



## 154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

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*Provisional Agenda Item 3.1*

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### **REPORT ON THE EIGHTH SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION**

1. The Subcommittee on Program, Budget, and Administration held its Eighth Session at the Organization's Headquarters in Washington, D.C., on 19 and 20 March 2014.
  2. The meeting was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Canada, Chile, Dominica, El Salvador, Honduras, Jamaica, and United States of America. Delegates of Barbados, Brazil, Colombia, Costa Rica, Ecuador, and Mexico attended in an observer capacity.
  3. Elected as officers were the Delegates of Jamaica (President), El Salvador (Vice President), and United States of America (Rapporteur).
  4. The Subcommittee discussed the following agenda items:
    - Outline of the Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013
    - Nongovernmental Organizations in Official Relations with PAHO
    - Appointment of One Member to the Audit Committee of PAHO
    - Overview of the Financial Report of the Director for 2013
    - Funding of PAHO After-service Health Insurance
    - Status and Authorized Level of the Working Capital Fund
    - Master Capital Investment Plan
    - Status of Projects Funded from the PAHO Holding Account
    - Amendments to the PASB Staff Rules
    - PASB Staffing Statistics
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- Update on WHO Reform
  - Project for Modernization of the PASB Management Information System: Progress Report
  - Draft Provisional Agenda for the 154th Session of the Executive Committee
5. The Subcommittee heard briefings on World Health Day 2014, Vaccination Week in the Americas 2014, elimination of cholera transmission on the island of Hispaniola, the roadmap strategy for universal health coverage, and the development of a new WHO resource allocation mechanism.
6. The Final Report of the Session is attached.

Annex



**Pan American  
Health  
Organization**



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

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

*Washington, D.C., USA, 19-21 March 2014*

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CE154/4  
Annex

SPBA8/FR  
11 April 2014  
Original: English

**FINAL REPORT**

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## FINAL REPORT

1. The Eighth Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., on 19 and 20 March 2014. The session was attended by delegates of the following seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Canada, Chile, Dominica, El Salvador, Honduras, Jamaica, and United States of America. Delegates of Barbados, Brazil, Colombia, Costa Rica, Ecuador, and Mexico attended in an observer capacity.

### Opening of the Session

2. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]) opened the session, emphasizing the Subcommittee's important role in providing guidance on the governance of PAHO. The Bureau looked forward to updating the Subcommittee on a number of important issues, including the preliminary financial report for 2013, the Master Capital Investment Plan and needed repairs and improvements to PAHO-owned buildings, the status of projects funded from the PAHO Holding Account, the PASB Management Information System project, the final report on PAHO's Strategic Plan 2008-2013 and assessment of the 2012-2013 Program and Budget, and the WHO Reform. During the session informal briefings would also be given on World Health Day 2014, Vaccination Week in the Americas 2014, elimination of cholera transmission on the island of Hispaniola, the roadmap for the strategy for universal health coverage, and the development of a new WHO resource allocation mechanism.

### Officers

3. The following Member States were elected to serve as officers of the Subcommittee for the Eighth Session:

*President:* Jamaica (Dr. Jean Dixon)

*Vice President:* El Salvador (Dr. Matías Villatoro)

*Rapporteur:* United States of America (Ms. Andrea Strano)

4. The Director served as Secretary ex officio, and Dr. Jon Kim Andrus (Deputy Director, PASB) served as Technical Secretary.

**Adoption of the Agenda and Program of Meetings (Documents SPB8/1, Rev. 1 and SPBA8/WP/1)**

5. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA8/1, Rev. 1) without change. The Subcommittee also adopted a program of meetings (Document SPBA8/WP/1).

**Program Policy Matters**

***Outline of the Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013 (Document SPBA8/2, Rev. 1)***

6. Mr. Daniel Walter (Department Director, Planning and Budget, PASB) presented the outline of the final assessment and report on the PAHO Strategic Plan 2008-2013 and the assessment of the 2012-2013 Program and Budget, recalling that the Strategic Plan 2008-2013 had been the first such plan to be designed and implemented in line with the Organization's results-based-management framework and noting that the final assessment was a key component of the Bureau's accountability to Member States. He also presented some preliminary results of the final assessment, emphasizing that they were subject to further analysis and validation.

7. Those results revealed that 8 out of the 16 strategic objectives of the Strategic Plan had been fully achieved and another 8 had been partially achieved. Significant achievements during the period included increased life expectancy, lower child mortality, progress in addressing social determinants of health, elimination of some neglected tropical diseases, interruption of Chagas vector transmission in 17 countries, increased vaccination coverage, and a reduced incidence of tobacco use. Nevertheless, major challenges remained, including ongoing interference by the tobacco industry in tobacco control efforts, the need for increased multisectoral action on noncommunicable diseases in order to translate political will into concrete action, and the urgency of a "final push" to achieve the Millennium Development Goals by 2015.

8. The preliminary results also showed a slight increase in the achievement of indicator targets, which might reflect the establishment of better, more measurable targets over time, increased investment by Member States, and momentum built upon the progress made in previous bienniums. Targets not achieved might have been too ambitious. For example, the timeline for implementation of the International Health Regulations (2005) had proved to be out of reach for all but a few countries. Those issues would be explored further in the final report, and unmet targets would carry over into the current six-year period.

9. Available funding had been distributed in accordance with the PAHO Budget Policy throughout the period, with over 40% going to the country level in all bienniums. Regular budget funding had remained fairly flat over the period, while purchasing power had been lost owing to inflation. At the same time, funding from other sources had

declined, particularly in the 2012-2013 biennium. The budget had not been fully funded in any of the three bienniums of the period. The implementation rate had remained fairly constant across the three. There had been a slight gap between amounts available and amounts implemented, partly as a consequence of the receipt of some voluntary contributions very late in a biennium.

10. The Subcommittee was asked to comment on the proposed outline and methodology for preparation of the final report. The Bureau would bear in mind the Subcommittee's input in completing the report, a draft of which would be presented to the Executive Committee in June 2014.

11. The Subcommittee voiced support for the proposed format of the report and the approach to compiling it. Clarification was requested with respect to the validation process; in particular, a delegate inquired whether the process would be an internal one using data already available or whether Member States would be required to provide data. Another delegate asked whether the final report would contain information on deliverables. It was considered that the results of the assessment would provide a sound basis for planning realistically during 2014-2019 and for stratifying countries according to results, needs, and capacity. In that connection, it was suggested that the preliminary results of the assessment should be made available to the working group engaged in developing the indicator targets for the current Strategic Plan.

12. It was also suggested that the report should include information on why some results had not been achieved and on the risks associated with their non-achievement. It was further suggested that the Bureau should undertake a qualitative analysis of the reasons for failure to achieve results, looking in particular at whether they related to lack of sufficient funding, obstacles of an administrative or procedural nature, or difficulties encountered in implementation.

13. The Deputy Director observed that recent measles outbreaks in Canada and the United States were examples of the risks associated with non-achievement of results. Failure to mobilize adequate resources also represented a risk, as it limited the Organization's ability to take action on important issues such as noncommunicable diseases. It was hoped that the Pan American Forum for Action on Noncommunicable Diseases would help in that regard.

14. Mr. Walter said that the report would indeed include information on deliverables and would address the reasons why results had not been achieved, including through in-depth qualitative analysis. He agreed that the results of the assessment would be useful to the working group that was determining the indicator targets for the current Strategic Plan. Regarding the validation process, he explained that it would be largely an internal process aimed at ensuring that the Bureau could substantiate the results and conclusions presented with evidence. It might be necessary to seek some input from PAHO/WHO representatives in countries, and those representatives might in turn need to request some data from Governments, but those requests would be kept to a minimum.

15. The Director expressed gratitude to Member States for their continued engagement in the Organization's planning and evaluation processes and assured the Subcommittee that the Bureau was keen to identify the reasons for and lessons learned from results not achieved and to apply those lessons in the work envisaged for the period 2014-2019.

***Nongovernmental Organizations in Official Relations with PAHO (Document SPBA8/3)***

16. Mr. James Hill (Advisor, Resource Mobilization, PASB) introduced Document SPBA8/3, which contained information on three nongovernmental organizations (NGOs) seeking admission into official relations with PAHO and three nongovernmental organizations wishing to renew their status as organizations in official relations with the Organization. The document also provided brief progress reports on the Organization's collaboration with all of the NGOs currently in official relations with PAHO.

17. In accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations (NGOs), the Subcommittee undertook its review of the various NGOs in a closed meeting, following which the President announced that the Subcommittee had decided to recommend that the Executive Committee admit the American College of Health Care Executives (ACHE); the American Speech Language Hearing Association (ASHA); and the Consumers International Regional Office for Latin America and the Caribbean (CIROLAC) into official relations with PAHO for a period of four years and that it continue official relations between PAHO and the Latin American Federation of Clinical Biochemistry (COLABIOCLI), the EMBARQ program of the World Resources Institute for Sustainable Transport, and the National Alliance for Hispanic Health (NAHH), also for a period of four years.

18. In the light of some concerns expressed during the closed meeting, the Subcommittee also recommended that the Bureau should provide the Executive Committee with updated information on the proposed four-year collaborative work plan with COLABIOCLI.

19. The President announced that the Subcommittee's recommendations would be submitted to the 154th Session of the Executive Committee in the form of a proposed resolution.

***Appointment of One Member to the Audit Committee of PAHO (Document SPBA8/4)***

20. Dr. Heidi Jiménez (Legal Counsel, PASB) reviewed the background of the Audit Committee and drew attention to its Terms of Reference, which appeared as an annex to Document SPBA8/4. She noted that under those Terms of Reference the three Audit Committee members were elected by the Executive Committee and served terms of up to three years each. Candidates were drawn from a list compiled by the Director. The initial members had been elected in 2010. In 2012, one of the initial members,



Mr. Peter Maertens, had been reelected to serve a second term until June 2015. In 2013, another of the original members, Ms. Amalia Lo Faso, had been reelected to serve a second term until June 2016. The term of the third original member, Mr. Alain Gillette, would expire in June 2014. Accordingly, the Director had drawn up a list of three candidates, including the incumbent, to be considered by the Subcommittee, which was asked to recommend a candidate to the Executive Committee. Confidential documentation on the three candidates had been distributed to the Subcommittee.

21. The Subcommittee decided to establish a working group consisting of Dominica, El Salvador, and the United States to review the list of candidates proposed by the Director. Subsequently, Ms. Mary Blanca Ríos (United States of America) reported that the working group had evaluated the three candidates on the basis of the criteria for membership set out in section 4 of the Terms of Reference and a ranking system consisting of five critical factors. The results of the evaluation were presented to the Subcommittee. Mr. Nicholas Treen had been unanimously selected as the top candidate for nomination to fill the vacancy in the PAHO Audit Committee and Mr. Werner Kiene had been unanimously selected as an alternate candidate for consideration.

22. The President thanked the working group for its work and announced that the Subcommittee's recommendation would be communicated to the Executive Committee.

#### **Administrative and Financial Matters**

##### ***Overview of the Financial Report of the Director for 2013 (Document SPBA8/5, Rev. 1)***

23. Mr. Michael Lowen (Department Director, Financial Resources Management, PASB) introduced the draft financial report of the Director for 2013, noting that the report was still being finalized and the figures had not yet been audited. The Organization's consolidated revenue for 2013 had totaled US\$ 1.4 billion,<sup>1</sup> an increase of 14% over the prior year. The increase was due to a rise of \$35 million in procurement funds and an increase of \$140.6 million in voluntary contributions entrusted to the Organization by Member States, stakeholders and partners for multi-year agreements for public health programs. The PAHO share of regular budget funding had remained stable for 2013. Revenue from the regular budget had comprised \$96.2 million in PAHO assessed contributions for both 2012 and 2013. The WHO share of the regular budget had been \$37.8 million in 2012 and \$42.5 million in 2013. Accrued miscellaneous revenue, which mostly reflected interest earned on the Organization's investments, had fallen from \$3.3 million to \$2 million in 2013, mainly as a result of continued low interest rates. PAHO had budgeted \$12 million in miscellaneous income for the biennium, or \$6 million per year. Total regular budget funding, including assessed contributions, miscellaneous income, and PAHO's share of the WHO regular budget had been \$140.6 million in 2013, as compared with \$137.6 million in 2012. Revenue from other sources of WHO funds had totaled \$29.4 million for 2013.

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<sup>1</sup> Unless otherwise indicated, all monetary values in this report are expressed in United States dollars.

24. Total cash receipts of assessed contributions had amounted to \$96 million, including \$69.7 million in current-year assessed contributions and \$25.9 million in contributions for prior years received in 2013. A total of 36 Member States, Participating States, and Associate Members had made cash payments in 2013. Assessed contributions still pending on 31 December 2013 had totaled approximately \$39 million. The Organization's consolidated expenses for 2013, including expenses for procurement funds and voluntary contributions, had reached \$1.1 billion.

25. Several Members of the Subcommittee expressed concern at the arrears in the payment of assessed contributions and urged the Bureau to continue its efforts to collect outstanding contributions. Information was requested on what strategies were being pursued to improve quota collections. Concern was also expressed about the shortfall in miscellaneous income. A delegate recalled that a similar shortfall during the 2010-2011 biennium had been offset with a transfer from the Working Capital Fund and inquired how the Bureau intended to absorb the loss in miscellaneous income for 2013. Information was also requested on projected receipts of WHO voluntary contributions for 2014-2015.

26. Mr. Lowen acknowledged that collection of assessed contributions had long been a challenge. The Director and the Executive Committee were informed periodically on the status of collections, and through the PAHO country offices the staff of the Bureau maintained regular contact with Member States in arrears. Sometimes such arrears were a matter of timing. PAHO recognized revenue from assessed contributions on 1 January of each year, but not all Member States followed the same calendar. Nevertheless, the flow of incoming financial resources had remained relatively consistent from year to year, which generally enabled the Bureau to anticipate delays in Member States' disbursement of assessed contributions and plan accordingly.

27. The amount of miscellaneous income budgeted for 2012-2013 had assumed that interest rates would remain high, which had not been the case. Miscellaneous income projections for the current biennium were much more realistic. Regarding WHO voluntary contributions, the total amount budgeted for the Region of the Americas was \$84 million. In the 2012-2013 biennium, the Region had received only about half of the amount budgeted. However, Mr. Lowen was somewhat optimistic that the situation would improve in the current biennium. WHO was committed to full funding of its program budget, and assuming that it achieved that objective, the Region should receive the full budgeted amount.

28. The Director said that she was less optimistic about the prospects for receipt of the full WHO allocation. In the past the Region had generally received its full allocation of WHO assessed contributions, but the Bureau had been informed that in the current year it would receive only 80% and would then have to show why it needed the remaining 20%. Historically, the Region of the Americas had received only about half of its allocation of WHO voluntary contributions. Moreover, a high proportion of WHO contributions were earmarked, mostly for the African Region. It was to be hoped that the

strategic resource allocation mechanism currently under development would lead to more equitable distribution of resources among the regions.

29. With regard to collection of assessed contributions, she met every month with the Bureau's finance and budget staff to review the Organization's financial situation, including the payment of assessed contributions. She also regularly raised the issue in meetings with national officials. She noted that a significant proportion of the arrears related to countries with large assessments. Payment from one such country for 2013 had not been received until 2014, which had placed the Bureau at a disadvantage with regard to use of the funds.

30. As to how the Bureau planned to absorb the loss of miscellaneous income, in planning for the 2014-2015 biennium, allowance had been made for a \$50 million reduction in income, including a \$6 million fall in miscellaneous income and a \$44 million decrease in voluntary contributions. The Bureau was employing several strategies to deal with the reduction, including freezing or abolishing posts and identification of programs that would be phased out or accorded lower priority in financial terms. In addition, it had stepped up its collaboration with the Pan American Health and Education Foundation (PAHEF) in resource mobilization efforts and was working with country-level staff to enhance their capacity to mobilize resources.

***Funding of PAHO After-service Health Insurance (Document SPBA8/6)***

31. Mr. Michael Lowen (Department Director, Financial Resources Management, PASB) reported on the current status of funding for after-service health insurance (ASHI) for retired staff and their family members and options under consideration for funding that obligation in the long term. As of 31 December 2013 the total amount of the ASHI liability, which had been calculated by the Organization's actuary, Aon Hewitt, was \$275.4 million. To fund that liability, the Bureau was assessing a 4% monthly surcharge on staff payroll, which had provided approximately \$1.8 million in income during 2013. In addition, the 28th Pan American Sanitary Conference had approved the transfer of \$10 million to the Fund from the surplus remaining after implementation of the International Public Sector Accounting Standards (IPSAS) in 2010. On 31 December 2013 the balance in the fund had been \$38.5 million and the net liability \$201 million.

32. Some measures had already been taken and other options were under consideration in order to ensure sufficient funding in the long term. For example, the PAHO Investment Committee had revised the Organization's Investment Policy to allow longer investment duration (10 years) for the ASHI trust funds portfolio and was considering the use of professional portfolio managers for the ASHI trust. The Committee was also considering new investment strategies which could potentially increase the rate of return on investments and reduce the need for other sources of funding, although those strategies would entail more risk. Other options included increasing the assessment on current staff payroll, increasing the rates paid by participants, reallocation of any surpluses from other sources, and application of any excess miscellaneous income to ASHI.

33. The Bureau did not intend to request any additional funding from Member States for the ASHI liability. It recognized that the liability was a long-term one and was planning accordingly. It did not foresee a significant rise in the rate of anticipated retirements and was in an adequate fiscal position to meet its obligations to retirees in the short term.

34. The Subcommittee commended the Bureau for the action already taken to fund retiree health insurance and welcomed its efforts to ensure sufficient funding for the liability in the future. It was considered that all of the options under consideration were viable and that they were not mutually exclusive. The possibility of raising the surcharge levied on staff payroll was seen as reasonable but not desirable, as it could reduce the amount of funding available for technical cooperation. It was pointed out that increasing payroll costs would result in a larger overall budget and clarification was sought as to whether the increase would be funded from higher contributions from Member States or from other sources.

35. Several delegates sought information on the amount currently paid by staff for health insurance coverage and on whether active and retired staff paid the same amounts. Delegates also inquired whether any surpluses were expected and, if so, what proportion of them would be used to fund ASHI. A delegate noted that Document SPBA8/7 also proposed the use of any surpluses to increase the level of the Working Capital Fund (see paragraphs 40 to 50 below). Another delegate pointed out that WHO was facing similar challenges with respect to ASHI and asked whether there might be any benefit to PAHO from adopting the same funding scenario (covering a period of either 30 or 40 years) as WHO.

36. Support was expressed for a somewhat more aggressive approach to investment, provided it did not place voluntary contributions or regular budget funds at risk. It was pointed out that PAHO's extremely conservative investment policy had enabled the Organization to avoid the losses suffered by other organizations during the financial crisis of recent years, and the Bureau was cautioned against adopting an overly aggressive approach. Delegates inquired whether any options other than those listed in Document SPBA8/6 were under consideration, such as reducing staff benefits.

37. Mr. Lowen acknowledged that raising the payroll surcharge would reduce the funds available for technical cooperation. It was certainly not an ideal option, but it was one among several less-than-desirable options that had to be considered. Regarding the use of any surpluses, he also acknowledged that there were competing priorities, including the Working Capital Fund and the PASB Management Information System (see paragraphs 103 to 118 below). He assured the Subcommittee that the use of any surplus funds that might become available would be carefully considered, as would any change in the Organization's approach to investment. He did not foresee any radical change in the investment policy, which currently limited investments to tier-1 capital, the most liquid form of investment. The Bureau was simply considering extending the duration of securities and perhaps also looking at some of the other options presented by Aon Hewitt. As to other options under consideration, the Bureau was exploring whether PAHO staff

might participate in retiree health insurance schemes available at the national level. Member States would be kept abreast of any changes made with regard to investment and other options for funding the ASHI liability.

38. Mr. Chris Sáenz (Advisor, Staff Benefits, PASB) explained that staff contributions to health insurance were based on a two-tier rate structure. The rates represented a percentage of the staff member's salary. Active staff paid one-third more than retired staff. The first-tier rate, paid by retirees, was established by WHO and was currently 2.05% for the employee and his/her spouse, with varying rates for any dependents. Rates for retired staff were based on a 30-year retirement pension, regardless of number of years actually served. Under the recently approved funding strategy for WHO, the first-tier rate would increase by 4% a year for the foreseeable future. The Americas was only WHO region that had a second tier, which had been introduced because medical costs were higher in the Region than elsewhere. PAHO's rates remained well below those paid by private-sector employees, but the gap would narrow with the planned increases.

39. The Director said that the Bureau would, in collaboration with the WHO Secretariat, continue to analyze the various options and report to the Governing Bodies on how it intended to address the ASHI liability.

***Status and Authorized Level of the Working Capital Fund (Document SPBA8/7)***

40. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB) introduced Document SPBA8/7, noting that it proposed an increase in the authorized level of the Working Capital Fund from \$20 million to \$25 million to reflect the growth in the regular budget since 2003 and the consequent increase in monthly cash requirements. She explained that the Working Capital Fund was the primary source of cash for temporary funding of the regular budget pending the receipt of assessed contributions. While the rate of receipt of assessed contributions had increased and the balance of arrears had been reduced significantly, delays in the receipt of contributions meant that the Bureau was sometimes obliged to draw from the Working Capital Fund to meet its monthly disbursement requirements. Those disbursements had increased by 14% since 2003 and currently averaged \$8.1 million.

41. In 2013 the cash balance of the Fund had been fully depleted on at least six occasions, as a result of which the Bureau had been forced to use other unrestricted internal sources to meet disbursement needs. Those sources had a cash balance available; however, they were intended to support other planned activities of the Organization. The proposed increase in the authorized level of the Working Capital Fund would make available an amount sufficient to meet approximately three months of cash requirements, thus reducing the need to use other unrestricted internal sources. The \$5 million increase could be funded over time from any surplus of the biennial regular budget and/or the remaining unappropriated balance of the IPSAS surplus.

42. The President noted that the document contained a proposed resolution for the Executive Committee on which the Subcommittee was asked to comment.

43. Subcommittee Members requested information on the current balance in the Working Capital Fund and the balance remaining from the IPSAS surplus. It was pointed out that a very large sum would be needed to cover the various proposed uses of the latter funds, which included not only replenishment of the Working Capital Fund but also funding of after-service health insurance (see paragraphs 31-39 above). Members also sought clarification as to whether the increase would lead to a rise in Member State assessments, whether Member States received regular reports on the operations of the Working Capital Fund, and how the funds drawn from it in the past had been used. It was suggested that in order to provide a clearer picture of the overall situation with regard to liabilities and funding needs, the Bureau might prepare a document for the Executive Committee showing all the items requiring funding and the various options for funding them.

44. One delegate opposed the proposed increase, expressing the view that the Working Capital Fund remained below its authorized level of \$20 million not because of delays in receiving assessed contributions but because \$4.6 million had been transferred from the Fund during the 2010-2011 biennium to offset the negative impact of a decline in interest rates. She recalled that in 2012 her delegation had suggested on several occasions that a portion of the surplus from implementation of the IPSAS be used to replenish the Working Capital Fund rather than being placed in a reserve account, and she reiterated that suggestion. She also noted that it had been explained during the 150th Session of the Executive Committee that \$10 million had been transferred to the Revolving Fund for Vaccine Procurement in 2010 and that those funds could be used to replenish the Working Capital Fund.<sup>2</sup> She wondered whether that was still the case. She also acknowledged that, owing to legislative constraints, her Government was often delayed in paying its assessment and pledged to work with the Bureau in order to minimize the resulting strain on the Organization.

45. Ms. Kintzios said that the current balance in the Working Capital Fund was \$15.9 million. That balance reflected a small budget surplus of \$300,000 or \$400,000 from the 2012-2013 regular budget, which had automatically been transferred into the Fund. That amount represented the accounting balance, which was different from the cash balance available in the Fund. The latter was similar to a line of credit which the Bureau used to cover cash deficits in the regular budget resulting from delays in the receipt of assessed contributions. On 31 December 2013 the estimated cash deficit had stood at \$27.8 million. Hence, even if the Working Capital Fund had been fully funded at its current authorized level of \$20 million, it would have been necessary to borrow from other internal unrestricted sources in order to meet the Organization's obligations.

46. There was no specific breakdown of how such funds were used. Funds were simply borrowed from either the Working Capital Fund or other internal sources to cover

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<sup>2</sup> See the final report of the 150th Session, Document CE150/FR (2012), paragraphs 122 and 125-129.

monthly shortfalls in the PAHO portion of the regular budget (not the WHO portion, which was funded by WHO on a monthly basis). Information on the operations of all funds was provided in the yearly financial reports, and additional information could be provided at any time at the request of a Member State.

47. The last increase in the authorized level of the Working Capital Fund had been approved more than 10 years earlier. That level had been established at \$20 million, which had been the estimated amount needed to cover three months' disbursements at the time. The amount needed for three months had now risen to \$25 million, which was why the Bureau was seeking an increase of \$5 million.

48. One means of funding the proposed increase would be from an eventual revenue surplus, which was different from a budget surplus. The latter might occur as a result of efficiencies in the implementation of a biennial budget, which meant that less than the full appropriation was spent. Revenue surpluses occurred when income was higher than projected. While no such surplus was expected in the short term, the Bureau was hopeful that higher interest rates and an expanded investment portfolio would lead to surpluses in the future. The Bureau did not intend to seek any increase in assessed contributions in order to fund an increase in the authorized level of the Working Capital Fund.

49. The balance remaining from the IPSAS surplus was approximately \$4.1 million. As to the \$10 million loan to the Revolving Fund for Vaccine Procurement, if it was determined that those funds were no longer needed in the Revolving Fund, they could be made available by means of a rather complicated accounting procedure whereby they would be divided between the Working Capital Fund and a surplus account, the use of which would be decided by the Governing Bodies.

50. The Director said that the Bureau would bear in mind the views expressed in preparing the proposal to be submitted to the Executive Committee on the matter. She pointed out that even if the proposed increase was not approved, the Bureau would have to find a way to meet monthly obligations of approximately \$8.1 million, which had been approved by Member States under the current Program and Budget. The Bureau would continue to assess the feasibility and implications of using the \$10 million from the Revolving Fund in the light of Member States' need to purchase costly new vaccines.

***Master Capital Investment Plan (Document SPBA8/8)***

51. Mr. Bruce Leech (Department Director, General Services Operations, PASB) introduced Document SPBA8/8, which summarized the activities and projects completed in 2012-2013 and those proposed for 2014-2015. Projects completed included relocation of the country office in Bolivia; replacement of the windows in the country office in Costa Rica and refurbishment of the elevators, repair of the roof, refurbishment of the air conditioning infrastructure, repair of the heating infrastructure, and completion of audiovisual installations in the emergency operations center at PAHO Headquarters. Projects planned for 2014-2015 included acquisition of new premises for the country office in Guatemala, electrical wiring upgrades in the country office in Argentina,

installation of an emergency generator and fire prevention infrastructure in the country office in Barbados, renovation of office space in the country office in Cuba, and repair of air conditioning systems in the country offices in the Dominican Republic, El Salvador, Guyana, and Peru.

52. The Bureau recognized the importance of ensuring safe, secure, and efficient premises and that deterioration of aging facilities would increase the Organization's liabilities over time. At the same time, it recognized that financial resources were increasingly scarce. To achieve optimum impact with available resources, it was proposed that an assessment of all PAHO-owned facilities should be conducted during the 2014-2015 biennium. The assessment would provide an independent professional overview of the current condition of facilities and of how and where resources needed to be targeted in coming years. The assessment would be funded from a \$500,000 contribution from the WHO Real Estate Fund.

53. In the ensuing discussion, information was requested on the timeline for the assessment and whether it would examine information technology needs and energy efficiency considerations in addition to real estate-related needs. Concern was expressed regarding the cost of the assessment. It was pointed out that the balance in the Real Estate Maintenance and Improvement Subfund was slightly under \$650,000, which seemed insufficient given the number of projects proposed for 2014-2015. Delegates inquired whether the funds from WHO might be used in a more cost-effective manner so that some of the money could be channeled into projects. It was also pointed out that the balance in the Information Technology Subfund was about \$350,000, whereas the value of the projects proposed for the 2014-2015 biennium exceeded \$3 million. Clarification was sought on how those projects would be funded.

54. Mr. Leech explained that the \$500,000 contribution from WHO was additional to the money in the Real Estate Maintenance and Improvement Subfund. It had been provided for the specific purpose of carrying out the assessment, which was considered essential in order to determine the amount of funding needed in the future and establish an accurate and realistic Master Capital Investment Plan. It would provide baseline information on the condition of PAHO-owned buildings and indicate the work required over the next 10 years. It was hoped that the assessment could be completed at a cost of under \$500,000. The Bureau was working with the United Nations Office for Project Services to establish the cost and timeline. It was hoped that the work could be completed during 2014.

55. It was not envisioned that the assessment would look at information technology needs, but that component could be included if sufficient resources were available within the allotted budget of \$500,000. It would include an initial environmental review aimed at establishing baselines that would indicate how PAHO buildings compared with local and international standards regarding environmental performance. Energy efficiency would be part of that review. The findings would be used to establish indicators and targets for measuring and improving the environmental performance of buildings.



56. The Director said that as the Bureau did not currently have a comprehensive assessment of all PAHO-owned facilities, some of which had existed for more than 50 years, it was essential to conduct one. Strategic decisions would be required following the assessment. Depending on the nature of those decisions, they would be addressed in future sessions of the Subcommittee. She also noted that she had requested that an assessment of the Organization's information technology situation be conducted in 2014, as such an assessment was needed to inform the work under way on the PASB Management Information System.

***Status of Projects Funded from the PAHO Holding Account (Documents SPBA8/9, Rev. 1 and Add. I)***

57. Mr. Daniel Walter (Department Director, Planning and Budget, PASB) recalled that the Holding Account had originated from surplus income in the 2006-2007 biennium. Miscellaneous income earnings beyond what had been budgeted coupled with an influx of arrears of assessed contributions and a change in the policy on expenditure recognition had generated a surplus of \$33 million. Of that amount \$7.8 million had been allocated to the Master Capital Investment Fund; the remainder had gone into the Holding Account.

58. In 2008 the Directing Council had approved 13 projects to be funded from the Holding Account; another project had been added in 2011. Most of the approved projects had aimed to strengthen processes and increase operational efficiency, improve public health information and communications in countries and the Region, modernize PAHO's Information Technology systems, and refurbish PAHO facilities and enhance their security. Of the original 14 projects, six had been completed by the end of 2013 and 74% of all Holding Account funding had been spent. Information on the status of all projects was presented in Table 2 of Document SPBA 8/9, Rev. 1, and profiles of each project were provided in the annex. Of the remaining eight projects, four were expected to be completed in 2014, two more by the end of the biennium, and two facilities-related projects would commence upon completion of a building condition assessment (see paragraphs 51 to 56 above).

59. Two of the projects completed in 2013 had come in under budget and had balances remaining that totaled \$100,000, which could be reallocated for other purposes. As additional funding was needed for Project 3.D, Modernization of the PASB Management Information System (PMIS), Phase 2 (see paragraphs 103 to 118 below), the Bureau recommended shifting the balances left from projects 1.A, Emergency Operations Center, and 4.A, Minimum Operational Security Standards (MOSS) compliance and security upgrades, to project 3.D. It had prepared a proposed resolution to that effect for the Executive Committee (Document SPBA8/9, Rev. 1, Add. I), on which the Subcommittee was invited to comment.

60. In the discussion that followed, the Bureau was commended for completing six of the Holding Account projects within or under budget. Further clarification of several matters was requested. In regard to Table 1 in the document, which showed the amounts

allocated to projects from the Holding Account and from other sources, a delegate inquired whether the latter amounts were fully funded. Another delegate asked whether cost overruns had occurred or were expected on projects other than the PMIS project. It was noted that the document indicated that project 1.B, Establishment of National Focal Points for International Health Regulations (IHR), was running behind schedule and that in one case only 42% of allocated funds had been implemented; the Bureau was asked to explain what was being done to address that situation. It was suggested that future reports on the Holding Account projects could be improved through the addition of two columns to Table 2, one showing the percentage of funds implemented for each project and the other the proportion of the project that had been completed.

61. It was recalled that in 2013 the Directing Council had approved a change in the Financial Regulations allowing funds not disbursed in one biennium to carry forward into the next,<sup>3</sup> and it was noted that such funds must be excluded from the determination of any surplus. The Bureau was asked to explain the implications of that change for replenishment of the Holding Account and the Master Capital Investment Fund.

62. With regard to the proposed resolution contained in Document SPBA8/9, Rev. 1, Add. I, it was noted that the Bureau had indicated that the transfer of the funds to the PMIS project was not urgent (see paragraph 117 below), and it was suggested that the decision as to whether to move the funds to that project should be deferred until the condition assessment of PAHO-owned buildings had been completed (see paragraphs 51 to 56 above), as that assessment might reveal more pressing needs.

63. Mr. Walter said that no overruns were anticipated for other projects. All were expected to be completed within or below budget. Regarding project co-funding, the other sources of funding for the PMIS project had been fully identified up to the original approved amount of \$20.3 million. The sources of those funds had been the IPSAS surplus and a surcharge on salaries. However, additional funding for that project was required. As for the other projects, he was unsure of whether they were fully funded; however, no requests for increases in their budgets had been received. Concerning the effect of the change in the Financial Regulations on replenishment of the Holding Account and the Master Capital Investment Fund, he explained that the Holding Account had been established with one-time revenue arising from a budget surplus in 2006-2007. That situation was not anticipated to recur in the foreseeable future and consequently there were no plans to replenish the account. In accordance with Resolution CD48.R1, the Executive Committee was responsible for allocating any unspent balances remaining in the Holding Account.

64. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB) added that the change in the Financial Regulations simply enabled the Bureau to recognize payments for contracts in the next biennium if the services covered under the contract had not been completed in the biennium in which the contract began. The effect of that change on the calculation of any surpluses that might be transferred to

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<sup>3</sup> See Document CD52/14 and Resolution CD52.R2 (2013).

the Master Capital Investment Fund would be minimal because the amount of the contracts in question was generally small. An example would be a contract for actuarial services valued at \$70,000 that ran from October of one year to April of the next.

65. Dr. Marcos Espinal (Department Director, Communicable Diseases and Health Analysis, PASB), responding to the question on project 1.B said that activities in the vast majority of countries had been completed. The purpose of the project was to establish IHR focal points, which had been accomplished in all targeted countries. It was true that one country was lagging somewhat behind in the implementation of some activities, but that country did have its focal point in place. The Bureau was working with the country to accelerate implementation of the funding and, if necessary, would explore the possibility of reprogramming some activities.

66. Replying to the suggestion that the transfer of funds to the PMIS project should be deferred, Mr. Walter said that the PMIS project was currently the only Holding Account project with an identified unmet funding need. It would be feasible to wait for several months to see if other needs arose, but the anticipated funding gap of \$2.2 million for the PMIS project would have to be filled and the project must be completed by the end of 2015. The \$100,000 remaining from projects 1.A and 4.A would obviously not fill the entire gap, but it would help to cover the \$150,000 already incurred for change orders.

67. The Director expressed appreciation to Member States for approving the creation of the Holding Account and for their subsequent vigilance of the projects funded from the Account. Those projects had enabled the Bureau to make significant progress on matters that had a direct bearing on the Organization's ability to function effectively. The Emergency Operations Center, for example, had increased its capacity to track emergencies across the Region, and the PMIS would enhance the Bureau's ability to manage and report on activities. Implementation of the International Health Regulations was a high priority for the Bureau and funding for that purpose was much higher than the amount reflected in the Holding Account. In the current biennium, the Bureau had major plans to work with Member States to enhance their capacity to meet the IHR requirements. A regional meeting would be held in Argentina to take stock of the situation and plan the way forward, with a particular focus on helping Member States to address issues relating to chemical and radiological safety.

68. The President said that the proposed resolution contained in Document SPBA8/9, Rev. 1, Add. I would be forwarded to the Executive Committee, together with a summary of the Subcommittee's views on the matter.

***Amendments to the PASB Staff Rules (Document SPBA8/10, Rev. 1)***

69. Ms. Kate Rojkov (Department Director, Human Resources Management, PASB) summarized the proposed changes to the Staff Rules set out in the annex to Document SPBA8/10, Rev. 1, which fell into two categories: amendments made pursuant to decisions taken by the United Nations General Assembly at its Sixty-eighth Session and amendments made in the light of experience and in the interests of good human resources

management. Amendments in the first category included an increase in the salary scale for staff in professional and higher categories, including the Director, Deputy Director, and Assistant Director, with a commensurate reduction in post adjustment multiplier points, and an adjustment to the education grant for three schools in Brussels, Belgium. Those in the second category included several changes aimed at clarifying the staff rules regarding assignment grants, end-of-service grants, and within-grade increases based on service time. The financial implications of the proposed changes were minimal.

70. In the ensuing discussion, clarification was requested of what was meant by “minimal” financial implications and what impact the proposed changes might have on Member States.

71. Ms. Rojkov said that, as an example, the change in the rule regarding the level of the education grant would have no impact on the Organization because no children of PAHO staff members were currently enrolled in any of the schools specified in that rule. The Bureau would endeavor in future reports to provide such examples of the impact of proposed amendments.

72. The Subcommittee endorsed the proposed amendments to the Staff Rules.

***PASB Staffing Statistics (Document SPBA8/11)***

73. Ms. Kate Rojkov (Department Director, Human Resources Management, PASB) summarized the information presented in Document SPBA8/11 on the staff of the Organization as of 31 December 2013. The total staff had numbered 1,990, including 919 staff members on either fixed-term or temporary appointments and 1,072 individuals on non-staff contracts, mostly in country offices and centers. Overall, PASB had reached gender parity in the professional and higher categories. Of 510 professional posts, women occupied 50%. At PAHO Headquarters, the percentage of women was 53%. As to staff mobility, in 2013 the majority of staff moves had occurred between country offices and centers (70%), followed by movements from countries to Headquarters (23%) and from Headquarters to countries (7%).

74. The largest group of fixed-term PASB staff were between 50 and 59 years of age and the second largest between 40 and 49. The majority of both professional and general fixed-term staff were between 50 and 59 years of age. The majority of professional temporary staff were between 30 and 39, while the majority of general services temporary staff were in the 20-29 age range.

75. The largest group of fixed-term staff in all three categories had less than 5 years of service, the second largest group had between 10 and 15 years, and the third between 5 and 10 years. Under the Staff Rules, staff members could be granted extensions of their contracts beyond retirement age when such extensions were deemed to be in the interests of the Bureau. Eighteen fixed-term staff had been granted extensions in 2013. In addition, 33 retirees had been hired under temporary contracts. The Bureau was keenly aware of

current and future retirement trends and was developing a human resources strategy that would be aligned with programmatic needs and financial realities.

76. In the discussion that followed, the Bureau's continued commitment to gender parity was commended. The employment of retirees was seen as a means of taking advantage of existing expertise and increasing resources. However, several questions were asked regarding contractual arrangements with such staff. One delegate inquired about the criteria or conditions under which a staff member's contract might be extended beyond retirement age and whether the length and number of extensions was limited. Another asked whether the posts of retirees who were rehired as consultants or temporary staff were being filled. A third delegate wondered whether staff whose contracts were extended beyond retirement age were generally managers. The same delegate inquired whether consultants generally worked on-site and sought clarification of the statistics on fixed-term staff and staff on non-staff contracts.

77. Ms. Rojkov, responding to the latter questions, said that there were 833 fixed-term staff and 1,072 persons employed on non-staff contracts, a category that included personnel seconded from ministries of health. Consultants could work either on-site or off-site, depending on the nature of their work. Regarding the criteria for extension of contracts, a comprehensive analysis was undertaken and if it was found that a staff member had particular skills for which there was a short-term need, then the individual's contract might be extended. In the case of a country office, an extension might be deemed desirable owing to factors such as the political situation or the occurrence of a natural disaster in the country. Contracts could be extended for no more than a year at a time and could not be extended beyond the staff member's 65th birthday in the case of staff joining the Organization before 1 January 2014. The United Nations General Assembly had raised the mandatory retirement age to 65 for staff joining after that date, but had yet to establish the rules regarding contract extensions for such staff. The Bureau would communicate that information to Member States when it became available.

78. Retirees could have managerial responsibilities. Of the 33 retirees who had been given temporary appointments, four had been acting heads of country offices and two acting executive directors. The Bureau was very cautious about filling the posts of retiring staff members, and some posts were left vacant. The decision was made on the basis of careful programmatic and financial analysis.

79. The Director said that staff management had to be an active process. In hiring staff, careful consideration had to be given not only to ensuring that the Organization could deliver technical cooperation with excellence, but also to ensuring that it did so in the most efficient and cost-effective manner. The way in which staff were selected and hired and the types of contracts used could have a huge impact on costs. It was important, however, to be respectful of the Staff Rules and staff well-being.

80. The Bureau was developing a comprehensive human resources strategy and plan that would enable it to fulfill its commitments under the Strategic Plan 2014-2019.

A number of factors were being taken into account in that endeavor, including the aging of PAHO's workforce and staff members' length of service. The strategy and plan would be presented to the Governing Bodies as soon as they were ready.

### **Matters for Information**

#### ***Update on WHO Reform (Document SPBA8/INF/1)***

81. Mr. Daniel Walter (Department Director, Planning and Budget, PASB) introduced the report on WHO reform, highlighting aspects that were of particular relevance to PAHO. He noted that an evaluation of the reform in 2013 had examined WHO's readiness to implement the reform agenda and identified the conditions necessary for its successful implementation. The recommendations from the evaluation had included the application of results-based-management principles and the development of a robust results structure for the reform, with indicators, outputs and outcomes. It had also been recommended that more attention should be paid to change management in order to ensure that staff and external stakeholders understood and were involved in the reform process. A web-based tool was being developed to facilitate monitoring of the process.

82. One innovation of the reform process had been the financing dialogue, which aimed to improve the level, predictability, and flexibility of funding for WHO. The two sessions held in 2013 seemed to have borne fruit, as WHO reported being closer to fully financing its budget at the beginning of the biennium than it had been in the past. However, obtaining more flexible, non-earmarked financing remained a challenge.

83. To date, the Region of the Americas (AMRO) had received around \$8 million in WHO voluntary contributions and \$6.5 million in overhead earnings from WHO. Together, those resources comprised less than 20% of the \$84 million AMRO budget for other sources. At the regional level, PAHO had mobilized \$45 million against its voluntary contribution budget of \$200 million for 2014-2015, which meant that that portion of the budget was a little more than 20% funded. Those two shortfalls highlighted the importance of effective resource mobilization in the coming months in order to be able to deliver on program commitments in the PAHO Program and Budget and Strategic Plan.

84. A new resource allocation formula that would establish an equitable, objective, transparent, and needs-based means of funding the three levels of WHO was being developed by a working group of Member States that included Mexico as the representative from the Region. Other outstanding reforms included the establishment of mechanisms for bottom-up planning for the program budget 2016-2017 and the development of rules for engagement with non-State actors.

85. PAHO was engaged and aligned with many of the WHO reforms. It was committed to a renewed country focus strategy and to redefining the way in which WHO and PAHO worked at country level to better support Member States. It was also developing a comprehensive human resources strategy, a reform priority identified by

Member States. Governance reform, including limiting the number and scope of Governing Body agenda items, was a pressing concern for both WHO and PAHO.

86. In the discussion that followed, Subcommittee Members drew attention to various aspects of WHO reform that they considered of particular importance. One was the need for more focused attention on governance reform, especially agenda management and reduced dependence on resolutions, which were considered priorities for both WHO and PAHO. The need to be more strategic in determining which items to include on the agendas of the Governing Bodies was underscored. Clarification was sought of what was meant by the alignment of governance processes across regional committees, mentioned in paragraph 18 of Document SPBA8/INF/1, and its implications for PAHO. The importance of streamlining reporting and communication with Member States was also underlined and the need to define a minimum set of indicators that all Member States would use in reporting was highlighted.

87. The financing dialogue was seen as a means of enhancing understanding between WHO and donors and increasing transparency, predictability, sustainability, and accountability with regard to financing. It was considered that the WHO program budget web portal would also provide greater transparency and enable Member States to understand how their contributions were being applied, see where gaps remained in work plans, and gain a more realistic conception of what WHO could expect to accomplish with available resources.

88. With regard to the PAHO budget, concern was expressed that the Organization was starting the biennium with less than half of its budget for voluntary contributions funded and the Bureau was asked to provide information on steps being taken to strengthen resource mobilization and identify new donors. Information on the funding mobilized thus far by category and program area was requested. The Bureau was also asked to provide information on how it was addressing the concerns raised by the External Auditor with respect to the return of unspent voluntary contributions to donors. Information was also sought on the approach taken to resource mobilization in other regions, whether the resources they raised were turned over to WHO, and whether they were earmarked.

89. The work under way to develop a strategic resource allocation methodology was welcomed by WHO and support was expressed for the principles that had been put forward to guide that process.<sup>4</sup> The need for clarity of roles and responsibilities, so that resources were allocated to where a particular task was being carried out, was highlighted. A single formula for allocation of the totality of WHO resources was not considered desirable. Information was sought on the WHO Secretariat's views with regard to the underfinancing of the Region of the Americas.

90. The efforts to develop a framework for engagement with non-State actors were also welcomed and the importance of a consistent policy on work with such actors across

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<sup>4</sup> See Document EB134/10 (2014).

the Organization, including regional offices, was emphasized. The potential benefits of working with non-State actors who had knowledge and expertise on health topics was noted.

91. In the area of managerial reform, the importance of human resources policies that would streamline contractual frameworks and allow for a more flexible and mobile workforce was underscored, and the efforts under way in the Region in that regard were welcomed. Clarification was requested regarding the functions of the recently established WHO Compliance, Risk Management and Ethics Office and of how it would work with the PAHO offices that dealt with ethics and risk management. The importance of transparency and accountability in budget preparation and program execution, including improved definition and monitoring of administrative and managerial costs, was stressed. It was suggested that it would be useful for Member States to receive a summary of the report on WHO administration and management costs prepared by PricewaterhouseCoopers.<sup>5</sup>

92. Mr. Walter observed that the need for increased transparency in financing and reporting of results had been a cross-cutting theme of the reform process. Noting that the findings of the PricewaterhouseCoopers study would also be relevant to PAHO, he said that the Organization needed to ensure that management and leadership were adequately financed but also effectively managed.

93. He agreed on the need to accelerate progress in the area of governance reform, particularly with regard to agenda management. The Bureau recognized that very heavy agendas limited the quality of the oversight that Member States could provide and would work with them to limit the number and scope of the items included on the agendas of the PAHO Governing Bodies.

94. The low level of voluntary contributions received to date was a source of concern. There were significant gaps in funding in all categories and program areas. Details in that regard would be provided, as requested. It was clear that PAHO needed to broaden its donor base. Unfortunately, competition for donors was increasingly fierce. Moreover, PAHO and WHO shared many of the same donors, and the WHO financing dialogue might have diverted their attention away from PAHO to some extent. PAHO might consider instituting a mechanism similar to the financing dialogue in order to attract more donors. Ultimately, however, its ability to raise funds would depend on delivery and reporting of results with transparency and accountability, which would show potential donors that PAHO was a good investment.

95. In all WHO regions except AMRO, funds raised locally were counted as voluntary contributions to WHO, although they were generally returned to the Region where they originated. In the Americas, however, most funds raised in the Region were counted as contributions to PAHO because they were identified as such in legally binding

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<sup>5</sup> See Document EBPBAC17/INF./2 (2012).



agreements. Those contributions were not counted as part of WHO's total voluntary contributions.

96. The Director said that the WHO reform process had benefited from significant engagement of Member States. She pointed out, however, that there had sometimes been a lack of coherence between the positions taken by Member States' missions in Geneva and those of officials at the national level, particular within ministries of health. She would encourage Member States to consider how greater coherence might be achieved.

97. As the second-stage evaluation of WHO reform had noted, reform had not really percolated through the Organization's staff at all levels, which pointed up the need for better change management and internal communication to ensure that reforms actually took root and changed the way in which WHO staff conducted business.

98. It was clear that both the WHO Secretariat and Member States wanted a renewed and reenergized country focus in the Organization's work. An important aspect of such a focus was bottom-up planning, which PAHO had applied in formulating its current program and budget. The Bureau was engaged in an assessment of its country-focused work and was implementing many of the lessons and recommendations that had come out of that assessment.

99. With regard to agenda management, she noted that the Director-General and the regional directors were working to address the sequencing of strategic discussions. In general, she concurred with the view that PAHO should not develop regional strategies if WHO had already done so at the global level. However, a change in the approach to the development of global strategies was needed; the regions and their Member States needed to be more actively involved in the process so that WHO strategies would more accurately reflect the situation across all of its 194 Member States.

100. It was true that performance and communication of results would drive PAHO's ability to mobilize resources. In addition, there was also a need to increase PAHO's name recognition and to "market" the Organization and publicize what it was doing. In order to diversify its donor base, it would also be important to strengthen the capacity of country offices to identify donors and mobilize resources at the national level.

101. The Bureau had contributed to the development of the WHO Compliance, Risk Management and Ethics Office and had a well-established Ethics Office and also a risk management officer. It recognized, however, that one person could not ensure risk management. It was necessary to foster a culture of risk management across PAHO. Risk management had therefore been built into the planning process, and each program was required to carry out a risk assessment and outline a risk management strategy.

102. PAHO would continue to pursue reform and seek greater harmonization and alignment with the WHO reform process.

***Project for Modernization of the PASB Management Information System (PMIS):  
Progress Report (Document SPBA8/INF/2)***

103. Mr. Esteban Alzamora (PMIS Internal Project Manager, PASB) reviewed the background of the PMIS project and highlighted activities undertaken since the last progress report on the project in October 2013.<sup>6</sup> Those activities included identification of and contracting for planning and budget software and finalization of the systems integrator and change management contracts. Implementation of the PMIS had been launched in 2014. The PMIS Core Team had been established with dedicated PAHO staff, including staff from country offices. An external project manager with extensive experience in the implementation of enterprise resource planning (ERP) systems, including the system selected by PAHO, had been contracted. The PMIS Core Team had completed four weeks of human capital management (HCM) training and change management activities had commenced.

104. Human capital management and payroll, along with finance and procurement, were the backbone of the system. Other system components were planning and budget, tendering and sourcing, learning, and treasury. The Bureau was in the process of determining which software would be best suited to its needs in those four areas. However, some legacy systems, such as staff health insurance and travel, could not be covered by the software systems under consideration. A training plan was being developed that addressed new competencies and processes needed to implement the system, as well as post-implementation training.

105. It was expected that the human resources and payroll component of the system would go live on 1 January 2015. The timeline for implementation of the finance and procurement components was July 2014-January 2016. It had been considered advisable to postpone the launch of those components until the beginning of the 2016-2017 biennium in order to simplify the transition to the new system and reduce the need for data conversion, which was costly and time-consuming. The implementation of the finance and procurement components would yield a better understanding of the financial data model, which in turn would inform the target date for implementation of the planning and budget component. The tendering and sourcing component was already in use in Washington, D.C., and in some country offices. The best deployment strategy for the remaining country offices was being determined. WHO was using the same tendering software.

106. The Bureau projected a budget shortfall of \$2.2 million for the project, including \$1 million relating to staffing requirements. The costs associated with the ERP implementation had been about \$1.9 million over budget, while the contracts for change management, development of a training plan, and the external project manager had been about \$1.2 million less than the budgeted amount. The amount required for change orders during the implementation of the project was estimated at \$1.9 million. The PMIS team

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<sup>6</sup> See Document CE153/5 (2013).

was working diligently to minimize the impact of change order requests on the project budget.

107. The Subcommittee welcomed the progress made in implementing the system and urged the Bureau to ensure that there were no further delays. The Bureau was also urged to do its utmost to avoid contingency costs and change orders. While it was acknowledged that the cautious approach taken in the early stages of the project had helped to avoid problems that might have been very expensive to fix in later stages, it was pointed out that slippage in the project timeline had led to higher costs and was partly responsible for the \$2.2 million funding gap. A delegate inquired whether the Bureau had put in place any indicators or targets to monitor progress in implementing the ERP system, as had been recommended by the External Auditor in his 2013 report.<sup>7</sup>

108. The Bureau was asked to provide additional detail on the staff training strategy being developed. It was also asked to elaborate on how it was planning to manage the legacy systems that could not be integrated into the new system and whether there would be additional costs associated with maintaining the software required for the travel and staff health insurance systems.

109. With regard to the proposal to transfer the \$100,000 surplus from two of the projects funded from the Holding Account to the PMIS project (see paragraphs 57 to 68 above), a delegate inquired whether the transfer was urgent. If not, she suggested that a decision as to the use of those funds should be deferred for a year, pending the outcome of the condition assessment of PAHO-owned buildings (see paragraphs 51 to 56 above), which might reveal more urgent needs. The same delegate pointed out that Member States had repeatedly been assured that the project could be completed within the original budget and said that her delegation would not be able to support any increase in the project budget.

110. Mr. Alzamora said that the Bureau was currently on track to complete the project within the scheduled timeline, which was actually very short for the implementation of an ERP system. The human resources and payroll components would be deployed in January 2015 and the finance and procurement components in January 2016. The latter deadline must be met because the International Computing Centre, which was currently hosting PAHO's mainframe applications, would cease to do so in February 2016. The planning and budget component needed to be operational by early 2015, when planning for the next biennium would begin.

111. The budget for the project had been established years earlier, and several factors, including inflation, had raised costs. If the Bureau had been able to afford tier-1 ERP software, many costs could have been avoided, but with a budget of \$23 million it had had to opt for a tier-2 solution. As a result, some legacy systems would have to be maintained, at least for the time being, which would entail additional costs in terms of staff time because data would have to be input manually. While the project management

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<sup>7</sup> See Official Document No. 344.

team was doing everything in its power to avoid change orders, some changes would be inevitable as the project proceeded and problems or omissions in the statements of work agreed with the systems integrator came to light. Indeed, there had already been \$150,000 in change orders, mostly for essential training for the PMIS team.

112. Training, which was crucial in order to ensure that staff knew how to use the system properly, would also be costly, and he was concerned that the amount currently budgeted for that purpose might prove insufficient. To the extent possible remote training would be provided, but some on-site training in country offices would be needed. The Bureau was working with a consultant to identify the most cost-effective means of ensuring the necessary training. The entity responsible for change management would also play a part in training by ensuring that staff knew how business processes would change under the new system and understood how those changes would affect them. Staff from across the Organization would be involved in hands-on testing of the system.

113. The Director recalled that when she had taken office she had been told that 60% of ERP projects failed. Clearly, failure was not an option in PAHO's case. The PMIS project was of crucial importance not only to enhance the Organization's efficiency, transparency, accountability, and reporting, but also to avoid the very high costs that would result from continuing to rely on the International Computing Centre mainframe after February 2016.

114. The Bureau had initially considered a tier-1 system that would have allowed for full customization and incorporation of all business processes; however, such a system would have cost over \$40 million—double the budget allocated for the project in 2010. WHO's Global Management System (GSM) was a fully customizable system, but it had proved extremely costly and been beset by many problems. The Bureau had learned from that experience. The GSM experience had also highlighted the need for change management and staff involvement at all stages of the project. Accordingly, the Bureau was placing great emphasis on training, change management, and communication. Another lesson learned from the GSM experience was the need for dedicated staff to oversee project implementation, and the Bureau had therefore created the PMIS Core Team. However, staff moved from their positions to work on the PMIS full-time had had to be replaced, which had entailed costs.

115. The amount budgeted for the project in 2010 had been arrived at after a certain amount of assessment and analysis, but it had certainly not been the level of detailed analysis currently available. Based on that analysis, the Bureau honestly did not anticipate that it would be able to fully implement the system without an increase in the project budget. If no increase were forthcoming, there was really no point in continuing the project because implementation of an ERP system was not something that could be done halfway. She therefore appealed to Member States to think seriously about what they were asking the Bureau to do and to remain open to the possibility of raising the budget. For its part, the Bureau pledged its full commitment to keep costs to a minimum.

116. Member States had said that they did not want to increase their assessed contributions and had asked the Bureau to do much more with less. The Bureau had accepted that request and was planning within the resulting deficit, but there was a limit to what it could do with the resources placed at its disposal.

117. Transfer of the resources remaining from the two completed Holding Account projects was not really urgent and could be deferred. The project would continue for another two years and sources of additional funding could be identified at any time during that interval, but additional resources would have to be found.

118. The President suggested that it might be useful for Member States to receive an analysis of the efficiency gains expected from the implementation of the system, which would enable them to see how the increase that they were being asked to consider might result in future savings. The Director replied that that information could be extracted from the project business case and would be made available.

***Draft Provisional Agenda for the 154th Session of the Executive Committee (Document SPBA8/INF/3)***

119. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 154th Session of the Executive Committee contained in Document SPBA8/INF/3. She recalled that the 153rd Session of the Executive Committee had reviewed a proposed list of topics for consideration by the Governing Bodies in 2014 (Document CE153/FR [2013], Annexes C and D). The matter had remained open for further comment by Member States for 30 days after the close of the session. On the basis of the comments and recommendations received, the Director had eliminated some items and added others.

120. Under Program Policy Matters the following items had been removed: Promoting Equity of Access/Monitoring Health Equity, Public Health and the Environment, Strategy for Updating the Regional Information System for Core Health Data and Country Profiles, Plan of Action for the Elimination of Human Rabies Transmitted by Dogs, and mHealth Strategy. The following items had been added: Plan to Strengthen Public Health Policies across Borders and Strategy on Health-related Law. In addition, the Director intended to add an item on an amended version of the PAHO Strategic Plan 2014-2019, which would reflect the outcome of validation of the Plan's indicators with Member States. Under Matters for Information, an item entitled "Systematization of PAHO Mandates" had been added. Although during the 153rd Session of the Executive Committee the delegation of Paraguay had requested the addition of an item on biotech medicines, after further consultation it had been decided not to include it on the Governing Bodies agenda for 2014.

121. In the ensuing discussion, concern was expressed that the excessive number of items on the agenda would not allow for substantive discussion on each issue. At the same time, concern was expressed that the decision to remove the item on core health data and country profiles from the agenda might negatively affect monitoring of the

implementation of the Strategic Plan 2014-2019. It was emphasized that the Organization should find ways to be more strategic in determining what items would be included on agendas and setting clear boundaries with respect to the nature and number of agenda items.

122. While it was recognized that it was sometimes necessary to adapt global strategies and plans to regional specificities, it was stressed that any regional plans must be aligned with and build upon existing instruments. It was also pointed out that Member States were stretched too thin to participate in consultations aimed at developing regional strategies and plans in areas where global initiatives already existed or to respond to additional reporting requirements deriving from the adoption of regional strategies and plans. The Director was urged to impress upon staff that funding for program areas was not linked to the existence of a regional strategy or plan.

123. Clarification was requested of the rationale for and the approach to be taken to the items on health across borders, systematization of PAHO mandates, prevention of obesity in children and adolescents, health in all policies, and health-related law. With regard to the latter, it was suggested that there might be potential for overlap with the work envisaged under the strategy for universal health coverage. It was also emphasized that any work on the matter would have to take into account the diversity of legislative practice in the Region. In relation to the item on obesity in children and adolescents, a delegate inquired how the proposed plan of action would relate to and support the plans of action on noncommunicable diseases already in place at both the regional and global levels. As to the item on health in all policies, clarification of the timeline for development of a plan of action was requested, given that the Executive Committee had not yet made a decision to forward the issue to the Directing Council, which had not yet adopted a resolution asking the Bureau to develop a strategy on the matter. The Bureau was asked to ensure that Member States would have the opportunity to review drafts of the plan in the early stages of its development. It was also urged to limit the plan's indicators and to ensure that they were aligned with but did not duplicate related WHO or PAHO indicators.

124. To facilitate future consideration of Governing Body agendas, the Bureau was asked to provide supporting rationale for each item well in advance of sessions in order to enable delegations to obtain input from relevant officials at national level. It was also urged to be mindful of the reporting obligations for Member States that would arise from proposed agenda items.

125. The Delegate of El Salvador explained that his delegation had proposed the formulation of a strategy on health-related law with a view to providing Member States with a unified set of technical guidelines for strengthening national health legislation relating to universal access to health care, implementation of public policies, organization of health services, collaboration between the health sector and other sectors, and other health-related matters. He noted that such a strategy would address a need identified by Member States in the Health Agenda for the Americas 2008-2017, namely the revision of

legislative frameworks in order to address economic, social, and cultural determinants of health.

126. Dr. Heidi Jiménez (Legal Counsel, PASB) said that the Bureau would, in collaboration with the delegation of El Salvador, draft a brief concept paper describing the proposed approach to the topic, which would be circulated to Members of the Subcommittee and other interested Member States. She added that the aim was to develop a strategy for strengthening the Bureau's technical cooperation with Member States with respect to health-related legislation. The request for the item had come out of a subregional consultation in Central America. Similar consultations with officials from the health sector and other stakeholders would be held in other subregions in order to identify the areas in which support was most needed and determine how the Bureau could best assist Member States.

127. Ms. Huerta, (Senior Advisor, Governing Bodies Office, PASB), noting that the items on health across borders and PAHO mandates had been requested by Paraguay, said that the idea with regard to the former was to develop a framework to guide public health action in border areas and promote mechanisms for linkage and cooperation between health systems in neighboring countries. As to the latter, it was felt that a tool was needed to enable Member States to more easily access all Governing Body resolutions and documents and to organize them by programmatic and thematic areas. To that end, the Director had established an internal working group, which would draw up a proposal to be presented to the Executive Committee at its 154th Session, with further information to be provided at future Governing Body sessions.

128. Dr. Marcos Espinal (Department Director, Communicable Diseases and Health Analysis, PASB), responding to the question regarding the item on core health data and country profiles, explained that some of the indicators for the core health data initiative adopted in 1995 needed to be updated. Although the item would not be discussed by the Governing Bodies, the Bureau would proceed with the necessary updating, in consultation with delegates of Member States. An internal working group had been formed for that purpose. While some of the core health data indicators would provide information for monitoring the implementation of the Strategic Plan 2014-2019, the Plan had its own set of indicators, on which the Bureau would collect information and present regular progress reports to the Governing Bodies.

129. The Director agreed that a strategic approach was needed to ensure that only matters of high importance and relevance for the Region were included on Governing Body agendas and that they received the necessary attention. She pointed out that, while the Bureau worked with Member States to develop the agendas, it was Member States that ultimately decided whether items proposed by Governments or suggested by staff of the Bureau should be included. Bureau staff were strongly discouraged from lobbying Member States to place items on the agenda.

130. PAHO's agendas were increasingly aligned with those of the WHO Governing Bodies, and regional strategies were no longer being proposed when a global strategy

existed. Similarly, not all plans of action for the implementation of strategies were submitted to the PAHO Governing Bodies for consideration. However, it was considered necessary to do so in instances involving issues of very high importance for the Region. One such issue was obesity, which was not addressed in any significant detail under either the global or the regional plan of action on noncommunicable diseases. The Region of the Americas had the highest incidence of obesity among children and adolescents in the world, and it was therefore considered necessary for the Bureau to work with Member States to define a plan of action that would respond to the specific needs of the countries in the Region.

131. Health-related legislation was one aspect of universal health coverage, but the latter was a much broader issue. The strategy being developed would also aim to address issues of financing, service delivery, human resources, and organization of health care and, unlike the global strategy, would be tailored to the specificities of the Region. The plan of action on health in all policies—which had been placed on the agenda at the request of a Member State—would also address specific regional needs, while being fully aligned with the WHO strategy on the matter.

132. The Subcommittee endorsed the draft provisional agenda as presented in Document SPBA8/INF/3 with the modifications suggested by the Bureau and Member States.

### **Closure of the Session**

133. Following the customary exchange of courtesies, the President declared the Eighth Session of the Subcommittee closed.

Annexes



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

DONE in Washington D.C., United States of America, this twentieth day of March in the year two thousand fourteen. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau.

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Jean Dixon  
Delegate of Jamaica  
President of the Eighth Session  
of the Subcommittee on Program, Budget,  
and Administration

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Carissa F. Etienne  
Director of the Pan American Sanitary Bureau  
Secretary ex officio of the Eighth Session  
of the Subcommittee on Program, Budget,  
and Administration

**Annex A**

**AGENDA**

**1. OPENING OF THE SESSION**

**2. PROCEDURAL MATTERS**

2.1 Election of the Officers

2.2 Adoption of the Agenda

**3. PROGRAM POLICY MATTERS**

3.1 Outline of the Final Report of the PAHO Strategic Plan 2008-2013 and End-of- Biennium Assessment of the Program and Budget 2012-2013

3.2 Nongovernmental Organizations in Official Relations with PAHO

3.3 Appointment of One Member to the Audit Committee of PAHO

**4. ADMINISTRATIVE AND FINANCIAL MATTERS**

4.1 Overview of the Financial Report of the Director for 2013

4.2 Funding of PAHO After-service Health Insurance

4.3 Status and Authorized Level of the Working Capital Fund

4.4 Master Capital Investment Plan

4.5 Status of Projects Funded from the PAHO Holding Account

4.6 Amendments to the PASB Staff Rules

4.7 PASB Staffing Statistics

**5. MATTERS FOR INFORMATION**

5.1 Update on WHO Reform

**i. MATTERS FOR INFORMATION** (*cont.*)

5.2 Project for Modernization of the PASB Management Information System (PMIS): Progress Report

5.3 Draft Provisional Agenda for the 154th Session of the Executive Committee

**6. OTHER MATTERS**

**7. CLOSURE OF THE SESSION**

**Annex B**

**LIST OF DOCUMENTS**

*Working Documents*

SPBA8/1, Rev. 1	Agenda
SPBA8/2, Rev. 1	Outline of the Final Report of the PAHO Strategic Plan 2008-2013 and End-of- Biennium Assessment of the Program and Budget 2012-2013
SPBA8/3	Nongovernmental Organizations in Official Relations with PAHO
SPBA8/4	Appointment of One Member to the Audit Committee of PAHO
SPBA8/5, Rev. 1	Overview of the Financial Report of the Director for 2013
SPBA8/6	Funding of PAHO After-service Health Insurance
SPBA8/7	Status and Authorized Level of the Working Capital Fund
SPBA8/8	Master Capital Investment Plan
SPBA8/9, Rev. 1	Status of Projects Funded from the PAHO Holding Account
SPBA8/9, Rev. 1 and Add. I	Status of Projects Funded from the PAHO Holding Account
SPBA8/10, Rev. 1	Amendments to the PASB Staff Rules
SPBA8/11	PASB Staffing Statistics

*Information Documents*

SPBA7/INF/1	Update on WHO Reform
SPBA7/INF/2	Project for Modernization of the PASB Management Information System (PMIS): Progress Report
SPBA8/INF/3	Draft Provisional Agenda for the 154th Session of the Executive Committee

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**Annex C**

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