

REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

Introduction

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 2023 through May 2024. 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.
2. In this report reference is made, as applicable, to other documents of the Pan American Sanitary Bureau (PASB) containing additional details, with regard to the implications for Member States of global policy developments. 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

3. This section provides strategic insight from ongoing deliberations and decisions of the WHO Governing Bodies, along with their implications for the Region and PAHO. It includes matters reviewed by the 77th World Health Assembly, held from 27 May to 1 June 2024, as well as looking ahead to the 61st Directing Council of PAHO, which will be held from 30 September to 4 October 2024. It provides updates on the consultations with Member States concerning key global issues related to health emergencies, the evaluation of the 13th General Programme of Work (GPW 13) for the period 2019–2025, the development of WHO's 14th General Programme of Work (GPW 14) for the period 2025–2028 and the Programme budget 2026–2027 (WHO PB26–27), and the WHO investment round. It also contains information on progress with regard to the WHO Secretariat implementation plan on reform, country presence, and efforts to improve engagement and collaboration at all levels.

Strengthening WHO Preparedness and Response to Health Emergencies

4. The results of the three ongoing Member State-led workstreams have implications for PAHO's technical cooperation with Member States. These three workstreams are *a)* the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) of the Executive Board; *b)* the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; and *c)* the Working Group on Amendments to the International Health Regulations (2005) (WGIHR).

5. The INB was established by the Second Special Session of the World Health Assembly through Decision SSA2(5) (2), with a mandate to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response (also known as the “WHO CA+”). Much of the work of the INB progressed in its subgroups, which have served as a space for informal dialogue with Member States on clusters of articles, led by the INB Bureau Vice-Chairs and the co-facilitators of the subgroups. The resumed 9th INB meeting was held in hybrid format from 29 April to 10 May and from 20 to 24 May 2024 to enable Member States to discuss the latest iteration of the instrument, the draft WHO Pandemic Agreement (3). In the run up to the 77th World Health Assembly, Member States continued to work towards reaching consensus on critical topics such as: *a)* public health surveillance; *b)* One Health; *c)* preparedness, readiness, and resilience; *d)* sustainable production; *e)* transfer of technology and know-how; *f)* global supply chain and logistics; *g)* access and benefit-sharing; *h)* implementation capacity; and *i)* support and finance. While consensus was not achieved on all topics, Member States decided to continue negotiations and extend the INB’s mandate until agreement could be reached, or by the 78th World Health Assembly in May 2025, whichever comes first. The continued active participation of Member States from the Americas in the ongoing negotiations will be critical.

6. The bureaus of the INB and the WGIHR held joint meetings to define the content of relevant articles of their respective negotiated instruments to avoid duplication and ensure complementarity. Up to April 2024, the WGIHR had convened a total of eight meetings (6 in 2023 and 2 in 2024). A report thereon was presented to the 77th World Health Assembly, where Member States adopted a strong package of amendments to the International Health Regulations (2005), based on the lessons learned from the COVID-19 pandemic. These amendments strengthen global preparedness, surveillance and response to public health emergencies, including pandemics. Additional information is presented in Document CE174/INF/3, Implementation of the International Health Regulations (4).

7. In close coordination with the Group of the Americas at WHO, PASB convened three regional meetings in Washington, D.C., in 2023, and one meeting in Geneva, on 15 and 16 February 2024, in addition to two information sessions, held in virtual format, on 18 March and 16 April 2024. These meetings and information sessions were aimed at ensuring that the relevant national authorities in the Region were informed of the key components, documents, deliberations, and expected results of the INB and the WGIHR, and at offering background material to Member States to enable meaningful participation, while also working towards regional consensus, where feasible, on these global negotiations. In this regard, PASB has provided ongoing technical analysis and input for PAHO Member States’ consideration as they participate in these global forums. In view of the mandate of the INB to continue its deliberations, PASB will continue to provide such support, including for the next INB meeting scheduled for July 2024.

8. The SCHEPPR presented the report of its fourth meeting held in Geneva on 17–18 April 2024 to the 155th session of the Executive Board (5). The SCHEPPR recognized the importance of WHO’s coordination and international cooperation role in supporting countries to respond to health emergencies, such as cholera and dengue outbreaks. It recommended having a better definition of the objectives and revision of the timeframe for conducting extraordinary meetings following the determination of a public health emergency of international concern, providing information on how the WHO Secretariat plans to respond as well as to gain a common understanding on public health

emergency of international concern declarations and details concerning temporary recommendations. Finally, the SCHEPPR stressed the need for sustainable funding to implement preparedness, resilience, and response activities.

9. In 2023, the Pandemic Fund,¹ one source of funding for pandemic prevention, preparedness, and response, allocated its first round of grants after receiving 179 applications from 133 countries. Across the six WHO regions, grants were awarded for 19 projects covering 37 countries. For the Americas, two single-country projects were approved (Paraguay and Suriname), as well as two multi-country projects covering 19 countries (7 in South America and 12 in the Caribbean). PAHO/WHO is an implementing entity for three of these four approved projects in the Region. In 2024, the Pandemic Fund launched a second call for proposals, with a US\$ 500 million² funding envelope, to help eligible Member States to scale up their pandemic preparedness capacities. Priority is once again being given to investments in early warning and disease surveillance systems, laboratory systems, and human resources and public health and community workforce capacity. PASB provided strategic and technical guidance to PAHO Member States for the preparation of proposals, as necessary.

Strategic Planning and Budgeting

10. During the period covered by this report, the GPW 14 was finalized and approved (6). To operationalize the first WHO investment round, the Director-General was requested by the 76th World Health Assembly, in May 2023, to initiate consultations with Member States on GPW 14 (7). Seven global sessions were held, as well as consultations during the Regional Committees of WHO (8) and the 154th session of the Executive Board, and four consultation documents were shared with Member States for their input. On 5 April 2024, PASB coordinated with WHO to facilitate a session with Member States in the Caribbean to ensure that the GPW 14 reflected the vision of all Member States, including the special circumstances and health priorities of small island developing States, such as the countries and territories in the Caribbean, many of which do not have missions in Geneva. In addition, PASB staff formed part of the WHO Secretariat 3-level working group to develop the GPW 14, which has thus provided additional opportunities to contribute regional and country experiences from the Americas.

11. The GPW 14 was enriched by an unprecedented level of participation from Member States, partners, stakeholders, and all levels of WHO. These efforts were instrumental in the approval of the document by the 77th World Health Assembly.

12. The GPW 14 sets the way forward for the WHO PB26–27, the development of which is already under way. PAHO Member States will have an opportunity to provide input on the WHO PB26–27 consultation document at the 61st Directing Council. The global prioritization process implemented by WHO has been influenced by advocacy on the part of PAHO Member States and the experience of the Region. WHO has fully embraced the need to engage a broad group of stakeholders in its strategic planning, and it is expected that this will remain the case during the development of the WHO PB26–27. Member States are therefore encouraged to exercise their voice early and consistently, advocating for the Region's fair share of resources, as WHO establishes the budget and priorities for action in the 2026–2027 biennium.

¹ More information is available at: <https://www.thepandemicfund.org/>.

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

13. The GPW 14 also constitutes an important input into the next PAHO Strategic Plan for the period 2026–2031, as noted in Document CE174/INF/1, Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031 (9). This is true in terms of not only how the regional response to the global commitments in the GPW 14 is reflected, but also what PAHO can learn from WHO's experience in preparing the GPW 14 in a way that engages the Organization's main stakeholders. The experience gained from the implementation of GPW 13 during 2019–2023 and the PAHO Strategic Plan 2020–2025 has shown the importance of having clear alignment between the results frameworks of PAHO and WHO to facilitate planning, implementation, monitoring, and reporting. Joint advocacy by PASB and PAHO Member States focused on creating opportunities to improve such alignment has been consistent, even if full alignment may ultimately not be possible. Consultations on the new PAHO Strategic Plan 2026–2031 will begin in the second half of 2024 and will also serve to shape the priorities of the WHO PB26–27.

14. The development of the GPW 14 was directly informed by the GPW 13 external evaluation, which took place simultaneously, the findings of which were presented at the 154th session of the Executive Board (10). PASB was represented in the external evaluation reference group and, in addition to the consultations held during the reporting period of this document, Member States had the opportunity to contribute, including through two information sessions as well as interviews, focus groups, and questionnaires.

15. Regarding the WHO investment round, additional consultations were held with Member States, who highlighted the importance of incorporating equity as one of the guiding principles. It was noted that the Region faced considerable health challenges, which should not be overlooked. Member States also inquired about how resources would be allocated from the resulting contributions to the investment rounds and requested that equitable distribution of resources among regions be considered. It was stated that the contributions to the investment rounds should be flexible in terms of their use and allocation in order to be able to respond to the changing environment and emerging challenges. Concerns were raised regarding the short timeline for the investment round and whether this might hinder a successful outcome. It was suggested that focus should be maintained on increasing the efficiency, transparency, and accountability of WHO that Member States have requested.

16. WHO has been working with Member States on the preparations for the WHO investment round, including the hosting, co-hosting, and organization of regional events, with ongoing support from PAHO. Likewise, WHO has been engaging with Member States to further detail the efficiencies expected from the implementation of the investment round, as well as the reporting aspects. This process has been closely coordinated with the development of the GPW 14 and the corresponding investment case, both of which were presented to the 77th World Health Assembly. These efforts will also help to inform the development of PAHO's own investment case.

17. Another key aspect of work under the leadership and governance of WHO is the work on the Secretariat implementation plan on reform (11). This plan was endorsed by the 76th World Health Assembly, in May 2023, following the work of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. The plan includes actions related to: a) the programme budget; b) transparency; c) prevention of sexual exploitation, abuse, and harassment; d) financing; e) accountability; f) resource mobilization; g) country-level impact; and h) governance. PASB contributed to the consultations and provided input on various components of the plan.

18. An update on actions taken to implement the plan was presented to the 77th World Health Assembly (12). The actions implemented are essential for the continued strengthening of WHO's efficiency, transparency, and accountability, and some of them have been integrated into the GPW 14 document development process, the investment round, country presence, and other connected efforts.

Strengthening the Presence of WHO at Country Level

19. Country presence continues to be a matter of priority for Member States, WHO, and PASB. In that regard, PASB continued to collaborate closely with WHO to implement the action plan of the Action for Results Group aimed at improving impact at the country level, with active participation from each WHO regional office, including the Regional Office for the Americas (AMRO). As part of this initiative, considerable attention was given to reviewing staffing needs in country offices, in accordance with the WHO typology of countries, while ensuring that key countries in the Region of the Americas were included, in order to guarantee a core predictable country presence. Consequently, a total of \$20 million was approved by WHO to strengthen PAHO country offices in 2024–2025. With this amount, PAHO will be able to address some of the staffing gaps identified at the country level.

20. Related to these efforts at the global level, PASB combined internal initiatives with the Action for Results Group recommendations on strengthening country presence as an ongoing effort to ensure that country offices have sufficient capacities to provide technical cooperation. A country presence working group was established by the Director of PASB to prepare a proposal on improving the country presence in key countries, as a first phase, and the rest of the country offices as a second phase. PAHO and WHO country cooperation strategies are a key tool for defining the country presence required to respond to country priorities. Implementation plans were incorporated into the 2024–2025 biennium operational plans, with a gradual approach being taken to cover gaps identified as additional financial resources become available.

21. This joint initiative between WHO and PAHO will serve to significantly improve staffing at the country level and advance the goal of improving country presence. These efforts will ensure that WHO, including AMRO, is strategically and technically positioned to respond to the needs and priorities of Member States.

Strategic Collaboration and Engagement of PAHO Member States with WHO

22. 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. PASB will continue exploring avenues for further information-sharing to ensure that WHO global strategic and statutory documents adequately reflect both the situation in and the contributions of the Region and its countries, including with regard to human resources. Consultations with Member States have informed the topics addressed during meetings held ahead of the 77th World Health Assembly. PASB will continue to facilitate the 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 advance the global health agenda.

23. In the spirit of contributing to and influencing the global health agenda, it is also important to continue to foster collaboration among PAHO Member States in order to develop multi-country and regional statements on matters of priority importance to the Region, whenever possible. To this end, PASB will continue to collaborate, along with the Group of the Americas and Member State delegations, with WHO's Governing Bodies.

Accountability and Transparency

24. In this section, updates are provided on the status of the WHO Programme budget 2022–2023 (WHO PB22–23) and the WHO Programme budget 2024–2025 (WHO PB24–25), including programmatic and financial monitoring and reporting. As of 31 December 2023, the overall funding of the WHO PB22–23 was \$8.4 billion (125% of the overall approved budget), with base programs financed in the amount of \$4.37 billion³ (88% of the approved budget for base programs). The WHO PB22–23 included a \$292.1 million approved budget for the AMRO base programs, which, as of 31 December 2023, was financed in the amount of \$182.4 million⁴ (62% of the approved budget). Of this amount, \$123.3 million was WHO flexible funds and \$59.1 million was voluntary contributions. Of the share of voluntary contributions, as of 31 December 2023, the Region received \$9.4 million in thematic funding, through the WHO Resource Allocation Committee mechanism, which is more flexible in nature than other voluntary contributions.

25. The WHO PB24–25 (13) included a \$295.6 million approved budget for AMRO, a 1.2% increase in comparison with the approved WHO PB22–23 (\$292.1 million). While the WHO budget for the Americas is still the least funded when compared with other regions, it is expected that the amount of funding will increase over previous budget cycles. In December 2023, WHO committed to provide an initial allocation of \$149.2 million in flexible funds for AMRO in 2024–2025. This amount is \$29 million more than the initial allocation for 2022–2023 and includes \$20 million allocated in the context of the above-mentioned core predictable country presence initiative. As of 31 March 2024, PAHO had received 50% of this initial allocation and 32% (\$94.4 million) of the approved WHO PB24–25 budget for the Region.

26. Member States' calls for more equitable funding for the Region are bearing fruit. PASB will continue to monitor and collaborate with WHO to ensure the timely and quality implementation of funds. Ongoing efforts by WHO to mobilize more flexible funds and strengthen internal coordination mechanisms (engaging the regions) are key to improving the financing of the approved WHO PB24–25.

27. An important aspect of WHO's accountability under the Programme budget is its monitoring and assessment through the presentation of annual results reports to the World Health Assembly. Results from the Region, including country success stories, were incorporated in the WHO results report submitted to the 77th World Health Assembly (14). In addition, both Member States and PASB have long advocated for WHO to adopt the joint assessment methodology that has been in use in the Americas since 2014. As recommended in the Secretariat implementation plan on reform (11), WHO piloted a joint assessment with selected countries for the 2022–2023 assessment. Collaboration with PASB based on its own experience has directly contributed to the conceptualization of this process.

³ See WHO Budget Portal, available at: <http://open.who.int/2022-23/budget-and-financing/gpw-overview>.

⁴ The Regional Office for the Americas considers Pandemic Influenza Preparedness Framework and Special Programme for Research and Training in Tropical Diseases funds in base programs and not special programs as WHO, which explains the difference reported in financing of base programs between AMRO (\$182.4 million) and WHO (\$173.6 million).

Action by the Executive Committee

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

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