154th SESSION OF THE EXECUTIVE COMMITTEE

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

SYSTEMATIZATION OF THE MANDATES OF THE PAN AMERICAN HEALTH ORGANIZATION

Introduction

1.   In 2013, during its 153rd session, the Executive Committee requested the Pan American Sanitary Bureau ("the Bureau") to develop a tool for organizing and systematizing the mandates of the Pan American Health Organization (PAHO) that would enable the Member States and other stakeholders to monitor progress on international commitments to public health.

2.   The Executive Committee also requested the Bureau to organize the information on the resolutions and documents approved by the Governing Bodies of PAHO consistent with the PAHO Strategic Plan. This arrangement of the information would make it possible to analyze the complementarity and execution of the mandates issued by both the Organization and the World Health Organization (WHO) over time.

3.   This document presents information on the PAHO/WHO Institutional Repository, a digital documentation system for preserving and searching the Organization's institutional memory. It also presents information on the Bureau Director's initiative to analyze the resolutions adopted by PAHO over the past 15 years (1999-2013) in order to determine whether these resolutions can be classified as "active", "conditional active", or "sunset" (see table 1).

PAHO/WHO Institutional Repository

4.   The PAHO/WHO Institutional Repository for Information sharing (IRIS) is a joint PAHO and WHO initiative that was launched in 2011 for the purpose of managing, preserving, and disseminating the knowledge generated by the entire Pan American Health Organization. It therefore houses the information generated by Headquarters in Washington, D.C., the Representative Offices in the countries, the subregional offices, and the Pan American centers.

5.	The system makes it possible to organize documents by community[1] and to perform global or limited searches by specific topic, document type (strategy, plan of action, resolution, etc.), document number, date, author, or series.

6.	It uses the DSpace platform, an open-source software package used by academic organizations, nonprofits, and other similar institutions to create open-access digital repositories.

7.	The PAHO/WHO Institutional Repository is a by-product of the Organization's strategy to preserve its information legacy and provide access to it. The Bureau is in the process of digitizing and archiving most of PAHO's technical documentation.

8.	In response to a request by the Member States to have a specific platform for Governing Bodies' documents, the Department of Knowledge Management, Bioethics, and Research, in collaboration with the Office of the Governing Bodies, began the task of creating a specific community known as "Governing Bodies" to archive the resolutions and final reports issued by the Directing Council and Pan American Sanitary Conference since PAHO's creation in 1902, as well as all the documents of these two Governing Bodies and the Executive Committee.

9.	A demonstration of the system will be given during this session of the Executive Committee. Digitization and archiving of the Governing Bodies' documents and resolutions are expected to be complete for the meeting of the 53rd Directing Council.

Analysis of PAHO Resolutions (1999-2013)

10.	The Director of the Bureau decided to conduct a study on progress in executing the mandates emanating from the resolutions adopted by the Organization's Governing Bodies over the past 15 years (1999-2013). The Director's decision accounts for the request of the Member States during the 153rd session of the Executive Committee; the WHO reform *(1)* and the Twelfth General Programme of Work, 2014-2019 *(2)*, approved by the World Health Assembly in May 2013; as well as the similar exercise conducted by the WHO Regional Offices in Europe (EURO)[2] *(3)* and the Eastern Mediterranean (EMRO) *(4)*.

11.	For this study, the Director commissioned the office of the Deputy Director to form an interprogrammatic working group comprised of representatives from all the technical departments and a representative from the administrative departments. The working group developed the following methodology for analyzing the resolutions.

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[1] The PAHO/WHO Institutional Repository uses the term "community" for the classification of major subject areas or groups of available documents to facilitate document searches.

[2] See documents EUR/RC63/17 Rev. 1 (2013) and *Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010.*

Proposed methodology

a)   Only resolutions adopted by the Directing Council and the Pan American Sanitary Conference during the period stipulated (250 resolutions) would be analyzed.

b)   Criteria would be established for determining whether a resolution can be classified as active, conditional sunset, or complete sunset (see Table 1).

Table 1. Resolution classification criteria

Sunset	Active	Conditional Active
a) All resolutions that, by their very nature, do not require subsequent monitoring (e.g., the election of the members of a committee, subcommittee, working group, etc.; approval of the scale of quota assessments; approval of the Director's salary or modifications to the Staff Rules or Financial Rules and Regulations).	a) All resolutions whose stipulated lifespan remains in effect.	a) All resolutions whose lifespan has ended, but it is unknown whether compliance with some commitment is pending, due to a lack of information at the time of the study or some other reason.
b) All resolutions whose lifespan has ended[3] and whose commitments are considered to have been met[4] or have been revisited in a subsequent resolution.	b) All resolutions whose commitments have not been met or renewed in a subsequent resolution and whose continuity is deemed important.	b) All resolutions that are no longer relevant, even though some of their commitments have not been met.
c) All resolutions whose lifespan has not been stipulated, but the conditions that gave rise to them are considered to have changed, making them irrelevant.[5]		
d) All resolutions that have been superseded by another more recent one.		

c)   The review shall be based on the categories and program areas of the PAHO Strategic Plan 2014-2019 (see Annex).

d)   The analysis of the resolutions shall look at the following aspects:

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[3] When the resolution or the document endorsed or approved by the resolution clearly stipulates the lifespan, that information should be included in the analytical section of the resolution.

[4] The working group shall review all operative paragraphs in each resolution and determine whether each commitment made by the Member States and Bureau has been met, whether there is no information at the time of the study, or whether the commitment remains in force.

[5] For the purposes of this study, a resolution is considered to be **relevant** if it meets one or more of the following criteria: *a*) the subject is included in the PAHO Strategic Plan 2014-2019; *b*) the preambular section of the resolution is still valid; c) it is explicitly related to the global mandates of an international organization of importance to PAHO; d) it calls for PAHO technical cooperation at the regional level.

i.   Lifespan: whether the resolution or document endorsed by the resolution explicitly includes that information.

ii. Replacement: whether the resolution was superseded by another more recent one, in which case the one that superseded it shall be noted.

iii. Compliance with mandates: insofar as possible, it shall be determined whether each commitment established for the Bureau and the Member States has been met or whether the mandate remains in force. If information is unavailable at the time of the study, this shall be stated in the report.

iv. Progress reports: whether the resolution or the document endorsed by the resolution stipulates the periodicity with which progress reports must be submitted. If so, it shall be determined whether the reports were submitted as stipulated.

v.   Recommendation: the working group shall issue a recommendation for each resolution pursuant to its findings. The Director shall review these recommendations, along with the study.

e)   The Bureau shall submit the report on the study of the resolutions to the 53rd Directing Council in September 2014.

Action by the Executive Committee

12. The Executive Committee is invited to take note of this report and formulate the recommendations it deems pertinent.

Annex

References

1.   World Health Organization. WHO reform: reform implementation plan and report. Report by the secretariat [Internet]. 134th Session of the Executive Board; 2014 Jan 20-25; Geneva, Switzerland. Geneva: WHO; 2014 (Document EB134/5) [cited 2014 Apr 15]. Available from:
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2.   World Health Organization. Draft twelfth general programme of work [Internet]. Sixty-sixth World Health Assembly; 2013 May 20-28; Geneva, Switzerland. Geneva: WHO; 2013 (Document A66/6) [cited 2014 Apr 15]. Available from:
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3.   World Health Organization, Regional Office for Europe. A review of the status of resolutions adopted by the Regional Committee during the past ten years (2003-

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4.   World Health Organization, Regional Office for the Eastern Mediterranean. Review of implementation of regional committee resolutions 2000-2011 [Internet]. Sixtieth Session of the Regional Committee for the Eastern Mediterranean; 2013 Oct 27-30; Muscat, Oman. Cairo: WHO/EMRO; 2013. (Document EM/RC60/INF.DOC.8) [cited 2014 Apr 15]. Available from: http://applications.emro.who.int/docs/RC_Techn_paper_2013_inf_doc_8_14995_EN.pdf?ua=1

Strategic Plan of the Pan American Health Organization 2014-2019

Category	Program Areas
1. Communicable Diseases	1.1 HIV/AIDS and STIs 1.2 Tuberculosis 1.3 Malaria and Other Vector-borne Diseases (including Dengue and Chagas) 1.4 Neglected, Tropical, and Zoonotic Diseases 1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)
2. Noncommunicable Diseases and Risk Factors	2.1 Noncommunicable Diseases and Risk Factors 2.2 Mental Health and Psychoactive Substance Use Disorders 2.3 Violence and Injuries 2.4 Disabilities and Rehabilitation 2.5 Nutrition
3. Determinants of Health and Promoting Health throughout the Life Course	3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health 3.2 Aging and Health 3.3 Gender, Equity, Human Rights, and Ethnicity 3.4 Social Determinants of Health 3.5 Health and the Environment
4. Health Systems	4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans 4.2 People-Centered, Integrated, Quality Health Services 4.3 Access to Medical Products and Strengthening of Regulatory Capacity 4.4 Health Systems Information and Evidence 4.5 Human Resources for Health
5. Preparedness, Surveillance, and Response	5.1 Alert and Response Capacities (for IHR) 5.2 Epidemic- and Pandemic-Prone Diseases 5.3 Emergency Risk and Crisis Management 5.4 Food Safety 5.5 Outbreak and Crisis Response
6. Corporate Services/Enabling Functions	6.1 Leadership and Governance 6.2 Transparency, Accountability, and Risk Management 6.3 Strategic Planning, Resource Coordination, and Reporting 6.4 Management and Administration 6.5 Strategic Communications

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