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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 172nd Session of the Executive Committee of the Pan American Health Organization (PAHO) was held from 26 to 29 June 2023. As the conference facilities at the PAHO Headquarters Building were being renovated, the session was held at the Fairmont Hotel in Washington, D.C.
2. The Session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Cuba, Jamaica, Suriname, United States of America, and Uruguay. Delegates of the following Member States, Participating States, Associate Members, and Observer States also attended in an observer capacity: Canada, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Panama, and Spain. In addition, six non-State actors in official relations with PAHO were represented.
3. Dr. Néstor Marimón Torres (Cuba, Vice-President of the Executive Committee) opened the Session and welcomed the participants. Dr. Christopher Tufton (Jamaica, President of the Executive Committee) was unable to open the Session owing to travel delays.
4. Dr. Jarbas Barbosa da Silva (Director, Pan American Sanitary Bureau) also welcomed participants. He pointed out that, although the COVID-19 emergency was formally over, its impact would influence the public health agenda of the Region of the Americas for years to come. He also noted that, while the pandemic had put the Americas to the test, it had also revealed what could be accomplished by working as a collective. As Director, he wished to bring the same urgency and innovative approach that had characterized the pandemic response to addressing the Region's most pressing health challenges and to ensuring equitable access to health care for all the peoples of the Americas.
5. He recalled that when he had taken office, he had framed his vision for PAHO around five pillars: helping Member States to end the pandemic, applying lessons learned from the pandemic, ensuring timely and equitable access to health innovations, building resilient national health systems based on primary health care, and strengthening PAHO's capacity to support Member States. Highlighting some of the actions taken under the first four pillars, he noted that the Region had achieved some of the highest COVID-19 vaccination rates in the world and that PAHO was continuing to make vaccines available for boosters and to control outbreaks. He pointed out that one key lesson from the pandemic was that, in a global emergency, it was imperative not to lose focus on existing public health priorities, such as childhood vaccination. With that in mind, he had made increasing vaccine coverage a top priority for the Organization and had expanded and strengthened PAHO's immunization program. PAHO was also supporting efforts to strengthen capacity for the manufacture of vaccines and essential medicines in the Region.

6. To support PAHO's Disease Elimination Initiative, an ambitious plan to eliminate 30 communicable diseases in the Americas by 2030, he had made changes in the organizational structure of the Pan American Sanitary Bureau (PASB or the Bureau) to reposition technical cooperation for disease elimination and streamline the procurement process for new vaccines, medicines, and laboratory tests. The Bureau was also providing technical guidance and supporting capacity-building in Member States to strengthen primary health care systems, which was a priority for PAHO. In addition, the Organization was expanding its advocacy work to address the growing impact of noncommunicable diseases in the Region.

7. To drive progress under the fifth pillar, he had launched a new initiative called "PAHO Forward" to better equip the Organization to address public health challenges with greater efficiency, transparency, and accountability. In addition to optimizing the Bureau's organizational structure, he had decentralized decision-making processes to give more authority to PAHO/WHO Representatives (PWRs). To increase transparency, the Bureau was committed to publishing external evaluations and making available the internal audit reports to Member States.

8. The Director concluded by noting that the Executive Committee would be deliberating on several important programmatic, administrative, and financial matters, including the proposed program budget for the next biennium and policies and strategies on various technical cooperation priorities. He thanked the Committee in advance for its insights and guidance on those matters.

Procedural Matters

Officers

9. The following Members elected to office at the 171st Session of the Executive Committee continued to serve in their respective capacities during the 172nd Session:

President: Jamaica (Dr. Christopher Tufton)

Vice President: Cuba (Dr. Néstor Marimón Torres)

Rapporteur: Bolivia (Plurinational State of) (Dr. Álvaro Terrazas Peláez)

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

Adoption of the Agenda and Program of Meetings (Documents CE172/1 and CE172/WP)

11. The Executive Committee adopted the provisional agenda proposed by the Director without change (Document CE172/1); the Committee also adopted a program of meetings (CE172/WP) (Decision CE172[D1]).

Representation of the Executive Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas (Document CE172/2)

12. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Jamaica and the Plurinational State of Bolivia, its President and Rapporteur, respectively, to represent the Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of the World Health Organization (WHO) for the Americas. Chile and Cuba were elected as alternate representatives (Decision CE172[D2]).

Draft Provisional Agenda of the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas (Document CE172/3)

13. Mr. Nicolás Lagomarsino (Senior Advisor, Governing Bodies Office, PASB) introduced the draft provisional agenda of the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas, prepared by the Director in accordance with Rule 7 of the Rules of Procedure of the Directing Council. He noted that the proposed agenda included the items customarily examined by the Directing Council, including the program policy matters and the administrative and financial matters discussed by the Executive Committee that required a decision by the Council.

14. The Executive Committee adopted Resolution CE172.R12, approving the provisional agenda.

Committee Matters

Report on the 17th Session of the Subcommittee on Program, Budget, and Administration (Document CE172/4)

15. Mr. Miguel Rodríguez (Dominican Republic, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its 17th Session on 22 and 23 March 2023. The Subcommittee had discussed a number of important financial, administrative, and other issues, including an outline of the proposed program budget of PAHO for the 2024–2025 biennium, the scale of assessed contributions for the biennium, an overview of the Financial Report of the Director for 2022, reports on human resources management and on the status of the Master Capital Investment Fund, and proposed amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information. Mr. Rodríguez noted that, as all the matters discussed by the Subcommittee were also on the agenda of the Executive Committee, he would report on them as they were taken up by the Committee.

16. In the discussion that followed, appreciation was expressed for the comprehensive report on the Subcommittee's 17th Session, and the Dominican Republic was commended for its efficient leadership as SPBA President.

17. The Director, noting that the work of the Subcommittee greatly facilitated the work of the Executive Committee, affirmed that the 17th Session of the Subcommittee had been very productive.

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

PAHO Award for Health Services Management and Leadership 2023 (Documents CE172/5 and Add. I)

19. Ms. Roshnie Jhanjan (Suriname, Representative of the Award Committee) reported that the Award Committee for the PAHO Award for Health Services Management and Leadership 2023, comprising the delegates of the Plurinational State of Bolivia, Jamaica, and Suriname, had met on 27 June 2023 to examine the information on the candidates nominated by Member States. The Award Committee recommended that the PAHO Award for Health Services Management and Leadership 2023 should be granted to Dr. Alfredo Darío Espinosa Brito, of Cuba, in recognition of his career and leadership in the management of health services 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. Ms. Jhanjan noted that the Award Committee recognized the merits of all six candidates and their admirable work in improving health in their countries and in the Region as a whole.

20. In the discussion that followed, delegates expressed their appreciation for the tireless work of the medical professionals nominated to strengthen the development of health systems throughout the Region and congratulated the nominating countries for their prestigious candidates, including Dr. Espinosa Brito. One delegate expressed concern about Cuba's medical missions, and the need to ensure compliance with international human rights obligations and international labor standards was underscored. The Delegate of Cuba welcomed the Award Committee's decision, which in his view represented a recognition of his country's efforts to improve health not just at the national level but throughout the world. He noted that Cuban medical professionals were present in some 60 countries and that their presence was entirely voluntary and based on legal agreements concluded between Cuba and the receiving countries.

21. The Executive Committee adopted Resolution CE172.R8, conferring the PAHO Award for Health Services Management and Leadership 2023 on Dr. Alfredo Darío Espinosa Brito.

Engagement with non-State Actors (Document CE172/6)

22. Mr. Miguel Rodríguez (President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a report on the steps taken by the Bureau to implement the Framework of Engagement with non-State Actors (FENSA) in 2022, including information on the number of due diligence and risk

assessment reviews conducted in 2022 and on FENSA training for PASB personnel. The Subcommittee had welcomed the Bureau's efforts to expand engagements with non-State actors and applauded the coherent, consistent implementation of FENSA, which was considered an important tool for ensuring transparency in engagements with non-State actors and for protecting the integrity, independence, and reputation of the Organization.

23. Like the Subcommittee, the Executive Committee welcomed the continued, coherent implementation of FENSA to enhance engagement with non-State actors in a transparent and accountable manner. Delegates recognized the importance of engaging with non-State actors to further the Organization's mission and strengthen support for Member States, particularly in strategic areas such as access to essential medicines and health technologies. Delegates also welcomed the Bureau's continued close collaboration with the WHO Secretariat in implementing FENSA and commended the work of the PAHO FENSA focal point. Appreciation was expressed for the PASB's efforts to increase the efficiency of due diligence reviews. The Bureau was asked to comment on how many due diligence reviews it expected to conduct in 2023 and on whether it had considered applying the rapid response review process to all engagements with non-State actors in order to reduce processing time during future emergencies. It was also asked to provide examples of instances in which engagements had not been recommended because of conflicts of interest.

24. It was pointed out that non-State actors had reported significant problems with the implementation of FENSA in the WHO context, and the Bureau was asked to indicate whether it had encountered similar problems. In addition, it was asked to comment on whether the new online training course had promoted a better understanding of FENSA provisions and procedures among PASB personnel.

25. Dr. Heidi Jiménez (Legal Counsel, PASB) explained that the number of due diligence and risk assessment reviews had risen in 2020 and 2021 as a result of the COVID-19 pandemic. The number had declined in 2022 and was expected to level out in 2023 and beyond, but the Bureau anticipated that it would remain higher than before the pandemic. In regard to streamlining the review process in emergency situations, Dr. Jiménez explained that the FENSA rules provided for expedited approval for low-risk engagements. She confirmed that the Bureau would continue to implement streamlined procedures for engagements that were not considered high-risk.

26. She reported that the online training course, currently in the final piloting stage, addressed some of the concerns raised in relation to FENSA in the WHO context. The Bureau was aware of those concerns, which have not been brought to its attention from the Region.

27. Dr. Jiménez closed by explaining that all instances in which the Bureau had recommended against engagement with a non-State actor in 2022 had been related to connections to the tobacco industry. For example, the non-State actor might have received funding from the industry or its board of directors might include members who worked in the industry, which created an unacceptable conflict of interest. She added that, in cases

not involving the tobacco industry, the Bureau generally sought to manage conflicts of interest, rather than recommending against the engagement.

28. The Director pointed out that FENSA should be thought of as a means both to protect the Organization and to promote engagement with non-State actors. He noted that the Bureau was endeavoring to make the most of the relatively high visibility currently enjoyed by the health sector and international organizations as a result of the pandemic in order to foster greater collaboration with non-State actors. One aspect of those efforts was to increase the efficiency of the review process to ensure that engagements with non-State actors were approved as quickly as possible.

29. The Executive Committee took note of the report.

Non-State Actors in Official Relations with PAHO (Document CE172/7)

30. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered information provided by the Bureau on two non-State actors applying for admission into official relations with PAHO and 11 organizations in official relations which were due for their triennial review. After considering the information provided by the Bureau, the Subcommittee had decided to recommend that the Executive Committee should approve the admission of Coalición América Saludable (Coalition for Americas' Health) and the International Diabetes Federation into official relations with PAHO. The Subcommittee also recommended the continuation of official relations between PAHO and the American Heart Association, the American Public Health Association, the American Society for Microbiology, Basic Health International, Global Oncology, Inter-American Association of Sanitary and Environmental Engineering, March of Dimes, the Pan-American Federation of Associations of Medical Schools, the Pan American Federation of Nursing Professionals, the United States Pharmacopeial Convention, and the World Association for Sexual Health.

31. In the discussion that followed, delegates commended the efforts of PAHO to expand partnerships with non-State actors. A representative of one non-State actor highlighted the high prevalence of chronic kidney disease in the Americas and underscored the need for action to prevent the disease and ensure access to treatment for it. The Delegate of El Salvador, noting that the Central American countries were particularly affected by chronic kidney disease, noted the need for better access to kidney transplants and called on PAHO to provide greater support in the management of such transplants. A representative of another non-State actor drew attention to the importance of strengthening the capacity of clinical laboratories in the Region and noted his organization's collaboration with PAHO to strengthen regulatory frameworks and laboratory accreditation and quality assurance.

32. Mr. Luis Jiménez-McInnis (Director, Department of External Relations, Resource Mobilization, and Partnerships, PASB) thanked the representatives of the non-State actors for their remarks and affirmed that the expansion of partnerships with non-State actors remained an important goal, particularly given the public health challenges ahead.

33. The Director welcomed the new non-State actors in official relations with PAHO and emphasized the importance of expanding PAHO's relationships with other non-State actors. He indicated that such expansion could eventually lead to the establishment of more PAHO/WHO collaborating centers that could support the Organization's technical cooperation on important public health issues.

34. The Executive Committee adopted resolution CE172.R9, admitting the two new non-State actors into official relations with PAHO and renewing official relations with the 11 non-State actors mentioned above.

Report of the Ethics Office for 2022 (Document CE172/8)

35. Mr. Philip MacMillan (Manager, Ethics Office, PASB), introducing the annual report of the Ethics Office, reported that in 2022 the Office had responded to 196 consultations from personnel on a wide range of topics, a slight decrease from the 199 inquiries received in 2021, but still the third highest number of consultations received in a single year. In 2022, 15 reports had been made through the Integrity Helpline, of which four were anonymous. In 2022, the Ethics Office had reviewed 207 declarations of interests and liaised with more than 20 staff members to address possible issues and provide appropriate guidance. It had also reviewed 112 disclosure forms for new hires and 604 disclosure forms from consultants and had addressed over 175 situations where there were potential conflicts of interest. In terms of training and policy development, the Office had carried out virtual and in-person learning activities for personnel in various PWR and subregional offices.

36. The Office's work with PAHO's Integrity and Conflict Management System in 2022 had focused on a comprehensive revision to the Organization's investigation protocol, a key change to which had been the requirement to fully investigate all allegations of a personal nature, including allegations of harassment, discrimination, sexual exploitation and abuse, and retaliation. Finally, due to the departure of PAHO's Ombudsman in March 2022, the Ethics Office had been asked to temporarily assume the duties and responsibilities of the Ombudsman. Candidates for the Ombudsman position were currently being reviewed. Moving forward, the priorities for the Ethics Office included completing the redesign of PAHO's Code of Ethical Conduct and the development of a new comprehensive policy on the prevention and response to sexual misconduct.

37. In the discussion that followed, the Executive Committee applauded the work of the Ethics Office to promote ethical behavior, transparency, accountability, and equity in the Organization and commended its adherence to the principles of integrity, independence, and impartiality in carrying out its mandate. The Committee also welcomed the development of a new comprehensive policy on preventing and responding to sexual misconduct, although it was pointed out that PAHO's sexual misconduct policy would differ from that of WHO, and the Office was encouraged to consider any potential conflicts or confusion that might arise, particularly for complainants or victims, as a result of that difference. Appreciation was expressed for the expansion of the Bureau's Conflict of

Interest Declaration Program to include all national and international consultants, the Ethics Office's strong outreach to the PWR offices, and the numerous trainings held to raise awareness of PAHO's ethical standards and policies. The Executive Committee looked forward to the updates to the Policy on the Prevention and Resolution of Harassment in the Workplace.

38. It was noted that the Ethics Office had been acting in a dual capacity since the former Ombudsman's departure in March 2022, and concerns were voiced regarding conflicts of interest that might arise from such an arrangement, as well as the possible effect that the Office's increased workload might have on its priorities. Delegates urged the Office to remain vigilant in maintaining effective coordination of the PAHO Integrity and Conflict Management System to ensure consistent interpretation and application of PAHO rules and policies among all relevant actors. The Bureau was thanked for commissioning an outside service provider to carry out the Ethics and Climate Survey in 2021 and for sharing the results with PASB personnel. The identified gap in staff awareness of the PAHO Helpline was noted, as were the actions that the Bureau had taken to increase the Helpline's visibility and accessibility. The Ethics Office was asked to indicate whether any other notable gaps or deficiencies in PAHO's ethics climate had been identified in the survey. The Bureau was encouraged to formulate a clear plan to respond to the survey's results.

39. Mr. MacMillan emphasized that both the Ethics Office and the Director recognized the importance of filling the position of Ombudsman as soon as possible. He reiterated that the selection process for the position was in progress and reported that a parallel search process was being conducted to identify either an individual or an entity that might relieve the Ethics Office of the Ombudsman duties until the position was permanently filled.

40. In response to the findings of the Ethics and Climate Survey regarding personnel's knowledge of the Helpline, the Bureau would move the Helpline information back to the PAHO Intranet homepage to promote greater visibility and easier access. In addition, the Ethics Office was working closely with the Communications Department in order to improve knowledge of the Helpline. It also included information on the Helpline in the trainings it conducted. Regarding the potential conflict between WHO and PAHO sexual misconduct policies, Mr. MacMillan clarified that, unless the Bureau explicitly incorporated WHO policies in its own rules and procedures, the WHO policies did not apply to PASB staff, who were subject to PASB regulations, rules, and policies.

41. The Director pointed out that the recent increase in complaints and allegations of misconduct might be a positive sign that personnel trusted the system. Regarding the Ombudsman position, he explained that a decision had originally been made to wait until a review of the Integrity and Conflict Management System had been completed to appoint a new Ombudsman, but he believed that it was important to fill the position as soon as possible and had therefore launched a selection process, which was now at an advanced stage. The Bureau expected the position to be filled within a few weeks. He affirmed the importance of separating the Ombudsman role from the work of the Ethics Office to ensure the independence of both and provide more opportunities for PASB staff to present their

complaints and inquiries.

42. The Executive Committee took note of the report.

Report of the Investigations Office for 2022 (Document CE172/9)

43. Mr. Alexander Lim (Chief, Investigations Office, PASB), summarizing the information presented in the report, explained that, in 2022, the Investigations Office had reviewed 43 reports of alleged wrongdoing and issued five investigation reports relating to allegations of fraud and inappropriate workplace conduct. For the first time since 2018, two allegations of sexual harassment had been received, both of which had been investigated and resolved. In its capacity as the secretariat of the Standing Committee on Asset Protection and Loss Prevention, the Office had assessed 20 reports of alleged fraud, theft, damage, or loss of property, which had resulted in a loss to the Organization of US\$ 9,543.87.¹ In addition, the Office had carried out activities to raise awareness of mechanisms for reporting allegations of wrongdoing and of sexual exploitation and abuse. The Office had also updated its Investigation Protocol, aligning it with industry best practices and standards, including with regard to investigation of cases of alleged sexual exploitation and abuse, and providing guidance on how to conduct interviews during investigations.

44. In the ensuing discussion, delegates welcomed the activities carried out by the Investigations Office in 2022, including its efforts to strengthen capacity to address allegations of sexual harassment and sexual exploitation and abuse. The Office was encouraged to continue its activities to raise awareness among staff at Headquarters and in PAHO/WHO representative offices of reporting mechanisms. Further clarification on the status of the two allegations of sexual harassment was requested, as was information on how allegations of an interpersonal nature were prioritized for investigation. The Office was also asked to provide information on how it intended to expand its outreach activities, in particular among beneficiary populations, to raise awareness and address possible underreporting of sexual exploitation and abuse.

45. Concern was expressed about the four cases of fraud that had been substantiated in 2022. Clarification was sought on the total amount of losses to PAHO owing to fraud, theft, damage, or loss of property, including the proportion of that amount that was attributable to those four cases. In addition, the Investigations Office was requested to include additional information in future reports on the types of allegations of wrongdoing that were categorized as miscellaneous, which accounted for half of the cases reported in 2022.

46. In his response, Mr. Lim explained that reported allegations of wrongdoing were categorized as miscellaneous when they fell outside the remit of the Investigations Office. Such reports often involved allegations or grievances not related to PASB and its personnel. When possible, the Investigations Office redirected complainants to the appropriate sources of redress, such as the PASB Department of Human Resources

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

Management or the WHO Office of Internal Oversight Services. He would endeavor to provide additional detail on the types of allegations in future reports.

47. Mr. Lim outlined the process for reviewing and prioritizing allegations of wrongdoing of an interpersonal nature, describing how reports were assessed and assigned a priority of low, medium, or high. He explained that reports that were accorded high priority included those involving allegations of sexual exploitation and abuse, sexual harassment, or fraud entailing losses to the Organization. As was noted in the report, losses to the Organization in 2022 had stemmed from theft, damage, or loss of property, such as laptops. In the substantiated cases of fraud, the monies had been recovered.

48. Lastly, he advised that, in line with the Investigations Protocol, investigation reports on the two cases of sexual harassment had been submitted to the Director of the Department of Human Resources Management, which was responsible for decision-making on potential disciplinary proceedings.

49. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) explained that, of the two cases of sexual harassment, one had concerned a contingent worker, not a staff member. Upon receipt of the investigation report, the Organization had stopped working with the individual concerned and the case was referred to the relevant authorities in the country in which the contingent worker had provided services. In the second case, for which the investigation report had been received in June 2023, the individual concerned had already been separated from the Organization in 2022, owing to a previous incident. She noted that further information was provided in the report on human resources management in PASB.

50. The Director said that the Bureau had taken steps to strengthen the Investigations Office and guarantee its functional independence. He emphasized that all allegations of wrongdoing were taken seriously and that, following an investigation, the Department of Human Resources Management took action to safeguard the welfare of the Organization's personnel and beneficiaries, protect the Organization and its reputation, and uphold the right of staff to a workplace free of harassment. Capacity-building would continue in order to ensure that the Investigations Office was able to fulfill its mandate as part of the Organization's conflict-resolution system.

51. The Executive Committee took note of the report.

Report of the Audit Committee of PAHO (Document CE172/10)

52. Mr. Martín Guozden (Chair, PAHO Audit Committee) introduced the report of the Audit Committee on the work it had carried out since June 2022. He noted that the Audit Committee played a role in strengthening the governance, accountability, and transparency of the Organization and that its work was conducted in accordance with internationally accepted best practices. The Audit Committee was grateful for the support and cooperation that it had received from the former Director, the current Director, the Bureau and its personnel, and the External Auditor, which had facilitated the drafting of a number

of recommendations.

53. Mr. Guozden drew attention to the Audit Committee's recommendations, which included issues related to institutional risk and information security, improvements to the functions of the Investigations Office, ongoing change initiatives, the financial sustainability of the Bureau's activities, the Organization's human capital, and the appointment of the new External Auditor. He reported that, following a review of the Terms of Reference of the Audit Committee, the Committee members had discussed adjusting the reporting period to cover January to December rather than July to June. Such a change would enable Member States to receive annual reports well in advance of the sessions of the Executive Committee. The proposed reporting schedule also aligned with the practice of other audit committees within the United Nations system.

54. In the ensuing discussion, the Bureau was encouraged to continue efforts to implement the Audit Committee's outstanding recommendations and to give equal attention to its new recommendations. The Audit Committee was asked to elaborate on its concerns regarding PAHO's Investigations Protocol and the separation between the fact-finding and decision-making roles within the Investigations Office. The update on the timeline for the Investigations Office peer review was welcomed. Support was expressed for the suggestion to link revenues to expenses in future presentations so as to clarify the connection between specific revenue sources and expenses. While the steps taken to address cybersecurity breaches were appreciated, the Bureau was encouraged to ensure full personnel compliance with cybersecurity training and facilitate an external independent assessment of information technology security.

55. Mr. Guozden explained that the Audit Committee's concerns regarding the Investigations Office related mainly to its internal investigation procedures and its relationship and coordination with other offices within PASB. He noted, however, that revisions to the Investigations Protocol were ongoing and that the Audit Committee would discuss the issue again at its next session.

56. The Director expressed thanks to the members of the Audit Committee for their work, particularly to Mr. Clyde MacLellan, whose term would end in June 2023. He assured the Executive Committee that the Bureau was working to implement the Audit Committee's recommendations.

57. The Executive Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE172/11)

58. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee, having been informed that the term of office of one member of the Audit Committee was set to expire in June 2023, had established a working group to review the list of candidates proposed by the Director. The working group had evaluated the proposed candidates based on the criteria for membership set out in the Terms of Reference of the Audit Committee of PAHO and had

decided to recommend that Ms. Sara Greenblatt be appointed to the Audit Committee. The Subcommittee had endorsed the working group's recommendation.

59. The Executive Committee adopted Resolution CE172.R4, appointing Ms. Sara Greenblatt to serve as a member of the PAHO Audit Committee for a term of three years, from June 2023 to June 2026.

Program Policy Matters

Proposed Program Budget of the Pan American Health Organization 2024–2025 (Documents CE172/12 and Add. I)

60. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an outline of the proposed Program Budget of PAHO for the 2024–2025 biennium. The Subcommittee had been informed that during the biennium the Bureau's focus would shift from emergency response to the COVID-19 pandemic to sustained core technical cooperation. The Subcommittee had voiced support for the program budget proposal and the priorities identified therein.

61. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the proposed program budget for 2024–2025, noting that since the 17th Session of the Subcommittee in March 2023 the proposal had been revised to incorporate the WHO allocation to the Region of the Americas for 2024–2025, approved by Member States at Seventy-sixth World Health Assembly as part of the WHO program budget for the biennium. He also noted that the prioritization process had continued and that the number of countries and territories having completed the exercise had risen from 39 (76%) to 44 (86%). In addition, the Bureau had set up a digital platform that provided detailed information on the proposed program budget for 2024–2025.²

62. Mr. Maza reviewed the strategic considerations underpinning the proposal and presented the results of the prioritization exercise as of 26 April 2023. He also outlined the programmatic proposal, noting that it included 28 outcomes, 102 outputs, and 143 output indicators. He then presented the proposed budget envelope, which was based on costing for the proposed program and provided for an overall level of \$820 million, 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. Sources of funding would include \$194.4 million in assessed contributions, the same level as in the 2022–2023 biennium. Mr. Maza pointed out that assessed contributions had remained flat since the 2012–2013 biennium, which meant that in real terms, adjusted for cumulative inflation, the value of assessed contributions would be \$144 million. He underscored the importance of timely payment of assessed contributions, which provided the flexible funding needed to respond to Member States' needs and priorities. He also appealed to Member States to

² Available at: <https://pbdigital.paho.org>.

consider whether such a funding model was sustainable.

63. The Executive Committee expressed appreciation for the proposal and for the prioritization process conducted with Member States. Delegates welcomed the shift of focus in the program budget from COVID-19 emergency response to sustained core technical cooperation and agreed that the 2024–2025 biennium would be key to channeling the efforts of the Organization towards the recovery of health systems in the Region. It was pointed out that, as the 2024–2025 program budget would be the last under the PAHO Strategic Plan 2020–2025, it would be important to take decisive action to accelerate progress to meet the objectives set out in the Strategic Plan. The Bureau was urged to formulate targeted measures to that end, taking into account the lessons learned from the pandemic. It was considered essential to work to raise life expectancy in the Region, which had seen a decline during the pandemic. It was also considered crucial to identify and seek to close gender gaps in PASB, and the Bureau was encouraged to ensure gender equality expertise throughout the Organization, including in PWR offices.

64. Delegates expressed support for the identified priorities and considered that work in those priority areas would help to accelerate progress towards the achievement of the goals set out in the Sustainable Health Agenda for the Americas 2018–2030 and the Sustainable Development Goals. It was pointed out that some outcomes in the areas of communicable diseases and health emergencies, which were ranked as high priorities, would receive an increase of 1% to 2% compared to 2022–2023, whereas the average increase for the entire base budget would be 3%. The Bureau was asked to explain the reasons for that discrepancy.

65. While welcoming the increased WHO allocation to the Region, several delegates noted that the increase to the Americas was less than the increase for most other WHO regions and that it was far less than the 20% increase in WHO assessed contributions. The Bureau was asked to comment on reasons for the relatively low amount allocated to the Americas. A delegate inquired, for example, whether WHO took the view that PAHO already had sufficient funding for its high-priority outputs. The Bureau was also asked to indicate how the lessons learned from the external evaluation of PAHO's response to the COVID-19 pandemic would be applied, in particular to prepare for potential funding gaps and to diversify the Organization's funding model to ensure that it was fit for purpose in both normal times and crisis periods, and whether it had identified any areas that could be merged or reduced in order to further increase efficiency.

66. Mr. Maza explained that the outcomes were grouped in clusters and that the communicable diseases cluster would receive an overall increase of 3%, as would the emergencies cluster; the increase to the latter would complement previous increases during the pandemic. Regarding the WHO allocation to the Region, he clarified that in order to change the proportions received by each region it would be necessary to review the WHO strategic budget space allocation methodology.³ The Bureau welcomed the increase in the WHO allocation and was hopeful that, with the 20% increase in WHO assessed

³ See WHO Executive Board Document EB136/35 (2015).

contributions, a larger proportion of the Region's allocation would actually be funded. Mr. Maza noted, in that regard, that the Americas had generally received about 70% of its allocation, whereas most other WHO regions received around 90%.

67. He confirmed that PAHO's country presence and ability to respond to countries' needs were factors considered in discussions of WHO budget allocations, but emphasized that the Region should not be penalized for its strong response capacity. He also confirmed that the Bureau continued to seek greater efficiencies in both its enabling functions and in its delivery of technical cooperation. For example, it was continuing to apply technological and other innovations introduced during the COVID-19 pandemic.

68. The Director, underlining the importance of the prioritization process, noted that some priorities had changed as a result of the pandemic. Mental health and the digital transformation of the health sector, for instance, were now higher priorities than before the pandemic. He explained that the Bureau had adopted the cluster approach, grouping similar outcomes together under a single cluster, in order to distinguish each technical area more clearly. He pointed out that it was sometimes difficult to differentiate among the 28 outcomes under the current Strategic Plan, which might be a lesson to be borne in mind when it came time to develop the Strategic Plan for the period 2026–2030.

69. With regard to the WHO allocation to the Region, he noted that, prior to the 20% increase in WHO assessed contributions, increasing the allocation to the Americas would have meant reducing allocations to other regions; however, the 20% increase would allow WHO greater flexibility to provide a more equitable distribution of funds to the Region of the Americas. Echoing Mr. Maza's comments, he affirmed that the fact that Member States in the Americas paid assessed contributions to both PAHO and WHO should not be used as a reason to penalize them in terms of the WHO allocation to the Region. He further noted that it was the assessed contributions paid to PAHO that enabled the Bureau to maintain a strong country presence and deliver technical cooperation directly and efficiently to Member States; in contrast, the other WHO regions had to rely mainly on staff from the WHO Secretariat to meet their technical cooperation needs.

70. The Executive Committee adopted Resolution CE172.R7, recommending that the 60th Directing Council approve the proposed Program Budget of PAHO for 2024–2025.

Scale of Assessed Contributions for 2024–2025 (Document CE172/13)

71. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the scale of assessed contributions to be applied by PAHO for the 2024–2025 biennium would depend on the outcome of discussions to be held during the General Assembly of the Organization of American States (OAS) in June 2023 to consider a new OAS scale for 2024–2025 and beyond.

72. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) reported that the new OAS scale had been approved by the OAS General Assembly

in June 2023. He explained that, while the PAHO scale of assessed contributions for 2024–2025 would be based on the new OAS scale, the overall level of assessed contributions under the PAHO program budget for 2024–2025 would not increase (see paragraphs 60 to 70 above). He added that a resolution setting out PAHO Member States' assessed contributions for the 2024–2025 biennium would be presented during the 60th Directing Council.

73. The Director confirmed that the new scale would align PAHO assessed contributions with the new OAS scale, but would not represent an increase in the overall amount of those contributions.

74. The Executive Committee took note of the report.

Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CE172/14)

75. Dr. James Fitzgerald (Director, 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 and resilient health systems that were capable of responding to health threats and supporting the social and economic recovery. He explained that the proposed policy examined the lessons learned and the health workforce issues that had come to light as a result of the pandemic. It identified policy options to tackle long-standing, systemic issues and newer, more immediate challenges in the Region, including the retention, mobility, and migration of health personnel. The proposed policy built on existing regional strategies and plans of action. It included five strategic lines of action aimed at strengthening governance, developing regulatory mechanisms, strengthening and integrating interprofessional teams, advancing workforce capacity-building, and ensuring decent working conditions for human resources for health.

76. The Executive Committee voiced strong support for the policy and welcomed the prior consultations that had been held with Member States on the policy document. It was recognized that the COVID-19 pandemic had exacerbated health inequalities and affected the provision and quality of health services, and focused attention on critical shortfalls in health workers. Member States were encouraged to develop better and more impactful strategies to strengthen human resources for health, and the Bureau was requested to continue providing strategic and technical guidance for that purpose. The use of various methodologies, such as workload indicators and competency-based planning, for policy development, planning, and estimating human resource needs was also suggested.

77. Support was expressed for the policy's five strategic lines of action. The focus on promoting decent working conditions and protecting the physical and mental health of health workers was applauded. It was considered essential to safeguard the rights of health workers and provide safe and secure work environments that were free of violence and harassment, racism, and discrimination. The need for communication strategies to address the stigmatization experienced by some health workers as a consequence of the pandemic

was highlighted.

78. Attention was drawn to the need for large-scale investments in education, skills development, and employment for health professionals. It was suggested that training and education should be regulated and standardized across the Region and that different types of training, including courses delivered via information and communications technology, should be further explored, as should the exchange of best practices between Member States. It was considered important also to provide professional training and accreditation for auxiliary human resources for health, such as health promoters. The work of the PAHO Virtual Campus for Public Health in providing training to health and care workers in the Region was commended. It was noted that information and communications technology also presented an opportunity to create professional networks, democratize access to knowledge, and make information accessible in remote areas and that additional innovations to improve training and access to resources might also be found by working with partners.

79. PASB was encouraged to continue its efforts to strengthen the integration of health equity and gender equality considerations into the technical support it provided to Member States. The Bureau was asked to provide more information on the Americas Health Corps, the training envisaged for health professionals during implementation of the policy, and the proportion of the estimated \$46.9 million required to implement the policy that would be sought from additional sources, such as voluntary contributions. The importance of incorporating a gender perspective and empowering women in efforts to strengthen the health workforce was also emphasized.

80. Dr. Fitzgerald welcomed the comments focusing on policy development and planning for the recruitment and retention of health workers and on regulation and standardization to achieve the quality of education required for the health workforce. He pointed out that the impact of population aging and the growing burden of noncommunicable diseases (NCDs) made it necessary to strengthen not only health professionals but also other human resources for health at all levels of care. He welcomed the emphasis placed on gender issues, noting that women made up 70% of the global health and care workforce and that they accounted for 89% of the nursing workforce in the Region. He also noted that the pandemic had exacerbated the dual burden of professional and family responsibilities shouldered by women.

81. He explained that the Americas Health Corps was a joint initiative of the United States and PAHO that aimed to train 500,000 health workers throughout the Region and strengthen capacity-building mechanisms and planning processes. Since the initiative's launch in 2022, some 40,000 health professionals had been trained. In addition, in 2022, almost 900,000 health workers had taken courses through PAHO's Virtual Campus for Public Health, including on the care and management of NCDs. He agreed that it was important to leverage information and communications technology for training purposes, noting that the Virtual Campus had been scaled up during the pandemic and that it now had some 2.3 million registered users. He clarified that the budget required to implement the policy was based on existing resources and supplementary resources already identified

from WHO and other sources.

82. The Director, welcoming Member States' active participation in the consultations on the proposed policy, said that strengthening the health workforce was a priority issue for the Region. The COVID-19 pandemic, the demographic transition, and other challenges had focused attention on the shortfall of health workers and the lack of adequate training for health professionals at all levels of care. Concerted efforts were needed to improve the leadership of the health sector on the issue and to join forces with the education sector as part of a long-term approach to the training of health workers in order to ensure that Member States had a well-trained health workforce capable of responding to their needs.

83. The Executive Committee adopted Resolution CE172/R.2, recommending that the 60th Directing Council approve 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 CE172/15)

84. Dr. Anselm Hennis (Director, Department of Non-Communicable Diseases and Mental Health, PASB) introduced the proposed policy, highlighting its focus on children, adolescents, and young adults. He pointed out that many risk behaviors for noncommunicable diseases were adopted during childhood and adolescence and that youth was therefore a critical period for promoting health and preventing the adoption of lifestyles that led to NCDs later in life. The policy set forth four strategic lines of action for the prevention and control of NCDs among children, adolescents, and young adults; it sought to strengthen NCD prevention through child health programs, strengthen access to primary health care for children, adolescents, and young adults, and improve the provision of NCD information in the youth population. It drew on a set of cost-effective and evidence-based NCD interventions, including the WHO "best buys" approved by the Seventy-sixth World Health Assembly.⁴ Dr. Hennis acknowledged the key contributions received from Member States during the previous consultations on the policy and expressed appreciation for their valuable input and guidance.

85. The Executive Committee expressed strong support for the proposed policy and for its multisectoral approach and four strategic lines of action. Delegates noted that many NCDs were related to modifiable risk factors and agreed on the importance of reducing such risks early in life through prevention and health promotion activities. Health promotion was considered especially important, and it was suggested that the policy document should place greater emphasis on the need to promote healthy habits and behaviors among children, adolescents, and young adults. The need for youth-friendly health services, especially at the primary care level, was also acknowledged. Delegates highlighted measures being implemented in their countries to promote healthy behaviors, including front-of-package labelling, with health warnings, for foods and other products;

⁴ See World Health Assembly Document A/76/7, Rev.1 (2023) and Decision WHA76(9) (2023), and WHO Executive Board Document EB152(6) (2023).

policies and regulations to discourage smoking and consumption of alcohol by young people; and efforts to limit screentime, given its association with sedentary lifestyles.

86. It was considered essential to address the social, environmental, and economic determinants that might influence the health and development of children, adolescents, and young adults, including exposure to environmental risks such as lead poisoning, diet and nutrition, availability of opportunities to engage in physical activity, and access to education and health services. Several delegates stressed the importance of school health programs; the need to train specialists in that area was highlighted. Delegates also emphasized the importance of attention to mental health in children, adolescents, and young adults. The link between the proposed policy on NCDs and the proposed strategy for improving mental health and suicide prevention (see paragraphs 98 to 104 below) was noted.

87. Member States were encouraged to develop national policies and guidelines on healthy diets, habits, and environments and other health determinants. To that end, it was considered important to conduct national health surveys that took account of behavioral factors influencing health. Epidemiological surveillance, with emphasis on surveillance of determinants of health and inequalities, was also considered critical. The importance of collecting disaggregated data was underscored. In that connection, the Bureau was asked to explain what approach would be taken to collect data to address the information gaps mentioned in the policy document. Delegates drew attention to several important roles for PAHO, including setting up databases to share research findings on food, nutrition, and other health determinants and encouraging countries to recognize the need for a broad approach to promoting healthy diets, taking into account not just individual dietary choices but also factors related to food production and distribution. The Organization was urged to promote and support the participation of developing countries in research on NCD prevention.

88. Dr. Hennis observed that the comments clearly showed that preventing and controlling NCDs was a priority for Member States. He assured the Committee that the Bureau would collaborate with Member States to ensure the successful implementation of the policy, emphasizing that success was crucial in order to avoid a scenario in which the current generation of children, adolescents, and young adults would, for the first time in the history of humanity, live shorter and less healthy lives than their parents' generation. He noted that health promotion was a key component of the policy, but that the Bureau would endeavor to further highlight its importance in the policy document. With regard to the approach to filling data gaps, he pointed out that many such gaps were the result of a suspension of some health-related surveys during the pandemic and that the resumption of those surveys was expected to help supply the missing data.

89. The Director commended Member States for the actions they were already taking to tackle NCDs in the child and youth population. He was pleased to note that numerous delegates had highlighted the importance of health promotion and of public policies that addressed social and other determinants of health. To support the formulation of such policies and the monitoring of their impact, the Bureau would explore how it could better

support countries in collecting disaggregated data. He affirmed that the Region faced a major challenge in protecting not only the current generation of children, adolescents, and young adults but also future generations and stressed the importance of increasing both life expectancy and years of healthy life.

90. The Executive Committee adopted Resolution CE172.R6, recommending that the 60th Directing Council approve the Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults.

Strategic Communications in Public Health for Behavior Change (Document CE172/16)

91. Dr. Sebastián García Saiso (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.

92. The concept paper incorporated the contributions of several entities within the Bureau, as well as the suggestions made by Member States during consultations held in April 2023. It proposed six lines of action to guide technical cooperation activities at the regional and country levels. The paper also identified the elements to be considered in drafting strategic communications aimed at influencing decisions, actions, and outcomes among individuals and communities; highlighted ways in which States could more proactively share their experiences; 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.

93. In the discussion that followed, delegates expressed their support for the approach proposed in the concept paper—which recognized the importance of effective communication strategies and innovative tools to promote behavior change—and drew from the lessons learned during the pandemic. It was noted that regular official communications must be maintained to counter the impact of misinformation and to keep communities informed. Given that public health was one of the sectors most vulnerable to the dissemination of false and misleading information, which could impact people’s lives, it was emphasized that collaborative efforts and tailored strategies were needed to combat the infodemic. Member States were encouraged to work to foster public trust in evidence-based health information; actively engage with society to better understand the needs of different groups, particularly those with specific vulnerabilities; and promote transparency, credibility, and accountability in communications. It was also noted that accurate, timely, evidence-based and gender-sensitive messaging could empower individuals and communities to make informed decisions and counter misinformation.

94. The Bureau was urged to coordinate with the WHO Technical Advisory Group on Behavioural Insights and Sciences for Health to exchange best practices and lessons learned and to draw on the expertise of the PAHO/WHO Collaborating Center on Communication Strategies and Social Network Content and the PAHO/WHO Collaborating Center on Knowledge Management and Scientific Communication. A delegate suggested that a forum should be held with academia and civil society to learn from their experiences. It was also suggested that the concept paper should include more explicit suggestions regarding local communication and the promotion of community participation and public trust. The Bureau was encouraged to incorporate a focus on prevention and emphasize the programs and actions needed to lower barriers to maintaining healthy behaviors. It was noted that the paper should also highlight traditional and community-driven channels as significant sources of information; better define the concepts of accurate and fake information; and recognize the importance of time-sensitive data processing, analysis, and reporting in addressing disparities across communities.

95. Dr. García Saiso thanked the delegates for their suggestions, which would be incorporated in the concept paper. He noted that the work on strategic communications was a collective endeavor that would help to identify a new road map to strengthen public health actions. He noted the points raised regarding the infodemic, which extended beyond fake news to encompass the overabundance of information. He acknowledged the importance of working with academic centers to take advantage of their experiences, particularly with regard to collecting and analyzing feedback on public policies.

96. The Director observed that the pandemic response had highlighted the need for an innovative approach to communications, which should include more than scientific facts about public health. Communications should also be more strategic and draw from expertise in areas outside the health sector in order to respond to the risks arising from the infodemic, which had contributed significantly to the spread of misinformation during the pandemic and was currently impacting the number of people receiving routine vaccinations.

97. The proposed resolution contained in Document CE172/16 was amended to incorporate suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE172.R3, recommending that the 60th Directing Council approve 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 CE172/17)

98. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), presenting the strategy, said that, although mental, neurological, and substance abuse conditions were a significant source of morbidity and mortality in the Region, people living with these conditions did not receive the required care. In addition, the rate of suicide had increased over the past 20 years, whereas suicide rates in other WHO regions had declined. The ongoing impact of the COVID-19 pandemic had contributed to

a rise in mental health conditions and affected the already limited availability and accessibility of mental health services, especially for groups living in vulnerable conditions. 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-19.⁵ Those recommendations included integrating mental health care in universal health coverage, harnessing digital interventions, prioritizing suicide prevention, and expanding mental health services, in particular to ensure access for Afro-descendants, Indigenous peoples, and other marginalized and groups living in vulnerable conditions.

99. The Executive Committee welcomed the strategy and acknowledged the need to prioritize the issue of mental health and suicide prevention. Member States were encouraged to prioritize mental health at the national level and allocate the resources necessary to improve mental health services. Several delegates outlined actions being taken in their countries to strengthen mental health services, identify and close gaps, and gather relevant disaggregated data. Delegates expressed concern at the persistently high suicide rates across the Region and acknowledged that the COVID-19 pandemic had exacerbated mental health conditions. The pandemic's impact on the mental health of children, adolescents, and health workers was noted. The potential of digital technologies, such as telemedicine, was highlighted as a means not only of providing mental health services but also of providing training on mental health, particularly with a view to integrating mental health into primary health care.

100. Support was expressed for the strategic lines of action, and the importance of applying a gender, equity, ethnicity, and human rights perspective in efforts to improve mental health and suicide prevention was acknowledged. The priority given in the strategy to persons living in vulnerable conditions, including persons with disabilities, Indigenous persons, and lesbian, gay, bisexual, trans (LGBT) and other gender- and sexuality-diverse populations was welcomed. Attention was drawn to the need for public information campaigns to tackle the prejudices surrounding mental health conditions. It was suggested that emphasis should be placed on reducing barriers to access to mental health services and addressing stigma and discrimination, including that faced by health professionals who were suffering from burnout or were in need of support for mental and substance use conditions.

101. The Bureau's efforts to support Member States in improving mental health and suicide prevention were commended. The Bureau was asked to provide information on the sources of the additional resources envisaged for the implementation of the strategy and on the approach and priorities foreseen with regard to cooperation. The Delegate of Argentina announced that her Government would host the fifth Global Mental Health Summit in October 2023, on the theme "Mental health in all policies." Topics of discussion would include integrating mental health and psychosocial support services into national mandates and budgets, addressing social determinants of mental health, strengthening measures to

⁵ See: <https://iris.paho.org/handle/10665.2/57508>.

promote access to the health system, and transitioning away from long-stay mental institutions to community-based services.

102. Dr. Hennis, noting that mental health was a key pillar of overall health and well-being, said that the impact of the COVID-19 pandemic had served to highlight the fragility of mental health systems and the need for increased investment, improved access, in particular for vulnerable, marginalized, and disadvantaged groups, and enhanced community-based services. As had been noted in the report of the High-Level Commission on Mental Health and COVID-19, a minimum of 10% of the budget in high-income countries and 5% in low- and middle-income countries should be invested in mental health. The estimated cost of implementing the strategy had been subsumed under the existing work program; at the country level, it was hoped that Member States would identify and allocate national funding to bring about the changes needed. He pointed out that suicide currently constituted a public health crisis in the Region and noted that guidance on suicide prevention was available, including through the WHO “Live Life” implementation guide.⁶

103. The Director added that the Bureau was committed to transforming the 10 recommendations of the High-Level Commission on Mental Health into a road map to support implementation by Member States. He emphasized that action to ensure community-based mental health services and tackle stigma was essential in order to address the mental health burden and reduce the suicide rate in the Region. He noted that the risk factors for suicide were complex and affected groups living in vulnerable conditions and young people, especially in the wake of the COVID-19 pandemic; it was therefore critical for measures to be taken without delay to improve the mental health and quality of life of populations across the Region.

104. The proposed resolution contained in Document CE172/17 was amended to incorporate suggestions made during the discussion, and the Executive Committee subsequently adopted Resolution CE172.R5, recommending that the 60th Directing Council approve 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 CE172/18 and Add. I)

105. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) reported that, as of 19 June 2023, 13 Member States, Participating States, and Associate Members had paid their 2023 contributions in full, six had made partial payments, and 23 Member States had yet to make any payments at all for 2023. One Member State was in arrears to the extent that it was subject to Article 6.B of the PAHO Constitution. A total of \$115 million remained outstanding. As of 31 May 2023, the Bureau had been forced to utilize \$32 million from the available cash balance in the Working Capital Fund in order to meet the commitments funded under the assessed

⁶ See: <https://www.who.int/publications/i/item/9789240026629>.

contribution budget. Mr. Kasapantoniou noted that prompt payment of both accumulated arrears and current 2023 assessments was imperative for the full, effective implementation of the Organization's program of work.

106. The Director thanked the Member States that had made timely payments of their assessed contributions, despite the ongoing economic challenges resulting from the COVID-19 pandemic, and appealed to those that had yet to make payments to do so as soon as possible. He recalled that assessed contributions had not been increased since 2012, which represented a reduction of \$50 million in real terms when accounting for inflation. He noted that the Bureau had responded to that situation by ensuring greater efficiencies. He also pointed out that the emergency funds received during the pandemic were decreasing and it would therefore become necessary to rely more heavily on assessed contributions to fund technical cooperation activities.

107. The Executive Committee adopted Resolution CE172.R1, thanking those Member States that had made payments in 2023 and strongly urging other Member States to pay their outstanding contributions as soon as possible.

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

108. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a preliminary, unaudited version of the Financial Report. The Subcommittee had been informed that the collection of assessed contributions had improved with respect to 2021, but that the outstanding balance of \$65 million was higher than in 2018 and earlier years. In response to a question from the Subcommittee, it had been explained that the high level of unpaid assessed contributions had put significant pressure on the Bureau in terms of financing operations and implementing the Organization's program of work. It had also made it difficult to fill some vacant staff posts. The importance of timely payment of assessed contributions had been emphasized.

Financial Report of the Director for 2022

109. Mr. Christos Kasapantoniou (Director, Financial Resources Management, PASB) presented an overview 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 revenue in 2022 had amounted to \$1,578.4 million, including \$410.6 million pertaining to the program budget, an increase of 13% with respect to 2021. The increase in program budget revenue was attributable to a sharp rise in PAHO voluntary contributions, which had almost doubled. Revenue from procurement on behalf of Member States had decreased from \$1,348.9 million in 2021 to \$1,093.2 million in 2022, reflecting the winding down of procurement for COVID-19 pandemic response. While the collection of current-year assessed contributions had improved somewhat in 2022, outstanding contributions at year's end had amounted to \$65 million. As a result of the delays in payment of assessed

contributions, the Bureau had been forced to use the entire balance in the Working Capital Fund and to borrow from other unrestricted internal funds.

110. Mr. Kasapantoniou reported that total consolidated expenditures for 2022 had amounted to \$1,551.5 million. Procurement on behalf of Member States had accounted for the largest share of spending. As revenue had exceeded expenditure, the Organization had ended the year with a surplus of \$26.8 million.

Report of the External Auditor for 2022

111. Mr. Damian Brewitt (Financial Audit Director-International, National Audit Office of the United Kingdom of Great Britain and Northern Ireland) introduced the report of the External Auditor, noting that the Auditor had issued an unqualified audit opinion on the Organization's financial statements, meaning that the audit had revealed no errors or weaknesses that had been considered material to the accuracy, completeness, or validity of the statements. The opinion also confirmed that expenditure had been incurred in accordance with the regulations set by Member States.

112. Summarizing the findings and recommendations concerning financial management, governance, and internal control, he reported that PAHO's financial position had improved in 2022. Mr. Brewitt also noted that, despite its improved financial position, the Organization continued to experience significant pressure on liquidity and that the Working Capital Fund had again been exhausted in 2022. He pointed out that, until the arrears in the receipt of assessed contributions were reduced, the Fund would continue to be fully utilized each year. With regard to internal controls, he noted that the External Auditor had highlighted several areas for improvement in PAHO's three lines of defense, including recommendations for strengthening risk management and compliance functions in order to enhance transparency and accountability.

113. Mr. Brewitt pointed out that the change in senior leadership offered opportunities to modernize the Organization's management and render it more efficient and effective. He noted that the External Auditor had made recommendations in that regard and drew attention, in particular, to those relating to change management, more cost-efficient service delivery options, use of real estate resources, and staff performance assessment. He concluded by noting that, of the 33 recommendations made in previous years, 12 remained open or were in progress.

114. The Executive Committee applauded the unmodified audit opinion and commended the Bureau for its efforts to sustain regional public health gains while continuing to respond to the COVID-19 pandemic in 2022. The Committee welcomed the improvement in the Organization's overall financial position, although it was pointed out that much of that improvement was related to decreased valuation of after-service health insurance costs, which could increase if actuarial assumptions changed. The improvement in the collection of assessed contributions was noted, but concern was expressed about the continued depletion of the Working Capital Fund and the need to resort to additional internal borrowing. Member States were encouraged to pay their assessed contributions in

a timely manner to enable the Bureau to continue its critical work.

115. Delegates voiced strong support for the External Auditor's recommendations, particularly those relating to strengthening internal controls, establishing an accountability framework, setting term limits for the internal auditor, establishing a property strategy, and taking a holistic approach to change management. It was noted that the External Auditor had identified eight recommendations from prior years on which insufficient action had been taken, but no further action was planned. The Bureau was asked to explain why those recommendations had not been fully addressed.

116. Mr. Kasapantoniou explained that, immediately after receiving the External Auditor's recommendations, the Bureau drew up a plan of action for addressing them. It had looked carefully at the recommendations that the Bureau management considered complete but that the External Auditor had deemed incomplete; the Bureau would be pleased to share information with Member States on the action it planned to take on those recommendations. The Bureau was also exploring ways of further enhancing the internal control environment, including strengthening the three lines of defense and the accountability framework.

117. The Director expressed gratitude to the External Auditor for its service to the Organization over the previous five years, noting that its work had helped to improve transparency, accountability, and efficiency. He affirmed that the Bureau always reviewed the External Auditor's recommendations carefully in order to identify the best ways of acting on them and establishing clear responsibility for implementation.

118. The Executive Committee took note of the report.

Appointment of the External Auditor of PAHO for 2024–2025 and 2026–2027 (Document CE172/19)

119. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update on the appointment of the External Auditor for the 2024–2025 and 2026–2027 bienniums. It had been informed that, although the note verbale calling for nominations had been circulated widely, only one nomination had been received, from the Government of Chile, which had nominated its Comptroller General of the Republic. The nomination had been found to meet all the requirements and had been forwarded to the PAHO Audit Committee for review and advice. The Subcommittee had encouraged the Bureau to continue its efforts to recruit multiple candidates for future External Auditor appointments in order to ensure the most competitive selection process possible.

120. In the ensuing discussion, gratitude was expressed to the National Audit Office of the United Kingdom of Great Britain and Northern Ireland for the valuable service it had provided to the Organization during its term as External Auditor. The Bureau was encouraged to arrange for the Comptroller General of the Republic of Chile to present its proposal during the 60th Directing Council, and the Audit Committee was requested to

share the outcome of its review and advice on the nomination. The Delegate of Chile noted that the Comptroller General of the Republic was an autonomous body and had served as a member of the United Nations Board of Auditors for the period 2018–2024. If appointed as the External Auditor, it would continue to promote accountability and transparency.

121. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) confirmed that a representative of the Comptroller General of the Republic would be invited to present its proposal at the 60th Directing Council as part of the selection process. The Council would then appoint the new External Auditor in accordance with the rules of procedure.

122. The Director said that the process of appointing the External Auditor posed challenges, given that few entities had the capacity to conduct quality evaluations of international organizations within the United Nations system. Owing to its experience and expertise, the Comptroller General of the Republic of Chile had met the necessary requirements for the position and its nomination would therefore be submitted to Member States for their consideration during the 60th Directing Council.

123. The Executive Committee took note of the report.

Report of the Office of Internal Audit for 2022 (Document CE172/20)

124. Mr. David O'Regan (Auditor General, Office of Internal Audit, PASB) presented the report, which summarized the work undertaken by the Office of Internal Audit (OIA) in 2022, including the findings from seven audits, four relating to cross-organizational themes and three to country-level operations. He noted that OIA had encountered no obstacles in performing its duties and no impediments to its reporting and that it had been provided with adequate resources to carry out its work plan. The Office had concluded that the Bureau had continued to provide reasonable assurance on the accuracy and timely recording of transactions, assets, and liabilities and on the safeguarding of assets. Although none of the audits conducted had resulted in an unsatisfactory rating for 2022, there did exist the possibility of individuals overriding internal controls, and OIA therefore had continued to draw attention to the need to enhance managerial monitoring arrangements.

125. In the discussion that followed, delegates commended OIA for its efforts in 2022 and welcomed the generally satisfactory ratings, although concern was expressed regarding the number of audits whose results signaled that major improvements were needed, particularly the audit results from the PWR offices in Cuba and Mexico. The Bureau was urged to give priority consideration to implementing the recommendations from those audits. Delegates commended OIA for having followed through on its 2022 work plan, despite budgetary constraints, and for its independence. The Office was encouraged to explore hybrid auditing tools that would allow for personal contact in addition to the remote audits conducted using online platforms.

126. Delegates welcomed the satisfactory payroll audit findings, but urged the Bureau to ensure that important payroll controls and processes did not rely on a single individual

and that all policies, procedures, and job aides were updated. It was suggested that the Bureau should establish a more robust institutional framework and standard controls in order to ensure accountability, consistency, and reliability. Support was expressed for the ongoing efforts to implement all outstanding recommendations from OIA's 2020 and 2021 reports. The Bureau was encouraged to fully implement all OIA recommendations in a timely manner.

127. Mr. O'Regan explained that, while the systems currently used did permit remote auditing to a great extent and could produce swift desk audits of country offices, on-site audits were always preferable. He assured the Executive Committee that the largest audits and those entailing the highest risk would be performed on-site.

128. The Director reported that discussions were under way with OIA to create a more comprehensive internal auditing plan, with the goal of increasing the number of internal audits. Within that plan, a risk assessment would be used to determine whether a given audit merited on-site engagement. He noted that internal audit reports would now be available to Member States as a step towards greater transparency.

129. Mr. O'Regan clarified that internal audit reports from 2023 onward would be made available to Member States upon request.

130. The Executive Committee took note of the report.

Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document CE172/21)

131. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) said that the Subcommittee had reviewed a report on the status of the Master Capital Investment Fund and its five subfunds. It had been informed that \$5.4 million had been transferred into the Real Estate Maintenance and Improvement Subfund to cover expenses related to the ongoing renovations at the PAHO Headquarters building. In response to questions from the Subcommittee, the Bureau had confirmed that there were sufficient funds to cover the costs of the renovations, which had a total budget of \$28.7 million, and that no delays had occurred during the renovations, apart from a delay in the delivery of audiovisual equipment, owing to supply chain issues.

132. In the discussion that followed, it was noted that, according to paragraph 8 of Document CE172/21, the renovation project was now scheduled to continue into late 2023, rather than mid-June. The Bureau was asked whether any issues had arisen that could further delay completion, what was being done to mitigate any potential delays, whether any additional costs had been incurred, and whether PASB had sufficient funds to cover those costs.

133. Ms. María Teresa Angulo (Director, Department of General Services Operations, PASB) said that the renovation project was on track to be completed in accordance with the information presented in Document CE172/21. The audiovisual equipment, the

delivery of which had been delayed owing to supply chain issues, was scheduled to be installed by August and the upcoming 60th Directing Council was expected to be held at PAHO Headquarters in September.

134. The Director added that the renovation and modernization of the Headquarters building had been complex, owing in particular to the need to replace the aging heating, ventilation, and air conditioning systems while also preserving the building's important architectural elements; however, the renovations were nearing completion. The renovation of the meeting rooms would provide for a more comfortable environment for staff and Member States, while the new audiovisual equipment would allow for more hybrid meetings, thereby facilitating participation by Member States.

135. The Executive Committee took note of the report.

Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies (Document CE172/22)

136. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that one new internal emergency loan had been made from the capital account of the Revolving Fund for Access to Vaccines (Revolving Fund) to the capital account of the Strategic Fund for Strategic Public Health Supplies (Strategic Fund) in 2022, which had been repaid in a timely manner and had not had any negative impact on the availability of funds for the procurement of vaccines through the Revolving Fund. The Subcommittee had also been informed that the increased use of the Strategic Fund during the pandemic had resulted in strong growth of its capital account, which had reduced the need to use the emergency loan.

137. Mr. Santiago Cornejo (Executive Manager, Regional Revolving Funds Special Program, PASB) recalled that the Executive Committee had adopted Resolution CESS1.R1 in May 2020, authorizing a short-term emergency loan of up to \$50 million on a rolling basis from the capital account of the Revolving Fund to the capital account of the Strategic Fund. In June 2021, the Executive Committee had adopted Resolution CE168.R10, authorizing the extension of the internal emergency loan mechanism until 31 December 2023 or the date when WHO declared the end of the pandemic, whichever came first. He explained that, since the WHO Director-General had determined that COVID-19 no longer constituted a public health emergency of international concern, the emergency loan mechanism had come to an end. He also noted that the total cumulative utilization of the capital account of the Strategic Fund had surpassed 100% in both 2020 and 2021, demonstrating the need for the additional funds provided by the loan. From 2020 to the end of 2022, the Strategic Fund had been used to procure over \$662 million in medicines and other public health supplies on behalf of 35 participating countries and entities. The report highlighted the key programmatic improvements that had been implemented to strengthen the operations supported by the Strategic Fund in the post-pandemic period.

138. In the discussion that followed, appreciation was expressed for the timely actions

taken by the Bureau, including the emergency loan, to facilitate access to critical supplies during the pandemic. Those actions were considered best practices that could be applied in future emergencies. The improvements to the Strategic Fund were welcomed, as was the decision to share resources between the Revolving Fund and the Strategic Fund under the loan mechanism support Member States in procuring essential health supplies during the pandemic. Gratitude was expressed to the Bureau for continuing to provide technical cooperation to assist countries in strengthening their capacities, including for supply chain management and demand planning and consolidation.

139. Mr. Cornejo thanked Member States for their support of the regional revolving funds, which facilitated access to short-term financing that enabled Member States to procure needed supplies. He noted that the consolidation of the management of the regional revolving funds within the organizational structure of the Bureau would enable it to continue creating synergies across the funds in order to support Member States more effectively and efficiently.

140. The Director, noting that the Organization's capacity to offer lines of credit under the Strategic Fund had been rapidly scaled up with no negative impact on the Revolving Fund for Access to Vaccines, agreed that the emergency loan mechanism was a good practice that could be utilized in future health emergencies. He recalled that, owing to their income level, very few countries in the Region were eligible to receive support from global mechanisms. The Revolving Fund and the Strategic Fund were therefore fundamental to facilitating access to new vaccines, high-cost medicines, laboratory equipment, and other supplies for those countries. He encouraged Member States to make greater use of the revolving funds, pointing out that higher volumes of purchasing enabled the Organization to negotiate better prices with producers. He also pointed out that the regional revolving funds could serve as a strategic tool to strengthen the local production of medicines and vaccines, providing producers in the Americas with the opportunity to enhance their ability to offer products for the benefit of the countries of the Region.

141. The Executive Committee took note of the report.

Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CE172/23)

142. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) were necessary 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 Subcommittee had also been informed that the proposed amendments had been drafted in collaboration with the Government of Brazil, which was the host country for BIREME.

143. Dr. Heidi Jiménez (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. Dr. Jiménez 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 SPBA and from the Center's Advisory Committee.

144. The Director thanked the Government of Brazil for its continued support for BIREME. He noted that the proposed amendments were straightforward and meant 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. He hoped that the changes would ensure greater stability so that BIREME could continue to provide excellent technical cooperation.

145. The Executive Committee adopted Resolution CE172.R10, recommending that the 60th Directing Council approve the amendments to the Statute of BIREME.

Personnel Matters

Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules (Document CE172/24)

146. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed the amendments to the Staff Regulations and Rules, which reflected recommendations made by the International Civil Service Commission to the United Nations General Assembly. The amendments had been made in the interests of good human resources management and to maintain consistency in conditions of employment between PAHO and other organizations in the United Nations common system.

147. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) reviewed the proposed amendments, noting that the United Nations General Assembly had approved an increase to the base salary scale for the professional and higher categories, which would also apply to the posts of Director, Deputy Director, and Assistant Director of PASB. The increase had been implemented on a no-loss/no-gain basis, thus resulting in no change in net pay. The adjustment would have a financial impact of approximately \$1.2 million per year for the United Nations system as a whole and of \$12,000 per year for PAHO. The General Assembly had also approved an increase in

the allowance for children with disabilities, but had not approved a similar increase in the dependent child allowance. As a result, Staff Rule 340.2 would be amended to delink the calculation of those two allowances. That adjustment would have a financial impact of approximately \$5,500 for PAHO.

148. It was proposed that the number of official holidays observed by PASB staff should increase from 10 to 11 days per year to allow PASB staff in the United States to observe 19 June (Juneteenth). Country offices would determine an additional holiday to be observed in accordance with the official national holidays in each country. Amendments were also proposed to combine the entitlements to maternity and paternity leave under a single heading of “parental leave” in order to promote equality in professional opportunities and provide both parents with the opportunity to spend time with their children following birth or adoption.

149. In the ensuing discussion, gratitude was expressed to the Bureau for recognizing that childcare was the responsibility of both parents and ensuring that both fathers and mothers could take time off to care for their children.

150. Dr. Barillas assured the Committee that the Bureau would continue striving to make its policies more family-friendly, both in order to maintain the Organization’s competitiveness as an employer in the job market and because it was the right thing to do.

151. The Director affirmed that updating the PASB Staff Regulations and Rules provided more equitable conditions for staff and allowed PAHO to remain competitive by aligning its benefits package with those of other United Nations agencies.

152. The Executive Committee adopted Resolution CE172.R11, confirming the amendments to the PASB Staff Rules and establishing the annual salaries of the Director, Deputy Director, and Assistant Director for 2023.

Human Resources Management in the Pan American Sanitary Bureau (Document CE172/25)

153. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had received an update in March on the most important initiatives undertaken in the sphere of human resources during 2022, including the implementation of the Bureau’s revised human resources strategy, the “People Strategy 2.0.” In the Subcommittee’s discussion of the report, the Bureau had been encouraged to strengthen mechanisms for transferring knowledge and to consider allocating additional human resources to PWR offices in order to provide strong technical support at country level.

154. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB), summarizing the information presented in the report, noted that in 2022 the Bureau had successfully launched the recruitment module in the Workday human resources management system. The Bureau had retained the Gallup firm to conduct a second

personnel engagement survey, the findings of which had contributed to the development of action plans to further monitor and assess corporate performance. In addition, the Bureau had also conducted a skills and competencies gap analysis and had used the findings to develop additional learning paths on existing online platforms, promoting virtual learning as a cost-effective tool accessible to all personnel. To support human resources management, a human resources dashboard had been developed in the PASB Management Information System.

155. Highlighting key PASB staffing statistics, Dr. Barillas reported that staff made up 35% of the Bureau's workforce, while contingent workers made up 65%. She also noted that, although 51% of fixed-term positions overall were held by women, gender parity had not yet been achieved at the senior level. The Bureau continued to work towards that goal. She pointed out that family-friendly policies helped to position the Organization as a flexible and inclusive employer that promoted the professional growth of women.

156. In the discussion that followed, the Bureau was commended for having conducted a skills and competencies gap analysis and having retained Gallup to conduct a second personnel engagement survey. The Bureau was encouraged to continue addressing the concerns identified in the survey. The progress on gender parity across the Organization was welcomed; nevertheless, it was considered important for the Bureau to continue pursuing gender parity in senior-level positions. Additional information about the Bureau's gender parity targets was requested.

157. The increased reliance on contingent workers as a result of recent funding constraints was noted, and support was expressed for the Bureau's efforts to fill vacant fixed-term positions. In that connection, Member States were asked to encourage nationals to participate in selection processes for staff positions, and the Bureau was encouraged to ensure equitable representation of nationalities among its staff. Delegates welcomed the changes to the internship program and expressed the hope that they would attract new talent to the Organization. Lastly, the Bureau was encouraged to continue raising awareness about the Organization's misconduct policies and accountability mechanisms, both among Bureau personnel and among the populations served by PAHO.

158. Dr. Barillas assured the Committee that the Bureau remained committed to reaching gender parity in senior-level positions and would therefore continue to promote leadership training for women. Acknowledging the need to move away from hiring consultants, she noted that the Bureau was focusing heavily on filling critical vacant fixed-term positions. It was also exploring other sustainable hiring mechanisms to recruit fixed-term staff who could meet the needs of Member States. She added that a third personnel engagement survey had been carried out in June 2023 to monitor the progress made since the previous survey; the results would be shared with Member States in 2024.

159. The Director noted that the results of the personnel engagement survey were used by managers to draw up plans of action to address the issues raised. While he welcomed the progress made in terms of gender parity in the Bureau's staff, he hoped also to broaden the diversity of the staff, for example by recruiting more persons of African descent and

members of lesbian, gay, bisexual, and transgender populations. He also hoped to achieve a more equitable representation among countries and subregions. With regard to the composition of the workforce, he explained that the short-term funding received by the Organization to respond to the COVID-19 health emergency had been a factor in the increase in the number of contingent workers, who had been needed to provide technical cooperation to Member States. He also pointed out that the number of administrative staff needed would most likely decrease as processes were modernized and automated. He agreed that the revised internship policy would facilitate the participation of young professionals from a broader range of Member States. He added that the Organization would continue striving to increase its country presence and ensure greater equity across PWR offices.

160. The Executive Committee took note of the report.

Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO (Document CE172/26)

161. Mr. Philip MacMillan (Manager, Ethics Office, PASB) presented an overview of Document CE172/26, noting that the PAHO Policy on Preventing Sexual Exploitation and Abuse issued in April 2021 had been updated several times; those updates were, however, interim measures pending the development of a new comprehensive policy covering all forms of sexual misconduct involving PAHO personnel or anyone collaborating with the Organization, whether they occurred in or outside the workplace. He reported that a number of actions had been taken to promote an ethical culture in PAHO and help prevent sexual exploitation and abuse, but that more needed to be done to underscore the Organization's policy of zero tolerance for all forms of sexual misconduct, make victims and bystanders feel comfortable speaking up, ensure timely investigations and effective victim-centered services, and hold perpetrators accountable.

162. To that end, the Bureau had, among other measures, appointed focal points in all country offices, carried out training and awareness-raising activities, and taken steps to facilitate reporting of sexual exploitation and abuse, including restoring the telephone component of the Organization's Helpline and staffing it with live operators who spoke all four of PAHO's official languages. The process for investigating allegations had also been strengthened. The Bureau continued to conduct background checks on candidates seeking employment in the Organization and required all staff to complete the United Nations training course on the prevention of and response to sexual exploitation and abuse. Future actions would include developing the new policy on sexual misconduct and formulating a comprehensive strategy to prevent and respond to such misconduct, including a risk assessment.

163. In the discussion that followed, the Bureau was commended for its commitment to preventing and responding to sexual exploitation, abuse, and harassment. Delegates welcomed the efforts made thus far to prevent and respond to sexual abuse and exploitation and applauded the development of the new comprehensive policy on all forms of sexual misconduct. The Bureau was encouraged to expand the definition of "beneficiary" in

the policy to include members of the public in locations where PAHO staff and/or collaborators operated.

164. Support was expressed for a victim-oriented approach that addressed the long-term physical and mental health consequences of sexual misconduct for individual victims and for communities. It was pointed out that cases of sexual exploitation, abuse, or harassment often went unreported owing to social stigma, fear of retaliation, and lack of awareness of reporting mechanisms, and the Bureau's efforts to facilitate reporting and ensure the investigation of all allegations were commended. The Bureau was encouraged to continue its efforts, including through continued collaboration with WHO and the entire United Nations system, sharing lessons learned and ensuring a consistent victim-centered approach. The Bureau was encouraged to work with WHO to fill the vacant regional coordinator and focal point posts at PAHO Headquarters and in the Bolivarian Republic of Venezuela.

165. Information was requested on the reorganization of the Bureau's multidisciplinary working group on preventing and responding to sexual exploitation, abuse, and harassment and on plans to expand background checks to address limitations of the United Nations Clear Check system.

166. Mr. MacMillan explained that the Bureau aimed to formulate a comprehensive policy that covered all forms of sexual misconduct that might occur inside and outside the Organization. It was also working to address fears of retaliation and other concerns that discouraged victims from reporting sexual misconduct. He emphasized that the Bureau was committed to protecting both its personnel and the people in the communities that it served. Regarding the reorganization of the multidisciplinary working group, he explained that its membership would be broadened to include representatives of the network of focal points on the issue and representatives of the immunization program and other community-facing programs that were considered to entail higher potential risk of incidents of sexual exploitation, abuse, or harassment. With respect to background checks, he reported that the Bureau planned to partner with an external organization to conduct criminal background checks and was finalizing the contract with a company for that purpose. He clarified that the Bureau was acting on its own to fill the vacant posts at PAHO Headquarters and in the Bolivarian Republic of Venezuela, as the global selection process undertaken by WHO had not yielded any candidates who had the requisite professional profile and Spanish-language skills. He noted that five excellent candidates had been identified.

167. The Director observed that, while sexual exploitation, abuse, and harassment could occur in any setting, there were certain situations of vulnerability where the risk was inherently higher, such as in emergencies or other crises. He emphasized that it was essential to ensure that no one feared reprisals or felt that claims of sexual misconduct would not be treated seriously and thoroughly and transparently investigated. He added that the Bureau was sharing information and providing training to make staff and collaborators aware of what behaviors were and were not acceptable.

168. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE172/27)

169. Ms. Carolina Bascones (General Secretary, PAHO/WHO Staff Association), affirming the commitment of the PASB staff to the Organization's mission, highlighted the issues that the Staff Association wished to bring to the attention of the Executive Committee, including with regard to the Organization's conflict resolution system, staff health and well-being, and performance evaluation. She noted that the Staff Association believed that it was necessary to restructure the current conflict resolution system, with a focus on prevention and mediation; litigation should be a last resort. With regard to staff health and well-being, the Staff Association welcomed the increased attention to staff mental health and hoped that the issue would continue to be prioritized and given greater visibility. It was committed to supporting the institutional measures introduced to promote and protect mental health.

170. The Staff Association considered performance evaluation vital to personnel decision-making and supported the performance evaluation instrument. However, the Association believed that performance reviews could be enhanced by strengthening the capacity of supervisors to work in a rational, coherent, and transparent manner. She pointed out that everyone in the Organization would benefit from the prioritization of diversity, equity, and inclusion in performance evaluation processes. With regard to gender equity, the Staff Association had long supported gender parity and welcomed the efforts of the Department of Human Resources Management in that regard. Nevertheless, while the indicators seemed to be improving, the available statistics did not reflect the differences in the time it took for women and men to be promoted. Closer scrutiny of the variables that accounted for those differences was needed. Ms. Bascones noted in that regard that family responsibilities were not the only variable involved.

171. In the discussion that followed, delegates expressed gratitude to staff for their dedication to advancing the Organization's work, especially during the pandemic and in the post-pandemic transition period, and thanked the Staff Association for its positive statement and its constructive recommendations. The Bureau was encouraged to give due consideration to the issues raised and the recommendations made by the Staff Association, especially in relation to the possibility of developing a "bystander" campaign as part of efforts to combat sexual harassment.

172. The Director commended the Staff Association for its effective representation of the Bureau's staff, noting that he and the Staff Association had established a common agenda at the start of his administration and were jointly exploring the best way to address the issues raised by staff. He explained that the Bureau was reviewing the conflict resolution system with a view to improving conflict resolution processes and making the system run as smoothly and transparently as possible. He agreed that it was important to prioritize prevention and problem-solving in order to avoid litigation. To improve performance assessment, the Bureau was working to strengthen supervisors' ability to conduct objective assessments of whether performance expectations had been met or exceeded and to identify weaknesses to be addressed. He affirmed the importance of

attention to staff mental health, emphasizing that he wished to ensure that all staff felt respected, comfortable, and happy in their jobs.

173. The Executive Committee took note of the report.

Matters for Information

Update on the COVID-19 Pandemic in the Region of the Americas (Document CE172/INF/1)

174. Two presentations were made on this item, one by Dr. Marcos Espinal (Acting Assistant Director, PASB) and the other by Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB). Dr. Ugarte began by noting that, although the COVID-19 was no longer a public health emergency of international concern, most countries in the Region were still dealing with the disease. While the numbers of cases and deaths in the Region had declined substantially, the evolution of the SARS-CoV-2 virus had not stabilized in a predictable pattern and new variants were still expected to emerge. At the same time, the sharing of virus sequencing data had declined, which made the identification of new variants challenging.

175. Dr. Ugarte also reviewed the actions taken by the Organization to support Member States during the pandemic and highlighted some of the lessons learned, including the importance of epidemic intelligence and integrated surveillance, laboratory networks, resilient health systems, regional mechanisms for vaccine production and delivery, and a One Health approach, with a focus on the human, animal, and environmental interface. With regard to future actions, he emphasized the need to update pandemic preparedness plans, incorporating the lessons identified in national after-action reviews. He also stressed the importance of strengthening risk communication, community engagement, and infodemic management strategies.

176. Dr. Espinal described the impact of the pandemic on health programs and systems and provided an update on COVID-19 vaccination in the Region, noting that the overall vaccination rate had reached 71%. He reported the WHO global pulse surveys on continuity of essential health services during the pandemic⁷ showed that 67% of countries were still reporting disruptions in the delivery of health care services at the end of 2022, including severe disruptions in some areas. It was therefore clear that the Region was continuing to grapple with the effects of the COVID-19 pandemic. In that connection, he pointed out that two of the Director's five strategic pillars focused on recovering from the impact of the pandemic on priority health programs and building resilient health systems based on primary health care. Regarding the way forward, he highlighted the need to apply the lessons learned from the pandemic and continue to adapt technical cooperation in order to promote recovery and continue working to build resilient health systems.

177. In the discussion that followed, delegates expressed gratitude to the Bureau for its

⁷ See: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2023.1.

support during the pandemic and acknowledged the need for continued measures to reduce transmission of the SARS-CoV-2 virus and prevent morbidity and mortality from COVID-19. Delegates highlighted various measures being taken in their countries to that end. The importance of work to address the lingering effects of the pandemic on health and care systems was also emphasized, as was the importance of achieving regional self-sufficiency in the supply of vaccines, personal protective equipment, and other critical items. It was suggested that the COVID-19 vaccine should be included in regular immunization programs and should therefore be readily available through the Revolving Fund. A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) highlighted the importance of wastewater surveillance of the SARS-CoV-2 virus and other infectious agents and the need to build capacity in that area.

178. Several delegates underscored the need to strengthen capacity for the development and production of vaccines and other health technologies in the Region. It was pointed out that the section in the report on action needed to improve the situation made no mention of initiatives to promote local manufacturing of vaccines and health technologies, and the Bureau was asked to comment on the reasons for that omission. It was also asked to elucidate the reasons why the number of COVID-19 deaths in the Americas had been disproportionately high in relation to the number of cases. The Bureau was commended for having commissioned an independent evaluation of the response to the COVID-19 pandemic and for its commitment to transparency and accountability.

179. Dr. Ugarte explained that the disproportion between the figures for cases and deaths was related to the rise in the use of home tests for COVID-19. Whereas COVID-19 deaths were still being reported to national surveillance systems, many cases detected by home tests were not being reported; moreover, some countries were no longer reporting hospitalized cases. That situation accounted for the disproportion between reported cases and reported deaths. He pointed out that lack of reporting made it difficult to rapidly detect sudden surges in cases, which could lead to an increase in deaths. The Bureau was therefore emphasizing the need to continue COVID-19 surveillance and reporting.

180. Dr. Espinal assured Member States that the Bureau remained firmly committed to supporting the local production of vaccines and other health supplies and technologies. He pointed out that the pandemic had clearly demonstrated the need to avoid dependence on sources from outside the Region, particularly since, through South-South, North-South, and triangular cooperation, the Region had the capacity to manufacture the products it needed. With regard to the availability of the COVID-19 vaccine through the Revolving Fund for routine immunization programs, he reported that the Bureau was currently analyzing demand with a view ensuring adequate supplies of the vaccine. Concerning the external evaluation of the pandemic response, he noted that all entities within the Bureau were involved in preparing a plan of action to address the evaluation recommendations.

181. The Director added that the external evaluation had been one of several measures implemented to enhance transparency and accountability. He commended Member States on their efforts to respond appropriately to the pandemic and encouraged them to commission their own external evaluations, noting that the Region had a unique

opportunity to assess which measures had and had not worked in order to be better prepared for future pandemics.

182. The Executive Committee took note of the report.

Report on Strategic Issues between PAHO and WHO (Document CE172/INF/2)

183. Mr. Miguel Rodríguez (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed an earlier version of the report. The Subcommittee had expressed thanks to the Bureau for its efforts to keep Member States apprised of the progress of the various global processes and enable them to participate in global and regional consultations to build regional consensus on the issues under discussion. The Subcommittee had also applauded the Bureau's efforts to increase the sharing of relevant information and best practices from the Region with WHO. It had been considered important to show how the Region's work contributed to global health results. It had been suggested that future reports should include an analysis of the impact of global decisions on the Region.

184. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced the report, which presented an update on high-level strategic issues and opportunities related to PAHO's engagement with WHO. He noted that the report provided information on the ongoing consultations concerning key global issues related to emergency preparedness and response, including within the Working Group on Amendments to the International Health Regulations (WGIHR) and the Intergovernmental Negotiating Body (INB) tasked with drafting and negotiating a new international instrument on pandemic prevention, preparedness, and response. He informed the Committee that the Bureau would host a regional meeting in Washington, D.C., from 10 to 12 July 2023 to provide information and help Member States to prepare for the meetings of the Working Group and the INB to be held later in July in Geneva.

185. The report also provided information on the work of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic, and Financing Governance, in which Member States from the Americas were participating actively. Mr. Maza recalled that, during the Seventy-sixth World Health Assembly in May 2023, Member States had approved the establishment of a WHO financing replenishment mechanism, the aim of which was to increase flexible funding, which would enable the Organization to better respond to Member States' priorities and address chronically underfunded programs. The mechanism would be implemented through various investment rounds, beginning in 2024. Prior to the first round, consultations would be held on the Fourteenth General Programme of Work (GPW14) of WHO, which would cover the period 2025–2028. PAHO Member States were encouraged to participate actively in those consultations.

186. In the ensuing discussion, delegates expressed appreciation to the Bureau for its efforts to improve governance, accountability, transparency, and collaboration in the Region and at the global level and to promote greater dialogue with WHO on issues of fundamental importance. Delegates also applauded the Bureau's efforts to facilitate

participation by Member States from the Americas in the various global negotiation and consultation processes under way and welcomed the regional consultation to be held in July. It was considered crucial for the Bureau to continue providing such opportunities for Member states to engage in dialogue and work towards consolidating regional positions. It was pointed out that the Region of the Americas was uniquely positioned to contribute to the efforts to strengthen emergency preparedness and response and reshape the global public health architecture.

187. The Bureau was encouraged to continue collaborating closely with the WHO Secretariat and Member States to strengthen work at the country level. Future updates on the work of the Action for Results Group and other actions to deepen country-level impact were requested.

188. Mr. Maza assured the Committee that the Bureau would continue to provide information and facilitate the participation of PAHO Member States in the global consultations. He reemphasized the importance of regional participation in the discussions on GPW14, which would set the priorities for WHO for the next five years and would have implications for regional priorities; input from Member States in the Americas was therefore needed in order to ensure that regional priorities and needs were reflected. With regard to the Action for Results Group, he pointed out that 60% of the 20% increase in WHO assessed contributions (see paragraphs 60 to 70 above) would be used to strengthen capacities at country level. The Bureau was working with the WHO Secretariat to analyze the Organization's current country presence and identify gaps; additional information would be presented in the next report on Strategic Issues between PAHO and WHO.

189. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) said that the Bureau was aware of the complexity of the consultations on the INB and the IHR amendments and for that reason the Director had convened the in-person regional meeting in July. He noted that representatives of both ministries of health and ministries of foreign affairs had been invited to attend and affirmed the importance of working towards regional consensus on the various issues under discussion in relation to emergency preparedness and response and the global public health architecture.

190. The Director, reaffirming his commitment to strengthening PAHO's country presence, noted that the PAHO/WHO representative offices already had the capacity to provide technical cooperation; nevertheless, there was still room for improvement. The Bureau was working to identify and address weaknesses in that regard and was also engaged in discussions with the WHO Secretariat about how the increased country-level funding from WHO could be used to strengthen the technical capabilities of the PWR offices.

191. The Director noted that, given the complexity of the issues involved and the difficulties that some countries faced in participating in the global consultations, it had been suggested that the approval of the IHR amendments and the new instrument on pandemic prevention, preparedness, and response should be postponed until 2025. However, he believed that Member States had a unique window of opportunity to take

action and make needed progress during 2023 and 2024 and thus to ensure that the world would be ready to respond to the next public health emergency of international concern. He hoped that, at the upcoming meeting in July, Member States would be able to make headway towards consensus and that it would be possible for the Americas to present a shared regional position at the World Health Assembly in 2024.

192. The Executive Committee took note of the report.

Implementation of the International Health Regulations (Document CE172/INF/3)

193. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) introduced the report, which provided an update on acute public health events in the Region, States Parties' progress in meeting the core capacity requirements under the International Health Regulations (IHR) (2005), and administrative requirements and governance. He reported that, between 16 July 2022 and 31 March 2023, 122 acute public health events of potential international concern had been identified and assessed in the Region; 76 of those events had been substantiated, with 80% 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.

194. Dr. Ugarte strongly encouraged all States Parties in the Region to designate national professionals to be included in the IHR roster of experts, which currently included 456 professionals, 103 of them from 11 countries in the Region. He recalled that the future governance and implementation of the IHR were related to the ongoing processes of the Working Group on Amendments to the IHR and the Intergovernmental Negotiating Body to draft and negotiate a new international instrument on pandemic prevention, preparedness, and response. Some 307 amendments to the IHR had been proposed. States Parties in the Region were strongly encouraged to participate actively in the negotiations and in the meeting organized by PASB on the subject, to be held from 10 to 12 July 2023 (see paragraph 186 above).

195. The Executive Committee affirmed the central role of the IHR in the global health architecture. It was nevertheless acknowledged that the COVID-19 pandemic and other recent outbreaks had revealed weaknesses that needed to be addressed. Stricter IHR compliance and stronger international solidarity were seen as critical in order to be able to prevent, prepare for, and respond to future international health emergencies, including pandemics. Member States were encouraged to strengthen their use of the IHR Monitoring and Evaluation Framework. The Bureau was asked to comment on the reasons that might explain why the Region had reported more than a third of all acute public health events of potential international concern globally.

196. Appreciation was expressed for PASB's efforts to support States Parties in the Region in their implementation of and compliance with the IHR, including through regional meetings on the self-assessment process. The Bureau's efforts to facilitate participation in the IHR review process were also applauded. It was considered essential for all Member States to participate in order to build regional and, ultimately, global

consensus. In that connection, it was pointed out that the limited technical resources and capacity of some countries, particularly small island developing States, hindered their full participation. Concerns were voiced about the rapid pace of the review process, and the need to ensure sufficient time for national consultations on complex issues was underscored. It was considered essential to allow sufficient time to agree on realistic amendments and achieve the highest possible degree of consensus.

197. It was stressed that the amendments to the IHRs should ensure respect for national sovereignty and be compatible both with other IHR articles and with the new instrument on pandemic prevention, preparedness, and response. The need for synergies between the IHR Working Group and the Intergovernmental Negotiating Body was highlighted. It was suggested that the proposed amendments to each article should be consolidated and circulated in advance of the next meeting of the Working Group to facilitate discussions. It was emphasized that, while those negotiations were ongoing, efforts to strengthen IHR core capacities and implement the existing Regulations must continue. The Bureau was urged to continue supporting countries in that regard.

198. In response, Dr. Ugarte explained that the Region of the Americas had been acknowledged as one of the WHO regions with the highest rates of reporting of acute public health events of potential international concern. More information and analysis in that regard would be provided at the 60th Directing Council. He emphasized that PASB was committed to providing States Parties in the Region with information on and analysis of proposed amendments to the IHR. He reiterated the importance of participation in the forthcoming regional meeting, stressing that it was important to achieve regional consensus ahead of the discussions to be held in Geneva.

199. The Director pointed out that the fact that States Parties in the Region had reported 122 acute public health events of potential international concern—35% of the 350 events reported globally—was a testament to the capacities of the countries of the Region to identify potential public health threats. In his view, overreporting was preferable to underreporting. He invited all Member States in the Region to participate in the regional meeting to be held in July, noting that it would be especially important for those countries without representation in Geneva to participate actively.

200. The Executive Committee took note of the report.

Status of Access to Sexual and Reproductive Health Services (Document CE172/INF/4)

201. Dr. Suzanne Serruya (Director, Latin American Center of Perinatology, Women, and Reproductive Health) recalled that, during the 30th Pan American Sanitary Conference in 2022, the Bureau had been asked to prepare a report on access to sexual and reproductive health services in the Region. The report noted that, while the coverage of such services had been expanded in most countries, there remained barriers to access, especially among populations living in situations of vulnerability, which resulted in worse reproductive health outcomes for those populations. The report highlighted the need to address inequalities in access to sexual and reproductive health services and improve access,

especially at the primary care level. It also noted the need to put in place comprehensive regulatory frameworks and policies to protect sexual and reproductive rights; work with other sectors to address social determinants that affected sexual and reproductive health; and ensure sufficient, sustainable financing for the implementation of cost-effective sexual and reproductive health interventions.

202. The Executive Committee welcomed the report, which provided useful information and recommendations that would serve as a basis for action by both Member States and the Bureau. The Committee 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 emphasized the need to ensure access to a full range of sexual and reproductive health services, including family planning and contraceptives, safe abortion, and protection against HIV and other sexually transmitted infections.

203. The need to continue efforts to reduce unintended pregnancies, particularly among adolescents, was underscored. It was pointed out that unintended pregnancy was a multi-causal phenomenon that required an intersectoral approach that took account of social determinants that contributed to it, in particular gender-based violence. The importance of a rights-based approach to the issue was stressed, as well as the importance of involving adolescents in the formulation of policies and interventions related to their sexual and reproductive health was highlighted. It was suggested that a recommendation concerning the use of digital technologies for the provision of sexual and reproductive health services should be added to the report. It was also suggested that the Governing Bodies should continue to discuss the topic and that an annual report should be prepared, with a focus on a specific aspect of sexual and reproductive health each year.

204. Dr. Serruya expressed thanks to Member States for their comments and suggestions and for their participation in the prior consultations on the report.

205. The Director agreed that ensuring comprehensive access to sexual and reproductive health services for all women and girls was crucial to advancing towards greater gender equity in the Region. He welcomed the suggestion of an annual report focusing on specific issues and affirmed that the Bureau would incorporate the suggestion regarding the use of digital technologies in the revised version of the report to be presented to the 60th Directing Council.

206. The Executive Committee took note of the report.

Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report (Document CE172/INF/5)

207. Dr. Massimo Ghidinelli (Interim Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) introduced the final report, which provided an overview of the progress made in implementing the Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016–2022. He explained

that the COVID-19 pandemic had affected the provision of health services, including for the prevention and control of neglected infectious diseases (NIDs), and had plunged increasing numbers of people into poverty or extreme poverty, pushing progress back by decades. Despite the challenges, some advances had been made, including the achievement in full of 4 of the 26 indicators of the plan of action. Other successes included the elimination of blinding trachoma and dog-mediated human rabies in one country. In the post-COVID-19 recovery period, greater multisectoral efforts were now needed to eliminate the targeted NIDs and get back on track to achieving the Sustainable Development Goals.

208. The Executive Committee welcomed the progress made, while recognizing the challenges that had arisen owing to the COVID-19 pandemic, which had disrupted service delivery, early diagnosis, and continuous disease surveillance and exacerbated risk factors for NIDs, including poverty and income inequality, among other social determinants of health. Growing antimicrobial resistance was identified as a cause for concern and the need to ensure responsible use of antimicrobials was underscored. Member States were encouraged to implement sustainable national action plans that promoted integrated multisectoral approaches and emphasized prevention and control measures, including measures related to water, sanitation, and hygiene. The importance of the Strategic Fund to facilitate the procurement of medicines for NIDs was underscored, the work and leadership of PASB was commended, and the integration of equity and gender considerations into PASB's technical support was applauded.

209. It was acknowledged that much still remained to be done to attain NID elimination objectives. The PAHO Disease Elimination Initiative⁸ was considered a useful framework for accelerating progress towards that goal. It was suggested that the Bureau should draft a new plan of action, for consideration by the Governing Bodies in 2024, to ensure the continuity of NID elimination efforts.

210. Dr. Ghidinelli, thanking Member States for their comments, explained that an in-depth review had been conducted to ascertain the feasibility of eliminating the prioritized NIDs by 2030. It had found that 12 out of 20 could be eliminated by that year. Rather than drawing up a new plan of action, the Bureau had opted to include those 12 diseases in the Disease Elimination Initiative (see paragraphs 231 to 234 below), which provided guidance on action to be taken at country level.

211. The Director, welcoming the commitment of Member States to the elimination of NIDs, noted that effective tools were available to address such diseases. He also noted that the Organization's procurement funds were available to support Member States in their elimination efforts. He acknowledged that efforts to eliminate NIDs had been disrupted by the COVID-19 pandemic and emphasized that action now needed to be taken to accelerate process. He agreed that it was critical to take a multisectoral approach so as to address the social and economic determinants of health that were risk factors for NIDs, in particular among populations living in vulnerable conditions. He pointed out that NID elimination

⁸ See Document CD57/7 and Resolution CD57.R7 (2019).

did not generally attract much financial support and expressed gratitude to the countries that had provided funding for that purpose.

212. The Executive Committee 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 CE172/INF/6)

213. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), summarizing the content of the report, noted that tobacco use continued to be a major public health problem and remained the leading preventable risk factor for noncommunicable diseases. He also noted that, during the COVID-19 pandemic, tobacco users had at greater risk of severe illness and death. He reported that progress had been made on the four strategic lines of action and on 9 of the 10 indicators included in the strategy and plan of action, although none had been fully met. Interference by the tobacco industry had hindered progress, as had the fact that many countries lacked the necessary resources or faced difficulties in establishing a multisectoral approach. Further efforts were needed, in particular to regulate electronic cigarettes and other novel tobacco products, implement regulations to achieve 100% smoke-free environments, increase tobacco taxes, and prevent industry interference in tobacco control efforts.

214. In the discussion that followed, delegates described measures being taken at the national level to control tobacco use, including increased taxation on tobacco products, banning of tobacco advertising, the use of graphic health warnings, and efforts to prevent tobacco use among young persons. It was noted that effective tobacco control interventions should take into account the national and local context. It was also pointed out that, although tobacco use prevalence was declining, the number of smokers continued to rise worldwide, leading to thousands of preventable deaths annually.

215. Support was expressed for the recommendations set out in the report, in particular to strengthen technical and legal assistance, capacity-building, and promote the sharing of experiences. It was proposed that a recommendation should be added to take into account the emerging threat posed by electronic cigarettes, especially among children, adolescents, and young persons. The Bureau was encouraged to use more nuanced language in the report to the 60th Directing Council regarding the lessons in tobacco control that could potentially be applied to addressing other NCD risk factors.

216. The Delegate of Brazil announced that, in cooperation with the Government of Canada, his Government would be holding regional preparatory meetings in Brasília, ahead of the Tenth Conference of the Parties to the Framework Convention on Tobacco Control, to be held in Panama in November 2023.

217. Dr. Hennis explained that, while some gains had been made during the reporting period, many had been reversed owing to the COVID-19 pandemic. In fact, the number of people smoking tobacco products was now on the increase. He agreed that the use of emerging tobacco products such as electronic cigarettes among young people was a

particularly challenging issue and noted that the tobacco industry was doing its utmost to offset lower sales of traditional cigarettes by targeting young people with e-cigarettes and other novel products. He pointed out that the upcoming Conference of the Parties to the Framework Convention and the Meeting of the Parties to the Protocol would be important opportunities for States Parties to share experiences and lessons learned. He emphasized that it was critical for countries in the Region to unite to eliminate the scourge of tobacco, given its role as the leading preventable risk factor for noncommunicable diseases.

218. The Director added that there were two main challenges with regard to the uptick in tobacco use: the first challenge was the new approach of the tobacco industry to promote electronic cigarettes and other novel products, which were gateways to tobacco use; the second challenge was poverty and low levels of education, as it had been shown that the highest rates of tobacco use occurred among the poorest and least educated sectors of society. He commended the efforts of Member States to combat tobacco use, noting that several countries of the Region had been recognized for their efforts during the Seventy-sixth World Health Assembly, and underlined the need for continued effort, including dialogue with other sectors to garner support for tobacco control measures such as tobacco taxes and the development of strategies to counter the tobacco industry's efforts to promote vaping as a less dangerous alternative to cigarettes.

219. The Executive Committee took note of the report.

Plan of Action for the Strengthening of Vital Statistics 2017–2022: Final Report (Document CE172/INF/7)

220. Dr. Sebastián García Saiso (Director, Department of Evidence and Intelligence for Action in Health of the Pan American Sanitary Bureau), summarizing the content of the report, pointed out the COVID-19 pandemic had highlighted the importance of timely access to and analysis of critical data, including vital statistics. He noted that the Plan of Action for Strengthening Information Systems for Health (IS4H),⁹ approved in 2019, and the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas,¹⁰ approved in 2021, would play a key role in improving access to more and higher quality health data in the Region. Outlining the progress made under the plan of action, he reported that, by 2022, 30% of the indicators had been met or exceeded, while measurable progress had been made on 13 other indicators. He pointed out that, while the pandemic had hindered the implementation of the plan of action to some extent, it had also accelerated the development of digital and innovative solutions, such as the COVID-19 death certification guide and coding rules with new COVID-19 codes. With regard to the actions needed to improve the situation, Dr. García Saiso emphasized that the digitalization of processes would accelerate improvements to online reporting of vital events and their registration and certification, particularly improvements in data quality, which remained a challenge for many countries.

⁹ See Document CD57/9, Rev. 1, and Resolution CD57.R9 (2019).

¹⁰ See Document CD59/6 and Resolution CD59.R1 (2021).

221. The Director reported that PAHO had formed a partnership with the Inter-American Development Bank for the implementation of the Plan of Action for Strengthening Information Systems for Health, which had enabled Member States to benefit from \$800 million in loans for initiatives aimed at improving their health information systems. He agreed that it was important to accelerate the digital transformation of the health sector, integrating the sector's efforts into countries' broader e-government initiatives. He pointed out that those efforts would not only yield greater access to better data, but would also help to improve access to and quality of care and enable better health situation analysis in countries.

222. The Executive Committee took note of the report.

Chronic Kidney Disease in Agricultural Communities in Central America: Final Report (Document CE172/INF/8)

223. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the report, which outlined the progress made to date in combating chronic kidney disease (CKD), particularly CKD from non-traditional causes (CKDnT), in agricultural communities of Central America. He noted that significant but variable progress had been made in strengthening local capacity in the affected countries for a comprehensive response to CKDnT; strengthening interventions related to the care of people with CKD; improving epidemiological, occupational, and environmental surveillance; strengthening advocacy, leadership, and intersectoral action for the prevention of CKD; and disseminating the results of research on CKDnT as an environmental and occupational disease. The report highlighted the need for sustained action to address CKD as a public health issue, in particular by, inter alia, ensuring compliance with international agreements and regulations on responsible use of agrochemicals, developing action plans encompassing determinants of health related to CKDnT, and eliminating barriers to access to services for the prevention, early diagnosis, and treatment of CKD, especially at the primary care level. Dr. Fitzgerald expressed gratitude to Member States for their work with the Bureau in reporting and responding to CKD from non-traditional causes.

224. In the ensuing discussion, the need for continued action for the prevention, early detection, and treatment of CKDnT was underscored.

225. Dr. Fitzgerald noted that one of the main lessons learned from the experience thus far was the need to strengthen capacity for early detection and clinical diagnosis at the first level of care and ensure that the necessary treatments were available. In that connection, he reported that over 47,000 health workers had been trained in the management of CKDnT. Another lesson was the need to strengthen both dialysis and transplant services. There was also a need to further strengthen epidemiological, occupational, and environmental surveillance. He assured Member States that the Bureau, in partnership with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), would continue to work with them in all those areas.

226. The Director recalled that the problem of CKDnT had come to light years earlier. Initially, no one had been sure of the causes, but there was now much greater clarity in that regard. Noting that the CKDnT was a public health problem that mainly affected groups living in conditions of vulnerability, he affirmed that the Bureau would continue to support the Central American countries in responding to the disease.

227. The Executive Committee took note of the report.

Health and Tourism: Final Report (Document CE172/INF/9)

228. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) summarized the information contained in the report. She noted that tourism in the Region had been impacted by public health events in recent years, including not only the COVID-19 pandemic but also outbreaks of chikungunya and Zika virus disease. The resultant job losses in the hotel and restaurant sector had disproportionately affected women, young people, migrants, and informal-sector workers.

229. Dr. Eijkemans explained that, since the adoption of Resolution CD49.R20, on Health and Tourism, in 2009, progress had been achieved in the areas of governance, capacity-building, and public-private partnerships. For example, a regional plan of action for Central America on health and tourism had been drawn up in cooperation with the Central American Tourism Integration Secretariat, which was part of the Central American Integration System; risk-based food inspection capacity had been improved, and training on safer food handling and on food allergens had been provided; and, as part of an agreement between PAHO and Airbnb, PAHO had collaborated in the development of safe food handling guidelines and other relevant communication materials. She noted that sustained intersectoral efforts were now needed to continue the progress made in the area of health and tourism.

230. The Executive Committee took note of the report.

Progress Reports on Technical Matters (Documents CE172/INF/10, A-H)

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

231. Dr. Massimo Ghidinelli (Interim Director, Department of Communicable Diseases Prevention, Control, and Elimination, PASB) recalled that the PAHO Disease Elimination Initiative had been approved by the Directing Council in 2019, following a relatively long preparatory phase that had begun in 2015. Although the COVID-19 pandemic had slowed down the implementation of the Initiative, progress had been made towards the elimination of various diseases. During the pandemic period, the Bureau had reviewed and updated the list of diseases proposed for elimination by 2030, which included more than 30 infectious diseases and related conditions. It had also established a strategic and technical advisory group comprising distinguished researchers and public health experts and was finalizing a

monitoring and evaluation framework for the Initiative. As the Region moved into the post-pandemic phase, the Bureau was now capitalizing on the lessons learned during the emergency period and had reoriented the Disease Elimination Initiative towards ensuring that the Initiative would contribute to strengthening and building the resilience of health systems and enhancing pandemic preparedness.

232. In the ensuing discussion, delegates affirmed their support for the Disease Elimination Initiative and its strategic directions and targets. It was noted that, in the discussions on elimination of neglected infectious diseases (see paragraphs 207 to 212 above), the Bureau had indicated that 12 of those diseases would be included in the Disease Elimination Initiative. The Bureau was asked to clarify how the Initiative would be adapted and strengthened for that purpose. It was 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 was emphasized. The importance of collaboration between countries and sharing of experiences and lessons learned was also highlighted. It was suggested that, consistent with strategic line of action 3 of the Disease Elimination Initiative, the list of actions needed to improve the situation should include a reference to addressing social and environmental determinants of health.

233. In response, Dr. Ghidinelli noted that a dedicated unit was being established to coordinate the activities of individual disease control programs and programs that dealt with issues such as antimicrobial resistance, which were closely related to the elimination of neglected infectious diseases and other diseases. He confirmed that the Initiative incorporated the One Health approach, and he acknowledged the important role that veterinary public health could play in ensuring the Initiative's success.

234. The Director, welcoming delegates' expressions of continued support for the Initiative, said that the Bureau was aware that the COVID-19 pandemic had negatively impacted disease elimination efforts and was therefore relaunching the Disease Elimination Initiative. In doing so, it was incorporating developments and innovations introduced during the pandemic that could help to advance the Initiative. For instance, the Region now had stronger laboratory capacity. He noted that the Initiative would be formally relaunched during the 60th Directing Council and pointed out that sustained political commitment would be essential to its success, particularly for diseases that were close to elimination, which were often no longer seen as important public health concerns.

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

235. Dr. Héctor Castro (Interim Director, Department of Innovation, Access to Medicines and Health Technologies, PASB) presented the progress report, which highlighted the improvements made with regard to the indicators established under the plan of action. He noted that overall progress was made towards the 20 key indicators; however, the COVID-19 pandemic had caused a setback with respect to the baseline for some indicators. Moreover, progress had been uneven across subregions and significant gaps

remained in some areas, such as allocation of resources, human resource capacities, and coordination of transplant systems. Continued effort would therefore be needed to achieve the goal of the strategy and plan of action, which was to promote equitable access to organ, tissue, and cell transplants in the Region.

236. In the Executive Committee's discussion of the report, delegates 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 was stressed, as was the importance of establishing and strengthening registry systems for donations and transplants in order to ensure traceability and generate information that would help improve the design of strategies to encourage donation. The importance of international, South-South, and triangular cooperation was also emphasized. The Delegate of Argentina drew attention to the work being carried out by her country's national transplant institute, Instituto Nacional Central Único Coordinador de Ablación e Implante (INCUCAI), a PAHO/WHO collaborating center, in cooperation with other countries of the Region, while the Delegate of Spain noted that her Government had signed an agreement with the Bureau in March 2023 to strengthen organ donation and transplant in the Region, including through capacity-building and other activities to support the implementation of the strategy and plan of action.

237. Dr. Castro expressed gratitude to Argentina and Spain for their support, which had been crucial in establishing the Ibero-American Network/Council on Donation and Transplantation. He highlighted the importance of interprogrammatic work and noted that the Bureau was working closely with the Strategic Fund to facilitate access to anti-rejection medicines needed by transplant recipients.

238. The Director, noting that the subject of organ donation and transplant came up frequently in his conversations with national health authorities, affirmed that the Bureau would continue providing technical cooperation to strengthen national donation and transplant systems.

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

239. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) reported that, while the midterm review noted some progress in improving quality of care in health service delivery, many challenges remained. The review found that the COVID-19 pandemic had impacted on countries' capacity to implement systemic improvements in quality of care, but that it had also facilitated innovations in some areas. Dr. Fitzgerald noted that effective stewardship and governance of health systems had been key in responding to the pandemic and that the actions taken in that regard had led to progress under the second line of action in the strategy and plan of action. Less progress had been made under the other two strategic lines of action, however. The report emphasized the need to redouble efforts to improve quality of care and patient safety and proposed a number of actions to accelerate progress under the strategy and plan of action, including the implementation of operational plans at the health services level aimed at

improving quality of care and patient safety and strengthening monitoring and evaluation of quality of care in countries.

240. The Director acknowledged the efforts made by Member States to implement the strategy and plan of action and agreed on the need to intensify efforts to improve quality of care. He assured Member States that the Bureau would continue to provide technical cooperation to support their efforts.

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

241. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the aim of the Strategy for Universal Access to Health and Universal Health Coverage was to ensure that all persons had access to comprehensive health services without having to endure financial hardship. While the Region had been making progress towards universal access and coverage prior to the COVID-19 pandemic, much of that progress had been reversed as a consequence of the pandemic, which had exposed new structural weaknesses and deepened existing inequalities. Member States had nevertheless achieved progress under the strategic lines of action, including by strengthening integrated health service delivery networks and adapting models of care. Some headway had also been made in reducing out-of-pocket expenditure. While Member States had increased public expenditure on health during the acute phase of the pandemic, owing in part to additional financial support from multilateral organizations, there was a risk that the end of the pandemic would bring decreases in health expenditure. He encouraged Member States to strengthen intersectoral coordination and action at the national and subnational levels, strive to enhance primary care and health service delivery, and improve resource allocation, with a view to building the health workforce needed in the Region.

242. In the ensuing discussion, delegates welcomed the efforts to advance towards universal access to health and universal health coverage. Member States were urged to recommit to reinvesting in essential health services, including sexual and reproductive health services. Investment in health was considered key to building stable communities and productive economies, safeguarding national and global health security, and advancing development. The need for community-based health care to address the scourge of noncommunicable diseases was stressed.

243. It was suggested that the report could be further enriched by drawing on the lessons learned from the COVID-19 pandemic. Bolder, more concrete measures were considered necessary, including to foster greater international cooperation and partnerships, in order to achieve universal access and coverage and ensure the inclusion of historically marginalized and excluded populations. A whole-of-society approach, incorporating all relevant stakeholders and communities, including civil society, faith-based organizations, and young people, was also encouraged. It was noted that United Nations General Assembly would hold high-level meetings on several health matters in September 2023, including universal health coverage, and Member States were urged to coordinate their efforts and involve all relevant stakeholders with a view to achieving a coherent and

ambitious global response and getting back on track towards attaining the Sustainable Development Goals, including Goal 3 on good health and well-being.

244. Dr. Fitzgerald observed that the primary health care approach formed the foundation for increasing access to comprehensive health services in the post-pandemic context. He pointed out that it was increasingly important to take into account needs not only at the national and subnational levels but also at the territorial and community levels in order to address social determinants of health and provide integrated primary health care, including in underserved or disadvantaged communities. Acknowledging the importance of partnerships, he noted that the Bureau's work with the WHO Secretariat under the WHO Universal Health Coverage Partnership had resulted in increased funding for the strengthening of health systems. He pointed out that one of the lessons learned from the COVID-19 pandemic was that multilateral financial institutions remained key partners in the transformation of the health sector and the realization of universal access to health and universal health coverage. He reported that information on the United Nations high-level meetings had been disseminated through the PWR offices and announced that a meeting on investment and innovation in primary health care was planned for December 2023 in Uruguay. He encouraged all Member States to participate actively in those meetings.

245. The Director, welcoming the efforts of Member States to strengthen and transform their health systems, emphasized that the Region was at the vanguard of efforts to achieve both universal access to health services and universal health coverage. He pointed out that achieving universal access meant removing obstacles to such access, especially for Indigenous, Afro-descendant, and other vulnerable or marginalized populations. It was also necessary to strengthen the concept of primary health care, which should be more comprehensive and responsive not only to maternal and child health care needs, but also to the need to treat chronic noncommunicable diseases, mental health disorders, and other health conditions. He, too, encouraged Member States to participate in the United Nations high-level meetings and in the meeting in Uruguay, noting that the latter would provide an opportunity to advance discussions with financial institutions on the need for investment not only in hospital construction but also in strengthening the health workforce and ensuring the availability of comprehensive primary health care in communities.

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

246. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) explained that, notwithstanding the efforts of Member States, members of certain ethnic groups—including Indigenous, Afro-descendant, and Roma populations—continued to face inequality, discrimination, and social exclusion. Challenges to progress included a lack of health information disaggregated by ethnicity, limited participation of ethnic groups in the development of health-related policies and actions, and lack of recognition of knowledge-based traditional and ancestral medicine. She stressed the need to redouble efforts to meet the objectives of the strategy and plan of action by 2025 and improve the health of those who had been left behind, and encouraged Member States to strengthen the delivery of culturally appropriate health services, implement an intercultural and intersectoral approach to health, and

address inequalities and social determinants of health. She affirmed that the Bureau would continue to provide technical support, including to promote a human rights-based approach and improve the collection of disaggregated data.

247. In the ensuing discussion, delegates reaffirmed their support for the strategy and plan of action, noting that the Region of the Americas had been the first WHO region to adopt a strategy on ethnicity and health. A number of delegates described the steps their countries were taking to implement an intercultural approach to health, including by providing grants and training for Indigenous health workers and intercultural facilitators and incorporating ethnic self-identification as a variable in vital statistics. It was acknowledged that efforts must be made at the national level to foster intercultural dialogue, build consensus, and recognize ancestral knowledge and traditional medicine.

248. Concern was expressed at the lack of progress towards the agreed objectives of the strategy and plan of action. It was suggested that steps should be taken to mobilize civil society organizations to assist governments in meeting those objectives. The Delegate of Brazil said that his Government would be pleased to host a regional meeting on ethnicity and health, where the issue could be discussed with all relevant stakeholders, including ministers of health and representatives of academia and civil society.

249. Dr. Eijkemans applauded the advances made by Member States and welcomed the proposal of the Delegate of Brazil, noting that it would be very useful to hold a meeting on the topic involving representatives of the affected populations. The Bureau would be happy to support the Government of Brazil in that endeavor.

250. The Director recalled that the 57th Directing Council, in its Resolution CD57.R14, had recognized the barriers to access to health services faced by Indigenous, Afro-descendant, Roma, and other ethnic groups. He pointed out that the COVID-19 pandemic had further exacerbated those barriers. He welcomed the progress made under the strategy and plan of action with regard to implementing intercultural approaches to health and promoting the participation of religious and other leaders of Indigenous, Afro-descendant, Roma, and other ethnic groups. He also welcomed the adoption by the Seventy-sixth World Health Assembly of Resolution WHA76.16, on the health of Indigenous Peoples, and expressed appreciation for the proposal of the Delegate of Brazil. He encouraged Member States to continue in their efforts, building on the lessons learned during the pandemic, to promote interculturality and equity in access to health services.

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

251. Ms. Piedad Huerta Arneros (Head, Country and Subregional Coordination Office, PASB) explained that the implementation of the policy on cooperation for health development had focused on three main areas: convening and advocacy, knowledge brokering and sharing, and building partnerships and mobilizing resources. Among other measures, the Bureau had strengthened the exchange of best practices and enhanced its coordination with the United Nations system on South-South and triangular cooperation, including by sharing experiences of cooperation at the Global South-South Development

Expo in 2022. During the COVID-19 pandemic, the Organization had played an important role in promoting South-South and triangular cooperation and fostering health diplomacy, including through the provision or donation of essential medicines and vaccines in short supply. Emphasizing the importance of Pan Americanism, she noted the need for ongoing cooperation and collaboration to address current and future global challenges and tackle health inequities between and within countries.

252. In the ensuing discussion, delegates recognized the Bureau's efforts to facilitate cooperation between countries of the Region before, during, and after the COVID-19 pandemic. Appreciation was expressed for the Bureau's support in providing medicines and vaccines during the pandemic. The importance of the Organization, which offered unrivalled technical cooperation and support, including in times of emergency, was highlighted. The Bureau was urged to continue its efforts to strengthen regional ties, while Member States were encouraged to increase collaboration to enable all countries of the Region to move forward in their health development efforts.

253. The importance of cooperation, including to strengthen national and regional detection, surveillance, and response capacities, was underscored. It was emphasized that cooperation between Member States was mutually beneficial, enabling them to exchange technical knowledge and human resources. The value of sharing knowledge with other WHO regions was highlighted as a valuable aspect of cooperation, as was the promotion of opportunities for learning and dialogue, such as the Diplomacy in Health and Global Health training course mentioned in the progress report. The Bureau was encouraged to continue to promote such training in the Region with a view to increasing regional and international cooperation.

254. Ms. Huerta emphasized the critical role that ministries of health in the Region played in facilitating technical cooperation and training in public health, including during the period of the COVID-19 pandemic. She assured the Committee that the Bureau would continue its efforts to foster South-South and triangular cooperation for the benefit of Member States and health systems in the Region.

255. The Director observed that one of the Bureau's key roles was to facilitate cooperation between countries, including South-South cooperation, in order to leverage regional capacities for the benefit of all Member States. He pointed out that the PAHO/WHO collaborating centers also played an important role in providing technical expertise and facilitating such cooperation.

G. Health and Human Rights: Progress Report

256. Dr. Gerry Eijkemans (Director, Department of Social and Environmental Determinants for Health Equity, PASB) introduced the report, which summarized the progress made in implementing the conceptual framework on health and human rights during the period from August 2017 to March 2023. She noted that progress had been made in mainstreaming human rights in PAHO Governing Bodies documents; submitting reports and technical opinions to international and national bodies regarding the application of

human rights norms and standards in health legislation, regulations, and policies; strengthening national frameworks and good practices in health and human rights; and collaborating with the United Nations and the OAS to promote international instruments and draft normative documents. The Bureau had analyzed public health measures in relation to human rights standards and provided technical guidance in that regard. It had also disseminated information on health and human rights online. The report put forward a number of proposed measures that Member States could implement to strengthen the human-rights perspective in their health-related policies, legislation, and practices.

257. In the ensuing discussion, support was expressed for the activities undertaken by the Bureau and the capacity-building opportunities offered through the PAHO Virtual Campus for Public Health. The Bureau was asked to clarify its recommendation to Member States to link national human rights mechanisms to the legislative and judicial branches and to provide additional information on the way in which health-related regulatory frameworks could be applied to strengthen access to justice. With regard to the report, the Bureau was encouraged to include more information about the United Nations entities with which PAHO collaborated to promote human rights. The efforts to promote the ratification of the Inter-American Convention on the Human Rights of Older Persons were welcomed, and it was suggested that ratification of the Inter-American Convention against All Forms of Discrimination and Intolerance should also be promoted.

258. Dr. Olger González Espinoza (Regional Advisor on Human Rights, PASB) clarified that the goal of the recommendation to link national human rights mechanisms to the legislative and judicial branches was to ensure that members of the judiciary had a strong understanding of health-related human rights and could respond effectively when issues arose. That could be accomplished, for example, by sharing best practices, exchanging information, and organizing capacity-building activities with judicial authorities, ministry of health personnel, and other health-related entities.

259. Dr. Eijkemans confirmed that PAHO worked with United Nations entities in the field of human rights and said that the Bureau would provide greater details about that work in future reports and would also highlight the issue of racial discrimination.

260. The Director noted that, since the adoption of the resolution on health and human rights in 2010, much progress had been made in recognizing the fundamental need to adopt a human-rights perspective with regard to health. A human-rights approach had been incorporated in many recent resolutions and discussions on topics such as migrant health, ethnicity and health, and mental health. Nevertheless, as the report highlighted, significant challenges remained in the Region with regard to health and human rights. He invited Member States to collaborate with diverse stakeholders to ensure the protection of health-related human rights.

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

261. Dr. Héctor Castro (Interim Director, Department of Innovation, Access to

Medicines and Health Technologies, PASB) recalled that the Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards, had been approved by the 28th Pan American Sanitary Conference in 2012 and noted 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. Since 2012, the Bureau had organized or sponsored regional workshops on the dissemination and application of the International Basic Safety Standards, international conferences on radiation protection in medicine, and global radiation and nuclear safety congresses. It had also published several safety guides and technical documents to provide further guidance to Member States. Dr. Castro pointed out that the increased use and technological complexity of diagnostic imaging, interventional radiology, nuclear medicine, and radiotherapy services necessitated updates to regulations on the rational and safe use of such technologies. There was also a clear need to continue to improve coordination among the various entities responsible for radiation safety and protection.

262. In the discussion that followed, support was expressed for PAHO's work on issues related to radiation standards and its cooperation with other international organizations. It was noted that progress in the Region had been uneven with regard to the development and implementation of such standards and the need for continued effort to address weaknesses was underscored.

263. Dr. Marcos Espinal (Interim Assistant Director, PASB) said that alliances and partnerships were essential to addressing the complex issue of radiation protection. For that reason, the Bureau had forged a strong relationship with the International Atomic Energy Agency and the International Labour Organization. He affirmed that, given the increasing number of medical devices that relied on radiation, it was important for the Bureau to continue to provide advice to Member States and support them in strengthening their regulatory bodies.

264. The Executive Committee took note of the reports.

Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CE172/INF/11, A-B)

A. Seventy-sixth World Health Assembly

265. Mr. Nicolás Lagomarsino (Senior Advisor, Office of Governing Bodies, PASB) explained that Document CE172/INF/11(A) summarized the outcomes of the Seventy-sixth World Health Assembly, held from 21 to 30 May 2023, and those of the 153rd Session of the WHO Executive Board, held on 31 May 2023. The Annex contained a list of resolutions and decisions adopted by the Assembly that were considered to be of particular interest to the Region. He noted that a revised version of the document, containing a more exhaustive list, would be produced prior to the 60th Directing Council.

266. In the ensuing discussion, it was noted that the adoption of the resolution on the health of Indigenous Peoples marked the first time in 75 years that the issue had been

included on the agenda of the World Health Assembly and that Member States from the Americas had voiced strong support for that initiative, which had been led by Brazil. Member States from the Americas had also promoted increased equity in health and progress towards universal health coverage, encouraged greater transparency and accountability from WHO, and advanced discussions on global health systems and security. The coordinating efforts of the Group of Member States of the Americas (GRUA) were commended.

267. It was noted that the document did not contain information about the increase in WHO assessed contributions (see paragraphs 60 to 70 above). The Bureau was asked to ensure that the WHO Secretariat was aware of the impact of that increase on the Member States in the Region, many of which already struggled to pay their assessed contributions to WHO and to PAHO. It was also asked to reiterate the concerns of PAHO Member States about the inequitable distribution of WHO funds to the Region of the Americas.

268. Mr. Lagomarsino recalled that the adoption of the resolution on the health of Indigenous Peoples had been an emotional moment at the Assembly. He explained that information on the resolution on the increase in WHO assessed contributions would be included in the document to be presented during the 60th Directing Council.

269. The Director congratulated the Member States of the Region for their active participation in the Assembly and thanked Haiti for serving as coordinator for the GRUA, and welcomed Mexico as the new coordinator. GRUA had been instrumental in sharing information and facilitating the participation of many Member States without a mission in Geneva. He pointed out that the Seventy-seventh World Health Assembly, to be held in May 2024, would present some complex issues, including the amendments to the International Health Regulations (2005) and the new instrument on pandemic prevention, preparedness, and response, would be discussed. He was confident that the countries of the Region would play an important role in reaching consensus on those issues.

B. Subregional Organizations

270. Ms. Piedad Huerta Arneros (Head, Office of Country and Subregional Coordination, PASB) summarized the content of Document CE172/INF/11(B), which outlined the activities undertaken by PAHO in collaboration with the various subregional integration organizations in the Region in relation to a variety of health-related issues, including the COVID-19 pandemic, climate change, and migrant health. She underlined the importance of PAHO's work at the subregional level, the main aim of which was to ensure that health issues remained high on political agendas in the Region. She noted that the various subregional integration organizations had been invited to hold working meetings as side events during the week of the 60th Directing Council in September.

271. In the discussion that followed, support was expressed for the technical cooperation that PAHO provided to the subregional integration organizations. It was 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

(2005) and in ensuring that subregional voices were heard in regional and global discussions. It was suggested that the document should include more specific information on the contributions of PAHO to the activities mentioned and on the results achieved. Information on the resources allocated to those activities was also requested, as was information on potential opportunities for sharing subregional experiences, successes, and lessons learned on issues of common interest.

272. Ms. Huerta Arneros explained that the report to be presented at the 60th Directing Council would provide updated information on activities carried out up to July 2023 and confirmed that the additional information requested would also be included in the document. She noted that the subregional integration mechanisms facilitated horizontal exchanges between countries in the same subregion. However, given that many issues, such as climate change, migration, and vaccination, impacted countries across the Region, she suggested that forums or seminars might be organized to facilitate the sharing of experiences and best practices among subregions.

273. The Director reported that he had attended meetings held by the Caribbean Community, the Council of Ministers of Health of Central America and the Dominican Republic, and the Southern Common Market, where he had highlighted priority health issues. He noted that the subregional organizations played an indispensable role in facilitating collaboration among States and reaffirmed the Bureau's commitment to coordinating with the subregional organizations and providing technical support to assist States in the various subregions in making progress on important issues such as tobacco control and border health.

274. The Executive Committee took note of the reports.

Other Matters

275. At the invitation of the President, Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) presented a synopsis of the ministerial conference of small island developing States (SIDS) on noncommunicable diseases and mental health, convened by the Government of Barbados, WHO, and PAHO, and held in Bridgetown, Barbados, from 14 to 16 June 2023. He noted that SIDS were overrepresented among countries with the highest likelihood of premature mortality from NCDs and that they faced unique social, economic, and environmental vulnerabilities and challenges owing, inter alia, to their small size, geographic location, vulnerability to climate change and natural disasters, and heavy dependence on imported food products, often of poor quality, coupled with high risk of food insecurity. Dr. Hennis recalled that the ministerial conference had been preceded by a high-level technical meeting, held in January 2023, which had resulted in a technical outcome report. That report had fed into the outcome document of the ministerial conference, the Bridgetown Declaration on NCDs and Mental Health,¹¹ in which SIDS had affirmed their commitment to accelerating

¹¹ See: https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf?sfvrsn=5feda33f_11.

policies and actions to prevent and control NCDs and mental health conditions through rights-based and equity approaches grounded in local culture and traditional knowledge.

276. The President of the Executive Committee, speaking as a representative of Jamaica, stressed that NCDs in SIDS must be declared a global emergency, noting that, even at the height of the COVID-19 pandemic, more persons worldwide were dying from hypertension than from COVID-19. It was also essential to reform food systems and promote food sovereignty in SIDS, as unhealthy food imports led to unhealthy diets, which was one of the four major risk factors for NCDs. He pointed out that SIDS in the Caribbean had developed innovative, evidence-based actions and best practices to tackle NCDs and their risk factors, such programs to encourage physical activity and better nutrition, and emphasized that mechanisms were needed to enable countries to develop more such initiatives tailored to their needs and to support them in initiating and sustaining them. In addition, an institutional driver of action on NCDs in SIDS was needed, perhaps supported by PAHO and WHO, where SIDS ministers of health could come together to discuss progress on the matter; the mechanism should include the private sector, civil society, and persons living in SIDS. Lastly, there was an urgent need to implement the Multidimensional Vulnerability Index for SIDS¹² as a criterion for access to development financing and to prioritize health in capacity-building and human capital development efforts.

277. In the discussion that followed, delegates expressed support for efforts to tackle NCDs and mental health conditions in SIDS. The need for multilateral cooperation to build a collective course of action to address environmental determinants such as climate change was underscored, and the importance of putting in place public policies to support efforts to combat NCDs was highlighted.

278. Dr. Hennis agreed that urgent action was needed to address the threat of NCDs, mental health conditions, and climate-related phenomena in SIDS and affirmed that the Bureau stood ready to support SIDS in addressing those issues.

279. The Director, pointing out that one third of deaths from NCDs and mental health conditions could be prevented, agreed that the issue constituted a global emergency. He noted that the Bridgetown Declaration put forward 15 excellent recommendations for a multisectoral approach that would support healthy lifestyles; he emphasized the need to translate the Declaration into a global commitment. He also agreed that public policies were needed to support individuals in making healthy choices and ensure that everyone, but especially the populations living in the most vulnerable conditions, had access to services for screening, diagnosis, and treatment of NCDs.

¹² See: <https://sdgs.un.org/topics/small-island-developing-states/mvi>.

Closure of the Session

280. Following the customary exchange of courtesies, the President declared the 172nd Session of the Executive Committee closed.

Resolutions and Decisions

281. The following are the resolutions and decisions adopted by the Executive Committee at its 172nd Session:

Resolutions

CE172.R1: Collection of Assessed Contributions

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Assessed Contributions* (Document CE172/18 and Add. I) presented by the Director;

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

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

Noting that, as of 19 June 2023, 23 Member States have not made any payments towards their 2023 assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Document CE172/18 and Add. I) presented by the Director.
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2023.
4. To strongly urge the other Member States to pay all their outstanding contributions as soon as possible to mitigate any impact on technical cooperation activities.

5. To request the Director to continue to inform the Member States of any balances due and to report to the 60th Directing Council on the status of the collection of assessed contributions.

(First meeting, 26 June 2023)

CE172.R2: Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems

172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the *Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems* (Document CE172/14),

RESOLVES:

To recommend that the 60th Directing Council adopt a resolution along the following lines:

**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/__);

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/__);
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.

(First meeting, 26 June 2023)

CE172.R3 Strategic Communications in Public Health for Behavior Change

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the concept paper *Strategic Communications in Public Health for Behavior Change* (Document CE172/16),

RESOLVES:

To recommend that the 60th Directing Council adopt a resolution along the following lines:

**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/__);

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/___).
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.

(Second meeting, 26 June 2023)

CE172.R4: Appointment of One Member to the Audit Committee of PAHO

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

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

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

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

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

RESOLVES:

1. To thank the Director of PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint Ms. Sara R. Greenblatt to serve as a member of the PAHO Audit Committee for a term of three years from June 2023 through June 2026.

(Third meeting, 27 June 2023)

CE172.R5 Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CE172/17),

RESOLVES:

To recommend that the 60th Directing Council adopt a resolution in the following terms:

**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/__);

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/__).
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.

(Fourth meeting, 27 June 2023)

CE172.R6: Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults* (Document CE172/15),

RESOLVES:

To recommend that the 60th Directing Council adopt a resolution along the following lines:

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/___).

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/___).
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, 27 June 2023)

***CE172.R7 Proposed Program Budget of the Pan American Health Organization
2024–2025***

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Proposed Program Budget of the Pan American Health Organization 2024–2025* (Document CE172/12);

Having considered the *Report on the 17th Session of the Subcommittee on Program, Budget, and Administration* (Document CE172/4);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program budget that takes into account socio-economic considerations, the priorities for technical cooperation identified with Member States, 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:

To recommend to the 60th Directing Council the adoption of a resolution along the following lines:

**PROGRAM BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION 2024–2025**

THE 60th DIRECTING COUNCIL,

Having examined the Program Budget of the Pan American Health Organization 2024–2025 (*Official Document*__);

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

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program budget that takes into account socio-economic considerations, the priorities for technical cooperation identified with Member States, 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, paragraph 3.5, of the Financial Regulations of the Pan American Health Organization,

RESOLVES:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US\$ 700 million¹ for base programs and \$120 million as a placeholder for special programs, as outlined in the Program Budget of the Pan American Health Organization 2024–2025 (*Official Document* __).
2. To encourage all Member States, Participating States, and Associate Members of the Pan American Health Organization 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.
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 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 \$225.5 million, composed of: a) \$194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last

¹ Unless otherwise indicated, all monetary figures in this resolution are expressed in United States dollars.

approved amount of net assessed contributions (\$194.4 million); and *b*) \$31.1 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	225,550,000
Less credit from Tax Equalization Fund	(31,150,000)
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	196,000,000
Funding allocation to the Region of the Americas from the World Health Organization	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 2024–2025, 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 Program Budget 2024–2025, to be presented to the Governing Bodies in 2026.

(Fifth meeting, 28 June 2023)

CE172.R8 PAHO Award for Health Services Management and Leadership 2023

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2023* (Document CE172/5, Add. I);

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

RESOLVES:

1. To note the candidates' efforts to improve management of health systems and services on behalf of their countries and the Region.
2. On the recommendation of the Award Committee, to confer the PAHO Award for Health Services Management and Leadership 2023 to Dr. Alfredo Darío Espinosa Brito, from Cuba, in recognition of his career and leadership in the management of health services in Cuba, and for the impact of his scientific publications in the Region of the Americas. His contribution to primary health care was also noted, as was his role in disease prevention and health promotion, especially in addressing the burden of noncommunicable diseases in populations in conditions of vulnerability and in older adults.
3. To transmit the *Report of the Award Committee of the PAHO Award for Health Services Management and Leadership 2023* (Document CE172/5, Add. I), to the 60th Directing Council.

(Fifth meeting, 28 June 2023)

CE172.R9 Non-State Actors in Official Relations with PAHO

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE172/7);

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

RESOLVES:

1. To admit the following non-State actors into official relations with PAHO for a period of three years:
 - a) Coalition for Americas' Health;
 - b) International Diabetes Federation.
2. To renew official relations between PAHO and the following non-State actors for a period of three years:

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

- a) American Heart Association;
 - b) American Public Health Association;
 - c) American Society for Microbiology;
 - d) Basic Health International;
 - e) Global Oncology;
 - f) Inter-American Association of Sanitary and Environmental Engineering;
 - g) March of Dimes;
 - h) Pan-American Federation of Associations of Medical Schools;
 - i) Pan American Federation of Nursing Professionals;
 - j) United States Pharmacopeial Convention;
 - k) World Association for Sexual Health.
3. To request the Director to:
- a) advise the respective non-State actors of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and non-State actors working in the field of health.

(Fifth meeting, 28 June 2023)

CE172.R10 Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed modification of the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME or the Center) reviewed and recommended for adoption by the 17th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee, held 22–23 March, as described in the document *Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)* (Document CE172/23),

RESOLVES:

To recommend that the 60th Directing Council approve the amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME) and adopt a resolution along the following lines:

**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/__);

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.
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.

* 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.

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.

(Sixth meeting, 28 June 2023)

CE172.R11 Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE172/24;

Acknowledging the recommendation of the International Civil Service Commission in its 2022 Annual Report to increase the base/floor salary scale for the professional and higher categories and pay protection points by 2.28% on a no-loss/no-gain basis, and PASB's implementation of that recommendation as of 1 January 2023;

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

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

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the United Nations common system agencies,

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director effective 1 January 2023 concerning the remuneration of staff in the professional and higher categories and the change in allowance for children with disabilities, and the Staff Rule amendments that have been made by the Director effective 1 July 2023 regarding parental leave and the number of official holidays.
2. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning on 1 January 2023 at US\$ 191,565¹ before staff assessment, with a corresponding net base salary of \$141,933.
3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2023, at \$193,080 before staff assessment, with a corresponding net base salary of \$142,933.
4. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2023, at \$212,632 before staff assessment, with a corresponding net base salary of \$155,837.

Annex

Annex

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

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

340. DEPENDENTS' AND SINGLE PARENT'S ALLOWANCES

Staff members appointed to the professional or higher categories, except those holding temporary appointments as defined in Rule 420.3, are entitled to an allowance, as follows:

[...]

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

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

340.2 For a child who has a physical or mental disability as defined in Staff Rule 310.5.2, the entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

620. OFFICIAL HOLIDAYS

Eleven holidays are observed per year and, except as otherwise decided by the Director, follow, as far as practicable, the 11 most commonly observed holidays in the locality.

760. PARENTAL LEAVE

760.1 Upon presentation of satisfactory evidence of the birth or adoption of a child, staff members shall be entitled to parental leave as established herein. This leave is paid with full salary and allowances.

760.2 Staff members holding fixed-term appointments under Staff Rule 420.2:

(1) who give birth to a child are entitled to 26 weeks of parental leave, except that in the case of multiple births, the gestational parent is entitled to a total of 30 weeks of parental leave. Parental leave for a gestational parent shall not terminate less than 10 weeks after the actual date of birth.

(2) who are the non-gestational parent are entitled to parental leave for a period of 16 weeks. On the birth or adoption of more than one child, parental leave will be extended by two weeks.

760.3 Staff members holding temporary appointments under Staff Rule 420.3:

(1) who give birth to a child are entitled to 13 weeks of parental leave, except that in the case of multiple births, the gestational parent is entitled to a total of 15 weeks of parental leave.

(2) who are the non-gestational parent are entitled to eight weeks of parental leave. On the birth or adoption of more than one child, the non-gestational parent is entitled to a total of nine weeks of parental leave.

760.4 A parent who breastfeeds shall be allowed nursing leave of sufficient time each day to nurse their child until the child reaches the age of two years.

760.5 Where both parents of a newborn child are staff members of the Pan American Sanitary Bureau, any unused portion of parental leave granted under Staff Rules 760.2 and 760.3 to the gestational parent may be used by the non-gestational parent of the child, under conditions established by the Bureau.

760.6 Parental leave must be exhausted within 12 months from the date of the birth of the child or, for a nonbiological child, the date of arrival.

(Seventh meeting, 29 June 2023)

CE172.R12 Provisional Agenda of the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD60/1) prepared by the Director of the Pan American Sanitary Bureau for the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE172/3;

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

RESOLVES:

To approve the provisional agenda (Document CD60/1) prepared by the Director of the Pan American Sanitary Bureau for the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 29 June 2023)

Decisions

CE172(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE172/1). The Committee also adopted a program of meetings (Document CE172/WP).

(First meeting, 26 June 2023)

CE172(D2): Representation of the Executive Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee appointed Jamaica and Bolivia (Plurinational State of), its President and Rapporteur, respectively, to represent the Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas. The Committee appointed Chile and Cuba as alternate representatives.

(Eighth meeting, 29 June 2023)

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

DONE in Washington, D.C., on this twenty-ninth day of June 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.

Christopher Tufton
Delegate of Jamaica
President of the
172nd Session of the Executive Committee

Jarbas Barbosa da Silva
Director of the
Pan American Sanitary Bureau
Secretary ex officio of the
172nd Session of the Executive Committee

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda and Program of Meetings
- 2.2 Representation of the Executive Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas
- 2.3 Draft Provisional Agenda of the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the 17th Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Health Services Management and Leadership 2023
- 3.3 Engagement with non-State Actors
- 3.4 Non-State Actors in Official Relations with PAHO
- 3.5 Report of the Ethics Office for 2022
- 3.6 Report of the Investigations Office for 2022
- 3.7 Report of the Audit Committee of PAHO
- 3.8 Appointment of One Member to the Audit Committee of PAHO

4. PROGRAM POLICY MATTERS

- 4.1 Proposed Program Budget of the Pan American Health Organization 2024–2025
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4. PROGRAM POLICY MATTERS *(cont.)*

- 4.3 Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems
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5. ADMINISTRATIVE AND FINANCIAL MATTERS

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- 5.2 Financial Report of the Director and Report of the External Auditor for 2022
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- 5.4 Report of the Office of Internal Audit for 2022
- 5.5 Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
- 5.6 Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
- 5.7 Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

6. PERSONNEL MATTERS

- 6.1 Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules
- 6.2 Human Resources Management in the Pan American Sanitary Bureau

6. PERSONNEL MATTERS (*cont.*)

- 6.3 Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO
- 6.4 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Update on the COVID-19 Pandemic in the Region of the Americas
- 7.2 Report on Strategic Issues between PAHO and WHO
- 7.3 Implementation of the International Health Regulations
- 7.4 Status of Access to Sexual and Reproductive Health Services
- 7.5 Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report
- 7.6 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report
- 7.7 Plan of Action for the Strengthening of Vital Statistics 2017–2022: Final Report
- 7.8 Chronic Kidney Disease in Agricultural Communities in Central America: Final Report
- 7.9 Health and Tourism: Final Report
- 7.10 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

7. MATTERS FOR INFORMATION (*cont.*)

7.10 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
- G. Health and Human Rights: Progress Report
- H. Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards: Progress Report

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

- A. Seventy-sixth World Health Assembly
- B. Subregional Organizations

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

OD367 Financial Report of the Director and Report of the External Auditor for 2022

Working Documents

CE172/1 Agenda

CE172/WP Program of Meetings

CE172/2 Representation of the Executive Committee at the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas

CE172/3 Draft Provisional Agenda of the 60th Directing Council of PAHO, 75th Session of the Regional Committee of WHO for the Americas

CE172/4 Report on the 17th Session of the Subcommittee on Program, Budget, and Administration

CE172/5 and Add. I PAHO Award for Health Services Management and Leadership 2023

CE172/6 Engagement with non-State Actors

CE172/7 Non-State Actors in Official Relations with PAHO

CE172/8 Report of the Ethics Office for 2022

CE172/9 Report of the Investigations Office for 2022

CE172/10 Report of the Audit Committee of PAHO

CE172/11 Appointment of One Member to the Audit Committee of PAHO

CE172/12 and Add. I Proposed Program Budget of the Pan American Health Organization 2024–2025

CE172/13 Scale of Assessed Contributions for 2024–2025

Working Documents (*cont.*)

CE172/14	Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems
CE172/15	Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults
CE172/16	Strategic Communications in Public Health for Behavior Change
CE172/17	Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas
CE172/18 and Add. I	Report on the Collection of Assessed Contributions
CE172/19	Appointment of the External Auditor of PAHO for 2024–2025 and 2026–2027
CE172/20	Report of the Office of Internal Audit for 2022
CE172/21	Report on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation
CE172/22	Report on the Status of the Emergency Loan from the Revolving Fund for Access to Vaccines to the Regional Revolving Fund for Strategic Public Health Supplies
CE172/23	Amendments to the Statute of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CE172/24	Amendments to the Pan American Sanitary Bureau Staff Regulations and Rules
CE172/25	Human Resources Management in the Pan American Sanitary Bureau
CE172/26	Update on Preventing and Responding to Sexual Exploitation and Abuse in PAHO
CE172/27	Statement by the Representative of the PAHO/WHO Staff Association

Information Documents

CE172/INF/1	Update on the COVID-19 Pandemic in the Region of the Americas
CE172/INF/2	Report on Strategic Issues between PAHO and WHO
CE172/INF/3	Implementation of the International Health Regulations
CE172/INF/4	Status of Access to Sexual and Reproductive Health Services
CE172/INF/5	Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016–2022: Final Report
CE172/INF/6	Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report
CE172/INF/7	Plan of Action for the Strengthening of Vital Statistics 2017–2022: Final Report
CE172/INF/8	Chronic Kidney Disease in Agricultural Communities in Central America: Final Report
CE172/INF/9	Health and Tourism: Final Report
CE172/INF/10	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas: Progress ReportB. Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030: Progress ReportC. Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025: Midterm ReviewD. Strategy for Universal Access to Health and Universal Health Coverage: Progress ReportE. Strategy and Plan of Action on Ethnicity and Health 2019–2025: Progress ReportF. Cooperation for Health Development in the Americas: Progress Report

Information Documents (*cont.*)

Progress Reports on Technical Matters: (*cont.*)

G. Health and Human Rights: Progress Report

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

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

A. Seventy-sixth World Health Assembly

B. Subregional Organizations

LIST OF PARTICIPANTS / LISTA DE PARTICIPANTES

OFFICERS / MESA DIRECTIVA

President / Presidente: Hon. Christopher Tufton (Jamaica)
Vice-President / Vicepresidente: Dr. Néstor Marimón Torres (Cuba)
Rapporteur / Relator: Dr. Álvaro Terrazas Peláez (Bolivia)

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

ARGENTINA

Head of Delegation – Jefe de Delegación

Lic. Gabriela Ramirez
Asesora en Políticas Sanitarias
Ministerio de Salud
Buenos Aires

Delegation – Delegación

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

BOLIVIA

Head of Delegation – Jefe de Delegación

Dr. Álvaro Terrazas Peláez
Viceministro de Gestión del Sistema
de Salud
Ministerio de Salud
La Paz

Delegation – Delegación

Lic. Rommel Arturo Arias Martínez
Técnico de la Unidad de Comunicación
Ministerio de Salud
La Paz

Sra. Natalia Porcel Vildoso
Segunda Secretaria, Representante Alternata
de Bolivia ante la Organización de los
Estados Americanos
Washington, D.C.

BRAZIL/BRASIL

Head of Delegation – Jefe de Delegación

Embaixador Alexandre Ghisleni
Assessor Especial para Assuntos
Internacionais
Ministério da Saúde
Brasília

Delegation – Delegación

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

Sr. Ciro Leal Martins da Cunha
Conselheiro, Representante Alternata do
Brasil junto à Organização dos Estados
Americanos
Washington, D.C.

Sr. Ricardo Nocera Pires
Tercer Secretario
División de Salud Global
Ministerio de Relaciones Exteriores
Brasilia

CHILE

Head of Delegation – Jefe de Delegación

Dra. Raquel Child
Jefa de la Oficina de Cooperación
y Asuntos Internacionales
Ministerio de Salud
Santiago

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

CHILE (cont.)

Delegation – Delegación

Sr. Roberto Villegas
Tercer Secretario, Representante Alterno
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

CUBA

Head of Delegation – Jefe de Delegación

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

Delegation – Delegación

Sr. Asdrúval De La Vega
Tercer Secretario
Embajada de Cuba
Washington, D.C.

JAMAICA

Head of Delegation – Jefe de Delegación

Hon. Christopher Tufton
Minister of Health and Wellness
Ministry of Health and Wellness
Kingston

Delegation – Delegación

Dr. Jacqueline Bisasor McKenzie
Chief Medical Officer
Ministry of Health and Wellness
Kingston

Mrs. Nicholette Williams
Deputy, Alternate Representative
of Jamaica to the Organization
of American States
Washington, D.C.

SURINAME

Head of Delegation – Jefe de Delegación

Ms. Roshnie Jhanjan
International Relations official in charge
PAHO and CARICOM affairs
Ministry of Health
Suriname

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

Head of Delegation – Jefe de Delegación

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

Delegation – Delegación

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

Ms. Gabrielle Lamourelle
Senior Advisor
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

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

Ms. Ina Ajazi
Foreign Affairs Officer
Office of Economic and Development
Assistance
Bureau of International Organization Affairs
Department of State
Washington, D.C.

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

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

Delegation – Delegación (cont.)

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

Mr. Steven Constantinou
Global Health Officer
Office of the Americas
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Barbara DeRosa-Joynt
Senior Health Advisor
Office of Economic and Development
Assistance
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Yoran Grant-Green
Regional Director
Central America/Caribbean Region
Centers for Disease Control and Prevention
Washington, D.C.

Ms. Alison Kelly
Deputy Regional Director for South America
Centers for Disease Control and Prevention
Department of Health and Human Services
Washington, D.C.

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

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

Delegation – Delegación (cont.)

Mr. Charmaine McDonald
Foreign Affairs Officer
Office of Economic and Development
Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Kristie Mikus
Senior Policy Advisor
Global Health Center
Centers for Disease Control and Prevention
Department of Health and Human Services
Washington, D.C.

Ms. Reena Shukla
Health Team Leader
Office of Regional Sustainable
Development
Bureau for Latin America and the Caribbean
U.S. Agency for International Development
Washington, D.C.

Mr. James P. Shuster
Program Analyst
Office of Management Policy and
Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Lars Spjut
Program Analyst
Office of Management Policy and
Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Kasumi Takahashi
Humanitarian Policy and Program Advisor
for UNICEF and WHO Team
Bureau for Humanitarian Assistance
U.S. Agency for International Development
Washington, D.C.

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

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

Delegation – Delegación (cont.)

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

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

URUGUAY

Head of Delegation – Jefe de Delegación

Mg. Gabriela Gómez Castillo
Directora de Cooperación Internacional
Ministerio de Salud
Montevideo

Delegation – Delegación

Sr. Fernando Sotelo
Ministro Consejero, Representante Alterno
de Uruguay ante la Organización
de los Estados Americanos
Washington, D.C.

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

CANADA/CANADÁ

Ms. Josée Roy
Director, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Jennifer Izaguirre
A/Manager
Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Mr. Patrick Picard
Health Counsellor
Office of International Affairs for the
Health Portfolio
Government of Canada, Ottawa

Ms. Charlotte McDowell
Senior Development Officer
Permanent Mission of Canada to the
Organization of American
States
Washington, D.C

COLOMBIA

Lic. Adriana Maldonado
Encargada de Negocios, a.i.
Misión Permanente de Colombia ante la
Organización de los Estados Americanos
Washington, D.C.

**DOMINICAN REPUBLIC/REPÚBLICA
DOMINICANA**

Lic. Miguel Rodríguez
Viceministro de Fortalecimiento
del Sector Salud
Ministerio de Salud Pública
Santo Domingo

Sra. Erika Álvarez
Ministra Consejera, Representante Alternas
de la República Dominicana ante la
Organización de los Estados Americanos
Washington, D.C.

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

ECUADOR

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

EL SALVADOR

Dr. Elmer Roberto Bonilla Espinoza
Director de la Oficina de Relaciones
Internacionales y Cooperación en Salud
Ministerio de Salud
San Salvador

Dr. Donald Perez Escobar
Director de la Oficina de Relaciones
Internacionales y Cooperación en Salud
Ministerio de Salud
San Salvador

GUATEMALA

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

HAITI/HAITÍ

Dr. Claude Surena
Membre du Cabinet du Ministre
Ministère de la Santé publique et
de la Population
Port-au-Prince

Dr. Marie Yvrose Chryostome
Directrice d' Organisation des Services
de Santé
Ministère de la Santé publique et
de la Population
Port-au-Prince

HAITI/HAITÍ (cont.)

M. Joslene Sylvain
Assistante Administrative du Ministre
Ministère de la Santé publique et
de la Population
Port-au-Prince

MEXICO/MÉXICO

Dr. Marcos Cantero Cortés
Secretario del Consejo de Salubridad
General y Encargado de Despacho
de la Coordinación de Estrategia
Secretaría de Salud
México, D.F.

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

Sra. Maite Narváez Abad
Segunda Secretaria, Representante Alternas
de México ante la Organización de los
Estados Americanos
Washington, D.C.

PANAMA/PANAMÁ

Excma. Sra. María Fernanda Cortizo
Embajadora, Representante Alternas
de Panamá ante la Organización de los
Estados Americanos
Washington, D.C.

OBSERVER STATES/ESTADOS OBSERVADORES

SPAIN/ESPAÑA

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

**REPRESENTATIVES OF NON-STATE ACTORS IN OFFICIAL RELATIONS
WITH PAHO /
REPRESENTANTES DE AGENTES NO ESTATALES EN RELACIONES OFICIALES
CON LA OPS**

Campaign for Tobacco-Free Kids

Mr. Patricia Sosa

**Latin American Association of
Pharmaceutical Industries/Asociación
Latinoamericana de Industrias
Farmacéuticas**

Dr. Ruben Abete
Dr. Eduardo Franciosi

**Latin American Confederation of Clinical
Biochemistry/Confederación
Latinoamericana de Bioquímica Clínica**

Sr. Alvaro Justiniano Grosz

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

Sra. Yaneth Giha

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

Sr. Guillermo Alvarez Estevez

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

Ms. Marcela Gaitán

SPECIAL GUESTS / INVITADOS ESPECIALES

Audit Committee Member

Mr. Martin Guozden

**External Auditor, National Audit Office of
the United Kingdom/Auditor Externo,
Oficina Nacional de Auditoría del Reino
Unido**

Mr. Damian Brewitt
Mr. Simon Irwin

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

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

Dr. Jarbas Barbosa

**Advisors to the Director/
Asesores del Director**

Ms. Mary Lou Valdez
Deputy Director
Directora Adjunta

Dr. Marcos Espinal
Assistant Director, a.i.
Subdirector, a.i.

**Advisors to the Director/
Asesores del Director (cont.)**

Ms. Kristan Beck
Director of Administration
Directora de Administración

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

Mr. Nicolás Lagomarsino
Senior Advisor, Governing Bodies Office
Asesor Principal, Oficina de los Cuerpos
Directivos

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