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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 60th Directing Council of the Pan American Health Organization (PAHO), 75th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at PAHO Headquarters in Washington, D.C., from 25 to 28 September 2023.

2. Dr. Christopher Tufton (Minister of Health and Wellness, Jamaica, outgoing President of the 59th Directing Council) opened the session and welcomed the participants. Opening remarks were made by Dr. Tufton, Dr. Jarbas Barbosa (Director, Pan American Sanitary Bureau), Mr. Xavier Becerra (Secretary of Health and Human Services, United States of America), Ms. Maricarmen Plata (Secretary for Access to Rights and Equity, Organization of American States), Mr. Ilan Goldfajn (President, Inter-American Development Bank), and Dr. Tedros Adhanom Ghebreyesus (Director-General, World Health Organization). Their respective speeches may be found on the website of the 60th Directing Council.¹

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Barbados, and Canada as members of the Committee on Credentials (Decision CD60[D1]).

Election of Officers

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD60[D2]):

<i>President:</i>	Panama	(Dr. Ivette Berrío Aquí)
<i>Vice President:</i>	Argentina	(Dr. Carla Vizzotti)
<i>Vice President:</i>	Suriname	(Dr. Rakesh Gajadhar Sukul)
<i>Rapporteur:</i>	Belize	(Dr. Melissa Musa)

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

¹ Available at: <https://www.paho.org/en/governing-bodies/directing-council/60th-directing-council>.

Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

6. Pursuant to Rule 34 of the Rules of Procedure of the Directing Council, the Council appointed Dominica, El Salvador, and Haiti as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution (Decision CD60[D3]). The report of the Working Party was presented subsequently in conjunction with the Council's consideration of the report on the collection of assessed contributions (see paragraphs 74 to 81 below).

Establishment of the General Committee

7. Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, the Dominican Republic, and the United States of America as members of the General Committee (Decision CD60[D4]).

Adoption of the Agenda (Document CD60/1, Rev. 2)

8. The Director noted that WHO requested a consultation with Member States in the Region of the Americas on the development of the Fourteenth General Programme of Work (GPW 14). Responding to this request, the Director proposed a new agenda item under "Matters for Information".

9. The Directing Council agreed to that suggestion and adopted the agenda, as amended (Document CD60/1, Rev. 2), together with a program of meetings (Document CD60/WP, Rev. 1) (Decision CD60[D5]).

Constitutional Matters***Annual Report of the President of the Executive Committee (Document CD60/2)***

10. Dr. Christopher Tufton (Jamaica, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration (SPBA) between September 2022 and September 2023, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 60th Directing Council and noting that he would report on other items as they were taken up by the Council.

11. Items discussed by the Executive Committee but not forwarded for consideration by the Council included the appointment of a new member to the PAHO Audit Committee, amendments to the PASB Staff Rules related to staff salaries and other benefits; reports on the Master Capital Investment Fund and the emergency loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies; and the annual reports of the Ethics Office, the Investigations Office, the PAHO Audit Committee, and the Office of Internal Audit. Details of the Committee's deliberations on those and other matters may be found in the final reports of the two sessions.²

² Documents CE171/FR (2022) and CE172/FR (2023).

12. The Director expressed thanks to the President and the other Members of the Executive Committee for their work, which had been very productive and relevant for the preparation of the deliberations of the Directing Council.

13. The Directing Council also expressed thanks to the President and the Members of the Executive Committee and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau (Official Document 368)

14. The Director introduced his annual report,³ the theme of which was “Toward Sustainable Post-Pandemic Recovery for the Region of the Americas.” He noted that, as the Region of the Americas moved towards recovery, the focus had shifted from emergency response to the implementation of lessons learned and the restoration of disrupted services. He emphasized the need for sustained investment in health to ensure that the galvanizing force of the pandemic was used to maximum effect to protect the people of the Americas from future disease and suffering.

15. In line with his recently launched PAHO Forward initiative—which aimed to increase the Bureau’s efficiency, transparency, and accountability, and expand the Organization’s relevance and leadership in the Region and globally—the report documented the Bureau’s actions to capitalize on the opportunity presented by the COVID-19 pandemic in order to reinforce the Organization’s position as the preferred health sector partner in the Region. At the same time, the report demonstrated the Bureau’s commitment to acknowledging the weaknesses exposed by the pandemic and implementing the lessons learned. That approach would accelerate the Region’s progress in getting back on track to achieve the Sustainable Development Goals (SDGs). The achievements highlighted in the report included support to countries to sustain and scale up their pandemic response activities, including increased vaccination and direct procurement with the help of long-established country coordination mechanisms and dedicated subregional and country office teams.

16. The Director announced that the PAHO Disease Elimination Initiative, which targeted 30 communicable diseases, would be relaunched as a core component of recovery and resilience in the post-pandemic era. Other key initiatives to be launched during the 60th Directing Council included a new policy on prevention and control of noncommunicable diseases (NCDs) in children, adolescents, and young adults, which sought to address NCD risk factors early in life; a strategy for improving mental health and suicide prevention, which emphasized the need for an intersectoral response to prioritize mental health and suicide prevention and mobilize resources to meet the growing demand for care, including among health workers; and a new policy on the health workforce, which aimed to address the chronic shortfall in human resources in the Region’s health systems.

³ The full text of the Director’s speech may be found on the website of the 60th Directing Council.

17. The Director noted that several achievements had heightened the visibility of PAHO at the global level, including its leadership on Indigenous health, world-leading procurement innovations, its continuously expanding the Virtual Campus for Public Health, and its support for the rapid rollout of telehealth models. Such results built on and institutionalized the lessons learned from the pandemic and allowed the Bureau to support countries in reorienting their health systems towards primary health care. In conclusion, the Director underscored that, by building on the lessons learned from the COVID-19 pandemic, the Organization had the opportunity to deliver a truly sustainable post-pandemic recovery and put the Region on an accelerated path towards health for all.

18. In the ensuing discussion, the Directing Council welcomed the Director's new vision for the Organization, as laid out in his five pillars, and his commitment to improving the Bureau's agility, transparency, and efficiency. Support was expressed for the Bureau's focus on country-centered cooperation tailored to each Member State's unique needs, capacities, and priorities. The focus on mental health and suicide prevention was also appreciated, particularly the emphasis on community-based services and the integration of mental health into primary health care. Many delegates welcomed the renewed efforts to eliminate communicable diseases and the emphasis placed on addressing NCDs through effective prevention and control measures. Support was also expressed for the focus on human resources for health and initiatives to address the recruitment and migration of health care workers.

19. Delegates commended the Bureau's efforts to support a sustainable post-pandemic recovery in the Region, including by facilitating access to critical medical supplies and vaccines through the COVID-19 Vaccines Global Access (COVAX) Facility. It was considered imperative to invest in emergency preparedness and health system resilience in order to be better equipped to deal with future pandemics and other public health emergencies.

20. In order to achieve universal health in the Region, it was considered urgent to minimize the risks from social, environmental, and economic determinants of health. Member States were encouraged to promote community engagement and tailor interventions to meet the specific needs of women and girls, marginalized communities, migrants, and other groups living in conditions of vulnerability. Gratitude was expressed to the Bureau for its assistance in developing national plans and reforms to reduce health inequalities in the Region. Member States were encouraged to develop robust regulatory frameworks and strengthen the capacities of national regulatory authorities in order to guarantee access to quality health services for all.

21. Delegates thanked the Bureau for the technical and financial assistance provided to Member States to support initiatives such as adopting digital technologies and telemedicine, strengthening health management information systems, and improving administrative governance and the quality of care. The Bureau was encouraged to strengthen cooperation among Member States and facilitate the exchange of good practices to build resilient health systems and improve health system governance. Delegates also expressed appreciation to the Bureau for facilitating the participation of Member States in

the ongoing global discussions on the amendments to the International Health Regulations and the new international instrument on pandemic prevention, preparedness, and response, and for hosting regional meetings and consultations.

22. The Director expressed his gratitude to Member States for recognizing the work of the Bureau during the reporting period, which had been undertaken during both his administration and that of the previous Director, Dr. Carissa Etienne. Noting that the numerous cross-cutting issues raised in the discussion reflected the complex epidemiological scenario and the multiple challenges that countries were facing, he stressed the importance of working together in solidarity to advance the recovery from the pandemic and improve health and well-being in the Region. He affirmed that, to that end, the Bureau would continue to strengthen its technical cooperation and its country presence.

23. The Directing Council thanked the Director and took note of the report.

Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Cuba, and Suriname (Document CD60/3)

24. The Directing Council elected Canada, Ecuador, and Guyana to membership on the Executive Committee for a three-year period and thanked Brazil, Cuba, and Suriname for their service to the Organization (Resolution CD60.R8).

Program Policy Matters

Program Budget of the Pan American Health Organization 2024–2025 (Official Document 369 and Documents CD60/4, Add. I and Add. II)

25. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had expressed support for the proposed program budget and for the priorities identified through the prioritization process conducted with Member States. Delegates had welcomed the shift of focus in the program budget from the COVID-19 emergency response to sustained core technical cooperation. The Bureau had been encouraged to apply the lessons learned from the external evaluation of PAHO's response to the COVID-19 pandemic, in particular to prepare for potential funding gaps and to diversify the Organization's funding model to ensure that it would remain fit for purpose in both normal times and crisis periods. The Executive Committee had adopted Resolution CE172.R7, recommending that the Directing Council approve the proposed program budget of PAHO for 2024–2025.

26. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) presented an overview of the proposed program budget for 2024–2025, the theme of which was "Recovering, innovating, and accelerating progress for health and equity." He noted that the proposal took into consideration the evolving situation in the countries of the Region and globally in the wake of the COVID-19 pandemic and the Director's vision, including the five strategic pillars he had proposed to guide the Organization's work over the period 2023–2028. The proposal also reflected the priorities identified through the

priority-setting exercise conducted with Member States and the input received from the Subcommittee on Program, Budget, and Administration and the Executive Committee.

27. The proposal called for a total budget envelope of US\$ 820 million,⁴ including \$700 million for base programs, a 7% net decrease in the overall amount, but a 3% increase in base programs with respect to the budget for 2022–2023, reflecting the shift towards the recovery phase of the pandemic and the transition towards sustained core technical cooperation. The program budget also reflected a strong country focus, with 81% of the increase in base programs going to the country and subregional levels. Sources of funding would include \$194.4 million in assessed contributions, the same overall level as in the 2022–2023 biennium, and the WHO allocation of \$295.6 million to the Region of the Americas. Mr. Maza noted that, while the WHO allocation to the Region had increased with respect to the 2022–2023 biennium, it was generally funded at only about 70%. He also pointed out that assessed contributions had remained flat since 2012, which in real terms represented a reduction of \$50 million in the flexible funding available to the Bureau and limited its ability to fully respond to the priorities jointly agreed with Member States. He stressed that timely payment of assessed contributions was therefore of utmost importance.

28. In the ensuing discussion, delegates thanked the Bureau for incorporating the feedback from the Executive Committee into the program budget proposal and welcomed the strategic approach focusing on the Director’s five pillars, for which strong support was expressed. The bottom-up approach to priority-setting was also welcomed. Delegates applauded the development of the new digital platform for the program budget 2024–2025, which would enhance transparency and accountability and provide Member States with a clearer picture of how resources were being invested at the country level. In that connection, a delegate highlighted the value of a recommendation made by the External Auditor in 2022,⁵ which encouraged the Bureau, as part of the prioritization process, to consider where it could demonstrate the greatest impact and the greatest beneficial return on the investment of Member States.

29. Appreciation was expressed for the inclusion in the program budget document of additional explanations regarding shifts in the priority levels and funding allocations for the various outcomes.

30. Delegates welcomed the Director’s decision not to seek any increase in assessed contributions for the program budget 2024–2025, while acknowledging the reduction in real terms of the Organization’s budget. The need to continue advocating for full funding of the WHO allocation to the Region was stressed. The importance of seeking innovative approaches to collaboration and resource mobilization, such as through South-South and triangular cooperation, was highlighted.

31. Mr. Maza explained that, following the 172nd Session of the Executive Committee, the Bureau had revisited the outcomes and clusters to ensure that the budget envelope for

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

⁵ See *Official Document 365* (2022).

those identified as high priorities would increase or at least remain the same as in the 2022–2023 biennium. Accordingly, while there were some shifts in the allocations for individual outcomes within the communicable diseases cluster, the allocation for the cluster as a whole would increase, as it was considered a high-priority area. Similarly, the allocations under the determinants of health and cross-cutting themes cluster reflected the higher priority attached to addressing health determinants.

32. The Director observed that it had been particularly important to conduct the bottom-up prioritization exercise to inform the development of the program budget for 2024–2025 because priorities had changed as a result of Member States' experiences during the COVID-19 pandemic. He pointed out that the allocations would ensure that more resources were available to strengthen the Organization's country presence and the Bureau's technical cooperation with Member States. He encouraged Member States to continue advocating not only for an increase in the Region's allocation from WHO but also for a more equitable distribution of the WHO budget. While it was clear that some regions required greater support, it was also clear that the Region of the Americas had needs and weaknesses that had to be addressed. He emphasized that the fact that PAHO had its own budget and assessed contributions should not be used as a justification for reducing the WHO allocation to the Region, since PAHO Member States did not benefit from any corresponding reduction of their WHO assessed contributions.

33. The Directing Council adopted Resolution CD60.R2, approving the Program Budget of the Pan American Health Organization 2024–2025, as set forth in *Official Document 369*. The Council also adopted Resolution CD60.R3, establishing the assessed contributions of Member States, Participating States, and Associate Members for 2024–2025.

Scale of Assessed Contributions for 2024–2025 (Document CD60/5, Rev. 1)

34. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that the PAHO scale of assessed contributions for 2024–2025 would be based on the new scale adopted by the General Assembly of the Organization of American States (OAS) in June 2023 and that the overall level of PAHO assessed contributions would remain the same as in the 2022–2023 biennium.

35. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) explained that, while the scale of assessed contributions to be applied was based on the assessment scale adopted by the OAS, adjustments would be made to accommodate PAHO Participating States and Associate Members that were not members of the OAS. The total amount of PAHO assessed contributions would remain at \$194.4 million for the 2024–2025 biennium; however, the assessments of some PAHO Member States would change as a result of the new OAS scale. He noted that the changes were shown in Annex B to Document CD60/5, Rev. 1.

36. In the discussion that followed, several delegates expressed appreciation for the efforts made by the Bureau to ensure an equitable assessment scale. While delegates affirmed their countries' support for multilateralism and their commitment to PAHO, some pointed out that the proportional increase in their assessed contributions to PAHO, coupled

with the increase in their assessed contributions to WHO, would make it a challenge to honor their obligations to the Organization, particularly in the difficult economic circumstances brought on by the COVID-19 pandemic. The Bureau was encouraged to continue to make efficient use of the resources at its disposal.

37. Mr. Maza thanked Member States for the commitment to equity and solidarity expressed in their remarks and their recognition of the value that the Organization offered its Member States. He pointed out that investment in PAHO was an investment in health and that the assessed contributions of Member States were critical to sustaining base programs and addressing the priorities agreed by Member States. He assured the Council that the Bureau remained firmly committed to improving efficiency, transparency, and accountability in the use of resources.

38. The Director, confirming that the Bureau was making every effort to ensure the most efficient use of the Organization's limited resources, including through the PAHO Forward initiative, recalled that PAHO assessed contributions had not increased since 2012, which, accounting for inflation, represented a reduction of \$50 million in real terms. While the Bureau had implemented efficiencies and tried to do more with less, there was a limit to what could be done in that regard. In the coming year, he therefore proposed to start a conversation with Member States regarding how PAHO could be provided with the flexible funding needed to enable the Organization to strengthen its country presence, particularly in the most vulnerable countries of the Region. The Director reiterated that 81% of the increase in the program budget for 2024–2025 would go to Member States in the form of increased technical assistance and support.

39. The Directing Council adopted Resolution CD60.R5, approving the Scale of Assessed Contributions for 2024–2025.

Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6)

40. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had voiced strong support for the proposed policy and its five strategic lines of action, particularly its focus on promoting decent working conditions and protecting the physical and mental health of health workers. In the Committee's discussion, attention had been drawn to the need for large-scale investments in education, skills development, and training for health professionals and auxiliary health workers. The Executive Committee had adopted Resolution CE172.R2, recommending that the Directing Council approve the policy.

41. Dr. Benjamin Puertas (Chief, Human Resources for Health Unit, Department of Health Systems and Services, PASB), introducing the proposed policy, pointed out that the COVID-19 pandemic had highlighted the critical importance of a well-trained and equitably distributed health workforce, as well as the need for resilient health systems that could respond to health threats and support social and economic recovery. He noted that the proposed policy took into account the lessons learned and sought to address health workforce issues that had come to light as a result of the pandemic. Building on existing

regional strategies and plans of action, the policy identified policy options to tackle both longstanding, systemic issues and newer, more immediate challenges in the Region, including the migration of health personnel.

42. In the discussion that followed, delegates expressed solid support for the policy and welcomed the consultations that had been held with Member States on the policy document. Support was also expressed for the policy's emphasis on health workers' mental health and the need for a gender perspective in employment policies. Member States were urged to allocate adequate resources to implement the policy, and the Bureau was urged to prioritize related capacity-building opportunities, resource mobilization, and technical assistance for Member States.

43. Health care workers were commended for their tireless efforts during the COVID-19 pandemic, which had highlighted the critical shortfalls in health personnel. Member States were encouraged to invest in training and education, with a focus both on primary health care and specialized fields. Attention was drawn to the usefulness of information and communication technologies as a means of disseminating knowledge equitably, especially to reach health care workers in remote and underserved areas. Member States were urged to establish robust regulatory mechanisms to support the professional development of nurses and to encourage collaboration between education and health systems. The Bureau was also asked to develop a framework to attract students to careers in health.

44. Delegates stressed the importance of prioritizing the physical and mental well-being of health personnel, including by preventing burnout, providing mental health support, improving working conditions, and ensuring that work environments were free from violence, harassment, racism, and discrimination. The importance of engaging in discussions with groups and organizations representing health personnel to address these concerns was emphasized. In addition, Member States were urged to strengthen health workforce planning and management by including health workers in decision-making, implementing regulations to support adequate human resources, and addressing limitations in long-term investments for health development. Delegates highlighted national efforts to strengthen human resources for health, including legislation, policies, and strategies developed in partnership with PAHO related, for example, to training and accreditation programs, data collection, the promotion of health sciences education, and employee health and wellness.

45. Concern was expressed regarding health workforce migration and recruitment and the consequences for low- and middle-income countries in the Region. Member States were urged to commit to the ethical and mutually beneficial recruitment of health personnel and protect against the exploitation of health workers. It was considered crucial to establish an international system to help countries retain health workers and reduce recruitment of professionals from vulnerable health systems. In that connection, the importance of ensuring better working conditions and adequate compensation for health care professionals was highlighted. Member States were encouraged to foster collaboration and

solidarity at the regional and international levels to build capacities, share best practices, and ensure the equitable distribution of health professionals.

46. Dr. Puertas noted that many of the challenges facing Member States had been included in the policy, drawing attention to the strategic line of action dedicated to protecting the physical and mental health of health workers. He expressed concern about shortages of human resources owing to migration, particularly in the Caribbean subregion, and pointed out that addressing those challenges would require commitments from Member States to implement long-term solutions and invest in human resources.

47. The Director expressed his appreciation for the contributions made by Member States during the consultations, which had served to strengthen the policy and enabled the Bureau to tailor its technical cooperation to Member States' specific human resource needs. He affirmed the importance of learning from the COVID-19 pandemic, which had highlighted the need to strengthen primary health care and to improve the planning and regulation of health systems and the training, retention, and distribution of health personnel.

48. The Directing Council adopted Resolution CD60.R4, approving the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems.

Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (Document CD60/7)

49. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had expressed strong support for the proposed policy and applauded its multisectoral approach and four strategic lines of action. The Committee had acknowledged that many NCDs were related to modifiable risk factors, including social, environmental, and economic determinants of health, and agreed that it was important to reduce such risks early in life through prevention and health promotion activities. It had been suggested that the policy should place greater emphasis on the need to promote healthy habits and behaviors among children, adolescents, and young adults. The Executive Committee had adopted Resolution CE172.R6, recommending that the Directing Council approve the policy.

50. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) introduced the proposed policy, which was intended to strengthen the response to NCDs in the population aged 0–24. He pointed out that efforts to date to combat NCDs had focused mainly on adults. However, many of the behaviors that constituted risk factors for NCDs began in childhood and adolescence, which were therefore critical periods to promote health and prevent the adoption of lifestyles that could lead to the development of NCDs later in life. The policy set forth strategic lines of action and approaches for NCD prevention and control among children, adolescents, and young adults in the Region, with a focus on equity. It drew on the WHO “best buys,” a set up cost-effective, evidence-based NCD interventions approved by Member States at the Seventy-sixth World

Health Assembly in May 2023.⁶ Dr. Hennis thanked Member States for the invaluable input and guidance provided during the consultations held on the policy document.

51. The Directing Council expressed firm support for the proposed policy and its four strategic lines of action and applauded the policy's emphasis on equity. Delegates agreed on the crucial importance of addressing risk factors early in life through interventions aimed at promoting healthy habits and lifestyles. It was pointed out that prevention and health promotion should begin even before birth, with good antenatal care, and continue throughout the life course. Many delegates stressed the importance of breastfeeding, pointing out that it had been shown to reduce the risk of overweight and obesity and type 2 diabetes. The value of school health and nutrition programs was also highlighted. It was considered important to utilize social media and other digital technologies to communicate health promotion messages to young people and to involve youths themselves in disease prevention and health promotion interventions.

52. It was pointed out that NCDs constituted a societal problem that placed a heavy burden on health services and hampered economic productivity. It was also pointed out that investment in the prevention of NCDs among young people represented an investment in the future. Delegates stressed the need to address the social, environmental, and economic determinants that could contribute to the development of NCDs and underlined the importance of multisectoral approaches. The importance of culturally relevant, gender-sensitive, and age-appropriate approaches tailored to the characteristics of the child, adolescent and young population was also emphasized, as was the importance of baby- and youth-friendly health services, especially at the primary care level. Delegates reported on the steps their countries were taking to prevent tobacco and alcohol use by young people, ban the sale of sugary beverages in schools, and require front-of-package labeling on foods and beverages, among other measures.

53. Representatives of one intergovernmental organization and several non-State actors in official relations with PAHO spoke, expressing support for the policy and highlighting, *inter alia*, the key role played by nurses in the management of NCDs, the need for intersectoral approaches and policies to increase access to healthy foods, and the need to combat the practices of commercial actors that targeted youth and promoted the use of tobacco and alcohol, and consumption of ultra-processed foods. They also highlighted the importance of leveraging the support and capacities of the non-State sector in the fight against NCDs.

54. Dr. Hennis noted that Member States clearly agreed on the need to tackle NCD risk factors early in life and observed that many common themes had emerged during the discussion, including the need for a life course approach; the importance of school health programs and of encouraging healthy habits and discouraging unhealthy practices, such as tobacco and alcohol use, among young people; and the need for multisectoral, One Health

⁶ See Seventy-sixth World Health Assembly Document A76/7 Rev.1 and Decision WHA76(9) (2023), and 152nd Session of the WHO Executive Board Document EB152/6 (2023).

policies and approaches, since many of the factors and determinants that contributed to NCDs fell outside the purview of the health sector.

55. The Director, noting that the comments evidenced a clear commitment to combat NCDs, pointed out that the proposed policy would complement other NCD prevention and control initiatives approved by Member States, but with a specific focus on the child, adolescent and young population. The Bureau would work with and support countries in implementing policies, laws, and regulations and carrying out health promotion activities in order to reduce the main risk factors for NCDs. He recognized that much progress had been made in the Americas in, for example, reducing tobacco use and promoting healthier eating habits through front-of-package labeling of foods and beverages, but noted that more could be done to reduce the burden of NCDs in the Region.

56. The Directing Council adopted Resolution CD60.R5, approving the Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults.

Strategic Communications in Public Health for Behavior Change (Document CD60/8)

57. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had voiced support for the approach proposed in the concept paper on strategic communications in public health for behavior change. It had acknowledged the importance of countering false and misleading information and the need for collaborative efforts and tailored strategies to combat the infodemic. The Bureau had been urged to coordinate with the WHO Technical Advisory Group on Behavioural Insights and Sciences for Health and to draw on the expertise of relevant PAHO/WHO collaborating centers. The Executive Committee had adopted Resolution CE172.R3, recommending that the Directing Council approve the concept paper.

58. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) introduced the concept paper, noting that the aim of the actions proposed therein was to broaden the impact of public health policies. Although the Bureau and Member States had already developed an array of initiatives and activities aimed at improving strategic communications and the management of public information, the plethora of existing technologies and information and the challenges arising from the infodemic required the adoption of a more holistic approach to revise and update public policies with a view to ensuring that people and societies were better able to make appropriate decisions about their own health and well-being. The paper identified the elements to be considered in drafting strategic communications aimed at influencing the decisions, actions, and outcomes among individuals and communities, and underlined the importance of leveraging digital transformation processes in the health sector and the availability of new technologies to analyze large quantities of data. Dr. García Saisó noted that the current digitally connected society provided an unprecedented opportunity to evaluate social behavior and develop more effective health policies, with a focus on health promotion and disease prevention and with particular attention to the health needs of Indigenous peoples and other groups living in conditions of vulnerability.

59. In the discussion that followed, delegates welcomed the comprehensive approach taken in the concept paper and applauded its emphasis on addressing risk factors for NCDs and enabling healthier choices. The paper was seen as a useful tool for strategic communication in public health. It was suggested; however, that it should include more explicit suggestions regarding local communication and community participation and should include clear definitions of “behavior change” and other concepts. Delegates shared information on national efforts to combat the infodemic, enhance health monitoring systems, and employ digital strategies to improve health outcomes. Gratitude was expressed to the Bureau for its continued support in risk communication and health information management, and it was encouraged to design an implementation plan to transform the strategies proposed in the concept paper into concrete actions.

60. In order to change behaviors, it was considered necessary to encourage structural change through policies that improved living conditions and created favorable environments that allowed people to choose healthy options. Attention was drawn to the need to promote community participation in order to better understand the needs of different groups, particularly those living in vulnerable conditions. In that connection, the Bureau was encouraged to develop a monitoring and evaluation framework to measure the impact of interventions related to behavior change in public health, as well as a tool to explore relevant sociocultural research to facilitate an in-depth analysis of the way in which people interacted with their environment. It was also considered important to analyze behavior on social media with a view to adapting strategies and addressing the infodemic.

61. It was pointed out that the COVID-19 pandemic highlighted the inadequacy of providing health information to the public without considering people’s willingness to adopt the proposed behaviors. It was considered essential to work to foster public trust in evidence-based health information and promote transparency, credibility, and accountability in communications. In order to expand the reach and impact of health-related communications, Member States were encouraged to deliver accurate, timely, and tailored messaging and to explore innovative strategies, such as complementing traditional media with community-driven channels and promoting digital literacy. The importance of exploring partnerships with non-governmental organizations (NGOs), media networks, and health care providers was also noted. The Bureau was urged to provide country-specific technical support to strengthen communication processes and implement mechanisms to collect disaggregated data. It was also encouraged to facilitate the dissemination of good practices based on lessons learned by Member States and to organize related training opportunities.

62. Dr. García Saisó thanked Member States for their continued contributions, noting that the concept paper would continue to be enriched by their efforts to develop communication tools adapted to their national contexts with sustained technical support from the Bureau. He encouraged Member States to employ a holistic, inclusive and interdisciplinary approach to the development of strategic communication in all health policies and employ digital tools to better understand the decisions that individuals and communities made regarding their health. He stressed the need to draw from the lessons learned during the COVID-19 pandemic, during which misinformation and disinformation

as well as an excess of information had impacted the ability to make those decisions. He also encouraged Member States to prioritize behavior change in public health policies at all levels, draw connections to the social factors impacting health, and improve behavioral sciences. He drew attention to the recommendations in the concept paper to establish a monitoring system to track the progress of interventions and to collaborate with Member States and other stakeholders to share best practices.

63. The Director affirmed that the COVID-19 pandemic had highlighted the need to strengthen strategic communication initiatives and behavioral science programs. The concept paper represented a first step to facilitate dialogue among Member States with a view to improving the effectiveness of public health communications, with a specific focus on addressing vaccine hesitancy and interacting with individuals and communities in order to better understand their needs and empower them to make better decisions about their health.

64. The Directing Council adopted Resolution CD60.R6, approving the concept paper on Strategic Communications in Public Health for Behavior Change.

Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas (Document CD60/9)

65. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had welcomed the strategy and acknowledged the need to prioritize mental health and suicide prevention. Support had been expressed for the strategic lines of action and for the priority given to persons living in conditions of vulnerability. Member States had been encouraged to allocate the resources necessary to improve mental health services and reduce barriers to access. The Executive Committee had adopted Resolution CE172.R5, recommending that the Directing Council approve the strategy.

66. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), presenting the strategy, pointed out that, although mental, neurological, and substance abuse conditions were a significant source of morbidity and mortality in the Region, people living with those conditions did not always receive the required care. The rate of suicide in the Americas had increased over the previous 20 years, whereas suicide rates in other WHO regions had declined. The ongoing impact of the COVID-19 pandemic had limited the accessibility of mental health services, especially for groups living in conditions of vulnerability. The proposed strategy, which set forth six strategic lines of action, was built on existing policies for improving mental health. It embraced an equity- and human rights-based approach and incorporated the recommendations made by the PAHO High-Level Commission on Mental Health and COVID-19.

67. In the ensuing discussion, delegates expressed support for the strategy, highlighting the inclusion of suicide prevention as a strategic line of action and of comprehensive technical proposals to address risk factors. Delegates thanked the experts and mental health professionals who had contributed to the strategy and urged the Bureau to provide periodic reports on its implementation. Several delegates outlined actions being taken in their

countries to strengthen mental health services and prevent suicide and expressed gratitude for PAHO's leadership and support in that regard. The Bureau was encouraged to tailor its support to the specific contexts, needs, and priorities of each Member State, with special attention to small island developing States. It was also noted that more resources were needed to improve the delivery of services and address the needs of the most vulnerable groups, particularly when responding to emergencies and disasters.

68. It was emphasized that mental health care required a holistic approach and multisectoral stakeholder engagement and that mental health services should be universal, community-based, and integrated into primary health care. The importance of applying a gender and human rights perspective was acknowledged. Member States were encouraged to ensure equity in mental health service delivery, increase public awareness, and combat stigma and discrimination. Attention was drawn to the need for investments in counseling and treatment, including mental health training for primary and secondary care professionals. It was also suggested that people living with mental health issues should participate in the design, implementation, and evaluation of mental health policies, programs, and services.

69. The crucial impact of socioeconomic factors on mental well-being was highlighted. It was considered important to give special attention to the mental health needs of groups in conditions of vulnerability, such as lesbian, gay, bisexual, trans, queer, and intersex persons and persons with other sexual orientations and gender identities (LGBTQI+), Indigenous peoples, Afro-descendants, migrants, and women. The importance of mental health care for health workers was also highlighted. The pandemic's impact on the mental health of children and adolescents was noted, and Member States were encouraged to provide school-based services, targeted investment, and trained professionals to meet their unique needs. The need to limit or prohibit institutionalization and establish specialized rehabilitation centers was emphasized. The usefulness of mental health helplines and telemedicine to reach remote communities was highlighted. Member States were encouraged to strengthen data collection and reporting on mental health to inform decision-making and resource allocation. They were also urged to prioritize mental health in all policies and encourage collaboration among government institutions, academia, civil society organizations, and other social actors. It was suggested that cooperation among Member States in the Region should be strengthened for the exchange of best practices.

70. Representatives of several non-State actors in official relations with PAHO expressed support for the proposed strategy, highlighting, *inter alia*, the key role of nurses in community-based mental health care, the need for a particular focus on the mental health of marginalized and vulnerable populations, the relationship between climate change and mental health disorders, and the impact of alcohol consumption on mental health.

71. Dr. Hennis noted that progress had been made since the adoption of the Caracas Declaration of 1990 in transitioning towards community-based approaches to mental health and away from institutionalization, but momentum had been lost during the COVID-19 pandemic. He urged Member States to enshrine and advance policies in line with the Caracas Declaration. He stressed the importance of institutional capacity-building, the

sharing of experiences, and effective communications, noting that the Bureau stood ready to work with Member States in that regard. He applauded Member States for employing strategies such as suicide prevention helplines and encouraged them to share the outcomes of and the lessons learned from their strategies and interventions in order to help other countries in the Region.

72. The Director noted that, although the COVID-19 pandemic had aggravated mental health problems in the Region, it had also increased the visibility of the issue, which was often overlooked in national health plans and systems. An urgent response was needed to address the steady increase in the rate of suicide in the Region. The strategy would guide the Bureau in providing stronger technical support to assist Member States in implementing concrete activities and policies for mental health and suicide prevention. He thanked Member States for sharing the approaches that they were already implementing with a view to increasing access to mental health services and moving away from stigmatization and institutionalization of persons with mental health disorders towards community-based care with a human rights approach.

73. The Directing Council adopted Resolution CD60.R12, approving the Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CD60/10, Add. I and Add. II)

74. Mr. Max Francisco Enríquez (Representative of the Executive Committee) reported that the Executive Committee had been informed that, as of June 2023, 13 Member States, Participating States, and Associate Members had paid their 2023 contributions in full, six had made partial payments, 23 had made no payments for 2023, and that one was in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. Gratitude had been expressed to the Bureau for the support provided to Member States and for its efforts to ensure more efficient use of funds. The Executive Committee had adopted Resolution CE172.R1, thanking Member States that had made payments for 2023 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

75. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) confirmed that one Member State remained in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. He reported that, as of 18 September 2023, 17 Member States, Participating States, and Associate Members had paid their 2023 contributions in full, five had made partial payments, and 20 had made no payments for 2023. A total of \$78 million remained outstanding. As of 31 August, the Bureau had been forced to use the entirety of the \$50 million balance in the Working Capital Fund and \$0.7 million from other sources in order to meet the commitments funded with assessed contributions. The Working Capital Fund balance would be replenished at the end of September to reflect the recent receipt of payments totaling \$31.6 million. Mr. Kasapantoniou noted that prompt payment of both, accumulated arrears and current 2023 assessed contributions, was imperative for the effective implementation of the

Organization's program of work. He expressed gratitude to those Member States that had fulfilled their financial obligations and invited those that had not made payments to do so promptly in order to prevent any disruption to the Organization's activities.

76. Dr. Elmer Roberto Bonilla Espinoza (El Salvador, Chair of the Working Party to Study the Application of Article 6.B of the PAHO Constitution) presented the report of the Working Party (Document CD60/10, Add. II), noting that the Working Party had met on 25 and 26 September 2023 to review the status of collection of assessed contributions and had found that one Member State, the Bolivarian Republic of Venezuela, was more than two full years in arrears in the payment of its assessed contributions and was therefore subject to the suspension of its voting privileges, pursuant to Article 6.B of the PAHO Constitution. The Working Party had been informed that the Bolivarian Republic of Venezuela had made no payments since May 2017, nor presented an updated deferred payment plan since the 58th Directing Council in September 2020. After carefully reviewing all the information and assessed historical data on the application of Article 6.B, the Working Party had therefore decided to recommend that the country's voting rights should remain suspended and that its situation should be examined again at the start of future sessions of the Governing Bodies. The Working Party had also encouraged the Bureau to work with the Government of the Bolivarian Republic of Venezuela to develop a payment plan.

77. In the discussion that followed, the need to ensure the payment of assessed contributions in order to enable the Organization to continue providing technical cooperation was recognized, but it was pointed out that Member States faced financial difficulties owing to the COVID-19 pandemic and other factors. The importance of efficient and transparent use of resources was emphasized.

78. The Delegate of the Bolivarian Republic of Venezuela explained that in recent years her government had been prevented from honoring its financial commitments to the Organization due to economic sanctions imposed on the country, as a result of which its assets abroad had been frozen. She appealed to the Directing Council to take that situation into consideration.

79. Mr. Kasapantoniou, acknowledging the difficult fiscal situation faced by Member States, recalled that assessed contributions had not increased since 2012, which represented a reduction of \$50 million in real terms. Nevertheless, the Bureau continued striving to meet its technical cooperation commitments in an effective and efficient manner.

80. The Director thanked the Member States that had made timely payments of their assessed contributions, despite ongoing economic challenges, and appealed to those that had yet to make payments to do so as soon as possible. He expressed concern about the need to resort to internal borrowing to pay staff salaries. He stressed that, although the Bureau was collaborating with various stakeholders to mobilize more voluntary contributions, assessed contributions were essential to enable the Organization to continue providing technical cooperation to assist Member States as they worked to recover from the COVID-19 pandemic.

81. The Directing Council adopted Resolution CD60.R7, expressing appreciation to those Member States, Participating States, and Associate Members that had made payments in 2023 and strongly urging all others with outstanding balances to meet their financial obligations as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2022 (Official Document 367)

82. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that the External Auditor had issued an unqualified audit opinion on the financial statements of the Organization for 2022. The Committee had also been informed that, while the Organization's financial position had improved in 2022, it continued to experience significant pressure on liquidity, owing to delays in the payment of assessed contributions. As a result of those delays, the balance in the Working Capital Fund had once again been depleted in 2022. The Committee had welcomed the unqualified audit opinion and voiced strong support for the External Auditor's recommendations. Concern had been expressed about the continued depletion of the Working Capital Fund and the need to resort to additional internal borrowing, and Member States had been encouraged to pay their assessed contributions in a timely manner to enable the Bureau to continue its critical work.

83. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) outlined the content of the Financial Report of the Director for 2022, including figures on total revenue and expenditure, collection of assessed contributions, voluntary contributions, and procurement on behalf of Member States. He reported that total consolidated revenue in 2022 had amounted to \$1,578.4 million, which was a 12% decrease compared to 2021. He explained that the decrease reflected the transition from emergency response to the COVID-19 pandemic to sustained core technical cooperation. Revenue from procurement on behalf of Member States had decreased by 19%, dropping from \$1,348.9 million in 2021 to \$1,093.2 million in 2022, also reflecting the winding down of the COVID-19 pandemic response.

84. In the discussion that followed, appreciation was expressed to the Bureau for its work in a complex context and its efforts to sustain regional health gains and provide technical cooperation in other areas while continuing to respond to the COVID-19 pandemic in 2022. Concern was again expressed about the repeated depletion of the Working Capital Fund, resulting in internal borrowing. The need for timely payment of assessed contributions was reaffirmed. Delegates voiced support for the recommendations of the External Auditor, particularly those relating to improvement of the internal control environment. It was suggested that the presentation of the Organization's financial reports should be linked to the development of its program budgets.

85. Mr. Kasapantoniou pointed out that delays in the payment of assessed contributions made it difficult for the Bureau to continue delivering technical cooperation while also maintaining good financial stewardship of the Organization's resources. Concerning the suggestion regarding linking of the financial report with the program budget, he explained

that the financial report was presented in accordance with the International Public Sector Accounting Standards (IPSAS).

86. The Director affirmed that PAHO was in good financial shape and, thanks to the sound management of his predecessor, Dr. Carissa Etienne, had been able to continue functioning effectively, despite the pandemic and the financial difficulties the Organization had faced. As the Region emerged from the pandemic, the Bureau was keen to strengthen its technical cooperation capacities and its country presence, but it was necessary to proceed with caution in order to safeguard the Organization's financial health. He assured Member States that the Bureau took the External Auditor's recommendations seriously and would implement them with an eye to improving efficiency and enhancing transparency and accountability.

87. The Directing Council took note of the report.

Appointment of the External Auditor of PAHO for 2024–2025 and 2026–2027 (Document CD60/11)

88. Mr. Max Francisco Enríquez (Representative of the Executive Committee) reported that the Executive Committee had been informed that only one nomination had been received for the position of External Auditor for the next two bienniums. That nomination had been from the Government of Chile, which had nominated its Comptroller General of the Republic. The Committee had expressed gratitude to the National Audit Office of the United Kingdom of Great Britain and Northern Ireland for the valuable service it has provided to the Organization during its term as External Auditor and had encouraged the Bureau to arrange for the Comptroller General of the Republic of Chile to present its proposal during the 60th Directing Council.

89. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) noted that the audit of an organization's financial statements by an external entity was a key instrument for ensuring transparency and oversight in its operations. He also reported that the Audit Committee of PAHO had reviewed the nomination received from Chile for the position of External Auditor. The Office of the Comptroller General of the Republic of Chile had been invited to present its proposal to the 60th Directing Council, which would elect the External Auditor for the 2024–2025 and 2026–2027 bienniums.

90. Ms. Valentina Monasterio Gálvez (Director of External Audits, Office of the Comptroller General of the Republic of Chile) summarized the proposal, which was contained in Annex C to Document CD60/11. She presented the structure and team of the Office of the Comptroller General, their experience as external auditor to other international organizations, and their auditing approach. She noted that the Office of the Comptroller General would designate a dedicated team of seven auditors and one supervisor for the duration of its agreement with PAHO. The team would provide the same multidisciplinary and holistic approach employed in the Office of the Comptroller General's work auditing other United Nations organizations, with a focus on understanding PAHO and its context, a thorough evaluation of its internal control mechanisms, and

analysis, identification, and communication of any significant risks to the Organization. The team would report to a director, who would oversee quality control and handle all official communications with PAHO. Normally, all auditing work, including field visits to country offices, would be conducted in person. Remote audits would be performed only in exceptional circumstances. Ms. Monasterio Gálvez also described the format and standards for the audit reports that would be presented to the Organization, stressing that any deficiencies would be communicated to the Bureau as they were identified.

91. In the discussion that followed, Ms. Monasterio Gálvez was asked to elaborate on how the Office of the Comptroller General's knowledge and experience in auditing other United Nations organizations would inform its work with PAHO.

92. Ms. Monasterio Gálvez explained that the Office of the Comptroller General's experience in auditing international organizations had provided its audit teams with a clear understanding of the need to first learn an organization's culture, priorities, and constraints in order to formulate appropriate, realistic recommendations that were in the organization's best interests and that it would be able to implement. She highlighted several other strengths that would enable the Office of the Comptroller General to serve PAHO well, including its experience in auditing the public health system of Chile, its staff's familiarity with the IPSAS, and the ability of the dedicated audit team to work in all four of PAHO's official languages.

93. The Director recognized the excellent work of the outgoing External Auditor, whose recommendations had helped to improve PAHO's efficiency and effectiveness. He looked forward to working with the Office of the Comptroller General of the Republic of Chile and was confident that its work would help to further improve the Organization's transparency and efficiency.

94. The Directing Council adopted Resolution CD60.R10, expressing appreciation to the National Audit Office of the United Kingdom of Great Britain and Northern Ireland for its excellent service to the Organization and appointing the Office of the Comptroller General of the Republic of Chile as the External Auditor of PAHO for 2024–2025 and 2026–2027.

Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD60/12)

95. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) were needed because of the relocation of BIREME from the campus of the Federal University of São Paulo, in Brazil, to commercial premises, and the possible need to move the Center's premises again at some point in the future. The Executive Committee had adopted Resolution CE172.R10, recommending that the Directing Council approve the amendments to the Statute of BIREME.

96. Ms. Pamela Zúñiga (Advisor, Office of Legal Counsel, PASB) reviewed the history and functions of BIREME, noting that, from its inception in 1967, the Center had operated under the legal framework of a maintenance agreement between PAHO and the Government of Brazil. In 2009, recognizing that the Center's institutional framework did not adequately meet existing needs, the 49th Directing Council had adopted Resolution CD49.R5, establishing a new structure and different categories of BIREME membership and also requesting the Director to undertake negotiations with the Government of Brazil to conclude a new headquarters agreement and a facilities agreement for BIREME's continued operation within the campus of the Federal University of São Paulo. Those negotiations had not been successful, however, and in 2016 BIREME had moved to commercial premises. As a result, the Bureau recommended that Articles I and XI of the Statute of BIREME be amended to reflect the relocation of the Center and to give the Bureau the flexibility to move the Center's premises again if necessary. Ms. Zúñiga noted that the proposed amendments had been drafted in consultation with the Government of Brazil; the Bureau had also taken into consideration the feedback received from the Executive Committee and from the Center's Advisory Committee.

97. The Director thanked the Government of Brazil for its continued support for BIREME and recognized the work of the Member States serving on BIREME's technical committees. He noted that the proposed amendments were straightforward and were intended to update the agreement in order to avoid potential legal issues and provide greater flexibility to both the Bureau and the Government of Brazil to move the premises of BIREME in the future if necessary.

98. The Directing Council adopted Resolution CD60.R11, approving the amendments to the Statute of BIREME.

Selection of Member States to Boards and Committees

Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD60/13)

99. The Directing Council declared Cuba and Guyana elected as nonpermanent members of the BIREME Advisory Committee for a three-year term commencing 1 January 2024 and thanked outgoing members Colombia and Costa Rica for their service (Resolution CD60.R9).

Awards

PAHO Award for Health Services Management and Leadership 2023 (Document CD60/14)

100. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Health Services Management and Leadership, comprised of the delegates of the Plurinational State of Bolivia, Jamaica, and Suriname, had met during the Executive Committee's 172nd session in June. After examining 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 for 2023 be awarded to Dr. Alfredo Darío Espinosa Brito, of Cuba, in recognition of his career and leadership in the management of health services in Cuba and his contribution to primary health care and to disease prevention and health promotion. The Executive Committee had endorsed the decision of the Award Committee and had adopted Resolution CE172.R8, conferring the PAHO Award for Health Services Management and Leadership 2023 on Dr. Espinosa Brito.

101. The President of the Directing Council reviewed the career and achievements of Dr. Espinosa Brito, noting that he was being recognized in particular for his achievements as a leader in health services management in Cuba, the impact of his scientific publications in the Region of the Americas, and his contribution to primary health care and to disease prevention and health promotion, especially in addressing the burden of noncommunicable diseases in populations in conditions of vulnerability and in older adults.

102. As Dr. Espinoza Brito was unable to be present for health reasons, Dr. José Ángel Portal Miranda, Minister of Public Health of Cuba, received the award on Dr. Espinoza Brito's behalf, noting that the impact of his work had extended beyond Cuba's borders and helped to strengthen health systems across the Region.

Matters for Information

Update on the COVID-19 Pandemic in the Region of the Americas (Document CD60/INF/1)

103. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had received an update on the COVID-19 situation in the Region as of June 2023. Delegates had expressed gratitude to the Bureau for its support during the pandemic and acknowledged the need for continued measures to prevent morbidity and mortality from COVID-19. The importance of work to address the lingering effects of the pandemic on health systems had been emphasized, as had the importance of achieving regional self-sufficiency in the supply of vaccines, personal protective equipment, and other critical items. The Bureau had been commended for having commissioned an independent evaluation of the response to the COVID-19 pandemic and Member States had been encouraged to commission their own external evaluations with a view to being better prepared for future pandemics.

104. Two presentations were made on this item, one by Dr. Sylvain Aldighieri (Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) and the other by Dr. Marcos Espinal (Acting Assistant Director, PASB). Dr. Aldighieri began with a review of the trends of COVID-19 from July 2020 to July 2023, noting that, although there had been a dramatic decrease in cases and deaths since January 2023, in the previous month an average of 11,000 cases and 500 deaths had been reported per week in the Americas. The available data indicated that the SARS-CoV-2 virus had not stabilized into a predictable pattern of evolution and noted that more variants, possibly more virulent, were expected to emerge, against which current vaccines might not be effective. He stressed

the importance of continuing to share virus specimens and genomic surveillance data to enable better assessment of the virulence and vaccine response of emerging variants.

105. Dr. Aldighieri also reviewed the regional response to the pandemic and the progress made with regard to improvement of genomic surveillance capacity, laboratory strengthening, vaccination, risk communication, and strengthening of health service capacity. He drew attention to the recommendations for COVID-19 issued by the Director-General of WHO in August 2023⁷ and highlighted the priority areas for the Bureau's ongoing COVID-19 technical cooperation, including expansion and incorporation of COVID-19 vaccination into national immunization programs, development and strengthening of surveillance and laboratory capacities, implementation of new strategies for enhancing preparedness and resilience for emerging threats, and maintenance and strengthening of the Organization's strategic stock of critical supplies.

106. Dr. Espinal noted that this was the last time that an update on Resolution CD58.R9 would be presented. He reported that 71.3% of the Region's people had been vaccinated. He also noted that the impact of the pandemic on the delivery of health services continued to be felt, with approximately 40% of countries still reporting disruptions as of the last quarter of 2022, a situation that underscored the need to continue building the resilience of health systems in order to avoid such disruptions in future health emergencies. Regarding the way forward, Dr. Espinal highlighted the need to apply the lessons learned from the pandemic, leverage external opportunities and expand partnerships to support recovery, strengthen the One Health approach, and advance and expand routine immunization.

107. In the discussion that followed, delegates thanked the Bureau for the assistance provided throughout the pandemic and for its ongoing support in the post-pandemic phase. Delegates acknowledged that COVID-19 remained a threat and that continued action was therefore needed to reduce transmission of the SARS-CoV-2 virus and prevent morbidity and mortality from COVID-19. The need to continue working to build health system resilience and strengthen emergency preparedness and response capacity was emphasized, as was the need to maintain preventive measures such as the use of masks by individuals with respiratory virus symptomology. Various delegates described measures being taken in their countries to strengthen their capacity for surveillance, detection, and response to viruses with epidemic potential. It was pointed out that the pandemic had shown that no country could respond to a threat of such magnitude on its own, and the need for regional solidarity and collaboration was highlighted. The creation of the Pandemic Fund to support countries in strengthening their pandemic prevention, preparedness, and response capacities was welcomed.

108. Concerns were expressed about problems that had hindered access to COVID-19 vaccines, and it was suggested that a new approach to negotiation and procurement of vaccines should be developed. It was also suggested that a regional stock of vaccines and flexible mechanisms for sharing of vaccines and biologicals should be put in place. The

⁷ See: [https://www.who.int/publications/m/item/standing-recommendations-for-covid-19-issued-by-the-director-general-of-the-world-health-organization-\(who\)-in-accordance-with-the-international-health-regulations-\(2005\)-\(ihr\)](https://www.who.int/publications/m/item/standing-recommendations-for-covid-19-issued-by-the-director-general-of-the-world-health-organization-(who)-in-accordance-with-the-international-health-regulations-(2005)-(ihr)).

importance of ensuring regional capacity for the production of vaccines and other health technologies was emphasized.

109. Dr. Aldighieri observed that it was clear from the comments made that Member States had taken on board the WHO Director-General's standing recommendations for COVID-19.

110. Dr. Espinal reaffirmed the importance of continued efforts with regard to vaccination, surveillance, and strengthening of health systems to ensure that countries were prepared to respond to future health emergencies while also continuing to deliver other health services.

111. The Director, noting that the Region had for many months been the epicenter of SARS-CoV-2 transmission, commended Member States' efforts in responding to the pandemic and thanked the donors that had greatly enhanced the Organization's ability to support countries. He noted that much progress had been made, for example in strengthening capacity for genomic surveillance, which would be important in protecting the Region against other viruses with epidemic potential, and expressed the hope that more resources would be made available through the Pandemic Fund to enable countries to continue strengthening their preparedness and response capacities. He welcomed the suggestions regarding a regional approach to ensuring access to vaccines and highlighted the valuable role to be played by the Revolving Fund for Access to Vaccines in that regard. Lastly, he noted that he would provide Member States with yearly updates on the implementation of the recommendations from the external evaluation of PAHO's response to the pandemic.

112. The Directing Council took note of the report.

Report on Strategic Issues between PAHO and WHO (Document CD60/INF/2)

113. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had expressed appreciation for the Bureau's efforts to promote greater dialogue with WHO on issues of fundamental importance and its efforts to facilitate participation by Member States from the Americas in the various negotiation and consultation processes under way at the global level. It had been considered crucial for the Bureau to continue providing such opportunities for Member States to engage in dialogue and to work towards consolidating regional positions. The Bureau had been encouraged to continue collaborating closely with the WHO Secretariat and Member States to strengthen work at the country level.

114. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the report, which provided an update on high-level strategic issues and opportunities related to PAHO's engagement with WHO. He highlighted the key role that the PAHO Member States were playing in shaping the future of WHO and the global health emergency architecture, noting that the Bureau had been working collaboratively with Member States to facilitate their participation in the ongoing global consultations and negotiations relating to health emergencies and to WHO governance and financial matters.

For example, it had held a face-to-face meeting in Washington, D.C., in July 2023 to enable Member States to engage in discussions prior to the sixth meeting of the Intergovernmental Negotiating Body (INB) tasked with drafting a new instrument on pandemic preparedness and response and the fourth meeting of the Working Group on Amendments to the International Health Regulations (IHR) (2005). A consultation on the new WHO investment rounds⁸ had also been held in September 2023.

115. Noting that Member States had asked the Bureau to report on the concrete results of the various aspects of PAHO's collaboration with WHO, Mr. Maza pointed out that, thanks to ongoing advocacy by the Bureau and PAHO Member States, the Region had seen an increase in its allocation under the WHO program budget. Nevertheless, more needed to be done to ensure a more equitable distribution of funds among the WHO regions and a more equitable share for the Americas.

116. In the ensuing discussion, delegates commended the Bureau's close collaboration with the WHO Secretariat and applauded its leadership in convening meetings to build consensus on the INB negotiations and the proposed amendments to the IHR. It was pointed out that there were still substantive matters in the proposed new pandemic instrument on which consensus had not been reached, and the need for a thorough review of the draft text was underscored. It was considered necessary to streamline and simplify the text in order to arrive at a draft that would garner consensus and enable the instrument to be adopted by the Seventy-seventh World Health Assembly in May 2024. The Bureau was asked to provide additional technical guidance on the implications of both negotiation processes for the Region and continued support in coordinating regional positions on the various issues under discussion. It was stressed that the new pandemic instrument should address systemic inequities that led to health disparities; enhance transparency and accountability in pandemic prevention, preparedness, and response; and facilitate rapid and equitable responses to health emergencies. To reduce pandemic risks posed by zoonotic diseases, it should also encompass a multisectoral, One Health approach. It was also emphasized that the new instrument and the IHR should be complementary and not duplicative or contradictory.

117. It was noted that the Action for Results Group, including six WHO representatives, one from each of the six regions, had finalized a plan of action for strengthening WHO country offices, including through the definition of a core, predictable WHO country presence, and the Bureau was asked to share the Group's report and the country presence definition. It was hoped that the 20% increase in WHO assessed contributions, approved by Member States during the Seventy-sixth World Health Assembly in May 2023 would translate into an improvement in WHO's operations at the country and regional levels. The Bureau was also asked to ensure that future reports on strategic issues between PAHO and WHO were not merely informative, but rather provided guidance to PAHO Member States on the issues covered, including an analysis of the repercussions of multilateral processes for the Region and the contribution of the Americas to those processes.

⁸ See Seventy-sixth World Health Assembly Document WHA76/32 and Decision WHA76(19) (2023).

118. Mr. Maza explained that the WHO core country presence would be based on a typology of countries that reflected the maturity of their health systems and their priorities and need for technical cooperation. The Bureau would endeavor to obtain the relevant documentation from WHO and would share it with PAHO Member States. He assured the Council that the Bureau would continue to provide Member States with information and support to facilitate their participation in the INB and IHR negotiation processes. The Bureau would hold a second face-to-face meeting in Washington, D.C., in late October ahead of the seventh meeting of the INB, to be held in November 2023.

119. The Director underlined the importance of continued participation by Member States from the Americas in the global negotiations on the new pandemic instrument and the proposed amendments to the IHR. He affirmed that, while the Bureau was not making any recommendations regarding the issues under discussion, since the INB and IHR negotiations were Member State-led processes, it was doing its utmost to provide Member States with information and ensure that all of them, including those that did not have a strong presence in Geneva, were able to participate effectively in the negotiations. He noted that the Bureau had invited both ministers of health and ministers of foreign affairs to attend the consultation in October, as the negotiations involved some complex political and diplomatic issues.

120. Regarding the WHO core country presence initiative, he recalled that the historic 20% increase in WHO assessed contributions had been approved with the understanding that the additional funding would be used to strengthen WHO's country presence and enable it to work more closely with ministries of health to build capacity at country level. While it was clear that some regions required greater support, it was important to acknowledge that the Region of the Americas faced numerous difficulties and challenges, including poverty and extreme inequality, and that the Organization's country presence in some countries, including the key countries identified under the PAHO Strategic Plan 2020–2025, needed to be strengthened. The Director agreed that the Region of the Americas should receive a larger share of the 20% increase in WHO assessed contributions than it currently received and that, in general, a more equitable distribution of WHO funds among the six regions was needed. He thanked Member States for their continued advocacy to that end.

121. The Directing Council took note of the report.

Implementation of the International Health Regulations (Document CD60/INF/3)

122. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had affirmed the central role of the International Health Regulations (2005) in the global health architecture, but had also acknowledged that the COVID-19 pandemic and other recent outbreaks had revealed weaknesses that need to be addressed. Stricter IHR compliance had been seen as critical to improve the response to future international health emergencies. The Committee had applauded the Bureau's efforts to facilitate participation in the IHR review process. However, concerns had been

expressed about the rapid pace of that process and the need to ensure sufficient time for national consultations on complex issues had been underscored.

123. Dr. María Almirón (Advisor, Detection, Verification and Risk Assessment, PASB) introduced the report, which provided an update on acute public health events in the Region, States Parties' progress in meeting the IHR core capacity requirements, and administrative requirements and governance. She reported that, between 16 July 2022 and 31 July 2023, 173 acute public health events of potential international concern had been identified and assessed in the Region, 106 of which had been substantiated, 83% of them attributed to infectious hazards. All 35 States Parties in the Region had complied with the obligation to submit their annual reports on implementation of the IHR to the Seventy-sixth World Health Assembly. The regional average score for core capacities in 2022 was 67%, the same as in 2021. Eleven countries of the Americas had designated professionals to be included on the IHR Roster of Experts; the Bureau urged all State Parties in the Region to designate experts.

124. Dr. Almirón concluded her remarks by noting that the future governance and implementation of the IHR were in the hands of Member States and encouraging all countries in the Region to take an active part in the ongoing deliberations within the Working Group on Amendments to the IHR and the Intergovernmental Negotiating Body tasked with drafting and negotiating a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response.

125. In the Directing Council's discussion of the report, delegates reaffirmed their Governments' commitment to implementation of and compliance with the IHR. It was pointed out that the IHR remained the sole binding legal instrument on preparation for, prevention and reporting of, and response to international health emergencies, and the importance of continued sharing of timely and accurate information related to public health events of potential international concern was emphasized. The need to continue strengthening IHR core capacities to ensure prompt detection of and response to international health emergencies was highlighted, and continued support from the Bureau for that purpose was requested. In that connection, it was suggested that it might be useful to formulate a short- or medium-term regional strategy or plan of action for addressing identified core capacity gaps. The Bureau was also asked to provide further guidance on IHR implementation in small island developing States and overseas territories with small populations.

126. It was acknowledged that the pandemic had brought to light weaknesses in the Regulations and support was expressed for targeted amendments to address those weaknesses and make the IHR clearer and more precise and fit for purpose. Support was also expressed for the negotiation of a new instrument on pandemic. It was again stressed that the new pandemic instrument and the amended IHR should be complementary and should not be duplicative or contradictory and that the new instrument should not in any way weaken the IHR. It was suggested that it would be useful if information could be provided in advance of the meetings of the Working Group on Amendments to the IHR on the articles and proposed amendments to be discussed. It was considered essential to allow

sufficient time to agree on realistic amendments and achieve the highest possible degree of consensus.

127. Dr. Almirón congratulated Member States on the progress made in strengthening their IHR core capacities and implementing the IHR. She pointed out that the fact that the Americas had accounted for more than a third of the acute public health events of potential international concern detected and reported worldwide from July 2022 to July 2023 was evidence of the strong surveillance, detection, and reporting capacity of the Member States in the Region and of their commitment to transparency. She recalled that the Region had experienced seven major public health events of international concern in the previous 15 years, including, most recently, the COVID-19 pandemic. Many valuable lessons had been learned from those events that would help to enhance the response to future health emergencies.

128. Dr. Marcos Espinal (Acting Assistant Director, PASB), echoing Dr. Almirón's congratulations to Member States, for their commitment to implementing the IHR, noted that, after four rounds of debate on proposed amendments, Member States were at a turning point with regard to the Regulations. He emphasized the need for all countries of the Region to participate in the upcoming fifth round of debate, to be held in October 2023, in order to ensure that the voice of the Region was heard.

129. The Directing Council took note of the report.

Status of Access to Sexual and Reproductive Health Services (Document CD60/INF/4)

130. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had acknowledged the need to ensure access to sexual and reproductive health services and protect sexual and reproductive rights as part of efforts to empower women and girls, improve their health and survival, and achieve gender equity and equality. Delegates had emphasized the need to ensure access to a full range of sexual and reproductive health (SRH) services and to continue efforts to reduce unintended pregnancies, particularly among adolescents.

131. Dr. Suzanne Serruya (Director, Latin American Center of Perinatology, Women and Reproductive Health, PASB), introduced the report, noting that the coverage of SRH services in the Region of the Americas was close to 84%, which was higher than the global average of 74%. However, inequalities in access within and between countries persisted, and barriers to access were greatest for populations living in conditions of vulnerability, leading to systematically worse reproductive health outcomes for those groups. Dr. Serruya emphasized the need to eliminate such inequalities in order to achieve universal coverage, protect human rights, promote gender equality, combat discrimination, and address social determinants of health. To that end, the report set out various recommended actions, including the promotion and implementation of comprehensive normative frameworks, policies, and regulations that would protect sexual and reproductive rights and ensure universal access to SRH services. The report also highlighted the need to strengthen intersectoral collaboration and increase the political commitment necessary to ensure sufficient, sustainable support for, and implementation of, cost-effective SRH interventions.

132. In the discussion that followed, delegates welcomed the report and expressed their renewed commitment to strengthening access to sexual and reproductive health services and, more broadly, universal health coverage, with several delegates mentioning country-specific efforts that included improving maternity care, providing SRH services and support to the LGBTQI+ community and persons living with HIV and AIDS, and implementing SRH education and contraceptive distribution programs. Delegates recognized the importance of upholding sexual and reproductive health and rights and ensuring access to SRH services as key to advancing human rights and gender equality in the Region. Particular emphasis was placed on the importance of combatting both sexual violence and unintended pregnancies, especially among adolescents. It was suggested that a broader children's and adolescents' rights approach should be taken to the issue of unintended adolescent pregnancy.

133. Delegates welcomed the recommended actions for reducing inequities and broadening access to sexual and reproductive health services among all populations in the Region and agreed on the need to bolster intersectoral efforts and collaboration. It was suggested that the menu of recommended actions should include the strengthening of comprehensive sexuality education and information to support the sexual and reproductive health and rights of young people. It was also suggested that the contents and format of the report should be adapted for use to help raise awareness of current SRH realities and challenges throughout the Region. The Bureau was requested to develop a series of knowledge-sharing events to present key examples from within the Region on relevant aspects of sexual and reproductive health and rights and on how national programs and policies had impacted critical health issues. It was also encouraged to deepen its efforts to advance SRH access and rights under existing mandates, strategies, and plans of action.

134. Dr. Serruya responded that Member States' firm commitment to the implementation of policies on sexual and reproductive health and rights would help to reduce inequalities in sexual and reproductive health care throughout the Region. She noted that almost all delegates had highlighted the need to reduce rates of teenage pregnancy in the Region. Dr. Serruya pointed out that preventing unintended adolescent pregnancies could be seen as a development strategy because it could help to reduce intergenerational poverty among the poorest families in the Region and could also contribute to the achievement of several SDGs. She agreed on the crucial importance of comprehensive SRH education.

135. The Director affirmed that, although progress had been made, the unacceptably high rates of pregnancy among adolescents pointed to insufficient access to SRH services in the Region, especially among populations living in conditions of vulnerability. He noted that the issue was being addressed under the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030.

136. The Directing Council took note of the report.

Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report (Document CD60/INF/5)

137. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had welcomed the progress made under the plan of action, while recognizing the challenges that had arisen owing to the COVID-19 pandemic, which had disrupted service delivery, early diagnosis, and disease surveillance and exacerbated risk factors for neglected infectious diseases (NIDs), poverty and income inequality, among other social determinants of health. It had been acknowledged that much remained to be done to attain the elimination objectives of the plan of action. The PAHO Disease Elimination Initiative had been considered a useful framework for accelerating progress towards the elimination of NIDs.

138. Like the Executive Committee, the Directing Council welcomed the progress made towards eliminating NIDs, but recognized the need for continued work under the PAHO Disease Elimination Initiative in order to eliminate the NIDs that persisted in the Region. It was pointed out that such diseases predominantly affected the populations living in the most vulnerable conditions and that their continued presence in the Region reflected inequities in access to health services, and the need to ensure the availability of diagnostic tests and medicines at the primary care level was emphasized. Various delegates described the actions their countries were taking to eliminate lymphatic filariasis, leprosy, soil-transmitted helminthiasis, and other NIDs.

139. The need for public policies and intersectoral, One Health approaches, focusing on marginalized populations and those living in conditions of vulnerability, as well as addressing social determinants of health, was also highlighted, as was the need for ongoing surveillance in the post-elimination phase in order to prevent the reintroduction of NIDs. The importance of a gender-based approach was also underscored. Affected countries were encouraged to implement sustainable national action plans to eliminate NIDs that promoted integrated multisectoral approaches and included measures related to water, sanitation, and hygiene, while the Bureau was encouraged to examine the lessons learned from the plan of action and to continue to present periodic reports on progress made towards the elimination of NIDs.

140. Dr. Sylvain Aldighieri (Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) commended Member States for their NID elimination efforts and assured them that the Bureau would continue to support those efforts through the Disease Elimination Initiative. He agreed on the importance of addressing social and other determinants of health, including water and sanitation, and of a One Health approach.

141. The Director, welcoming Member States' commitment to eliminate NIDs, affirmed that the work begun under the plan of action would continue under the Disease Elimination Initiative. He pointed out that the Region possessed the tools and technologies needed to eliminate NIDs, but effective strategies and strong political commitment were needed to ensure that they were accessible to the populations living in conditions of vulnerability among whom such diseases were concentrated.

142. The Directing Council took note of the report.

Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report (Document CD60/INF/6)

143. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that progress had been made on the four strategic lines of action and on nine of the 10 indicators included in the strategy and plan of action, although none of the indicators had been fully met. Progress had been hindered by interference from the tobacco industry and by the fact that many countries lacked the necessary resources or faced difficulties in establishing a multisectoral approach.

144. In the discussion that followed, support was expressed for the recommendations to strengthen tobacco control put forward in the report, particularly those relating to strengthening of technical assistance, capacity-building, and the exchange of experiences among Member States. One delegate expressed interest in more information regarding the lessons learned in tobacco control that could potentially be applied to addressing other NCD risk factors. While delegates welcomed the progress achieved in several key areas in the Region, they also acknowledged that more work was needed. The Bureau was urged to develop a new five-year strategy and plan of action on tobacco control, with a continued focus on the areas in which goals had not been met. It was also encouraged to strengthen its technical, legal, and financial assistance to support national and regional regulations to improve the control of emerging nicotine products, such as electronic cigarettes and heated tobacco products, and to support multisectoral strategies.

145. Member States were encouraged to adopt comprehensive, evidence-based, cost-effective measures that aligned with the WHO Framework Convention on Tobacco Control, including smoke-free spaces, warning labels and neutral packaging, restrictions on advertisement and sponsorship, affordable tobacco cessation services, and youth engagement in anti-tobacco initiatives. They were also encouraged to adapt regulations to address the tobacco industry's new strategies and emerging products, especially those targeting young people, and employ a whole-of-government and whole-of-society approach to tobacco control. Support was also expressed for strengthening monitoring systems to evaluate the effectiveness of the measures adopted. Delegates highlighted national efforts to strengthen tobacco control, target illicit trade, promote preventive health care, provide support for mental health and addiction, and raise awareness among young people about the health, environmental and social risks of electronic cigarettes and tobacco. At the same time, delegates noted that Member States faced challenges in passing relevant legislation and ratifying the Framework Convention.

146. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) thanked the Member States that had participated in ongoing consultations on tobacco control. He noted with concern that tobacco use was the most significant risk factor for illness and premature death and that, although the global target of achieving a 30% reduction in tobacco use by 2025 is on track to be met, the number of smokers was increasing. He acknowledged the challenges posed by novel tobacco products

and the strategies used to market them, and highlighted the need to strengthen national technical expertise for the regulation of tobacco and other nicotine products, including electronic cigarettes. He congratulated Member States on their legislative achievements and encouraged them to establish national coordination mechanisms to foster intersectoral collaboration and to increase taxes on tobacco products, which would generate revenue that could be invested in health. He also urged them to engage actively in global forums, including the forthcoming regional preparatory meetings in Brazil, ahead of the Tenth Conference of the Parties to the Framework Convention on Tobacco Control, to be held in Panama in November 2023.

147. The Director thanked Member States for sharing their progress and ongoing challenges and encouraged them to participate in the forthcoming meetings on the Framework Convention in Brazil and Panama. He noted that, through its technical cooperation, the Organization assisted Member States in identifying the best strategies to address tobacco use, particularly in terms of increasing taxes and implementing regulations. He highlighted the need to develop specific strategies to respond to the challenge posed by electronic cigarettes and its growing popularity among adolescents and young people. The Organization also supported Member States in engaging in dialog with ministers from other sectors, civil society and parliaments with a view to combating the tobacco industry's misleading information. In that connection, he underlined the importance of providing data on the negative impact of tobacco on economies in addition to its impact on health.

148. The Council took note of the report.

Plan of Action for the Strengthening of Vital Statistics 2017–2022: Final Report (Document CD60/INF/7)

149. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that 30% of the indicators under the plan of action had been met or exceeded, while measurable progress had been made on 13 other indicators. The Committee had also been informed that, while the COVID-19 pandemic had hindered the implementation of the plan of action to some extent, it had also accelerated the development of digital and innovative solutions. The Plan of Action for Strengthening Information Systems for Health 2019–2023, approved in 2019, and the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas, approved in 2021, were expected to build on the progress made under the plan of action.

150. In the ensuing discussion, delegates welcomed the progress made under the plan of action and voiced support for the recommended actions to improve the situation. Although the intersectoral coordination necessary to effectively respond to the report's recommendations was cited as a challenge, delegates noted that progress had been made in that regard and also highlighted initiatives undertaken at the national level to update legislation; harmonize coding systems with international standards, particularly the Eleventh International Classification of Diseases (ICD-11); digitalize vital statistics systems; improve the interoperability of systems and enhance the reliability and

comparability of data; accurately record and provide open access to vital statistics; and assign personal identification numbers to all citizens at birth. Delegates underlined the need for ongoing investment and requested continued support from the Bureau for their efforts to strengthen vital statistics and health information systems.

151. Dr. Sebastián García Saisó (Director, Department of Evidence and Intelligence for Action in Health, PASB) observed that the COVID-19 pandemic had brought into clear focus the need for timely and accurate data, including vital statistics. He commended Member States for their vision for the plan of action, which had laid the foundation for other regional efforts to strengthen information systems for health and for the digital transformation of the health sector in the Region of the Americas, thereby creating a comprehensive agenda aimed at improving health data. Noting the progress reported by Member States, Dr. García Saisó reaffirmed the Bureau's commitment to provide technical support to enhance the capacity of health care professionals in the Region, with the help of the relevant PAHO/WHO collaborating centers, and to accelerate the digital transformation of vital statistics systems and registries as the Region transitioned from IDC-10 to IDC-11.

152. The Director emphasized that the digital transformation of the health sector was a priority for the Organization's technical cooperation.

153. The Directing Council took note of the report.

Chronic Kidney Disease in Agricultural Communities in Central America: Final Report (Document CD60/INF/8)

154. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that significant but variable progress had been made in strengthening local capacity for a comprehensive response to chronic kidney disease from non-traditional causes (CKDnT) in agricultural communities of Central America. The Committee had underscored the need for continued action for the prevention, early detection, and treatment of CKDnT.

155. In the ensuing discussion, it was noted that chronic kidney disease had become a public health problem not only in Central America but worldwide. Delegates outlined the steps their countries had taken to tackle CKDnT, noting that cases and deaths had been reduced in recent years, and affirmed the need for continued effort to ensure early detection, timely treatment, rehabilitation, and palliative care for patients. They also highlighted the need to build capacity among first-level health workers to care for patients, strengthen dialysis and transplant services, promote interinstitutional and intersectoral coordination to address risk factors for CKDnT, undertake further research on the disease, and share information and best practices.

156. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) pointed out that considerable progress had been made since the adoption of Resolution CD52.R10 in 2013, when little had been known about CKDnT and its etiology. It was now clear that the disease was linked to the working and living conditions of agricultural workers, in particular exposure to heat stress and dehydration and to

agricultural chemicals. Countries had made good progress in building epidemiological and occupational health surveillance systems. A key component of the approach to the disease was strengthening capacity for diagnosis and treatment and expanding access to care at the primary care level and ensuring the availability of specialized care, such as dialysis and transplant, for patients diagnosed with CKDnT. Multisectoral work, bringing together the health, labor, agricultural, and environmental sectors, was also crucial, as was ensuring compliance with international agreements and regulations on responsible use of agrochemicals. Dr. Fitzgerald noted that work on CKDnT would continue under the recently launched “Better Care for NCDs: Accelerating Actions in Primary Health Care” initiative.⁹ He urged countries to continue working to break down financial, administrative, and cultural barriers to access to care, focusing in particular on populations at risk for CKDnT.

157. The Directing Council took note of the report.

Health and Tourism: Final Report (Document CD60/INF/9)

158. Dr. Christopher Tufton (Representative of the Executive Committee) reported that Executive Committee had been informed that sustained intersectoral efforts would be needed to continue the progress made in the area of health and tourism, which included advances in the areas of governance, capacity-building, and public-private partnerships. It had been noted that tourism in the Region had been impacted by several recent public health events, including not only the COVID-19 pandemic but also outbreaks of chikungunya and Zika virus disease.

159. In the discussion that followed, delegates applauded the headway made throughout the Region on the topic of health and tourism. Several delegates described the importance of tourism for their countries’ economies and highlighted the pivotal role that strong intersectoral and multistakeholder partnerships had played thus far in the revival of tourism following the COVID-19 pandemic. Delegates pointed to robust border health surveillance and control systems and food safety initiatives as key measures for protecting public health and ensuring safe, sustainable tourism and underscored the need for continued cooperation and coordination between the health and tourism sectors. Ongoing support from the Bureau was requested for capacity-building and the development of tourism health surveillance systems.

160. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) stressed that it would be crucial going forward to strengthen the nexus between health, the environment, and tourism in order to combat threats to sustainable tourism and sustainable development in the Region. She highlighted the critical importance of ongoing collaboration between the health, tourism, and other sectors in promoting tourism policies favorable to health. She also underscored the need for continued capacity-building for prevention and control of outbreaks, frameworks for improving preparedness and response, and enhanced food safety programs. She assured

⁹ See: <https://www.paho.org/en/documents/better-care-ncds-accelerating-actions-primary-health-care>.

Member States that the Bureau would continue to collaborate with them to strengthen the capacities needed to work towards sustainable and healthy tourism.

161. The Directing Council took note of the report.

Progress Reports on Technical Matters (Documents CD60/INF/10, A-H)

A. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas: Progress Report

162. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Bureau had reviewed and updated the list of diseases proposed for elimination by 2030. Delegates had affirmed their support for the Disease Elimination Initiative and its strategic directions and targets. It had been pointed out that the COVID-19 pandemic had demonstrated the interrelationship between health and factors such as climate change and increased contact between humans and animals, and the importance of a One Health approach had been emphasized.

163. The Directing Council welcomed the progress made thus far under the Disease Elimination Initiative and voiced strong support for the recommended actions to improve the situation. Delegates outlined their countries' progress towards eliminating various of the diseases targeted under the Initiative and reaffirmed their commitment to the achievement of its objectives. It was pointed out that the targeted diseases mainly affected marginalized populations and those living in conditions of vulnerability who often lacked access to health services, adequate housing, and other determinants of health and that eliminating them would require multisectoral action to remove barriers to access and address the interrelated factors that contributed to the persistence of such diseases. A One Health approach was considered essential, and the reference in the report to the Quadripartite One Health Joint Plan of Action 2022–2026 was welcomed. High-level political commitment and leadership were also viewed as critical, as was coordination and cooperation between countries, especially in border areas.

164. Dr. Sylvain Aldighieri (Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB), noting that delegates had raised a number of cross-cutting issues, agreed on the crucial importance of a One Health approach that addressed the human–animal–environment interface. He also agreed that cooperation between countries, particularly in border areas, was essential to stop the transmission of various diseases.

165. The Directing Council took note of the report.

B. Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030: Progress Report

166. Dr. Christopher Tufton (Representative of the Executive Committee) reported that Members of the Executive Committee had expressed appreciation to the Bureau for its support in strengthening organ donation and transplant systems in the Region. The need to intensify efforts to promote cadaveric donation had been stressed, as had the importance of

establishing and strengthening registry systems for donations and transplants in order to ensure traceability and generate information to improve the design of strategies to encourage donation.

167. In the ensuing discussion, various delegates described their national efforts to strengthen their organ donation and transplant systems and expressed gratitude to the Bureau for its support. The need to intensify efforts to promote cadaveric donation and strengthen donation and transplant registry systems to ensure traceability was again emphasized. In that regard, countries of the Region were invited to participate in the DONASUR registry set up in the framework of the Southern Common Market (MERCOSUR). Regular review and updating of laws and policies on donation and transplants was also considered essential. The importance of sharing of experiences and cooperation between countries, including South-South and triangular cooperation, for building robust donation and transplant programs was highlighted, and attention was drawn to the work being carried out by Argentina's national transplant institute, Instituto Nacional Central Único Coordinador de Ablación e Implante (INCUCAI), a PAHO/WHO collaborating center, with other countries of the Region. Support was expressed for the recommended actions to improve the situation set out in the progress report.

168. Dr. María Luz Pombo (Advisor, Vaccines and Biotechnological Products, Department of Innovation, Access to Medicines and Health Technologies, PASB) observed that, although progress in developing donation and transplant systems had been uneven across the Region, there was broad agreement on the need to review and strengthen the applicable regulatory frameworks and on the importance of international cooperation. She expressed gratitude to INCUCAI and to the national transplant organization of Spain, also a PAHO/WHO collaborating center, for their contributions to the progress made thus far under the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030.

169. The Directing Council took note of the report.

C. Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025: Midterm Review

170. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that, while some progress had been made in improving quality of care in health service delivery, the COVID-19 pandemic had impacted on countries' capacity to implement systemic improvements in quality of care, and many challenges remained. The need to redouble efforts to improve quality of care and patient safety had been emphasized.

171. In the Directing Council's discussion of the midterm review, delegates reaffirmed their countries' commitment to improving the quality of health care and ensuring patient safety and described their countries' efforts to enhance quality standards and strengthen health care quality management systems. The importance of systemic and intersectoral approaches to improve the quality of care was emphasized, as was the need to improve the governance of health systems. The importance of strengthening performance of essential

public health functions was also highlighted. It was considered essential to take cultural diversity into account in the delivery of care. Member States were encouraged to develop and implement national policies on quality of care.

172. As the midterm review of the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 was discussed in conjunction with the progress report on Strategy for Universal Access to Health and Universal Health Coverage, the Bureau's responses to the comments made are reflected below (see paragraphs 177 to 179).

173. The Directing Council took note of the report.

D. Strategy for Universal Access to Health and Universal Health Coverage: Progress Report

174. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that much of the progress made towards universal access to health and universal health coverage had been reversed as a consequence of the COVID-19 pandemic, which had exposed new structural weaknesses and deepened existing inequalities. In the Committee's discussion of the progress report, Member States had been urged to recommit to reinvesting in essential health services. More concrete measures had been considered necessary in order to achieve universal access and coverage and ensure the inclusion of historically marginalized and excluded populations. A whole-of-society approach had been encouraged.

175. In the discussion that followed, comprehensive primary health care delivered through an integrated health services network was recognized as the cornerstone of strong, people-centered health care systems that would improve health outcomes and reduce inequities in access to and quality of health care, particularly for poor, marginalized, and excluded populations. Delegates acknowledged that greater investment in essential health services would be key to accelerating the Region's progress towards universal health coverage. The need to strengthen the stewardship and governance of health systems was also recognized, as was the need to strengthen health care financing, human resources for health, and information systems for health. The declaration adopted during the recent United Nations High-Level Meeting on Universal Health Coverage was welcomed.

176. Representatives of two non-State actors in official relations with PAHO spoke, with one pointing out that universal health coverage should be seen not just as a goal to be achieved but as a means of ensuring better health and well-being for all and highlighting the need to address inequalities in access, prioritizing the marginalized populations and those living in conditions of vulnerability. The other representative pointed out that anesthesia and surgery services were essential components of universal health coverage and urged Member States to invest in training of anesthesiologists and development of the anesthesia workforce.

177. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) noted that, while the implementation of both the Strategy and Plan of Action to

Improve Quality of Care in Health Service Delivery 2020–2025 and the Strategy for Universal Access to Health and Universal Health Coverage had been severely affected by the COVID-19 pandemic, countries were once again making progress in expanding health service coverage, improving the quality of health services, and enhancing patient safety. Nevertheless, there was still work to do in ensuring effective monitoring and evaluation of the performance of health services, including outcome indicators.

178. Significant increases had been seen in public financing for health, but out-of-pocket spending was still too high, and Dr. Fitzgerald therefore urged Member States to continue to advocate for greater allocation of public resources to health, with an equity lens in order to ensure financial protection in health, particularly for populations living in conditions of vulnerability. He also encouraged Member States to implement national programs to measure health outcomes and health service capacity and quality. He agreed that the declaration on universal health coverage adopted at the United Nations marked an important milestone and provided a roadmap for future action to improve the quality of health care and expand access to health services based on primary health care. He looked forward to further discussion at the regional forum on primary health care to be held in Uruguay in December 2023.

179. The Director, thanking Member States for their renewed commitment to both strategies, said that, in his view, the most important step at the current juncture was to put into practice the lessons learned during the COVID-19 pandemic by strengthening primary health care and ensuring more equitable access to care. He pointed out that, for the countries of the Americas, a focus on access had long constituted an important part of efforts to achieve universal health coverage. Indeed, during the discussions at the United Nations High-Level Meeting, the Region's ministers of health had reaffirmed their commitment to achieving universal access to health care and universal coverage.

180. The Directing Council took note of the report.

E. Strategy and Plan of Action on Ethnicity and Health 2019–2025: Progress Report

181. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed of the need to redouble efforts to meet the objectives of the Strategy and Plan of Action on Ethnicity and Health by 2025, given that members of certain ethnic groups continued to face inequality, discrimination, and social exclusion in relation to health. Delegates had expressed concern about the lack of progress towards the agreed objectives of the strategy and plan of action and had suggested that steps should be taken to mobilize civil society organizations to assist governments in meeting those objectives.

182. In the Directing Council's discussion of the report, delegates noted that the Region of the Americas was the first WHO region to adopt a strategy on ethnicity and health. The need to step up efforts in order to achieve the objectives and targets of the plan of action by 2025 was acknowledged. In order to address persistent inequalities, Member States were encouraged to collect disaggregated data in order to gain a better understanding of the role of ethnicity in access to health services and to promote the participation of

Indigenous and Afro-descendant communities in policymaking and efforts to expand access. It was considered essential to address the social, environmental, and economic determinants that were key drivers of health inequities. Delegates highlighted national efforts to improve access to health for marginalized groups, including the inclusion of an intercultural perspective in health systems, the collection and analysis of ethnicity-specific health data, the preservation and recognition of traditional and ancestral medicine, and initiatives to promote health literacy. The value of sharing experiences and achievements was highlighted, and appreciation was expressed to the Bureau for its efforts to facilitate such sharing. The Delegate of Brazil said that his Government would be pleased to host a regional meeting on ethnicity and health, with the participation of relevant stakeholders, including Indigenous and Afro-descendant groups.

183. As the progress report on the Strategy and Plan of Action on Ethnicity and Health 2019–2025 was discussed in conjunction with the progress report on Health and Human Rights, the Bureau's responses to the comments made are reflected below (see paragraphs 192 and 193).

184. The Directing Council took note of the report.

F. Cooperation for Health Development in the Americas: Progress Report

185. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that, in implementing the policy on cooperation for health development, the Bureau had improved the exchange of best practices and enhanced its coordination with the United Nations system on South-South and triangular cooperation. During the COVID-19 pandemic, the Organization had played an important role in promoting such cooperation and fostering health diplomacy. The Bureau had been urged to continue its efforts to strengthen regional ties, while Member States had been encouraged to increase collaboration to enable all countries of the Region to move forward in their health development efforts.

186. In the ensuing discussion, the Directing Council expressed support for the recommendations put forward in the progress report. Bilateral, regional and South-South cooperation was emphasized as a way to strengthen health systems, advance towards universal health coverage, improve resilience during health emergencies, and achieve greater equity in health services. It was pointed out that such cooperation facilitated the exchange of good practices, resource optimization, capacity-building for health professionals, and joint research opportunities. The need for human, technical, financial, and knowledge resources to carry out such initiatives and projects was emphasized. Support was also expressed for efforts to strengthen the technical capacities of Member States in the Region.

187. Ms. Piedad Huerta Arneros (Head, Office of Country and Subregional Coordination, PASB) said that the Bureau sought to strengthen cooperation for health development in the Region, including by improving collaboration with the United Nations Inter-Agency Mechanism for South-South and Triangular Cooperation. She was pleased to note the many examples of South-South and triangular cooperation that had been shared throughout the

deliberations of the 60th Directing Council and affirmed the Bureau's intention to document such partnerships.

188. The Director thanked Member States for sharing examples of cooperation for health development and invited them to take greater advantage of the Bureau's support to facilitate South-South cooperation among countries in the Region. He encouraged them to continue sharing experiences and best practices, pointing out that many existing practices, policies, and strategies could benefit other Member States and could, in turn, be strengthened by coordinated efforts.

189. The Directing Council took note of the report.

G. Health and Human Rights: Progress Report

190. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had expressed support for the activities undertaken by the Bureau with regard to health and human rights and for the capacity-building opportunities offered through the PAHO Virtual Campus for Public Health. With regard to the progress report, the Bureau had been encouraged to include more information about PAHO's collaboration with United Nations entities to promote human rights.

191. In the Directing Council's discussion of the progress report, delegates welcomed the Bureau's efforts to fully integrate a human-rights approach in PAHO Governing Bodies documents and underscored the importance of incorporating a human rights lens in all aspects of its technical cooperation. It was pointed out that gender equality and women's rights were essential components of a rights-based approach. Concern was expressed about stigma and discrimination in access to comprehensive and quality health care for vulnerable groups, particularly LGBTQI+ communities, women, Indigenous Peoples, Afro-descendants, and persons with disabilities. The Bureau was encouraged to strengthen cooperation with international human rights bodies and spearhead international initiatives to protect and promote the right to health. Support was expressed for the recommended actions to improve the situation, particularly the recommendations regarding safeguarding the right and access to health for vulnerable groups in the context of climate change adaptation and the management of health and climate emergencies.

192. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB), noting the clear link between the Strategy and Plan of Action on Ethnicity and Health 2019–2025 and the work being undertaken in relation to health and human rights, encouraged Member States to take an intercultural approach to health and use disaggregated data to identify gaps and inequalities. She commended the progress made in encouraging community participation and reaching people in vulnerable situations and affirmed the importance of working with civil society organizations in the development and implementation of health policies with a human-rights perspective. She also acknowledged the importance of PAHO's work with human rights mechanisms and the value of sharing successful experiences in promoting human rights-based and intercultural approaches and ensuring equitable access to health services for all ethnic groups.

193. The Director underscored the importance of collecting disaggregated data, including data on ethnicity, in order to identify groups that lacked access to health services and affirmed that human rights and intercultural approaches to health were essential to reach those who faced barriers to access as a result of prejudice discrimination, and economic, social, or cultural factors. He welcomed the concrete efforts made in that regard, but noted that much needed to be done to meet the objectives of the Strategy and Plan of Action on Ethnicity and Health by 2025. He thanked the delegation of Brazil for its offer to host a meeting on ethnicity and health.

194. The Directing Council took note of the report.

H. Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards: Progress Report

195. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Bureau had organized or sponsored regional workshops and international conferences on the International Basic Safety Standards and on radiation protection in medicine and had also published several safety guides and technical documents to provide further guidance to Member States. The Committee had also been informed that PAHO and the International Atomic Energy Agency had signed practical agreements on topics of common interest in 2012 and 2017, and would sign a new agreement in 2023. The Committee had noted that progress in the Region had been uneven with regard to the development and implementation of radiation safety standards and underscored the need for continued effort to address weaknesses.

196. In the Directing Council's discussion of the progress report, the importance of adherence to international radiation safety standards was emphasized.

197. The Directing Council took note of the report.

Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CD60/INF/11, A-C)

A. Seventy-sixth World Health Assembly

198. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had received a report in June on the resolutions and other actions of the Seventy-sixth World Health Assembly and the 153rd Session of the WHO Executive Board considered to be of particular interest to PAHO. In the Committee's discussion of the report, it had been pointed out that Member States from the Americas had voiced strong support for the adoption of the historic World Health Assembly resolution on the health of Indigenous Peoples, an initiative that had been spearheaded by Brazil.

199. The Directing Council took note of the report.

B. Fifty-second and Fifty-third Regular Sessions of the General Assembly of the Organization of American States

200. The Directing Council took note of the report.

C. Subregional Organizations

201. Dr. Christopher Tufton (Representative of the Executive Committee) reported that the Executive Committee had been informed that PAHO had collaborated with the various subregional integration organizations on a variety of health-related issues, including the COVID-19 pandemic, climate change, and migrant health. In the Committee's discussion of the report, it had been pointed out that the Organization's work with subregional groups could be instrumental in forging regional consensus on matters such as the amendments to the International Health Regulations and in ensuring that subregional voices were heard in regional and global discussions.

202. In the Directing Council's discussion of the report, support was expressed for the Bureau's collaboration with subregional integration organizations, and Member States were encouraged to take advantage of subregional forums to reach consensus on joint positions on international matters such as the proposed amendments to the IHR in order to strengthen the position of the Region as a whole in global processes.

203. Ms. Piedad Huerta Arneros (Head, Office of Country and Subregional Coordination, PASB), noting that meetings of three subregional integration mechanisms had been held alongside the 60th Directing Council, affirmed that the Bureau was pleased to be able to support the exchange of experiences, provide technical cooperation, and strengthen collaboration with subregional bodies.

204. The Directing Council took note of the report.

Fourteenth General Programme of work of the World Health Organization, 2025–2028 (Document CD60/INF/12)

205. Dr. Bruce Aylward (Assistant Director-General, Division of Universal Health Coverage and Life Course, WHO) introduced the consultation document on the Fourteenth General Programme of Work of WHO (GPW 14) 2025–2028, contained in the annex to Document CD60/INF/12. He explained that the rationale for beginning the development of the GPW 14 a year earlier than originally planned was Member States' decision to hold the first investment round under the WHO sustainable financing agenda in 2024,¹⁰ for which an updated technical strategy was needed. The consultation document described the context for the GPW 14 and set out the overarching goal—to promote, provide, and protect health and well-being for all people, everywhere—along with six strategic objectives and a theory of change. It also provided information on how the GPW 14 would be financed.

206. Dr. Aylward noted that a three-level steering committee, comprising representatives from all WHO regions, had been formed to oversee the process of developing the GPW 14.

¹⁰ See Seventy-sixth World Health Assembly Decision WHA76(19) (2023).

He also noted that nine consultations on the GPW 14 had been held with Member States and that additional consultations were planned in order to obtain as much guidance as possible from countries on the new GPW. The next round of consultations would focus on specific outcomes under the six strategic objectives. Consultations were also being held with key stakeholders, including civil society organizations and youth groups, with the aim of achieving alignment on a global agenda for all health players. Highlighting some of the feedback received from Member States to date, Dr. Aylward reported that the need for continued emphasis on achieving the SDGs had been underlined, as had the need to “future-proof” WHO. Member States had also called for emphasis on NCDs, mental health, sexual and reproductive health and rights, and equity. They had concurred on the need for a global roadmap to guide all stakeholders in the health sector, not just WHO, and had stressed the need to draw on lessons learned from the Thirteenth General Programme of Work.

207. In the ensuing discussion, delegates expressed appreciation for the consultative approach and the opportunity to comment on the GPW 14. They welcomed the focus on determinants of health and on the unfinished work of achieving SDG3 and universal health coverage and stressed the importance of focusing on the most marginalized and on addressing discrimination, gender inequality, and other drivers of health inequity in order to achieve health for all. The shift to a stronger WHO in-country presence and the achievement of results at the country and community levels was also welcomed. While support was expressed for the vision of a shared GPW for all health stakeholders, it was emphasized that the GPW should, first and foremost, be a plan for WHO. The WHO Secretariat was urged to identify concrete outcomes and outputs and to show how WHO would demonstrate its added value in achieving those results. It was hoped that the results framework for measuring progress towards the GPW 14 goals would be closely integrated with the theory of change. Delegates welcomed the Secretariat’s plan to use existing metrics and indices for monitoring and evaluation, which would reduce the reporting burden on Member States.

208. Dr. Aylward assured the Council that the approach that the WHO Secretariat was taking to the development of the GPW 14 was fully in line with the approach suggested and the areas of emphasis highlighted in the discussion, including the need for a focus on marginalized populations and on social, environmental, and other determinants of health; the need for a clear theory of change and clear outcomes; and the need to show WHO’s unique role and added value. He encouraged Member States to continue providing input and guidance.

209. Dr. Marcos Espinal (Acting Assistant Director, PASB) noted that PAHO Member States would have an opportunity to provide additional feedback on the GPW 14 at a regional consultation to be held in late October. He encouraged all Member States to take part in that consultation, underlining the importance of ensuring that the Region’s views were reflected in the GPW 14.

210. The Directing Council took note of the report.

Other Matters

211. No other matters were discussed during the 60th Directing Council.

Closure of the Session

212. Following the customary exchange of courtesies, the President declared the 60th Directing Council closed.

Resolutions and Decisions

213. The following are the resolutions and decisions adopted by the 60th Directing Council:

Resolutions

CD60.R1: Scale of Assessed Contributions for 2024–2025

THE 60th DIRECTING COUNCIL,

Having examined the report of the Pan American Sanitary Bureau (the Bureau) on the *Scale of Assessed Contributions for 2024–2025* to be applied to Member States, Participating States, and Associate Members of the Pan American Health Organization (PAHO) for the budgetary period 2024–2025 (Document CD60/5, Rev. 1);

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 2024–2025;

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 2024–2025* (Document CD60/5, Rev. 1).
2. To request the Bureau 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 (%)	
	2024	2025
<i>Member States</i>		
Antigua and Barbuda	0.044	0.044
Argentina	3.392	3.392
Bahamas	0.044	0.044
Barbados	0.044	0.044
Belize	0.044	0.044
Bolivia	0.107	0.107
Brazil	12.519	12.519
Canada	13.618	13.618
Chile	2.095	2.095
Colombia	2.199	2.199
Costa Rica	0.393	0.393
Cuba	0.203	0.203
Dominica	0.044	0.044
Dominican Republic	0.411	0.411
Ecuador	0.617	0.617
El Salvador	0.102	0.102
Grenada	0.044	0.044
Guatemala	0.262	0.262
Guyana	0.044	0.044
Haiti	0.044	0.044
Honduras	0.044	0.044
Jamaica	0.049	0.049
Mexico	8.577	8.577
Nicaragua	0.044	0.044
Panama	0.293	0.293
Paraguay	0.134	0.134
Peru	1.544	1.544
Saint Kitts and Nevis	0.044	0.044
Saint Lucia	0.044	0.044
Saint Vincent and the Grenadines	0.044	0.044
Suriname	0.044	0.044
Trinidad and Tobago	0.173	0.173
United States of America	49.990	49.990
Uruguay	0.435	0.435
Venezuela	1.788	1.788

Member	Assessment Rate (%)	
	2024	2025
<i>Participating States</i>		
France	0.172	0.172
The Netherlands	0.044	0.044
United Kingdom	0.044	0.044
<i>Associate Members</i>		
Aruba	0.044	0.044
Curaçao	0.044	0.044
Puerto Rico	0.091	0.091
Sint Maarten	0.044	0.044
TOTAL	100.00	100.00

(Third meeting, 26 September 2023)

CD60.R2: Program Budget of the Pan American Health Organization 2024–2025

THE 60th DIRECTING COUNCIL,

Having considered the report on the 172nd Session of the Executive Committee (Document CD60/2);

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

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:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US\$700.0 million¹ for base programs and \$120.0 million for special programs.
2. To encourage Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2024 and 2025 and of arrears that might have accumulated in the previous budgetary periods.

¹ 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 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 2024–2025, and where possible, to consider making these contributions fully flexible and un-earmarked.
5. To approve assessed contributions for the biennium 2024–2025 in the amount of \$224.6 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*) \$30.2 million 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	224,590,000
Less credit from Tax Equalization Fund	(30,190,000)
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	196,000,000
Funding allocation to the Region of the Americas from WHO	295,600,000
TOTAL	700,000,000

8. To authorize the Director to use all sources of financing indicated above to fund the program budget, 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 2024–2025, to be presented to the Governing Bodies in 2026.

(Third meeting, 26 September 2023)

CD60.R3: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2024–2025

THE 60th DIRECTING COUNCIL,

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 CD60.R1, adopted the scale of assessments for the Member States, Participating States, and Associate Members of the Pan American Health Organization for the biennium 2024–2025,

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 2024 and 2025 in accordance with the scale of assessments shown below and in the corresponding amounts.

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2024–2025**

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)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
<i>Member States</i>										
Antigua and Barbuda	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Argentina	3.392	3.392	3,568,384	3,568,384	271,360	271,360			3,297,024	3,297,024
Bahamas	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Barbados	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Belize	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Bolivia (Plurinational State of)	0.107	0.107	112,564	112,564	8,560	8,560			104,004	104,004
Brazil	12.519	12.519	13,169,988	13,169,988	1,001,520	1,001,520			12,168,468	12,168,468
Canada	13.618	13.618	14,326,136	14,326,136	1,089,440	1,089,440	60,000	60,000	13,296,696	13,296,696
Chile	2.095	2.095	2,203,940	2,203,940	167,600	167,600			2,036,340	2,036,340
Colombia	2.199	2.199	2,313,348	2,313,348	175,920	175,920			2,137,428	2,137,428
Costa Rica	0.393	0.393	413,436	413,436	31,440	31,440			381,996	381,996
Cuba	0.203	0.203	213,556	213,556	16,240	16,240			197,316	197,316
Dominica	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Dominican Republic	0.411	0.411	432,372	432,372	32,880	32,880			399,492	399,492
Ecuador	0.617	0.617	649,084	649,084	49,360	49,360			599,724	599,724
El Salvador	0.102	0.102	107,304	107,304	8,160	8,160			99,144	99,144
Grenada	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Guatemala	0.262	0.262	275,624	275,624	20,960	20,960			254,664	254,664

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)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Guyana	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Haiti	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Honduras	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Jamaica	0.049	0.049	51,548	51,548	3,920	3,920			47,628	47,628
Mexico	8.577	8.577	9,023,004	9,023,004	686,160	686,160			8,336,844	8,336,844
Nicaragua	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Panama	0.293	0.293	308,236	308,236	23,440	23,440			284,796	284,796
Paraguay	0.134	0.134	140,968	140,968	10,720	10,720			130,248	130,248
Peru	1.544	1.544	1,624,288	1,624,288	123,520	123,520			1,500,768	1,500,768
Saint Kitts and Nevis	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Saint Lucia	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Saint Vincent and the Grenadines	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Suriname	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Trinidad and Tobago	0.173	0.173	181,996	181,996	13,840	13,840			168,156	168,156
United States of America	49.990	49.990	52,589,480	52,589,480	3,999,200	3,999,200	7,000,000	7,000,000	55,590,280	55,590,280
Uruguay	0.435	0.435	457,620	457,620	34,800	34,800			422,820	422,820
Venezuela (Bolivarian Republic of)	1.788	1.788	1,880,976	1,880,976	143,040	143,040	35,000	35,000	1,772,936	1,772,936
Participating States										
France	0.172	0.172	180,944	180,944	13,760	13,760			167,184	167,184
The Kingdom of the Netherlands	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
United Kingdom	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768

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)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
<i>Associate Members</i>										
Aruba	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Curaçao	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
Puerto Rico	0.091	0.091	95,732	95,732	7,280	7,280			88,452	88,452
Sint Maarten	0.044	0.044	46,288	46,288	3,520	3,520			42,768	42,768
TOTAL	100.00	100.00	105,200,000	105,200,000	8,000,000	8,000,000	7,095,000	7,095,000	104,295,000	104,295,000

(Third meeting, 26 September 2023)

CD60.R4: Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems

THE 60th DIRECTING COUNCIL,

Having considered the *Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems* (Document CD60/6);

Considering that the COVID-19 pandemic has demonstrated the importance of having health personnel who are prepared to respond effectively to health emergency events and to rebuild resilient health systems;

Considering that in order to achieve resilient health systems, recover public health gains, and contribute to social and economic recovery, it is necessary to strengthen the health workforce by taking actions to better protect the health of individuals, their families, and their communities;

Recognizing that, in order to ensure the functioning of health systems in the Region of the Americas, it is necessary to continue to make changes in strategic planning and regulation of the activities of health personnel, as demonstrated during the COVID-19 pandemic, as well as to implement support measures, improve capacities, and broaden fields of professional practice;

Recognizing that, despite the progress achieved, challenges remain, especially with regard to the availability and distribution of health personnel; planning; governance; intercultural, gender, and income equity among personnel; coordination between sectors; and training, in accordance with the needs of health systems in relation to universal access to health and universal health coverage,

RESOLVES:

1. To approve the *Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems* (Document CD60/6);
2. To urge Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) strengthen the governance of and promote national policies and plans for human resources for health, in line with processes of health systems transformation towards universal health and resilience;
 - b) develop and consolidate regulatory mechanisms for the organization of their human resources for health, education and licensing processes, and professional practice to improve quality and equity, and promote regional integration;
 - c) strengthen the formation of interprofessional teams in integrated health services networks based on primary health care, especially in underserved areas;

- d) enhance workforce capacity-building to address population health priorities and for public health emergency preparedness and response;
 - e) promote decent working conditions, protect the physical and mental health of health workers, facilitate their participation in determining the organization of work processes, and improve financing and regulation to attract, retain, and sustain an adequate supply of human resources for health;
 - f) improve the working conditions of health personnel in order to mitigate the effects of migration, and promote the development of information systems and the reporting of labor mobility at the international level, in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.
3. To request the Director to:
- a) provide technical cooperation to Member States to strengthen capacities that will contribute to the implementation of the policy and its strategic lines of action;
 - b) support the development of national policies, regulatory frameworks, and national capacities that will contribute to the strengthening of human resources for health;
 - c) continue to prioritize the development of the Virtual Campus for Public Health as PAHO's educational platform, building capacities among health personnel, and supporting the achievement of public health goals in the Americas, in collaboration with academic institutions in the Region;
 - d) report periodically to the Governing Bodies of PAHO on the progress made and the challenges encountered in the implementation of this policy through a progress report in 2027 and a final report in 2031.

(Third meeting, 26 September 2023)

CD60.R5: Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults

THE 60th DIRECTING COUNCIL,

Having reviewed the *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults* (Document CD60/7);

Recognizing that noncommunicable diseases (NCDs) continue to be the leading causes of ill health, disability, and death in the Region of the Americas, but that efforts to address NCDs to date have focused on the adult population, with children, adolescents, and young adults (24 years of age and younger) largely overlooked;

Understanding that common NCDs, such as type 1 diabetes, asthma, and certain types of cancer, can appear early in life; and that, furthermore, much of the burden of NCDs in adulthood is related to modifiable risk factors that have their origins in the prenatal

period and childhood and continue to accumulate as older children and adolescents are exposed to additional social, environmental, and commercial determinants of health;

Considering that cost-effective and affordable population-level interventions to prevent and control NCDs exist—including those that address the social, environmental, and commercial determinants, as well as modifiable NCD risk factors during critical time periods for intervention—and that these can be delivered through community-based, school-based, peer-based, and family-based platforms;

Recognizing the need to strengthen health systems with a focus on primary health care to better meet the diagnosis and care needs of children, adolescents, and young adults with NCDs;

Acknowledging the need to improve surveillance to provide more timely and complete information on the status of NCDs, risk factors, and their determinants among children, adolescents, and young adults for the purpose of policy making,

RESOLVES:

1. To approve the *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults* (Document CD60/7).
2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote the implementation of the strategic lines of action contained in this policy;
 - b) enhance child, adolescent, and young adult health programs through the integration of NCD prevention and control strategies in school-based and community health programs targeting this population group;
 - c) improve health promotion, NCD prevention, and NCD risk factor reduction among children, adolescents, and young adults through multisectoral actions that target reduction in tobacco use and harmful use of alcohol and promote healthy diet and physical activity;
 - d) strengthen primary health care services to increase coverage, access, availability, and quality of services for NCD screening, diagnosis, treatment, and palliative care among children, adolescents, and young adults;
 - e) strengthen capacity for NCD and risk factor surveillance to provide more timely and complete information on the status of NCDs, risk factors, and determinants among children, adolescents, and young adults, with an equity lens.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of this policy and the achievement of its strategic

- lines of action, with support for the implementation of NCD “best buys,” integrating NCDs into primary care, resource mobilization, and partnerships;
- b) support Member States to strengthen multisectoral actions on NCDs, based on a Health in All Policies approach, with policy coherence across relevant government sectors and promotion of civil society participation in prevention and control of NCDs among children, adolescents, and young adults;
 - c) report periodically to the Governing Bodies on the progress made and challenges faced in the implementation of this policy through a midterm review in 2027 and a final report in 2031.

(Fourth meeting, 26 September 2023)

CD60.R6: Strategic Communications in Public Health for Behavior Change

THE 60th DIRECTING COUNCIL,

Having reviewed the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CD60/8);

Taking into account the excess of information that already exists on the Internet, both accurate and false, inaccurate or misleading, and the exponential growth of information about the COVID-19 pandemic over the past three years;

Recognizing that countries of the Region of the Americas have made significant progress in public information dissemination, strategic communications, and infodemic management;

Aware of the need to strategically update, develop, and better integrate policies and programs for behavior change in the health sector, informed by the behavioral sciences;

Considering that strategic communications to promote behavior change are key in the construction of resilient national health systems based on renewed and strengthened primary health care;

Recognizing that the pandemic has increased skepticism toward public health information and that higher levels of trust are necessary to increase the uptake of desired health behaviors,

RESOLVES:

1. To approve the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CD60/8).

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

- a) recognize the need to strengthen strategic communication initiatives and behavioral science programs in the Region;
- b) incorporate the concept of behavioral science in health as a cornerstone of health systems resilience;
- c) strengthen the health components of behavioral science programs, especially Big Data analytics, online social behavior, infodemic management, scientific communications, health information management, public information dissemination (including through social media), digital literacy, and experimentation; and facilitate their integration into the implementation of public health policies and practices;
- d) promote social participation in the development of communications strategies in order to increase public trust and customize messages to specific contexts and populations;
- e) utilize multi-stakeholder and interdisciplinary mechanisms to share lessons learned and good practices in strategic communications and infodemic management programs implemented by governments and institutions throughout the Region, in particular during a pandemic.

3. To request the Director to:

- a) support institutional, inter-institutional, multi-stakeholder, and interdisciplinary efforts to apply the behavioral sciences in public health, recognizing the particular contexts of Member States in the Region and taking into account that there are many ways to produce, manage, and disseminate evidence-based information;
- b) provide technical cooperation to Member States on strategic communications to promote behavior change as a priority work area on the path toward universal health coverage in the Region;
- c) promote the systematic production of customized and contextualized information so that people and societies have a greater understanding of public health issues and the capacity to make more accurate decisions regarding their own health;
- d) promote the dissemination of lessons learned and good practices for strategic communications for behavior change in public health, based on progress made in the Region and at global level.

(Fourth meeting, 26 September 2023)

CD60.R7: Collection of Assessed Contributions

THE 60th DIRECTING COUNCIL,

Having considered the *Report on the Collection of Assessed Contributions* (Documents CD60/10 and Add. I), and the concern expressed by the 172nd Session of the Executive Committee with respect to the status of the collection of assessed contributions;

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

Noting that as of 18 September 2023, 20 Member States, Participating States, and Associate Members have not made any payments toward their 2023 assessed contributions;

Noting that as of 18 September 2023, only 43% of the current year's assessed contributions has been received and US\$ 50 million of the Working Capital Fund has been utilized, jeopardizing the full implementation of the biennial program of work for 2022–2023 as approved by the Member States,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CD60/10 and Add. I).
2. To express appreciation to those Member States, Participating States, and Associate Members that have already made payments in 2023.
3. To strongly urge all Members with outstanding balances to meet their financial obligations to the Organization in an expeditious manner in order to efficiently implement the Program Budget for 2022–2023.
4. To request the President of the Directing Council to notify the Delegation of the Bolivarian Republic of Venezuela that its voting rights continue to be suspended as of this 60th Directing Council.
5. To request the Director to:
 - a) continue to monitor the status of assessed contributions and the impact of delays on the financial health of the Organization;
 - b) advise the Executive Committee of Members' compliance with their financial commitments to the Organization;
 - c) report to the 61st Directing Council on the status of collection of assessed contributions for 2024 and prior years.

(Fifth meeting, 27 September 2023)

CD60.R8: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Cuba, and Suriname

THE 60th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 9.B and 15.A of the Constitution of the Pan American Health Organization;

Considering that Canada, Ecuador, and Guyana were elected to serve on the Executive Committee upon the expiration of the periods of office of Brazil, Cuba, and Suriname,

RESOLVES:

1. To declare Canada, Ecuador, and Guyana elected to membership on the Executive Committee for a period of three years.
2. To thank Brazil, Cuba, and Suriname for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 27 September 2023)

CD60.R9: Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

THE 60th DIRECTING COUNCIL,

Bearing in mind that Article VI of the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Cuba and Guyana were elected to serve on the BIREME Advisory Committee beginning 1 January 2024, due to the completion of the term of Colombia and Costa Rica,

RESOLVES:

1. To declare Cuba and Guyana elected as nonpermanent members of the BIREME Advisory Committee for a three-year term (2024–2026).
2. To thank Colombia and Costa Rica for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past three years.

(Fifth meeting, 27 September 2023)

CD60.R10: Appointment of the External Auditor of PAHO for 2024–2025 and 2026–2027

THE 60th DIRECTING COUNCIL,

Having considered the report of the Director of the Pan American Sanitary Bureau on the Appointment of the External Auditor (Document CD60/11);

Noting the regulations, rules, and practices of the Pan American Health Organization,

RESOLVES:

1. To appoint the Office of the Comptroller General of the Republic of Chile as External Auditor of the accounts of the Pan American Health Organization for 2024–2025 and 2026–2027, in accordance with the principles and requirements stipulated in Financial Regulation XIV.
2. To request the Director:
 - a) to establish contractual terms and conditions between the Organization and the appointed External Auditor to cover the modalities of the External Auditor’s work in fulfilling its mandate per Annex B of Document CD60/11 which provides further background information on the appointment of the External Auditor;
 - b) to express its appreciation to the National Audit Office of the United Kingdom of Great Britain and Northern Ireland for the excellent service provided to the Pan American Health Organization for the financial periods from 2018 through 2023, especially with respect to the commitment to its mandate and the quality of recommendations provided, which have contributed to increased efficiency and effectiveness of the Organization’s operations.

(Fifth meeting, 27 September 2023)

CD60.R11: Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

THE 60th DIRECTING COUNCIL,

Having reviewed the proposed modification of the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME or the Center) as described in the document *Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)* (Document CD60/12);

Considering that in 2015, after almost 50 years of BIREME's residence at Federal University of São Paulo (UNIFESP) premises, the University notified the Pan American Health Organization that BIREME could no longer maintain its headquarters on the UNIFESP campus, for which in 2016 the Pan American Sanitary Bureau (the Bureau) relocated BIREME's facilities to rental premises in the city of São Paulo;

Recognizing that in light of these events, the Statute of BIREME needs to be modified to account for the fact that the Center is no longer physically housed on the UNIFESP campus and to grant the Bureau the flexibility to relocate the Center's facilities, as necessary,

RESOLVES:

To approve the amendments to the Statute of BIREME, attached hereto as an integral part of this resolution (Annex).

Annex

Annex

PROPOSED STATUTE OF BIREME

Article I Legal Status

The Latin American and Caribbean Center on Health Sciences Information, also known by its original name the Regional Library of Medicine ("BIREME"), is a specialized center of the Pan American Health Organization ("PAHO"), Regional Office for the Americas of the World Health Organization ("WHO"), established pursuant to the resolutions of the Directing Council of PAHO and operating continuously in Brazil since its creation.

Article II Objective

The objective of BIREME is to contribute to health development for the populations of the Region of the Americas, promoting cooperation among countries, the democratization of access to scientific and technical information, legislation and the sharing of knowledge and evidence to support steady improvement of the health, education, and research systems.

Article III Functions

To meet its objective, BIREME shall have the following technical cooperation functions, included in the Regional Strategic Plan of PAHO:

1. Support and strengthen health sciences information systems in PAHO Member States.
2. Help develop and strengthen public health actions and policies and national and regional capacities and infrastructure for the acquisition, organization, access, publication, and use of information, knowledge, and scientific evidence regarding health processes and decision-making.
3. Help develop and strengthen networks of institutions and individual producers, intermediaries, and users of scientific, legal, technical, and factual information in health through the cooperative management and operation of information products, services, and events in the common forum of the Virtual Health Library, in cooperation with the complementary national, regional, and international networks.

4. Contribute to the global development of health sciences information and communication through partnerships, programs, networks, and projects among international, regional, and national institutions, with a view to increasing the visibility, access, quality, use, and impact of the scientific and technical output of developing countries and regions.
5. Help develop health science and technical terminology in Spanish, French, English, and Portuguese.
6. Help develop distance education systems in the Region of the Americas, through infrastructure and capacity-building for access to and the dissemination of information as an integral part of PAHO's Virtual Public Health Campus.
7. Support and promote collaboration among governments, professionals, health workers, consumers, relevant scientific institutions and international organizations, and society at large to establish and strengthen national health information systems that promote education and ongoing research through innovation and the application of information and communication technologies.

Article IV Membership

BIREME members are defined below under the following categories: Member States, Participating States, and Participating Organizations.

1. Member States of BIREME: All PAHO Member States.*
2. Participating States of BIREME: Any WHO Member State may be admitted as a "Participating State of BIREME," under the following conditions:
 - a. the WHO Member State must communicate to the Director** of PAHO its intention to participate in scientific and technical cooperation and to contribute financially to BIREME through annual contributions established by the Advisory Committee of BIREME, as described in Article IX of this document, and recognize the present Statute and follow its respective regulations; and
 - b. the Advisory Committee must endorse the proposed membership as a Participating State of BIREME by at least a two-thirds majority of its members.

* Includes PAHO Member States, Participating States, and Associate Members.

** In this document, the Director of the Pan American Sanitary Bureau will be referred to as the Director of the Pan American Health Organization.

3. Participating Organizations of BIREME: Any international public organization with specific expertise in scientific and technical information and communication may be admitted as a “Participating Organization of BIREME,” under the following conditions:
 - a. the international organization must communicate to the Director of PAHO its intention to participate in scientific and technical cooperation and contribute financially to BIREME, through annual contributions established by the Advisory Committee of BIREME, as described in Article IX of this document, and recognize the present Statute and follow its respective regulations; and
 - b. the Advisory Committee must endorse the proposed membership as a Participating Organization of BIREME by at least a two-thirds majority of its members.
4. A Participating State or Participating Organization may withdraw its membership in BIREME by so communicating to the Director of PAHO and the Advisory Committee. Membership shall terminate six (6) months after the Director of PAHO receives the notification.

Article V Structure

BIREME shall consist of the following bodies:

- (1) Advisory Committee
- (2) Scientific Committee
- (3) Secretariat

Article VI Advisory Committee

The Advisory Committee is a permanent body of BIREME and performs advisory functions for the Director of PAHO.

1. The Advisory Committee of BIREME shall be made up of designated members with the following composition:
 - a. two (2) permanent members: one (1) appointed by the Representative of the Government of Brazil and one (1) by the Director of PAHO;
 - b. five (5) nonpermanent members, selected and named by the Directing Council of PAHO from among the BIREME membership described in Article IV, taking geographical representation into account.

2. The nonpermanent members of the BIREME Advisory Committee should be rotated every three (3) years. However, the Directing Council of PAHO shall be able to indicate a shorter rotation period in cases where it is necessary to maintain balance among the members of the Advisory Committee.
3. The number of nonpermanent members of the Advisory Committee may be modified by the Directing Council of PAHO as new BIREME members are admitted.
4. The BIREME Advisory Committee shall:
 - a. make recommendations to the Director of PAHO regarding the programmatic functions of BIREME, based on PAHO's Regional Strategic Plan and Technical Cooperation Work Plan and on recommendations from the members of BIREME's Scientific Committee;
 - b. review the proposal for BIREME's Biennial Work Plan and make recommendations to the Director of PAHO aimed at strengthening and developing national and regional capacity and infrastructure in scientific and technical information;
 - c. review BIREME's Biennial Budget Proposal and make recommendations to the Director of PAHO to strengthen the financing structure;
 - d. propose the annual quota contributions of Participating States and Participating Organizations;
 - e. evaluate BIREME's international cooperation with other regions and make recommendations to the Director of PAHO for its improvement;
 - f. recommend to the Director of PAHO, providing justification, that the number of nonpermanent members on the Advisory Committee be modified to maintain geographical balance;
 - g. appoint the members of BIREME's Scientific Committee;
 - h. recommend to the Directing Council of PAHO, when necessary, amendments to this Statute;
 - i. recommend to the Director of PAHO the creation of technical committees and working groups to assist BIREME in performing its programmatic functions, executing the Work Plan, and addressing health sector priorities;

- j. adopt internal Rules of Procedure to be approved by all its members in regular session;
- k. hold an annual regular session. Members of the Advisory Committee may request that the Director of PAHO convene special sessions.

Article VII Scientific Committee

The Scientific Committee is a permanent body of BIREME and performs advisory functions for the Director of PAHO and the Advisory Committee.

1. The Scientific Committee shall consist of at least five international specialists, named for their recognized expertise in scientific research, health information and knowledge management, and scientific and technical communication in health and their knowledge in the areas of research, ethics, development, operations, and financing. Members of the Scientific Committee shall be appointed as specialists and rotated every three (3) years.
2. The members of the Scientific Committee shall be appointed by BIREME's Advisory Committee, taking into account the thematic diversity and expertise necessary for the Scientific Committee to perform its functions. Member States of BIREME may each nominate up to two experts, and the Director of PAHO may nominate additional experts, to be included in the list of international experts from which such appointments will be made, also paying due regard to the thematic diversity and expertise necessary for the Scientific Committee to perform its functions.
3. The Scientific Committee shall:
 - a. make recommendations to the Advisory Committee on BIREME's programmatic functions based on the international state-of-the-art in scientific information and communication, which shall include: policies and quality criteria for the selection of content; management of information, knowledge, and scientific evidence; publication management; information storage and retrieval infrastructure; bibliometrics; infometrics; and science metrics;
 - b. advise the Director of PAHO and the Advisory Committee on the methodologies and technologies used by BIREME for the management of information products and services, and recommend the solutions and upgrades needed;
 - c. advise the Director of PAHO and the Advisory Committee on the adoption of innovations in scientific information and communication;

- d. advise the Director of PAHO and the Advisory Committee on the preparation and implementation of BIREME's Biennial Work Plan, in keeping with the PAHO Strategic Plan and Biennial Work Plan;
- e. advise the Director of PAHO and the Advisory Committee on the adoption of international partnerships for the development of health science information and communication;
- f. adopt internal Rules of Procedure to be approved by all its members in regular session;
- g. hold an annual regular session. Three (3) members of this Scientific Committee may request BIREME's Advisory Committee to hold special sessions.

Article VIII Secretariat

Subject to the general authority and decisions of the Director of PAHO, the Secretariat is a permanent body of BIREME, responsible for the technical and administrative management and execution of BIREME's Biennial Work Plan and Budget, pursuant to PAHO regulations and standards.

1. The Secretariat shall be comprised of the Director of BIREME and the necessary technical and administrative personnel, as determined by the Director of PAHO and subject to the availability of financial resources.
2. The Director of BIREME shall be appointed by the Director of PAHO, through an international competition, pursuant to the rules and regulations of PAHO.
3. Staff members who hold positions in BIREME shall be appointed pursuant to the rules and regulations of PAHO.
4. The Director of BIREME shall be responsible to the Director of PAHO for the executive management of BIREME, pursuant to PAHO rules and regulations. Responsibilities include:
 - a. preparing, based on PAHO's Regional Strategic Plan, the Proposal for BIREME's Biennial Work Plan and Biennial Budgetary Proposal and submitting them to the Advisory Committee for review and recommendations from the Director of PAHO;
 - b. executing Biennial Work Plan and Biennial Budget of BIREME approved by the Director of PAHO as an integral part of PAHO's Biennial Work Plan;

- c. promoting and establishing collaboration with entities and organizations connected with BIREME's programmatic functions;
- d. promoting and forging international partnerships for the development of health science information and communication, in keeping with PAHO priorities;
- e. representing BIREME at events and in initiatives relevant to its programmatic functions as a Specialized Center of PAHO;
- f. managing BIREME's administrative and financial affairs;
- g. presenting an annual progress report on BIREME and submitting it to the Advisory Committee for review and recommendations to the Director of PAHO;
- h. preparing any other report requested by the Director of PAHO, the Advisory Committee, or the Scientific Committee of BIREME;
- i. serving as the Secretary *ex officio* at meetings of the Advisory Committee and Scientific Committee;
- j. accepting funds or contributions from individuals or corporations through agreements and/or contracts, as related to BIREME's functions, subject to the conditions established by the Director of PAHO and with his prior written authorization.

Article IX Finance

1. Resources for funding BIREME's Biennial Work Plan shall be obtained from the following sources: the annual contribution from PAHO determined by the Director of PAHO; the annual contribution from the Government of Brazil, pursuant to the agreement signed with PAHO; annual contributions from the Participating States and Participating Organizations of BIREME, and financial resources from projects, sale of services, and voluntary contributions.
2. All annual contributions shall be due on 1 January of each year and are to be paid by 30 June of the same year at the latest.
3. BIREME funds and assets shall be treated as PAHO trust funds and administered pursuant to PAHO's financial regulations.
4. A Working Capital Fund shall be established on behalf of BIREME in accordance with PAHO's rules and regulations.

Article X Privileges and Immunities

The privileges and immunities granted to BIREME in Brazil as a Specialized Center of PAHO, as well as the financial responsibilities of the Government of Brazil in regard to the maintenance of BIREME in Article IX of this Statute, should be reflected in a specific agreement between PAHO and the Government of Brazil.

Article XI Amendments

Amendments to this Statute, as recommended by the BIREME Advisory Committee, shall enter into force on approval by the Directing Council of PAHO.

Article XII Entry into Force

The provisions of this Statute shall enter into force on the date of its approval by the Directing Council of PAHO.

(Fifth meeting, 27 September 2023)

CD60.R12: Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas

THE 60th DIRECTING COUNCIL,

Having reviewed the *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CD60/9);

Recognizing the detrimental impact that the COVID-19 pandemic has had on the mental health of the general population, increasing the burden of mental health conditions while disrupting essential mental health services in the Region;

Considering the strategic principles of the Policy for Improving Mental Health (Document CSP30/9) and the final recommendations of the Pan American Health Organization High-Level Commission on Mental Health and COVID-19;

Recognizing the urgent need to prioritize mental health and suicide prevention, using an equity- and human rights-based approach, to accelerate recovery from the COVID-19 pandemic and work toward achieving health, social, and economic development outcomes in the Region,

RESOLVES:

1. To approve the *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CD60/9).

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

- a) support the right to the enjoyment of the highest attainable standard of physical and mental health by applying an intersectoral, equity- and human rights-based approach to promoting and protecting mental health that includes everyone and avoids unfair differences between groups of people due to their race, ethnicity, gender identity, disability, socioeconomic status, sexual orientation, or geographic location, among other factors;
- b) increase financial and human resources for scaling up community-based mental health services to ensure that resources are proportionate to the mental health needs of each country, and, where necessary, use evidence-based remote approaches to improve access;
- c) support the transition from long-stay institutionalization to community-based services to promote dignity and respect for people with mental health conditions and prevent abuses and violations of their rights, in line with the Convention on the Rights of Persons with Disabilities and other core human rights instruments;
- d) take urgent action to prevent suicides through a multisectoral approach that includes all relevant stakeholders, implements evidence-based interventions, and strengthens data collection efforts to inform suicide prevention policies, plans, and services throughout the life course.

3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the strategy and the achievement of its strategic lines of action;
- b) continue prioritizing mental health and suicide prevention and facilitating its integration into all COVID-19 recovery efforts by the Pan American Health Organization as well as other initiatives across the Organization;
- c) report periodically to the Governing Bodies on the progress made and challenges faced in the implementation of the strategy through a midterm review in 2027 and a final report in 2031.

(Fifth meeting, 27 September 2023)

Decisions

CD60(D1): Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Barbados, and Canada as members of the Committee on Credentials.

(First meeting, 25 September 2023)

CD60(D2): Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Panama as President, Argentina and Suriname as Vice Presidents, and Belize as Rapporteur of the 60th Directing Council.

(First meeting, 25 September 2023)

CD60(D3): Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

Pursuant to Rule 34 of the Rules of Procedure of the Directing Council, the Council appointed Dominica, El Salvador, and Haiti as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution.

(First meeting, 25 September 2023)

CD60(D4): Establishment of the General Committee

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, the Dominican Republic, and the United States of America as members of the General Committee.

(First meeting, 25 September 2023)

CD60(D5): Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director, as amended (Document CD60/1, Rev. 2).

(First meeting, 25 September 2023)

IN WITNESS WHEREOF, the President of the 60th Directing Council, 75th Session of the Regional Committee of WHO for the Americas, Delegate of Panama, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

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

Ivette Berrío Aquí
President of the
60th Directing Council
75th Session of the Regional Committee
of WHO for the Americas
Delegate of Panama

Jarbas Barbosa
Secretary ex officio of the
60th Directing Council
75th Session of the Regional Committee
of WHO for the Americas
Director of the
Pan American Sanitary Bureau

AGENDA

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- 8.2 Report on Strategic Issues between PAHO and WHO
- 8.3 Implementation of the International Health Regulations
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- 8.5 Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report
- 8.6 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report
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8. MATTERS FOR INFORMATION (*cont.*)

8.10 Progress Reports on Technical Matters:

- A. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas: Progress Report
- B. Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030: Progress Report
- C. Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025: Midterm Review
- D. Strategy for Universal Access to Health and Universal Health Coverage: Progress Report
- E. Strategy and Plan of Action on Ethnicity and Health 2019–2025: Progress Report
- F. Cooperation for Health Development in the Americas: Progress Report
- G. Health and Human Rights: Progress Report
- H. Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards: Progress Report

8.11 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

- A. Seventy-sixth World Health Assembly
- B. Fifty-second and Fifty-third Regular Sessions of the General Assembly of the Organization of American States
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8.12 Fourteenth General Programme of Work of the World Health Organization, 2025–2028

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LIST OF DOCUMENTS

Official Documents

- OD367* Financial Report of the Director and Report of the External Auditor for 2022
- OD368* Annual Report of the Director of the Pan American Sanitary Bureau
- OD369* Program Budget of the Pan American Health Organization 2024–2025

Working Documents

- CD60/1, Rev. 2 Agenda
- CD60/2 Annual Report of the President of the Executive Committee
- CD60/3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Cuba, and Suriname
- CD60/4, Add. I and Add. II Program Budget of the Pan American Health Organization 2024–2025
- CD60/5, Rev. 1 Scale of Assessed Contributions for 2024–2025
- CD60/6 Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems
- CD60/7 Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults
- CD60/8 Strategic Communications in Public Health for Behavior Change
- CD60/9 Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas
- CD60/10, Add. I and Add. II Report on the Collection of Assessed Contributions
- CD60/11 Appointment of the External Auditor of PAHO for 2024–2025 and 2026–2027
-

Working Documents (*cont.*)

- CD60/12 Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
- CD60/13 Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
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- CD60/INF/1 Update on the COVID-19 Pandemic in the Region of the Americas
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- CD60/INF/5 Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report
- CD60/INF/6 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report
- CD60/INF/7 Plan of Action for the Strengthening of Vital Statistics 2017–2022: Final Report
- CD60/INF/8 Chronic Kidney Disease in Agricultural Communities in Central America: Final Report
- CD60/INF/9 Health and Tourism: Final Report
- CD60/INF/10 Progress Reports on Technical Matters:
- A. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas: Progress Report
 - B. Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030: Progress Report

Information Documents (*cont.*)

- CD60/INF/10 Progress Reports on Technical Matters: (*cont.*)
- C. Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025: Midterm Review
 - D. Strategy for Universal Access to Health and Universal Health Coverage: Progress Report
 - E. Strategy and Plan of Action on Ethnicity and Health 2019–2025: Progress Report
 - F. Cooperation for Health Development in the Americas: Progress Report
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- CD60/INF/11 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Seventy-sixth World Health Assembly
 - B. Fifty-second and Fifty-third Regular Sessions of the General Assembly of the Organization of American States
 - C. Subregional Organizations
- CD60/INF/12 Fourteenth General Programme of Work of the World Health Organization, 2025–2028

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