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## REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

### Background

1. This report has been presented to the Governing Bodies of the Pan American Health Organization (PAHO) since 2018 (Document CD56/INF/3) (1) in response to a request from Member States to review key strategic issues in the relationship between PAHO and the World Health Organization (WHO). The present report provides an update on strategic issues between PAHO and WHO from September 2022 through May 2023. It maintains the focus on high-level strategic issues and opportunities of importance to Member States in the Region of the Americas that are related to leadership and governance as well as to accountability and transparency. It also highlights results of collaboration between PAHO and WHO with a view to fostering the proactive engagement of Member States from the Region in global forums.

### Leadership and Governance

2. This section provides strategic insight from ongoing deliberations and decisions of the WHO Governing Bodies, along with their implications for the Region of the Americas and PAHO. It includes matters reviewed by the 76th World Health Assembly, held from 21 to 30 May 2023, and the 153rd Session of the Executive Board, held from 31 May to 1 June 2023. It also provides updates on the consultations with Member States concerning key global issues related to health emergencies, the WHO Thirteenth General Programme of Work (GPW 13), sustainable financing of WHO, and the WHO Programme budget 2024–2025 (WHO PB24–25).

### *Strengthening WHO Preparedness and Response to Health Emergencies*

3. Recognizing the impact of the COVID-19 pandemic, the WHO Director-General presented to the 76th World Health Assembly the document Strengthening WHO preparedness for and response to health emergencies (2). It intertwined various Member State-led workstreams to define the future of governance in preparing for and responding to multi-hazard health emergencies. Those workstreams that may have implications for PAHO's technical cooperation with Member States include the Intergovernmental Negotiating Body (INB); the Standing Committee on Health Emergency Prevention,

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Preparedness and Response (the Standing Committee) of the Executive Board; and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). Further information on this workstream is being presented to the 172nd Session of the Executive Committee of PAHO through Document CE172/INF/3, Implementation of the International Health Regulations (3).

4. The Pandemic Fund,<sup>1</sup> hosted by the World Bank with WHO as the technical lead to improve Member States' capacities to prepare for and respond to emergencies, is also relevant in this context. During the period of this report, the Pan American Sanitary Bureau (PASB or the Bureau) held information-sharing sessions to update Member States on the Fund, including their permanent missions to the United Nations (UN) in Geneva, as part of efforts to strengthen their representation in negotiations and discussions within the relevant workstreams. PASB provided technical cooperation to Member States to develop proposals, which were submitted to the Fund on 19 May 2023.

5. The INB was established in 2021 by the Second Special Session of the World Health Assembly through Decision SSA2(5) (4). Its mandate is to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response. A conceptual zero draft of such an instrument (referred to as the "WHO CA+") was published in November 2022 following public hearings and stakeholder consultations. During its fourth meeting, held from 27 February to 3 March 2023, the INB decided that the zero draft agreement would be considered the basis for beginning negotiations, with an understanding that "nothing is agreed until everything is agreed" (5). Six officers, one from each WHO region, compose the INB Bureau, with the Permanent Representative of Brazil to the United Nations in Geneva serving as the officer for the Region of the Americas.

6. The Bureau held one regional consultation during the 30th Pan American Sanitary Conference in 2022 and two information sessions (in December 2022 and February 2023) to keep Member States abreast of INB discussions and implications for the Region, as well as to discuss how to improve coordination and information sharing. Additionally, on 14 March 2023, PASB convened a face-to-face regional meeting on the INB with representatives from the ministries of health and ministries of foreign affairs, as well as from permanent missions to the UN in Geneva and/or permanent missions to the Organization of American States. The main objectives were to ensure that the most relevant national authorities are adequately informed regarding the key components, documents, deliberations, and expected results of the INB and to equip Member States for meaningful participation in the INB process. A second face-to-face regional meeting will be held from 10 to 13 July 2023, to serve as a forum for Member States to engage in discussions prior to the Sixth meeting of the INB (17 to 21 July 2023) and the Fourth Meeting of the WGIHR (24 to 28 July 2023) to be held in Geneva.

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<sup>1</sup> More information available at: <https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif>.

7. The future of governance in preparing for and responding to health emergencies is also intertwined with the formation of a Standing Committee on Health Emergency Prevention, Preparedness and Response, established by the 151st Executive Board in May 2022 to review, provide guidance, and, as appropriate, make recommendations to the Executive Board regarding ongoing work on policy proposals on pandemic and emergency preparedness and response, and on public health emergencies of international concern (6). The Standing Committee's second meeting was held on 13 and 14 April 2023, and its report was presented to the 153rd Executive Board in May 2023 (7).

8. Multiple agenda items at the 76th World Health Assembly intersected around preparedness and response to health emergencies. Member States expressed appreciation for the support provided by WHO and PAHO throughout the COVID-19 pandemic and other health emergencies, as well as for the implementation of the International Health Regulations, building on the lessons learned from the pandemic. They also welcomed the findings of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Member States reiterated the importance of an aligned global health architecture and indicated their interest in reaching an agreement. Support was expressed for the strengthening of clinical trials, and the Secretariat was asked to continue providing guidance and support to countries in this regard. Member States acknowledged that adequate funding and resources are needed to enhance global efforts for strengthening preparedness and response to health emergencies.

9. The final reports of the INB and WGIHR workstreams will be presented to the World Health Assembly in 2024. PASB will continue to facilitate dialogue and support Member States to optimize their participation in these global discussions with a view to shaping the future global health emergency architecture.

### ***Strategic Planning and Budgeting***

10. Various consultations were held with Member States on the development of the proposed WHO PB24–25 leading up to its approval by the 76th World Health Assembly, to provide updates on the extension of the GPW 13 from 2023 to 2025 (8, 9). Additionally, joint PAHO-WHO briefing sessions were held on 25 October 2022 and 26 April 2023 for Member States from the Region of the Americas. The WHO PB24–25 informs the Program Budget of the Pan American Health Organization 2024–2025 (PAHO PB24–25). The 2024–2025 biennium, as the third and final biennium of the GPW 13 and of the PAHO Strategic Plan 2020–2025, will be a critical period for recovery from the impact of COVID-19 in a context where the Region and the world also face significant challenges in addressing gaps in progress toward reaching the Sustainable Development Goals. The WHO PB24–25 benefited from an iterative process and contains several important innovations, including a digital platform as a measure of increased transparency and accountability, developed at the request of Member States, including from the Region of the Americas.<sup>2</sup>

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<sup>2</sup> The Program Budget digital platform can be accessed here: <https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025>.

11. The prioritization of PAHO outcomes, undertaken for the development of the PAHO PB24–25 (10), served to inform the priorities of the Region of the Americas in the proposed WHO PB24–25. The global prioritization process implemented by WHO was also influenced by the experience from the Region and advocacy by Member States in this regard. The proposed WHO PB24–25 presented to the 76th World Health Assembly reflects the input of 34 Member States and one Associate Member of PAHO.

12. The WHO PB24–25 retains the total approved base programs budget of US\$ 4,968.4 million<sup>3</sup> from the revised WHO Programme budget 2022–2023 (WHO PB22–23). Of this amount, \$295.6 million has been allocated for base programs for the Americas, a 1.2% increase above the approved revised WHO PB22–23 for the Region. This increase will support efforts to better respond to regional and country priorities. It also responds to calls from Member States for a more equitable distribution of the budget across the Region and provides an opportunity to continue advocating for increased funding.

13. The proposed financing for the WHO PB24–25 incorporated the first increase in assessed contributions, by 20%, per Decision WHA75(8) (11). This increase in assessed contributions is a key driver to improve sustainable financing of PB24–25 and respond to Member States priorities. For the 2024–2025 biennium, WHO will focus its efforts on funding high-priority outputs up to 80% through a combination of voluntary contributions and flexible funds, of which 60% should be reflected at country level. Member States from the Americas actively participated in the approval of this increase, stressing the need to monitor the equitable and fair distribution of funding and to work toward continued enhancements as elaborated below. PASB and Member States should continue to advocate for this.

14. The Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance (AMSTG) was established by the 75th World Health Assembly (11). Pursuant to its mandate, the AMSTG reviewed key governance issues related to transparency, accountability, compliance, and efficiency. The AMSTG report builds upon WHO Secretariat’s implementation plan on reform and provides recommendations for long-term improvements on key issues that require action both from the Secretariat and from Member States (12). Collectively, Member States have identified the following key issues: operations of governing bodies, information to better guide Member States’ strategic decisions in relation to WHO, impact and value for money, accountability, equity, ethics, and oversight.

15. Additionally, the Secretariat developed a proposal for a WHO replenishment mechanism (hereafter referred to as the WHO financing mechanism) to fully finance the base segment of the WHO PB24–25 with increased flexibility (13). The WHO financing mechanism aims to attract new donors, enhance political support, and improve predictability through multiyear commitments. It will be implemented through investment rounds, with the first one planned for the second half of 2024.

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<sup>3</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

16. To operationalize the first investment round, which was approved by the 76th World Health Assembly, the Director-General was requested to initiate consultations with Member States on the Fourteenth General Programme of Work for the period of 2025 to 2028, with the goal of presenting the draft to the Executive Board in January 2024 prior to its approval by the 77th World Health Assembly in May 2024 (14). It will be imperative that Member States of the Americas actively participate in such consultations. The strategic vision and results framework of the new GPW will have important implications for the development of the next PAHO strategic plan. As PASB and Member States move toward the development of the next PAHO strategic plan, the difference between the PAHO and WHO strategic planning cycles should be observed (2026–2030 and 2025–2028, respectively). Experience with the implementation of GPW 13 during 2020–2023 has shown the importance of having clear alignment between the results frameworks of the two organizations in order to facilitate planning, implementation, monitoring, and reporting. Joint advocacy from PASB and Member States should focus on creating opportunities to improve such alignment, in spite of the challenge posed by the different timeframes.

### ***Strengthening the Presence of WHO at Country Level***

17. In line with efforts to transform itself into an organization with greater focus on country-level impact, WHO launched a “100-day challenge” in February 2023 to fast-track improvements in its three-level operating model. The WHO Director-General convened an Action for Results Group (ARG) composed of six WHO representatives, one from each of the six regions, including a PAHO/WHO country representative. The ARG was given the task of developing a plan of action to strengthen WHO country offices, including through the definition of a core, predictable WHO country presence. The plan is currently being developed, following its presentation in the Global Policy Group, which consists of senior management.

18. The effort to strengthen country offices is aligned with the vision of the Director of PASB. The plan was also informed by initiatives in PAHO, including investments in line with the PAHO Budget Policy to strengthen PAHO/WHO representative offices and increase PAHO’s effectiveness and agility in responding to country-level needs and priorities. Discussions at the 76th World Health Assembly highlighted the need for increased allocation of resources at country level, as well as across regions and outcomes. Member States are encouraged to continue advocating at the global level for the allocation of resources required to enhance WHO’s country presence. PAHO will continue to collaborate with WHO towards this goal, sharing its best practices and learning from WHO initiatives that can contribute to its efforts to become more effective, agile, and responsive to the needs and priorities of Member States.

### **Accountability and Transparency**

19. This section provides updates on the implementation status of the WHO PB22–23, including programmatic and financial monitoring and reporting. The overall funding of the WHO PB22–23, as of 31 March 2023, was \$8.4 billion (124% of the approved budget of \$6.7 billion), with base programs financed in the amount of \$4.3 billion (186% of the

approved budget for base programs) (15). The high level of financing is largely explained by the financing received for the emergency operations and appeals segment (\$3.9 billion, which amounts to \$2.9 billion above the approved “placeholder”). The WHO PB22–23 included a \$292.1 million approved budget for the base programs of the Regional Office for the Americas (AMRO), which as of 30 April 2023 were financed in the amount of \$155.3 million (53% of the approved budget). Of this amount, \$106.9 million came from WHO flexible funds and \$48.5 million from voluntary contributions. Of the share of voluntary contributions, it is important to note that the amount of thematic funds received has increased through the WHO Resource Allocation Committee mechanism. As of 30 April 2023, the Region has received \$6.9 million as thematic funds, which are more flexible in nature than other voluntary contributions.

20. While the WHO budget for the Americas is still the least funded when compared to other regions, the amount of funding in absolute terms has increased over previous budget cycles. Member States’ calls for more equitable funding across the regions have been effective in this regard. PASB will continue to monitor this and to collaborate with WHO to ensure timely and effective implementation of the funds. Ongoing efforts by WHO to mobilize more flexible funds and strengthen internal coordination mechanisms, engaging the regions, will be key to improve financing of the approved WHO PB22–23.

21. Building on engagement with Member States in the context of WHO governance, such as through the consultations mentioned above and the Group of the Americas (GRUA), PASB is also seeking to increase sharing of relevant information. While recognizing the independent nature of PAHO, PASB routinely shares with WHO programmatic, budgetary, and other relevant information from the Region, including staffing statistics. Efforts are also being made to increase this information sharing to promote a more holistic view of how the Region contributes to plans, programs, and results at the global level. An example of this is the reporting of the contribution of the Americas to the results set out in the WHO Programme budget through the midterm and end-of-biennium results reports. Results from the Region of the Americas, including country success stories, were duly incorporated in the WHO Results Report 2022, also presented to the 76th World Health Assembly (16, 17).

### ***Strategic Collaboration and Engagement with PAHO Member States and WHO***

22. The timely and close collaboration and consultations between PASB and Member States provide a foundation for effectively promoting the Region’s active participation in and contribution to WHO’s governance and its strategic, programmatic, budgeting, and financing activities. Consultations with Member States will continue on the subjects covered during the intersessional meetings before the 154th Session of the Executive Board of WHO. PASB will continue to facilitate provision of the necessary information, briefings, and regional consultations, as necessary or as requested by Member States, to ensure that contributions from the Americas at regional and country levels continue to shape and benefit the global health agenda.

23. The Bureau will continue building on the close collaboration with WHO and will explore avenues for further information sharing to ensure that WHO global strategic and statutory documents adequately reflect the contributions of the Region of the Americas and its countries. In this regard, PAHO and WHO collaborated on the development of a “PB Explainer” that aimed to provide information to Member States on the alignment of PAHO and WHO planning and budget frameworks (18). In addition, the WHO 2022 annual report on human resources included a specific reference to the latest PASB human resources report presented to the Subcommittee on Program, Budget, and Administration (19).

24. In the spirit of contributing to and influencing the global health agenda, it is also important to continue fostering collaboration among PAHO Member States to develop multi-country and regional statements on matters of priority importance to the Region, whenever possible. Toward this end, PASB will continue to collaborate, along with GRUA and country delegations, with WHO’s Governing Bodies.

#### **Action by the Executive Committee**

25. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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