



# 168th SESSION OF THE EXECUTIVE COMMITTEE

*Virtual Session, 21-25 June 2021*

---

CE168/FR  
25 June 2021  
Original: English

**FINAL REPORT**

---

---

**CONTENTS**

	<i>Page</i>
<b>Opening of the Session</b> .....	5
<b>Procedural Matters</b>	
Officers .....	6
Adoption of the Agenda and Program of Meetings .....	7
Representation of the Executive Committee at the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas.....	7
Draft Provisional Agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas.....	7
<b>Committee Matters</b>	
Report on the 15th Session of the Subcommittee on Program, Budget, and Administration.....	8
PAHO Award for Health Services Management and Leadership 2021 .....	9
Non-State Actors in Official Relations with PAHO .....	9
Appointment of One Member to the Audit Committee of PAHO.....	10
<b>Program Policy Matters</b>	
Proposed Program Budget of the Pan American Health Organization 2022-2023.....	11
Scale of Assessed Contributions for 2022-2023.....	14
Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas .....	15
Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies .....	16
Increasing Production Capacity for Essential Medicines and Health Technologies.....	18
One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface .....	21
Reinvigorating Immunization as a Public Good for Universal Health .....	23
Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains .....	25
<b>Administrative and Financial Matters</b>	
Report on the Collection of Assessed Contributions .....	28
Financial Report of the Director and Report of the External Auditor for 2020.....	29
Appointment of the External Auditor of PAHO for 2022-2023 .....	33
Update on the Master Capital Investment Fund .....	34
Update on the Working Capital Fund .....	35

**CONTENTS** (*cont.*)*Page***Administrative and Financial Matters** (*cont.*)

Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies .....	36
---	----

**Personnel Matters**

Amendments to the PASB Staff Regulations and Rules .....	38
PASB Human Resources Management .....	39
Statement by the Representative of the PAHO/WHO Staff Association .....	41

**Matters for Information**

Update on COVID-19 in the Region of the Americas .....	43
Report on Strategic Issues between PAHO and WHO .....	46
Implementation of the International Health Regulations .....	49

<b>Closure of the Session</b> .....	51
-------------------------------------	----

**Resolutions and Decisions****Resolutions**

CE168.R1: Collection of Assessed Contributions .....	52
CE168.R2: Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies .....	53
CE168.R3: Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas .....	55
CE168.R4: Increasing Production Capacity for Essential Medicines and Health Technologies .....	56
CE168.R5: Scale of Assessed Contributions 2022-2023 .....	61
CE168.R6: Proposed Program Budget of the Pan American Health Organization 2022-2023 .....	63
CE168.R7: Assessed Contributions of the Member States, Participating States, And Associate Members of the Pan American Health Organization for 2022-2023 .....	66
CE168.R8: PAHO Award for Health Services Management and Leadership 2021 .....	69
CE168.R9: Appointment of One Member to the Audit Committee of PAHO .....	70

**CONTENTS** (*cont.*)*Page***Resolutions and Decisions** (*cont.*)**Resolutions** (*cont.*)

CE168.R10: Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies .....	70
CE168.R11: One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface.....	72
CE168.R12: Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains.....	74
CE168.R13: Amendments to the PASB Staff Regulations and Rules .....	76
CE168.R14: Non-State Actors in Official Relations with PAHO .....	79
CE168.R15: Reinvigorating Immunization as a Public Good for Universal Health .....	80
CE168.R16: Provisional Agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas .....	82

**Decisions**

CE168(D1): Adoption of the Agenda .....	83
CE168(D2): Representation of the Executive Committee at the 59th Directing Council, 73rd Session of the Regional Committee of WHO for the Americas .....	83

**Annexes**

- Annex A. Agenda
- Annex B. List of Documents
- Annex C. List of Participants

## FINAL REPORT

### Opening of the Session

1. The 168th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held on 21 to 24 June 2021. The session was held using a virtual meeting platform owing to the ongoing COVID-19 pandemic.

2. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Barbados, Brazil, Costa Rica, Cuba, Ecuador, Haiti, Mexico, Suriname, and the United States of America. Delegates of the following Member States, Participating States, and Observer States also attended in an observer capacity: Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Canada, Chile, Colombia, Dominican Republic, El Salvador, France, Grenada, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Saint Kitts and Nevis, Saint Lucia, Spain, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of). In addition, 2 intergovernmental organizations and 10 nongovernmental organizations were represented.

3. Ms. Adriana Salazar González (Costa Rica, President of the Executive Committee) opened the session and welcomed the participants. She noted that the Committee had an extensive agenda before it and, with a view to reaching consensus, she appealed to participants to approach the deliberations on the various items in the spirit of Pan Americanism that had always characterized the Organization.

4. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau) also welcomed the participants, expressing thanks to Member States for their sustained and active engagement with the Pan American Sanitary Bureau (PASB or Bureau) as the Americas had grappled with the worst health crisis in a hundred years. She noted that, not only had the pandemic claimed almost 1.9 million lives, but it had upended economies and led to an unprecedented rise in poverty levels, exacerbating inequalities. Highlighting some of the work that the Bureau had undertaken in the fight against the COVID-19 pandemic, she reported that, in collaboration with the COVID-19 Vaccines Global Access (COVAX) Facility, the Bureau had supported the delivery of more than 20 million doses of COVID-19 vaccines in Latin America and the Caribbean, developed and/or adapted 153 technical guidelines and recommendations, conducted more than 249 training exercises and 57 weekly press briefings, and delivered 162 shipments of personal protective equipment (PPE) and 19.5 million polymerase chain reaction (PCR) tests to countries and territories throughout the Region of the Americas.

5. The Director emphasized that, while the Region must turn the tide of the pandemic, it must also protect hard-won public health gains, including the elimination of indigenous transmission of vaccine-preventable diseases such as measles, rubella, and poliomyelitis; the elimination of mother-to-child transmission of HIV and congenital syphilis; and the elimination of Chagas disease and malaria in many countries. The Region must not neglect

essential public health services, including childhood immunization, screening for noncommunicable diseases, management of chronic conditions such as diabetes, and critically needed mental health services. Otherwise, it risked paying a very high toll in terms of increased morbidity, excess mortality, and exorbitant opportunity costs.

6. The Americas must begin immediately to plan for recovery from the pandemic and the post-pandemic era. During its 168th Session, the Committee would be addressing crucial and far-reaching policy matters, including the digital transformation of the health care sector in the Americas, increasing production capacity for essential medicines and health technologies in the Region, and building resilient health systems and post-pandemic recovery to sustain and protect public health gains. The fundamental strategic direction underpinning the various policies and strategies to be discussed would be to recover and rebuild with equity and solidarity. She looked forward to receiving Member States' astute guidance on those and other vital issues.

7. Ms. Loyce Pace (Director of Global Affairs, Department of Health and Human Services, United States of America), welcoming the participants on behalf of the host country, thanked the Organization for its leadership in the response to the pandemic and the staff of the Bureau for their tireless efforts to improve health and well-being in spite of the current crisis. She stressed that build back better must be more than a political slogan and that steps must be taken to strengthen both PAHO and the World Health Organization (WHO), national health systems, and the broader global health architecture. The United States of America was committed to working in partnership and solidarity with the Bureau and with other Member States to support the COVID-19 response and mitigate the impact of the pandemic while also strengthening institutions and advancing epidemic preparedness for the future. Working together, the countries of the Region could improve health and well-being throughout the Region, advance equity, and help all people to realize their right to health.

## **Procedural Matters**

### *Officers*

8. The following Members elected to office at the 167th Session of the Executive Committee in September 2020 continued to serve in their respective capacities during the 168th Session:

<i>President:</i>	Costa Rica	(Ms. Adriana Salazar González)
<i>Vice President:</i>	Haiti	(Dr. Jean Patrick Alfred)
<i>Rapporteur:</i>	Ecuador	(Dr. Fernando Jácome Gavilánez)

9. The Director of the Pan American Sanitary Bureau, Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Ms. Mary Lou Valdez, served as Technical Secretary.

***Adoption of the Agenda and Program of Meetings (Document CE168/1, Rev. 2)***

10. The Committee adopted the provisional agenda proposed by the Director without change (Document CE168/1, Rev. 2); the Committee also adopted a program of meetings (CE168/WP/1) (Decision CE168[D1]).

***Representation of the Executive Committee at the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas (Document CE168/2)***

11. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Costa Rica and Ecuador, its President and Rapporteur, respectively, to represent the Committee at the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas. Haiti and the United States of America were appointed as alternate representatives (Decision CE168[D2]).

***Draft Provisional Agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas (Documents CE168/3 and CE168/3, Rev. 1)***

12. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas (Document CE168/3), pointing out that it would most likely not be possible for the Directing Council to resume meeting in Washington, D.C., owing to ongoing travel and public health restrictions necessitated by the pandemic. It was therefore proposed that session should be held virtually and that the agenda for the session should include only items related to the COVID-19 pandemic and matters that must be decided upon to ensure the Organization's ability to properly discharge its functions. It was also proposed that progress and final reports on policies, strategies, and plans of action that were due for consideration in 2021 should be posted on the webpage of the 59th Directing Council for information, but that they not be discussed during the session. Ms. Zaccarelli Davoli noted that, in addition to the matters for information considered by the Executive Committee, the agenda for the Directing Council would include a discussion on the draft report of the Working Group on Sustainable Financing established by the Executive Board of WHO.

13. In the discussion that followed, it was suggested that an item should be added on the World Health Assembly resolution<sup>1</sup> on strengthening WHO preparedness for and response to health emergencies in order to assist Member States in preparing for the special session of the World Health Assembly to be held in November 2021.<sup>2</sup> It was also suggested that consideration should be given to holding a "hybrid" session, with in-person participation by some and virtual participation by others, in the event that the COVID-19 pandemic situation improved sufficiently before September 2021.

---

<sup>1</sup> See Resolution WHA74.7 (2021).

<sup>2</sup> See Decision WHA74 (16) (2021).

14. The Director welcomed the proposal to add a specific item on WHO preparedness for and response to health emergencies. She was open to the possibility of a hybrid format, but pointed out that the epidemiological situation was constantly evolving and that ongoing travel restrictions might prevent some Member State representatives from participating in person. She suggested that the Officers of the Executive Committee, in consultation with the Bureau, should make a decision on the matter closer to the date of the 59th Directing Council.

15. The Executive Committee adopted Resolution CE168.R16, approving the provisional agenda as amended (Document CE168/3, Rev. 1) and requesting the Officers of the Executive Committee, in consultation with the Bureau, to decide on the format for the session.

### **Committee Matters**

#### ***Report on the 15th Session of the Subcommittee on Program, Budget, and Administration (Document CE168/4)***

16. Dr. Daniel Salinas (Uruguay, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration had held its 15th Session from 24 to 26 March 2021. Owing to the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, the Session had been held online using a virtual meeting platform. The Subcommittee had discussed a number of important financial, administrative, and other issues, including an outline of the Program Budget of PAHO for the 2022-2023 biennium and an overview of the Financial Report of the Director for 2020.

17. Dr. Salinas noted that only one of the matters discussed by the Subcommittee was not on the agenda for the 168th Session of the Executive Committee: a report on PAHO's engagement with non-State actors (NSAs). In that connection, the Subcommittee had been informed that PAHO continued to cooperate closely with the WHO Secretariat to ensure the coherent and consistent implementation of the Framework of Engagement with non-State Actors (FENSA). It had also been informed that the Bureau had instituted special procedures to expedite the review of engagements with NSAs as part of the response to the COVID-19 pandemic. The Subcommittee had noted that the pandemic had highlighted the critical role played by NSAs in responding to health emergencies and recommended that PAHO should further expand its outreach and engagement with NSAs in the Region. The Bureau had been asked to provide Member States with recommendations or procedural guidelines for use at the national level to assess, mitigate, and manage conflicts of interest in potential engagements with non-State actors.

18. Noting that all of the other matters discussed by the Subcommittee were also on the agenda of the Executive Committee, Dr. Salinas indicated that he would report on them as they were taken up by the Committee.

19. The Executive Committee thanked the Subcommittee for its work and took note of the report.



***PAHO Award for Health Services Management and Leadership 2021 (Documents CE168/5 and Add. I)***

20. Dr. Kenneth George (Barbados, Representative of the Award Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2021, comprising the delegates of Barbados, Costa Rica, and the United States of America, had met on 22 June to examine the information on the candidates nominated by Member States. The Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership 2021 should be awarded to Dr. Joanne Liu, of Canada, for her dedicated work assisting communities affected by the earthquake and cholera epidemic in Haiti, her efforts to support the strengthening of the health system in Honduras, her leadership in health emergencies and crisis response, and her commitment to delivering health care services to those living in the situations of greatest vulnerability—all of which embodied the key PAHO values of health equity and solidarity. He emphasized that Dr. Liu's work and advocacy in the fields of medical humanitarianism, crisis response, and health emergencies had been influential regionally and globally, not least in the context of the COVID-19 pandemic and as the world prepared to build back better.

21. The Delegate of Canada applauded the Award Committee's decision and expressed her admiration for the dedication and achievements of Dr. Liu, whose work in medical humanitarianism and crisis response was renowned in the Americas and globally.

22. The Executive Committee adopted Resolution CE168.R8, conferring the PAHO Award for Health Services Management and Leadership 2021 on Dr. Joanne Liu, of Canada.

***Non-State Actors in Official Relations with PAHO (Document CE168/6)***

23. Ms. Gabriela Gómez (Uruguay, Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report and a packet of confidential information provided by the Bureau on one non-State actor that had applied for admission into official relations with PAHO and nine organizations in official relations which were due for their triennial review. After considering the information provided by the Bureau, the Subcommittee had decided to recommend that the Executive Committee should approve the admission of Campaign for Tobacco Free Kids into official relations with PAHO and the continuation of official relations between PAHO and Action on Smoking and Health, the American Speech-Language-Hearing Association, the Drugs for Neglected Diseases Initiative–Latin America, the Framework Convention Alliance, the InterAmerican Heart Foundation, the Latin American Federation of the Pharmaceutical Industry, the Latin American Society of Nephrology and Hypertension, the National Alliance for Hispanic Health, and the Sabin Vaccine Institute.

24. In the ensuing discussion, support was expressed for the Subcommittee's recommendations and the benefits of collaboration with NSAs was underlined. The Bureau was encouraged to continue working in a transparent and accountable manner to improve

engagement with NSAs and to enhance opportunities for NSAs to contribute to global public health work and to participate in the PAHO Governing Bodies.

25. A representative of the Latin American Society of Nephrology and Hypertension described various aspects of his organization's work with PAHO and emphasized the need to ensure the continuity and quality of care for individuals with kidney disease, particularly among those who had been most impacted by the COVID-19 pandemic. A representative of the Pan American Federation of Nursing Professionals highlighted the critical role played by nurses during the pandemic and stressed the need to ensure that nurses had a voice in decision-making within the health care team. She also stressed the need to ensure access to COVID-19 vaccines for all nurses. A representative of the American Speech-Language-Hearing Association noted that her organization had been collaborating with PAHO since 2014 and looked forward to continuing that collaboration in order to support Member States in the areas of speech pathology and audiology.

26. Ms. Regina Campa (Advisor, Department of External Relations, Partnerships, and Resource Mobilization, PASB) said that the Bureau was firmly convinced of the value of collaboration with non-State actors and of the significant contribution they could make to the achievement of public health objectives.

27. The Director affirmed that the Bureau frequently sought to tap the knowledge and expertise of NSAs and relied on them as partners in expanding the Organization's technical cooperation. She also noted that NSAs had contributed to some of the documents considered by the Executive Committee during the session.

28. The Executive Committee adopted resolution CE168.R14, endorsing the recommendations of the Subcommittee.

***Appointment of One Member to the Audit Committee of PAHO (Document CE168/7)***

29. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee, having been informed that the term of office of one member of the Audit Committee was set to expire in June 2021, had established a working group to review the list of candidates proposed by the Director. The working group had evaluated the proposed candidates on the basis of the criteria for membership set out in Section 4 of the Terms of Reference of the Audit Committee and had decided to recommend that Mr. Martín Guozden should be reappointed to the Audit Committee. The Subcommittee had endorsed the working group's recommendation.

30. In the ensuing discussion, a delegate expressed support for Mr. Guozden's reappointment and observed that the Audit Committee played a critical role in providing oversight of PAHO, thereby strengthening accountability and improving governance within the Organization.

31. The Director said that that she would welcome Mr. Guozden's reappointment, affirming that his contribution during his first term on the Committee had been invaluable.

32. The Executive Committee endorsed the recommendation of the Subcommittee and adopted Resolution CE168.R9, appointing Mr. Martín Guozden to serve as a member of the PAHO Audit Committee for a second term of three years, from June 2021 to June 2024.

### **Program Policy Matters**

#### ***Proposed Program Budget of the Pan American Health Organization 2022-2023 (Documents CE168/8 and Add. I and Add. II)***

33. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an outline of the proposed program budget for the 2022-2023 biennium during its 15th Session. The Subcommittee had welcomed the Bureau's efforts to incorporate lessons learned from the previous biennium and from the pandemic response in the program budget proposal and its work with Member States to review and refocus the Organization's objectives and priorities to reflect current needs. The Bureau had been asked to provide the Executive Committee with a report on the trends and patterns observed in the reprioritization exercise. It had been pointed out that Member States face unprecedented financial pressures as a result of the pandemic, and it had been emphasized that the Bureau should develop a realistic budget proposal that reflected that context of resource constraints. The Bureau had been encouraged to continue to seek economies through increased efficiency.

34. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the program budget proposal for 2022-2023 (Document CE168/8), noting that it was the first full draft of the program budget to be presented to the Governing Bodies and that the proposal had been updated to reflect recent developments at the country, regional, and global levels. He pointed out that, in preparing the proposal, the Bureau had carefully considered the current situation, existing commitments, the review of the strategic priorities undertaken in collaboration with Member States, and lessons learned during the current biennium. The proposal had been crafted with a view to providing the strategic direction, approaches, and areas of focus for the biennium, with special attention to risks and mitigation actions for 2022-2023. A key consideration had been the need to continue responding to the current pandemic situation, while not losing focus on medium- and long-term commitments for sustainable health development. The principles of equity and solidarity underpinned the proposal.

35. Mr. Maza noted that the programmatic structure of the program budget would remain largely the same as in the current 2020-2021 biennium, with 28 outcomes and 102 outputs, as approved under the PAHO Strategic Plan 2020-2025. It was aligned with various regional and global mandates, including the Sustainable Health Agenda for the Americas 2018-2030 (SHAA30), the WHO Thirteenth General Programme of Work (GPW13), and WHO program budget for 2022-2023. The process of preparing the program budget 2022-2023 had offered an opportunity to review the strategic priorities defined in the PAHO Strategic Plan 2020-2025 in the light of the current situation in order to ensure that the Bureau's technical cooperation remained responsive and aligned with Member States' needs. Consultation with Member States on the review of strategic priorities was

ongoing but would be concluded prior to the 59th Directing Council, to be held in September 2021. Planning and budgeting at country level would be guided by the results of the prioritization review conducted with each country.

36. The proposal called for a total budget of US\$ 688 million<sup>3</sup>, including \$640 million for base programs and \$48 million for special programs, \$20 million and \$18 million more, respectively, than in the 2020-2021 biennium. The increases would be financed entirely from the increase in the WHO allocation to the Regional Office for the Americas (AMRO). The budget allocation from WHO for AMRO amounted to \$252.6 million for base programs and \$17.3 million for special programs. PAHO net assessed contributions would remain unchanged under the Program Budget 2022-2023. Acknowledging that there had traditionally been a sizable gap between WHO allocated funding and the amount actually received, Mr. Maza emphasized that every effort had been made to ensure that the proposal was realistic, balancing the needs identified in a bottom-up planning and costing exercise, existing corporate commitments, and the technical cooperation priorities identified by Member States against historical trends and prospects for financing. He also noted that PAHO assessed contributions had not increased since 2012-2013, which meant that, in real terms, predictable, flexible financing for technical cooperation activities had declined, while dependence on voluntary contributions had grown.

37. Like the Subcommittee, the Executive Committee welcomed the Bureau's efforts to incorporate lessons learned from the previous biennium and from the pandemic response in the budget proposal and to work with Member States to review the Organization's priorities. The Executive Committee expressed appreciation to the Bureau for the effort made to present a proposed program budget that not only clearly showed the alignment between the global and regional mandates, but also a results chain indicating how collectively established objectives would be achieved. To facilitate future evaluation of the achievement of those objectives, the Bureau was urged to carefully validate baselines and targets for the output indicators. It was also encouraged to review the wording of some of the key technical cooperation interventions identified under each outcome to make it clear that those activities would be carried out in close collaboration with national health authorities.

38. The cost-efficiency measures implemented by the Bureau were applauded; at the same time, however, it was hoped that those measures would not affect the deployment of technical cooperation at the country level. It was pointed out in that regard that the recovery of essential health services in the post-pandemic period would require a redoubling of efforts at the country level, and the Bureau was encouraged to review the proposed 3% increase in the allocation to the regional level with an eye to channeling more resources to the country level. The Bureau was also encouraged to strengthen the PAHO/WHO representative offices in order to strengthen technical cooperation at country level and facilitate the achievement of both collective and individual country objectives.

---

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

39. It was pointed out that, going forward, it would be critical to continue implementing lessons learned from the COVID-19 pandemic and making adjustments as needed. In that connection, the Bureau was asked to include in the document to be prepared for the Directing Council more specific information on the synergies between outcomes 23 (Health emergency preparedness and risk reduction) and 24 (Epidemic and pandemic prevention and control) and the Health Emergencies Program.

40. More information was requested on the interprogrammatic actions that would offset reductions in the allocations for some outcomes, such as outcome 7 (Health workforce). Further detail was also requested on how the Bureau planned to address the External Auditor's recommendations on improving the costing of activities under the program budget and agreeing with Member States a methodology to establish a target level of retained program support funds for financing subsequent biennium program budget activities and transferring any surplus over the agreed level to fund other priority or strategic funding requirements (see paragraphs 114 to 132 below).

41. The Committee recognized that the Bureau's ability to continue providing critical support during the pandemic and to implement the technical cooperation planned for the coming biennium would depend on the availability of financial resources, and Member States were urged to pay their assessed contributions on time and in full. In view of the historical shortfall in the receipt of the WHO allocation to the Region, the Bureau was encouraged to plan around potential gaps in WHO funding. It was also encouraged to identify new strategies for resource mobilization. Clarification was sought regarding what strategies were being considered to achieve the Bureau's stated objective of strategically positioning PAHO as the partner of choice for health in the Americas. The Bureau's efforts to strengthen accountability through the PAHO Program Budget Portal were applauded. It was noted that the portal enabled Member States to identify areas where there were funding gaps and where technical cooperation results might therefore be limited.

42. Mr. Maza thanked delegates for their suggestions for the improvement of the program budget document, affirming that the Bureau strove to present information in the clearest manner possible. Regarding the questions on outcomes 23 and 24, he pointed out that there were synergies among all the outcomes having to do with emergency preparedness and response and those related to health systems and services, since effective emergency response required comprehensive action across health systems and services. Similarly, as outcome 7 (Health workforce) was closely linked to other outcomes relating to health systems and services, the reduction in the former could be offset through an integrated interprogrammatic approach to the latter. With regard to the distribution of the budget by functional level, he pointed out that the 40% allocated to the country level was the minimum under the PAHO Budget Policy; in reality, however, substantially more than that went to countries, since a large portion of the budget for technical programs and for enabling and support functions at the regional level supported technical cooperation with countries. He assured the Executive Committee that, in preparing the budget proposal, the Bureau had taken into consideration the gap between the amount allocated and the funding received from WHO. It was grateful for Member States' continued advocacy within WHO aimed at ensuring that the Region received the entire budget allocation of the WHO budget.

43. The Director explained that the Bureau had already made significant headway towards positioning PAHO as the preferred partner and the lead public health agency in the Region. It had significantly ramped up its communications, including through weekly press briefings, with a view to raising awareness of the Organization and its work, not just in Latin America and the Caribbean but globally. At the same time, the Bureau had stepped up its resource mobilization efforts and its outreach to potential new partners, including philanthropic organizations and private-sector entities, always ensuring that any such fund-raising efforts were fully in accordance with the Framework of Engagement with non-State Actors (FENSA). PASB aimed to ensure that all members of staff, including staff in the country offices, saw themselves as resource mobilizers.

44. She thanked Member States for their engagement in the budgetary process and for their many recommendations on how to improve the process and the information provided. She assured the Executive Committee that the Bureau would do its best to incorporate the suggestions made with regard to the proposed PAHO Program Budget 2022-2023 and to ensure effectiveness, efficiency, and transparency, not only in the process of developing the program budget but also in implementing it. She noted, however, that the Bureau faced heavy demand for technical cooperation services related to the COVID-19 pandemic and its ability to respond to other demands was therefore limited.

45. The Executive Committee adopted Resolution CE168.R6, recommending that the Directing Council approve the PAHO Program Budget 2022-2023 as proposed in Document CE168/8. The Committee also adopted Resolution CE168.R7, recommending that the Directing Council establish the assessed contributions of Member States, Participating States, and Associate Members for the biennium 2022-2023.

***Scale of Assessed Contributions for 2022-2023 (Document CE168/9)***

46. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the PAHO scale of assessed contributions for 2022-2023 would be based on the scale adopted by the General Assembly of the Organization of American States (OAS) in October 2018, which covered the period from 2019 to 2023. As the OAS scale would apply different percentage calculations for 2022 and 2023, the PAHO scale would also differ in the two years of the biennium. The changes in the percentage calculation would entail an increase for all OAS Member States except the United States of America.

47. The Delegate of the United States pointed out that it was not in the Organization's best interest to be overly reliant on a single donor and that the equitable sharing of assessed contributions among Member States would encourage financial sustainability.

48. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) noted that, pursuant to the PAHO Constitution, the Organization's scale of assessed contributions was tied to the scale formally adopted by the OAS.

49. The Director said she appreciated that the new OAS scale would require some PAHO Member States to pay a higher contribution to the Organization at a time when

many faced economic difficulties due to the pandemic. Nevertheless, the importance of timely payment of assessed contributions could not be understated. Indeed, it was critical to the Organization's ability to deliver technical cooperation. She appealed to Member States to ensure that their payments were made in a timely manner.

50. The Executive Committee adopted Resolution CE168.R5, recommending that the Directing Council approve the scale of assessed contributions for 2022-2023 as set out in Document CE168/9.

***Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas (Document CE168/10)***

51. Dr. Sebastián García Saiso (Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the proposed roadmap for the digital transformation of the health sector in the Region, noting that it was related to the proposed policy on the application of data science in public health using artificial intelligence and other emerging technologies (see paragraphs 60 to 68 below), but that it called for distinct policy actions. He also noted that both the roadmap and the policy had been discussed at a conference on information systems for health (IS4H) held in February 2021.

52. Pointing out that telemedicine and other digital health solutions had proved crucial to the delivery of health services and the continuity of care during the COVID-19 pandemic, he explained that the aim of the roadmap was to support Member States in participating in a safe, ethical, equitable, inclusive, and cost-effective way in the digital transformation processes with a view to accelerating the adoption and implementation of interoperable digital health solutions through a multistakeholder approach and in collaboration with key partners.

53. The roadmap built on existing mandates and plans and on the experience of PAHO, WHO, and other relevant organizations in supporting interventions that employed an innovative approach to the development and use of interoperable and interconnected information systems for health and digital health solutions. Its eight lines of action were aligned with the eight principles for digital transformation of the health sector adapted from the United Nations Roadmap for Digital Cooperation and agreed with Member States during the IS4H conference in February 2021.

54. The Executive Committee voiced strong support for the roadmap and thanked the Bureau for involving Member States in the deliberative process leading to its development. The Committee felt that the roadmap clearly laid out the actions required to bring about the digital transformation of the health sector in the Region. It was emphasized that the digital transformation process must ensure the availability, accessibility, and interoperability of information, with high security standards to protect the confidentiality of patient information, while also making information available for evidence-based decision- and policy-making. The Committee also stressed the importance of a multisectoral approach and of ensuring interoperable, equitable, and inclusive digital health solutions. The need to adapt such solutions to the reality, priorities, and needs of each country was highlighted.

55. It was pointed out that the technology required for digital transformation was not available to everyone in the Region, which could create a new gap between those who did and did not have access to resources. It was also pointed out that those who had access to digital technologies did not necessarily know how to use them and that appropriate training was therefore essential. The importance of training in the ethical use of data and in digital literacy, both for health personnel and for the general public, was underscored. In order to achieve the objectives of the roadmap, it was considered essential for governments to invest in its implementation, including through investment in universal connectivity and mobile telephone coverage, especially in remote and vulnerable communities.

56. It was suggested that the document would benefit from the inclusion of information on successful digital health initiatives under way in various countries of the Region. The important role of PASB in sharing information on such experiences and promoting cooperation and collaboration between countries was noted. As the policy document comprehensively addressed the issues involved in digital transformation processes, it was not considered necessary to develop a subsequent strategy and plan of action on the matter.

57. Dr. García Saiso acknowledged the value of sharing experiences and information and thanked Member States for their contributions to the roadmap and to the IS4H initiative. He assured the Executive Committee that the Bureau was keenly aware of the need to bridge digital gaps between and within countries and avoid exacerbating existing inequities, noting that the issue was addressed in a cross-cutting manner throughout the roadmap. The Bureau also recognized the need to adapt the actions taken under the roadmap to the needs and priorities of each country and stood ready to work with Member States to that end.

58. The Director noted that digital transformation had been recognized as key to the attainment of the Sustainable Development Goals and universal health coverage. She pointed out that, in many countries, significant progress in digital transformation had been made in other sectors, but that the health sector had lagged behind, and it was therefore important for the sector to catch up. She affirmed that, in the Bureau's work to advance digital transformation in the Region, it would place emphasis on equity, and on ensuring the use of technologies that were already widely available, while also expanding access to other health technologies. The Bureau recognized the value of harnessing the knowledge and experience existing in the Region, and she assured Member States that there would be ample opportunity for them to share information and best practices.

59. The proposed resolution on this item was revised to reflect comments and suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE168.R3, recommending that the 59th Directing Council approve the roadmap.

***Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Document CE168/11)***

60. Dr. Sebastián García Saiso (Director, Department of Evidence and Intelligence for Action in Health, PASB), introducing the proposed policy, pointed out that the COVID-19



pandemic had highlighted the importance of access to timely and secure access to accurate data and information for decision-making and had also revealed the limitations that existed with regard to health statistics. He explained that the aim of the proposed policy on the application of data science was to provide strategic and technical guidance to enable Member States to create an enabling environment to support general and predictive analysis for modeling, forecasting, and identification of public health trends and for devising practical solutions to improve health outcomes.

61. He reported that an analysis of IS4H maturity in the countries and territories of the Region had shown that there was great opportunity for better health data management, but also major challenges in relation to governance and regulatory issues, critical levels of aggregation, cybersecurity, and ethical use of information and data. The proposed policy was intended to help Member States tackle those challenges through eight priority actions, which were described in Document CE168/11.

62. The Executive Committee expressed solid support for the proposed policy and priority actions and agreed on the need to develop and implement policies and initiatives for the use of data science in order to strengthen public health data and surveillance, facilitate a better understanding of complex public health problems, and increase the availability of evidence-based information for decision-making. The Committee also recognized the challenges existing in this area, including the need to strengthen regulatory systems and to protect privacy and ensure ethical and transparent use of data, the need to address differences in health information systems between and within countries and put in place standards for interoperability and information-sharing, and the need to ensure training for health personnel in the appropriate use of data science tools and methods. In relation to the latter, a delegate drew attention to the importance of presenting data science technologies to health workers as a means of enhancing their current activities and not as a replacement for traditional methods.

63. It was pointed out that implementing the policy would require action beyond the health sector and that the policy should therefore be accompanied by broad national policies and efforts aimed at fostering the development of the necessary capacities. The proposed policy was seen as a means of promoting the exchange of experiences and good practices and strengthening capacities through international cooperation. The Bureau's role in that regard was highlighted. As with the roadmap for digital transformation of the health sector, it was not considered necessary to develop a subsequent strategy and plan of action, as the policy document comprehensively addressed the issues involved in the application of data science in public health.

64. It was emphasized that care must be taken to ensure that data science tools were used in a way that did not exacerbate existing health disparities but rather served to reveal inequalities in health status and health determinants in order to provide a basis for addressing them. The importance of representative datasets that included information on vulnerable and underserved populations was stressed.

65. It was suggested that the policy could be improved by clarifying the distinction between the concepts of “open data” and “open algorithms” and by better nuancing and contextualizing the references to them. In that regard, it was pointed out that there could be legal and ethical barriers to the sharing of many types of health data openly, coupled with technical barriers to data anonymization, and that many data science initiatives used proprietary algorithms or software that could not be shared openly.

66. Dr. García Saiso thanked the Executive Committee for its suggestions for improving the document and affirmed that the policy would continue to be broadened and strengthened as it was implemented. The Bureau was convinced that the policy would provide a sound basis for enhancing capacity to collect and analyze data in order to generate the information and intelligence required for decision-making for the benefit of the Region’s populations.

67. The Director agreed that the policy had the potential to catapult health information into the 21st century and enable the optimal use of relevant data for public health decision-making. It was an ambitious policy, but also, in her view, a necessary one. The Bureau did not intend to develop a subsequent strategy and plan of action, but it would need to continue working closely with experts and institutions in Member States to plot the way forward and realize the policy’s objectives.

68. The Executive Committee adopted Resolution CE168.R2, recommending that the 59th Directing Council approve the policy.

***Increasing Production Capacity for Essential Medicines and Health Technologies (Document CE168/12)***

69. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introduced the document on this item, explaining that the COVID-19 pandemic had led to shortages and inequities in access to essential medicines, vaccines, personal protective equipment, and other health technologies and supplies vital for the control and management of an international health emergency. It had also highlighted the high dependence of Latin America and the Caribbean on imports of medical products from other Regions; the vulnerabilities of global supply chains; and the heterogeneity in the Americas in terms of COVID-19 vaccine research, development, and production capacity.

70. Dr. Fitzgerald emphasized that ensuring access to essential medicines, vaccines, and other critical health supplies required regional collaboration, coordination, and solidarity. Comprehensive sectoral and intersectoral policies were also needed to increase development and production capacities. A number of projects and initiatives in the Region had already helped to facilitate technology transfer and accelerate the development and fair distribution of COVID-19 vaccines. The policy paper aimed to promote intersectoral action and increase regional production and development capacities to improve access to medicines and other health technologies, protect national security, and stimulate economic recovery in the Region. It was built on three strategic lines of action: strengthening coherence in intersectoral action and governance in health, science and technology, and

industry; strengthening research, development, production, and logistical capacity; and strengthening regional and subregional collaboration and strategic partnerships.

71. In the ensuing discussion, delegates welcomed the policy paper, commending in particular its focus on promoting equal access to medicines, sharing experiences and good practices, and strengthening regional production and international cooperation. It was stressed that equal access to medicines and vaccines was fundamental to the right to health for all. Promoting generic medicines, increasing transparency of production costs at national and regional levels, and increasing local production through technology transfer were highlighted as possible strategies for fostering more equal access to medicines and health technologies. PAHO was urged to continue promoting the exchange of knowledge, information, and technology between Member States in order to facilitate decision-making and increase local development and production capacities. It was suggested that high-income countries should support those with fewer resources, including by providing capacity-building, technology transfer, and continuous training.

72. Delegates agreed that the COVID-19 pandemic had exposed the urgent need to strengthen and diversify global supply chains to facilitate equal access to health products, essential supplies, and raw materials in the Region. It was considered critical for PAHO and Member States to join forces to improve the Region's capacity to respond to emergency situations, access the medicines and health technologies needed for the management of COVID-19 patients, and ensure effective vaccination programs. A representative of a nongovernmental organization urged Member States to promote sustainable financing mechanisms in support of research and development and initiatives to strengthen national or regional production of affordable medicines and to include medicines for the treatment of neglected tropical diseases endemic to the Region as priority products for local production.

73. Strong support was expressed for greater technical, multisectoral, and multilateral cooperation, including between PAHO, WHO, the World Intellectual Property Organization (WIPO), and the World Trade Organization (WTO). The critical work of industry in responding rapidly to the COVID-19 pandemic and developing vaccines was commended, and the importance of working with non-State actors was emphasized, as was coordination among government ministries and cooperation with lawmakers. Several delegates reaffirmed their countries' commitment to the WTO Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement) and the Doha Declaration on the TRIPS Agreement and Public Health. The importance of the COVAX Facility and the COVID-19 Technology Access Pool (C-TAP) and Medicine Patent Pool initiatives was also underscored.

74. Several delegates outlined measures that had been taken by their Governments to strengthen the research, development, and production of medicines and health technologies. Further engagement with patent-holding companies was recommended in order to promote public-private partnerships, foster technology transfer, and facilitate the local production of medicines and health technologies. It was suggested that intellectual property waivers for COVID-19 vaccines, which was currently being discussed at the

WTO, should be incorporated into the document. One delegate expressed the hope that the comprehensive nature of the policy paper would obviate the need for an accompanying strategy and plan of action to be developed. The Bureau was requested to ensure that the document was shared in good time ahead of the 59th Directing Council in order to facilitate consultation with as broad a range of stakeholders as possible.

75. Dr. Fitzgerald agreed with delegates on the need for greater intersectoral action, involving not only the health, science and technology sectors, but also non-State actors, including the private sector, academia, and civil society. He noted that, since the onset of the COVID-19 pandemic, many countries had already made progress in that area, identifying national priorities and establishing coordination mechanisms between multiple stakeholders. He also pointed out that leadership at the highest levels of governance, concerted action by government ministries, and the involvement of lawmakers constituted critical components of efforts to increase production capacity. National regulatory authorities and the Pan American Network for Drug Regulatory Harmonization also had an essential role to play, not only in ensuring the rapid evaluation, quality, safety, and efficacy of medicines, but also in providing oversight of research and development and supporting increased production capacities.

76. Dr. Fitzgerald explained that the Bureau had attempted to strike a balanced approach in the policy document to the issue of intellectual property, at once recognizing the importance of intellectual property protection for the development of new medicines while also emphasizing Member States' need to protect public health and to promote access to medicines for all. Concerning the linkages between the policy's strategic lines of action and other global and multilateral initiatives, he explained that the Organization was making every effort to build solidarity and collective action across the Region. For example, it had been working with various organizations, including the Economic Commission for Latin America and the Caribbean (ECLAC) and the Community of Latin American and Caribbean States (CELAC), as well as the WHO World Local Production Forum and various industry sectors, to strengthen capacity and promote technology transfer in the Region. It was also liaising with the United Nations common system and the World Bank to ensure access to priority products.

77. As significant investment to meet the objectives of the policy paper would be required, the Bureau was engaging with private-sector stakeholders and national and international financial institutions, including the Inter-American Development Bank. Efforts were also under way with WHO and non-State actors, such as universities and representatives of industry, to facilitate the establishment of a COVID-19 mRNA vaccine technology transfer hub in the Region.

78. The Director noted that the pandemic had highlighted the Region's heavy dependence on other regions for essential medicines and supplies. It was vital that the Region became more self-sufficient, not only in the context of the current COVID-19 pandemic, but also in the face of any future pandemics. However, achieving self-sufficiency would require more than technology transfer or the suspension of intellectual property rights. It would necessitate commitments at the highest political levels and

significant capacity-building investments in order to make universal health a reality and build solidarity across the Region.

79. During the Committee's discussion of the proposed resolution, it was suggested that an additional operative paragraph should be added on the creation of a regional forum for discussion of the challenges and opportunities associated with the production of essential medicines and health technologies. Additional amendments aimed at simplifying and clarifying some wording and ensuring consistency with other WHO and PAHO documents were also proposed. The Executive Committee subsequently adopted the amended Resolution CE168.R4, recommending that the 59th Directing Council approve the policy document.

***One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface (Documents CE168/13 and CE168/13, Rev. 1)***

80. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) introduced Document CE168/13, explaining that the aim of the One Health policy was to foster coordination and collaboration among human, animal, plant, and environmental health programs in order to better prevent and prepare for current and future health challenges at the human-animal-environment interface. The policy put forward a collaborative, multidisciplinary, and multisectoral approach for achieving optimal health outcomes by recognizing the interconnections between people, animals, plants, and their shared environment. The One Health approach was intended to address a range of health threats, including diseases of zoonotic origin, antimicrobial resistance, and foodborne illnesses.

81. Dr. Espinal pointed out that the COVID-19 pandemic was the latest example of the devastating impact of zoonotic diseases on human society, not just in terms of health but also in economic terms, as evidenced by the 7% contraction in the gross domestic product (GDP) of Latin America and the Caribbean in 2020.

82. The One Health policy built on existing mandates and plans and on the experience of PAHO and other relevant organizations in working with stakeholders beyond the health sector. It included six strategic lines of action. The policy had benefited from input from various entities across the Bureau and from suggestions made by Member States during two informal consultations held in May 2021.

83. The Executive Committee welcomed the proposed policy and endorsed the One Health approach, underlining the need for multidisciplinary and multisectoral action to implement such an approach. While the Committee expressed support for the proposed strategic lines of action, Members felt that several aspects of the policy could be strengthened. For example, it was suggested that the policy should address several issues specific to the Region, such as illegal mining involving the use of toxic chemicals, which had negative consequences for food and water sources and therefore for human health; the use of agrochemicals and the need for research on their true impact and monitoring and control of their use; the need for integrated waste management and incentives to reduce the

use of polluting products and promote reuse of materials; and the need to improve air quality and reduce pollutants that were harmful to health.

84. It was also suggested that the document should place greater emphasis on utilizing the existing technical and human resource capacities in each country, including the expertise available at PAHO/WHO collaborating centers; sharing information; and conducting joint research in order to implement the One Health approach. One delegate expressed the view that, before the policy could be adopted and implemented, it would be necessary to coordinate with the other sectors involved in applying a One Health approach, in particular in order to ensure that adequate attention was given to social determinants of health, such as access to water and sanitation and to nutritious food.

85. It was pointed out that the policy did not adequately recognize the importance of working with local populations, including indigenous peoples, and ensuring that local knowledge was duly considered. The importance of protecting both human and wildlife health was also noted, and it was suggested that the policy should include a reference to the World Organisation for Animal Health (OIE) Wildlife Health Framework in order to highlight the vital role of wildlife in biodiversity and essential ecosystem services. The Bureau was asked to clarify how PAHO would contribute to the One Health High-level Expert Panel and was encouraged to work closely with WHO Headquarters, OIE, the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Environment Programme (UNEP) in implementing the policy.

86. With regard to the proposed resolution annexed to Document CE168/13, it was pointed out that the wording of preambular paragraph 4 suggested that intensive agricultural production and exportation automatically increased the risk of zoonotic diseases, a statement that did not appear to be based on a risk assessment or supported by scientific evidence.

87. Dr. Espinal explained that the policy put forward a generic approach that could be adapted by countries to address issues of specific concern to them, such as illegal mining, use of agrochemicals, and other matters raised by the Executive Committee. He assured the Committee that the Bureau was fully aware that implementing the One Health approach would require collaboration across sectors and noted that, for that reason, it had sought to include representatives of the agricultural and environmental sectors and of national regulatory agencies in the Member State consultations held in May. For that reason, as well, the policy's first strategic line of action acknowledged that the One Health approach could not be managed by any one entity or sector and called for an analysis and mapping of the complex interactions between the various sectors that must be involved. Dr. Espinal also pointed out that Annex C included a non-exhaustive list of the collaborating centers with which the Bureau proposed to work in order to promote research and training under the policy. Lastly, he noted that PAHO was working closely with FAO and OIE and was leading efforts within the "Tripartite" (formed by WHO, FAO, and OIE) to tackle antimicrobial resistance in various countries.

88. The Director affirmed that the One Health initiative brought together a multitude of government sectors, including health, agriculture, environment, and trade, as well as civil society, academia, and the private sector. However, it had not yet been possible to achieve a total commitment across all the sectors concerned. The Bureau was therefore working with countries to help them put in place broad multisectoral coalitions at the national level. It was vital to do so because, without strong collaboration across sectors, it would be impossible to address critical issues such as antimicrobial resistance or avert future pandemics.

89. A working group was formed to revise the document and the proposed resolution in order to incorporate the Executive Committee's comments and suggestions. The Committee subsequently adopted Resolution CE168.R11, recommending that the 59th Directing Council approve the policy.

***Reinvigorating Immunization as a Public Good for Universal Health (Document CE168/14)***

90. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion and Life Course, PASB), introducing the policy document on this item, affirmed that immunization was a key pillar of public health, an indisputable human right, and one of the best health investments that money could buy. He recalled that the Region of the Americas had an enviable immunization record: through the Expanded Program on Immunization in the Americas, it had successfully eliminated several vaccine-preventable diseases, including poliomyelitis, measles, and neonatal tetanus. New vaccines, such as those for rotavirus, pneumococcus, and human papillomavirus, had been introduced, and countries had strengthened their immunization programs and surveillance systems with support from the Revolving Fund for Access to Vaccines. Nevertheless, over the past decade, national immunization programs had suffered a number of setbacks, including a decrease in vaccination coverage, inadequate long-term sustainable financing, less stringent epidemiological surveillance, and increased vaccine hesitancy linked to the rise of false information. Those setbacks had contributed to emerging outbreaks of vaccine-preventable diseases in the Region. Moreover, the COVID-19 pandemic had disrupted immunization programs and expanded existing gaps in vaccination coverage.

91. Dr. De Francisco Serpa noted that the policy document provided for a strategic framework with priority lines of action and new approaches aimed at reinvigorating immunization as a public good for universal health. It included an overview of the current situation, highlighted critical challenges, and proposed innovative strategies incorporating proven best practices and emerging technology and tools. Those strategies included leveraging artificial intelligence and georeferencing tools to identify unvaccinated population clusters and developing innovative communication approaches to build trust in vaccines and combat vaccine hesitancy. He pointed out that strong immunization programs were key not only to maintaining the advances already made but also to controlling current and future epidemics and pandemics. Lastly, he noted that issues related to COVID-19 vaccines and the COVAX Facility were addressed under the update on COVID-19 in the Region of the Americas (see paragraphs 178 to 193 below).

92. In the ensuing discussion, delegates expressed strong support for the policy, acknowledged the value of immunization as a public good for universal health, and reaffirmed their countries' commitment to strengthening their national immunization programs. It was noted that the COVID-19 pandemic had underscored the vital role of vaccines in protecting public health and the risks associated with reduced vaccination coverage; it had also disrupted immunization programs and widened existing gaps in access to health. Concern was expressed regarding the spread of misinformation about vaccines, growing vaccine hesitancy, and the consequent resurgence of vaccine-preventable diseases. It was emphasized that a multistakeholder approach—involving governments, donors, civil society, and the pharmaceutical industry, among others—was needed to maintain hard-won gains, recover from the disruptions caused by the COVID-19 emergency, and increase access to vaccines for all.

93. Several delegates outlined the measures their countries had taken to bolster their national immunization programs, the progress they had achieved, and the challenges they continued to face. Of those challenges, countering misinformation, disinformation, and false information was highlighted as a serious and growing concern. It was recommended that the document should place greater emphasis on tackling that issue, including through information campaigns to encourage public engagement and dispel myths related to vaccines. The key role of civil society and communities in that endeavor was highlighted. Several other suggestions were made, including ensuring timely and equitable access to vaccines and health technologies across the Region; strengthening countries' technical and institutional capacity-building; and expanding regional production to ensure equal access to vaccines and other strategic supplies throughout the Americas.

94. Delegates welcomed the policy document's focus on best practices and innovative strategies, highlighting in particular the emphasis on digital intelligence and strong leadership. The policy's alignment with the WHO Immunization Agenda 2030 was also welcomed. It was pointed out that expanding vaccination coverage would require new delivery methods and investments in scalable and resilient vaccination logistics, infrastructure, manufacturing, and supply chains—factors that the document did not consider. Clarification was sought on the source of information used in the policy document to support the link between immunization and educational attainment. Several delegates called for the development of a detailed plan of action to accompany the policy, while one delegate felt that the policy was comprehensive enough to render a plan of action unnecessary.

95. Dr. De Francisco Serpa agreed that combating misinformation and false information about vaccines was essential for building public trust in vaccines and science and combating vaccine hesitancy. For that purpose, the Bureau had developed a number of tools and courses to assist countries in developing communication plans and conveying authoritative information about vaccines and immunization. He pointed out that the media were a critical component of efforts to build confidence in vaccines, as were health workers. The Bureau had therefore been carrying out a series of activities for health workers and holding talks and seminars for journalists on how to use communication tools to present information on vaccines in a more objective and informative manner. He also



pointed out that it was vital to keep abreast of public opinion and ensure that official communications were up-to-date and addressed the latest questions raised and misinformation posted on social networks. With regard to the preparation of a plan of action, he indicated that, following the completion of the Plan of Action on Immunization for the period 2016–2020,<sup>4</sup> a new plan was being developed. That plan would be aligned with the WHO Immunization Agenda 2030.

96. The Director observed that, while the Region had an impressive immunization record, it now faced a real and growing danger of the reemergence of the vaccine-preventable diseases that it had worked so hard to eliminate. She pointed out that the reduction in vaccination coverage was not due to the COVID-19 pandemic alone. Over the past 10 years, financial investments in immunization programs had fallen and the visibility afforded to immunization programs by high-level politicians had diminished. The pandemic had exacerbated existing vaccination coverage gaps and contributed to growing vaccine hesitancy. It had also had the effect of diverting human and financial resources from national immunization programs and reducing coverage of essential health services in general.

97. In the light of those challenges, the Bureau was strengthening its immunization program and urged Member States to do the same. She confirmed that a plan of action would be drawn up; however, as the plan would be developed in close collaboration with Member States and other partners, she did not believe that it would be necessary to submit it for formal approval by the Governing Bodies.

98. Following the incorporation of several amendments proposed with a view to simplifying and clarifying some wording in the proposed resolution contained in Document CE168/14, the Executive Committee adopted Resolution CE168.R15, recommending that the 59th Directing Council approve the policy.

***Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CE168/15)***

99. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), introducing the strategy, noted that the COVID-19 pandemic had impacted health, lives, and livelihoods in the Americas, generating a social and economic crisis characterized by mass unemployment, increased impoverishment, and exacerbation of longstanding inequities. He pointed out that the path to recovery would require intensified action to control the pandemic, rapid and equitable deployment of COVID-19 vaccines, and mitigation of disruptions in essential health services caused by the pandemic. In order to transition from pandemic response to recovery, it would be necessary to focus on building sustainable and resilient health systems.

100. Dr. Fitzgerald noted that important empirical lessons had been learned during the pandemic that would inform future decisions and actions aimed at developing, strengthening, and enhancing the preparedness of health systems. For example, failure to

---

<sup>4</sup> See Document CE168/INF/5 (2021).

address longstanding structural deficiencies and chronic underinvestment in health systems would impact response capacity and public health outcomes in times of a future public health emergency. In addition, effective governance and leadership were critical to ensure coherent planning of public health interventions, preparedness and response. On the positive side, the pandemic had prompted significant increases in surge capacity and accelerated innovations to optimize the mobilization and utilization of limited resources to address health needs. Health service delivery had been reorganized and expanded in all 51 countries and territories of the Region through the adoption of digital health technologies and other innovations.

101. The strategy put forward in Document CE168/15 would build upon the policy on resilient health systems approved in 2016,<sup>5</sup> while also incorporating the experience gained from the response to the pandemic. It comprised four strategic lines of action and would provide a framework to support Member States in accelerating the recovery and protection of lost public health gains and advancing towards more resilient, sustainable, and inclusive health systems during a potentially complex and protracted recovery period in the Americas.

102. The Executive Committee welcomed the proposed strategy and agreed that the pandemic had highlighted existing weaknesses and underscored the need to build more resilient health systems in order to protect public health gains and ensure the continued delivery of essential health services during future health emergencies. The Committee also agreed that the pandemic had demonstrated the need for sustained investment in health systems. The need to build on the lessons learned from the pandemic was emphasized. Several delegates drew attention to the importance of ensuring access to safe, efficacious, and high-quality medicines and other health products and the need to enhance capacity for national production of such products in order to avoid shortages and supply problems. The need to strengthen drug regulatory systems was also noted, as was the need to bolster the capacity of human resources and of health systems and services to adapt to emergency situations and to sudden large increases in demand. The need to protect the health workforce, including by ensuring adequate supplies of PPE, was stressed. It was pointed out that strengthening the resilience of health systems was essential to protect not only health but also social and economic development. It was also pointed out that the pandemic had set back progress on the Sustainable Development Goals, and the need to renew efforts to achieve the Goals was underlined.

103. The Committee expressed strong support for the proposed strategy and its lines of action. However, it was suggested that several aspects could be enhanced, including the need to ensure appropriate training of human resources in order to strengthen health systems based on the primary health care approach. It was also felt that the strategy should place greater emphasis on improving core capacities for public health risk assessment and on addressing social, economic, and environmental determinants of health and on the pandemic's long-term health and economic impacts on children and young people. While

---

<sup>5</sup> See Document CD55/9 and Resolution CD55.R8 (2016).

the issue of mental health was mentioned in the strategy, it was considered that it should figure more prominently.

104. A representative of a nongovernmental organization highlighted the impact of the pandemic on care for persons affected by neglected diseases and urged Member States to adopt and implement policies and initiatives focusing on the neglected diseases that disproportionately affected the Region.

105. Dr. Fitzgerald noted that many of the comments had highlighted the need to address both short-term needs and mid- to long-term objectives of health systems transformation based on the primary care approach. Those comments echoed similar comments made during the Member State consultations on the strategy, when many participants had emphasized the importance of strengthening capacity and addressing needs at the community level, including barriers to access for vulnerable and disadvantaged groups who had been disproportionately affected by the pandemic. He recalled that in 2019 the Director had launched the regional primary health care compact,<sup>6</sup> which would provide useful guidance for the process of recovering lost public health gains and improving the resilience of health systems.

106. He had taken note of the comments regarding improvements to the strategy, including greater emphasis on the issue of mental health and improving core capacities for essential public health functions, and would ensure that the document was revised accordingly. Lastly, he pointed out that the strategy was related to the policies on the One Health approach (see paragraphs 80 to 89 above) and the policy on increasing production capacity for essential medicines and health technologies (see paragraphs 69 to 79 above), and assured the Executive Committee that, in implementing the strategy, the Bureau would ensure the necessary linkages with the work undertaken on those policies.

107. The Director affirmed that resilient health systems were crucial to the achievement of SDG 3 and related SDGs, to future pandemic preparedness and response, and to the transformation of health systems based on primary health care and the fulfillment of essential public health functions. Stressing the importance of public investment in health systems, she noted that the primary health care compact called for the allocation of at least 6% of GDP to public spending on health, with 30% of that spending invested in the first level of care. She also noted that, as highlighted in a joint report by ECLAC and PAHO,<sup>7</sup> it would be essential to acknowledge the interconnectedness of health, the economy, and social systems as the Region strove to build back in the post-COVID era.

108. The proposed resolution contained in Document CE168/15 was amended to reflect comments and suggestions made during the discussion, and the Executive Committee

---

<sup>6</sup> Pan American Health Organization. Compact 30•30•30 PHC for Universal Health. Washington, D.C.: PAHO; 2019. Available from: <https://www.paho.org/en/documents/brochure-compact-303030-phc-universal-health>.

<sup>7</sup> Economic Commission for Latin America and the Caribbean and Pan American Health Organization. Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean. Washington, DC: ECLAC/PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52535>.

subsequently adopted Resolution CE168.R12, recommending that the 59th Directing Council approve the strategy.

### **Administrative and Financial Matters**

#### ***Report on the Collection of Assessed Contributions (Documents CE168/16 and Add. I)***

109. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) reported that one Member State was in arrears to the extent that it was now subject to Article 6.B of the PAHO Constitution. Ten Member States, Participating States, and Associate Members had paid their 2021 contributions in full, seven had made partial payments, and 25 Member States had yet to make any payments at all for 2021, although assessed contributions were due on 1 January of each year.

110. He noted that the Organization continued to face severe financial difficulties owing to significant delays in the payment of assessed contributions. Over the past decade, there had been a marked increase in the balance of assessed contributions that remained outstanding at the end of the financial year, with the amount rising from \$23 million in 2011 to in excess of \$80 million in 2019 and 2020. As of 21 June 2021, \$12 million of the \$105.3 million due on 1 January 2021 had been collected. A total of \$139.3 million remained outstanding, of which \$46 million related to prior years. Of the total amount, 86% was owed by just three Member States. To meet its commitments and carry out its essential technical cooperation activities, PAHO had already been forced to utilize \$26.5 million of the \$28.7 million available in the Working Capital Fund. He stressed that the timely receipt of assessed contributions was crucial to the implementation of the Organization's program and budget and urged those Member States with pending contributions to pay them at the earliest possible opportunity.

111. In the ensuing discussion, concern was voiced about the high level of unpaid assessed contributions, which could jeopardize the Organization's delivery of critical technical support and guidance during the current, unprecedented health crisis. It was acknowledged that the economic and social effects of the COVID-19 pandemic had likely contributed to delays in the payment of Member States' assessed contributions. Nevertheless, it was underscored that Member States, Participating States, and Associate Members should make every effort to pay their contributions on a timely basis to ensure that the Organization could deliver vital assistance and carry out its program of work.

112. The Director thanked the Member States that had made timely payments and appealed to those that had yet to make their payments to do so as soon as possible. She pointed out that there had been no increase in assessed contributions for four consecutive bienniums, which meant that, in real terms, the Organization had seen a reduction in its purchasing power. While she recognized that the pandemic had caused economic difficulties for many Member States, the issue of unpaid contributions predated the health crisis by some years and put at risk the ability of the PAHO to deliver much-needed technical cooperation.

113. The Executive Committee adopted Resolution CE168.R1, thanking those Member States that had made payments in 2021 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

***Financial Report of the Director and Report of the External Auditor for 2020 (Official Document 362)***

114. Mr. Marcos Cantero (Mexico, Representative of the Subcommittee on Program, Budget, and Administration) reported that, after examining an overview of the Financial Report of the Director for 2020, the Subcommittee had expressed gratitude to the Bureau for its support during the pandemic and had urged Member States to pay their assessed contributions on time, in full, and without conditions in order to enable the Bureau to continue providing that critical support. The Bureau had been asked to provide information on what steps it had taken to address the recommendations made by the External Auditor in respect of the financial report for 2019, in particular those related to resolving inconsistencies in the application of policies on accounting for delays in the receipt of assessed contributions, impairment of receivable assets, and enhancing the financial report to provide a clearer picture of the Organization's performance. The Bureau had also been asked to include a greater focus on financial trends and risk management in the financial report for 2020.

*Financial Report of the Director for 2020*

115. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) summarized the main elements of the Financial Report for 2020, including figures on total revenue and expenditure, collection of assessed contributions, voluntary contributions, and procurement on behalf of Member States, noting that the Organization had received an unmodified audit opinion from the External Auditor. He pointed out that 2020 had been a difficult year, marked by the impact of the COVID-19 pandemic and significant delays in the payment of assessed Member States' contributions. Nevertheless, the Bureau had transitioned smoothly to telework and continued to operate effectively, and the financial year had been closed successfully.

116. He reported that the Organization's total consolidated revenue in 2020 had amounted to approximately \$1,340.1 million, a 12% increase with respect to 2019, due to large increases in revenue from procurement on behalf of Member States for COVID-19 supplies and extraordinary voluntary contributions for emergencies. While procurement through the Revolving Fund for Access to Vaccines (the Revolving Fund) continued to account for the largest share of procurement revenue, revenue from the Revolving Fund for Strategic Public Health Supplies (the Strategic Fund) had risen markedly in 2020 as a result of increased procurement of COVID 19 supplies. Although the collection of assessed contributions had improved in 2020 relative to 2019, the amount collected had still amounted to only 40% of the amount committed. A total of \$84.6 million had been outstanding at year's end, \$4 million less than in 2019, but more than double the amount outstanding in 2018 and earlier years. The delays in receipt of assessed contributions had compelled the Bureau to implement extreme measures to reduce spending; it had also been

obliged to use the entirety of the balance in the Working Capital Fund and to borrow from other unrestricted funds.

117. Total consolidated expenditures for 2020 had amounted to \$1,336.2 million, in comparison with \$1,189.3 million in 2019. Purchases of supplies, commodities, and materials had represented the largest share of expenditure; procurement on behalf of Member States accounted for virtually all of those purchases. Personnel costs had accounted for \$181.5 million, compared with \$143.5 in 2019. The increase was due mainly to the actuarial revaluation of the after-service staff health insurance (ASHI) liability, which in turn was related to a significant drop in the discount rate. Staff salaries and entitlements had fallen from \$134.4 million in 2019 to \$130.7 million in 2020. Transfers and grants to counterparts had tripled in 2020 with respect to 2019 as a result of donations of large amounts of PPE during the pandemic. In contrast, travel expenses had declined dramatically, amounting to only \$9.8 million, one fifth of the amount spent in 2018.

*Report of the External Auditor for 2020*

118. Mr. Damian Brewitt (Financial Audit Director–International, National Audit Office of the United Kingdom of Great Britain and Northern Ireland (NAO)) introduced the report of the External Auditor, confirming that the Auditor’s opinion on the Organization’s financial statements had been unqualified, meaning that the audit had revealed no errors or weaknesses that had been considered material to the accuracy, completeness, or validity of the statements. He noted that obtaining an unqualified audit opinion in the context of the events of 2020 represented a significant achievement by all concerned.

119. Highlighting the main issues raised and the recommendations made in the audit report, he pointed out that, while PAHO continued to have positive overall reserves and fund balances, many of those resources were restricted for specific purposes. PAHO had increasingly subsidized funding for its regular activities from other sources. Internal borrowing was not sustainable, and the External Auditor recommended that the Organization should consider other options to fund cash deficits, including use of retained reserves of program support funds. The External Auditor recognized, however, that cash flow shortfalls could ultimately only be addressed through timely remittance of assessed contributions from Member States.

120. The audit report emphasized the need for a systematic approach to the identification of cost savings in response to Member State requests. Consideration should be given to innovative ways of delivering services, including realizing the potential of changes to work practices implemented during the pandemic and outsourcing of some support functions. In addition, given the significant long-term financial risk associated with the growth in employee benefit liabilities and PAHO Member States’ limited influence over the rules governing the WHO Staff Health Insurance Fund, the External Auditor believed that it was important to regularly consider the risks and benefits associated with ongoing participation by PAHO in that Fund.

121. Other recommendations put forward in the External Auditor’s report related to further improvements to financial reporting; strengthening of internal controls, including

identification, control, and monitoring of risks and systematic assessment of the lessons learned from the pandemic to inform the development of business continuity procedures; and management of PAHO's procurement funds. In relation to the latter, Mr. Brewitt noted that PAHO's partnership with UNICEF under the COVAX Facility had resulted in broader and deeper partnerships with other international buyers and that the External Auditor recommended that the Organization should assess the potential benefit of further pooling of technical resources and buying power with a view to reducing prices and strengthening supply of vaccines and other items. It also recommended the articulation of an overarching strategy for the procurement funds, aligned with PAHO's mandate, to enhance accountability and enable Member States to measure performance more effectively.

122. The Executive Committee welcomed the unqualified audit opinion and the positive comments of the External Auditor on the Bureau's internal control environment. The Committee commended the Bureau for its progress in implementing prior recommendations of the External Auditor and expressed support for the recommendations made in the 2020 report. Particular support was expressed for the recommendations to develop strategies for reducing costs and strengthening risk management. It was agreed that enhanced external evaluation of project performance was beneficial and that information on voluntarily funded activities should be further mainstreamed in PAHO reporting to Member States, especially information on significant financial or reputational risks. With regard to cost reductions, the Bureau was asked whether virtual meetings and training, remote working, and outsourcing of some functions were measures under consideration for the long term.

123. Support was also expressed for the recommendations concerning the Organization's procurement funds. It was suggested that those recommendations should serve as the basis for developing a roadmap, in collaboration with Member States, to improve the performance of the funds and ensure transparency and accountability. The Bureau was asked to prepare such a roadmap for consideration by the Governing Bodies.

124. The Bureau was asked to express its views on the External Auditor's recommendation regarding options such as making greater use of retained reserves to offset cash flow deficits. Concern was expressed about the increase in the employee benefit liabilities, which was seen as a financial risk for the Organization. The Bureau was asked to indicate if it had assessed whether the current approach to funding those liabilities was the best one; if not, it was requested to conduct such a review and report to the Directing Council on the findings. In addition, clarification was requested of a statement in the report indicating that post-employment benefits for key management personnel could not be reliably quantified. The Bureau was also asked to provide more information on how the new policy on preventing sexual exploitation and abuse would be implemented.

125. Mr. Puente Chaudé explained that the Bureau budgeted all funds received in program support costs in one biennium for the next biennium in order to avoid the risk that a sudden change in the volume of activity in one biennium would have an excessive effect on the budget for that biennium. The application of that prudent approach had made it

possible to maintain the Organization's activities despite the significant delays in the payment of assessed contributions in 2019, 2020, and the first quarter of 2021. As to whether some of the program support funds could be used to help fully fund the Working Capital Fund, he noted that the Bureau expected that there would be a revenue surplus at the end of the current biennium, owing to the delays in receipt of assessed contributions and the consequent impossibility of effecting some expenditures. In accordance with the Organization's Financial Regulations, any such surplus would automatically be allocated to the Working Capital Fund. He suggested that it would therefore be advisable to wait until the end of the biennium before contemplating other means of funding the Working Capital Fund.

126. He pointed out that the ASHI liability was a very long-term and volatile liability that was greatly influenced by changes in interest rates, which had been extremely low in 2020, but were expected to increase in 2021 and subsequent years. The amount of the liability was therefore expected to decrease. In addition, the Bureau had taken major steps in recent years to contain medical expenses, particularly among staff in the United States, and increase assets to ensure that the liability could be met. Those measures had resulted in an increase of \$10 million in the assets available to meet the ASHI liability. The Bureau believed that the current arrangement with WHO was satisfactory and enabled it to achieve a much greater return on its assets than PAHO would achieve on its own.

127. Mr. Gerald Anderson (Director of Administration, PASB) confirmed that the Bureau planned to continue some of the new ways of working adopted during the pandemic. For example, it would implement a standard procedure for determining whether in-person meetings were necessary, which was expected to significantly reduce travel and per diem costs associated with future meetings. He also noted that the Bureau was already outsourcing some functions, such as processing of health insurance claims and support functions for the Organization's procurement funds. Two organizational development initiatives would examine those pilot initiatives and assess how to integrate outsourcing approaches into the Bureau's overall operations.

128. Mr. Philip MacMillan (Ethics Program Manager, PASB), responding to the question concerning implementation of the new policy on preventing sexual exploitation and abuse, pointed out that experience had shown that it was not sufficient merely to have a zero-tolerance policy; it was necessary to have a plan for implementing the policy and ensuring that any occurrences of sexual exploitation and abuse were reported. From his perspective, it would be necessary to carry out an awareness campaign to ensure that staff knew the details of the policy and felt free to report misbehavior without fear of retaliation. It would also be necessary to implement practical measures on the ground so that local populations would know how to report any unethical behavior by PAHO personnel and would feel confident that the Organization would take such reports seriously.

129. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), referring to the comments on the procurement funds, said that it was important to remember that those funds were technical cooperation mechanisms and, as such, were guided by strategies that were fully aligned with the Organization's technical mandates.



For example, one of the core strategies of the Plan of Action on Immunization adopted in 2015<sup>8</sup> was to ensure that Member States fully utilized the Revolving Fund for Access to Vaccines, and the Fund was also an important element in the new policy on reinvigorating immunization as a public good for universal health (see paragraphs 90 to 98 above). He assured the Executive Committee that the Bureau would take into account the External Auditor's recommendations in the development of future work plans for the procurement funds.

130. Mr. Brewitt confirmed that the External Auditor would continue to review the actions taken to address its recommendations and to highlight areas in which improvements could be made. Responding to the question regarding post-employment benefits for key management personnel, he noted that both the pension and after-service health insurance schemes were pooled schemes and that costs by individual could therefore not be identified. That was a common feature of such schemes and was not cause for concern. He underlined the importance of keeping Member States apprised of the impact of changes to pension and insurance schemes, which in turn could affect long-term liabilities that could represent significant costs for the Organization in the future.

131. The Director expressed gratitude to Member States for the confidence they had placed in the Bureau to manage the Organization's financial resources and emphasized that the Bureau took all audit recommendations seriously and was fully committed to ensuring the most effective and efficient use of resources, with due regard to compliance and risk management. It conducted monthly reviews of the financial situation and continually made adjustments as needed. The Bureau had also launched a number of organizational development initiatives aimed at improving its technical cooperation and its efficiency and effectiveness. Lastly, she pointed out that the availability of flexible funding, and consequently the Bureau's ability to deliver technical cooperation, depended on the timely receipt of Member States' assessed contributions.

132. The Executive Committee took note of the report.

***Appointment of the External Auditor of PAHO for 2022-2023 (Document CE168/17)***

133. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update on the appointment of the External Auditor for 2022-2023. It had been informed that, in keeping with past practice, the Bureau recommended the reappointment of the current External Auditor, the National Audit Office of Great Britain and Northern Ireland, for an additional term of two years. The Subcommittee had been further advised that the Bureau would initiate the process of seeking candidates for appointment as the External Auditor of PAHO for the 2024-2025 and 2026-2027 bienniums. The Subcommittee had recognized the high standard of excellence of the NAO and voiced support for its reappointment. At the same time, it had been highlighted that best practice among international organizations was to appoint an external auditor for a single term of four to six years.

---

<sup>8</sup> See Document CD54/7, Rev. 2, and Resolution CD54.R8 (2015).

134. In the Executive Committee's discussion of the report, delegates conveyed their appreciation for the expertise and high caliber of work provided by the NAO, and expressed strong support for the NAO's reappointment for an additional two-year term, recognizing the need to strengthen transparency and provide continuity during the current unprecedented situation. It was reiterated, however, that best practice among international organizations was to limit the appointment of the External Auditor to a single term of four to six years that would not be immediately renewable. It was noted that the NAO's reappointment would still be within the recommended limit of six years; nevertheless, it was suggested that consideration should be given to amending PAHO's Financial Regulations to reflect such term limits. It was hoped that a diverse pool of new candidates would be proposed for consideration for the 2024-2025 and 2026-2027 bienniums.

135. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) recalled that the Organization's past practice had been to appoint the External Auditor for a period of four years, with the possibility of an additional two-year term if the Auditor had discharged its mandate satisfactorily and was willing to serve for another biennium. However, consideration would be given to amending the Financial Regulations to better reflect the recommended practice of appointment of the External Auditor for a single term.

136. The Director said that the Bureau highly valued the contributions and recommendations made by the NAO and looked forward to continuing the collaborative working relationship for a third and final biennium.

137. The Executive Committee took note of the report.

***Update on the Master Capital Investment Fund (Document CE168/18)***

138. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed a report on the status of the Master Capital Investment Fund and its various subfunds. The Bureau had indicated that the prioritization of the response to the COVID-19 pandemic and the recruitment freeze imposed as a result of the Organization's financial constraints had resulted in the underutilization of the subfunds during 2020, in particular the Real Estate Maintenance and Improvement Subfund and the Human Resources Strategy Subfund. The Subcommittee had also been informed that the Master Capital Investment Plan for PAHO Headquarters had been updated to include the capital investment requirements for the building located at 2121 Virginia Avenue and that there had been a reduction of almost \$700,000 in net operating expenses as a result of the purchase of that building in 2019.

139. In the Executive Committee's discussion of this item, the cost savings realized through the Organization's acquisition of the Virginia Avenue building were recognized. The Bureau was asked to provide an analysis of the expenses, savings, and revenues associated with the building's purchase in order to demonstrate that the objectives of the business case had been met, especially in the light of the repairs and renovations that the building required. An evaluation of the lessons learned from the new ways of working adopted during the pandemic, in particular their impact on workspace needs in the Virginia

Avenue building, was also requested. Information was sought on the methods being considered by the Bureau to ensure that a more strategic, longer-term approach to expenditure through its various subfunds was being taken.

140. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) explained that the Organization was in the process of updating the 2014 survey of PAHO-owned properties and the reassessment of the real estate projects included in the Master Capital Investment Plan,<sup>9</sup> thereby ensuring a comprehensive approach to the Organization's capital investments in, and maintenance of, its real estate. A capital investment plan for the Virginia Avenue building was also being drawn up and would take into account office space requirements and the impact of teleworking arrangements.

141. Mr. Gerald Anderson (Director of Administration, PASB) added that, as a result of the lessons learned during the pandemic and the increased use of virtual technologies throughout the Region and at Headquarters, the Director had recently approved a new teleworking policy, in which the added value of teleworking arrangements for PASB personnel was recognized. He confirmed that a review of the use of the Virginia Avenue building was currently under way with a view to ensuring its inclusion in the Organization's long-term real estate plans. Lastly, he clarified that PAHO had long owned the land at 2121 Virginia Avenue and that, in December 2019, had purchased the building located at the site, thereby ceasing the associated rental costs and achieving the cost savings outlined in Document CE168/18.

142. The Executive Committee took note of the report.

***Update on the Working Capital Fund (Document CE168/19)***

143. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the funding level in the Working Capital Fund had been \$28.7 million as of 31 December 2020, \$21.3 million below the authorized level of \$50 million approved by the 58th Directing Council. The Bureau had explained that, as a result of unpaid assessed contributions amounting to \$84.6 million, the Organization had been forced to utilize the full \$28.7 million and a further \$17 million from additional unrestricted resources in order to cover a net cash deficit of \$45.7 million in 2020. In its discussion, the Subcommittee had expressed concern about the high level of unpaid assessed contributions, which had led to the depletion of the Working Capital Fund and could have a negative impact on the sustainability of program implementation. It had also emphasized that Member States should pay their contributions in full and on time to enable the Organization to continue providing support, especially in critical times such as the current COVID-19 pandemic.

144. In the Executive Committee's discussion of the report, the Bureau was requested to conduct an in-depth analysis to identify whether any programmatic or other issues had increased the Organization's budgetary requirements and had therefore partly contributed to the additional burden that had been placed on the Working Capital Fund. It was

---

<sup>9</sup> See Document CE156/24, Rev. 1 (2015).

emphasized that the Working Capital Fund should be used strictly to cover shortfalls in assessed contributions, and it was suggested that the Bureau should ensure that a highly efficient approach to budgeting was taken to avoid generating financing gaps that could lead to the depletion of the Working Capital Fund.

145. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) stressed that the Working Capital Fund was a mechanism used for the sole purpose of covering temporary cash shortfalls caused by delays in the receipt of assessed contributions from Member States, which were the source of funding for virtually all technical cooperation activities of the Organization.

146. The Director reiterated that the Working Capital Fund existed to cover gaps resulting from the late payment of assessed contributions. She pointed out that the requested analysis could therefore not be easily produced, since the depletion of the Working Capital Fund was not related to increased programmatic or other expenditures, but rather to the non-payment of Member States' assessed contributions.

147. The Executive Committee took note of the report.

***Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies (Document CE168/20)***

148. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that, while it had not been necessary to use the emergency loan provision in 2020, it had been applied in January 2021 to support one Member State's request for the emergency acquisition of medicines required for critical care management of COVID-19 patients. In order to continue to meet the demands of PAHO Member States during the pandemic and to facilitate access to essential medicines and public health supplies for COVID-19, the Bureau had proposed an extension of the internal emergency loan provision until 31 December 2023. The Subcommittee had expressed support for the proposal, but had emphasized the need to ensure that adequate controls were in place, that any loans made from the capital account of the Revolving Fund to the capital account of the Strategic Fund did not jeopardize Member States' ability to procure COVID-19 and routine immunization vaccines, and that loans were reimbursed in a timely manner.

149. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB), summarizing the information presented in Document CE168/20, recalled that the Executive Committee had adopted Resolution CESS1.R1 during its Special Session in May 2020, authorizing a short-term internal emergency loan of up to \$50 million from the capital account of the Revolving Fund to the capital account of the Strategic Fund. Authorization of the loan had been requested to meet the increased projected needs for COVID-19-related medical supplies.

150. He reported that, as of 31 December 2020, medicines and supplies valued at a total of \$235.7 million had been procured on behalf of 25 Member States through the Strategic

Fund—a threefold increase in the use of the Fund in comparison with 2019. Approximately 80% of requests for procurement of supplies through the Strategic Fund were pre-paid by the requesting Member States; the remainder were funded through a line of credit from the Strategic Fund. The emergency loan provision from the Revolving Fund to the Strategic Fund had now been utilized for two Member States for the emergency supply of personal protective equipment and medicines for COVID-19 patients in intensive care. In light of the evolving context of the pandemic, and in order to continue to meet the urgent demands for essential medicines and public health supplies of PAHO Member States, the Bureau proposed extending the emergency loan facility until 31 December 2023 or the date of a WHO declaration announcing the end of the pandemic, whichever occurred first.

151. In the Executive Committee’s discussion, delegates expressed agreement with the proposed extension to the emergency loan provision as a means of supporting Member States in accessing necessary COVID-19 medical supplies and safeguarding the right to health for all. At the same time, delegates emphasized the vital importance of ensuring that the appropriate managerial, financial, and analytical controls were in place to prevent any negative impact on the ability of PASB to support Member States participating in the Revolving Fund. The Bureau was asked to explain what action it was taking to ensure the long-term sustainability and adequate capitalization of the Strategic Fund. Clarification was sought as to whether the proposed resolution might make it possible for the emergency loan to be used for the procurement of supplies unrelated to the COVID-19 pandemic. Details of the timelines and criteria for determining the repayment of emergency loans were requested. The Bureau was asked to include in the next report a statement of accounts detailing the flow of capital between the Funds and including information disaggregated by country on the use of the Funds, in order to increase transparency and accountability.

152. In response to those comments, Dr. Fitzgerald stressed that the terms for the extension of loans under the proposed resolution—including with respect to the supplies that could be procured—would remain unchanged from Resolution CESS1.R1. Regarding the sustainability and capitalization of the Strategic Fund, he pointed out that the increased use of the Fund had raised the amount in its capital account to \$26 million, up from only \$10 million six years earlier. As a result, the Fund’s current level of capitalization and rate of growth were adequate to address Member States’ requirements for emergency supplies during the pandemic and to meet their regular priority programming needs outside the emergency context. He underscored that the effective management of the capital account, coupled with the increase in the capitalization level and the use of regular forecasting, had ensured the efficient utilization of the Strategic Fund, meaning that it had only been necessary to use the emergency loan facility twice. He clarified that, once a line of credit had been approved, the country concerned was expected to reimburse the amount provided within 30 days after receiving the purchased supplies. He had taken note of the additional information requested for inclusion in the next report.

153. The Director affirmed that the Bureau would take all necessary measures to ensure the integrity and sustainability of both the Strategic Fund and the Revolving Fund, while also enabling Member States to obtain critical health supplies and medicines during the current health emergency. She assured the Committee that the necessary controls were in

place to ensure the effective management of both Funds. The Bureau endeavored to meet the increased requests for support from the Strategic Fund through its capital account, only resorting to the emergency loan facility when necessary and guaranteeing the timely repayment thereof.

154. The Executive Committee adopted Resolution CE168.R10, approving the proposal for an extension of the internal emergency loan from the Revolving Fund to the Strategic Fund.

### **Personnel Matters**

#### ***Amendments to the PASB Staff Regulations and Rules (Document CE168/21)***

155. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Rules relating to revisions to the salary scale for professional and higher categories and the salaries for the posts of Director, Deputy Director, and Assistant Director. Those amendments related to decisions that had been taken by the seventy-fifth session of the United Nations General Assembly on the basis of recommendations by the International Civil Service Commission. A number of amendments had also been proposed to Staff Rules relating to payments and deductions, in particular to clarify how overpayments or underpayments of staff salaries, benefits, or pension contributions should be addressed.

156. In its discussion, the Subcommittee had sought clarification regarding the financial impact of the changes to the Staff Rules, the revisions to salaries, and the increased pension and health insurance liabilities. The Bureau had been requested to produce a table showing the financial implications of salary increases over the past six years; conduct an analysis of the impact of Resolution CESS1.R2, concerning the current financial situation and adjustments to the Organization's strategic priorities; and carry out a review of the organizational structure of the Bureau and of the salaries of Executive Management. In response, the Bureau had explained that the revision of the salary scale had been carried out on a no-loss/no-gain basis, resulting in no change in net pay.

157. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) emphasized that the revisions to the salary scale for the professional and higher staff categories, and in particular the salaries of the ungraded posts of Director, Deputy Director, and Assistant Director, were fully in line with the salary scales of the United Nations common system. She noted that, as had been requested by the Subcommittee, Document CE168/21 now contained tables showing the impact of salary modifications since 2017, the year the salary scale of the United Nations common system had been adopted. She explained that the financial implications associated with the increase in the base/floor salary scale were estimated at approximately \$858,000 per year across the entire United Nations system and approximately \$11,000 per year for PAHO.

158. In the Executive Committee's discussion of the report, a delegate reiterated the request made during the 15th Session of the Subcommittee for the document to include an

analysis of the review of the organizational structure of the Bureau and of the salaries of Executive Management, called for in Resolution CESS1.R2.

159. In response, Dr. Barillas recalled that Resolution CESS1.R2 provided for the Director, in consultation with the Member State Working Group established pursuant to the Resolution, to prepare a packet of austerity measures, including a review of the organizational structure of PASB and of the salaries of Executive Management, in the light of the precarious financial situation that the Organization faced due to delays in the receipt of assessed contributions. She pointed out that the Organization's financial situation had improved significantly in July 2020, thereby averting the "worst-case" financial scenario envisaged in Resolution CESS1.R2 and obviating the need for extreme cost reduction measures. As a result, the Member State Working Group had decided to refocus its work on the implications of the COVID-19 pandemic for the Organization's technical cooperation priorities.<sup>10</sup>

160. The Director expressed concern that, despite the Bureau's success in achieving significant cost savings and efficiencies, the salaries of Executive Management—which were fully in line with those of WHO and the United Nations common system—were continuously being questioned. She pointed out that the Organization provided technical cooperation requiring a high level of expertise and competence and that salaries commensurate with those requirements were necessary to attract and retain talent with the requisite skills and experience and to ensure the good management of the Organization.

161. The Executive Committee adopted Resolution CE168.R13, confirming the amendments to the Staff Rules concerning the salary scale of professional and higher categories of staff and establishing the salaries of the Director, Deputy Director, and Assistant Director, with effect from 1 January 2021, and confirming the amendments to the Staff Rules relating to payments, benefits, and deductions, with effect from 1 July 2021.

#### ***PASB Human Resources Management (Document CE168/22)***

162. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update on the most important initiatives undertaken in the sphere of human resources during 2020, including the development and implementation of the Bureau's revised human resources strategy, known as the "People Strategy 2.0." The Subcommittee had commended the Bureau's efforts to protect and support staff and maintain business continuity during the COVID-19 pandemic. It had also welcomed the progress made towards gender parity, but emphasized that additional efforts were still required. The use of certain types of contractual mechanisms due to the Organization's financial situation had been highlighted as an area of concern.

163. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB), introducing the document, said that the People Strategy 2.0 was built on three main pillars—functional optimization, innovation, and agility—designed to optimize resource

---

<sup>10</sup> See Document CD58/8, Annex A (2020).

efficiency, identify and bridge skills gaps, and promote career development, among other goals. A number of initiatives were being taken as part of the People Strategy 2.0, while drawing on the lessons learned during the COVID-19 pandemic, such as revising the teleworking policy, launching a skills and competencies gap analysis, and implementing a mentoring program.

164. She noted that, as soon as the COVID-19 pandemic had been declared, the Bureau had prioritized the development of procedures and protocols to prevent or minimize staff exposure to COVID-19. She emphasized that a business continuity plan and incident management teams had already been established prior to the pandemic, and thus the necessary platforms to enable teleworking had already been in place. An emergency telework standard operating procedure had been launched for all duty stations to facilitate business continuity while protecting the health, safety, and well-being of all PAHO personnel. Administrative guidelines on the COVID-19 outbreak had also been published, and counseling services, information sessions, and various special measures had been made available to support PAHO staff.

165. As far as talent management was concerned, the Bureau had evaluated the options available for the targeted, temporary recruitment of personnel, including the utilization of the Junior Professional Officers program, United Nations Volunteers, and the services of professionals from collaborating centers. There had been a noticeable decrease in 2020 in fixed-term and temporary appointments, and an increase in the use of consultants, largely due to the need to respond to the pandemic. Concerning gender parity, women occupied 51% of all fixed-term professional posts throughout the Organization; however, there was still room for improvement at P4 level and above. In that regard, a mentoring program had been introduced for staff members on the head of country office roster to improve the gender balance in PWRs and promote succession planning. Staff mobility between the PWR Offices and Headquarters had been curtailed during the pandemic, largely as a result of the prevailing travel restrictions. Lastly, she reported that disciplinary measures had been taken in a case of misconduct by an international consultant, whose contract had thus been terminated.

166. In the Executive Committee's discussion of this item, delegates voiced support for the new People Strategy 2.0 and its alignment with the Organization's strategic priorities. The Bureau was requested to provide more information on the roadmap and budget for implementing the People Strategy 2.0 and on the indicators being used to track progress. The Bureau was also encouraged to continue its efforts to provide training and development for staff and to achieve a gender balance throughout the Organization. Attention was drawn to global discussions on tackling sexual exploitation and abuse, sexual harassment, and abuse of authority through cultural and organizational change. It was noted with satisfaction that PAHO had recently developed a policy on the subject, and its swift implementation was encouraged.

167. Delegates expressed appreciation for the commitment and dedication of PAHO staff during the COVID-19 pandemic. Further information was requested regarding the insurance eligibility criteria for consultants hired in the context of the COVID-19 response.



While the use of junior professional officers, volunteers, and other collaborators to supplement the PASB workforce was considered to be a positive development, the Bureau was asked to ensure that an appropriate strategic framework was in place, in particular to protect data and preserve institutional memory. In a similar vein, information was sought on how the special program for succession planning accounted for the need to preserve institutional memory and on the process currently followed by staff leaving the Organization.

168. Dr. Barillas emphasized that PASB took the issue of sexual exploitation and abuse, sexual harassment, and abuse of power very seriously, and was committed to ensuring a respectful working environment for women. The Bureau's conflict management system—which involved various mechanisms, such as the Ombudsperson, the Ethics Office, and the Office of Legal Counsel—addressed ethical issues and workplace concerns through staff training initiatives and awareness-raising. Regarding the preservation of institutional memory, she explained that action had been taken some years ago in that regard. All staff who were leaving, changing post, or retiring were required to submit a report to their supervisors, which was stored in a repository set up for that purpose. Lastly, the insurance eligibility criteria for contractors was determined by the terms of reference of the contract in question. She had taken note of the information requested for inclusion in the report to be submitted to the Directing Council.

169. The Director underscored her commitment to embedding a zero-tolerance approach to sexual harassment in the Organization. She stressed that all complaints were taken seriously and that the necessary mechanisms had been put in place to enable staff to report incidents in confidence. A top-down approach to nurturing a respectful working environment was taken, with managers expected to lead by example. Regarding the preservation of institutional memory, appropriate processes, mechanisms, and repositories were in place, and a staff member's exit could not be approved until a satisfactory exit report had been received.

170. She pointed out that PAHO had greatly relied on contractors to expand its technical cooperation and support for Member States during the pandemic. She assured the Committee that the Bureau took its duty of care obligations seriously and applied them equally to contractors and regular staff, in line with WHO and United Nations duty of care requirements. She also assured the Committee that every effort would continue to be taken to recruit the best talent, strive for gender equality and a gender balance, and invest in the continuous development of PAHO personnel—women in particular—to ensure that staff had the competencies necessary for managerial positions, while also ensuring that they continued to be held accountable for the work they did and the resources they spent.

171. The Executive Committee took note of the report.

***Statement by the Representative of the PAHO/WHO Staff Association (Document CE168/23)***

172. Ms. Carolina Bascones (Representative of the PAHO/WHO Staff Association) began her statement by recalling all the families that had lost loved ones as a result of the

COVID-19 pandemic and paying tribute to the frontline health workers who had carried out essential activities throughout the pandemic. She reaffirmed the commitment of the staff and the Staff Association to serving Member States and to maintaining the Organization's mission, which was more important than ever in the current context. She then highlighted some of the matters that the Staff Association wished to bring to the Committee's attention in relation to four areas: fostering a respectful workplace, achieving gender equity and creating professional opportunities for staff, attracting and retaining personnel, and ensuring staff safety and well-being.

173. The Staff Association believed that progress in those four areas would enable PAHO to mount a better response to new challenges. For example, the Staff Association considered that the respectful workplace initiative should be revamped and adapted to the virtual work environment implemented in response to the pandemic. Ms. Bascones noted that the experience of the pandemic had demonstrated that virtual work was not only possible but offered numerous benefits in terms of efficiency and delivery of services. She also noted that the experience had required changes in attitudes and ways of working, including modernizing the workforce in the use of technology and modernizing the supervision model. With regard to attracting and retaining staff, she pointed out that one of the main functions of the Staff Association was to protect staff and ensure that international standards were respected, including standards relating to remuneration. She pointed out that the remuneration of members of the Bureau's Executive Management was in line with international standards.

174. She concluded her statement by expressing gratitude to the Bureau's Health and Well-being Unit, which had been an important source of information and support for staff during the pandemic. She also thanked the Director for her leadership and Mr. Gerald Anderson, Director of Administration, for his efforts to technologically modernize the Bureau, which had enabled staff to continue working virtually throughout the pandemic.

175. In the discussion that followed, delegates thanked the staff for their continued work, dedication, and resilience during the pandemic and expressed support for the Staff Association's recommendations to align policies to reflect new telework realities, maintain workplace flexibilities in order to attract and retain staff, and promote gender equity and gender parity. The Bureau was again encouraged to step up efforts to increase gender parity in staffing at higher levels.

176. The Director said that she wished Member States to know that she viewed the Staff Association as a partner, not just in staff-related matters but generally in the work of the Bureau. She pointed out that staff and management did not agree on everything, but they were in full agreement on the importance of working in the best interests of the Organization.

177. The Committee thanked Ms. Bascones for her statement.

**Matters for Information*****Update on COVID-19 in the Region of the Americas (Document CE168/INF/1)***

178. Two presentations were made on this item, one by Dr. Jarbas Barbosa (Assistant Director, PASB) and the other by Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB). Dr. Ugarte began with an overview of the COVID-19 pandemic situation as of 20 June 2021, noting that, while cases had declined substantially in some countries of the Region, the Americas continued to account for a large proportion of global cases and deaths. The statistics clearly showed that active transmission of the virus was still occurring in the Americas. Moreover, new variants of the virus had been detected in all countries of the Region, with some reporting the circulation of up to four variants of concern.

179. He then highlighted some key challenges in various strategic areas, including surveillance, rapid response, and case investigation; points of entry, international travel, and transport; national laboratory capacity; infection prevention and control; case management; operational support and logistics; maintenance of essential health services and systems during the pandemic; and vaccination. In response to those challenges, the Bureau had, among other activities, provided ongoing technical guidance and support, shipments of personal protective equipment and testing and surveillance materials, and vaccines. Member States had also taken important steps to enhance their response capacity. For example, all 35 countries had a functioning multisectoral, multipartner coordination mechanism for COVID-19 and in-country laboratory capacity or access to an international laboratory that could provide results within 72 hours. An analysis of 12 countries indicated that there had been a 97.4% increase in the number of intensive care beds in those countries, an improvement which had undoubtedly saved many lives.

180. Dr. Barbosa presented information on the COVID-19 vaccine rollout in the Region and described some of the impacts of the pandemic on priority public health programs, noting that one of the most serious impacts had been disruptions to the delivery of essential health services, which had been reported by 97% of the countries in the Region. The service disruptions had been due to a mix of supply- and demand-related factors, including health workforce shortages, lack of PPE, disruption of supply chains, stockouts and unavailability of essential medicines, and community fear of seeking health care during the pandemic. Strategies for restoring or adapting service delivery included triaging to identify priorities, provision of home-based care, and the use of telemedicine, although there were barriers in regard to the latter, owing to lack of connectivity and Internet access in a number of communities in the Region.

181. With regard to the COVID-19 vaccine rollout, Dr. Barbosa reported that eight vaccines had received emergency use authorization from WHO to date. As of 18 June 2021, 49 of 51 countries and territories in the Region had introduced COVID-19 vaccines, and some 556 million doses had been administered, 37% of them in Latin America and the Caribbean. Around 22% of the population in Latin America and the Caribbean had received one dose and around 11% had been fully vaccinated.

182. While inequity in vaccine distribution was gradually decreasing, high-income countries continued to account for the vast majority of the doses administered. To date, some 21 million doses had been provided to 31 countries and territories in the Americas through the COVAX Facility. Vaccine deliveries were expected to begin increasing in July 2021, boosting vaccine availability significantly by the last quarter of the year. In the meantime, it would be important for countries to ensure that the necessary preparations were in place, including addressing any logistical and cold-chain-related issues. It was also important to encourage and facilitate donations of vaccines, both bilaterally and through COVAX. Dr. Barbosa noted that, to that end, the Bureau was working with potential donor countries to overcome any logistical or regulatory barriers that might impede donations. It was also concluding negotiations with producers in order to develop a portfolio of vaccines for countries that wished to expand their access through the Revolving Fund for Access to Vaccines.

183. Dr. Barbosa and Dr. Ugarte concluded their joint presentation by highlighting some key messages and lessons learned from the pandemic response, with Dr. Barbosa noting the need to build resilient health systems that could continue to deliver essential health services while also mounting a response to a health emergency; the need for strategies to reduce access barriers highlighted and exacerbated by the pandemic; and the need for more effective global and regional efforts to address inequities in access to COVID-19 vaccines. Dr. Ugarte underlined the need to maintain public health and social measures, even where there was acceptable vaccination coverage. He pointed out that, in general, effective national responses had been both holistic and agile, with centralized leadership, coordination across sectors, clear decision-making based on scientific advice and efforts to foster public trust in such advice, and, crucially, the ability to change course rapidly in response to epidemiological changes and the emergence of new evidence. He also noted that the “infodemic” of misinformation had highlighted the need to make greater use of non-traditional media, including social media, in order to communicate with the public and counter false and misleading information.

184. The Executive Committee thanked the Bureau for the comprehensive report and voiced support for the strategic lines of action laid out therein and the recommendations regarding actions needed to improve the situation. Delegates expressed appreciation to the Bureau for its leadership in the response and its provision of technical guidance and other support. Various delegates described the measures their countries had taken in response to the pandemic, including strengthening detection and surveillance, enhancing laboratory capacity, increasing national capacity for production of essential medicines and critical supplies, and implementing digital health initiatives to facilitate the continued delivery of health services. Several also noted that their countries were conducting or participating in clinical trials of COVID-19 candidate vaccines. It was considered essential to draw on the lessons learned thus far in order to deal more effectively with the ongoing pandemic and, especially, in order to be better prepared to respond to future health emergencies.

185. The need to combat misinformation was underscored, as was the need to communicate public information on risks and prevention in simple and transparent

language. The Bureau was asked to produce guidance on the issue of vaccine hesitancy, which was a significant problem in the Region and an obstacle to controlling the pandemic.

186. Delegates were encouraged by the report's finding that, by early June, almost all countries in the Region had introduced COVID-19 vaccines, but noted that there were still major inequalities and inequities in access, which were not only unfair but also contrary to the interests of the international community as a whole. It was considered that the COVAX Facility should distribute vaccines on the basis of epidemiological criteria and should step up efforts to make vaccines available to the countries of the Americas. The Bureau was urged to continue supporting donations of surplus vaccines. More information was requested about the possibility of developing a regional access strategy aimed at securing additional COVID-19 vaccines and pooling demand and resources from Member States. A delegate noted that the idea of introducing a global vaccine passport had been broached, but pointed out that the idea was not technically feasible, since vaccines were not yet available to all population groups. Moreover, vaccine passport requirements could lead to discrimination against individuals who could not be vaccinated because they had immunodeficiency disorders or other health conditions.

187. Dr. Ugarte acknowledged the immense efforts of Member States to adapt to the situation and strengthen their health systems, observing that the response to the pandemic had been a joint effort between national authorities and the Bureau, characterized by a spirit of great solidarity and a willingness to share information, which was crucial, as it enabled the Region to see what was happening, monitor cases, and make informed decisions. Much remained to be done to overcome the pandemic, but he believed that much had also been learned about how to work together to respond to future health emergencies.

188. Dr. Barbosa noted that many countries were still struggling to vaccinate their high-priority populations and agreed on the need to be more vocal about the need for equitable access to COVID-19 vaccines. He concurred with the view that the COVAX Facility should distribute vaccines on the basis of epidemiological criteria in order to reach countries with the most urgent needs, and he encouraged countries of the Region that were participating in the Facility to put forward a proposal for the adoption of that approach at the next meeting of the Board of Directors of Gavi, the Vaccine Alliance. He believed that the COVAX Facility was a good initiative; however, it lacked rules for equitable distribution of vaccines and imposed no consequences for producers for late delivery or other problems. Regarding the proposal for a regional access strategy, he explained that the general idea was to propose alternatives for addressing the vaccine needs of self-financing countries beyond the initial 20% supplied through COVAX.

189. He also agreed that vaccine hesitancy was a major problem and one that underscored the need for clear communication not only with the public but also with health care workers, who were seen as the most reliable source of health information in most countries. He reported that the Bureau was working with Caribbean countries that had developed some specific strategies for tackling the issue of vaccine hesitancy.

190. He commended the countries that were conducting or participating in vaccine trials and strengthening their internal production capacity, pointing out that increasing the Region's capacity to manufacture vaccines and medicines would greatly reduce its vulnerability to the impacts of future health emergencies. He also expressed thanks to the countries that had offered vaccine donations and other critical support to increase access to vaccines.

191. The Director pointed out that, while the Americas had been the Region that had faced the greatest epidemiological challenges during the pandemic, it had also been a Region that had demonstrated extraordinary leadership and provided an excellent example of multisectoral coordination in the response. She noted that the Americas had led the way in many respects. For example, it had been the first to put countries on maximum alert and to ensure access to testing. At the same time, it had faced challenges in boosting response capacity and ensuring access to basic resources such as PPE. Now it faced limitations in access to vaccines. She emphasized that the Bureau and Member States must work with financial institutions in the Region to ensure that they understood the need to build the resilience required to end the current pandemic and be able to confront the next one.

192. She assured Member States that the Bureau would continue its advocacy efforts aimed at enabling countries to reach herd immunity, restart their economies, and restore livelihoods, noting that it was communicating regularly with political leaders and with the media to that end. In particular, it was pointing out that the relaxation of public health measures was fueling recent rises in transmission of the virus and stressing that it would only be possible to bring the pandemic under control by maintaining such measures while also ramping up the rollout of vaccines.

193. The Committee took note of the report.

***Report on Strategic Issues between PAHO and WHO (Document CE168/INF/2)***

194. Ms. Gabriela Gómez (Representative of the Subcommittee on Program, Budget, and Administration) reported that, after reviewing an earlier version of the report on strategic issues between PAHO and WHO, the Subcommittee had applauded PAHO's close coordination with WHO on the response to the COVID-19 pandemic and its support for Member States' participation in the COVAX Facility. PAHO's engagement with the Independent Panel for Pandemic Preparedness and Response had been welcomed. The Subcommittee had underscored the need to ensure consideration of the regional perspective in the Panel's work and the need for continued alignment between PAHO and WHO in the effort to translate the outcomes and lessons learned from the various global reviews at the regional level. The Subcommittee had also welcomed the establishment of the WHO Working Group on Sustainable Financing and requested information on the regional deliberations to be conducted on the issue. It had been suggested that the report to be presented to the Executive Committee should provide a more strategic analysis of areas of opportunity for coordination between PAHO and WHO, with a greater focus on the results of such collaboration.

195. In the Executive Committee's discussion of the report, the Delegate of Canada read out a joint statement on behalf of a group of Member States (Argentina, Barbados, Brazil, Canada, Colombia, Costa Rica, Ecuador, Mexico, and the United States of America), inviting other Member States also to support the statement. He thanked PAHO for its leadership in preparing for and coordinating effective responses to public health emergencies and welcomed the adoption by the Seventy-fourth World Health Assembly (WHA) of Resolution WHA74.7, on strengthening WHO preparedness for and response to health emergencies, and Decision WHA74(16), requesting the Director-General to convene a special session of the World Health Assembly in November 2021 to consider the possibility of developing a WHO convention, agreement, or other international instrument on pandemic preparedness and response.

196. He noted that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) had been set up pursuant to Resolution WHA74.7 and that the United States had been appointed as one of the Vice-Chairs of the WGPR, representing the Region on the WGPR Bureau. He pointed out that the Region was uniquely positioned to offer strong insights and advice on strengthening WHO preparedness and response and called for active regional participation in the WGPR. He proposed that the WGPR should meet as soon as possible and then monthly thereafter in order to provide recommendations no later than 1 November 2021 and requested the Bureau to support the engagement of PAHO Member States in the working group by convening regular meetings to facilitate information-sharing and informal regional discussions.

197. Other delegates endorsed the joint statement, affirming that the working group and the upcoming special session of the WHA would afford an important opportunity to take decisive action to strengthen the global health architecture and address shortcomings that the pandemic had made apparent. It was considered that the reports and recommendations of the various independent review bodies—including the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight Advisory Committee for the WHO Health Emergencies Program, and the Review Committee on the Functioning of the International Health Regulations—could provide valuable input for the deliberations of the WGPR, as could the collective experience and expertise of Member States from the Americas.

198. Echoing some of the comments made by the Subcommittee, delegates expressed gratitude for PAHO's ongoing assistance as Member States continued to battle the pandemic and for its efforts to support countries in accessing COVID-19 vaccines through the COVAX Facility; highlighted the importance of ensuring a regional perspective in the various global review processes under way; and reiterated the suggestion that the report on strategic issues between PAHO and WHO should provide a more strategic analysis of areas of opportunity for coordination between the two organizations, with a greater focus on the results of such collaboration in order to provide guidance to Member States for decision-making. For example, it was pointed out that the report could provide an analysis of the most relevant elements of Resolution WHA74.7 for the countries of the Region.

199. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) pointed out that the report was intended to provide a synopsis of key issues and their implications. In response to the Subcommittee's request, the Bureau had tried to be very strategic in highlighting issues of particular relevance to PAHO Member States. While conscious of the need to avoid presenting an overly lengthy report, it had endeavored to elaborate on the coordination between PAHO and WHO and on the results achieved in three main areas: governance, programmatic and managerial matters, and country focus. With regard to the latter, for example, it had provided information on how PAHO had contributed to the biennial report on WHO's country presence and to the development of new guidelines for country cooperation strategies. It had also elaborated on PAHO's engagement in the design of GPW13 and the development of the GPW results framework.

200. In relation to the WHO program budget for 2020-2021, the report noted that the Americas had been the first region to implement the WHO output scorecard approach. The findings of that exercise had informed the Region's contribution to the midterm review of the program budget, which had reflected the regional contribution to the global health agenda and the achievement of the GPW13 targets. The report also noted that the Region had thus far received \$138.3 million of the WHO allocation to the Region for base programs, \$10 million more than had been received during the 2018–2019 biennium. That was one example of a tangible result of the ongoing coordination between PAHO and WHO. It also reflected Member States' advocacy for the allocation of a fair share of the WHO budget to the Region. In addition, the report included numerous references, which Member States could consult if they wished to have further details on any aspect of PAHO's coordination with WHO.

201. Lastly, Mr. Maza indicated that the Bureau would work with Mexico, one of the Vice-Chairs of the Member State Working Group on sustainable financing, and with the WHO Secretariat to organize the regional consultation on the topic, to be held during the 59th Directing Council in September.

202. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) noted that Resolution WHA74.7 was the result of a lengthy process of consolidating numerous proposals. It was a long and complex resolution, the implementation of which would cost an estimated \$1.4 billion, of which \$1.3 billion remained to be mobilized. He stressed the importance of active participation by Member States in the WGPR set up under the Resolution and in the discussions that would take place during the WHA special session to be held in November 2021. He acknowledged, however, that the time difference between Geneva and the countries of the Region would make participation in virtual consultations challenging, which was a concern, given the crucial decisions that would be taken in the next few months.

203. The Director assured the Executive Committee that the Bureau was keenly aware of the need to ensure that health authorities at the national level, and not just the staff of Member State missions in Geneva, could participate in global discussions on emergency preparedness and response and other issues. It stood ready to provide whatever support was needed to enable such participation. She pointed out that the Americas had much to



contribute, as it was the Region with the most extensive experience in emergency preparedness and response. She also noted that it was important to guard against over-centralization. While it was necessary to have a common policy and approach, and command and control must be ensured, it was essential also to ensure that regions and countries were well prepared to deal with all aspects of emergency response.

204. The Committee took note of the report.

***Implementation of the International Health Regulations (Document CE168/INF/3)***

205. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the information presented in Document CE168/INF/3, noting that it complemented the information in Document CE168/INF/1 (see paragraphs 178 to 193 above). The document presented information on the acute public health events of international concern reported between 1 July 2020 and 24 April 2021 and on the status of the core capacities of States Parties. He noted that, during the period covered, 60 acute public health events of potential international concern unrelated to the COVID-19 pandemic had been identified and assessed in the Region, representing one third of such events considered globally over the same time frame. It was encouraging to note that national authorities were increasingly the initial source of reporting of such events (67%) and that the average time for Member States to respond to requests for information by PAHO had significantly decreased. Some 44 events, affecting 20 States Parties and three territories in the Region, had been substantiated as being of international public health concern. In the vast majority of those events, the necessary investigation, verification, and assessment had been carried out by Member States, with support from PAHO, even while the pandemic had been in full swing.

206. Regarding the core capacities of States Parties, he noted that, for all 13 core capacities, the average regional scores for the Americas were the same as or above the global averages, with the lowest average score for radiation emergencies, which remained an area of weakness. He was concerned to note, however, that only 29 of the 35 States Parties in the Region had submitted their annual reports on implementation of the International Health Regulations (IHRs) to the Seventy-fourth World Health Assembly. Moreover, just nine States Parties in the Region had consistently submitted their reports since 2011. While recognizing that the demands of the COVID-19 pandemic had undoubtedly had an impact on the capacities of national authorities to meet reporting obligations, he emphasized that the status of the core capacities across the Region could not be analyzed without that information.

207. In the discussion that followed, delegates acknowledged the critical importance and binding nature of the IHRs and reaffirmed their countries' commitment to their implementation. It was noted that the Regulations allowed for the implementation of additional health measures in response to public health emergencies, provided that they did not cause unnecessary interference with international traffic and trade. PAHO was therefore urged to support countries of the Region in calling for States Parties not to impose onerous measures, such as requiring a certificate of vaccination against COVID-19 as a

condition of entry, and to recognize vaccines approved by other countries' regulatory agencies.

208. Delegates agreed on the need to evaluate the response to the COVID-19 pandemic and to consider how the Regulations could be strengthened so that the world would be better prepared to detect and respond to future pandemics and other health emergencies. Suggestions included increasing transparency in IHR Emergency Committee decision-making and introducing an intermediate level of alert for international health emergencies. It was noted that a possible WHO convention, agreement, or other international instrument on pandemic preparedness and response—to be discussed during the special session of the World Health Assembly in November (see paragraphs 194 to 204 above)—would have an impact on the future application and implementation of, and compliance with, the Regulations. Nevertheless, it was stressed that the adoption of any such agreement should not be allowed to lead to any backsliding in the progress already achieved; rather, it should serve to strengthen Member States' involvement in setting the priorities of the multilateral health system.

209. Several delegates described the measures that had been taken at the national level to strengthen their core capacities and points of entry, with several noting that their countries had used joint external evaluations to highlight areas for improvement. The efforts of PAHO and Member States to implement their core capacity requirements and share public health information, including epidemiological alerts and updates, while meeting the competing demands of the pandemic response, were commended. Nevertheless, the low rate of submission of annual reports by States Parties in the Region was noted with concern. The inconsistencies and significant gaps in implementation of the Regulations, which had been brought to light by the pandemic, were also a source of concern.

210. Several specific potential measures to improve implementation and compliance with the Regulations were suggested, including measures to ensure more equitable global access to medicines and vaccines, mechanisms to address the situation of foreigners in a country when a public health event of international concern was declared, and policies for assisting vulnerable populations during such events. The increased use of existing tools, such as after-action reviews, simulation exercises, and peer-to-peer joint external evaluation exercises, was recommended. A delegate reported that her Government was in discussions with other WHO Member States about the potential benefits of a universal review mechanism for compliance with the Regulations and would be interested in an exchange of views with PAHO Member States on the subject.

211. In response to those comments, Dr. Ugarte observed that, in the past, countries reporting public health events of potential international concern in a timely and transparent manner had suffered economic consequences as a result of their efforts; unsurprisingly, delays in the reporting of such events had thus been commonplace. Noting that further capacity-building for PAHO Member States regarding risk communication was needed, he stressed the importance of prompt reporting of events of potential international concern and explained that information received from countries of the Region was immediately

analyzed to identify trends and swiftly turned into usable data and information for the benefit of the Bureau and Member States. Regarding vaccine certificates, Dr. Ugarte noted that the issue was the subject of ongoing discussions by the Bureau's various technical groups. He pointed out that few countries were demanding vaccine certificates as the sole requirement for entry. Indeed, the vast majority were doing so in an effort to reduce other entry restrictions, such as the requirement to quarantine or present the results of a PCR test. Most countries also recognized any vaccine on the WHO list of vaccines authorized for emergency use.

212. He welcomed the measures taken by Member States to improve their implementation of the IHRs, several of which could serve as examples for other countries to follow. He agreed that a full independent analysis of the response to the COVID-19 pandemic was necessary, although he also pointed out that the Organization was currently still fully engaged in dealing with the health emergency. He was of the view that the potential new global initiatives currently being discussed would strengthen health security and ensure that the lessons learned and progress already achieved were not disregarded. Regarding the suggested measures to improve implementation and compliance with the Regulations, he agreed that the repatriation of foreigners, in particular health workers, during events of international public health concern was fundamental, and that joint efforts should be further strengthened to ensure global access to medicines and other health technologies.

213. The Director reaffirmed the Bureau's commitment to supporting Member States in their implementation of the Regulations and in their response to public health emergencies. She welcomed Member States' efforts to comply with the Regulations and to continuously improve their core capacities. She emphasized that full compliance with the Regulations was critical in order to ensure the identification of public health events of international concern and, as had been borne out during the current unprecedented health crisis, to prevent and respond to pandemics.

214. The Executive Committee took note of the report.

### **Closure of the Session**

215. Following the customary exchange of courtesies, the President declared the 168th Session of the Executive Committee closed.

### **Resolutions and Decisions**

216. The following are the resolutions and decisions adopted by the Executive Committee at its 168th Session:

***Resolutions***

***CE168.R1: Collection of Assessed Contributions***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the *Report on the Collection of Assessed Contributions* (Document CE168/16 and Add. I) presented by the Director;

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

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

Noting that as of 21 June 2021, 25 Member States have not made any payments towards their 2021 assessments,

***RESOLVES:***

1. To take note of the *Report on the Collection of Assessed Contributions* (Document CE168/16 and Add. I) presented by the Director.
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2021.
4. To strongly urge the other Member States to pay all their outstanding contributions as soon as possible to mitigate any impact on technical cooperation activities.
5. To request the Director to continue to inform the Member States of any balances due and to report to the 59th Directing Council on the status of the collection of assessed contributions.

*(First meeting, 21 June 2021)*

**CE168.R2: *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies* (Document CE168/11),

**RESOLVES:**

To recommend that the 59th Directing Council adopt a resolution along the following lines:

**POLICY ON THE APPLICATION OF DATA SCIENCE  
IN PUBLIC HEALTH USING ARTIFICIAL INTELLIGENCE  
AND OTHER EMERGING TECHNOLOGIES**

***THE 59th DIRECTING COUNCIL,***

Having considered the *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies* (Document CD59/ \_\_);

Bearing in mind Member States' commitments with regard to the strengthening of information systems and data-driven solutions for improving health analysis and forecasting;

Recalling the principles enshrined in the report commissioned by the United Nations Secretary-General on mobilizing the data revolution for sustainable development;

Considering the need to accelerate progress towards the adoption of emerging technologies at all levels of the health sector;

Observing that Member States in the Region of the Americas have officially affirmed their commitment to health data management with the highest level of quality since 1954;

Recognizing the cross-cutting nature of this policy and its complementarity with the objectives of the Strategic Plan 2020-2025 of the Pan American Health Organization and the Sustainable Health Agenda for the Americas 2018-2023,

**RESOLVES:**

1. To approve the *Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies* (Document CD59/\_\_\_).
2. To urge Member States, in accordance with their national contexts, needs, vulnerabilities, and priorities, to:
  - a) strengthen institutional and health worker capacity at all levels to implement data science tools and methods, supporting, among other things, the appropriate management of big data, information, and knowledge through the application of emerging technologies to improve and streamline data processes for descriptive, prescriptive, and predictive health-related analyses to inform decision-making processes;
  - b) increase, promote, and support the participation of indigenous peoples, Afro-descendants, and members of other ethnic groups, in the development and implementation of data science policies, considering data biases due to gender differences and other factors;
  - c) as appropriate, prepare and implement national and subnational policies, plans, programs, and interventions informed by the regional Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in situations of vulnerability.
3. To request the Director to:
  - a) provide technical support to Member States for the development and implementation of a regional roadmap for the incorporation of data science techniques and methods at the national, subregional, regional, and inter-institutional levels and facilitate technical cooperation both with and among countries for the preparation and implementation of their national policies;
  - b) prioritize technical cooperation to assist countries in strengthening health analysis capacity, including the use of artificial intelligence and other emerging technologies;
  - c) facilitate access to open educational materials, tools, networks, and scientific information for improving health worker capacity for data management and health analysis and for the use of artificial intelligence and other emerging technologies;
  - d) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of this regional policy, as well as its adaptation to specific contexts and needs.

*(First meeting, 21 June 2021)*

**CE168.R3:     *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas***

**THE 168th SESSION OF THE EXECUTIVE COMMITTEE,**

Having considered the *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CE168/10),

**RESOLVES:**

To recommend that the 59th Directing Council adopt a resolution along the following lines:

**ROADMAP FOR THE DIGITAL TRANSFORMATION  
OF THE HEALTH SECTOR IN THE REGION OF THE AMERICAS**

**THE 59th DIRECTING COUNCIL,**

Having considered the *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CD59/\_\_);

Bearing in mind the commitments that Member States have made for the strengthening of information systems for health, vital statistics, critical data management, digital literacy, and digital health;

Recalling the principles enshrined by the United Nations Secretary General's Roadmap for Digital Cooperation;

Considering the need to accelerate progress toward inclusive digital health with emphasis on the most vulnerable populations, especially those in conditions of greater social, economic, geographic, or cultural vulnerability and population groups that are not digitally literate or lack internet access;

Observing that the Member States of the World Health Organization affirmed their commitment to digital health at the 71st World Health Assembly in 2018 by requesting development of a global strategy on digital health, which was approved by the 73rd World Health Assembly through Decision WHA73(28);

Recognizing the cross-cutting nature of this policy and its alignment with the objectives of the PAHO Strategic Plan 2020-2025 and the Sustainable Health Agenda for the Americas 2018-2030,

**RESOLVES:**

1. To approve the *Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas* (Document CD59/\_\_).

2. To urge Member States, considering their own contexts and priorities, to:
  - a) strengthen institutional and community capacity at all levels to implement digital health solutions, helping, among other things, to support access to quality health services to produce interoperability standards with the capacity to generate sufficient quality data, and to generate evidence in the adoption of emerging technologies such as artificial intelligence and blockchain, among others, where determined beneficial;
  - b) increase, promote, and support the participation of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the development and implementation of digital transformation policies, considering gender and cultural differences;
  - c) as appropriate, prepare and implement national and subnational policies, plans, programs, standards, and interventions informed by the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in vulnerable situations.
3. To request the Director to:
  - a) provide technical support to Member States in the implementation of a coordinated Roadmap for the Digital Transformation of the Health Sector at the national, subregional, regional, and inter-institutional levels;
  - b) promote technical cooperation to assist countries in strengthening health system capacity to include digital health solutions in line with the Sustainable Development Goals and applicable international and regional human rights instruments;
  - c) facilitate the co-creation, production, and dissemination of tools, studies, and reports in support of national policies and digital health solutions;
  - d) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas.

*(Fourth meeting, 22 June 2021)*

***CE168.R4: Increasing Production Capacity for Essential Medicines and Health Technologies***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the policy *Increasing Production Capacity for Essential Medicines and Health Technologies* (Document CE168/12),



**RESOLVES:**

To recommend that the 59th Directing Council adopt a resolution in the following terms:

**INCREASING PRODUCTION CAPACITY FOR ESSENTIAL MEDICINES AND HEALTH TECHNOLOGIES*****THE 59th DIRECTING COUNCIL,***

Having reviewed the policy *Increasing Production Capacity for Essential Medicines and Health Technologies* (Document CD59/\_\_\_);

Considering that one of the basic principles enshrined in the Constitution of the World Health Organization (WHO) is that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition” and that the “health of all peoples is a fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States”;

Recognizing that access to essential medicines and other health technologies is a global priority and fundamental to universal access to health and universal health coverage, and that some countries face access barriers due to factors such as limited manufacturing capacity and high prices, and that these problems may be exacerbated during public health emergencies or situations of overwhelming demand, such as during the COVID-19 pandemic;

Observing with concern the impact of transport and international trade restrictions on access to raw materials, intermediate inputs, and medicines and other health technologies, including access to substances subject to international control, such as sedatives and analgesics for intubation protocols during the treatment of patients with COVID-19;

Considering Resolution A/RES/74/274 of the United Nations General Assembly, the resolutions *Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies* (CD55.R12 [2016]), *Public Health, Innovation, and Intellectual Property: A Regional Perspective* (CD48.R15 [2008]), and *COVID-19 Pandemic in the Region of the Americas* (CD58.R9 [2020]) of PAHO, and draft resolution *Strengthening local production of medicines and other health technologies to improve access* (74th World Health Assembly, May 2021),<sup>1</sup> resolutions *COVID-19 response* (WHA73.1 [2020]) and *Improving the transparency of markets for medicines, vaccines, and other health products* (WHA72.8 [2019]) of the World Health Assembly, together with the adoption of the

---

<sup>1</sup> Draft resolution presented to the 74th World Health Assembly, held from 24-31 May 2021 in Geneva, Switzerland.

*Global strategy and plan of action on public health, innovation and intellectual property* (WHA61.21 [2008]) and its priority actions;

Recalling the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement), in its amended version, and also the Doha Declaration on the TRIPS Agreement and Public Health, issued by the World Trade Organization (WTO) in Doha in 2001, which states that intellectual property rights can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all, and which recognizes the importance of intellectual property protection for the development of new medicines and the concerns about its effects on prices;

Recognizing that health is a precondition and result of sustainable development and calling for the participation of all relevant sectors in coordinated multisectoral action to urgently address the health needs of the population;

Recognizing that the creation and strengthening of national and regional capacity for the development and production of raw materials and essential medicines and other health technologies is important for improving their affordability and accessibility, and adequately responding to regional health needs, especially during health emergencies, and that this also contributes to health security and economic and social development;

Recognizing the importance of promoting competition to improve the availability and affordability of medicines and other health technologies consistent with public health policies and needs through, *inter alia*, the manufacture and introduction of generic versions, and especially of essential medicines, in developing countries;

Recognizing the importance of transparency, access to sustainable financing, strengthening of research, and development and transfer of technology under voluntary and mutually agreed terms, as well as the importance of voluntary initiatives such as the COVID-19 Technology Access Pool (C-TAP) and Medicines Patent Pool as mechanisms for building and strengthening national and regional capacity for the development and production of raw materials and essential medicines and other health technologies;

Recognizing the need for strengthened national regulatory systems convergent with international standards to help ensure appropriate oversight of the quality, safety, and efficacy of the raw materials, medicines, and other health technologies produced in the Region;

Recognizing that regional and subregional integration can stimulate production through the development of sustainable demand, including the needs of Member States with small markets, and reaffirming the importance of international cooperation and collaboration with regional agencies of the United Nations system and other international and domestic financial institutions,

***RESOLVES:***

1. To urge the Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
  - a) promote the implementation of comprehensive national multisectoral policies on essential medicines and other health technologies that include roadmaps for their implementation and the explicit statement of multisectoral priorities for development, production, and equitable universal access;
  - b) create or strengthen multisectoral governance mechanisms with health sector participation to increase national research, development, innovation, and production capacity, defining roles, respecting sector competencies, and prioritizing attention to regional health needs, with the leadership of national authorities and the collaboration of academia, the private sector, civil society, and international organizations;
  - c) strengthen national capacity for the development and production of raw materials and essential medicines and other health technologies, including the training of skilled human resources and, where applicable, the strengthening or development of national infrastructure and clusters that support research, development, innovation, and production activities to better meet health needs and priorities;
  - d) strengthen the capacity of institutions with enabling and oversight functions for the medicines and other health technologies sector, including the strengthening of national health regulatory systems;
  - e) develop or strengthen, as appropriate, a coherent policy environment for the health sector and the science and technology, industry, and trade sectors to encourage the promotion of research, development, innovation, technology transfer under voluntary and mutually agreed terms, and the production of quality raw materials, essential medicines, and other health technologies, promoting affordability and accessibility, transparency, effectiveness, and competitiveness, environmental protection, and the sustainability of projects;
  - f) increase investment in science and technology for the production of raw materials, essential medicines, and other health technologies, and strengthen the incentives for industrial promotion and the use of public procurement that simultaneously fosters affordability, sustainability, competitiveness, development, and regional production;
  - g) promote international dialogue and collaboration to make progress toward timely, universal, and equitable access to quality-assured, safe, effective, and affordable essential medicines and other health technologies, including their components and precursors, that are necessary for public health emergencies and long-term planning, while ensuring their fair distribution and eliminating unjustifiable access barriers through a joint effort to promote resilient supply chains.

2. To request the Director to:
- a) provide technical cooperation to the Member States in developing and implementing comprehensive policies on essential medicines and other health technologies to help strengthen national capacity, meet multisectoral objectives, and improve access to essential medicines and other health technologies;
  - b) collaborate with the Member States, in coordination with the national health authorities, in promoting technology transfer under voluntary and mutually agreed terms, as well as intraregional activities in science, technology, and innovation, including networks of institutions devoted to research, development, and innovation, and collaboration with regional industrial associations and international financial institutions for economic and social development;
  - c) promote collaboration and the exchange of information and experiences among Member States with the participation of the health authorities, and prepare model lists to prioritize the needs for medicines and other health technology in the Region in order to guide investment and other incentives for increasing regional development and production;
  - d) continue to support the Member States by strengthening the capacity of national health regulatory systems to help ensure appropriate oversight of the safety, quality, and efficacy of medicines and other health technologies, including those produced in the Region, by promoting convergence, regulatory harmonization, and networks of national health regulatory authorities;
  - e) continue promoting transparency of prices and economic data along the value chain of medicines and other health technologies, including those produced locally, in order to foster affordability and access;
  - f) continue providing technical support—as appropriate and when requested, in collaboration with the national health authorities and competent international organizations like the World Trade Organization and the World Intellectual Property Organization, including support for policy processes—to countries that intend to make use of the provisions of the TRIPS Agreement, including the flexibilities recognized by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to pharmaceutical products;
  - g) promote, with the participation of the national health authorities, the development of a regional discussion platform on the challenges and opportunities involved in the production of essential medicines and health technologies, in coordination with the relevant agencies of the United Nations system and other relevant stakeholders—a platform which takes into account the deliberations of the WHO World Local Production Forum.

*(Fourth meeting, 22 June 2021)*

***CE168.R5: Scale of Assessed Contributions for 2022-2023***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Whereas in Resolution CE168.R6 the Executive Committee of the Pan American Health Organization (PAHO) has recommended that the 59th Directing Council approve the *Proposed Program Budget of the Pan American Health Organization 2022-2023* (Document CE168/8); and

Taking into consideration that the PAHO *Scale of Assessed Contributions for 2022-2023* (Document CE168/9) incorporates the new scale of quota assessments of the Organization of American States approved by its General Assembly for the years 2019-2023,

***RESOLVES:***

To recommend to the 59th Directing Council the adoption of a resolution along the following lines:

**SCALE OF ASSESSED CONTRIBUTIONS FOR 2022-2023**

***THE 59th DIRECTING COUNCIL,***

Whereas in Resolution CD59.R\_\_ the Directing Council approved the Program Budget of the Pan American Health Organization 2022-2023 (*Official Document*\_\_);

Having examined the report of the Pan American Sanitary Bureau on the *Scale of Assessed Contributions for 2022-2023* to be applied to Member States, Participating States and Associate Members of the Pan American Health Organization for the budgetary period 2022-2023 (Document CD59/\_\_);

Bearing in mind the provisions of Article 60 of the Pan American Sanitary Code, which establishes that the assessed contributions of the Pan American Health Organization shall be apportioned among the Signatory Governments on the same basis as the contributions of the Organization of American States;

Taking into account Article 24(A) of the Constitution of the Pan American Health Organization, which states that the Organization shall be financed by annual contributions from its Member Governments and that the rate of these contributions shall be determined in conformity with Article 60 of the Pan American Sanitary Code;

Considering that the General Assembly of the Organization of American States has adopted a scale of quota assessments for the years 2019-2023;

Bearing in mind that the total assessed contribution level still needs to be determined,

**RESOLVES:**

1. To approve the following *Scale of Assessed Contributions for 2022-2023* (Document CD59/\_\_\_).
2. To request the Secretariat to present detailed amounts of the proposed gross and net assessment contributions to be paid by PAHO Member States, Participating States and Associate Members once the total assessed contribution level is determined.

Member	Assessment Rate (%)	
	2022	2023
<b>Member States</b>		
Antigua and Barbuda	0.037	0.044
Argentina	3.458	3.687
Bahamas	0.054	0.058
Barbados	0.038	0.044
Belize	0.037	0.044
Bolivia	0.081	0.086
Brazil	14.359	15.309
Canada	11.297	12.045
Chile	1.631	1.739
Colombia	1.888	2.013
Costa Rica	0.295	0.315
Cuba	0.152	0.162
Dominica	0.037	0.044
Dominican Republic	0.309	0.329
Ecuador	0.463	0.494
El Salvador	0.088	0.093
Grenada	0.037	0.044
Guatemala	0.197	0.210
Guyana	0.037	0.044
Haiti	0.037	0.044
Honduras	0.050	0.053
Jamaica	0.061	0.065
Mexico	7.458	7.951
Nicaragua	0.037	0.044
Panama	0.220	0.235
Paraguay	0.100	0.107
Peru	1.158	1.235
Saint Kitts and Nevis	0.037	0.044
Saint Lucia	0.037	0.044

Member	Assessment Rate (%)	
	2022	2023
Saint Vincent and the Grenadines	0.037	0.044
Suriname	0.037	0.044
Trinidad and Tobago	0.149	0.159
United States of America	53.150	49.990
Uruguay	0.343	0.366
Venezuela	2.236	2.384
<b>Participating States</b>		
France	0.113	0.109
The Netherlands	0.037	0.044
United Kingdom	0.037	0.044
<b>Associate Members</b>		
Aruba	0.037	0.044
Curaçao	0.037	0.044
Puerto Rico	0.060	0.058
Sint Maarten	0.037	0.044
<b>TOTAL</b>	<b>100.000</b>	<b>100.000</b>

(Fifth meeting, 23 June 2021)

**CE168.R6: Proposed Program Budget of the Pan American Health Organization 2022-2023**

**THE 168th SESSION OF THE EXECUTIVE COMMITTEE,**

Having examined the *Proposed Program Budget of the Pan American Health Organization 2022-2023* (Document CE168/8);

Having considered the *Report on the 15th Session of the Subcommittee on Program, Budget, and Administration* (Document CE168/4);

Noting the efforts of the Pan American Sanitary Bureau (PASB or the Bureau) to propose a program budget that takes into account both the socio-economic considerations and the joint responsibility of Member States and the Bureau in achieving public health mandates;

Noting the efforts of PASB to propose a program budget that considers the evolving context and impact of the ongoing COVID-19 pandemic at global, regional and country level;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.4 and 3.5, of the Financial Regulations of the Pan American Health Organization,

***RESOLVES:***

To recommend to the 59th Directing Council the adoption of a resolution along the following lines:

**PROGRAM BUDGET  
OF THE PAN AMERICAN HEALTH ORGANIZATION 2022-2023**

***THE 59th DIRECTING COUNCIL,***

Having examined the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document*\_\_);

Having considered the report of the 168th Executive Committee (Document CD59/\_\_);

Noting the efforts of PASB to propose a program budget that takes into account both the socio-economic considerations and the joint responsibility of Member States and the Bureau in achieving public health mandates;

Noting the efforts of PASB to propose a program budget that considers the evolving context and impact of the ongoing COVID-19 pandemic at global, regional and country levels;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraph 3.5, of the Financial Regulations of the Pan American Health Organization,

***RESOLVES:***

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US\$ 640.0 million<sup>1</sup> for base programs and \$48.0 million for special programs, as outlined in the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document*\_\_).
2. To encourage all Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2022 and 2023 and of arrears that might have accumulated in the previous budgetary periods.

---

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



3. To encourage Member States, Participating States, and Associate Members of the Pan American Health Organization to continue advocating for an equitable share of the World Health Organization's (WHO) resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
4. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2022-2023, and where possible, to consider making these contributions fully flexible and un-earmarked.
5. To approve assessed contributions for the biennium 2022-2023 in the amount of \$225.5 million composed of: *a*) \$194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last approved amount of net assessed contributions (\$194.4 million), and *b*) \$31,150,000 as a transfer to the Tax Equalization Fund, as indicated in the table below.
6. In establishing the contributions of Member States, Participating States, and Associate Members, assessed contributions shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.
7. To finance the approved base programs in the following manner and from the indicated sources of financing:

Source of financing	Amount (US\$)
Assessed contributions from PAHO Member States, Participating States, and Associate Members	225,550,000
Less credit from Tax Equalization Fund	(31,150,000)
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	179,000,000
Funding allocation to the Region of the Americas from WHO	252,600,000
<b>TOTAL</b>	<b>640,000,000</b>

8. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2022-2023, subject to the availability of funding.
9. To request the Director to prepare a report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2022-2023, to be presented to the Governing Bodies in 2024.

*(Fifth meeting, 23 June 2021)*

***CE168.R7: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2022 and 2023***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Whereas in Resolution CE168.R6 the Executive Committee has recommended that the 59th Directing Council approve the *Proposed Program Budget of the Pan American Health Organization 2022-2023* (Document CE168/8);

Whereas in Resolution CE168.R5 the Executive Committee has recommended that the 59th Directing Council approve the *Scale of Assessed Contributions for 2022–2023* (Document CE168/9);

Having considered the *Report on the 15th Session of the Subcommittee on Program, Budget, and Administration* (Document CE168/4),

***RESOLVES:***

To recommend to the 59th Directing Council the adoption of a resolution along the following lines:

**ASSESSED CONTRIBUTIONS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2022-2023**

***THE 59th DIRECTING COUNCIL,***

Whereas in Resolution CD59.R\_\_ the Directing Council approved the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document\_\_*);

Considering that Article 60 of the Pan American Sanitary Code and Article 24(A) of the Constitution of the Pan American Health Organization provide that the scale of assessed contributions to be applied to Member States, Participating States, and Associate Members be determined on the basis of the assessment scale adopted by the Organization of American States;

Bearing in mind that the Directing Council, in Resolution CD59.R\_, adopted the scale of assessments for the Member States, Participating States, and Associate Members of the Pan American Health Organization for the biennium 2022-2023,

***RESOLVES:***

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial periods 2022 and 2023 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent an increase of 0% with respect to the biennium 2020-2021.

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS  
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2022-2023**

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
<i>Member States</i>										
Antigua and Barbuda	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Argentina	3.458	3.687	3,620,526	3,860,289	259,350	276,525			3,361,176	3,583,764
Bahamas	0.054	0.058	56,538	60,726	4,050	4,350			52,488	56,376
Barbados	0.038	0.044	39,786	46,068	2,850	3,300			36,936	42,768
Belize	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Bolivia	0.081	0.086	84,807	90,042	6,075	6,450			78,732	83,592
Brazil	14.359	15.309	15,033,873	16,028,523	1,076,925	1,148,175			13,956,948	14,880,348
Canada	11.297	12.045	11,827,959	12,611,115	847,275	903,375	40,000	40,000	11,020,684	11,747,740
Chile	1.631	1.739	1,707,657	1,820,733	122,325	130,425			1,585,332	1,690,308
Colombia	1.888	2.013	1,976,736	2,107,611	141,600	150,975			1,835,136	1,956,636
Costa Rica	0.295	0.315	308,865	329,805	22,125	23,625			286,740	306,180
Cuba	0.152	0.162	159,106	169,630	11,397	12,151			147,708	157,479
Dominica	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Dominican Republic	0.309	0.329	323,523	344,463	23,175	24,675			300,348	319,788
Ecuador	0.463	0.494	484,761	517,218	34,725	37,050			450,036	480,168
El Salvador	0.088	0.093	92,136	97,371	6,600	6,975			85,536	90,396
Grenada	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Guatemala	0.197	0.210	206,259	219,870	14,775	15,750			191,484	204,120
Guyana	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Haiti	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Honduras	0.050	0.053	52,350	55,491	3,750	3,975			48,600	51,516
Jamaica	0.061	0.065	63,867	68,055	4,575	4,875			59,292	63,180

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Mexico	7.458	7.951	7,808,526	8,324,697	559,350	596,325			7,249,176	7,728,372
Nicaragua	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Panama	0.220	0.235	230,340	246,045	16,500	17,625			213,840	228,420
Paraguay	0.100	0.107	104,700	112,029	7,500	8,025			97,200	104,004
Peru	1.158	1.235	1,212,426	1,293,045	86,850	92,625			1,125,576	1,200,420
Saint Kitts and Nevis	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Saint Lucia	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Saint Vincent and the Grenadines	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Suriname	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Trinidad and Tobago	0.149	0.159	156,003	166,473	11,175	11,925			144,828	154,548
United States of America	53.150	49.990	55,648,050	52,339,530	3,986,250	3,749,250	8,000,000	8,000,000	59,661,800	56,590,280
Uruguay	0.343	0.366	359,121	383,202	25,725	27,450			333,396	355,752
Venezuela	2.236	2.384	2,341,092	2,496,048	167,700	178,800	35,000	35,000	2,208,392	2,352,248
<b>Participating States</b>										
France	0.113	0.109	118,348	114,208	8,478	8,181			109,870	106,027
The Netherlands	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
United Kingdom	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
<b>Associate Members</b>										
Aruba	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Curaçao	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
Puerto Rico	0.060	0.058	62,822	60,624	4,500	4,343			58,321	56,282
Sint Maarten	0.037	0.044	38,739	46,068	2,775	3,300			35,964	42,768
<b>TOTAL</b>	<b>100.000</b>	<b>100.000</b>	<b>104,700,000</b>	<b>104,700,000</b>	<b>7,500,000</b>	<b>7,500,000</b>	<b>8,075,000</b>	<b>8,075,000</b>	<b>105,275,000</b>	<b>105,275,000</b>

(Fifth meeting, 23 June 2021)

***CE168.R8: PAHO Award for Health Services and Leadership 2021***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the *Report of the Award Committee of the PAHO Award for Health Services and Leadership 2021* (Document CE168/5, Add. I);

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

***RESOLVES:***

1. To congratulate the candidates for the PAHO Award for Health Services Management and Leadership 2021 for their professionalism and outstanding work on behalf of their countries and the Region.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2021 to Dr. Joanne Liu of Canada, for her significant contributions to the Region through: *a)* her dedicated work assisting communities affected by the earthquake and cholera epidemic in Haiti; *b)* supporting health system strengthening efforts in Honduras; *c)* her leadership in health emergencies and crises responses around the world; and *d)* her commitment to delivering health services to those living in the most vulnerable situations, all of which encompass key PAHO values such as health equity and solidarity. Dr. Liu's advocacy for global action in times of crises has helped to further the discussions on health emergency responses. Her work has influenced how countries in the Region, and around the world, implement and advance medical humanitarianism, and her work on health emergencies will continue to be influential - which is critical in the current COVID-19 pandemic context, and as we look towards "building back better".
3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2021* (Document CE168/5, Add. I), to the 59th Directing Council.

*(Fifth meeting, 23 June 2021)*

---

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

***CE168.R9: Appointment of One Member of the PAHO Audit Committee of PAHO***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

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

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

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

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

***RESOLVES:***

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint Mr. Martín Guozden to serve as a member of the PAHO Audit Committee for a second term of three years from June 2021 through June 2024.

*(Fifth meeting, 23 June 2021)*

***CE168.R10: Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Noting Resolution CESS1.R1, *Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies*, adopted during the May 2020 Special Session of the Executive Committee of the Pan American Health Organization (PAHO);

Considering the 45% increase in requests by Member States in 2020 for support from the Capital Account of the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund) resulting in a 66% increase in total cumulative usage of the Capital Account;

Recognizing the continually increasing requests for support through the PAHO Strategic Fund to facilitate access to life-saving essential medicines and health supplies to combat COVID-19;

Noting that the capitalization level of the PAHO Strategic Fund may be insufficient to meet the future needs of Member States during the COVID-19 pandemic;

Acknowledging the establishment by the Pan American Sanitary Bureau (PASB) of the necessary planning and operational mechanisms, as well as the appropriate managerial and financial controls to ensure that the internal emergency loan provision has no impact on the ability of PASB to support Member States participating in the PAHO Revolving Fund for Access to Vaccines (Revolving Fund),

***RESOLVES:***

To authorize the Director to do the following:

- a) provide an extension of the internal emergency loan consisting of a short-term, limited, rolling transfer of funds, up to a maximum of US\$ 50 million,<sup>1</sup> from the Capital Account of the Revolving Fund to the Capital Account of the Strategic Fund, to 31 December 2023 or to the date of a declaration by the World Health Organization on the end of the pandemic, whichever comes first;
- b) continue to determine the amounts and timing of transfers to the Capital Account of the Strategic Fund, up to the maximum total loan amount of \$50 million during the period of the approved resolution, based on the availability of funds in the Capital Account of the Revolving Fund and on the programmatic needs of the participating Member States for vaccines, syringes, and cold chain equipment and for emergency supplies including those for COVID-19;
- c) continue to apply appropriate managerial, financial, and analytic controls to ensure that there is no negative impact on the ability of PASB to support Member States participating in the Revolving Fund;
- d) report on an annual basis to the Executive Committee sessions on the status of this emergency loan, including its effectiveness and repayment status.

*(Fifth meeting, 23 June 2021)*

---

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

***CE168.R11: One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the policy on *One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface* (Document CE168/13, Rev. 1),

***RESOLVES:***

To recommend that the 59th Directing Council adopt a resolution along the following lines:

**ONE HEALTH: A COMPREHENSIVE APPROACH FOR ADDRESSING HEALTH THREATS AT THE HUMAN-ANIMAL-ENVIRONMENT INTERFACE**

***THE 59th DIRECTING COUNCIL,***

Having reviewed the policy on *One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface* (Document CD59/\_\_);

Bearing in mind that the COVID-19 pandemic has done much to reverse the gains achieved in recent decades on poverty reduction and on health and well-being in the Region of the Americas;

Recognizing that the health outcomes associated with health threats at the human-animal-environment interface such as zoonotic diseases, antimicrobial resistance (AMR), and food safety issues depend on policies and programs inside and outside the health sector and that strategies for the management of risks at the human-animal-environment interface need to include other sectors and disciplines to maximize impact and ensure sustainability;

Acknowledging that the socioeconomic development of the Region of the Americas has been supported by its increasing agricultural production and its role as a global food producer and exporter, thereby it is crucial to protect such achievements from the impact of zoonotic diseases, antimicrobial resistance, and food safety problems that not only endanger the health of the population, particularly the most vulnerable, but also hinder the socioeconomic development of communities and industries such as tourism and international trade in animal and animal products;

Cognizant that One Health is a collaborative, multidisciplinary, and multisectoral approach that can contribute to addressing health threats at the human-animal-environment interface,



**RESOLVES:**

1. To approve the policy on *One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface* (Document CD59/\_\_\_).
2. To urge Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to adopt, adapt, and implement this policy, and to:
  - a) establish or strengthen current multidisciplinary, multisectoral, consensus-driven mechanisms for One Health governance, including policies and actions for the stewardship and finance of functional structures working across institutions and enabling coordination, communication, engagement, and collaboration, and for access to relevant knowledge and resources;
  - b) foster multisectoral technical activities including strategic planning, emergency preparedness and response, rapid and transparent information, data and sample sharing, in accordance with relevant international agreements, integrated surveillance, laboratory strengthening, and other best practices, with demonstration projects to drive scientific evidence-based collaborative actions;
  - c) incorporate a risk analysis approach, taking into account human behavior and other drivers, particularly those challenges that affect the systems on which society depends—health, agriculture/animal production, and environment;
  - d) promote training and education of the workforce on One Health, adopt new technologies including digital solutions and scientific tools, and foster research agendas on the human-animal-environment interface.
3. To request the Director to:
  - a) apply the One Health approach within the Pan American Sanitary Bureau through inter-programmatic actions fostering the effective use of the Pan American Health Organization’s comprehensive portfolio of knowledge, expertise, and access to stakeholders on health challenges such as food safety, zoonotic diseases, and AMR;
  - b) coordinate, promote, and provide technical cooperation to support countries and territories in implementing One Health in collaboration with relevant human, animal, plant, and environmental health partners and stakeholders, including those from the social determinants field;
  - c) secure political, managerial, administrative, and financial support for the implementation of One Health by advocating and promoting it, in collaboration with other international and regional entities from the fields of human, animal, and environmental health, as well as by mobilizing external resources;
  - d) report to the Governing Bodies on the progress made and challenges faced in implementation of this policy in 2026 and 2031.

*(Sixth meeting, 23 June 2021)*

***CE168.R12: Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the proposed *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CE168/15),

***RESOLVES:***

To recommend that the 59th Directing Council adopt a resolution along the following lines:

**STRATEGY FOR BUILDING RESILIENT HEALTH SYSTEMS AND  
POST-COVID-19 PANDEMIC RECOVERY TO SUSTAIN AND PROTECT  
PUBLIC HEALTH GAINS**

***THE 59th DIRECTING COUNCIL,***

Having reviewed the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/\_\_);

Recognizing that the COVID-19 pandemic has significantly impacted health, lives, and livelihoods in the Region of the Americas;

Considering that action by Member States is required to address the systemic and structural deficiencies in health systems and emergency preparedness and response that have been exposed by the pandemic, and aware of the potential benefits to be realized by rapidly adopting and consolidating health system innovations observed during the pandemic response;

Noting the urgency to invest and build resilience in health systems that fully address the social, environmental, and economic determinants of health as a means to protect, promote, and sustain health, advance social and economic development, and accelerate the recuperation of lost public health gains,

***RESOLVES:***

1. To approve the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/\_\_).

2. To urge Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:

- a) strengthen leadership, governance, and stewardship to implement the strategic lines of action of the Strategy for Building Resilient Health Systems;
- b) advance in transforming health systems based on the primary health care approach, inclusive social participation, and a whole-of-government and whole-of-society approach, with intersectoral action to address the social, environmental, and economic determinants of health;
- c) measure the institutional capacities of health authorities to perform essential public health functions and develop sectoral and intersectoral action plans to strengthen these functions, integrated into the country policy and budget cycle;
- d) build and expand the capacities of health service delivery networks to improve access and overcome fragmentation, including capacities for management and coordination of the networks, planning and management of human resources, digital transformation and strengthening of information systems for health, availability and management of critical supplies, medicines, and other health technologies and infrastructure, community engagement, and the development of adaptable response plans;
- e) increase and sustain public investments in health to support the transformation and strengthening of health systems toward the achievement of universal health, paying due attention to the development of capacities for implementation of the essential public health functions, including compliance with the International Health Regulations; and prioritize investments in the first level of care to support the delivery of comprehensive health services (both individual and population-based).

3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the Strategy for Building Resilient Health Systems;
- b) exercise leadership to promote regional cooperation and dialogue in health and foster cooperation among countries and the sharing of knowledge and experiences;
- c) report periodically to the Governing Bodies of PAHO on the progress made and challenges faced in the implementation of this strategy through a midterm review in 2026 and a final report in 2032.

*(Sixth meeting, 23 June 2021)*

***CE168.R13: Amendments to the PASB Staff Regulations and Rules***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE168/21;

Acknowledging the recommendation of the International Civil Service Commission in its 2020 Annual Report to increase the base/floor salary scale for the professional and higher categories and pay protection points by 1.90% on a no-loss/no-gain basis, and the Pan American Sanitary Bureau's implementation of that recommendation as of 1 January 2021;

Taking into consideration the actions of the Seventy-fourth World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Deputy Director-General based on the United Nations General Assembly's approval of the amended base/floor salary scale for the professional and higher categories on a no-loss/no-gain basis;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau;

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the United Nations Common System Agencies,

***RESOLVES:***

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 January 2021 concerning remuneration of staff in the professional and higher categories and the Staff Rule amendments that have been made by the Director effective 1 July 2021 regarding payment and deductions; approval, reporting, and recording of leave and service time; sick leave; parental leave; and staff in posts subject to local recruitment.
2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning on 1 January 2021, at US\$ 184,808<sup>1</sup> before staff assessment, with a corresponding net base salary of \$137,473.
3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2021, at \$186,323 before staff assessment, with a corresponding net base salary of \$138,473.
4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2021, at \$205,264 before staff assessment, with a corresponding net base salary of \$150,974.

Appendix

---

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

**Appendix**

**PROPOSED AMENDMENTS TO THE STAFF RULES  
OF THE PAN AMERICAN SANITARY BUREAU**

The substantive amendments presented below shall apply to the specific articles indicated in each case:

**380. PAYMENTS AND DEDUCTIONS**

**380.1** Salaries, allowances, and benefits vary according to the staff member's duty station of assignment and may be adjusted under conditions established by the Bureau.

**380.2** The normal pay period is from the first to the last day of any calendar month.

[...]

**380.8** The right of the Bureau to claim from an individual any amount the Bureau may have overpaid will normally lapse one year after the overpayment error. The recovery of an overpayment will be governed by the facts of each case, and the affected individual will be notified in writing.

**380.9** The right of an individual to claim from the Bureau any amount the Bureau may have underpaid will normally lapse one year after the underpayment error. The correction of an underpayment will be governed by the facts of each case, and the affected individual will be notified in writing.

**380.10** In the case of overpayment or underpayment of pension contributions, the Bureau will reconcile any differences, which shall not be subject to any time limitation on adjustment or recovery. In the case of underpayment, the staff member's contribution to the Staff Pension Fund will be deducted from the staff member's salary in accordance with Staff Rule 380.6.1.

**380.11** Nothing in this rule prevents the Bureau from correcting errors made when determining or recording a staff member's benefits and entitlements, regardless of when the error occurred.

The substantive amendments presented below shall apply to the specific articles indicated in each case:

**670. APPROVAL, REPORTING, AND RECORDING OF LEAVE AND SERVICE TIME**

**670.1** The granting of leave under Staff Rules 625, 630, 640, and 650 is subject to the exigencies of service and must be approved in advance by authorized officials. The personal circumstances of the staff member shall be considered to the extent possible. It is the staff member's responsibility to ensure that all leave taken is promptly reported and recorded.

**670.2** The Bureau may correct errors made when determining or recording a staff member's leave benefits or service time, regardless of when the error occurred.

**740. SICK LEAVE**

**740.1** Staff members, except those excluded under Rule 1320 who are unable to perform their duties because of illness or injury, or whose attendance is prevented by public health requirements, may be granted sick leave with pay with the approval of the Staff Physician in the following amounts:

[...]

**740.1.5** The Bureau may correct errors made when determining or recording a staff member's sick leave benefit, regardless of when the error occurred.

**765. PARENTAL LEAVE**

**765.3** Staff members holding fixed-term or service appointments shall be entitled to four weeks of parental leave. Eight weeks of parental leave will be granted in the case of:

[...]

**765.4** Staff members holding temporary appointments, as defined in Rule 420.4, shall be entitled to two weeks of parental leave. Four weeks of parental leave will be granted in the case of:

**765.4.1** Staff members in the professional and higher categories serving at a non-family duty station;

**765.4.2** Adoption of a child subject to conditions established by the Bureau and upon presentation of satisfactory evidence of the adoption.

The substantive amendments presented below shall apply to the specific articles indicated in each case:

**1310. STAFF IN POSTS SUBJECT TO LOCAL RECRUITMENT**

**1310.2** All posts in the general service category are subject to local recruitment and, therefore, shall be filled, as far as possible, by persons recruited in the local commuting area of each office. The recognized place of residence for such locally recruited persons, irrespective of their nationality and of the length of time they may have been in the area, shall be determined as the place where the office concerned is located. Applicants to a vacant general service post must be citizens or permanent legal residents of the country of the duty station and able to legally work in the location of the duty station at the time their application is submitted to the Organization for consideration and, if selected, at the time of their appointment and thereafter. Except as specified under Rule 1310.4, the Organization will not sponsor a local work permit or visa for a staff member in the general service category.

*(Seventh meeting, 24 June 2021)*

***CE168.R14: Non-State Actors in Official Relations with PAHO***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE168/6);

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

***RESOLVES:***

1. To admit the following non-State actor into official relations with PAHO for a period of three years:
  - a) Campaign for Tobacco-Free Kids.
2. To renew official relations between PAHO and the following nine non-State actors for a period of three years:
  - a) Action on Smoking and Health;
  - b) American Speech-Language-Hearing Association;
  - c) Drugs for Neglected Diseases Initiative - Latin America;

- d) Framework Convention Alliance;
  - e) InterAmerican Heart Foundation;
  - f) Latin American Federation of the Pharmaceutical Industry;
  - g) Latin American Society of Nephrology and Hypertension;
  - h) National Alliance for Hispanic Health;
  - i) Sabin Vaccine Institute.
3. To request the Director to:
- a) advise the respective non-State actors of the decisions taken by the Executive Committee;
  - b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
  - c) continue fostering relationships between Member States and non-State actors working in the field of health.

*(Seventh meeting, 24 June 2021)*

***CE168.R15: Reinvigorating Immunization as a Public Good for Universal Health***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the proposed policy document *Reinvigorating Immunization as a Public Good for Universal Health* (Document CE168/14), which sets out the approach of the Pan American Health Organization (PAHO) and a strategic framework for revitalizing immunization programs in the Region of the Americas,

***RESOLVES:***

To recommend that the 59th Directing Council adopt a resolution along the following lines:

**REINVIGORATING IMMUNIZATION AS A PUBLIC GOOD  
FOR UNIVERSAL HEALTH**

***THE 59th DIRECTING COUNCIL,***

Having reviewed the policy document *Reinvigorating Immunization as a Public Good for Universal Health* (Document CD59/\_\_), which sets out PAHO's approach and a strategic framework for revitalizing immunization programs in the Region of the Americas;



Considering that, despite the tremendous achievements of immunization programs in past decades, progress has stalled or even reversed in many countries in the Region, putting past achievements at risk;

Acknowledging that immunization is among the most cost-effective public health strategies available, and that in addition to its health benefits, immunization provides a high rate of return on investment, resulting in contributions to socioeconomic development and educational attainment;

Cognizant that this policy reflects and supports the commitment made by Member States to advance toward meeting the Sustainable Development Goals by 2030, the goals of the Sustainable Health Agenda for the Americas 2018-2030, and the goals of the Immunization Agenda 2030 of the World Health Organization,

**RESOLVES:**

1. To approve the policy *Reinvigorating Immunization as a Public Good for Universal Health* (Document CD59/\_\_\_).
2. To urge Member States, according to their national context and priorities, to:
  - a) adopt and implement the strategic lines of action of this policy to reinvigorate immunization programs through the implementation of innovative approaches and best practices, incorporating technological, communication, behavioral, and data analysis tools;
  - b) declare vaccination as a public good and raise awareness among health care workers to advise individuals regarding vaccination, among parents and guardians to have their children immunized, and among individuals to be vaccinated, considering officially recommended immunization schedules;
  - c) strengthen governance and leadership of immunization programs, combined with effective oversight, accountability, coalition building, regulation, and attention to system design, to ensure adequate and efficient implementation of this policy and progress toward universal health;
  - d) ensure and protect immunization-specific budgets, including but not limited to the costs of vaccines and supplies, human resources, and immunization operations.
3. To request the Director to:
  - a) provide technical cooperation and promote collaboration within and across all levels of the Organization and Member States in support of revitalized immunization efforts;
  - b) promote and enhance constructive collaboration with other stakeholders relevant to the implementation of this policy—including but not limited to other international organizations, existing networks, programs, and collaborating centers—to pursue synergies and to increase efficiencies;

- c) enhance coordination at regional and country levels to improve access to vaccines, diagnostic tests for laboratory networks supporting surveillance, and other key supplies relevant to primary health care, through the Revolving Fund for Access to Vaccines and the Regional Revolving Fund for Strategic Public Health Supplies;
- d) report to the Governing Bodies on the progress made and challenges faced in implementation of this policy in 2027 and 2031.

*(Eighth meeting, 24 June 2021)*

***CE168.R16: Provisional Agenda of the 59th Directing Council, 73rd Session of the Regional Committee of WHO for the Americas***

***THE 168th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the provisional agenda (Document CD59/1) prepared by the Director of the Pan American Sanitary Bureau for the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE168/3, Rev. 1;

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

Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic,

***RESOLVES:***

1. To approve the provisional agenda (Document CD59/1) prepared by the Director of the Pan American Sanitary Bureau for the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas.
2. To hold the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas, from 20 to 24 September 2021, and to request the Officers of the Executive Committee, in consultation with the Pan American Sanitary Bureau, to decide on an in-person or virtual format.

*(Eighth meeting, 24 June 2021)*

*Decisions*

***Decision CE168(D1): Adoption of the Agenda***

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE168/1, Rev. 2).

*(First meeting, 21 June 2021)*

***Decision CE168(D2): Representation of the Executive Committee at the 59th Directing Council, 73rd Session of the Regional Committee of WHO for the Americas***

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Costa Rica and Ecuador, its President and Rapporteur, respectively, to represent the Committee at the 59th Directing Council, 73rd Session of the Regional Committee of WHO for the Americas. The Committee appointed Haiti and the United States of America as alternate representatives.

*(Eighth meeting, 24 June 2021)*

IN WITNESS WHEREOF, the Delegate of Costa Rica, President of the Executive Committee, and the Director of the Pan American Sanitary Bureau, Secretary ex officio, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this twenty-fourth day of June in the year two thousand twenty-one. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

---

Adriana Salazar González  
President of the  
168th Session of the Executive Committee  
Delegate of Costa Rica

---

Carissa F. Etienne  
Secretary ex officio of the  
168th Session of the Executive Committee  
Director of the  
Pan American Sanitary Bureau

**Annex A**

**AGENDA**

**1. OPENING OF THE SESSION**

**2. PROCEDURAL MATTERS**

- 2.1 Adoption of the Agenda and Program of Meetings
- 2.2 Representation of the Executive Committee at the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas
- 2.3 Draft Provisional Agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas

**3. COMMITTEE MATTERS**

- 3.1 Report on the 15th Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Health Services Management and Leadership 2021
- 3.3 Non-State Actors in Official Relations with PAHO
- 3.4 Appointment of One Member to the Audit Committee of PAHO

**4. PROGRAM POLICY MATTERS**

- 4.1 Proposed Program Budget of the Pan American Health Organization 2022-2023
  - 4.2 Scale of Assessed Contributions 2022-2023
  - 4.3 Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas
  - 4.4 Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies
-

**4. PROGRAM POLICY MATTERS** *(cont.)*

- 4.5 Increasing Production Capacity for Essential Medicines and Health Technologies
- 4.6 One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface
- 4.7 Reinvigorating Immunization as a Public Good for Universal Health
- 4.8 Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2020
- 5.3 Appointment of the External Auditor of PAHO for 2022-2023
- 5.4 Update on the Master Capital Investment Fund
- 5.5 Update on the Working Capital Fund
- 5.6 Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies

**6. PERSONNEL MATTERS**

- 6.1 Amendments to the PASB Staff Regulations and Rules
- 6.2 PASB Human Resources Management
- 6.3 Statement by the Representative of the PAHO/WHO Staff Association

**7. MATTERS FOR INFORMATION\***

7.1 Update on COVID-19 in the Region of the Americas

7.2 Report on Strategic Issues between PAHO and WHO

7.3 Implementation of the International Health Regulations

**8. OTHER MATTERS**

**9. CLOSURE OF THE SESSION**

Annex

---

\* Due to the COVID-19 pandemic and according to the meeting of the Officers of the Executive Committee held on 19 April 2021, Final and Progress Reports listed in the Annex to this document will be published on the webpage of the 168th Session of the Executive Committee for information purposes.

## Annex

**Final Reports and Progress Reports on Policies, Strategies and Plans of Action  
Due for Reporting to the Executive Committee in 2021**

Matters for Information	Document Number
PAHO/WHO Collaborating Centers	CE168/INF/4
Plan of Action on Immunization: Final Report ( <i>Resolution CD54.R8 [2015]</i> )	CE168/INF/5
Plan of Action for Malaria Elimination 2016-2020: Final Report ( <i>Resolution CD55.R7 [2016]</i> )	CE168/INF/6
Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Final Report ( <i>Resolution CD55.R5 [2016]</i> )	CE168/INF/7
Plan of Action on Antimicrobial Resistance: Final Report ( <i>Resolution CD54.R15 [2015]</i> )	CE168/INF/8
Plan of Action on Mental Health: Final Report ( <i>Resolution CD53.R7 [2014]</i> )	CE168/INF/9
Persistent Organic Pollutants: Final Report ( <i>Resolution CD41.R1 [1999]</i> )	CE168/INF/10
Influenza Pandemic: Preparation in the Hemisphere: Final Report ( <i>Resolution CD44.R8 [2003]</i> )	CE168/INF/11
Coordination of International Humanitarian Assistance in Health in Case of Disasters: Final Report ( <i>Resolution CSP28.R19 [2012]</i> )	CE168/INF/12
Health, Human Security and Well-being: Final Report ( <i>Resolution CD50.R16 [2010]</i> )	CE168/INF/13



Matters for Information	Document Number
Progress Reports on Technical Matters:	
A. Plan of Action of Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023: Progress Report ( <i>Resolution CD56.R5 [2018]</i> ) ( <i>Resolution CD52.R13 [2013]</i> ) ( <i>Resolution CD45.R9 [2004]</i> )	CE168/INF/14(A)
B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report ( <i>Resolution CD52.R10 [2013]</i> )	CE168/INF/14(B)
C. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report ( <i>Resolution CD54.R12 [2015]</i> )	CE168/INF/14(C)
D. Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region: Progress Report ( <i>Resolution CD48.R11 [2008]</i> )	CE168/INF/14(D)
E. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination 2018-2023: Progress Report ( <i>Resolution CSP29.R11 [2017]</i> )	CE168/INF/14(E)
F. Plan of Action on Entomology and Vector Control 2018-2023: Midterm Review ( <i>Resolution CD56.R2 [2018]</i> )	CE168/INF/14(F)
G. Cooperation for Health Development in the Americas: Progress Report ( <i>Resolution CD52.R15 [2013]</i> )	CE168/INF/14(G)
Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:	
A. Seventy-fourth World Health Assembly	CE168/INF/15(A)
B. Subregional Organizations	CE168/INF/15(B)

**Annex B**

**LIST OF DOCUMENTS**

**Official Document**

*OD362* Financial Report of the Director and Report of the External Auditor for 2020

**Working Documents**

CE168/1, Rev. 2 and CE168/WP Adoption of the Agenda and Program of Meetings

CE168/2 Representation of the Executive Committee at the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas

CE168/3 Draft Provisional Agenda of the 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas

CE168/4 Report on the 15th Session of the Subcommittee on Program, Budget, and Administration

CE168/5 and Add.I PAHO Award for Health Services Management and Leadership 2021

CE168/6 Non-State Actors in Official Relations with PAHO

CE168/7 Appointment of One Member to the Audit Committee of PAHO

CE168/8, Add. I and Add. II Proposed Program Budget of the Pan American Health Organization 2022-2023

CE168/9 Scale of Assessed Contributions 2022-2023

CE168/10 Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas

CE168/11 Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies

CE168/12 Increasing Production Capacity for Essential Medicines and Health Technologies

---

**Working Documents** (*cont.*)

CE168/13	One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface
CE168/14	Reinvigorating Immunization as a Public Good for Universal Health
CE168/15	Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains
CE168/16 and Add. I	Report on the Collection of Assessed Contributions
CE168/17	Appointment of the External Auditor of PAHO for 2022-2023
CE168/18	Update on the Master Capital Investment Fund
CE168/19	Update on the Working Capital Fund
CE168/20	Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
CE168/21	Amendments to the PASB Staff Regulations and Rules
CE168/22	PASB Human Resources Management
CE168/23	Statement by the Representative of the PAHO/WHO Staff Association

**Matters for Information**

CE168/INF/1	Update on COVID-19 in the Region of the Americas
CE168/INF/2	Report on Strategic Issues between PAHO and WHO
CE168/INF/3	Implementation of the International Health Regulations

**Annex C**

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES  
OFFICERS / MESA DIRECTIVA**

**President / Presidente:** Sra. Adriana Salazar González (Costa Rica)  
**Vice-President / Vicepresidente:** Dr. Jean Patrick Alfred (Haiti)  
**Rapporteur / Relator:** Dr. Fernando Jácome Gavilánez (Ecuador)

**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO**

**BARBADOS**

Head of Delegation – Jefe de Delegación

Hon. Jeffrey Bostic  
Minister of Health and Wellness  
Ministry of Health and Wellness  
St. Michael

Delegates – Delegados

Dr. Kenneth George  
Chief Medical Officer  
Ministry of Health and Wellness  
St. Michael

**BRAZIL/BRASIL**

Head of Delegation – Jefe de Delegación

Sr. Flávio Werneck Noce dos Santos  
Assessor Especial do Ministro  
para Assuntos Internacionais em Saúde  
Ministério da Saúde  
Brasília

Delegates – Delegados

Sra. Cristina Alexandre  
Chefe da Assessoria de Assuntos  
Internacionais em Saúde  
Ministério da Saúde  
Brasília

Sra. Indiara Meira Gonçalves  
Assessora para Assuntos Multilaterais  
em Saúde  
Ministério da Saúde  
Brasília

**BRAZIL/BRASIL (cont.)**

Delegates – Delegados (cont.)

Sra. Mariana Darvenne  
Assessora para Assuntos Multilaterais  
em Saúde  
Ministério do Saúde  
Brasília

Sr. Matheus Machado de Carvalho  
Subchefe da Divisão de Cidadania  
Ministério das Relações Exteriores  
Brasília

Sr. Matheus Corradi de Souza  
Assessor da Divisão de Cidadania  
Ministério das Relações Exteriores  
Brasília

Sr. Jackson Lima  
Primeiro secretário, Representante Alterno  
do Brasil junto à Organização dos  
Estados Americanos  
Washington, D.C.

**CUBA**

Head of Delegation – Jefe de Delegación

Dr. José Ángel Portal Miranda  
Ministro de Salud Pública  
Ministerio de Salud Pública  
La Habana

Delegates – Delegados

Excma. Sra. Lianys Torres Rivera  
Embajadora  
Embajada de la República de Cuba  
Washington, D.C.

---

**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

**CUBA (cont.)**

Delegates – Delegados (cont.)

Dr. Néstor Marimón Torres  
Director de Relaciones Internacionales  
y Cooperación  
Ministerio de Salud Pública  
La Habana

Dra. Evelyn Martínez Cruz  
Jefe del Departamento  
de Organismos Internacionales  
Ministerio de Salud Pública  
La Habana

Sr. Pablo Berti Oliva  
Consejero  
Ministerio de Relaciones Exteriores  
La Habana

Lic. Martha García Hernández  
Segunda Secretaria  
Ministerio de Relaciones Exteriores  
La Habana

Sr. Asdrúval de la Vega González  
Tercer Secretario  
Embajada de la República de Cuba  
Washington, D.C.

**COSTA RICA**

Head of Delegation – Jefe de Delegación

Sra. Adriana Salazar Ganzález  
Jefe de Asuntos Internacionales en Salud  
Ministerio de Salud  
San José

Delegates – Delegados

Excma. Sra. Alejandra Solano Cabalceta  
Embajadora, Representante Permanente  
de Costa Rica ante la Organización de los  
Estados Americanos  
Washington, D.C.

**COSTA RICA (cont.)**

Delegates – Delegados (cont.)

Sra. Jennifer Ugalde  
Relaciones Internacionales  
Ministerio de Salud  
San José

Excma. Sra. Samy Araya Rojas  
Embajadora, Representante Alterna de  
Costa Rica ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sra. Montserrat Vargas  
Despacho de la Viceministra  
de Asuntos Bilaterales  
Ministerio de Salud  
San José

Sr. Antonio Alarcón Zamora  
Ministro Consejero, Representante Alterno  
de Costa Rica ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sra. Laura Raquel Pizarro Viales  
Ministra Consejera, Representante Alterna  
de Costa Rica ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sra. Sofia Isabel Mitjavila  
Ministra Consejera, Representante Alterna  
de Costa Rica ante la Organización de los  
Estados Americanos  
Washington, D.C.

**ECUADOR**

Head of Delegation – Jefe de Delegación

Dr. Fernando Jácome Gavilanez  
Director Nacional de Cooperación y  
Relaciones Internacionales  
Ministerio de Salud Pública  
Quito

**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

**ECUADOR (cont.)**

Delegates – Delegados

Excmo. Sr. Carlos Jativa Naranjo  
Embajador, Representante Permanente de  
Ecuador ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. Marco Ponce  
Ministro, Representante Alterno de  
Ecuador ante la Organización de los  
Estados Americanos  
Washington, D.C.

**HAITI/HAÏTÍ**

Head of Delegation – Jefe de Delegación

Dr. Marie Gréta Roy Clement  
Ministre  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

Delegates – Delegados

Dr. Lauré Adrien  
Directeur Général  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

Dr. Jean Patrick Alfred  
Directeur de l'Unité de Planification  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

Dr. Johnny Calonges  
Directeur de l'Unité de Contractualisation  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

Dr. Ives Gaston Deslouches  
Directeur de Cabinet  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

**HAITI/HAÏTÍ**

Delegates – Delegados (cont.)

Dr. Michaëlle Erika Laforest  
Directrice des Ressources Humaines  
Ministère de la Santé publique et  
de la Population  
Port-au-Prince

Mr. Jean Bernard Henry  
Counselor, Alternate Representative of  
Haiti to the Organization of American  
States  
Washington, D.C.

Ms. Whedly Beutelus  
First Secretary, Alternate Representative of  
Haiti to the Organization of American  
States  
Washington, D.C.

Mr. Sherlo Antoine  
First Secretary, Alternate Representative of  
Haiti to the Organization of American  
States  
Washington, D.C.

**MEXICO/MÉXICO**

Head of Delegation – Jefe de Delegación

Dr. Hugo López-Gatell Ramírez  
Subsecretario de Prevención y Promoción  
de la Salud  
Secretaría de Salud  
México, D.F.

Delegates – Delegados

Sr. Marcos Cantero Cortés  
Titular de la Unidad de Análisis Económico  
Secretaría de Salud  
México, D.F.

Excm. Sra. Luz Elena Baños Rivas  
Embajadora, Representante Permanente  
de México ante la Organización de los  
Estados Americanos  
Washington, D.C.

**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

**MEXICO/MÉXICO (cont.)**

Delegates – Delegados (cont.)

Lic. Alejandro Svarch Pérez  
Comisionado Federal para la Protección  
contra Riesgos Sanitarios  
Secretaría de Salud  
México, D.F.

Lic. Ruy López Ridaura  
Director General del Centro Nacional de  
Programas Preventivos y Control  
de Enfermedades  
Secretaría de Salud  
México, D.F.

Lic. Dwight Dyer Leal  
Director General de Información en Salud  
Secretaría de Salud  
México, D.F.

Lic. José Luis Alomía Zegarra  
Director General de Epidemiología  
Secretaría de Salud  
México, D.F.

Lic. Ricardo Cortés Alcalá  
Director General de Promoción a la Salud  
Secretaría de Salud  
México, D.F.

Lic. José Luis Díaz Ortega  
Encargado de la Dirección General del  
Centro Nacional para la Salud de  
la Infancia y la Adolescencia  
Secretaría de Salud  
México, D.F.

Lic. Martha Leticia Caballero Abraham  
Encargada de la Dirección General de  
Relaciones Internacionales  
Secretaría de Salud  
México, D.F.

Mtra. Araceli Camacho Chairez  
Directora de Políticas de Aseguramiento  
en Salud  
Secretaría de Salud  
México, D.F.

**MEXICO/MÉXICO (cont.)**

Delegates – Delegados (cont.)

Lic. Jose Gustavo Valle Mendoza  
Subdirector de Gestión Interamericana  
Secretaría de Salud  
México, D.F.

Lic. Zulema Guerra Carpio  
Jefa del Departamento para el Sistema  
Interamericano  
Secretaría de Salud  
México, D.F.

Lic. Maite Narvaéz Abad  
Segunda Secretaria, Representante Alterna  
de México ante la Organización de los  
Estados Americanos  
Washington, D.C.

**SURINAME**

Head of Delegation – Jefe de Delegación

Hon. Dr. Amar N. Ramadhin  
Minister of Health  
Ministry of Health  
Paramaribo

Delegates – Delegados

Dr. Rakesh Sukul  
Acting Director of Health  
Ministry of Health  
Paramaribo

Dr. Ritesh Dhanpat  
Acting Deputy Director of Health  
Ministry of Health  
Paramaribo

Ms. Diana Koswal  
Acting Deputy Financial Director of Health  
Ministry of Health  
Paramaribo

Mrs. Saskia Bleau  
Acting Head of the Planning, Monitoring  
and Evaluation Department  
Ministry of Health  
Paramaribo

**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA**

Head of Delegation – Jefe de Delegación

Ms. Loyce Pace  
Director  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Delegates – Delegados

Ms. Mara Burr  
Director, Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Nerissa Cook  
Deputy Assistant Secretary  
Bureau for Global Health  
United States Agency for International  
Development  
Washington, D.C.

Mr. Ted Faris  
Deputy Director  
Office of Management, Policy,  
and Resources  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Mr. Colin McIff  
Deputy Director  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Sarah Emami  
Senior Global Health Officer  
for Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Delegates – Delegados (cont.)

Ms. Brittany Hayes  
Global Health Officer for Multilateral  
Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Meghan Holohan  
Acting Multilateral Affairs Team Lead  
Bureau for Policy, Planning and Learning  
U.S. Agency for International Development  
Washington, D.C.

Mr. Jonathan Howard  
Deputy Director  
Office of Economic and Development  
Assistance  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. MacKenzie Klein  
Global Health Officer  
Office of the Americas  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Gabrielle Lamourelle  
Deputy Director, Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Maya Levine  
Senior Global Health Officer  
Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Marcela Lievano-Martinez  
Global Health Officer  
Office of the Americas  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.



**MEMBERS OF THE EXECUTIVE COMMITTEE / MIEMBROS DEL COMITÉ EJECUTIVO (cont.)**

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Delegates – Delegados (cont.)

Mr. Andrew Lorenz  
Health Advisor  
Office of Economic and Development Assistance  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. Heidi Mihm  
Health Systems Advisor  
Latin America and Caribbean Bureau  
U.S. Agency for International Development  
Washington, D.C.

Ms. Kristy Mordhorst  
Health Advisor  
Office of Economic and Development Assistance  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. Leandra Olson  
Senior Global Health Officer  
Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Delegates – Delegados (cont.)

Mr. W. William Schluter  
Director  
Global Immunization Division  
Center for Global Health  
Centers for Disease Control and Prevention  
Washington, D.C.

Mr. Bradley Setser  
Counselor to the U.S. Trade Representative  
Office of the United States Trade Representative  
Washington, D.C.

Mr. JP Shuster  
Management Specialist  
Office of Management, Policy, and Resources  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. Anne Snyder  
Senior Global Health Officer  
Office of Trade and Health  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE / OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO**

**ARGENTINA**

Sra. Carla Moretti  
Directora Nacional de Relaciones Internacionales  
Ministerio de Salud  
Buenos Aires

Sra. Gabriela Ramirez  
Asesora, Dirección Nacional de Relaciones Internacionales  
Ministerio de Salud  
Buenos Aires

**ARGENTINA (cont.)**

Sra. Georgina Grigioni  
Asesora, Dirección Nacional de Relaciones Internacionales  
Ministerio de Salud  
Buenos Aires

Lic. Andrea Polach  
Asesora  
Dirección Nacional de Relaciones Internacionales  
Ministerio de Salud  
Buenos Aires

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /  
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**BAHAMAS**

Ms. Alarice Grant  
Ministry of Health  
Nassau

Dr. Cherita Moxey  
Senior House Officer  
Ministry of Health  
Nassau

**BELIZE/BELICE**

Hon. Michel Chebat Jr. SC  
Minister of Health and Wellness  
Ministry of Health  
Belmopan

**BOLIVIA (PLURINATIONAL STATE OF/  
ESTADO PLURINACIONAL DE)**

Dra. María Renee Castro Cusicanqui  
Viceministra de Promocion, Vigilancia  
Epidemiologica y Medicina Tradicional  
Ministerio de Salud  
La Paz

Dra. Ivet Campos  
Responsable de Programa  
Ministerio de Salud  
La Paz

Dra. Lizeth Ganci  
Jefa de Gestion de Riesgos,  
Emergencias y Desastres  
Ministerio de Salud  
La Paz

Dr. Ronald Nelson Machaca  
Médico Cirujano  
Ministerio de Salud  
La Paz

**CANADA/CANADÁ**

Mr. Michael Pearson  
Branch Head  
Office of International Affairs for the  
Health Portfolio  
Health Canada, Ottawa

**CANADA/CANADÁ (cont.)**

His Excellency Hugh Adsett  
Ambassador, Permanent Representative  
of Canada to the Organization of  
American States  
Washington, D.C.

Mr. Nicolas Palanque  
Director, Multilateral Relations Division  
Office of International Affairs for the  
Health Portfolio  
Government of Canada, Ottawa

Ms. Lucero Hernandez  
Manager, Multilateral Relations Division  
Office of International Affairs for the  
Health Portfolio  
Government of Canada, Ottawa

Ms. Jennifer Izaguirre  
Policy Analyst  
Office of International Affairs for the  
Health Portfolio  
Government of Canada, Ottawa

Mr. William Wang  
Policy Analyst  
Office of International Affairs for the  
Health Portfolio  
Government of Canada, Ottawa

Ms. Charlotte McDowell  
Senior Development Officer and Alternate  
Representative of Canada to the  
Organization of American States  
Washington, D.C.

Ms. Marissa de la Torre Ugarte  
Policy Analyst  
Global Affairs Canada  
Inter-American Program  
Ottawa

**CHILE**

Dr. Enrique Paris Mancilla  
Ministro de Salud  
Ministerio de Salud  
Santiago

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /  
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**CHILE (cont.)**

Exmo. Sr. Issa Kort Garriga  
Embajador, Representante Permanente  
de Chile ante la Organización  
de los Estados Americanos  
Washington, D.C.

Dr. Francisco Adriaola Santibáñez  
Coordinador de Asuntos Internacionales  
Ministerio de Salud  
Santiago

**COLOMBIA**

Sr. Luis Alexander Moscoso  
Viceministro de Salud Pública y Prestación  
de Servicios  
Ministerio de Salud y Protección Social  
Bogotá

Exmo. Sr. Alejandro Ordonez  
Embajador, Representante Permanente  
de Colombia ante la Organización  
de los Estados Americanos  
Washington, D.C.

Sra. Faride Carlier  
Directora de Asuntos Económicos,  
Sociales y Ambientales  
Ministerio de Relaciones Exteriores  
Bogotá

Sra. Adriana Maldonado  
Ministra Consejera, Representante  
Permanente Alternativa de Colombia ante la  
Organización de los Estados Americanos  
Washington, D.C.

Sra. Paola Bernal  
Coordinadora, Grupo de Cooperación  
y Relaciones Internacionales  
Ministerio de Salud y Protección Social  
Bogotá

Sra. Ximena Valdivieso  
Coordinadora de Asuntos Sociales  
Dirección de Asuntos Económicos, Sociales  
y Ambientales  
Ministerio de Relaciones Exteriores  
Bogotá

**COLOMBIA (cont.)**

Sra. Grecia Umbarila  
Asesora, Grupo de Cooperación  
y Relaciones Internacionales  
Ministerio de Salud y Protección Social  
Bogotá

Sr. Luis Hincapié  
Asesor, Coordinación de Asuntos Sociales  
Dirección de Asuntos Económicos, Sociales  
y Ambientales  
Ministerio de Relaciones Exteriores  
Bogotá

Sr. Juan Camayo  
Tercer Secretario, Dirección de Asuntos  
Económicos, Sociales y Ambientales  
Ministerio de Relaciones Exteriores  
Bogotá

**DOMINICAN REPUBLIC/REPÚBLICA  
DOMINICANA**

Dr. Eddy Pérez Then  
Asesor, Despacho del Ministro de Salud  
Ministerio de Salud Pública  
Santo Domingo

Dr. Eladio Pérez  
Viceministro de Salud Colectiva  
Ministerio de Salud Pública  
Santo Domingo

Excmo. Sr. Josué Fiallo  
Embajador, Representante Permanente de  
la República Dominicana ante la  
Organización de los Estados Americanos  
Washington, D.C.

Sr. José Luis Domínguez  
Ministro Consejero, Representante Alternativo  
de la República Dominicana ante la  
Organización de los Estados Americanos  
Washington, D.C.

Sr. Gerardo Guemez  
Ministro Consejero, Representante Alternativo  
de la República Dominicana ante la  
Organización de los Estados Americanos  
Washington, D.C.

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /  
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**EL SALVADOR**

Dr. Carlos Alvarenga Cardoza  
Viceministro de Salud  
Ministerio de Salud  
San Salvador

Dr. Ronald Pérez Escobar  
Director de Políticas y Gestión de Salud  
Ministerio de Salud  
San Salvador

**GRENADA**

H.E. Yolande Smith  
Ambassador, Permanent Representative  
of Grenada to the Organization of  
American States  
Washington, D.C.

**GUATEMALA**

Excma. Sra. Blanca Rita Claverie de Sciolli  
Embajadora, Representante Permanente  
de Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. Kenneth Rafael Marroquín  
Subdirector de Política Multilateral  
para Organismos Regionales  
Ministerio de Relaciones Exteriores  
Ciudad de Guatemala

Sra. María Eugenia Ardón Quezada  
Asesora del Despacho Ministerial  
Ministerio de Salud y Asistencia Social  
Guatemala

Sr. Mauricio R. Benard Estrada  
Consejero, Representante Alterno  
de Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sra. Lady Emperatriz Ramos Puac  
Primer Secretario de la Subdirección de  
Política Multilateral de Organismos  
Regionales  
Ministerio de Relaciones Exteriores  
Ciudad de Guatemala

**GUYANA**

Hon. Dr. Frank Anthony  
Minister of Health  
Ministry of Health  
Georgetown

Dr. Leslie Ramsammy  
Advisor  
Ministry of Health  
Georgetown

Dr. Narine Singh  
Chief Medical Officer  
Ministry of Health  
Georgetown

**HONDURAS**

Licda. Alba Consuelo Flores Ferrufino  
Subsecretaria de Estado  
Secretaría de Salud  
Tegucigalpa

Dr. Nery Conrado Cerrato Ramirez  
Subsecretario de Proyecto e Inversión  
Secretaría de Salud  
Tegucigalpa

**NICARAGUA**

Dr. Carlos Sáenz Torres  
Secretario General  
Ministerio de Salud  
Managua

Dr. Cristian Toledo  
Director General de Vigilancia  
Ministerio de Salud  
Managua

Dr. Luis Urcuyo  
Director General de Planificación  
y Desarrollo  
Ministerio de Salud  
Managua

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /  
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**PANAMA/PANAMÁ**

Dra. Nadja I. Porcell Iglesias  
Directora General de Salud Pública  
Ministerio de Salud  
Ciudad de Panamá

Dr. Cirilo Lawson  
Director de Planificación de Salud  
Ministerio de Salud  
Ciudad de Panamá

Lic. Thays Noriega  
Directora de Asuntos Internacionales y  
Cooperación Técnica  
Ministerio de Salud  
Ciudad de Panamá

Dr. Luis Garrido  
Asesor del Ministro de Salud  
Ministerio de Salud  
Ciudad de Panamá

Lic. José Luis Vásquez  
Coordinador de la Dirección de Asuntos  
Internacionales  
Ministerio de Salud  
Ciudad de Panamá

**PARAGUAY**

Lic. Cecilia Irazusta  
Directora General de Relaciones  
Internacionales  
Ministerio de Salud Pública  
y Bienestar Social  
Asunción

Abog. Anabell Britez  
Directora Técnica de Organismos  
Multilaterales e Intergubernamentales  
Ministerio de Salud Pública  
y Bienestar Social  
Asunción

Lic. Sussy López Roth  
Jefa del Departamento de Sistema  
de las Naciones Unidas  
Ministerio de Salud Pública  
y Bienestar Social  
Asunción

**SAINT KITTS AND NEVIS/SAINT KITTS  
Y NEVIS**

Hon. Akilah Byron- Nisbett  
Minister of Health et al.  
Ministry of Health  
Basseterre

Dr. Hazel Laws  
Chief Medical Officer  
Ministry of Health  
Basseterre

Dr. Delores Stapleton-Harris  
Permanent Secretary  
Ministry of Health  
Basseterre

**SAINT LUCIA/SANTA LUCÍA**

Senator Hon. Mary Issac  
Minister for Health and Wellness  
Ministry of Health and Wellness  
Waterfront, Castries

**TRINIDAD AND TOBAGO/TRINIDAD  
Y TABAGO**

Ms. Anita Sohan  
Director, International Cooperation Desk  
Ministry of Health  
Port-of-Spain

**URUGUAY**

Dr. Daniel Salinas  
Ministro de Salud Pública  
Ministerio de Salud Pública  
Montevideo

Dr. Miguel Asqueta  
Director General de Salud  
Ministerio de Salud  
Montevideo

Mag. Gabriela Gómez  
Directora de Relaciones Internacionales  
y Cooperación  
Ministerio de Salud Pública  
Montevideo

**OTHER MEMBERS NOT SERVING IN THE EXECUTIVE COMMITTEE /  
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ EJECUTIVO (cont.)**

**URUGUAY (cont.)**

Lic. Luis Galicia  
Coordinador de Programas  
Ministerio de Salud Pública  
Montevideo

**VENEZUELA (BOLIVARIAN REPUBLIC OF/  
REPÚBLICA BOLIVARIANA DE)**

Dra. Marisela Bermúdez  
Viceministra de Redes de Salud Colectiva  
Ministerio del Poder Popular para la Salud  
Caracas

Dra. María Gabriela Miquilareno Castillo  
Directora General (E)  
Oficina de Integración y Asuntos  
Internacionales  
Ministerio del Poder Popular para la Salud  
Caracas

**VENEZUELA (BOLIVARIAN REPUBLIC OF/  
REPÚBLICA BOLIVARIANA DE) (cont.)**

Dr. Julio Francisco Colmenares  
Director de Relaciones Multilaterales  
Oficina de Integración y Asuntos  
Internacionales  
Ministerio del Poder Popular para la Salud  
Caracas

Sr. Jhon Rafael Guerra Sansonetti  
Consejero, Misión Permanente de la  
República Bolivariana de Venezuela ante  
la Organización de las Naciones Unidas  
New York

Sra. Asbina Marín  
Consejera, Misión Permanente de la  
República Bolivariana de Venezuela ante  
la Organización de las Naciones Unidas  
New York

**PARTICIPATING STATES / ESTADOS PARTICIPANTES**

**FRANCE/FRANCIA**

Mrs. Anne Vidal de la Blache  
Ambassador, Permanent Representative  
of France to the Organization of  
American States  
Washington, D.C.

Mrs. Alexandra LeBorgne  
Political Advisor, Alternate Observer  
of France to the Organization  
of American States  
Washington, D.C.

**FRANCE/FRANCIA (cont.)**

Ms. Agathe Renault  
Intern, Permanent Observer  
of France to the Organization  
of American States  
Washington, D.C.

**OBSERVER STATES / ESTADOS OBSERVADORES**

**SPAIN/ESPAÑA**

Sra. Dña. Carmen Montón  
Embajadora, Observadora Permanente de  
España ante la Organización de los  
Estados Americanos  
Washington, D.C.

**SPAIN/ESPAÑA (cont.)**

Sra. Dña. Concepción Figueroa  
Observadora Permanente Adjunta de  
España ante la Organización de los  
Estados Americanos  
Washington, D.C.

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS /  
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

**Caribbean Community/  
Comunidad del Caribe**

Dr. Douglas Slater  
Dr. Karen Gordon-Boyle

**Organization of American States/  
Organización de los Estados Americanos**

Ms. Maricarmen PLata

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN  
OFFICIAL RELATIONS WITH PAHO /  
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES EN  
RELACIONES OFICIALES CON LA OPS**

**American Public Health Association/  
Asociación Americana de Salud Pública**

Dr. Georges Benjamin  
Ms. Vina HuLamm

**American Speech-Language-Hearing  
Association/Asociación Americana del  
Habla, Lenguaje y Audición**

Mrs. Lily Waterston  
Ms. Lemmietta McNeilly

**Drug for Neglected Diseases Initiative/  
Iniciativa Medicamentos para  
Enfermedades Olvidadas**

Mr. Francisco Viegas Neves da Silva  
Ms. Michel Lotrowska

**Inter-American Association of Sanitary  
and Environmental Engineering/  
Asociación Interamericana de Ingeniería  
Sanitaria y Ambiental**

Sr. Hugo Esteban Silva

**Inter-American Society of  
Cardiology/Sociedad Interamericana de  
Cardiología**

Dr. Fernando Wyss Quintana

**Latin American Federation of the  
Pharmaceutical Industry/  
Federación Latinoamericana de la  
Industria Farmacéutica**

Sr. Rafael Diaz-Granados  
Sr. Juan Carlos Trujillo de Hart

**Latin American Society of Nephrology and  
Hypertension/ Sociedad Latinoamericana  
de Nefrología e Hipertensión**

Dr. Alejandro Ferreiro Fuentes  
Sr. Guillermo Álvarez Estévez  
Sr. Alfonso Cueto Manzano

**National Alliance for Hispanic Health/  
Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

**Pan-American Federation of Nursing  
Professionals/ Federación Panamericana  
de Enfermeras Profesionales**

Mg. Maria Concepcion Chavez

**United States Pharmacopeial Convention**

Mr. Victor Pribluda  
Mr. Michael Schmitz

**SPECIAL GUESTS / INVITADOS ESPECIALES**

**External Auditor, National Audit Office/Audit  
Externo, Oficina Nacional de Auditoria**

Mr. Damian Brewitt  
Mr. Simon Irwin

**PAN AMERICAN SANITARY BUREAU /  
OFICINA SANITARIA PANAMERICANA**

**Director and Secretary ex officio of the  
Executive Committee/Directora y  
Secretaria ex officio del Comité Ejecutivo**

Dr. Carissa F. Etienne

**Advisors to the Director/  
Asesores de la Directora**

Ms. Mary Lou Valdez  
Deputy Director  
Directora Adjunta

Dr. Jarbas Barbosa Da Silva Jr.  
Assistant Director  
Subdirector

Mr. Gerald Anderson  
Director of Administration  
Director de Administración

**Advisors to the Director/  
Asesores de la Directora (cont.)**

Dr. Heidi Jimenez  
Legal Counsel, Office of the  
Legal Counsel  
Asesora Legal, Oficina del Asesor  
Jurídico

Ms. Mônica Zaccarelli Davoli  
Senior Advisor, Governing Bodies Office  
Asesora Principal, Oficina de los Cuerpos  
Directivos

- - -