



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE **Americas**

174th Session of the Executive Committee

Washington, D.C., 24–28 June 2024

CE174/FR

27 June 2024
Original: English

FINAL REPORT

TABLE OF CONTENTS

| | Page |
|--|------|
| Opening of the Session | 5 |
| Procedural Matters | |
| Officers | 6 |
| Adoption of the Agenda | 6 |
| Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas | 6 |
| Draft Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas | 6 |
| Committee Matters | |
| Report on the 18th Session of the Subcommittee on Program, Budget, and Administration | 7 |
| PAHO Award for Health Services Management and Leadership 2024 | 7 |
| Engagement with non-State Actors | 8 |
| Non-State Actors in Official Relations with PAHO | 8 |
| Report of the Ethics Office for 2023 | 9 |
| Report of the Investigations Office for 2023 | 11 |
| Report of the Audit Committee of PAHO | 12 |
| Appointment of One Member to the Audit Committee of PAHO | 13 |
| Program Policy Matters | |
| Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2022–2023/Second Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025 | 13 |
| Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029 | 15 |
| Policy for Strengthening Health Sector Action on Climate Change with Equity | 16 |
| Plan of Action for Strengthening Information Systems for Health 2024–2030 | 18 |
| Policy on Long-term Care | 20 |
| Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 | 21 |
| Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 | 23 |
| Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 | 24 |
| Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 | 25 |

TABLE OF CONTENTS *(cont.)*

| | Page |
|--|------|
| Administrative and Financial Matters | |
| Report on the Collection of Assessed Contributions | 26 |
| Financial Report of the Director and Report of the External Auditor for 2023 | 27 |
| Programming of the Budget Surplus | 30 |
| Programming of the Revenue Surplus | 31 |
| Report of the Office of Internal Audit for 2023 | 31 |
| Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation | 32 |
| Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health | 33 |
| Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States | 34 |
| Personnel Matters | |
| Human Resources Management in the Pan American Sanitary Bureau | 36 |
| Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO | 38 |
| Statement by the Representative of the PAHO/WHO Staff Association | 38 |
| Matters for Information | |
| Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031 | 39 |
| Report on Strategic Issues between PAHO and WHO | 41 |
| Implementation of the International Health Regulations | 43 |
| Plan of Action on Entomology and Vector Control 2018–2023: Final Report | 44 |
| Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023: Final Report | 45 |
| Plan of Action for Strengthening Information Systems for Health 2019–2023: Final Report | 46 |
| Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023: Final Report | 47 |
| Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Final Report | 48 |
| Progress Reports on Technical Matters | |
| A. Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report | 49 |
| B. Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas: Progress Report | 50 |
| C. Strategy on Health-related Law: Progress Report | 51 |
| Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO | |
| A. Seventy-seventh World Health Assembly | 52 |
| B. Subregional Organizations | 52 |

TABLE OF CONTENTS *(cont.)*

| | Page |
|--|------|
| Other Matters | 52 |
| Closure of the Session | 52 |
| Resolutions and Decisions | |
| <i>Resolutions</i> | |
| CE174.R1: Collection of Assessed Contributions | 53 |
| CE174.R2: Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029 | 54 |
| CE174.R3: Plan of Action for Strengthening Information Systems for Health 2024–2030 | 55 |
| CE174.R4: Policy on Long-term Care..... | 57 |
| CE174.R5: Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 | 59 |
| CE174.R6: Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 | 60 |
| CE174.R7: Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 | 62 |
| CE174.R8: Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 | 64 |
| CE174.R9: Update of the Status of the Latin American Center for Perinatology, Women and Reproductive Health..... | 66 |
| CE174.R10: Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States | 67 |
| CE174.R11: Programming of the Budget Surplus | 68 |
| CE174.R12: PAHO Award for Health Services and Leadership 2024 | 69 |
| CE174.R13: Appointment of One Member to the Audit Committee of PAHO | 70 |
| CE174.R14: Non-State Actors in Official Relations with PAHO | 71 |
| CE174.R15: Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health..... | 72 |
| CE174.R16: Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas..... | 74 |
| <i>Decisions</i> | |
| CE174(D1): Adoption of the Agenda..... | 74 |
| CE174(D2): Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas..... | 74 |
| Annexes | |
| Annex A: Agenda | |
| Annex B: List of Documents | |
| Annex C: List of Participants | |

FINAL REPORT

Opening of the Session

1. The 174th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at PAHO Headquarters in Washington, D.C., from 24 to 27 June 2024. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Argentina, Bolivia (Plurinational State of), Canada, Chile, Ecuador, Guyana, Jamaica, United States of America, and Uruguay. Delegates of the following Member States, Participating States, Associate Members, and Observer States participated in an observer capacity: Brazil, Colombia, Cuba, Dominican Republic, El Salvador, France, Mexico, Panama, Paraguay, Peru, Portugal Saint Lucia, and Spain. In addition, four non-State actors in official relations with PAHO were represented.
2. Ms. Gabriela Gómez (Uruguay, President of the Executive Committee) opened the session and welcomed the participants.
3. Dr. Jarbas Barbosa da Silva Jr. (Director, Pan American Sanitary Bureau) also welcomed the participants and expressed gratitude to the Executive Committee for the insights and guidance it would provide during the session. He noted that PAHO continued to work diligently to accelerate the recovery of the Region of the Americas from the COVID-19 pandemic. The Director highlighted the urgent need to increase immunization coverage to combat vaccine-preventable diseases and emphasized the importance of improving maternal, newborn, and child health indicators and addressing the burden of noncommunicable diseases (NCDs), including mental health conditions. He pointed out that climate-driven threats, such as extreme weather events and the spread of vector-borne diseases, posed an increasing risk, which would worsen as the Region entered the hurricane season.
4. The Director expressed confidence in the Region's ability to tackle those challenges, pointing out that the Executive Committee session would provide a valuable platform for shaping the Organization's approach to addressing important public health issues, building more resilient health systems, and improving health outcomes across the Region. He also noted that the investments made by Member States in response to the COVID-19 pandemic had saved lives, improved access to essential tools, and addressed critical gaps in health systems. He stressed that the urgency, innovation, and solidarity demonstrated during the pandemic should continue to guide efforts to address the complex health issues facing the Region.
5. In closing, the Director underscored the importance of Pan-Americanism, emphasizing that working together with a common voice and purpose was essential for building a brighter and healthier future for the Region. He called for robust investment in national health agencies to ensure that public health remained a policy priority and urged the Member States to work collectively to ensure that the Region played a more prominent role in shaping the global health agenda. Noting that Pan-Americanism reflected the Region's unbreakable commitment to health equity, he underscored the need to be relentless in the pursuit of universal health coverage.

Procedural Matters

Officers

6. The following Members elected to office at the 173rd Session of the Executive Committee continued to serve in their respective capacities during the 174th Session:

| | | |
|------------------------|--------------------------|-------------------------|
| <i>President:</i> | Uruguay | (Ms. Gabriela Gómez) |
| <i>Vice President:</i> | United States of America | (Ms. Susan Kim) |
| <i>Rapporteur:</i> | Chile | (Mr. Alejandro Álvarez) |

7. The Director of the Pan American Sanitary Bureau (PASB) served as Secretary ex officio, and Ms. Mary Lou Valdez (Deputy Director, PASB) served as Technical Secretary.

Adoption of the Agenda (Document CE174/1)

8. The Executive Committee adopted the provisional agenda proposed by the Director without change (Document CE174/1); the Committee also adopted a program of meetings (Decision CE174[D1]).

Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas (Document CE174/2)

9. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Uruguay and Chile, its President and Rapporteur, respectively, to represent the Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of the World Health Organization (WHO) for the Americas. Jamaica and the United States of America were elected as alternate representatives (Decision CE174[D2]).

Draft Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas (Document CE174/3)

10. Mr. Nicolás Lagomarsino (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas, prepared by the Director in accordance with Rule 7 of the Rules of Procedure of the Directing Council. He noted that the proposed agenda included the items customarily examined by the Directing Council, including the program policy matters and the administrative and financial matters discussed by the Executive Committee that required a decision by the Council. He also noted that the title of the proposed policy for strengthening health sector action on climate change with equity would be changed to “Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health,” as agreed by the Executive Committee during its discussion of the policy (see paragraphs 66 to 72 below).

11. The Executive Committee adopted Resolution CE174.R16, approving the provisional agenda.

Committee Matters

Report on the 18th Session of the Subcommittee on Program, Budget, and Administration (Document CE174/4)

12. Dr. Carlos Alvarenga (El Salvador, Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 18th Session on 20 and 21 March 2024. The Subcommittee had discussed a number of important financial, administrative, and other issues, including an overview of the Financial Report of the Director for 2023 and an outline of the end-of-biennium assessment of the PAHO Program Budget for 2022–2023, which would also serve as the second interim report on the implementation of the PAHO Strategic Plan 2020–2025. The Subcommittee had also discussed proposals for the use of the budget and revenue surpluses from the 2022–2023 biennium and heard reports on human resources management, the status of the Master Capital Investment Fund, the charge assessed on the procurement of public health supplies for Member States, and the status of the Latin American Center for Perinatology, Women and Reproductive Health. Dr. Alvarenga noted that, as all of the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, he would report on them as they were taken up by the Committee.

13. The Executive Committee expressed gratitude to the Subcommittee for its work and took note of the report.

PAHO Award for Health Services Management and Leadership 2024 (Documents CE174/5 and Add. I)

14. Dr. Olga Cabello Henry (United States of America, Representative of the Award Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2024, comprising the delegates of Guyana, the United States of America, and Uruguay, had met on 24 and 25 June 2024 to examine the information on the candidates nominated by Member States. The Award Committee recommended that the PAHO Award for Health Services Management and Leadership 2024 be granted to Dr. Jean Patrick Alfred, of Haiti, in recognition of his career and leadership in the development of health policy initiatives, in particular the 2012–2022 Health Plan of Haiti, which had strengthened the country's health system, making it more resilient and people-centered. Dr. Cabello Henry noted that the Award Committee recognized the merits of all four candidates and their admirable work in improving health in their countries and in the Region as a whole.

15. In the discussion that followed, a delegate expressed appreciation for the professionalism and level of excellence of all the candidates and encouraged the respective nominating Member States to resubmit their nominations in future years.

16. The Executive Committee thanked the Award Committee for its work and adopted Resolution CE174.R12, conferring the PAHO Award for Health Services Management and Leadership 2024 on Dr. Jean Patrick Alfred.

Engagement with non-State Actors (Document CE174/6)

17. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report on the steps taken by the Bureau to implement the Framework of Engagement with non-State Actors (FENSA) in 2023. The Subcommittee had welcomed the Bureau's efforts to expand engagements with non-State actors and had encouraged it to establish performance indicators to facilitate the monitoring, evaluation, and improvement of training programs.

18. The Executive Committee supported the continued, coherent implementation of FENSA at both WHO and PAHO, emphasizing the critical role of non-State actors in protecting and promoting public health. The Bureau was commended for having conducted over 300 due diligence and risk assessments and was asked to provide additional information about ongoing projects or training opportunities that might improve the efficiency and response time of the process. Support was also expressed for the virtual training sessions that had been held for staff of PAHO/WHO country offices. In addition, Member States were commended for demonstrating strong support for FENSA at the recent sessions of the WHO Executive Board and its Programme, Budget and Administration Committee.

19. Dr. Miguel Burnier da Silveira (Legal Counsel, PASB) thanked Member States for their support and input on efforts to strengthen FENSA, which enabled the Organization to optimize collaboration with a diverse range of non-State actors and improve its capacity to address the health challenges facing the Region. Noting that the average response time for FENSA reviews was seven days, he explained that the Bureau continued to explore solutions to expedite the review process, while also ensuring that the criteria defined by Member States under FENSA continued to be met.

20. Dr. Rhonda Sealey-Thomas (Assistant Director, PASB), acknowledging that the participation of non-State actors enriched discussions with the Bureau and Member States, said that the Bureau recognized the need to improve the efficiency of the FENSA review process while at the same time ensuring that the Organization's integrity was safeguarded. She thanked Member States for their support of FENSA at the recent sessions of the WHO governing bodies.

21. The Executive Committee took note of the report.

Non-State Actors in Official Relations with PAHO (Document CE174/7)

22. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered information provided by the Bureau on seven non-State actors seeking admission into official relations with PAHO and 10 organizations in official relations which were due for their triennial review. It had subsequently decided to recommend that the Executive Committee approve the admission of the following seven non-State actors into official relations with PAHO: Corporate Accountability, Health Care Without Harm, Medicines for Malaria Venture, PATH, Rockefeller Foundation, Task Force for Global Health, and Vital Strategies. The Subcommittee had also recommended the continuation of official relations between PAHO and Action on Smoking and Health, American Speech-Language-Hearing Association, Campaign for Tobacco-Free Kids, Drugs for Neglected Diseases Initiative–Latin America, Global Alliance for Tobacco

Control (formerly known as the Framework Convention Alliance), Latin American Federation of the Pharmaceutical Industry, Latin American Society of Nephrology and Hypertension, National Alliance for Hispanic Health, and Sabin Vaccine Institute. In addition, the Subcommittee had recommended that the Executive Committee defer a decision on the continuation of official relations with the InterAmerican Heart Foundation until 2025 to allow that organization additional time to finalize the collaboration plan.

23. Mr. Luis Jiménez-McInnis (Director, 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 actors and the Bureau. The three-year plans were structured in accordance with the PAHO Strategic Plan 2020–2025 and could not be primarily of a commercial or for-profit nature. He drew attention to some of the contributions made by the non-State actors due for review.

24. In the discussion that followed, a representative of one non-State actor highlighted the high prevalence of chronic kidney disease in the Americas, its impact on health budgets, and the need to address the challenges related to climate change, hypertension, and diabetes that impacted renal health. A representative of another non-State actor drew attention to the positive impact of speech therapy education and training programs in the Americas.

25. Mr. Jiménez-McInnis thanked the representatives of the non-State actors for their remarks and acknowledged the contributions made by all non-State actors to PAHO's work.

26. Dr. Rhonda Sealey-Thomas (Assistant Director, PASB) thanked the representatives of the non-State actors for attending the session and affirmed that all non-State actors in official relations brought value to the Organization.

27. The Executive Committee adopted Resolution CE174.R14, admitting the seven new non-State actors into official relations with PAHO, renewing official relations with the nine non-State actors mentioned above, and deferring the review of the InterAmerican Heart Foundation.

Report of the Ethics Office for 2023 (Document CE174/8)

28. Mr. Philip MacMillan, (Manager, Ethics Office, PASB) summarized the content of the report, noting that new responsibilities had recently been entrusted to the Ethics Office (ETH), including that of overseeing both the Bureau's efforts to prevent and respond to sexual exploitation, abuse and harassment, and the Organization's diversity, equity and inclusion initiative. Mr. MacMillan reported on the ETH's review of disclosure forms for current staff, new hires, and consultants and its efforts to resolve the issues and conflicts of interest identified therein. Highlights of the ETH's activities in 2023 included the implementation of criminal background and sex offender registry checks for all new staff, coordination of a review of the Organization's Integrity and Conflict Management System, and management of the elections process for the PAHO Board of Appeal, which was now fully constituted and had taken steps to expedite the appeals process. ETH also led efforts in 2023 to develop standards of practice and core responsibilities for the Ethics Network of Multilateral Organizations and was currently chairing a working group on protection from retaliation. Priorities for 2024 included

finalizing the Code of Ethical Conduct, developing a new policy on the prevention of sexual misconduct, and conducting a survey to assess the Organization's ethical climate.

29. In the discussion that followed, delegates commended ETH's efforts to promote ethical behavior, transparency, accountability, and equity within the Bureau. Delegates also welcomed ETH's work in support of the Bureau's initiatives on diversity, equity, and inclusion and on prevention of and response to sexual exploitation, abuse, and harassment (PRSEAH). The appointment of two dedicated PRSEAH advisors was noted with satisfaction. It was pointed out that the number of ethical concerns reported in 2023 had declined with respect to 2022. At the same time, the need to address possible barriers to reporting of misconduct and promote safe spaces for reporting by all personnel, including those in country offices, was emphasized. As there was no mention in the report of the Organization's anti-retaliation policy, ETH was asked to clarify whether it was responsible for the initial review of claims of retaliation.

30. Strong support was expressed for the planned ethics climate survey. ETH was asked to provide an update on the timeline for completion of the new Code of Ethical Conduct, and it was urged to ensure that the launch of the new Code was accompanied by a clear plan to respond to the results of the ethical climate survey, as recommended by the External Auditor. Regarding conflict of interest disclosures, it was pointed out that the number of consultants declaring potential conflicts of interest had increased from 2022 to 2023. ETH was requested to provide more detail on the response from the Bureau's management in cases where a consultant was unwilling or unable to mitigate a conflict of interest. While the 95% response rate to the annual declaration of interests' exercise was considered laudable, ETH was asked to indicate whether it had any concerns regarding the 5% of staff who had not responded.

31. Mr. MacMillan, replying to the comments concerning barriers to reporting, highlighted the need to bridge the gap between personnel who observed misconduct and those who reported it. He emphasized the importance of providing staff with clear information about reporting mechanisms and training managers to handle reports appropriately, since studies had shown that employees were six times more likely to report misconduct to a manager than to a hotline.

32. Mr. MacMillan noted that the Bureau's anti-retaliation policy had been introduced in 2009 and had last been updated in 2021. Concerning the Code of Ethical Conduct, he reported that a review of the existing code was under way and that ETH intended to issue the new code by the end of 2024. Regarding the 5% of staff who had not responded to the declaration of interests exercise, Mr. MacMillan noted that the Bureau was working to strengthen mechanisms for accountability and to ensure consequences for those who did not complete mandatory declarations of interests or mandatory training courses. As to cases of unmitigated conflicts of interest, he explained that ETH recommended that no contract should be offered to the consultants in question; 13 such recommendations had been made in 2023.

33. The Director noted that average times for the resolution of appeals by the PAHO Board of Appeal had decreased from 12 to 7 months. It was important to note that the Chair of the Board of Appeal was an external legal expert, not a Bureau staff member, which ensured independence in the Board's decision-making. He affirmed that the Bureau was exploring possible ways of ensuring 100% compliance with mandatory training. It also planned to put in place a dashboard that would

enable monitoring of enabling functions within the Bureau and clearly identify areas for improvement.

34. The Executive Committee took note of the report.

Report of the Investigations Office for 2023 (Document CE174/9)

35. Ms. Sabina Blaskovic (Acting Chief, Investigations Office, PASB), summarizing the information presented in the report, described the number and types of allegations received and accepted by the Investigations Office (INV) as falling within its jurisdiction, as well as current trends in reporting in comparison to previous years. She reported that INV had received more than twice as many reports in 2023 as in 2022, which reflected a return to higher levels of reporting following the end of the COVID-19 pandemic, coupled with successful awareness-raising and outreach efforts by INV. There had been increases in reports of workplace and sexual harassment and, for the second year in a row, a slight decrease in allegations related to fraud. There had been no allegations of sexual exploitation or abuse in 2023. Ms. Blaskovic assured the Committee that INV would continue to be proactive in identifying trends and patterns in reporting of misconduct and in identifying the most institutionally efficient methods to address sensitive and important issues, including by prioritizing, where appropriate, informal conflict resolution channels. Acknowledging the Director's continued support for INV's work and for its independence, Ms. Blaskovic affirmed that INV had never felt under influence or pressure in the conduct of its activities.

36. In the ensuing discussion, delegates welcomed the activities carried out by INV in 2023 to enhance good governance and integrity in the Organization and to bolster its capacity to respond to allegations of misconduct involving PASB staff or contractors, including through the recruitment of a new Chief Investigator. INV's efforts to expedite its response to complaints were welcomed, as were its efforts to strengthen its ability to address potential acts of sexual exploitation and abuse. PASB was encouraged to develop guidance and governance materials on anti-discrimination, while INV was urged to continue working on the PAHO Integrity and Conflict Management System on that issue. INV's planned peer review and its development of a case management system and a dashboard to publicize its investigative data were applauded.

37. In her response, Ms. Blaskovic noted the need to continue to strengthen communication channels to facilitate reporting of possible misconduct, including fraud. While she did not believe that PAHO had a fraud problem, her previous experience suggested that INV should be receiving more reports of fraud, even if they were unsubstantiated. She explained that, as part of its work plan for 2024, INV would continue its outreach activities and its efforts to strengthen its capacity to ensure that it was ready to respond to an anticipated increase in reports of wrongdoing, including reports of sexual harassment, exploitation, and abuse, as a result of the very proactive awareness-raising efforts of the Ethics Office and the advisors and focal points on Prevention of and Response to Sexual Exploitation, Abuse, and Harassment. To that end, the Bureau was working to get the new Chief Investigator on board as soon as possible.

38. The Director pointed out that, in keeping with best practice, the Chief Investigator was appointed for a limited time. He was grateful to INV for ensuring the continuity of the work begun during the tenure of the previous Chief Investigator. He agreed that greater outreach was needed to

ensure that staff, particularly staff in country offices and contingent workers, understood their rights and were aware of the channels available for making allegations of wrongdoing. He looked forward to the planned peer review, which would no doubt yield important guidance on how the work of INV might be improved. Agreeing that a greater number of fraud reports was to be expected in an organization such as PAHO, with offices and activities in numerous countries, he reported that he had approved funding for an external evaluation of fraud risks. He expected that evaluation also to provide good recommendations for strengthening the Organization's defenses against fraud.

39. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE174/10)

40. Mr. Martin Guozden (Representative of PAHO Audit Committee) introduced the report of the Audit Committee, noting that, in the future, the Audit Committee's reporting period would cover January to December of each calendar year, in line with the practice of the Organization's other auditing mechanisms. He explained that, because of the change in the reporting period, the report submitted to the Executive Committee covered the period from July to December 2023, rather than from July 2023 to June 2024. After reminding the Executive Committee of the Audit Committee's functions and its role in strengthening governance, accountability, and transparency in the Organization, Mr. Guozden drew attention to the 11 recommendations still open as of 31 December 2023, noting that 9 of them had since been implemented. He reported that the Audit Committee had issued two recommendations during the period from July to December 2023, one relating to internal audit and the other to investigations. In conclusion, Mr. Guozden expressed appreciation to the Director and the staff of the Bureau for their cooperation with the Audit Committee over the six years of his two terms of office on the Committee.

41. In the ensuing discussion, delegates expressed appreciation for the Audit Committee's work and acknowledged its contribution to strengthening governance, accountability, and transparency in the Organization. The Bureau was urged to implement all open recommendations. It was considered particularly important to implement the two new recommendations of the Audit Committee and those relating to information technology (IT) security, as well as the root causes of recurring and systemic issues identified by the Office of Internal Audit. The Audit Committee was requested to continue providing observations and advice on the Bureau's efforts to prevent and respond to sexual misconduct.

42. Mr. Guozden reiterated that 9 of the 11 open recommendations had been implemented since 31 December 2023, including the recommendations relating to the IT security audit and the root causes of the issues identified by the Office of Internal Audit. He confirmed that the Audit Committee would continue to monitor the Bureau's efforts to prevent and respond to sexual misconduct. The issue of the financial sustainability of the Organization's activities would also be the subject of ongoing monitoring by the Committee.

43. Ms. Kristan Beck (Director of Administration, PASB) confirmed that the IT security audit had been completed and that the findings had been reported to the Audit Committee at its April session in 2024.

44. The Director thanked the members of the Audit Committee for their work and expressed particular gratitude to Mr. Guozden, whose term would end in June 2024. He assured the Executive Committee that the Bureau was working to implement the Audit Committee's recommendations, noting that the findings of the root cause analysis would be presented to the Executive Committee in 2025. He affirmed that the Audit Committee played an important advisory role in strengthening the Organization's governance and assisting the Bureau in fulfilling its oversight responsibilities.

45. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE174/11)

46. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee, having been informed that the term of office of one member of the Audit Committee was set to expire in June 2024, had established a working group consisting of the delegates of Bahamas, Ecuador, and the United States of America to review the list of candidates proposed by the Director. The working group had evaluated the proposed candidates based on the criteria for membership set out in the terms of reference of the Audit Committee and had recommended that Ms. Elizabeth J. Folsom be appointed to the Audit Committee. The Subcommittee had endorsed the working group's recommendation.

47. Dr. Miguel Burnier da Silveira (Legal Counsel, PASB) recalled that the Audit Committee provided the Director and Member States, through the Executive Committee, with independent expert advice on the operation of the organization's financial controls, reporting structures, and other audit-related controls. He noted that Audit Committee members served for a maximum of two terms of three years each. As the second term of Mr. Martin Guozden was ending, it was incumbent upon the Executive Committee to appoint a new member.

48. Dr. Rhonda Sealey-Thomas (Assistant Director, PASB) thanked the Bahamas, Ecuador, and the United States of America for their work as members of the working group.

49. The Executive Committee endorsed the recommendation of the SPBA and adopted Resolution CE174.R13, appointing Ms. Elizabeth J. Folsom to serve as a member of the PAHO Audit Committee for a term of three years, from June 2024 to June 2027.

Program Policy Matters

Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2022–2023/Second Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025 (Document CE174/12)

50. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an outline of the proposed content and timeline for completing the end-of-biennium assessment of the PAHO Program Budget 2022–2023/second interim report on the implementation of the PAHO Strategic Plan 2020–2025. The Subcommittee had acknowledged the importance of the end-of-biennium assessment as a key tool for ensuring transparency and accountability and for demonstrating progress and identifying areas for

improvement. Delegates had also highlighted the importance of continued monitoring and evaluation at country and regional levels in order to identify and address public health challenges, particularly in the post-pandemic context.

51. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) noted that, since the SPBA session in March 2024, the Bureau had continued to work with Member States to complete the joint end-of-biennium assessment of the PAHO Program Budget 2022–2023, which would also serve as the second interim report on the implementation of the PAHO Strategic Plan 2020–2025. He recalled that the joint assessment was a best practice adopted more than 10 years earlier. It was a collective stocktaking exercise that enabled the Bureau and Member States to identify what had been accomplished during the biennium, what lessons had been learned, and what action needed to be taken to further progress towards the achievement of regional goals and commitments. As such, the assessment was a critical tool for demonstrating transparency and accountability.

52. Summarizing some of the preliminary findings of the assessment, Mr. Maza reported that the Region was not on track to meet the majority of the impact targets of the PAHO Strategic Plan 2020–2025, a result that reflected the adverse effects of the COVID-19 pandemic. At the outcome level, 9 targets had been met and 19 partially met; every effort would have to be made to achieve as many as possible during the 2024–2025 biennium, the final biennium of the period covered by the Strategic Plan. With regard to outputs, 83% had been achieved or partially achieved. Mr. Maza also reported that levels of funding for and implementation of the Program Budget 2022–2023 had been significantly higher than in the 2020–2021 biennium; however, some areas, such as noncommunicable diseases, remained chronically underfunded.

53. The Executive Committee expressed appreciation for the Bureau's ongoing work on the assessment, agreeing that it provided an important opportunity to take stock of the progress made and identify areas requiring greater collective effort. While acknowledging that the findings clearly reflected the impact of the COVID-19 pandemic in the Region, delegates were concerned to note that the Region was not on track to achieve many of the impact targets of the Strategic Plan 2020–2025, the commitments of the Sustainable Health Agenda for the Americas 2018–2030, or the health-related Sustainable Development Goals. They agreed that the Organization was at a critical juncture as it entered the final biennium of the period covered by the Strategic Plan and considered it urgent to identify the challenges that were hindering the achievement of the targets and to take steps to regain lost ground and accelerate progress. The Bureau was asked to comment on what action was envisaged in that regard and to share its views on what actions had and had not worked well and on the reasons behind the failure to achieve some targets. Support was expressed for the recommendations set out in the assessment, particularly those related to strengthening of health systems based on primary health care, applying the lessons learned during the COVID-19 pandemic, boosting regional capacity for the production of medicines and health technologies, and ensuring that health remained a priority at the highest political levels.

54. Mr. Maza expressed thanks to Member States for their continued engagement in the assessment. He noted that 18 months remained in the period covered by the Strategic Plan and stressed that, during that period, it would be important to focus on the indicators on which progress could still be made. Although they might not be fully achieved, advances could be made, and the work could then continue under the next Strategic Plan. As to the reasons why some targets were not

achieved, the impact of the pandemic had been a major factor, but some targets might have been too ambitious or not in tune with reality. Persistent inequities, which had been exacerbated by the pandemic, had also been a factor. Regarding what had worked well, Mr. Maza noted that work on essential priority programs had continued even as Member States and the Bureau had been engaged in responding to the pandemic. Political commitment had been important in ensuring the continuity of that work, as had the existence of sufficient institutional capacity. Effective intersectoral coordination had also been important.

55. He concluded by noting that the Bureau was conducting an internal review to determine where greater action was needed during the 2024–2025 biennium and would provide additional information in the final assessment report to be presented to the 61st Directing Council. It would also provide a detailed analysis of each impact indicator.

56. The Director pointed out that, although the Region continued to face numerous challenges, it was recovering from the negative impacts of the pandemic, and some indicators were showing a positive trend. It would be important to maintain that momentum in order to make as much progress as possible during the current biennium. He believed that considerable headway could be made if Member States expedited the process of adopting and implementing existing initiatives, such as the PAHO Disease Elimination Initiative and the Better Care for NCDs Initiative, which were linked to several of the targets of the Strategic Plan 2020–2025 and the Sustainable Development Goals. Making effective use of existing tools, such as the Organization's procurement funds, could also accelerate progress.

57. He pointed out that it was always a challenge to strike a balance between goals that were not ambitious enough and goals that were unrealistic and unachievable. As the Organization prepared to develop a new strategic plan, it would be essential to ensure clarity with regard to the respective contributions of the Bureau and Member States to the objectives set. The Bureau could thus be more accountable with regard to how its technical cooperation had contributed to the achievement of those objectives. In his view, it would also be important to reduce the number of impact targets in order to facilitate prioritization.

58. The Committee took note of the report.

Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029 (Document CE174/13)

59. Dr. Sylvain Aldighieri (Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) introduced the proposed strategy and plan of action, noting that sepsis was a significant public health concern, as it contributed to millions of deaths each year. A robust strategy was therefore needed to tackle the issue. Dr. Aldighieri explained that the strategy and plan of action aimed to provide strategic and technical guidance to Member States on strengthening health systems and services to address sepsis through a wide range of interventions. The strategy and plan of action had been developed through a coordinated, multifaceted approach, with input from Member States and a multidisciplinary working group. The strategy comprised three strategic lines of action and focused on addressing inequities in health care and meeting the needs of specific populations, such as neonates, children, and women.

60. In the ensuing discussion, delegates expressed strong support for the strategy and plan of action and commended the Bureau for its efforts to reduce morbidity and mortality due to sepsis in the Region. The strategy and plan of action was seen as a valuable tool for informing countries' efforts to address sepsis by enhancing awareness, increasing surveillance, and strengthening infection prevention and control programs. Infection prevention and control, coupled with active surveillance of infections, were seen as the most effective way of preventing sepsis and reducing the associated costs and deaths. At the same time, it was pointed out that infection prevention and control activities must be integrated and aligned with programs in other key areas, including antimicrobial resistance, patient safety, water and sanitation, and maternal and child health.

61. The critical link between sepsis and antimicrobial resistance was highlighted and the need to develop new antimicrobials and rapid diagnostics was stressed. The need for equitable access to medications and appropriate treatment for sepsis was also emphasized, as was the need to expand regional capacity for the production of medicines. The value of public-private partnerships in ensuring the availability of medicines and promoting rational antimicrobial use was noted. It was suggested that the strategy should explicitly mention the need to ensure the availability of medicines for the treatment of sepsis.

62. Member States were urged to collaborate with partners to gain a better understanding of the burden of sepsis, to use standard definitions of sepsis, and to enhance surveillance in order to track the incidence of sepsis and assess the effect of interventions to reduce the sepsis burden. They were also encouraged to allocate resources to improve sepsis detection and care.

63. Member States asked the Bureau to explain how targets would be established for the indicators for which baselines had not been identified. In response, Dr. Aldighieri explained that the Bureau was collecting baseline data, which would be included in the document to be submitted to the 61st Directing Council in September. He had taken note of the suggestion regarding access to medicines and rapid diagnostics and the comments regarding the expansion of regional capacity for production of medicines, which was a priority for PAHO. He noted that several delegates had highlighted the link between sepsis and antimicrobial resistance and the need to maintain and strengthen infection prevention and control programs at all levels of the health care system. He acknowledged the need for better data and a better assessment of the burden of sepsis.

64. The Director agreed that there was a need to strengthen surveillance systems and gather better data, since the burden of sepsis in some countries was not yet known. He was confident that the approval of the strategy and plan of action would enhance the Bureau's ability to provide technical cooperation to assist countries in reducing sepsis, which was a major public health problem.

65. The Committee adopted Resolution CE174.R2, recommending that the Directing Council approve the Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029.

Policy for Strengthening Health Sector Action on Climate Change with Equity (Document CE174/14)

66. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB), introducing the proposed policy, pointed out that climate change directly

affected health, well-being, and health equity through heat waves, droughts, severe storms, and sea level rise. It also had an indirect impact through the rise in vector-borne diseases, food and water insecurity, undernutrition, and forced displacements. The Region of the Americas was one of the most vulnerable to climate threats, owing to its susceptibility to extreme weather events and economic reliance on climate-sensitive sectors such as tourism. The proposed policy included five strategic lines of action and set out a course of action and a strategic framework to strengthen health sector action on climate change with a focus on health equity. It built on existing international and regional policies and strategies and was aligned with the recent WHO resolution on climate change and health.¹ Dr. Eijkemans thanked Member States for their active engagement in the extensive consultation process through which the policy had been formulated.

67. In the discussion that followed, support was expressed for the proposed policy, which would provide opportunities to advance a more synergistic approach to policies on climate change and health and could be leveraged to incorporate health considerations into international discussions on climate change and biodiversity. It was recognized that climate change had a disproportionate impact on health among persons living in situations of vulnerability, and the policy's equity focus was therefore welcomed. Delegates highlighted the challenges related to securing financing for climate action and positioning the health sector in national action plans. They also stressed the need for intersectoral action to support climate change adaptation and mitigation in the health sector and for such efforts to take an equity-based approach and prioritize the health needs of the most vulnerable populations. While one delegate affirmed that climate justice was essential to the policy's success, another noted that the term lacked an agreed definition and requested that it be removed from the proposed policy and resolution.

68. The Bureau was encouraged to expand its technical cooperation activities and explore regional, subregional, and national initiatives that would strengthen capacity-building and awareness-raising. It was also encouraged to facilitate resource mobilization to support State-driven national projects. Countries were urged to better integrate health considerations in their long-term greenhouse gas emission development strategies, national climate change adaptation plans, and nationally determined contributions under the Paris Agreement on climate change. They were also encouraged to protect the vital ecosystems that played a crucial role in global health.

69. Dr. Eijkemans, acknowledging the challenges of positioning health on the climate change agenda, thanked Member States for their support of the proposed policy, which would enable the Region to take bold steps to ensure that the health sector addressed climate change adaptation and mitigation with urgency and equity through an approach tailored to its unique challenges. Noting the various suggestions made and changes proposed by delegations, she indicated that the Bureau would organize consultations with Member States, with a view to presenting a revised version of the policy to the 61st Directing Council. She highlighted forthcoming opportunities for the Region to advance the climate change and health equity agenda at the international level, encouraging Member States to participate in the 16th Conference of the Parties to the Convention on Biological Diversity, to be

¹ Resolution WHA77.14 (2024).

held in Colombia in 2024, and the 30th Conference of the Parties to the United Nations Framework Convention on Climate Change, to be held in Brazil in 2025.

70. In the discussion of the proposed resolution contained in Document CE174/14, delegates suggested several amendments, reflecting comments made in the discussion of the policy. A working group was formed to revise the proposed resolution, and an amended version was subsequently presented to the Committee for discussion, during which the Committee agreed to various changes, including renaming the policy to be presented to the 61st Directing Council to “Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health.”

71. The Director thanked Member States for their contributions, spirit of collaboration, and flexibility in reaching a consensus to support the proposed policy and resolution that maintained a strong focus on equity in order to protect the most vulnerable populations. Noting that the Region had a significant opportunity to be at the forefront of the health sector’s response to climate change, he stressed the need to strengthen the Bureau’s capacity to provide technical cooperation and the Organization’s ability to interact with other regional mechanisms in order to incorporate health in the climate change agenda in the Region.

72. The Executive Committee adopted Resolution CE174.R15, recommending that the 61st Directing Council approve the Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health.

Plan of Action for Strengthening Information Systems for Health 2024–2030 (Document CE174/15)

73. Dr. Sebastian García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) explained that the proposed plan of action had been drafted on the basis of contributions from Member States and key partners, taking into account the progress made and lessons learned during the implementation of the Plan of Action for Strengthening Information Systems for Health 2019–2023. He reported that a regional maturity assessment of information systems for health had revealed uneven progress among Member States and noted that no country had attained a top score, indicating full integration and continuous innovation in information systems for health. The plan of action comprised four strategic lines of action and was intended not only to improve infrastructure and technological capacity, but also to equip health personnel with the skills needed to make effective use of digital solutions and to put in place solid regulatory frameworks that would ensure the security and ethical use of health data. Dr. García Saisó emphasized that implementation of the plan of action would require a multisectoral approach and multi-stakeholder collaboration.

74. In the discussion that followed, the Executive Committee expressed support for the new plan of action. The Bureau was commended for its efforts to provide strategic direction on the subject, including to strengthen governance, foster innovation in areas such as artificial intelligence, and ensure effective use of data. It was considered critical to accelerate the digital transformation of the health sector to develop secure digital solutions, ensure information system interoperability, and enable real-time data exchange. It was noted that implementation of the strategic lines of action would contribute to the establishment of the digital health infrastructure needed to enable Member States to face future challenges and to improve the health services offered to people.

75. Delegates outlined measures being taken in their countries to achieve the digital transformation of the health sector and drew attention to areas where further work was needed. The importance of PASB's continued technical support and cooperation in that endeavor was highlighted, as was the value of collaboration between Member States, including to exchange knowledge, best practices, and lessons learned; improve data collection, use, and analysis; and share experiences, in particular on the use of technology and artificial intelligence.

76. Delegates outlined the various challenges to achieving digital transformation, including technological and financial limitations, profound regional inequalities, and legal considerations, such as regulations on artificial intelligence. Inefficient information systems were identified as the cause of additional burdens on health workers and increased costs. The health care sector's vulnerability to cybersecurity risks, which could jeopardize patient care and safety, was highlighted. It was pointed out that protecting patients' health data therefore contributed to protecting the health care system. Digital health in health care systems was emphasized as a means of improving data quality, use, and management. The need for policies to ensure that all sectors of society, in particular vulnerable groups, benefited equally from the digital transformation and had access to effective, high-quality health services was stressed.

77. A number of revisions to the indicators proposed in the plan of action were suggested. One delegate suggested the inclusion of additional indicators on data stewardship frameworks and governance models; another delegate advocated the addition of indicators on equitable access to health care, interoperable electronic health records, digital health platform users, and artificial intelligence solutions.

78. Dr. García Saisó, welcoming the suggestions made regarding the indicators to be included in the proposed plan of action, said that, to be able to address current and future health challenges, there was a need to accelerate progress on digital transformation in order to strengthen information systems and make them more resilient, generate real-time data, and enable evidence-based decision-making. To do so would require efforts at the local level, in particular at the primary health care level, where interoperability was lacking and paper-based systems still existed. He stressed that the digital transformation should become a mechanism to close equality gaps in the Region and improve public health outcomes. He assured the Committee that the Bureau stood ready to provide Member States with the technical cooperation and support needed to implement the plan of action.

79. The Director noted the important progress that had been made under the previous plan of action, demonstrating Member States' commitment to the digital transformation of the health sector. He stressed the important contribution of PAHO's partners, such as the Inter-American Development Bank, in mobilizing necessary funding. Support received from several donors, including Canada, Spain, and United States of America, had also made it possible for Member States to strengthen their information systems for health and improve the collection, management, and use of data to identify gaps and address barriers to access to health services in the Region.

80. He agreed that the challenges ahead were significant and emphasized that more work was needed to improve the interoperability and interconnectedness of information systems to enable data-sharing and make the most of investments in digital health, including telehealth and telemedicine, to improve the quality of and access to primary health care, including in remote areas.

81. The Executive Committee adopted Resolution CE174.R3, recommending that the 61st Directing Council approve the Plan of Action for Strengthening Information Systems for Health 2024–2030.

Policy on Long-term Care (Document CE174/16)

82. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the proposed policy, pointed out that major demographic and epidemiological shifts in the Region had led to a significant increase not only in life expectancy but also in years lived with disability, dependency, and conditions requiring long-term care. Institutional capacity for the formal provision of such care was currently insufficient, with excessive reliance on unpaid caregivers, in particular women, whose health and well-being suffered as a consequence. Dr. Fitzgerald noted that the policy proposed priority actions aimed at the development, strengthening, and expansion of long-term care in the Region. Its five lines of action aimed to support the delivery of integrated and sustainable long-term care, promoting better coordination among sectors for the delivery of services that met the needs of care-dependent individuals and their caregivers.

83. In the ensuing discussion, the Executive Committee expressed strong support for the proposed policy, with delegates noting the challenges their countries faced in the current and future provision of long-term care. The policy's focus on health financing and on a life-course approach to health service delivery was welcomed, as was the integration of long-term care into primary health care services. The need for primary health care reform, including the inclusion of preventive medicine, was highlighted as a critical means of achieving universal health coverage. It was noted that developing countries could benefit from the technical support of PAHO and the expertise of developed countries of the Region with more experience in the provision of long-term care. The Bureau was asked to provide information on plans for strengthening interagency coordination and collaboration mechanisms.

84. The impact of NCDs and associated comorbidities on quality of life, in particular as life expectancy increased, was underscored. The gender dimension of unpaid caregiving was emphasized, with one delegate highlighting the fact that women in the Region provided over 80% of health care for persons with long-term needs. The importance of involving care-dependent individuals and their family members in policymaking processes and of engaging stakeholders in consultations and feedback mechanisms was stressed. It was also stressed that vulnerable populations, including older persons and persons with disabilities, must be assured access to affordable, equitable, and adequate care and support, regardless of their socioeconomic status. It was noted that the financial burden of long-term care often led many individuals and family members into hardship.

85. Attention was drawn to the negative impact of health worker migration on health service delivery, including long-term care for older persons, in particular in countries of the Caribbean. A delegate requested that the issue therefore be included in the policy, with emphasis on strategies to increase collaboration between sending and receiving countries. Another delegate highlighted the need to invest in the health workforce, including by ensuring fair wages, continuous training, and career development opportunities for caregivers

86. Dr. Fitzgerald observed that the Region was facing not only an accelerated demographic transition compared with other regions, but also a significant increase in NCDs, leading to disability and lack of functional capacity, particularly among older persons. It was important to note that governance mechanisms and structures varied from country to country: in some, the health sector took the lead on long-term care, while in others it was the social protection sector. He emphasized that, in either case, it was critical to take an intersectoral approach in order to facilitate comprehensive access to care.

87. With regard to the health workforce, Dr. Fitzgerald explained that the Region would need an additional 1.2 million health workers by 2030 to achieve 80% of the essential health service coverage required under indicator 3.8.1 of Sustainable Development Goal 3 and an additional 14 million health workers by 2050 to support long-term care. He confirmed that the issue of health worker migration would be incorporated into the version of the policy on long-term care to be presented to the 61st Directing Council, noting that such migration was a global phenomenon that the Organization had sought to address in its Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems, adopted the previous year.²

88. Dr. Fitzgerald pointed out that, in the light of demographic changes, such as smaller family units and migration, formal structures would be needed to provide long-term care that had traditionally be provided by family members, mainly women. He drew attention to the fact that unpaid caregiving had an economic impact, as women often had to leave their jobs to take up caregiving duties. For that reason, the Policy on the Health Workforce 2030 was crucial to efforts to formalize the sector, train health workers, and ensure that adequate workforce planning was in place. He emphasized that health financing would also be vital in the long term, since, according to estimates, countries would need to invest at least 2% of gross domestic product in long-term care going forward. There was also a need to address the financial hardship and out-of-pocket expenses faced by individuals and families who needed long-term care.

89. The Director said that the rapid demographic transition in the Region was having a major impact on various sectors, including the health care sector. The proposed policy was designed to strengthen PASB's ability to provide technical cooperation to Member States, build the capacity of national health authorities, and prepare the health workforce for the multisectoral approach that was needed to be able to address fully the challenges that lay ahead.

90. The Executive Committee adopted Resolution CE174.R4, recommending that the 61st Directing Council approve the Policy on Long-term Care.

Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 (Document CE174/17)

91. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the proposed policy, pointed out that Member States noted the urgent need to adopt a comprehensive approach to primary health care in the Americas through a renewed focus on the

² See Document CD60/6 and Resolution CD60.R4 (2023).

essential public health functions, which supported health authorities by clarifying responsibilities, enabling multisectoral collaboration, and ensuring accountability. The COVID-19 pandemic had exposed fragmentation and limitations in the capacities of health authorities, which had been compounded by preexisting social and institutional structural deficiencies and inadequate attention to stewardship and governance. It was therefore necessary to prioritize public health actions and agendas to strengthen health systems. The proposed strategy included three strategic lines of action aimed at strengthening the essential public health functions for health systems based on primary health care. He thanked Member States for their active engagement in the consultation process on the strategy.

92. The Executive Committee expressed support for the strategy and looked forward to receiving progress reports. It was noted that the strategy would provide a structured and sustainable approach to strengthening health systems, with a view to better responding to the needs of populations in the Region. The strategy's emphasis on data infrastructure and standards and the needs of the public health workforce was also welcomed. One delegate requested that the strategy include measures to address workforce migration and competition for human resources. It was also pointed out that the strategy did not include measures to strengthen local and regional capacities to produce strategic public health supplies.

93. Various delegates shared their countries' efforts to strengthen the essential public health functions in order to accelerate health system transformations, reform the health sector, and achieve universal health coverage. In addition to implementing the measures proposed in the strategy, Member States were encouraged to work with their ministries of finance to ensure that health policies were prioritized in budgetary planning. Gratitude was expressed for the technical cooperation provided by the Bureau and the country offices and their unwavering support in developing health policies and improving resource allocation. It was noted that the Bureau's continued leadership, coordination, and collaboration with Member States would be instrumental in strengthening the performance and capacities of health systems in the Region and improving their resilience to future threats and health emergencies.

94. Dr. Fitzgerald indicated that in terms of health financing, in addition to increasing public expenditure on health to 6% of gross domestic product, it would also be important to improve the efficiency and effectiveness of health spending and investments. He noted that, through the Alliance for Primary Health Care in the Americas, international financing institutions worked with national financial sectors to facilitate closer collaboration between the health and finance sectors, providing ministries of finance with data that measured the impact of investments in health, such as the financial impact of hospitalizations.

95. The Director thanked Member States for sharing their experiences and suggestions for the strategy and resolution. With regard to health financing, he reported that he had taken steps to mobilize the ministers of finance in the Region to engage in a more productive dialogue with the health sector with a view to enhancing the effectiveness of investments in health and improving the techniques used to measure the economic impacts of health. In the wake of the COVID-19 pandemic, Member States were striving to implement lessons learned in order to address the chronic problems facing their health systems. In that regard, the strategy's updated methods to evaluate the essential

public health functions would enable countries to develop a concrete roadmap to address gaps and strengthen the stewardship of their health ministries.

96. The proposed resolution contained in Document CE174/17 was amended to incorporate suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE174.R5, recommending that the 61st Directing Council approve the Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034.

Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 (Document CE174/18)

97. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), introducing the proposed strategy and plan of action, noted that tobacco use remained the leading threat to public health. While significant progress had been made in recent years in combating the tobacco epidemic in the Region, to date only one country in the Americas had implemented all five of the measures identified by WHO as “best buys” for preventing and controlling NCDs, which highlighted the need to scale up tobacco control efforts. The final report on the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022³ identified the challenges faced by Member States in achieving tobacco control goals, the main one being interference by the tobacco industry and its allies. The proposed new strategy and plan of action reinforced the objectives of the prior mandate and built on lessons learned, while also providing guidance on the regulation of novel tobacco products such as electronic cigarettes and on monitoring of industry interference and provision of treatment for tobacco dependence.

98. The Executive Committee welcomed the proposed strategy and plan of action, which correctly identified the main challenges and needs of countries of the Region with regard to tobacco control and provided a roadmap that prioritized key actions to accelerate the implementation of the WHO Framework Convention on Tobacco Control (FCTC) and enable Member States to meet their targets for reducing tobacco use and the morbidity and premature mortality that it caused. Delegates were pleased that the strategy and plan of action incorporated an equity perspective and a focus on populations in situations of vulnerability. In that connection, the need to identify tobacco-related disparities and the factors that caused them, including social, structural, and commercial drivers of tobacco use, was highlighted. The strategy’s inclusion of measures to counter interference by the tobacco industry and to regulate the use, commercialization, and advertising of novel and emerging tobacco products—which posed a particular threat to children and young people—was also applauded.

99. Delegates underscored the importance of collective and intersectoral action to combat the tobacco epidemic, including collaboration in banning transborder advertising, promotion, and sponsorship of tobacco products. The importance of sharing experiences and best practices in tobacco control was also emphasized. Member States, including those that had not yet ratified the

³ See Document CD60/INF/6 (2023).

Protocol to Eliminate Illicit Trade in Tobacco Products, were urged to strengthen national measures and international cooperation to eliminate illicit trade in tobacco products.

100. Dr. Hennis observed that it was clear from the comments made that Member States agreed on the need to fully implement the WHO FCTC and to continue working to meet the target of a relative reduction of 30% or more in tobacco use. There was also broad agreement on the need to focus on equity and on addressing the needs of particularly vulnerable groups, especially youth, who were being targeted with digital and social marketing. Member States agreed, as well, on the need to reduce demand for tobacco products, strengthen access to tobacco cessation treatment, ensure the use of warning labels on tobacco packaging, and regulate novel products. The Bureau looked forward to working with Member States to implement the strategy and plan of action and continue advancing toward the achievement of tobacco control goals and targets.

101. The Director recalled that he had been invited to participate in the celebration of the 20th anniversary of the adoption of the WHO FCTC, where the tremendous progress achieved by the Region of the Americas in tobacco control had been recognized. While great strides had indeed been made, many challenges remained, including the continued high prevalence of tobacco use among lower-income populations and the targeting of youth with advertising that promoted the false perception that novel products such as electronic nicotine and non-nicotine delivery devices were less harmful than conventional tobacco products. He therefore welcomed the new strategy and plan of action, which would serve to reaffirm and strengthen the collective commitment to advance tobacco control in the Region.

102. The proposed resolution appearing in Document CE174/18 was amended to reflect points raised and suggestions made by Member States, and the Committee subsequently adopted Resolution CE174.R7, recommending that the 61st Directing Council approve the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030.

Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 (Document CE174/19)

103. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the item, noted that ensuring access to comprehensive, high-quality emergency, critical, and operative care was a fundamental component of national emergency preparedness and response strategies. Ensuring access to such care was also central to the achievement of universal health coverage. An analysis of the situation in the Region revealed a lack of access to specialized surgical and critical care services, particularly in remote and underserved areas, and variability in quality and standards of care. The proposed strategy, which was designed to strengthen clinical management and emergency responsiveness, highlighted the pivotal role of emergency, critical, and operative care in integrated health services and promoted collaboration across all levels of care in order to create a comprehensive health care continuum.

104. In the ensuing discussion, solid support was expressed for the proposed strategy. It was noted that the COVID-19 pandemic had underscored the importance of robust and resilient health systems capable of providing emergency, critical, and operative care services. The strategy's focus on the integration of those services, in particular into primary health care, was welcomed. The need to strengthen health infrastructure, invest in health technologies, and ensure the continuous training of

health workers was emphasized, as was the importance of intersectoral collaboration and sustainable financing to ensure the availability of high-quality emergency, critical, and operative care services, including intensive care treatment. It was considered essential to involve patients in decision-making about their care, which would not only improve the patient experience but also enhance the efficiency of the health system and reduce the burden on emergency and intensive care services. The Bureau was invited to provide additional information on the type of collaboration envisaged among Member States in implementing the strategy.

105. Dr. Fitzgerald pointed out that the lingering impact of the COVID-19 pandemic on access to and availability of essential health services could still be seen in terms of longer waiting times for care and the lack of capacity to address care needs. He stressed that it was necessary to integrate emergency, critical, and operative care into a broader approach to primary health care, thereby ensuring the availability of specialized and emergency treatment across the health care continuum.

106. The Director, welcoming Member States' comments, said that approval of the proposed strategy would strengthen the Region's leadership on the issue and support Member States in identifying gaps in emergency, critical, and operative care services, especially in remote and underserved areas, and in developing strategies to ensure universal access to those services.

107. The Executive Committee adopted Resolution CE174.R6, recommending that the 61st Directing Council approve the Strategy on Integrated Emergency, Critical, and Operative Care 2025–2030.

Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 (Document CE174/20)

108. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) presented the proposed strategy, pointing out that it was a Member State-driven initiative that aimed to strengthen early warning systems through enhanced epidemic intelligence capacities. The proposed strategy called for expanding data sources for the prompt detection of public health threats, considering, for example, genomic surveillance data and community-sourced information, effectively managing large volumes of information, and accelerating risk assessment and verification of signals and events to facilitate swift responses. The strategy comprised four strategic lines of action, with a One Health approach. It would build on the lessons learned from the COVID-19 pandemic to empower Member States with solid epidemic intelligence capacities. Its adoption and implementation would better equip the Region to face potential epidemic situations and thereby increase the health sector's resilience to health emergencies.

109. The Executive Committee welcomed the proposed strategy, noting that the COVID-19 pandemic had pointed up the importance of strengthening epidemic intelligence capacity in the Region in order to strengthen early warning systems and ensure that health authorities would be able to detect, verify, investigate, and evaluate public health threats and mount timely responses that would prevent outbreaks and epidemics from becoming devastating pandemics. Delegates applauded the proposed approach to epidemic intelligence, which combined information from multiple sources, including not only indicator-based surveillance but also event-based and community-based surveillance. At the same time, they highlighted several challenges, including the prevalence of

misinformation and disinformation. Several delegates emphasized the need to ensure the integration and interoperability of systems and tools to enhance epidemic intelligence. One delegate drew attention to the need to identify and address the particular needs of small island developing States in terms of strengthening capacity for epidemic intelligence.

110. The importance of a collaborative, multidisciplinary One Health approach, with coordination among the health, agriculture, environmental, and other sectors, was underscored, as was the importance of sharing experiences and best practices in order to strengthen epidemic intelligence capacities. It was pointed out that collaboration among International Health Regulation focal points could enhance epidemic intelligence and facilitate timely detection of and response to health threats. It was suggested that the Bureau could play a valuable role by acting as a link between countries, offering not only technical support and assistance, but also helping to build trust at the regional level by promoting transparency and improving the exchange of information. Countries were encouraged to prioritize the implementation of the strategy at the national level and allocate sufficient financial and human resources in order to implement it.

111. Dr. Ugarte expressed gratitude to Member States for their participation in the consultations on the development of the strategy. He agreed that it was crucial to work together in a coordinated manner to ensure timely detection of outbreaks and control them at the source, noting that the need for such coordination was a key lesson learned from the COVID-19 pandemic. He acknowledged the challenges associated with managing information from multiple sources and affirmed that the Bureau was working with Member States to build capacity in that area.

112. The Director pointed out that epidemiological surveillance capacity had increased tremendously in the Region during the COVID-19 pandemic. However, gaps and challenges remained, and it was therefore essential to continue working to build capacity to manage large quantities for data from multiple sources and to transform those data into intelligence that could guide more effective responses to health threats.

113. The Executive Committee adopted Resolution CE174.R8, recommending that the 61st Directing Council approve the Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CE174/21 and Add. I)

114. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) reported that, as of 24 June 2024, 11 Member States, Participating States, and Associate Members had paid their 2024 contributions in full, 9 had made partial payments, and 21 had yet to make any payments at all for 2024. One Member State was in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. Since the publication of the report on this item, an additional payment had been received, reducing the total that remained outstanding from US\$ 91 million to \$77 million.⁴

⁴ Unless otherwise indicated, all monetary figures are expressed in United States dollars.

As of 31 May 2024, the Bureau had been forced to utilize \$16.5 million from the available cash balance in the Working Capital Fund in order to meet the commitments funded under the assessed contribution budget. He noted that prompt payment of both arrears and current 2024 assessments was imperative for the full, effective implementation of the Organization's program of work. The Bureau looked forward to the timely receipt of the balance of assessed contributions.

115. In the ensuing discussion, concern was voiced about the high level of unpaid assessed contributions and the need to utilize the Working Capital Fund, as a lack of funding could jeopardize progress on national and regional health targets. Member States, Participating States, and Associate Members were encouraged to make every effort to pay their assessed contributions in full and on a timely basis in order to ensure that the Organization could carry out its program of work. One delegate reaffirmed her country's commitment to meet its obligations to the Organization despite the financial challenges it faced.

116. Mr. Kasapantoniou acknowledged the financial difficulties affecting some countries and expressed appreciation for their commitment to honor their obligations to PAHO.

117. The Director thanked the Member States that had made timely payments of their assessed contributions, despite the ongoing economic challenges they faced, thus demonstrating their commitment to the Organization's work. He appealed to those that had yet to make payments to do so as soon as possible in order to enable the Bureau to continue to strengthen the technical cooperation provided to Member States.

118. The Executive Committee adopted Resolution CE174.R1, thanking those Member States that had made payments in 2024 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2023 (Official Document 370)

119. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined an overview of the Financial Report in March of this year. The Subcommittee had been informed that the preliminary and unaudited figures showed that total consolidated revenue in 2023 had declined with respect to 2022 and that the reduction was an expected consequence of the winding down of the emergency response to the COVID-19 pandemic. The Subcommittee had also been informed that the collection of assessed contributions had improved with respect to 2022 and that funding for the liability for after-service health insurance for staff members had increased. The Subcommittee had commended the Bureau for discharging its mandate within existing resources, despite the decrease in revenue, and had been pleased to note the effective use made of Member States' contributions to advance public health priorities and produce tangible health results for the peoples of the Region.

Financial Report of the Director for 2023

120. Mr. Christos Kasapantoniou (Director, Financial Resources Management, PASB) presented the Financial Report of the Director for 2023, including figures on total revenue and expenditure, collection of assessed contributions, voluntary contributions, and procurement on behalf of Member

States. He reported that total consolidated revenue in 2023 had totaled \$1 279.5 million, a decrease of 18.9% with respect to 2022. The collection of current-year assessed contributions had improved in 2023 in comparison with 2022. Outstanding contributions at year's end had totaled \$30.3 million, versus \$65 million in 2022. Mr. Kasapantoniou pointed out that assessed contributions had not increased in over 10 years.

121. Turning to consolidated expenditures, he reported that the total for 2023 had amounted to \$1 231.8 million, a reduction of 20.6% with respect to 2022. He explained that the decreases in both revenue and expenditure had been due largely to reductions in procurement on behalf of Member States, which had declined by 33% in 2023. Those reductions, in turn, were due to the winding down of the pandemic response and to overstocking by some Member States of some vaccines and supplies during 2022. However, procurement on behalf of Member States had increased again in 2024.

Report of the External Auditor for 2023

122. Mr. Damian Brewitt (Financial Audit Director-International, National Audit Office of the United Kingdom of Great Britain and Northern Ireland) introduced the report of the External Auditor, confirming that the Auditor had issued an unqualified opinion on the Organization's financial statements, meaning that no errors affecting the accuracy, completeness, or validity of the statements had been found. Summarizing the audit findings and recommendations concerning financial management, governance, and internal control, he noted ongoing concerns regarding the collectability of outstanding assessed contributions and PAHO's heavy reliance on a small group of donors for its funding. He recalled that, during its six-year mandate as External Auditor, NAO had therefore emphasized the need to seek efficiencies and better demonstrate the Organization's effectiveness with a view to increasing donor confidence and alleviating funding challenges.

123. Underscoring the importance of operationalizing the External Auditor's previous recommendations, Mr. Brewitt highlighted remaining gaps in the accountability framework, but noted that the Bureau had taken steps to address those gaps. With regard to the PAHO Forward initiative, he drew attention to the need to manage cultural change barriers, including considerations relating to the adoption of a shared services approach. After reviewing earlier recommendations pertaining to human resources management, the Organization's procurement funds, results-based management, and estates management, he thanked the Director and the staff of the Bureau for their support and cooperation during the previous six years and assured that NAO would work with the Organization's incoming External Auditor, the Office of the Controller General of Chile, to ensure a seamless transition.

124. In the discussion that followed, delegates expressed gratitude to NAO for its work, welcomed the unqualified audit opinion, and congratulated the Bureau for the accomplishments highlighted in the report and for its provision of critical technical guidance and support to Member States. The Bureau was also commended for keeping expenses within available resources, despite the decline in revenue. Delegates welcomed the External Auditor's recommendations concerning embedding risk management in decision-making processes and asked the Bureau to explain how those recommendations would be implemented.

125. The consolidation of the Organization's procurement funds into a special program was applauded and the Bureau was encouraged to explore options for utilizing the funds to their full potential, including to foster local and regional production of vaccines and other medical products. The Bureau was also encouraged to look for cost-effective ways to advance its work, including by holding virtual meetings, where appropriate, in order to contain travel and general operating costs, which had risen in 2023. In addition, the Bureau was asked to explain the implications of shifting resources out of long-term investments and into short-term investments. The External Auditor was asked to comment on expected improvements in the management and oversight of the Organization's investment strategy.

126. Mr. Kasapantoniou explained that the Bureau always considered whether meetings and other events could be conducted online before planning any travel. He added that travel expenses had increased in 2023 mainly as a result of the normalization of activities following the pandemic and that the expenses incurred were not just for Bureau staff but also for personnel from Member States who were invited to participate in meetings, workshops, and other training activities. Replying to other comments, he assured the Committee that the Bureau was working to further strengthen risk management. Concerning investments, he explained that it had been considered prudent to increase short-term investments in the current context of fluctuating interest rates and relatively high volatility. The decision to shift more resources from long-term to short-term investments had been taken following consultation with the Investment Committee.

127. Mr. Brewitt recalled that, in previous years, the External Auditor had noted weakness in the Organization's investment processes. The Auditor therefore welcomed the new investment policy, which was in line with best practice in the field. In the Auditor's view, it was essential to have a clear investment strategy informed by advice from external experts and to ensure that PAHO's investments continued to be guided by external expertise. External experts could also provide advice on the appropriate mix of long- and short-term investments.

128. The Director expressed his appreciation to NAO for its service as the Organization's External Auditor and for its valuable recommendations, which had contributed to greater efficiency, transparency, and accountability. The Bureau was proud that the Organization had consistently achieved a clean, unqualified audit opinion, which was a testament to the rigor of its internal controls and the strength and soundness of its financial management. He noted that the Bureau had already implemented many of the External Auditor's recommendations, including by expanding the Investment Committee to include external experts in portfolio management, strengthening internal controls, and developing an accountability framework. A plan had been developed to embed risk management in local decision-making, and significant progress had been made in implementing the recommendations related to human resources management, including the adoption of key performance indicators to enable the Bureau to monitor the effectiveness of human resource functions and identify opportunities for improvement.

129. Regarding results-based management, the Director noted that an external evaluation had been commissioned and that the development of the new PAHO Strategic Plan for 2026–2031 would provide an opportunity to streamline and further enhance results-based planning, budget, monitoring, and evaluation. The Organization's procurement funds, which were an important part of its technical cooperation, had been consolidated under a regional program, in order to foster

synergies and collaboration across the funds and make more efficient use of resources. As to the PAHO Forward initiative, he affirmed that the Bureau continued to work to improve its capacity to support and respond to Member States' needs. He also noted that the initiative included a change management plan that encouraged staff engagement and participation. He reported that staff had been invited to submit suggestions for improvement, and close to a hundred suggestions had been received from various teams, units, and departments, demonstrating the staff's collective commitment to the effort to enhance the Bureau's capacity to deliver technical cooperation to Member States. Lastly, the Director reported that the Bureau had established a policy to guide technical teams in determining whether face-to-face meetings were needed. He pointed out that the consultations on the various policies, strategies, and plans of action being considered by the Executive Committee during its 174th session had all been conducted virtually.

130. The Committee reiterated its thanks to NAO for its service as External Auditor and took note of the report.

Programming of the Budget Surplus (Document CE174/22)

131. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a proposal for the use of the budget surplus from the 2022–2023 biennium. As of March 2024, the surplus was estimated at \$4.4 million. The Bureau had proposed to transfer \$3.4 million into the Master Capital Investment Fund to replenish the Real Estate Maintenance and Improvement Subfund and to transfer the remaining \$1 million to the PAHO Emergency Epidemic Fund. In the Subcommittee's discussion of the proposal, delegates had expressed gratitude to the Bureau for its responsible and transparent management of the Organization's finances and had endorsed the proposed allocation of the budget surplus.

132. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) recalled that the Master Capital Investment Fund had been created in 2007 to provide adequate and sustainable funds for capital investments that would otherwise be difficult to finance from other sources. He reported that the Bureau had proposed the use of a portion of the budget surplus to continue to fund infrastructure renovations to make both PAHO Headquarters and country offices safer and more conducive to efficient and effective work. Mr. Maza also explained that the PAHO Emergency Epidemic Fund functioned as a seed fund to kickstart PAHO's rapid response to epidemics while more substantive emergency funding was being mobilized. While the balance in the fund had historically stood at around \$1 million, the balance was currently around \$500,000 and, in keeping with the recommendations of the external evaluation of PAHO's response to the COVID-19 pandemic, conducted in 2023, the Bureau proposed to increase the balance of the fund to \$1.5 million.

133. In the Committee's discussion, the budget implementation and financial management that had led to the surplus were commended and support was expressed for the proposed use of the surplus.

134. The Executive Committee adopted Resolution CE174.R11 recommending that the 61st Directing Council approve the proposed allocation of the budget surplus.

Programming of the Revenue Surplus (Document CE174/23)

135. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the subcommittee had reviewed a proposal for the use of the revenue surplus from the 2022–2023 biennium. As of March 2024, the surplus was estimated at \$30.8 million. It had been explained that, in accordance with PAHO's Financial Regulations, any revenue surpluses were to be used in subsequent budgetary periods to cover any unfunded portions of the Strategic Plan. The Bureau had proposed to move \$14.3 million of the surplus to the Real Estate Maintenance and Improvement Subfund of the Master Capital Investment Fund in order to complete the modernization of the PAHO Headquarters building and \$16.5 million to programmatic priorities of the PAHO Program Budget 2024–2025, in particular to support chronically underfunded areas. The Subcommittee had endorsed the proposed allocation of the revenue surplus.

136. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) thanked Member States for their support of the proposal.

137. The Director observed that the surplus reflected both the Organization's excellent implementation of its budget and its ability to mobilize significantly more voluntary contributions than in the previous biennium. He confirmed that the surplus would enable the Organization to allocate funding to areas that had historically been underfunded, such as noncommunicable diseases and the digital transformation of the health sector.

138. The Executive Committee took note of the report.

Report of the Office of Internal Audit for 2023 (Document CE174/24)

139. Mr. David O'Regan (Auditor General, Office of Internal Audit, PASB) presented the report, which summarized the work undertaken by the Office of Internal Audit (OIA) in 2023. He noted that OIA had encountered no obstacles in performing its duties and no impediments to its reporting and that it had been provided with adequate resources to carry out its work plan. He drew attention to two important changes to internal audit activity in 2023. The first was that all internal audit reports were now made available to Member States upon request. That change had been made at the request of the Director in the interests of transparency. The second change was an increase in internal audit work focusing on country offices, including desk audits, reflecting the greater decentralization of expenditure decisions, following the Bureau's revision of country office delegations of authority. OIA's overall opinion on the Bureau's internal control environment was that it continued to provide reasonable assurance on the accuracy and timely recording of transactions, assets, and liabilities, and of the safeguarding of assets. In 2023, none of the internal audits had resulted in an unsatisfactory rating.

140. In the discussion that followed, delegates commended OIA for its efforts in 2023, welcomed the generally satisfactory ratings of the internal audits, and thanked the Bureau for the excellent work it had done to implement past OIA recommendations. It was agreed that increased decentralization of expenditure decisions and approvals to country offices should be accompanied by increased auditing. Concern was expressed, however, that OIA had continued to find recurring issues at the country level, and OIA was encouraged to proceed, as soon as possible, with its root cause analysis of recurring audit issues so that the Bureau could begin addressing them. It was also noted that OIA

continued to draw attention to weaknesses in the second line of defense. Delegates urged the Bureau to continue implementing the OIA recommendations.

141. Mr. O'Regan, thanking Member States for their support of OIA's work, said that OIA intended to undertake its root cause analysis during 2024 and would report its findings to the Executive Committee in 2025.

142. The Director reported that additional funds had been provided to OIA to cover its expanded audit activity following the increased delegation of authority to country offices. He welcomed the risk-based assessment method utilized by OIA, which afforded it the flexibility to perform desk audits for relatively low-risk operations. He confirmed that, as part of an effort to ensure greater transparency, all internal audit reports would now be available to Member States.

143. The Executive Committee took note of the report.

Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document CE174/25)

144. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update in March on the status of the Master Capital Investment Fund and its five subfunds and on the progress of the renovations under way at PAHO Headquarters. The Subcommittee had been informed that, as of 31 December 2023, the overall balance of the Master Capital Investment Fund stood at \$3 million. In the Subcommittee's discussion of the report, the Bureau had been asked to provide periodic updates on the renovations and on whether there had been any unexpected delays in the renovation project, including the total estimated cost for the project's second phase and related expenditures.

145. In the Executive Committee's discussion of the report, it was noted that the renovated PAHO Headquarters building was befitting of the stature and important mission of the Organization, and the Bureau was applauded for its efforts to preserve and improve the architectural legacy of the Organization. The Bureau was again requested to provide periodic updates on the progress of the renovations and was encouraged to ensure that the necessary quality assurance and maintenance mechanisms were in place to protect the investment being made in the renovation project. It was also encouraged to address the recommendations of engineering consultants concerning future renovations, with the overall objective being to ensure a safe and appropriate working environment for Bureau staff.

146. Ms. Kristan Beck (Director of Administration, PASB) reported that the project's second phase—replacement of the heating, ventilation, and air conditioning (HVAC) systems on floors 3 to 9, was under way and was expected to be completed in 2025. The third phase would comprise the replacement of the building's original single-pane windows with double-pane windows, which would enhance the energy efficiency of the new HVAC systems. Ms. Beck affirmed the Bureau's commitment to provide periodic project updates as needed and noted that the aim of the renovations was both to preserve the historic PAHO building and ensure a safe, green and comfortable environment for Bureau staff, Member State representatives, and guests. She expressed her appreciation to Member States for their continued support of the renovations.

147. The Director acknowledged the crucial importance of regular maintenance of the Headquarters building in order to avoid the need for emergency repairs, such as those that had been required the previous year to remedy structural issues identified in the concrete roof of the garage. He pointed out that, prior to the renovations, some of the building's systems had never been replaced and were 60 years old. The idea going forward was to maintain the building, which was the patrimony of all Member States of the Organization, in a safe and sustainable manner.

148. The Executive Committee took note of the report.

Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health (Document CE174/26)

149. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the status of the Latin American Center for Perinatology, Women and Reproductive Health and considered a proposal by the Bureau to close the Center and transfer its functions to the Department of Health Systems and Services at PAHO Headquarters. The change had been proposed because capacity for perinatology and reproductive health care had increased significantly within the Region and because the Center no longer met the financing conditions for continued operation as a specialized center of the Organization. The Subcommittee had supported the proposal and expressed the hope that the change would facilitate gender mainstreaming efforts in the longer term and serve to better integrate women's health into all aspects of PAHO's work.

150. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the Latin American Center for Perinatology, the Center's original name, had been established in 1970 through an agreement between the Government of Uruguay, the University of the Republic of Uruguay, and PAHO as a center for academic research and higher education specializing in the clinical management of pregnancy, childbirth, and neonatal health. Over time, its focus had shifted to issues of public health and, beginning in 2005, the Center had assumed a dual role within the Organization as a PAHO specialized center and a decentralized technical unit of PASB in the area of women's and reproductive health. The proposal to shift the Center's functions to Headquarters would improve cost effectiveness, reducing operational costs by 28%, and would strengthen the Organization's technical cooperation in women's, maternal, neonatal, and reproductive health across the Region, bringing those efforts into line with the Organization's strategies for strengthening health systems based on primary health care. Dr. Fitzgerald expressed gratitude to the Government of Uruguay for hosting the Center and supporting its work for 54 years.

151. In the discussion that followed, delegates also expressed gratitude to the Center for the technical cooperation it had provided to Member States to support capacity-building and the development of evidenced-based public policies. Support was expressed for the proposed transfer of the Center's functions to PAHO Headquarters, with the consequent decrease in operational costs. The Bureau was commended for facilitating exchanges with specialized centers. Concern was expressed about the high maternal mortality ratio in the Region, and it was suggested that additional investments should be made to facilitate research on the issue and that greater support should be provided to country offices to enable them to better assist Member States in reducing maternal mortality.

152. Dr. Fitzgerald, noting that maternal mortality ratios had increased during the COVID-19 pandemic but had been rising even before the onset of the pandemic, emphasized that it was necessary to take a more integrated and programmatic approach to identifying specific barriers to access to care, including structural, social, and cultural factors. The transfer of the Center's functions to PAHO Headquarters would enable the Bureau to focus on strengthening integrated approaches based on primary health care. He pointed out that the Director had called on Member States to prioritize maternal mortality in their policies by increasing targeted financing to women's and maternal health programs and by improving the effectiveness and efficiency of health financing, particularly in support of primary health care, but also postpartum care and the management of obstetric emergencies. The Bureau looked forward to working with Member States in that regard.

153. The Director observed that, although maternal mortality ratios had begun to decline in the post-pandemic period, it remained crucial to identify the factors that had contributed to the increases that had occurred from 2015 onwards. It was a priority for the Bureau to develop a roadmap for rapidly reducing the high levels of maternal mortality in the Region. He thanked the Government of Uruguay for hosting the Center and praised the Center's staff for their work. He noted that the proposal to close the Center and transfer its functions to PAHO Headquarters would enable the Bureau to focus its technical cooperation activities on matters related to women's and reproductive health, while continuing to collaborate with networks of universities and other institutions on various related issues. Finally, he had encouraged the Minister of Health of Uruguay to request that the Department of Perinatology of the Hospital de Clínicas be designated a PAHO/WHO collaborating center. The Organization would thus continue to benefit from the wealth of expertise in perinatology in Uruguay.

154. The Executive Committee adopted resolution CE174.R9, recommending that the 61st Directing Council approve the closure of the Center and the transfer of its functions to PAHO Headquarters.

Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States (Document CE174/27)

155. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report concerning the administrative component of the charge assessed on the procurement of public health supplies for Member States through the Regional Revolving Funds.⁵ The Subcommittee had expressed appreciation for the Bureau's transparency in reporting and for its innovative procurement strategies. Delegates had noted the crucial role of the funds in ensuring access to medicines, vaccines, and other essential medical supplies; welcomed the investment of resources from the procurement charge to promote regional manufacturing capacities; and emphasized the need to foster regional autonomy and reduce dependence on external suppliers, particularly in times of crisis.

156. Mr. Santiago Cornejo (Executive Manager, Regional Revolving Funds, PASB) recalled that, in 2020, the 58th Directing Council had adopted Resolution CD58.R4, thereby approving an increase from 1.25% to 1.75% in the administrative component of the charge assessed on the procurement of

⁵ More information available at: <https://www.paho.org/en/regional-revolving-funds>.

public health supplies and a compensatory decrease in the Capital Account component from 3% to 2.5%. He summarized the information contained in the report, noting, in particular, that increased procurement during the COVID-19 pandemic had resulted in an exceptional increase in the financial resources collected from the administrative component of the charge in 2021 and 2022. Those levels were not expected to be sustained in the post-pandemic period; indeed, a return to pre-pandemic trends had already been observed in 2023.

157. He explained that, in the light of the lessons learned from the COVID-19 pandemic, there was a need to recalibrate the priorities of the funds to address emerging challenges, particularly to ensure timely and cost-effective access to essential supplies. He outlined three new priorities for the 2024–2025 biennium, namely to strengthen regional innovation and manufacturing; establish regional supply agreements for rapid response; and create a regional stockpile/hub. He also highlighted three proposals by the Bureau aimed at accelerating progress on those priorities and introducing a degree of flexibility into the operations of the funds' capital accounts with the aim of improving access to certain supplies in the Region, including through regional manufacturing and innovative procurement strategies, and encouraging the procurement of large volumes of high-cost products in order to take advantage of economies of scale. He stressed that maintaining the line of credit for Member States would remain the Bureau's priority.

158. In the ensuing discussion, the Executive Committee applauded the Bureau's innovative efforts to ensure that the Organization's Regional Revolving Funds, which were highly regarded in other WHO regions, responded to the Region's changing needs. Delegates expressed appreciation for the funds' contribution to health in the Region. It was noted that, during the previous biennium, access to vaccines through the Revolving Fund for Access to Vaccines had protected more than 130 million people. PAHO's leadership in delivering critical expertise and negotiating economies of scale during that period was commended.

159. The new strategic priorities for the funds were welcomed, especially those relating to the creation of regional stockpiles and the establishment of regional supply agreements, which would be of particular benefit to small island developing States in the Region. It was nevertheless stressed that credit lines for Member States should be prioritized and the availability of funds for that purpose should be taken into account when considering the application of the proposed flexibilities in the use of the capital accounts.

160. In response, Mr. Cornejo explained that the Bureau had applied the lessons learned and the more flexible approaches taken during the COVID-19 pandemic to develop new strategies for responding to the challenges faced in the Region. He pointed out that the pandemic had revealed that PAHO could not work alone and reported that the Bureau was in dialogue with other regional stakeholders, including the Inter-American Development Bank and other financial actors interested in investing in regional production. While the approval of the proposed resolution would lend additional flexibility to the funds' operations, he reiterated that the line of credit for Member States would remain the priority.

161. The Director noted that the process of transforming the funds' operations would not only increase their agility but would also serve as a tool to strengthen regional production capacity. He explained that the proposal to use up to 15% of the funds available in the capital accounts—after

fulfilling Member States' credit line requests—would enable the Organization to stockpile essential medical supplies, thereby enhancing preparedness for public health emergencies and reducing transportation costs, some of which were as much as four times higher than the cost of the products themselves. He pointed out that the proposal to exempt Member States from the 2.5% fee when procuring products from regional manufacturers would also support regional production. At the same time, he assured Member States that the fee discount would not affect the line of credit, which had grown steadily and was sufficient to support all countries of the Region.

162. The proposed resolution contained in Document CE174/27 was amended to incorporate suggestions made during the discussion and the amended version was subsequently adopted by the Executive Committee (Resolution CE174.R10) recommending that the 61st Directing Council approve the proposal to increase flexibility of the funds and to strengthen regional production capacity.

Personnel Matters

Human Resources Management in the Pan American Sanitary Bureau (Document CE174/28)

163. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update on the most important initiatives undertaken in the sphere of human resources during 2023, including the implementation of the Bureau's revised human resources strategy, the "People Strategy 2.0." In the Subcommittee's discussion of the report, the Bureau had been encouraged to further simplify and streamline the staff recruitment process and continue its efforts to increase the representation of women in senior positions. Its efforts to improve human resource processes, promote staff well-being, and advance gender parity had been applauded.

164. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB), summarizing the information presented in the report, noted that the Bureau had completed the transition from pandemic response to post-pandemic technical cooperation, during which staff had adapted well to the hybrid working environment. She provided an update on the implementation of the People Strategy 2.0, including activities carried out in the framework of the PAHO Forward initiative, such as the creation of 39 positions in country offices as part of efforts to strengthen the Organization's country presence. She also reported that the Bureau had implemented performance indicators to reduce the length of recruitment and selection processes and had conducted a review of the staff performance evaluation process.

165. Dr. Barillas noted that there had been 10 cases of alleged staff wrongdoing during 2023, 7 involving fixed-term staff and 3 involving contractors. Three of the individuals had been dismissed or had their contracts terminated, one had received a written censure, one had resigned, and two had ended their service with the Organization prior to the conclusion of investigations. In the remaining three cases, the allegations had not been substantiated. Highlighting key PASB staffing statistics, she reported that fixed-term and temporary staff made up 35% of the Bureau's workforce, while contingent workers made up 65%. She also reported that women made up 61% of the Bureau's staff and that the Bureau had continued to make progress towards gender parity in senior positions, with the proportion of women in P6, D1, and D2 posts having increased from 34% to 38% between 2019 and 2023. The Bureau continued working to increase opportunities for women to advance to high-

level positions, not only by offering courses on leadership and management and other professional development opportunities, but through family-friendly policies.

166. In the discussion that followed, gratitude was expressed to PASB staff for their hard work and dedication. The Bureau was commended for the activities carried out in 2023 to advance the People Strategy 2.0 and the use of the hybrid model for informal consultations with Member States. The Bureau was also applauded for promoting transparency in actions taken to address potential wrongdoings by PASB staff. Support was expressed for the creation of additional staff positions in the country offices, thus enabling them to better support the successful implementation of national primary health care plans.

167. The Bureau was commended for its continued efforts to increase diversity, equity, and inclusion, and was asked to provide data on the percentage of women applicants for vacancies and a breakdown of staff by sexual orientation and gender identity. Additional information was also requested about the publication of vacancies for staff positions and internships and the way in which such efforts could be improved to encourage more equitable geographical representation. In addition, the Bureau was encouraged to consider implementing the recommendations of the Joint Inspection Unit contained in its report on the use of non-staff personnel and related contractual modalities in the United Nations system. While the results of the 2023 Personnel Engagement Survey were welcomed, it was noted that there had been few changes since 2022 and the Bureau was urged to continue to build staff engagement. Support was expressed for the development of a mental health action plan aligned with the United Nations Mental Health and Well-being Strategy.

168. Dr. Barillas acknowledged that the results of the most recent survey on personnel engagement had shown only a modest improvement but pointed out that small improvements were still meaningful. She assured the Committee that the Bureau would continue to foster a culture of improved engagement, for which every department had been tasked with developing a specific plan. She explained that the recommendations from the most recent report of the Joint Inspection Unit had been incorporated into PAHO's revised policy for consultants, which would soon be implemented.

169. With regard to staffing statistics, she explained that, although the Bureau had not carried out an analysis of the gender breakdown of applicants, it ensured that the list of candidates for each vacancy included a minimum of 20% women. In terms of data on sexual orientation and gender identity, a function in the PASB Management Information System could be implemented to allow individuals to self-report such information. In terms of advertising, vacancies for staff positions and internships were announced on the WHO and PAHO career web pages and social media sites. They were also publicized in other relevant media when a particular specialization was sought, and recruitment agencies were hired to assist in filling high-level vacancies. Under the new procedures for internships, applicants were placed on a roster made available to all PAHO offices.

170. The Director pointed out that the high percentage of contingent workers was due to the fact that the increase in voluntary contributions in 2023 had been used to support short- and medium-term projects, for which it was not possible to hire permanent staff. However, the increase in the WHO allocation to the Region was being used to expand the number of staff positions while maintaining a cautious approach to the use of financial resources. He reported that, as part of the PAHO Forward initiative, a promotion campaign had been launched to increase the visibility of staff

members from minority groups, with a view to fostering a culture of respect and appreciation for diversity in the Organization. With regard to the publication of vacancies, he suggested that it might be possible to expand the dissemination of vacancy notices with the help of country offices and national ministries of health in order to attract a broader pool of applicants.

171. The Executive Committee took note of the report.

Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO (Document CE174/29)

172. Ms. Alethia Jimenez (Senior Advisor, Ethics Office, PASB) indicated that since the PAHO Policy on Preventing Sexual Exploitation and Abuse had been issued in 2021, the Organization had continued to prioritize efforts to ensure a safe workplace, prevent all forms of sexual misconduct, protect and support victims, and hold perpetrators accountable. Two senior positions on the prevention and response to sexual misconduct had been filled, the focal point network had been strengthened through ongoing capacity-building activities, and in-person and virtual training sessions had been held in 11 country offices. In addition, the time limitations for reporting allegations of sexual misconduct had been removed to enable victims to come forward at any time. Ms. Jimenez emphasized that the Bureau was committed to a zero-tolerance policy for sexual misconduct.

173. She reported that three allegations of sexual harassment had been investigated in 2023, resulting in the termination of the contract of two perpetrators, and a decision on the third case was expected shortly. No allegations of sexual exploitation and abuse had been received. She also reported that the Bureau was taking steps to strengthen prevention efforts and instill a culture of accountability in which victims and bystanders felt comfortable speaking out, including developing a comprehensive policy on sexual misconduct.

174. In the discussion that followed, the Bureau was commended for its critical efforts to prevent and respond to sexual exploitation, abuse, and harassment as well as its commitment to transparency and accountability. Continued collaboration with WHO and other United Nations entities on the issue was encouraged. The implementation of stronger background check procedures and the forthcoming launch of a public dashboard for reporting the status and outcome of investigations were highlighted. The forthcoming policy on prevention of and response to sexual misconduct was welcomed. The Bureau was asked whether Member States would have the opportunity to provide input on the development of that policy. Attention was drawn to the low number of sexual harassment allegations and the lack of reports of sexual exploitation and abuse, and the Bureau was urged to continue its awareness-raising and training efforts and to encourage reporting. In that connection, support was expressed for the redesigned Helpline reporting page. The Bureau was asked to provide additional information about potential barriers to access to investigative services and about its plans for awareness-raising about the resources available to victims.

175. Ms. Jimenez explained that, drawing on the extensive expertise and lessons learned within the United Nations system, an external advisory group would be established to review the draft comprehensive policy on prevention of and response to sexual misconduct. She acknowledged that, while staff had a strong awareness of reporting mechanisms, more awareness-raising efforts were

needed at the community and programmatic levels. To that end, the Integrity Helpline was being redesigned for ease of access via both phone and the Internet.

176. The Director recalled that an advisor on prevention of and response to sexual exploitation, abuse, and harassment had recently begun work in the Bolivarian Republic of Venezuela and that additional funding had been requested from WHO to have another advisor in Haiti. He believed that the increase in the number of allegations of misconduct was the result of greater confidence in the reporting process rather than an increase in the incidence of misconduct. It was therefore necessary to build trust among victims, ensuring them that all allegations would be investigated fully and without retaliation. To that end, the Bureau would continue raising awareness of the various reporting channels. He pointed out that 94% of PASB personnel had completed the mandatory training course on the prevention of sexual exploitation and affirmed his commitment to achieve a 100% completion rate.

177. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE174/30)

178. Ms. Carolina Bascones (General Secretary, PAHO/WHO Staff Association) emphasized the commitment of PASB staff to the Organization's mission. She noted that the roles of the Offices of the Staff Counselor and the Ombudsman were critical to facilitating better understanding and to providing tools to prevent and resolve conflicts. The Staff Association welcomed the recruitment of the new Ombudsman and reaffirmed its interest in taking a leading role in the development and implementation of the Respectful Workplace Initiative. She also highlighted steps taken in the review of the internal conflict resolution system.

179. In the ensuing discussion, gratitude was expressed for the Staff Association's comprehensive review of the internal conflict resolution system and its proposed revisions to the terms of reference of the Integrity and Conflict Management System.

180. The Director, acknowledging the need for more expeditious conflict resolution procedures, affirmed that the Bureau was reviewing the entire internal justice system, which was made up of several autonomous bodies. He stressed the need to have a strong conflict resolution system, in which appropriate measures would be taken and in which individuals felt comfortable making allegations. He thanked the Staff Association for its recommendations in that regard and assured the Committee that the Bureau would maintain an open dialogue with staff as it reviewed those suggestions.

181. The Executive Committee took note of the report.

Matters for Information

Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031 (Document CE174/INF/1)

182. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the item and provided an overview of the proposed roadmap for developing the PAHO Strategic Plan

for the period 2026–2031. He explained that the roadmap’s aim was to identify areas in which PASB could provide technical cooperation to Member States based on country-level needs and priorities, collective objectives, and regional mandates. A three-phase approach was proposed—comprising development, analysis and drafting, and refinement and approval—with consultations with Member States and other stakeholders to be conducted throughout the process. Lessons learned and recommendations received from external evaluations would be incorporated, and the results-based management framework would be updated.

183. In the subsequent discussion, Member States welcomed the proposed roadmap and confirmed their commitment to participate actively in the process outlined therein. The Bureau was encouraged to seek input from all relevant stakeholders; its plans to involve civil society, academia, the private sector, and youth groups were therefore welcomed. It was emphasized that a participatory, transparent, and robust development process was necessary to ensure the development of a strong strategic plan. A delegate requested that the financial cost implications of the strategic plan became clearer as the process continued.

184. Support was voiced for the Bureau’s efforts to incorporate best practices and lessons learned from the current Strategic Plan and from the process of developing the WHO Fourteenth General Programme of Work (GPW14). It was suggested that, in developing the new strategic plan, strategies focusing on currently unmet objectives should be strengthened. A number of delegates outlined areas considered as priorities in their countries, including digital transformation of the health system, combating antimicrobial resistance, strengthening preventive medicine, tackling noncommunicable diseases, promoting healthy aging, and addressing the impacts of climate change on health. It was considered essential that Member States reach agreement on regional priorities. It was also pointed out that the strategic plan should take account not only of global, regional, and national priorities but also of subregional ones.

185. It was agreed that a degree of flexibility was needed so that the strategic plan could be adapted to reflect changes in the situation or in priorities during the period covered. The Bureau was urged to establish clear criteria concerning the rationale for potential amendments to the plan, thereby ensuring that such amendments would be made only when strictly necessary. At the same time, it was pointed out that the process for amending the strategic plan should not be overly cumbersome, and the importance of ensuring that the plan was responsive and agile was underscored. It was suggested that a mechanism might be put in place to enable changes to be made to the plan over time, especially as it would cover a period that would extend beyond the target date for the achievement of the Sustainable Development Goals. A review process involving the active participation of Member States, as was proposed in the roadmap, was therefore considered crucial. It was also suggested that a clear timeline should be established for the second phase of the strategic plan development process and that a mechanism should be put in place to ensure the full participation and equitable representation of Member States and other stakeholders in the process.

186. In response, Mr. Maza said that the financial implications of the strategic plan would be costed and communicated to Member States as part of the process of drawing up the corresponding program budget. When it came to the amendment process, he explained that one of the major lessons learned from the COVID-19 pandemic had been the need for flexibility to enable the strategic plan to be adjusted in the case of a major event. A process with clear criteria for revisions would be

established, the overriding goal being to ensure that the strategic plan remained relevant and useful, including during a public health emergency.

187. Mr. Maza acknowledged the need to take account of subregional, as well as national, regional, and global, priorities. He pointed out that there was also a need to be realistic about what could be achieved. It would therefore be critical to highlight the areas in which the Organization could add value to Member States' national efforts. He confirmed that a more detailed timeline, including the second phase, would be drawn up and that every effort would be made to enable Member States to participate fully in the process.

188. The Director highlighted the need to determine the priorities on which Member States wished the Organization to focus. He noted that the period covered by the strategic plan would be a critical time for implementing the lessons learned from the COVID-19 pandemic and other public health emergencies, and redoubling efforts to achieve the health-related Sustainable Development Goals. He emphasized, too, the need for alignment of the strategic plan with the WHO GPW14. He affirmed that the Bureau would strive to facilitate the fullest participation of Member States in the process, with a view to achieving a feasible strategic plan and reaching the strongest possible consensus for its approval by the 62nd Directing Council.

189. The Executive Committee took note of the report.

Report on Strategic Issues between PAHO and WHO (Document CE174/INF/2)

190. Dr. Carlos Alvarenga (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had applauded the Bureau's ongoing collaboration and communication with the WHO Secretariat. The Subcommittee had also expressed gratitude for the Bureau's efforts to facilitate effective participation by Member States in the various global negotiation processes related to health emergencies and to help build regional consensus on the issues under discussion. The increased WHO allocation to the Region had been welcomed, but it had been pointed out that the Region continued to receive significantly less than other WHO regions, and the need to continue advocating for an equitable distribution of WHO resources had been underscored. It was suggested that future reports on strategic issues between PAHO and WHO should not be merely informative, but should also provide technical guidance on the regional repercussions of global processes relating to the governance of WHO.

191. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) presented the report, which provided an update on high-level strategic issues and opportunities related to PAHO's engagement with WHO. Pursuant to the request from the SPBA, the report also examined the implications of global policy developments for PAHO Member States. Mr. Maza noted that, during the period covered by the report, the WHO GPW14 had been developed and approved. In addition, a package of amendments to the International Health Regulations (IHR) (2005) had been adopted during the Seventy-seventh World Health Assembly in May 2024. While consensus on a new WHO pandemic agreement had not been achieved, Member States had agreed to extend the mandate of the Intergovernmental Negotiating Body (INB) charged with drafting the instrument until the Seventy-eighth World Health Assembly, or until agreement was reached, whichever came first.

192. Mr. Maza noted that Member States from the Americas had been actively involved in the development of GPW14 and the negotiations on the IHR amendments and the new pandemic agreement, with the Bureau facilitating their participation through the provision of relevant information and the organization of regional briefings and consultations. Lastly, he reported that the WHO allocation to the Americas for 2024–2025 had increased by \$29 million compared with 2022–2023, including \$20 million specifically to strengthen country offices. That funding would enable the Organization to strengthen its core predictable country presence and better respond to Member States' priorities. He thanked Member States for their continued advocacy for a more equitable distribution of WHO funding among the regions.

193. Like the Subcommittee, the Executive Committee expressed appreciation to the Bureau for facilitating participation by PAHO Member States in global processes, including the negotiations of the INB and the working group on the IHR amendments, and applauded the Bureau's role in promoting coordination and consensus-building on the issues under discussion. The Bureau was urged to continue providing such support during the ongoing INB negotiations. In that connection, the need to ensure that all documentation was available in Spanish was underscored. Delegates also commended the Bureau's efforts to ensure that regional perspectives were reflected in GPW14 and in the WHO investment round discussions. It was noted that the development of GPW14 and the corresponding investment case were expected to help inform the development of PAHO's investment case, and the Bureau was asked to provide details in that regard. A delegate recalled that the issue of regulation of digital marketing of breastmilk substitutes had been raised during the Seventy-seventh World Health Assembly and invited all Member States of the Region to work together to reach consensus on a draft resolution on that topic to be put forward during the Seventy-eighth World Health Assembly in May 2025.

194. Mr. Maza affirmed that the Bureau would continue to work to ensure that the Region's voice was represented at the global level within WHO and would continue facilitating PAHO Member States' participation in global processes, including by advocating for multilingual documentation and highlighting the need for virtual consultations to be held at times that were reasonable for participants in the Americas. Regarding PAHO's investment case, he explained that the Bureau was conducting an analysis of various scenarios and would present more information to Member States during the 61st Directing Council in September.

195. The Director reiterated the Bureau's gratitude to Member States for continuing to advocate for more equitable distribution of WHO funds among the regions. He noted that, while some progress had been made, the Americas continued to receive the smallest allocation. He reported that PASB had made considerable progress in further strengthening its core predictable country presence and that the newly recruited technical advisors would be in place and working to support efforts to strengthen national capacities to respond to public health emergencies, accelerate the elimination of communicable diseases, and provide better care for noncommunicable diseases, in line with the priorities identified by Member States. In closing, the Director assured Member States that the Bureau would continue to support them in the ongoing INB negotiations.

196. The Committee took note of the report.

Implementation of the International Health Regulations (Document CE174/INF/3)

197. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB), introduced the report, which provided an update on acute public health events in the Region, States Parties' progress in meeting the core capacity requirements under the International Health Regulations (2005), and its administrative requirements and governance. He reported that the Seventy-seventh World Health Assembly had adopted Resolution WHA77.17, on strengthening preparedness for and response to public health emergencies through targeted amendments to the Regulations. In the coming weeks, States Parties would have the opportunity to review the text of the amendments to ensure language conformity and accuracy, following which it was expected that the Director-General of WHO would notify all States Parties of the amendments adopted.

198. In the ensuing discussion, delegates expressed appreciation for the report and underscored the importance of effective implementation of the IHR. The efforts by States Parties of the Region to improve the detection and evaluation of acute public health events and strengthen their IHR core capacities were welcomed. It was pointed out that global health crises, including the COVID-19 pandemic, had served to underscore the importance of implementation of and compliance with the IHR. The pandemic had also revealed certain deficiencies, such as a lack of communication and information exchange, disparate emergency responses, and a lack of transparency in public health data. It was emphasized that concerted efforts were needed to ensure effective implementation of the IHR and strengthen preparedness for and response to public health emergencies. States Parties of the Region were urged to review their national legislation, strengthen their national focal points, and allocate sufficient resources to develop and maintain their core capacities. The Bureau was urged to continue to provide technical assistance to support those efforts. It was also invited to provide further information on the use of epidemic intelligence from open sources of information.

199. Delegates welcomed the adoption of the amendments to the IHR, with one delegate remarking that the amendments had brought greater clarity and precision, while maintaining full respect for national sovereignty, and others noting that the amendments would strengthen preparedness for and response to public health emergencies, enhance compliance with the Regulations, and facilitate collaboration among countries with equity and solidarity. PASB was requested to continue its efforts to support States Parties of the Region in implementing the IHR. The inclusion of the principles of equity and solidarity and the agreements reached on crucial issues, such as on access to health products and finance arrangements, were commended, as was the initiative to establish an intermediate level of alert for better emergency preparedness.

200. The Bureau's efforts to facilitate participation in the negotiations on the amendments and in the ongoing negotiations on a WHO convention, agreement or other international instrument on pandemic preparedness and response were applauded. The value of regional collaboration in those negotiations and in preventing, detecting, and responding to infectious disease outbreaks was underscored. It was agreed that simulation exercises and joint external evaluations had helped to improve emergency preparedness in some countries. A delegate announced that his Government would shortly carry out its first voluntary external evaluation using the self-assessment tool.

201. Dr. Ugarte noted that Member States' response to information requests had improved greatly, and that national authorities were currently the initial source of information on acute public health

events of potential international concern in 80% of cases. He welcomed the fact that Member States had enthusiastically embraced the use of joint and voluntary external evaluations to assess their core capacities. He agreed that simulations and other such exercises were useful tools for identifying gaps, but pointed out that greater investment was needed on the part of Member States to close those gaps. He affirmed that the Bureau would continue to provide Member States with the necessary technical support to facilitate the implementation of the IHR.

202. The Director, too, welcomed Member States' use of voluntary external evaluation, which was a valuable tool that complemented the self-evaluations conducted each year and could be useful for identifying and addressing gaps in IHR core capacities. He emphasized that, in addition to voluntary external evaluations and simulations, it would be important for countries to undertake an evaluation of their response to the COVID-19 pandemic—a real world event of tremendous magnitude—in order to identify gaps and pinpoint the areas in which technical cooperation was needed. He encouraged Member States to consider presenting project proposals to the Pandemic Fund, which had recently launched a second call for proposals. He recalled that, during the first call, four projects that had been presented by countries of the Region had been awarded grants from the Fund. He noted a possible need for broader governance of the Pandemic Fund. He recalled that a number of proposals had been made for the establishment of a new financing mechanism, but pointed out that it was important to avoid duplication of effort.

203. Lastly, he agreed that regional collaboration had proven critical in the negotiation of amendments to the IHR and thanked Member States for their flexibility and their willingness to work together to overcome barriers and reach consensus. He was optimistic that the same spirit of collaboration would ultimately lead to a successful outcome in the negotiations on a WHO convention, agreement or other international instrument on pandemic preparedness and response, thereby ensuring that the world would be better prepared for a future public health emergency.

204. The Executive Committee took note of the report.

Plan of Action on Entomology and Vector Control 2018–2023: Final Report (Document CE174/INF/4)

205. Dr. Sylvain Aldighieri (Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) presented the final report, noting that vector-borne diseases such as dengue, chikungunya, Zika, and malaria accounted for significant morbidity and mortality in the Americas and recalling that reducing the spread of such diseases and enhancing regional and national capacities for vector prevention and control had therefore been among the primary objectives of the Plan of Action on Entomology and Vector Control 2018–2023. The final report summarized the progress made and the challenges encountered in implementing the plan of action. Of the plan's 11 indicators, 3 were exceeded, 6 were achieved, 1 was partially achieved, and 1 was not achieved. Dr. Aldighieri pointed out that the COVID-19 pandemic had led to the diversion of financial and human resources away from vector control programs, impacting their financing and operations. The pandemic had also highlighted the need for vector control programs to prioritize updating and adapting their protocols for routine surveillance, periodic vector control, and timely responses to future vector-borne disease emergencies.

206. In the discussion that followed, a delegate reported that the *Aedes aegypti* mosquito had recently been found in the Andean Mountain Range at an altitude of around 4000 meters (13 000 feet), raising concerns that the vector-borne diseases transmitted by the mosquito could appear in areas of her country where they had never been present before.

207. Dr. Aldighieri affirmed that *Aedes aegypti* posed a major threat in the Region, having caused numerous outbreaks of vector-borne diseases in Southern Cone countries, with more expected in the countries of Meso-America. He underscored the importance of strengthening integrated vector management.

208. The Director noted that significant progress had been made under the plan of action in strengthening entomology, surveillance, and vector control activities, but pointed out that many challenges remained. For example, there had been a record number of dengue cases in 2023 and that record had already been broken in 2024. He assured the Committee that, although the plan of action had ended, vector control would remain a priority for the Organization, which would continue to support countries in developing and implementing new vector control strategies and techniques, such as the use of *Wolbachia* bacteria to control *Aedes aegypti*, which had an extraordinary capacity for adaptation and was now found at higher altitudes and in locations further north and south than ever before.

209. The Executive Committee took note of the report.

Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023: Final Report (Document CE174/INF/5)

210. Dr. Daniel Salas-Peraza (Executive Manager, Special Program on Comprehensive Immunization, PASB), introducing the final report, recalled that the Americas had been the first WHO region to achieve the elimination of measles, rubella, and congenital rubella syndrome. All countries in the Region had maintained their rubella and congenital rubella syndrome elimination status since then. However, the Region had lost its measles-free status in 2018 as a result of the re-establishment of endemic measles transmission in two countries and measles outbreaks in another 16 countries. In all cases, rapid response teams had been deployed and plans of action had been implemented to halt transmission. As a result, the Region was expected to regain its measles-free status in 2024. Dr. Salas Peraza reported that 6 of the 12 indicators of the plan of action had been achieved, all of them related to vaccination coverage and epidemiological surveillance. The results presented in the final report highlighted the adverse effects of the COVID-19 pandemic and underscored the need to increase investment to increase vaccination coverage, improve epidemiological surveillance of measles and rubella, and prepare for rapid response to outbreaks of imported cases.

211. In the Committee's discussion of the final report, delegates welcomed the successes achieved under the plan of action, but expressed concern at the Region's loss of its measles-free status in 2018. They expressed support for the recommendations put forward in the final report and highlighted several key actions for maintaining elimination status, including ensuring universal access to measles and rubella vaccination, including for migrant populations; combating vaccine hesitancy through communication, education, and community engagement, with a particular focus on younger generations who had never experienced the ravages of measles and rubella; developing and

maintaining robust disease surveillance systems; and strengthening outbreak response capacity to prevent the reestablishment of endemic transmission. The need to provide ongoing training for immunization personnel was emphasized, as was the need to plan immunization activities on a yearly basis and ensure that sufficient human, financial, and material resources were available to sustain those activities for the entire year. It was also considered important to implement measures to prevent vaccine stockouts and cold chain breakdowns. In addition, attention was drawn to the need to replace paper-based immunization records systems with electronic immunization registries.

212. Dr. Salas-Peraza concurred with the recommendations made by delegates to maintain the Region's measles and rubella elimination status. He underscored the need for communication at the community level to understand people's perceptions about vaccines and educate them about the importance of immunization.

213. The Director recalled that when the plan of action had been approved the Region had faced a difficult situation, with measles transmission having been reestablished in two countries. He pointed out that, although the Region was close to regaining its measles elimination status, measles continued to occur elsewhere in the world and there was an ongoing threat of imported cases. It was therefore important to improve surveillance, identify pockets of unvaccinated persons, and develop appropriate strategies to achieve high levels of immunization coverage. To that end, it was important to maintain up-to-date electronic vaccination records. He affirmed that maintaining measles and rubella elimination would remain a priority for the Organization. Commending the countries of the Region for maintaining their rubella-free status since 2015, he urged them to continue working together to ensure that the Americas remained measles-free.

214. The Committee took note of the report.

Plan of Action for Strengthening Information Systems for Health 2019–2023: Final Report (Document CE174/INF/6)

215. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) summarized the content of the final report, which provided an overview of the progress made and challenges faced in efforts to implement the plan of action in the Region. He reported that of the 22 targets under the plan of action, 18 had been met or exceeded, with significant advances made in terms of the establishment of governance mechanisms, the introduction of standards on information-sharing, and the creation of networks to facilitate the adoption of innovative digital health systems. He explained that lessons learned during the implementation period had included the need to establish robust governance mechanisms and update regulatory frameworks; ensure platform interoperability and standardization to achieve digital transformation; foster multi-stakeholder engagement to strengthen technical capacity and knowledge management; and promote equal access to information systems, including with regard to vulnerable populations. It was also critical to adopt international standards for data management and interoperability; provide ongoing digital literacy training for health professionals; establish robust data privacy and security protocols; and develop and evaluate data architecture incorporating emerging technologies, such as artificial intelligence. Dr. García Saisó noted that those elements had been included in the Plan of Action for Strengthening Information Systems for Health 2024–2030 (see paragraphs 73 to 81 above).

216. The Director noted that strengthening information systems for health was a critical issue on which the Region was demonstrating global leadership. Much progress had been made; for example, the PAHO tool for assessing the maturity of information systems for health had now been adopted by the Inter-American Development Bank and the World Bank, which had made available a total of \$1.2 billion in loans to countries of the Region to strengthen their information systems and promote digital transformation. Moreover, a cooperation agreement had recently been signed with the Inter-American Development Bank to accelerate the digital transformation of health services. The Bureau would continue its efforts to promote technical cooperation with partners, including non-traditional partners and donors, to further support Member States. It was, for example, developing a relationship with the German Agency for International Cooperation and was working on a project with the Spanish Agency for International Development Cooperation to develop an electronic vaccination registry platform for use in areas without stable Internet coverage.

217. The Executive Committee took note of the report.

Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023: Final Report (Document CE174/INF/7)

218. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the report, noted that the development of a well-trained, available, and adequately distributed health workforce was essential to achieving not only universal access to health and universal health coverage but also health systems that were resilient to public health emergencies, natural disasters, and the effects of climate change. He reported that most of the targets of the plan of action had not been met, largely because Member States had been required to focus their attentions on responding to the COVID-19 pandemic. The final report nevertheless highlighted important areas of progress. It also identified lessons learned and proposed future actions, in line with the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems.⁶

219. In the ensuing discussion, the efforts of Member States to implement the plan of action while also dealing with the COVID-19 pandemic were commended, as was PASB's critical work on the matter. It was noted that advances had been made in several areas, such as on strengthening leadership and governance, capacity-building, and continuous education plans for health workers. Concern was nevertheless expressed at the slow speed of progress on the development of the health workforce, which was crucial to building resilient health systems. Member States were encouraged to invest in essential health services, including sexual and reproductive health services, to accelerate progress. The Delegate of Brazil said that his Government would be pleased to host a regional meeting on implementation of the plan of action, where the issue could be further discussed, in 2025.

220. It was suggested that further cooperation was needed with academia and other relevant sectors to develop the profiles of the health workers of tomorrow. Member States were encouraged to strengthen data collection and analysis on human resource needs across the Region so as to ensure that measures were better targeted and promote a more equitable distribution of health care workers. A delegate highlighted the challenge of health worker migration, which was having a

⁶ See Document CD60/6 and Resolution CD60.R4 (2023).

significant impact on health service delivery and jeopardizing the achievement of universal access to health, in particular in small island developing States in the Region. He urged the Bureau to develop feasible, sustainable strategies to help address issues of supply and demand between sending and receiving countries. Another delegate encouraged PASB to work on strategies to ensure that health workers had the leadership skills and capacities to respond to crisis situations.

221. Dr. Fitzgerald, outlining areas in which progress under the plan of action had been made, said that the pandemic had served to highlight the critical importance of a well-qualified, available, and equitably distributed health workforce at all levels of care but especially in primary health care. He reported that 11 countries had increased budget allocations for health worker jobs at the first level of care, which was important to efforts to achieve equitable access and distribution, including in remote and underserved areas. While 16 countries reported having established mechanisms for workforce planning, only 9 had actually developed workforce needs projections and strategies, meaning that many countries did not have the information systems required to gain an overview of the location, competencies, and gaps in their health workforce. He described efforts that were being made, in conjunction with WHO, to assist Member States in that critical endeavor. He pointed out that PAHO's Virtual Campus for Public Health was an important tool for developing competencies and promoting the continuing education of health care personnel. Dr. Fitzgerald recalled that the Region faced an estimated shortfall of 1.2 million health workers to achieve 80% of the essential health services coverage required under indicator 3.8.1 of Sustainable Development Goal 3, a situation exacerbated by health worker migration. He noted that the Bureau was working with affected countries and with WHO to define mitigation strategies and support countries in the negotiation of bilateral agreements.

222. The Director pointed out that the Policy on the Health Workforce 2030 identified priority measures to ensure that Member States had access to better data, analysis, and planning with regard to the health workforce. He highlighted the important contribution of PAHO's Virtual Campus to the development of health care workers, noting that, during the dengue outbreak, some 400 000 nurses and physicians had taken relevant training courses. He welcomed the proposal made by the Delegate of Brazil and affirmed that the Bureau was committed to work with the Government of Brazil on the organization of the meeting, which would provide a good opportunity to discuss various issues relating to the health workforce. The Bureau would also continue to work with countries of the Region affected by health workforce migration, in particular those in the Caribbean subregion. He emphasized that, while there was a need to respect the right to freedom of movement, policies and measures to attract, incentivize, and retain health care workers could prove useful in efforts to replace workers and strengthen the workforce.

223. The Executive Committee took note of the report.

***Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies:
Final Report (Document CE174/INF/8)***

224. Ms. Judit Ruis Sanjuan (Director, Department of Innovation, Access to Medicines and Health Technologies, PASB) introduced the final report on the policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies, thanking Member States for having participated in the consultations on its preparation. She noted that Member States had made progress in developing and implementing policies and strategies for enhancing access to health

technologies, many with a focus on the prevention and control of cancer and rare diseases. Progress had also been made in establishing mechanisms for the incorporation of evidence-based health technologies in health systems and in developing national consolidated procurement strategies and using regional joint procurement mechanisms, such as PAHO's Revolving Fund for Access to Vaccines (Revolving Fund) and Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund). Summarizing the measures proposed in the report to improve the situation, Ms. Ruis Sanjuan affirmed that the Bureau would continue to work with Member States to expand access to strategic and high-cost medicines and other health technologies.

225. In the discussion that followed, the importance of promoting regional production and equitable access to medicines and other health technologies was emphasized. The Bureau was asked to comment on whether a new policy was warranted to guide the Organization's work and foster continued progress. Attention was drawn to the successful use of PAHO's Revolving Fund and Strategic Fund by Member States with small markets to gain access to affordable pricing for medicines and health technologies. The Bureau was encouraged to strengthen the joint procurement process and facilitate dialogue with the pharmaceutical industry in support of affordable pricing for medicines and vaccines in order to ensure consistent access for the Region's populations.

226. Ms. Ruis Sanjuan said that the Bureau was committed to strengthening its technical cooperation to address the specific challenges related to high-cost medicines and technologies, including by continuing to support efforts to strengthen regional production and innovation. In that connection, she noted that, at the invitation of Brazil, the Bureau had participated in meetings of the Health Working Group of the Group of 20, where a proposal had been put forward to establish an alliance for regional production and innovation to facilitate access to vaccines, medicines, and diagnostic tools. The Bureau was also exploring opportunities to learn from and share with other regions.

227. The Director pointed out that the issue of access to high-cost medicines and other health technologies had become more complex since the policy had been adopted in 2016. For example, medical judicialization was a growing concern, with new medicines technologies being adopted as a result of lawsuits, without the necessary assessments or consideration of risks. He agreed that it was essential to strengthen regional production capacity. It was also important to continue strengthening countries' capacity for health technology assessment, which was an increasingly complex undertaking that required technical specialization. Regarding the desirability of formulating a new policy, he invited Member States to hold informal discussions prior to the 175th Session of the Executive Committee in October 2024 to determine whether a new policy on the issue should be included in the list of proposed topics for the sessions of the PAHO Governing Bodies in 2025.

Progress Reports on Technical Matters

A. *Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report* (Document CE174/INF/9 [A])

228. Delegates welcomed the report, noting that it contained useful information on the health of a population that often lacked visibility in many countries of the Region. The Bureau was encouraged to continue the initiative by regularly providing Member States with updated information on the

progress made and the challenges that remained in addressing disparities in health services access and utilization by lesbian, gay, bisexual, and trans (LGBT) persons. Member States were invited to continue their efforts to implement the recommendations contained in the report. It was suggested that the use of indicators might be helpful in identifying gaps and tracking progress. The need for quantitative and qualitative data to ensure the quality of health services offered and to facilitate planning and decision-making on public health matters was emphasized.

229. It was stressed that all persons, irrespective of their sexual orientation or gender identity, should be safe from violence and able to access and receive health services, including to protect themselves and their partners from HIV and other sexually transmitted diseases. It was pointed out that laws criminalizing and stigmatizing the LGBT community led to poorer health outcomes, and the need to put an end to violence, harassment, and discrimination on the basis of sexual orientation and gender identity and to uphold the human rights of the LGBT community was underscored.

230. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) said that the report revealed that progress had been made in many areas, in particular on HIV-related policies, legislation, programs, and awareness-raising. Many challenges remained, however. Stigma and discrimination against LGBT populations limited their ability to exercise the right to health, exacerbating health inequities and hindering the achievement of universal health. She affirmed that the Bureau would continue to support Member States in implementing actions to address the causes of disparities in health service access and utilization for LGBT persons and to inform them of the latest developments.

231. The Director, welcoming the commitment shown by Member States, stressed that, while important progress had been made, significant challenges remained. A human rights-based approach was needed to address the many barriers—including the high rates of violence and fear of criminalization—that LGBT persons faced in accessing health services. PASB would continue to work with Member States to share best practices and make further progress.

B. Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas: Progress Report (Document CE174/INF/9 [B])

232. Delegates welcomed the progress report and reaffirmed their commitment to the digital transformation of the health sector. The report's focus on critical aspects of digital transformation, such as equity, inclusivity, interoperability, and artificial intelligence, was commended. Digital solutions were considered crucial to achieving universal access to health care. The launch of the Alliance for Primary Health Care in the Americas by PAHO, the Inter-American Development Bank and the World Bank was applauded. A number of delegations gave examples of actions their countries had taken in support of the digital transformation, including strengthening of the digital infrastructure, installing high-speed Internet in all health facilities, adopting interconnectivity standards, and establishing electronic vaccination registries.

233. It was stressed that the digitalization of the health sector must benefit all sectors of society, leaving no one behind. The need for measures to work with Indigenous populations to improve access to high-quality, culturally relevant health services was highlighted, as was the need to advance digital health literacy; address the gender digital divide, including through the collection of relevant

disaggregated data; and strengthen primary health care and community-based approaches. The importance of Member States' participation in networks, discussions, and the exchange of experiences, in particular on the role of artificial intelligence in health, was emphasized.

234. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) said that the roadmap had been critical to efforts to modernize information systems for health and enable countries to respond to current and future challenges. He commended Member States for the progress already made to accelerate the digital transformation of the health sector, including by ensuring greater access to high-speed connectivity; expanding telehealth services, including in primary health settings; and creating digital goods, such as digital platforms for issuing and verifying COVID-19 vaccination certificates. He emphasized the importance of accelerating the digitalization of regular immunization programs.

235. Dr. García Saisó agreed that inclusive digital health was crucial to be able to close the digital divide and overcome obstacles to access to health, in particular for vulnerable groups. Concerning interoperability, he welcomed the efforts that were being made to develop technological infrastructure for cross-border data exchange. Noting that a number of Member States had reviewed their legal and regulatory frameworks with a view to incorporating a human rights-based approach, he recalled that a maturity assessment tool for legal documents had been developed to assist Member States in that endeavor.

236. With regard to artificial intelligence, he pointed out that Member States' participation in discussions and exchange was needed at both the regional and global levels. It was critical for Member States to be actively involved in the global dialogue on the ethical and secure use of such technology. He likewise emphasized the need to develop regulations to guide the introduction of artificial intelligence into the health sector. Lastly, he emphasized that there could be no digital transformation without the necessary robust data security protocols and frameworks to support it, and pointed out that cybersecurity measures not only contributed to the protection of data but also to more efficient data use.

237. The Director highlighted the commitment of the Bureau to support Member States in the digital transformation of the health sector and reiterated the comments he made on this topic during the discussion of the item on Information Systems for Health (see paragraph 216).

C. *Strategy on Health-related Law: Progress Report* (Document CE174/INF/9 [C])

238. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) recalled that the Region of the Americas had been the first WHO region to adopt a specific strategy on health-related law. The strategy had been formulated in response to the challenges faced by Member States in creating, implementing, and revising their legal and regulatory frameworks and in establishing closer coordination between health authorities and authorities in other branches of government. She assured Member States that the Bureau would continue to provide them with technical cooperation and support in strengthening their health-related laws and regulations.

239. The Director, noting that health-related law was a relatively new area of cooperation, affirmed that the Bureau was committed to assist countries not only in amending their legislative and regulatory frameworks but also in undertaking health care reform and promoting health initiatives, such as on tobacco control. In his view, it was critical for the health sector to foster cooperation with lawmakers in countries, while also respecting the principle of autonomy, in order to seek consensus on relevant health issues on which legislation was being enacted, thereby helping to promote health.

240. The Executive Committee took note of the reports.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO

A. *Seventy-seventh World Health Assembly* (Document CE174/INF/10 [A])

241. Mr. Nicolás Lagomarsino (Senior Advisor, Office of Governing Bodies, PASB) introduced the report on the Seventy-seventh World Health Assembly, noting that three of the seats on the WHO Executive Board held by Member States from the Region of the Americas would become vacant in 2025 and that only one nomination had been received to date.

B. *Subregional Organizations* (Document CE174/INF/10 [B])

242. Ms. Piedad Huerta Arneros (Head, Office of Country and Subregional Coordination, PASB) explained that, in order to harmonize and strengthen PAHO's subregional coordination, a new approach to the management of subregional technical cooperation had been implemented as of 1 January 2024, and the Caribbean cooperation modality was currently under review. She noted that the alignment of public health priorities at all levels allowed such issue to remain high on political agendas in the Region. She added that various subregional integration organizations had invited the Director to speak at their ministerial meetings.

243. The Executive Committee took note of the reports.

Other Matters

244. The Delegate of the Plurinational State of Bolivia denounced an attempted coup d'état that had taken place in his country and reaffirmed his Government's commitment to democracy; several delegates expressed solidarity with the Government of the Plurinational State of Bolivia.

245. The Delegate of Uruguay suggested that the Governing Bodies of PAHO should discuss the issue of medical judicialization, which was a growing concern in a number of Member States.

246. The Delegate of Brazil invited representatives of all countries of the Region to attend a regional meeting on addressing ethnic-racial inequalities in health, to be held in Brasília from 3 to 5 July 2024.

Closure of the Session

247. Following the customary exchange of courtesies, the President declared the 174th Session of the Executive Committee closed.

Resolutions and Decisions

248. The following are the resolutions and decisions adopted by the Executive Committee at its 174th Session:

Resolutions

CE174.R1: *Collection of Assessed Contributions*

The 174th Session of the Executive Committee,

Having considered the *Report on the Collection of Assessed Contributions* (Document CE174/21 and Add. I) presented by the Director;

Noting the current financial stress the Pan American Health Organization is facing as a result of the delay in receipt of assessed contributions;

Noting that the Bolivarian Republic of Venezuela is in arrears in the payment of its assessed contributions to the extent that it is subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that, as of 24 June 2024, 21 Member States have not made any payments towards their 2024 assessments,

Resolves:

1. To take note of the *Report on the Collection of Assessed Contributions* (Document CE174/21 and Add. I) presented by the Director.
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2024.
4. To strongly urge the other Member States to pay all their outstanding contributions as soon as possible to mitigate any impact on technical cooperation activities.
5. To request the Director to continue to inform the Member States of any balances due and to report to the 61st Directing Council on the status of the collection of assessed contributions.

(First meeting, 24 June 2024)

CE174.R2 ***Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029***

The 174th Session of the Executive Committee,

Having reviewed the *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CE174/13),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**STRATEGY AND PLAN OF ACTION TO DECREASE THE BURDEN OF SEPSIS
THROUGH AN INTEGRATED APPROACH 2025–2029**

The 61st Directing Council,

Having reviewed the *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CD61/___);

Acknowledging the significant impact of sepsis on public health in the Region of the Americas, which results in substantial morbidity, mortality, and socioeconomic burden, and which requires a coordinated, multidisciplinary approach to effectively address its prevention, early detection, and clinical management;

Reaffirming the commitment to promoting universal health coverage and strengthening health systems to improve the response to sepsis at all levels of care;

Emphasizing the critical role of research and innovation in advancing our understanding of sepsis pathophysiology, diagnostics, and therapeutics;

Bearing in mind the goals and targets of the 2030 Agenda for Sustainable Development and the Sustainable Health Agenda for the Americas 2018–2030, which call for reducing the impact of infectious diseases and promoting rational use of safe, effective, and affordable medicines,

Resolves:

1. To approve and implement the *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CD61/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) elevate sepsis to a high-priority public health issue and integrate comprehensive strategies for its prevention, early detection, and clinical management into national health policies and plans;
 - b) implement national strategies guided by the objectives outlined in this strategy and plan of action, and establish effective monitoring systems utilizing the recommended indicators;

- c) ensure the allocation of adequate resources for comprehensive sepsis prevention and clinical management programs with special attention to high-risk populations, encompassing quality care, training, research, and public awareness campaigns;
 - d) encourage national collaboration among the health, education, civil society, academic, and finance sectors for a unified approach to sepsis management, while also fostering international cooperation with various countries and organizations to exchange best practices, resources, and innovations in sepsis prevention and treatment;
 - e) call for increased investment in research and development for innovative diagnostics, treatments, and preventive strategies for sepsis, including novel antimicrobial agents, immunotherapies, and vaccines.
3. To request the Director to:
- a) provide technical cooperation to Member States with a view to facilitating knowledge exchange to strengthen capacities that will contribute to the implementation of the strategy and plan of action;
 - b) foster collaboration among Member States to enhance the execution of this plan of action, adapting it to various subregional and national contexts and priorities;
 - c) bolster partnerships with civil society organizations and patient advocacy groups to raise awareness, mobilize communities, and include patient perspectives in policy development and program implementation related to sepsis;
 - d) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the strategy and plan of action through a midterm review in 2027 and a final report in 2030.

(First meeting, 24 June 2024)

CE174.R3 *Plan of Action for Strengthening Information Systems for Health 2024–2030*

The 174th Session of the Executive Committee,

Having reviewed the *Plan of Action for Strengthening Information Systems for Health 2024–2030* (Document CE174/15),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

PLAN OF ACTION FOR STRENGTHENING INFORMATION SYSTEMS FOR HEALTH 2024–2030

The 61st Directing Council,

Having reviewed the *Plan of Action for Strengthening Information Systems for Health 2024–2030* (Document CD61/__);

Recognizing the urgent need to continue strengthening information systems for health and to advance the digital transformation of the health sector as key elements of support for universal, equitable, and resilient health systems;

Considering that action by Member States is required to strengthen leadership, stewardship, and governance through a renewed emphasis on digital transformation;

Noting that institutional capacities to enable the implementation of interoperable information systems for health must be strengthened, given that these systems are a central component of the primary health care approach,

Resolves:

1. To approve the *Plan of Action for Strengthening Information Systems for Health 2024–2030* (Document CD61/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote the implementation of the lines of action contained in the *Plan of Action for Strengthening Information Systems for Health 2024–2030*;
 - b) strengthen the management and governance of information systems for health within the framework of the digital transformation of government initiatives;
 - c) build the necessary infrastructure for supporting the implementation of national and subnational information systems for health and data management frameworks;
 - d) establish regulatory frameworks for enhancing the management of health-related data platforms and digital health solutions;
 - e) ensure that human resources have the necessary competencies to effectively implement digital health solutions at all levels of care.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the plan of action and the achievement of its objectives;
 - b) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the plan of action through a midterm review in 2027 and a final report in 2031.

(First meeting, 24 June 2024)

CE174.R4 Policy on Long-term Care**The 174th Session of the Executive Committee,**

Having reviewed the *Policy on Long-term Care* (Document CE174/16),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

POLICY ON LONG-TERM CARE**The 61st Directing Council,**

Having reviewed the *Policy on Long-term Care* (Document CD61/__);

Considering that addressing needs in long-term care (LTC) presents challenges for economies and for health and social protection systems in the Region of the Americas, given current and future demographic and epidemiological trends;

Noting that in order to achieve universal access to health and universal health coverage, comprehensive, continuous, person-centered, and integrated LTC capacity is required to address needs, increase healthy life expectancy, improve equity, and reduce catastrophic expenditures for individuals, families, and systems;

Recognizing that the formal provision of LTC in the Region is currently insufficient, with strong reliance on the unpaid care provided by family members, especially women, and that future demand for LTC will increase significantly and rapidly, with an expected increase in levels of care dependency;

Recognizing the urgent need to advance the development of intersectoral LTC capacity and strengthen the capacity of ministries of health to optimize functional ability and prevent functional loss, integrating action across health and social care sectors to address the needs of both care recipients and caregivers;

Noting the need to improve data collection and information systems that can detect and monitor needs and prioritize actions effectively, particularly for populations in conditions of vulnerability;

Considering the need to invest in formal LTC provision and the cost of inaction in terms of health outcomes, healthy life expectancy, impact on caregivers, and increased risk of household catastrophic expenditure,

Resolves:

1. To approve the *Policy on Long-term Care* (Document CD61/__).

2. To urge all Member States, considering their national contexts, needs, vulnerabilities, and priorities, to:

- a) develop, implement, and monitor intersectoral policies that prioritize, create, and expand LTC capacity in line with current and projected population health needs, and formalize the provision of this type of care within health and social care sectors to increase access to LTC, especially for people in conditions of vulnerability;
- b) strengthen governance and stewardship capacities across all relevant sectors to meet LTC needs, with effective participation of ministries of health in the planning, regulation, intersectoral coordination, and provision of LTC;
- c) strengthen the organization and delivery of culturally appropriate, person-centered, and integrated LTC, responding to the different needs of care-dependent individuals and their caregivers and prioritizing the delivery of community and home-based LTC, based on the primary health care strategy;
- d) strengthen workforce capacity for LTC and the formalization and organization of health and social care collaborative teams, and increase training and support for unpaid caregivers who are integral to the delivery of LTC;
- e) increase and optimize sustainable LTC financing across all sectors as a strategic investment in health, equity, and financial and social protection of the population;
- f) increase data collection and research on LTC and include more LTC-relevant information in national monitoring systems.

3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the policy and the achievement of its objectives;
- b) support the strengthening of interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations system, the inter-American system, and other stakeholders working in LTC;
- c) support the development of national intersectoral policies, regulatory frameworks, and national capacities that will increase access to LTC in the Region;
- d) report periodically to the Governing Bodies of Pan American Health Organization on the progress made and challenges faced in the implementation of the policy through a midterm review in 2029 and a final report in 2035.

(Second meeting, 24 June 2024)

CE174.R5 ***Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034***

The 174th Session of the Executive Committee,

Having reviewed the *Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034* (Document CE174/17),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**STRATEGY FOR STRENGTHENING THE ESSENTIAL PUBLIC HEALTH FUNCTIONS
TO ACCELERATE HEALTH SYSTEMS TRANSFORMATION 2024–2034**

The 61st Directing Council,

Having reviewed the *Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034* (Document CD61/__);

Mindful of the urgency to advance in the development of more resilient, equitable, and inclusive health systems based on primary health care (PHC);

Recognizing the case for a renewed focus on the essential public health functions (EPHF), given their central role in supporting the full exercise of the right to the enjoyment of the highest attainable standard of health, addressing social determinants of health, ensuring universal access to integrated individual and collective health interventions, and fostering collaboration in the implementation of public health actions;

Acknowledging that achieving universal access to health and universal health coverage requires bolstering the leadership, stewardship, and governance capacities of health authorities;

Considering that action by Member States is essential to strengthen leadership, stewardship, and governance through a renewed emphasis on the EPHF,

Resolves:

1. To approve the *Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034* (Document CD61/__).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote the implementation of the strategic lines of action contained in the strategy;
 - b) strengthen leadership, stewardship, and governance for PHC-based health systems through the implementation of the EPHF at all decision-making levels;
 - c) strengthen capacity in the evaluation of the EPHF for improved policy and decision-making;

- d) promote the institutionalization of standardized EPHF assessments, followed by systematic actions to incorporate findings into policy and investment priorities;
 - e) strengthen public health workforce competencies for the EPHF through policies, training, and collaborations.
3. To request the Director to:
- a) provide technical cooperation to Member States to support the implementation of the strategic lines of action contained in the strategy;
 - b) support regional cooperation and dialogue in health, facilitating the sharing of knowledge and experiences to enhance the capacities of Member States to evaluate and implement the EPHF effectively, as well as collaborative and intersectoral efforts to share best practices in health system strengthening based on PHC;
 - c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the strategy through a progress report in 2029 and a final report in 2035.

(Second meeting, 24 June 2024)

CE174.R6 *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030*

The 174th Session of the Executive Committee,

Having reviewed the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CE174/19),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

STRATEGY ON INTEGRATED EMERGENCY, CRITICAL AND OPERATIVE CARE 2025–2030

The 61st Directing Council,

Having reviewed the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/__);

Recognizing the vital role of integrated emergency, critical, and operative (IECO) care in providing comprehensive responses to a wide range of health emergencies, from acute medical conditions to complex surgical interventions;

Acknowledging the disparities in access to IECO care across the Region of the Americas and the urgent need to expand these services in underserved areas, thereby ensuring the right of all individuals to timely and effective health care;

Aware of the need to strengthen health system resilience in response to natural disasters, pandemics, and noncommunicable diseases;

Understanding the importance of strategically enhancing IECO care through the design and organization of these services within integrated health service delivery networks, through the adoption of digital health technologies for improved coordination, comprehensive training for health care professionals, and the implementation of quality and safety standards in all settings;

Emphasizing the need for IECO services to be provided as an integral part of the primary health care approach, which fosters seamless patient referrals across different levels of care, placing patients at the center of a well-coordinated health care continuum spanning primary, specialized, emergency, critical, and operative care,

Resolves:

1. To approve the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) implement the strategic lines of action contained in the *Strategy on Integrated Emergency, Critical and Operative Care 2025–2030* (Document CD61/___);
 - b) improve the design and enhance the integration of emergency, critical, and operative care across health service networks to ensure a seamless continuum from prehospital settings—including primary care and medical transport—to hospital care, thereby supporting universal access to IECO services with financial protection for the population;
 - c) invest in the infrastructure of health care facilities to support operational efficiency and safety in IECO care, ensuring continuous access to essential utilities and technologies, and adopt digital clinical decision support systems to optimize patient triage, waiting lists, and management of critical care resources;
 - d) utilize evidence-based tools and integrate clinical guidelines into local protocols to standardize care across different health care settings, thereby improving patient outcomes and care quality while actively engaging patients and communities in their health care journey;
 - e) adopt measures to ensure the protection of health workers in IECO care and prioritize the continuous education and training of health care professionals across all levels of care, incorporating new information and communication technologies, telehealth, online education, and learning networks to enhance response capacity and quality of performance.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the strategy and the achievement of its strategic lines of action;
 - b) promote collaboration among Member States in relation to the strategy on IECO care;

- c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the strategy through a midterm review in 2028 and a final report in 2031.

(Second meeting, 24 June 2024)

CE174.R7 ***Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030***

The 174th Session of the Executive Committee,

Having reviewed the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030* (Document CE174/18),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**STRATEGY AND PLAN OF ACTION TO STRENGTHEN TOBACCO CONTROL
IN THE REGION OF THE AMERICAS 2025–2030**

The 61st Directing Council,

Having reviewed the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030* (Document CD61/__),

Recognizing that tobacco use continues to be one of the greatest threats to global public health and that, in addition to generating a heavy social, economic, and environmental burden for countries, it exacerbates household poverty and increases inequalities;

Considering that, while conventional cigarettes remain the most widely used tobacco product, the use of electronic cigarettes is increasing among children and adolescents in some countries;

Recognizing that there is abundant evidence and international consensus on how the tobacco epidemic and nicotine addiction should be addressed in a cost-effective manner through the implementation of the mandates of the World Health Organization Framework Convention on Tobacco Control (FCTC), the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol), the decisions taken by the Conference of the Parties to the FCTC and the Meeting of the Parties to the Protocol, the World Health Organization (WHO) MPOWER package guidance, and the best buys for prevention and control of noncommunicable diseases;

Recognizing that there are various circumstances that have made it difficult to implement at the national level the national and international mandates and commitments undertaken by Member States to address the issue, but stressing that the common and most important challenge faced by all countries is interference by the tobacco industry and those working to further its interests;

Recognizing that the objective of this strategy and plan of action is to accelerate the implementation of the FCTC in the Region of the Americas by all Member States, whether or not they are States Parties to the Convention;

Noting that the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 have been extended to 2030, owing to the challenges presented by the COVID-19 pandemic and to ensure coherence and harmonization with the 2030 Agenda for Sustainable Development,

Resolves:

1. To approve the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030* (Document CD61/___).
2. To urge Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote the implementation of the objectives and indicators contained in the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030*;
 - b) prioritize the adoption of comprehensive legal measures relating to smoke-free and emissions-free environments, health warnings and plain packaging, and total bans on the advertising, promotion, and sponsorship of tobacco products, in accordance with their constitutions or constitutional principles and adapting to new digital realities, covering both conventional tobacco products and other emerging products;
 - c) strengthen the use of tobacco tax policies as a means of reducing the affordability of products that are harmful to health; that discourage consumption, especially among lower-income groups; and that provide Member States with an additional source of revenue that can be used to strengthen health and social welfare programs;
 - d) strengthen primary health care services to increase the coverage, access, availability, and quality of tobacco cessation treatment services, in the context of building stronger and more resilient health systems in the post-COVID-19 pandemic period;
 - e) consider ratifying the FCTC and the Protocol in order to assume legally binding obligations to protect the right of every person to the enjoyment of the highest attainable standard of health;
 - f) strengthen national measures and international cooperation to eliminate illicit trade in tobacco products;
 - g) counter attempts by the tobacco industry and its allied groups to interfere with, delay, hinder, or impede the implementation of tobacco and nicotine addiction control measures aimed at protecting the public health of the population;
 - h) strengthen their national surveillance systems in order to assess not only the prevalence of tobacco and nicotine use but also the effectiveness of the measures implemented, and to obtain information disaggregated by sex, gender, ethnicity, and other factors, including usage

data where possible, and to use this information to develop evidence-based interventions aimed at reducing disparities;

- i) take into account the environmental impact of tobacco and the need to strengthen liability regulations for the tobacco industry, ensuring respect for and protection of the human rights of all people.
3. To request the Director to:
- a) provide support to Member States to strengthen national capacities that will contribute to the implementation of the strategy and plan of action and the achievement of its objectives.
 - b) promote the exchange of information among Member States and partnerships with other international agencies and subregional bodies, and with members of civil society and academia at the national and international levels, including the mobilization of human and financial resources in support of the implementation of this strategy and plan of action;
 - c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and the challenges faced in the implementation of the strategy and plan of action through a midterm review in 2028 and a final report in 2031.

(Third meeting, 25 June 2024)

CE174.R8 *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029*

The 174th Session of the Executive Committee,

Having reviewed the *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029* (Document CE174/20),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**STRATEGY ON EPIDEMIC INTELLIGENCE
FOR STRENGTHENING EARLY WARNING OF HEALTH EMERGENCIES 2024–2029**

The 61st Directing Council,

Having reviewed the *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029* (Document CD61/__);

Taking into account the importance of integrating epidemic intelligence operations within a comprehensive early warning mechanism that is able to promptly and effectively detect, verify, investigate, assess, and respond to public health threats and emergencies;

Bearing in mind the experience of the recent COVID-19 pandemic, which highlighted the need for rapid verification of signals of potential public health threats;

Recognizing the varying levels of implementation of epidemic intelligence among countries in the Region of the Americas and the importance of using different data sources to assess risks, as well as the need for rapid adaptation and continuous innovation to enhance early warning systems for health emergencies;

Considering that a key purpose of epidemic intelligence is to detect, verify, and assess public health risks as early as possible in order to mitigate and reduce their impact on populations;

Acknowledging that, as health threats and their drivers change and novel threats emerge, epidemic intelligence must continuously improve in order to ensure early detection and response,

Resolves:

1. To approve the *Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029* (Document CD61/___).
2. To urge all Member States, considering their national contexts, needs, vulnerabilities, and priorities, and in alignment with the International Health Regulations, to:
 - a) promote the implementation of the strategic lines of action set out in the strategy;
 - b) strengthen technical capacity for conducting epidemic intelligence activities aimed at promptly detecting, verifying, assessing, reporting on, and responding to public health emergencies of national and international concern;
 - c) build capacity and participate in defining best practices, based on scientific evidence on epidemic intelligence, fostering coordination and collaboration across various sectors and disciplines, and developing standardized terminology and concepts to enhance comprehension and effectiveness in epidemic intelligence efforts.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that will contribute to the implementation of the strategy and the achievement of its objectives;
 - b) promote the dissemination of lessons learned and good practices in epidemic intelligence, leveraging the advancements achieved within the Region;
 - c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and the challenges faced in the implementation of the strategy through a midterm review in 2027 and a final report in 2030.

(Third meeting, 25 June 2024)

CE174.R9 ***Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health***

The 174th Session of the Executive Committee,

Having examined the *Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health* (Document CE174/26),

Resolves:

To recommend that the 61st Directing Council adopt a resolution along the following lines:

**UPDATE ON THE STATUS OF THE LATIN AMERICAN CENTER
FOR PERINATOLOGY, WOMEN AND REPRODUCTIVE HEALTH**

The 61st Directing Council,

Having examined the *Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health* (Document CD61/__);

Recognizing that Pan American centers have been an important modality of technical cooperation for the Pan American Health Organization (PAHO) for over 60 years, a situation that has evolved with the development of national capacities in the areas of human resource training and research;

Considering that appropriate measures should be taken to improve the cost-effectiveness and efficiency of the centers in terms of the use of available resources to respond to the needs identified by PAHO Member States;

Recognizing the contribution of the Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR) in promoting, strengthening, and improving the capacity of the countries of the Region of the Americas in relation to women's, maternal, neonatal, and reproductive health since its creation in 1970;

Considering the need to increase PAHO's capacity for technical cooperation in the areas of women's, maternal, neonatal, and reproductive health, and to efficiently and effectively integrate this with cooperation for the strengthening of primary health care and the development of health systems,

Resolves:

1. To take note of the proposal to update the institutional status of CLAP/WR.
2. To note that the creation of a women's, maternal, neonatal, and reproductive health unit that incorporates the center's functions at PAHO Headquarters in Washington, D.C., will enhance PAHO's technical cooperation capacity in the area of women's, maternal, neonatal, and reproductive health.

3. To approve the closure of CLAP/WR as a PAHO Pan American center and the transfer of its functions to PAHO Headquarters in Washington, D.C.
4. To request the Director to:
 - a) take the necessary measures to close CLAP/WR as a PAHO Pan American center, terminate the current agreement with the Government of Uruguay, and transfer CLAP's functions to PAHO Headquarters in Washington, D.C., as of January 2025;
 - b) ensure that the functions and operations of CLAP/WR are seamlessly transferred to PAHO Headquarters;
 - c) thank the Government of Uruguay for its support, acknowledging its contributions during the different stages of CLAP's existence in the country.

(Fourth meeting, 25 June 2024)

CE174.R10 Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States

The 174th Session of the Executive Committee,

Having reviewed the *Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CE174/27),

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**REVIEW OF THE CHARGE ASSESSED ON THE PROCUREMENT
OF PUBLIC HEALTH SUPPLIES FOR MEMBER STATES**

The 61st Directing Council,

Having reviewed the *Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CD61/__);

Recognizing the historic role of the Revolving Fund for Access to Vaccines (Revolving Fund), the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund), and the reimbursable procurement on behalf of Member States (collectively known as the Regional Revolving Funds or RRFs) of the Pan American Health Organization (PAHO) in facilitating access by Member States to essential public health supplies and the evolving needs of the Region of the Americas driven by the rapid advancement of innovations and new technologies in vaccines and medicines, which often come with significant costs;

Noting the need to strengthen regional supply chain resilience, innovation, and manufacturing to improve equitable access to quality-assured health technologies, including during emergencies;

Considering the potential benefits of utilizing a small portion of the Capital Accounts of the RRFs to aggregate financing for regional public goods and incentivize investments in regional innovation and manufacturing,

Resolves:

1. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) continue to recognize the RRFs as the strategic regional technical cooperation mechanisms most suitable for providing equitable access to public health supplies, including high-cost products and medical countermeasures;
 - b) promote solidarity and pan-Americanism through participation in the RRFs, exploring areas beyond current engagement;
 - c) endorse the strategic priorities of the RRFs to support Member States in addressing emerging challenges and opportunities while allowing for increased flexibility and innovative approaches in the use of the RRFs;
 - d) authorize the Director to use, at his discretion and subject to the availability of funds, up to 15% of the Capital Accounts of the RRFs, to incentivize regional innovation and manufacturing, implement innovative procurement strategies, negotiate pre-pandemic agreements, and/or develop financing initiatives, all with the aim of responding more effectively to Member States' emerging health needs.
2. To request the Director to:
 - a) use the Capital Accounts of the RRFs to continue providing short-term financing through the credit lines as a priority;
 - b) exempt, at his discretion, the 2.5% Capital Account component of the charge assessed on the procurement of public health supplies when *i*) the goods are regionally manufactured to incentivize regional production and self-reliance, and/or *ii*) the products have high budgetary impact, such as for large volumes of high-cost products;
 - c) report on the implementation of the above flexibilities to the Governing Bodies of PAHO at the end of the biennium 2026–2027.

(Fourth meeting, 25 June 2024)

CE174.R11 *Programming of the Budget Surplus*

The 174th Session of the Executive Committee,

Having considered the report on the *Programming of the Budget Surplus* (Document CE174/22);

Noting that the provisions of Financial Regulation 4.6 of the Pan American Health Organization stipulate that any balance of the funded Assessed Contributions and Budgeted Miscellaneous Revenue not committed by the end of the current budgetary period, or not authorized to be carried over into the subsequent budgetary period, shall be used to replenish the Working Capital Fund to its authorized level

and, thereafter, any balance will be transferred to surplus and made available for subsequent use in accordance with the resolutions adopted by the Pan American Sanitary Conference or Directing Council,

Resolves:

To recommend that the 61st Directing Council adopt a resolution along the following lines:

PROGRAMMING OF THE BUDGET SURPLUS

The 61st Directing Council,

Having considered the report on the *Programming of the Budget Surplus* (Document CD61/__);

Resolves:

To approve the allocation of the 2022–2023 budget surplus totalling US\$ 4 443 423.38¹ as follows:

- a) \$3 443 423.38 to replenish the Master Capital Investment Fund – Real Estate Maintenance and Improvements Subfund.
- b) \$1 000 000.00 to replenish the Emergency Epidemic Fund of the Pan American Health Organization.

(Fifth meeting, 26 June 2024)

CE174.R12 PAHO Award for Health Services Management and Leadership 2024

The 174th Session of the Executive Committee,

Having examined the *Report of the Award Committee of the PAHO Award for Health Services and Leadership 2024* (Document CE174/5, Add. I);

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Health Services and Leadership (previously known as the PAHO Award for Administration), as approved by the 56th Directing Council (2018),¹

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

¹ The procedures and guidelines for conferring the Award were approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), by the Executive Committee at its 124th (1999), 135th (2004), 140th (2007), 146th (2010), and 158th (2016) sessions, and by the 56th Directing Council (2018).

Resolves:

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership 2024 for their professionalism and outstanding work on behalf of their countries and the Region.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2024 to Dr. Jean Patrick Alfred, from Haiti, for his leadership in the development of health policy initiatives during his professional career, and in particular, Haiti's 2012–2022 health plan, whose primary health care approach has strengthened the health system and made it more resilient and people-centered.
3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2024* (Document CE174/5, Add. I), to the 61st Directing Council.

(Fifth meeting, 26 June 2024)

CE174.R13 Appointment of One Member to the Audit Committee of PAHO**The 174th Session of the Executive Committee,**

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist in the Audit Committee of PAHO,

Resolves:

1. To thank the Director of PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the Audit Committee of PAHO.
2. To appoint Ms. Elizabeth J. Folsom to serve as a member of the Audit Committee of PAHO for a term of three years from June 2024 through June 2027.

(Fifth meeting, 26 June 2024)

CE174.R14 Non-State Actors in Official Relations with PAHO**The 174th Session of the Executive Committee,**

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Non-State Actors in Official Relations with PAHO* (Document CE174/7);

Mindful of the provisions of the *Framework of Engagement with Non-State Actors*, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

Resolves:

1. To admit the following non-State actors into official relations with PAHO for a period of three years:
 - a) Corporate Accountability;
 - b) Health Care Without Harm;
 - c) Medicines for Malaria Venture;
 - d) PATH;
 - e) Rockefeller Foundation;
 - f) Task Force for Global Health;
 - g) Vital Strategies.
2. To renew official relations between PAHO and the following non-State actors for a period of three years:
 - a) Action on Smoking and Health;
 - b) American Speech-Language-Hearing Association;
 - c) Campaign for Tobacco-Free Kids;
 - d) Drugs for Neglected Diseases Initiative–Latin America;
 - e) Global Alliance for Tobacco Control—formerly known as Framework Convention Alliance;
 - f) Latin American Federation of the Pharmaceutical Industry;
 - g) Latin American Society of Nephrology and Hypertension;
 - h) National Alliance for Hispanic Health;
 - i) Sabin Vaccine Institute.
3. To defer review of the following non-State actor to allow time to finalize the collaboration plan for the next three years without compromising existing engagement:
 - a) InterAmerican Heart Foundation.

4. To request the Director to:
 - a) advise the respective non-State actors of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and non-State actors working in the field of health.

(Fifth meeting, 26 June 2024)

CE174.15 *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health*

The 174th Session of the Executive Committee,

Having reviewed the *Policy for Strengthening Health Sector Action on Climate Change with Equity* (Document CE174/14), which sets out a framework for health adaptation and mitigation actions to address climate change and increase health equity,

Resolves:

To recommend that the 61st Directing Council adopt a resolution in the following terms:

**POLICY FOR STRENGTHENING EQUITY-ORIENTED HEALTH SECTOR ACTION
ON CLIMATE CHANGE AND HEALTH**

The 61st Directing Council,

Having considered the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health* (Document CD61/__);

Bearing in mind Member States' commitments to the implementation of adaptation and mitigation actions to protect the health of populations from the impacts of climate change;

Recognizing that climate risks threaten societal foundations in the Region of the Americas, and considering the urgent need to implement adaptation and mitigation measures that can anticipate, respond to, cope with, recover from, and adapt to climate-related shocks and improve the health of the population;

Understanding that health sector emissions also contribute to climate change and acknowledging the need to curb emissions and reduce waste in the health sector, with decarbonization targets and procurement standards for national health systems, including supply chains;

Considering that policies and interventions on adaptation and mitigation must be designed with social participation and should aim to reduce health inequities and protect those in situations of vulnerability, including women and girls in all their diversity;

Recognizing the cross-cutting nature of this policy, which serves as a bridge between the agendas of climate change and health, sustainable development, biodiversity protection, conservation, social determinants of health, and health equity, building upon global and regional agreements, strategies, and initiatives,

Resolves:

1. To approve the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health* (Document CD61/___).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote the implementation of the lines of action contained in the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health*;
 - b) strengthen the health sector's capacity for adaptation to anticipate, prevent, prepare for, respond to, and recover from the impacts of climate change while reducing health inequities;
 - c) strengthen the capacities of the health sector for mitigation to build low-carbon health systems and societies, aimed at achieving health co-benefits and reducing health inequities;
 - d) create awareness and strengthen community and civil society participation on climate change and health, using an equity- and human rights-oriented approach;
 - e) improve the surveillance of climate change and health, and the generation and use of evidence to inform the design and implementation of adaptation and mitigation strategies that protect health and reduce health inequities;
 - f) increase health sector financing for climate change adaptation and mitigation with emphasis on populations in situations of vulnerability.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the policy;
 - b) report to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of this regional policy and its adaptation to specific contexts and needs, through a progress report in 2029 and a final report in 2034.

(Sixth meeting, 26 June 2024)

CE174.R16 Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas

The 174th Session of the Executive Committee,

Having examined the provisional agenda (Document CD61/1) prepared by the Director of the Pan American Sanitary Bureau for the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE174/3;

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

Resolves:

To approve the provisional agenda (Document CD61/1) prepared by the Director of the Pan American Sanitary Bureau for the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 27 June 2024)

Decisions

CE174(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE174/1). The Committee also adopted a program of meetings.

(First meeting, 24 June 2024)

CE174(D2): Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Uruguay and Chile, its President and Rapporteur, respectively, to represent the Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas. The Committee appointed Jamaica and the United States of America as alternate representatives.

(Eighth meeting, 27 June 2024)

IN WITNESS WHEREOF, the President of the 174th Session of the Executive Committee, Delegate of Uruguay, 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., this twenty-seventh day of June in the year two thousand twenty-four. The Secretary shall deposit the original signed document in the archives of the Pan American Sanitary Bureau. The Final Report shall be published on the website of the Pan American Health Organization once approved by the President.

Gabriela Gómez
President of the 174th Session
of the Executive Committee
Delegate of Uruguay

Jarbas Barbosa da Silva Jr.
Secretary ex officio of the 174th Session
of the Executive Committee
Director of the Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda
- 2.2 Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas
- 2.3 Draft Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the 18th Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Health Services Management and Leadership 2024
- 3.3 Engagement with non-State Actors
- 3.4 Non-State Actors in Official Relations with PAHO
- 3.5 Report of the Ethics Office for 2023
- 3.6 Report of the Investigations Office for 2023
- 3.7 Report of the Audit Committee of PAHO
- 3.8 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

- 4.1 Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2022–2023/Second Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025
- 4.2 Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029
- 4.3 Policy for Strengthening Health Sector Action on Climate Change with Equity
- 4.4 Plan of Action for Strengthening Information Systems for Health 2024–2030

4. PROGRAM POLICY MATTERS *(cont.)*

- 4.5 Policy on Long-term Care
- 4.6 Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034
- 4.7 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030
- 4.8 Strategy on Integrated Emergency, Critical and Operative Care 2025–2030
- 4.9 Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2023
- 5.3 Programming of the Budget Surplus
- 5.4 Programming of the Revenue Surplus
- 5.5 Report of the Office of Internal Audit for 2023
- 5.6 Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
- 5.7 Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health
- 5.8 Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States

6. PERSONNEL MATTERS

- 6.1 Human Resources Management in the Pan American Sanitary Bureau
- 6.2 Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO
- 6.3 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031
- 7.2 Report on Strategic Issues between PAHO and WHO
- 7.3 Implementation of the International Health Regulations
- 7.4 Plan of Action on Entomology and Vector Control 2018–2023: Final Report
- 7.5 Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023: Final Report
- 7.6 Plan of Action for Strengthening Information Systems for Health 2019–2023: Final Report
- 7.7 Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023: Final Report
- 7.8 Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Final Report
- 7.9 Progress Reports on Technical Matters:
 - A. Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report
 - B. Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas: Progress Report
 - C. Strategy on Health-related Law: Progress Report
- 7.10 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
 - A. Seventy-seventh World Health Assembly
 - B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS**Official Document**

OD370 Financial Report of the Director and Report of the External Auditor for 2023

Working Documents

CE174/1 Adoption of the Agenda

CE174/2 Representation of the Executive Committee at the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas

CE174/3 Draft Provisional Agenda of the 61st Directing Council of PAHO, 76th Session of the Regional Committee of WHO for the Americas

CE174/4 Report on the 18th Session of the Subcommittee on Program, Budget, and Administration

CE174/5 and Add. I PAHO Award for Health Services Management and Leadership 2024

CE174/6 Engagement with non-State Actors

CE174/7 Non-State Actors in Official Relations with PAHO

CE174/8 Report of the Ethics Office for 2023

CE174/9 Report of the Investigations Office for 2023

CE174/10 Report of the Audit Committee of PAHO

CE174/11 Appointment of One Member to the Audit Committee of PAHO

CE174/12 Preliminary Report of the End-of-biennium Assessment of the PAHO Program Budget 2022–2023/Second Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025

CE174/13 Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029

CE174/14 Policy for Strengthening Health Sector Action on Climate Change with Equity

Working Documents *(cont.)*

| | |
|---------------------|--|
| CE174/15 | Plan of Action for Strengthening Information Systems for Health 2024–2030 |
| CE174/16 | Policy on Long-term Care |
| CE174/17 | Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 |
| CE174/18 | Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 |
| CE174/19 | Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 |
| CE174/20 | Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 |
| CE174/21 and Add. I | Report on the Collection of Assessed Contributions |
| CE174/22 | Programming of the Budget Surplus |
| CE174/23 | Programming of the Revenue Surplus |
| CE174/24 | Report of the Office of Internal Audit for 2023 |
| CE174/25 | Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation |
| CE174/26 | Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health |
| CE174/27 | Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States |
| CE174/28 | Human Resources Management in the Pan American Sanitary Bureau |
| CE174/29 | Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO |
| CE174/30 | Statement by the Representative of the PAHO/WHO Staff Association |

Information Documents

| | |
|-----------------|---|
| CE174/INF/1 | Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031 |
| CE174/INF/2 | Report on Strategic Issues between PAHO and WHO |
| CE174/INF/3 | Implementation of the International Health Regulations |
| CE174/INF/4 | Plan of Action on Entomology and Vector Control 2018–2023: Final Report |
| CE174/INF/5 | Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023: Final Report |
| CE174/INF/6 | Plan of Action for Strengthening Information Systems for Health 2019–2023: Final Report |
| CE174/INF/7 | Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023: Final Report |
| CE174/INF/8 | Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies: Final Report |
| | Progress Reports on Technical Matters: |
| CE174/INF/9(A) | A. Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report |
| CE174/INF/9(B) | B. Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas: Progress Report |
| CE174/INF/9(C) | C. Strategy on Health-related Law: Progress Report |
| | Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: |
| CE174/INF/10(A) | A. Seventy-seventh World Health Assembly |
| CE174/INF/10(B) | B. Subregional Organizations |

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| | |
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| President/Presidente: | Mag. Gabriela Gómez (Uruguay) |
| Vice-President/Vice-Presidente: | Ms. Susan Kim (United States of America) |
| Rapporteur/Relator: | Sr. Alexandro Álvarez (Chile) |

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OFICINA SANITARIA PANAMERICANA**

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