

**15th SESSION OF THE SUBCOMMITTEE  
ON PROGRAM, BUDGET, AND ADMINISTRATION  
OF THE EXECUTIVE COMMITTEE**

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**REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO**

**Introduction**

1. This report was presented for the first time during the 2018 Governing Bodies cycle (Document CD56/INF/3) in response to Member States' request to review key strategic issues in the relationship between the Pan American Health Organization (PAHO) and the World Health Organization (WHO).
2. The third report was prepared for the Subcommittee on Program, Budget, and Administration (SPBA) in March 2020, with updates on relevant issues up to January 2020. However, given the extraordinary circumstances presented by the COVID-19 pandemic, the SPBA meeting was cancelled and this item was not included in subsequent 2020 Governing Bodies meetings. Therefore, this fourth report will give an update on strategic issues between PAHO and WHO from February 2019 to January 2021.

**Governance**

***WHO Transformation Agenda***

3. For the 148th session of the WHO Executive Board (EB148) in January 2021, a number of documents were submitted in relation to Agenda Item 19, Governance Matters.<sup>1</sup> Document EB148/32, WHO Transformation, presented an update on the ongoing WHO transformation efforts. The COVID-19 pandemic has reinforced the need for WHO to be fit for purpose in order to fulfill its three-level transformation and to realize the changes needed to deliver impact at country level.
4. The Regional Office for the Americas (AMRO) actively participates in WHO global technical networks for planning, monitoring, and assessment of results, as well as in periodic WHO stocktaking exercises led by the Director General. In addition, the

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<sup>1</sup> All documents discussed during the 148th session of the Executive Board are available from:  
[https://apps.who.int/gb/e/e\\_eb148.html](https://apps.who.int/gb/e/e_eb148.html)

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Strategic Plan of the Pan American Health Organization 2020-2025 fully aligns with the WHO Thirteenth General Programme of Work (GPW 13) and with the Sustainable Development Goals (SDGs). The Strategic Plan establishes measurable impact- and outcome-level targets for the Region, with emphasis on country-level impact and attention to the most vulnerable by placing “equity at the heart of health.”

5. PAHO will continue to contribute to the WHO transformation agenda through the WHO Global Policy Group and Global Taskforce for Transformation, sharing PAHO’s best practices and lessons learned from prior reform efforts.

### **Management, Strategic Planning, and Program Budget**

#### ***Updates on the Results Framework of the WHO Thirteenth General Programme of Work, 2019-2023***

6. According to Document EB148/25, Draft Proposed Programme Budget 2022-2023, WHO would extend the achievement date for the triple billion targets of GPW 13 to 2025. This will provide additional time for tracking and measuring changes at impact and outcome levels in line with the WHO GPW 13 Results Framework, and facilitate alignment with the United Nations planning periods. The proposed extension brings the PAHO and WHO planning periods into temporal alignment.

7. PAHO will continue to coordinate closely with WHO and Member States to monitor and report on the GPW 13 Results Framework.<sup>2</sup>

#### ***Updates on WHO Budget and Financing 2020-2021 (WHO Portion of the PAHO Program Budget)***

8. Table 1 of Document EB148/27, Update on the Financing and Implementation of the Programme Budget 2020-2021, presents the overall financing status of the WHO Programme Budget (PB) 2020-2021 as of 30 September 2020. Total financing was US\$ 6.3 billion<sup>3</sup> (107% of the WHO PB). This is largely explained by the financing received for the emergency operations and appeals segment. The base programs were financed in the amount of \$3.2 billion (84% financing of approved budget) by the end of September 2020.

9. The WHO Programme Budget 2020-2021 included a \$215.8 million approved budget for AMRO base programs; of this, AMRO has received \$123.2 million as of 11 February 2021. This has resulted in a financing gap of 43% for the Region. Table 1 provides an updated overview of the financing situation across major offices for 2020-2021, as of 11 February 2021.

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<sup>2</sup> For more information, visit:

<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019--2023>.

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

**Table 1. WHO Programme Budget 2020-2021  
Funding Levels across Regions for Base Programs, as of 11 February 2021  
(US\$ millions)**

Major Office	Approved PB	WHO Flexible Funding	WHO Voluntary Contributions	Total WHO Funds Budgeted	% Total (Budgeted/ Approved PB)
AMRO	215.8	90.3	32.9	123.2	57%
AFRO	992.4	237.9	361.5	599.4	60%
EMRO	391.2	114.9	177.9	292.8	75%
EURO	277.9	87.1	137.4	224.5	81%
SEARO	388.5	78.3	201.3	279.6	72%
WPRO	309.2	81.0	132.5	213.4	69%
WHO HQ	1,193.7	165.2	1,145.2	1,310.5	110%
<b>Total</b>	<b>3,768.7</b>	<b>854.8*</b>	<b>2,188.7</b>	<b>3,043.5*</b>	<b>81%</b>

\* Number has been rounded.

### *Development of the WHO Programme Budget 2022-2023*

10. The WHO Programme Budget 2022-2023 is the second Programme Budget under the GPW 13. The overarching theme of the WHO Programme Budget 2022-2023 is “Building Forward Better,” with four key areas of strategic focus: *a)* rethink health emergency preparedness and readiness and bolster response capacities to health emergencies; *b)* build resilience through primary health care-oriented health systems strengthening and the health security nexus; *c)* advance WHO’s leadership in science and data; and *d)* get back on track and accelerate progress toward the triple billion targets and those of the SDGs. The WHO Programme Budget 2022-2023 was presented with the expectation that a revised version will be submitted to the 74th World Health Assembly (WHA74) in May 2021 in order to incorporate the full recommendations of the COVID-19 Independent Panel for Pandemic Preparedness and Response, the International Health Regulations Review Committee, and other ongoing assessments of WHO’s pandemic response.

11. The proposed WHO Programme Budget 2022-2023 submitted to the EB 148 included \$4.5 billion for base programs, representing a 19% increase from \$3.8 billion for 2020-2021. The increase is based on identified needs, mainly to address COVID-19 lessons learned and implement WHO transformation and new initiatives (e.g., WHO Academy, Digital Health Strategy).

12. In the version of the WHO Programme Budget 2022-2023 presented at the Executive Board, AMRO’s proposed budget allocation for base programs in 2022-2023 was \$276.5 million, a 28% increase from \$215.8 million in 2020-2021. This budget represents 6.2% of WHO’s total budget for base programs. For comparison purposes, the second-lowest WHO region in terms of budget is EURO, which accounts for 8.12% of base programs. In

addition to base programs, WHO has assigned AMRO \$4.3 million for special programs and \$13 million for emergency operations and appeals, for a total program budget of \$293.8 million for the Region of the Americas. All of these figures are subject to change leading up to the WHA74 in May 2021.

### ***Sustainable Financing***

13. There was extensive debate by the Executive Board and its Programme, Budget and Administration Committee regarding document EB148/26, Sustainable Financing, and the associated proposed Sustainable Financing Working Group. This resulted in the approved decision EB148(12) Sustainable financing. PAHO looks forward to supporting regional deliberations that will contribute to the Working Group. The overall objective is to “enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution,” with a strong relationship to document EB148/18, WHO’s Work in Health Emergencies: Strengthening WHO’s Global Emergency Preparedness and Response.

### **Selected Technical Initiatives**

#### ***COVID-19 Response***

##### *Regional Response*

14. The rapidly evolving nature of the COVID-19 pandemic has required PAHO to implement an agile and adaptive mechanism, within an adjusted work environment influenced by travel restrictions and social distancing, in order to respond to the pandemic affecting all countries and territories in the Region of the Americas. Since the early days of the outbreak in mid-January 2020, and in response to the quickly evolving situation in all countries and territories in the Americas, PAHO has been providing critical, urgent health leadership, utilizing a response strategy fully aligned with WHO’s Strategic Preparedness and Response Plan (3 February 2020) and Strategy Update (14 April 2020). PAHO also contributed to the preparation of this Strategic Preparedness and Response Plan and Strategy Update.

15. To complement local PAHO resources, where available, personnel and/or supplies have been mobilized to 51 countries and territories in the Region. This support has served to *a)* train national health authorities; *b)* expedite the development and activation of national emergency plans and assessment of the reorganization of services; *c)* disseminate technical specifications for personal protective equipment (PPE) and biomedical equipment; *d)* support the analysis of needs to meet the requirements for PPE, supplies, and reagents through the usual suppliers; and *e)* support Member States in advancing purchasing processes to generate a strategic national reserve. These actions have been implemented thanks in large part to more than \$103 million received from WHO, representing over 50% of PAHO funding made available for the response in the Americas. In fact, initial funds (\$250,000) were rapidly received from the WHO Contingency Fund

for Emergencies on 28 January 2020, three days after the COVID-19 emergency was upgraded to a Grade 3 emergency.

16. PAHO and WHO have also maintained close coordination and engagement at different levels to strategize and respond to the pandemic. This has included actions at the leadership and management level, through the regularly scheduled meetings of the WHO Health Security Council, WHO Global Policy Group, and WHO Health Emergencies Programme directors; at the operational level, through the COVID-19 Incident Managers weekly meetings; and at the technical level, for the development and rollout of strategies, guidelines, recommendations, and mechanisms. PAHO has produced over 100 technical documents to guide health authorities in making evidence-based decisions and policies to tackle this pandemic. This includes evidence-based guidance on dozens of potential therapeutics to aid governments in providing treatment for those sickened by the disease.

17. PAHO has also been involved in the rollout and use of WHO-managed platforms, including the COVID-19 Partners Platform and COVID-19 Supply Chain System (CSCS). The Region of the Americas witnessed substantial challenges with the CSCS platform, logistics, funding interfaces, access to selected diagnostics, and quality control/quality assurance regarding selected goods. However, the CSCS was in fact one of the very few sources from which the countries of the Americas could access PPE, diagnostics, and equipment during 2020. PAHO worked around the clock with WHO and with our partners and suppliers to ship 37.4 million surgical masks and respirators, over 371,000 goggles, 2 million gowns, and 6 million gloves to 34 countries and territories (as of 26 January 2021); almost 90% of this material was acquired through the CSCS. PAHO also worked with regulatory authorities to ensure that medical equipment, supplies, and PPE met WHO standards.

18. As governments start planning to roll out vaccines and as the virus continues to spread, PAHO continues to coordinate closely with WHO while working alongside governments to ensure that health systems are prepared for what will be the largest-scale vaccination campaign this Region has seen in its history.

#### *COVAX Facility*

19. PAHO is actively supporting its Member States to participate in COVAX Facility, a global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. Countries participating in COVAX Facility were invited to submit proposals for the First Wave initiative, a global pilot program through which countries can receive a limited number of doses of the Pfizer/BioNTech vaccine in advance of their total allotted quota. Evaluation criteria included pandemic risk, impact, and mortality rates in recent weeks, as well as the number of doses available and the feasibility of immediate use by the countries.

20. Of the 72 countries that submitted First Wave applications, 18 countries globally were selected to participate, including four from the Americas: Bolivia, Colombia,

El Salvador, and Peru. The total number of doses of Pfizer/BioNTech vaccine to be received by these four countries is 377,910. Pfizer's requirements to conduct their own due diligence assessments for each country are making the supply availability slower than initially anticipated. Both Colombia and Peru have bilateral deals with Pfizer and, therefore, cannot be served by the PAHO Revolving Fund for Access to Vaccines due to the supplier's condition. The supply delivery timelines for Bolivia and El Salvador will be subject to the resolution of the supplier's requirements with the countries under the terms of the COVAX Facility.

21. In addition to the First Wave notification, 36 countries and territories in the Region of the Americas participating in COVAX Facility received an indicative allocation of the AstraZeneca/Oxford vaccine for the first semester of 2021. This allocation was part of the 240 million doses of AstraZeneca vaccine licensed to the Serum Institute of India and 96 million doses of AstraZeneca vaccine under an advance purchase agreement between Gavi, the Vaccine Alliance, and AstraZeneca for the first and second quarters of 2021 for all regions. The indicative allocation was subject to many caveats and had an optimistic reading regarding timelines and quantities, which led to communication and clarity issues raised by heads of state. PAHO has been contacting Member States to clarify questions and adjust expectations consistent with the available information.

22. PAHO will continue to assist Member States in meeting legal, regulatory, operational, financial, and programmatic requirements to ensure equitable access to COVID-19 vaccines through the COVAX Facility.

*Regional Contribution to the Independent Panel for Pandemic Preparedness and Response*

23. PAHO provided an overview to the Independent Panel for Pandemic Preparedness and Response regarding the processes followed in the Americas to develop, distribute, monitor, and evaluate recommendations on pandemic preparedness and response in general and in relation to the COVID-19 pandemic specifically.

**Action by the Subcommittee on Program, Budget, and Administration**

24. The Subcommittee is invited to take note of the report and provide any comments it deems pertinent.

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