women in high-level positions, although it was acknowledged that the Bureau's efforts to achieve gender parity had led to an increase in the percentage of women serving as heads of PWR offices. Concern was also expressed about the percentage of the workforce made up of contingent workers.

65. Delegates were pleased to note that the skills and competencies gap analysis had been conducted in 2022 and encouraged the Bureau to continue to facilitate access to staff development resources. It was considered essential to strengthen mechanisms for transferring knowledge as the Organization moved towards a hybrid workplace and experienced a generational change in personnel. With regard to the findings of the Personnel Engagement Survey, the Bureau was asked to indicate whether the results had improved since the previous survey in 2019 and how it would address the key findings.

66. Additional information was requested about the number of reports of misconduct received during the reporting period and the financial costs incurred by the Organization as a result of the two cases of fraud. The Bureau was also asked to provide an update on the creation of the proposed positions in PWR offices to assist in preventing and responding to sexual exploitation and abuse, as well as related awareness-raising activities and training courses carried out in the Region.

67. Lastly, the Bureau was encouraged to consider providing additional human resources to PWR offices, particularly in small island developing States, in order to provide strong technical support to assist countries in strengthening their health systems, realizing

their health objectives, and building the necessary capacity to strengthen their resilience to and prepare for future health emergencies. It was pointed out that PWR offices required sufficient resourcing to take advantage of opportunities to modernize and streamline administrative operations.

68. Dr. Barillas said that the Bureau recognized the need to strengthen the learning mechanism and provide staff with time to undertake personal and professional development, including developing the technical capacities to meet countries' critical needs. The online learning platforms provided a sustainable, accessible solution and a way to monitor capacity-building. With regard to the Personnel Engagement Survey, she reported that there had been a 3% increase in participation and a 6% increase in the overall score, compared with the first survey, conducted in 2019. Although much work remained to be done, the number of staff members considered "engaged" with PAHO had increased from 31% to 42%. The Bureau was working to ensure that every office was developing and implementing a specific work plan to address the survey findings. With regard to gender parity, she noted that family-friendly policies, such as teleworking and parental leave were promoted to support the advancement of women.

69. With regard to the instances of misconduct, she explained that one case of fraud was related to a misrepresentation with no financial repercussions; the other was related to a health insurance claim. The financial cost of the latter had been recovered from the staff member's severance pay. The Bureau maintained a policy of zero tolerance of fraud.

70. The Director observed that one of the Bureau's most important responsibilities was to strengthen national capacity through technical cooperation. Its efforts in that regard were meant to support national health authorities. Under the People Strategy 2.0, the Bureau was working to address new priorities that had emerged during the pandemic or that had been identified by Member States in recent years. It had re-profiled vacant fixed-term positions to ensure that qualified candidates could meet the evolving needs. He explained that the high number of contingent workers was a consequence of the unique situation stemming from the COVID-19 pandemic, the financial crisis, and the lack of increase in assessed contributions. Nevertheless, the Bureau would continue to seek a better balance between fixed-term staff and contingent workers to support continuity in ongoing initiatives.

71. He acknowledged that, although there had been improvements in gender parity, policies were needed that could strengthen women's participation, particularly in high-level positions. He also noted that changes to the internship policy had improved the program's accessibility to candidates from all countries in the Region, which could, in turn, increase diversity in the recruitment of future staff. Lastly, he reported that a meeting on the Policy on Preventing Sexual Exploitation and Abuse had been held with country focal points to identify activities that could be implemented at the national and regional levels. (Information on the recruitment of staff to oversee the implementation of the Policy on Preventing Sexual Exploitation and Abuse was presented under Other Matters, see paragraph 105 below).

72. The Subcommittee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document SPBA17/11)

73. Ms. Kristan Beck (Director of Administration, PASB) presented an update on the status of the Master Capital Investment Fund and its five subfunds. She noted that Document SPBA17/11 provided details on each subfund for 2022, including their net balances. As of 31 December 2022, the overall balance of the Master Capital Investment Fund had stood at \$15.0 million. She reported that \$5.4 million had been transferred into the Real Estate Maintenance and Improvement Subfund to cover expenses related to renovations at the PAHO Headquarters Building, which had accounted for nearly the entirety of the total utilization of the Subfund of \$8.7 million. The construction phase of the renovation project had begun in August 2022, and the renovations were on track to be completed by the middle of 2023, with the exception of the delivery and installation of audiovisual equipment. As of December 2022, \$8.4 million had been spent under the renovation project, which had a total budget of \$28.7 million.

74. In the ensuing discussion, additional information was requested regarding the variation in the costs of purchased vehicles under the Vehicle Replacement Subfund. The Bureau was also asked whether there had been any unexpected delays in the renovation project and whether there would be sufficient funds to complete the work in 2023, since the balance in the Master Capital Investment Fund was only \$15 million.

75. Ms. Beck said that no delays had occurred during the renovation project, apart from the delay in delivery of audiovisual equipment owing to supply chain issues. Weekly meetings were held with the general contractor to ensure that the work progressed on schedule. She confirmed that there would be sufficient funds to cover the costs of the renovations, since an additional \$8.3 million had been allocated for the project from other sources. She explained that the cost of the vehicles purchased for Haiti had been significantly higher because they were armored vehicles.

76. The Director pointed out that the renovation of the meeting rooms would provide a healthier environment for staff and representatives of Member States in terms of improved air quality and noise level, while the new audiovisual equipment would enable the Bureau to hold more hybrid meetings, thereby facilitating participation by Member States. He noted, however, that even after completion of the work on the second and tenth floors, the heating, ventilation, and air conditioning systems on the third to ninth floors would need to be replaced to ensure a healthy working environment for staff and for Member State representatives who visited the building.

77. The Subcommittee took note of the report.

Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies (Document SPBA17/12)

78. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the Executive Committee had adopted Resolution CESS1.R1 in May 2020, authorizing a short-term emergency loan of up to \$50 million on a rolling basis from the capital account of the Revolving Fund for Access to Vaccines (Revolving Fund) to the capital account of the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund). Document SPBA17/12 provided information on the status of the emergency loan and on actions taken to facilitate Member States' access to COVID-19 supplies.

79. The Strategic Fund, during the period 2020-2022, had been used to procure over \$662 million in medicines and other public health supplies on behalf of 35 participating countries and entities, reaching an estimated 93 million people throughout the Region of the Americas. Since 2019, the Strategic Fund's capital account had increased by 85%, to \$33.9 million at the end of 2022. One new internal emergency loan had been made from the capital account of the Revolving Fund to the capital account of the Strategic Fund in 2022, bringing the total number of loans issued during the period 2020-2022 to four. That loan had enabled the procurement of emergency health supplies for one Member State. It had been repaid in a timely manner and had not had any negative impact on the availability of funds for the procurement of vaccines through the Revolving Fund. In order to continue to meet the demand for essential medicines and public health supplies, the internal emergency loan mechanism would remain in place until 31 December 2023, or the date when WHO declared the end of the pandemic, whichever came first.

80. In the discussion that followed, delegates welcomed the Bureau's efforts to support Member States in obtaining critical supplies through the Strategic Fund during the pandemic. It was noted that the slight decrease in the Strategic Fund's utilization seemed to suggest that Member States were better able to work through standard procedures. Delegates also applauded the steps taken to assist Member States in strengthening their supply chain management capacity through demand planning and regional consolidation frameworks. Nevertheless, given the persistence of supply chain issues, the Bureau was asked what additional steps could be taken to assist Member States in producing medical supplies within the Region. While the ongoing need for the emergency loan mechanism was acknowledged, it was stressed that any loans from the capital account of the Revolving Fund should be reimbursed promptly. The Bureau was encouraged to ensure that it would not have to rely on the provision of emergency loans to meet the needs of Member States during future public health emergencies.

81. Dr. Fitzgerald explained that the loan had facilitated the swift mobilization of funding to secure supplies related to COVID-19 and other essential health services. He also noted that the increased volume of procurement had rapidly increased the available capital, since a small percentage of every dollar spent was placed into the capital account. As a result, the Strategic Fund's capital account had experienced strong growth, which had reduced the need to use the emergency loan. He encouraged all States to work with the

Bureau in utilizing the Strategic Fund to strengthen priority public health programs in a way that ensured the quality, safety, and efficacy of products at affordable prices. In doing so, they would continue to build the Strategic Fund's capital account, which, in turn, would prevent the need for an emergency loan during the next pandemic.

82. In view of the supply chain disruptions, which had particularly impacted the Caribbean countries, he pointed out that the Strategic Fund played an important role in the procurement and management of supplies for priority programs. The small volumes of products required at the national level posed challenges that could be addressed by combining orders into larger volumes to leverage the capacity of economies of scale. The Bureau looked forward to working with Caribbean countries to address those concerns.

83. The Director thanked Member States for their trust in approving the emergency loan to the Strategic Fund's capital account in order to support the purchase of critical supplies during the pandemic. He encouraged Member States to consider the Strategic Fund as part of a comprehensive package of technical cooperation and to use it in a truly strategic manner rather than as an emergency fund to procure specific supplies. He noted that the Strategic Fund could improve access to high-cost medicines at affordable prices if more countries used it for the procurement of such medicines, thereby enabling the Bureau to submit high-volume orders. The Bureau is committed to supporting the Community of Latin American and Caribbean States in its efforts to identify a strategic list of high-cost medicines for which the Strategic Fund could be used to make purchases and facilitate access.

84. The Subcommittee took note of the report.

Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document SPBA17/13)

85. Dr. Heidi Jiménez (Legal Counsel, PASB) reviewed the history and functions of the Latin American and Caribbean Center on Health Sciences Information (BIREME), noting that, from its inception in 1967, BIREME had operated under the legal framework of a maintenance agreement between PAHO and the Government of Brazil. In 2009, recognizing that the Center's institutional framework did not adequately meet needs, the PAHO Directing Council had adopted a resolution⁵ establishing a new structure and different categories of BIREME membership and also requesting the Director to undertake negotiations with the Government of Brazil to conclude new headquarters agreement that better defined the Government's role and a facilities agreement for BIREME's continued operation within the campus of the Federal University of São Paulo. Those negotiations had not been successful and in 2016 BIREME had moved to commercial premises. The Bureau now recommended that Articles I and XI of the Statute of BIREME be amended to reflect the relocation of the Center and to give the Bureau the flexibility to

⁵ See Resolution CD49.R5 (2009).

move the Center's premises again if necessary. Dr. Jiménez noted that the proposed amendments had been drafted in collaboration with the Government of Brazil.

86. The Delegate of Brazil, affirming his Government's support for the proposed amendments, said that support for scientific production and the dissemination of quality, evidence-based information was a priority for Brazil. He highlighted BIREME's important role as a vehicle for the democratization of quality health information, which was essential for evidence-based decision-making and social inclusion. He also noted that, in addition to approving the proposed amendments to the Statute of BIREME, the Center's Advisory Committee had discussed possibilities for cooperation to promote products and services developed by BIREME and to foster the institutional sustainability of the Center, including its funding.

87. Dr. Jiménez expressed gratitude to the Government of Brazil for its collaboration in drafting the proposed amendments to the Statute of BIREME.

88. The Director, noting that the proposed amendments reflected the current situation and provided needed flexibility for both PAHO and the Government of Brazil, affirmed that BIREME played an important role in providing technical cooperation for better use of information and translation of knowledge for use in public health. He pointed out that the Center had also played a very important role in reviewing and disseminating information during the COVID-19 pandemic.

89. The Subcommittee supported the proposed amendments to the Statute of BIREME.

Matters for Information

Report on Strategic Issues between PAHO and WHO (Document SPBA17/INF/1)

90. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the report, noting that it presented an update on high-level strategic issues and opportunities related to PAHO's engagement with WHO. The report focused on leadership and governance issues and on matters related to accountability and transparency. It provided information on the ongoing consultations concerning key global issues related to health emergencies, including within the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body tasked with drafting and negotiating a new international instrument on pandemic prevention, preparedness, and response. In relation to the latter, he noted that, in March 2023, the Bureau had convened a regional consultation in person on the preliminary draft of the instrument. The report also provided information on the work of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and on the development of the draft WHO program budget for the next biennium.

91. Mr. Maza expressed appreciation to PAHO Member States for their active participation in the prioritization exercises conducted for both the WHO Programme budget and the PAHO Program Budget for 2024-2025 and assured them that the Bureau

would continue to share information, organize meetings and briefings, and provide all other needed support to facilitate the participation of the countries of the Region in the various global processes under way and ensure that regional perspectives were taken into account.

92. The Subcommittee expressed thanks to the Bureau for its efforts to keep Member States apprised of the progress of the various global processes and enable them to participate in global and regional consultations to build regional consensus on the issues under discussion. It was pointed out that the Region of the Americas was uniquely positioned to contribute to the efforts to strengthen WHO's preparedness and response to health emergencies. A delegate underscored the need for alignment and close cooperation among those involved in global health, including PAHO and WHO, while another delegate stressed the importance of ensuring transparent, inclusive, consensus-based processes that respected the needs of all Member States, took account of their working hours and languages, and were carried out within realistic time frames. The importance of ensuring participation by micro-States was also emphasized. The Bureau was asked to provide information on the universal health and preparedness review (UHPR) tool proposed by the Director-General of WHO,⁶ in particular on the lessons learned from the UHPR pilot experiences, and to indicate whether any countries in the Region were currently applying the tool.

93. The work of the Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance was welcomed. It was emphasized that the 20% increase in assessed contributions proposed under the WHO Programme budget for 2024-2025 must be accompanied by a commitment to seek efficiency gains, reduce costs, redefine priorities, and improve governance and transparency.

94. The Bureau's efforts to increase the sharing of relevant information and best practices from the Region with WHO were applauded. It was considered important to show how the Region's work contributed to global health results. In that connection, the PAHO Revolving Fund was seen as an international best practice, and attention was drawn to the deficiencies of the COVID-19 Vaccines Global Access (COVAX) Facility, which had resulted in vaccine shortages and wastage of vaccines.

95. It was suggested that, as WHO was at a historic juncture that would entail making decisions that were crucial to its future and that would have repercussions at the regional level, future reports should include an analysis of the impact on the Region of global decisions, together with identified risks and clear recommendations that would help Member States in determining their national positions.

96. Mr. Maza thanked Member States for their comments, which would help the Bureau to refine the next version of the report. He reiterated that the report provided summary information on high-level issues, noting that details were provided in specific reports on the various issues. He also reaffirmed that the Bureau would continue to support the participation of PAHO Member States in the various global processes under way,

⁶ See WHO Executive Board Document EB152/12 (2023).

including by advocating for convenient meeting times, facilitating the availability of documents, and organizing regional briefings and consultations. With regard to the proposed 20% increase in the WHO assessed contributions, he noted that Member States from the Region had repeatedly underlined the need for improved governance, efficiency, accountability, and transparency and pointed out that it would be important for PAHO Member States to advocate for an increase in the amount of WHO flexible funding coming to the Region.

97. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) explained that the UHPR was still in the initial stages of implementation and that no such reviews had yet been conducted in countries of the Americas. With regard to the report on strategic issues between PAHO and WHO, he confirmed that the Bureau's objective was to present both strategic and technical information, including information on implications for the Region. In that connection, he reported that the Bureau was developing a document to support Member States' deliberations in the Intergovernmental Negotiating Body.

98. The Director, acknowledging the comments regarding the COVAX Facility, noted that the pandemic had highlighted the need for a mechanism that could provide real equitable access to vaccines, medicines, and laboratory supplies. In his view, such a mechanism could build on the experience of the Pandemic Influenza Preparedness Framework adopted in 2011⁷ and should be part of any new instrument to be negotiated. In the discussions on amendments to the International Health Regulations (2005), it would be necessary to recognize the specific situation of small island developing States in achieving the core capacities and the need to address them through a subregional approach. He agreed that it was essential for the views of all Member States to be represented in those discussions and in the negotiations on a new instrument on pandemic prevention, preparedness, and response and assured the Subcommittee that the Bureau would continue to provide all necessary support with a view to facilitating the participation of PAHO Member States and forging regional proposals to contribute to the global debates.

99. The Subcommittee took note of the report.

Draft Provisional Agenda for the 172nd Session of the Executive Committee (Document SPBA17/INF/2)

100. Mr. Nicolás Lagomarsino, (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 172nd Session of the Executive Committee, which reflected revisions made to the list of topics examined during the 171st Session of the Executive Committee in September 2022. The agenda included four items under program policy matters that reflected Member States' requests to focus on strategic issues. It also included the customary items considered by the Executive Committee at its June sessions and a set of final and progress reports mandated by previously adopted resolutions.

⁷ See Resolution WHA64.5 (2011).

101. In the ensuing discussion, it was noted that the very tight timeline for drafting amendments to the International Health Regulations and completing a consensus draft of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (see paragraphs 90 to 99 above) might undermine efforts to conduct an inclusive negotiating process, as developing countries with limited technical resources might be unable to fully participate in the process. Furthermore, the schedule did not provide adequate time for countries to hold national consultations to ensure that they had the necessary capacity to meet the proposed obligations.

102. Mr. Lagomarsino acknowledged that a number of WHO working group meetings were scheduled in the lead-up to the Seventy-sixth World Health Assembly and assured Member States that the Bureau would continue to support their participation in those processes.

103. The Director said that it was important to maintain a strategic agenda for the Executive Committee in order to provide the best guidance to Member States and optimize the use of their time. He also noted that many technical matters were covered under the PAHO Strategic Plan for 2020-2025, the Sustainable Development Goals, and other general mandates and therefore did not require a separate mandate. With regard to Member States' participation in the WHO negotiations, the Bureau recognized the challenges faced, in particular, by small island developing States and countries with limited presence in Geneva. A number of meetings would therefore be held at the regional level to address specific items related to the amendments to the International Health Regulations and the new WHO instrument. In addition, a side event could be held during the forthcoming session of the Directing Council to provide updates and seek input from Member States that were unable to participate directly in the WHO meetings in Geneva.

104. The Subcommittee endorsed the provisional agenda.

Other Matters

105. At the invitation of the Director, Mr. Philip MacMillan (Manager, Ethics Office, PASB), provided an update on the recruitment of staff to oversee the implementation of the PAHO Policy on Preventing Sexual Exploitation and Abuse. He reported that WHO had funded six regional coordinator positions, one for each WHO region, and 11 country office positions, including one in the Region of Americas, in the Bolivarian Republic of Venezuela. WHO had conducted a global selection process for those 17 positions, but suitable candidates had not yet been identified for the Region. The Bureau had therefore hired a short-term professional to carry out the duties of the regional coordinator on a temporary basis. The Bureau was also attempting to obtain funding for a position in the PWR office in Haiti. In the meantime, the Bureau had provided funding for a consultant on prevention of and response to sexual misconduct in Haiti. As none of the candidates proposed by WHO for regional coordinator position spoke Spanish, the Bureau planned to conduct its own advertising for that position. With a view to expanding the pool of eligible candidates, it would also advertise the country office positions in Venezuela and Haiti.

Closure of the Session

106. Following the customary exchange of courtesies, the President declared the 17th Session of the Subcommittee closed.

Annexes

IN WITNESS WHEREOF, the President of the Seventeenth Session of the Subcommittee on Program, Budget, and Administration, Delegate of the Dominican Republic, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington D.C., United States of America, this twenty-third day of March in the year two thousand twenty-three. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau. The Final Report will be published on the website of the Pan American Health Organization once approved by the President.

Miguel Rodríguez
President of the 17th Session
of the Subcommittee on Program, Budget,
and Administration
Delegate of the Dominican Republic

Jarbas Barbosa da Silva
Secretary ex officio of the 17th Session
of the Subcommittee on Program, Budget,
and Administration
Director of the Pan American Sanitary Bureau

AGENDA

- 1. OPENING OF THE SESSION**
 - 2. PROCEDURAL MATTERS**
 - 2.1 Election of Officers
 - 2.2 Adoption of the Agenda
 - 3. PROGRAM POLICY MATTERS**
 - 3.1 Outline of the Proposed Program Budget of the Pan American Health Organization 2024-2025
 - 3.2 Scale of Assessed Contributions for 2024-2025
 - 3.3 Engagement with non-State Actors
 - 3.4 Non-State Actors in Official Relations with PAHO
 - 3.5 Appointment of One Member to the Audit Committee of PAHO
 - 4. ADMINISTRATIVE AND FINANCIAL MATTERS**
 - 4.1 Overview of the Financial Report of the Director for 2022
 - 4.2 Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027
 - 4.3 Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules
 - 4.4 Human Resources Management in the Pan American Sanitary Bureau
 - 4.5 Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
 - 4.6 Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
 - 4.7 Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
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5. MATTERS FOR INFORMATION

5.1 Report on Strategic Issues between PAHO and WHO

5.2 Draft Provisional Agenda for the 172nd Session of the Executive Committee

6. OTHER MATTERS

7. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Working Documents

SPBA17/1	Orden del día
SPBA17/2	Outline of the Proposed Program Budget of the Pan American Health Organization 2024-2025
SPBA17/3	Scale of Assessed Contributions for 2024-2025
SPBA17/4	Engagement with non-State Actors
SPBA17/5	Non-State Actors in Official Relations with PAHO
SPBA17/6	Appointment of One Member to the Audit Committee of PAHO
SPBA17/7	Overview of the Financial Report of the Director for 2022
SPBA17/8	Update on the Appointment of the External Auditor of PAHO for 2024-2025 and 2026-2027
SPBA17/9	Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules
SPBA17/10	Human Resources Management in the Pan American Sanitary Bureau
SPBA17/11	Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
SPBA17/12	Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
SPBA17/13	Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

Information Documents

SPBA17/INF/1	Report on Strategic Issues between PAHO and WHO
SPBA17/INF/2	Draft Provisional Agenda for the 172nd Session of the Executive Committee

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Washington, D.C.

SPAIN/ESPAÑA (cont.)

Sr. Marcos Vega
Observador Permanente Adjunto de
España ante la Organización de los
Estados Americanos
Washington, D.C.

**PAN AMERICAN SANITARY BUREAU/
OFICINA SANITARIA PANAMERICANA**

**Director and Secretary *ex officio* of the
Subcommittee/
Director y Secretario *ex officio* del
Subcomité**

Dr. Jarbas Barbosa da Silva Jr.
Director/Director

**Advisers to the Director/
Asesores del Director**

Ms. Mary Lou Valdez
Deputy Director/Directora Adjunta

Dr. Marcos Espinal
Acting Assistant Director/Subdirector interino

**PAN AMERICAN SANITARY BUREAU/
OFICINA SANITARIA PANAMERICANA (cont.)**

**Advisers to the Director/
Asesores del Director (cont.)**

Ms. Kristan Beck
Director of Administration
Directora de Administración

Dr. Heidi Jiménez
Legal Counsel
Asesora Jurídica

**Advisers to the Director/
Asesores del Director (cont.)**

Mr. Nicolás Lagomarsino
Senior Advisor, Governing Bodies Office
Asesor Principal, Oficina de los Cuerpos
Directivos
