



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE
Americas

**18th Session of the Subcommittee
on Program, Budget, and Administration
of the Executive Committee**
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FINAL REPORT

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FINAL REPORT

1. The 18th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee of the Pan American Health Organization (PAHO) was held at PAHO Headquarters in Washington, D.C., from 20 to 21 March 2024. The session was attended by delegates of the following seven Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Costa Rica, Ecuador, El Salvador, Jamaica, and United States of America. Delegates of Brazil, Canada, Colombia, Cuba, Dominican Republic, Guyana, Mexico, Panama, Spain, and Uruguay attended in an observer capacity.

Opening of the Session

2. Dr. Jarbas Barbosa da Silva Jr. (Director, Pan American Sanitary Bureau) opened the session and welcomed the delegates of the Members of the Subcommittee and of the States participating as observers. Highlighting some of the technical achievements of the Pan American Sanitary Bureau (PASB) over the previous year, he noted that 2023 had been a year of transition from pandemic emergency response to post-pandemic recovery. Accordingly, PAHO had shifted its focus from the COVID-19 emergency response to evaluating and implementing lessons learned and strengthening essential public health functions in various countries of the Region of the Americas. Other achievements included the launch of the Alliance for Primary Health Care in the Americas, a collaborative partnership with the World Bank and the Inter-American Development Bank aimed at supporting countries in developing health sector plans based on primary health care and expanding coverage and access to health services; the repositioning of the PAHO Elimination Initiative, which targeted over 30 diseases for elimination by 2030; and the introduction of Better Care for NCDs: Accelerating Actions in Primary Health Care, an interprogrammatic initiative to improve access to comprehensive care for noncommunicable diseases at the primary care level and reach more members of underserved populations.

3. Action had also been taken to reduce the high burden of mental health conditions and rising suicide rates in the Region, including the implementation of the Strategy for Improving Mental Health and Suicide Prevention adopted in September 2023.¹ To address the issue of health workforce migration and mobility, the Bureau was supporting countries in developing or updating national policies to improve health workforce governance and data provision to inform policy decisions. The Organization continued to facilitate access to vaccines while also expanding its vaccine portfolio and committing to reduce carbon emissions associated with vaccine delivery as part of efforts to support climate-resilient and low-carbon health systems.

4. In addition to the foregoing and numerous other technical achievements, the Bureau had launched the PAHO Forward initiative² with a view to modernizing internal policies, processes, and

¹ See Document CD60/9 and Resolution CD60.R12 (2023).

² Pan American Health Organization. PAHO Forward. An Organization-Wide Approach to Strengthen Efficiency, Transparency, and Accountability. Washington, D.C.: PAHO; 2023. Available from: <https://iris.paho.org/handle/10665.2/58554>

systems and enhancing efficiency, transparency, and accountability. The Bureau had also continued to implement its human resources strategy, which had helped to modernize human resources management functions. Acknowledging the contribution of the Organization's human resources to the progress achieved in 2023, the Director paid tribute to the staff's commitment and resilience.

Procedural Matters

Election of Officers

5. The following Member States were elected to serve as officers of the Subcommittee at its 18th Session:

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|------------------------|-------------|------------------------------------|
| <i>President:</i> | El Salvador | (Dr. Francisco José Alabi Montoya) |
| <i>Vice President:</i> | Ecuador | (Ms. Andrea Terán) |
| <i>Rapporteur:</i> | Bahamas | (Dr. Pearl McMillan) |

6. The Director served as Secretary ex officio, and Ms. Mary Lou Valdez (Deputy Director, PASB) served as Technical Secretary.

Adoption of the Agenda (Document SPBA18/1)

7. The Subcommittee adopted the provisional agenda submitted by the Director (Document SPBA18/1) without change. The Subcommittee also adopted a program of meetings.

Program Policy Matters

Outline of the End-of-Biennium Assessment of the PAHO Program Budget 2022–2023/ Second Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025 (Document SPBA18/2)

8. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) introduced Document SPBA18/2, which described the proposed outline and content of the end-of-biennium assessment of the PAHO Program Budget 2022–2023 and the timeline for completing the assessment. He noted that the end-of-biennium assessment would also serve as the second interim report on the implementation of the PAHO Strategic Plan 2020–2025. The assessment would offer a critical opportunity for the Bureau and Member States to collectively take stock of the lessons learned in the context of the COVID-19 pandemic and to identify areas where progress might be accelerated and gaps closed. It would also serve to guide interventions during the current 2024–2025 biennium, which would be the final biennium for concluding the implementation of the Strategic Plan 2020–2025.

9. Summarizing some of the preliminary findings of the assessment, Mr. Maza reported that 20% of the impact indicators set out in the Strategic Plan 2020–2025 had been achieved or were on track to be achieved, while 69% were at risk, partly, but not entirely, because of the impact of the COVID-19 pandemic. He pointed out that the achievement of the impact targets hinged on the

implementation of actions at country level. No data were available for 11% of the impact indicators, which highlighted a significant lesson learned from the current Strategic Plan. For the next Strategic Plan it would be important to adopt indicators that were both realistic and measurable. At the outcome level, 63% of the indicators were on track or had been achieved, while 12% were at risk and no progress had been made on 25%. As for the output indicators, 83% had been achieved or partially achieved, while 16% had not been achieved and 1% was not rated. Mr. Maza reported that the overall implementation level of the Program Budget 2022–2023 had been 96%, compared with 92% for the 2020–2021 biennium. That implementation level had been achieved despite the funding challenges resulting from non-timely receipt of assessed contributions. Mr. Maza noted that the Bureau was analyzing the reasons for lack of progress in certain areas and would present more detailed information in the report to be presented to the Executive Committee at its 174th Session in June 2024.

10. In the Subcommittee’s discussion of the report, delegates acknowledged the importance of the end-of-biennium assessment as a key tool for ensuring transparency and accountability and for demonstrating progress and identifying areas for improvement. They affirmed their Governments’ commitment to collaborating with the Bureau to carry out the assessment and to analyze health gains, gaps, and lessons learned. Delegates also highlighted the importance of continued monitoring and evaluation at country and regional levels in order to identify and address public health challenges, particularly in the post-pandemic context. The Bureau was urged to enhance its monitoring and evaluation mechanisms with a view to improving resource allocation and program effectiveness. It was also asked to prepare and circulate the final assessment report as soon as possible.

11. Mr. Maza thanked delegates for their recognition of the importance of the assessment as a tool for transparency and accountability and for their commitment to collaborating with the Bureau in the joint assessment exercise. He assured Member States that the Bureau would provide all necessary assistance and that it would ensure that the final report was produced in a timely manner.

12. The Director affirmed that the final report would be presented to the Directing Council in September 2024 and that a close to final version would be available for the June session of the Executive Committee. He noted that the Bureau had carried out a rigorous evaluation—the results of which would be reflected in the final report—to identify the public health challenges that the Region faced and determine how it could support Member States in recovering faster from the negative impacts of the pandemic. The evaluation had highlighted some important lessons that should be borne in mind as the Organization embarked on the process of developing the next Strategic Plan. In particular, it would be essential to define feasible indicators that were truly indicative of the Region’s priorities.

13. The Subcommittee took note of the report.

Engagement with non-State Actors (Document SPBA18/3)

14. Dr. Miguel Burnier da Silveira (Legal Counsel, PASB) introduced Document SPBA18/3, which outlined the actions taken by the Bureau to implement the Framework of Engagement with non-State

Actors (FENSA) in 2023. He noted that, to ensure consistent implementation of FENSA in the Region, the Bureau regularly reviewed and updated its rules and procedures and provided guidance and recommendations to staff on potential engagements with non-State actors. It also continued to coordinate with the Secretariat of the World Health Organization (WHO) and with FENSA focal points in other regions to ensure coherent implementation of FENSA globally. In addition, the Bureau continued to enhance FENSA training. An online training course had been launched in 2023 and was available to all PASB staff. It had been designed so that certain portions could be made available for use by Member States to guide engagement and manage potential risks and conflicts of interest with non-State actors. Staff in several PAHO/WHO country offices had also attended virtual or in-person training sessions on FENSA.

15. Dr. Burnier da Silveira noted that the Bureau proactively engaged with a broad range of non-State actors to support Member States in fulfilling the Organization's mission. Before engaging with a non-State actor, it performed a thorough due diligence and risk assessment, as stipulated in the FENSA guidelines. It had conducted over 300 such assessments in 2023, and some 97% of the proposed engagements had been approved. The primary reason for rejecting engagements with non-State actors had been links to the tobacco industry.

16. In the discussion that followed, the Subcommittee welcomed the Bureau's efforts to increase engagement with non-State actors, noting that such partnerships contributed to improvements in public health and well-being and to the achievement of global health goals. The Bureau was asked whether measures were being taken to increase the efficiency of the process for reviewing proposed engagements and reduce response time. With regard to training, the efforts of the FENSA Focal Point and the launch of the online training course were welcomed. The Bureau was encouraged to establish performance indicators to facilitate the monitoring, evaluation, and improvement of training programs and to provide updates on relevant outcomes.

17. In addition, the Bureau was asked to provide further details on the outcome of the meetings of the Global FENSA Network, particularly with regard to discussions on the efficient implementation of FENSA. One delegate asked whether the Bureau considered that it was receiving sufficient technical support, advice, and guidance from the WHO specialized unit on FENSA, mainly regarding the complex or higher-risk engagements. Concern was voiced regarding decisions made by the WHO Executive Board in its 154th Session that might weaken FENSA. Member States were encouraged to attend the forthcoming sessions of the WHO Executive Board and its Programme, Budget and Administration Committee and to emphasize the importance of protecting FENSA.

18. Dr. Burnier da Silveira explained that the Bureau was working with the WHO Secretariat to promote a coherent approach to FENSA. The Bureau was considering whether to establish a FENSA proposal review committee, like that of WHO, but was concerned that such a committee might lengthen the review process. During the meetings of the Global FENSA Network, the FENSA Focal Point had shared PAHO's experience with its expedited due diligence reviews, for which the Bureau relied on publicly available information rather than documentation provided by the external partner to promptly verify that requirements had been met. The Bureau was currently conducting an extensive evaluation of the review process with a view to improving response times, without

compromising the rigor of its assessments. With regard to training, he reported that the Bureau was developing indicators and promoting the online course internally. Approximately 250 people had taken the course since its inception.

19. Dr. Rhonda Sealey-Thomas (Assistant Director, PASB) stressed that engagement with non-State actors was critical to implementing the Director's disease elimination agenda. She welcomed the suggestion to monitor and evaluate the training program outcomes, noting that training opportunities were important to ensure that PASB personnel could recognize conflicts of interest and effectively engage with non-State actors. She reported that, under the Director's PAHO Forward initiative, the Bureau was striving to improve efficiency, including in the FENSA review process. It would continue to work to overcome challenges and improve processes to support fruitful engagement with non-State actors.

20. The Subcommittee took note of the report.

Non-State Actors in Official Relations with PAHO (Document SPBA18/4)

21. Mr. Luis Jiménez-McInnis (Director, Department of External Relations, Partnerships, and Resource Mobilization, PASB) recalled that official relations between PAHO and non-State actors were based on a three-year collaboration plan developed and agreed upon jointly by the non-State actors and the Bureau. The three-year plans were structured in accordance with the PAHO Strategic Plan 2020–2025 and could not be primarily of a commercial or for-profit nature. He reported that, during the current review period, a record seven applications had been received from non-State actors seeking to enter into official relations with PAHO. In addition, 10 non-State actors in official relations were due for their triennial review.

22. The Bureau had analyzed the applications of the seven non-State actors and determined that they met the requirements under FENSA for admission into official relations with PAHO. It therefore recommended that their applications be approved. The Bureau also recommended the continuation of relations with nine of the non-State actors due for triennial review and invited the Subcommittee to recommend that the Executive Committee defer a decision on the review of PAHO's collaboration with the InterAmerican Heart Foundation for one year in order to allow that organization additional time to redraw its plan of collaboration.

23. The Subcommittee held a closed meeting in order to consider the recommendations on each non-State actor. Having reviewed the information provided by the Bureau for each agent, the Subcommittee decided to recommend to the Executive Committee that it approve the admission of the following seven non-State actors into official relations with PAHO: Corporate Accountability, Health Care Without Harm, Medicines for Malaria Venture, PATH, Rockefeller Foundation, Task Force for Global Health, and Vital Strategies. The Subcommittee also recommended the continuation of official relations between PAHO and Action on Smoking and Health, American Speech-Language-Hearing Association, Campaign for Tobacco-Free Kids, Drugs for Neglected Diseases Initiative–Latin America, Global Alliance for Tobacco Control (formerly known as the Framework Convention Alliance), Latin American Federation of the Pharmaceutical Industry, Latin American Society of Nephrology and Hypertension, National Alliance for Hispanic Health, and Sabin Vaccine Institute. In

addition, it recommended that the Committee defer a decision on the continuation of official relations with the InterAmerican Heart Foundation until 2025.

24. The President announced that the Subcommittee's recommendations would be submitted to the Executive Committee at its 174th Session in the form of a proposed resolution.

Appointment of One Member to the Audit Committee of PAHO (Document SPBA18/5)

25. Dr. Miguel Burnier da Silveira (Legal Counsel, PASB) provided a brief overview of the work of the Audit Committee and drew attention to its terms of reference, which appeared as an annex to Document SPBA18/5. He noted that, under those terms of reference, the three members of the Audit Committee were elected by the Executive Committee and served no more than two full terms of three years each. As the term of office of one member would end in June 2024, it would be necessary for the Executive Committee to fill the upcoming vacancy at its 174th Session in June 2024. In accordance with the process for identifying candidates for Audit Committee membership, the Director had updated the roster of qualified potential candidates to fill Audit Committee vacancies and developed a shortlist for consideration by the Subcommittee, which was asked to recommend a candidate to the Executive Committee. It was noted that the relevant documentation on the candidates had been distributed to the Members of the Subcommittee.

26. In the discussion that followed, the Bureau was asked to provide additional information on its process for identifying conflicts of interest. Dr. Burnier da Silveira explained that the Office of the Legal Counsel had evaluated all the candidates' applications as part of an internal review, and the Office of Internal Audit had conducted a separate, independent review to ensure that the candidates met the criteria set out in the terms of reference and had no conflicts of interest.

27. The Subcommittee decided to establish a working group consisting of the delegates of the Bahamas, Ecuador, and the United States of America to review the list of candidates proposed by the Director. Subsequently, Mr. Lars Spjut (United States of America), chair of the working group, reported that the working group had evaluated the four proposed candidates on the basis of the criteria for membership set out in section 4 of the terms of reference and had selected five critical factors for ranking them. Each member of the group had ranked each of the candidates separately; the scores had then been consolidated and the individual results averaged. Ms. Elizabeth J. Folsom had been unanimously recommended as the candidate for appointment to the PAHO Audit Committee.

28. The Director was pleased to note the number of well-qualified candidates who had participated in the process, and thanked the members of the working group for their recommendation.

29. The Subcommittee endorsed the working group's recommendation.

Administrative and Financial Matters

Overview of the Financial Report of the Director for 2023 (Document SPBA18/6)

30. Mr. Christos Kasapantoniou (Director, Department of Financial Resources Management, PASB) presented the overview of the financial report of the Director for 2023, noting that the financial statements were still being audited by the Organization's External Auditor, the National Audit Office (NAO) of the United Kingdom of Great Britain and Northern Ireland, and that the audited report would be presented to the 174th Session of the Executive Committee in June 2024.

31. Highlighting the main trends with regard to revenue and expenditure, he reported that the unaudited preliminary figures showed total consolidated revenue totaling US\$ 1255 million³ in 2023, compared with \$1578 million in 2022, a reduction of 20.5%, which was mainly attributable to a decrease in revenue from procurement on behalf of Member States—an expected consequence of the winding down of the emergency response to the COVID-19 pandemic. The collection of assessed contributions had improved with respect to 2022, rising from \$115.1 million to \$139.9 million, as a result of which the unpaid balance at the end of 2023 had fallen to \$30 million. The Bureau was grateful to the Member States that had paid their assessed contributions in a timely manner. Revenue from procurement on behalf of Member States had totaled \$745.5 million, a 33.1% reduction from \$1113.8 million in 2022. The reduction was mainly the result of a decline in procurement of pandemic-related supplies. Voluntary contributions had also decreased in 2023 with respect to 2022, mainly as a result of a reduction in contributions for emergencies. That reduction was also due to the winding down of the pandemic response.

32. The unaudited preliminary figures showed that total consolidated expenditures for 2023 had followed the same pattern as revenues, decreasing by around 20.5%, from \$1551.6 million in 2022 to \$1231.8 million in 2023. As in previous years, purchases of supplies, mainly through procurement on behalf of Member States, had accounted for the largest share of spending. The liability for after-service health insurance (ASHI) for PASB staff members had totaled 265.3 million in 2023, \$84.4 million of which was funded. Since 2010, the first year in which the ASHI liability had been reported, following PAHO's adoption of the International Public Sector Accounting Standards (IPSAS), funding for the liability had steadily increased, rising from 11.7% of the total in 2010 to 31.8% in 2023.

33. The Subcommittee welcomed the information provided by Mr. Kasapantoniou and looked forward to receiving the full, audited financial report. Delegates commended the Bureau for discharging its mandate within existing resources, despite the decrease in revenue, and were pleased to note the effective use made of Member States' contributions to advance public health priorities and produce tangible health results for the peoples of the Region. The increase in collection of assessed contributions was also welcomed, as was the growth in the proportion of the ASHI liability that was funded. The Bureau was asked to provide additional information on the source of funds and the plan for funding that liability over time. Delegates also requested a breakdown of the

³ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

expenditures for supplies and sought assurance that the Organization's financial statements were prepared in accordance with IPSAS and PAHO's financial regulations.

34. Mr. Kasapantoniou explained that funding for the ASHI liability came primarily from investment revenue. However, the majority of the increase in the funded proportion since 2010 had resulted from careful management of health care costs and insurance claims. In the United States of America, insurance claims were managed by a third-party administrator, and retired staff were required to enroll in Medicare, the government system of health insurance for people over 65 years of age, which had helped to reduce costs.

35. The Director added that the Bureau was exploring various options for reducing the ASHI liability and would present further information to Member States in the near future. Regarding the expenditure for supplies, he explained that, during the pandemic, the Bureau had procured millions of COVID-19 tests and vaccines for Member States through the Revolving Fund for Access to Vaccines (Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund). The reduction in both revenues and expenditures for such procurement in the post-pandemic period had been expected. He encouraged all Member States to continue and increase their procurement through the revolving funds, as maintaining a high volume of purchasing would enable the Bureau to negotiate the most favorable prices. That would be especially important to enable Member States to access costly new vaccines and tests.

36. The Director expressed gratitude to the Member States that had paid their assessed contributions in full, despite the economic difficulties that many countries had faced. He pointed out, however, that \$30 million had remained unpaid at the end of 2023. While the Bureau was working hard to dispel the mistaken perception that the countries of the Region of the Americas did not need technical and financial assistance and was working to mobilize additional voluntary contributions, the vast majority of such contributions were earmarked. Assessed contributions and the WHO allocation to the Region remained the main sources of flexible funding to support work on the priorities approved by Member States. He appealed to Member States to continue paying their assessed contributions and also to continue advocating for an equitable distribution of WHO funds among the six WHO regions. In that connection, he noted that the Region of the Americas continued to receive the smallest share of WHO resources and that, moreover, only about 60% of its allocation was funded. Meanwhile, other regions had received larger shares and their allocations were generally funded at around 80%.

37. The Subcommittee took note of the report.

Programming of the Budget Surplus (Document SPBA18/7)

38. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) drew attention to PAHO Financial Regulation 4.6, under which any budget surplus was to be allocated to replenish the Working Capital Fund to its authorized level. He noted that, as the Working Capital Fund had been fully funded at the end of 2023, the entire estimated budget surplus of US\$ 4.4 million would be available for programming in 2024–2025. It was proposed that \$3.4 million be transferred

to the Master Capital Investment Fund to replenish the Real Estate Maintenance and Improvement Subfund and \$1 million be transferred to the PAHO Emergency Epidemic Fund.

39. In the discussion that followed, gratitude was expressed to the Bureau for its responsible and transparent management of finances. Delegates were pleased to note that the Working Capital Fund had been fully funded at the end of 2023. Support was expressed for the proposal to increase the balance of the PAHO Emergency Epidemic Fund to \$1.5 million in order to facilitate the Organization's rapid and effective response to health emergencies. However, given the Region's recent experience during the COVID-19 pandemic, the Bureau was asked whether that Fund might require additional funding. The Bureau was also requested to provide additional information on the factors that had contributed to the \$4.4 million surplus and on the planned expenditures under the Real Estate Maintenance and Improvement Subfund.

40. Mr. Maza said that the budget surplus provided an opportunity to increase the balance of the PAHO Emergency Epidemic Fund to \$1.5 million, in line with the recommendations received following an external evaluation of PAHO's COVID-19 response. However, he clarified that the Fund was used only to support the immediate response to an emergency while the Bureau mobilized additional resources; hence, it did not represent the totality of funding available during a health emergency. He also explained that the Master Capital Investment Fund was used to support building renovations under its Real Estate Maintenance and Improvement Subfund, the aim of which was to enhance the operational capacity of country offices and the Headquarters building. While budget surpluses generally provided the only means to replenish that Fund, the Bureau was coordinating with WHO to seek additional funding for the building renovations. He explained that the budget surplus had resulted from the timing of the payment of assessed contributions. The contributions received in December had not arrived in time to be used to meet program budget commitments for 2023.

41. Responding to questions about the PAHO Emergency Epidemic Fund, Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) explained that the Fund had been established to address the challenges faced by the Bureau in mobilizing resources to support its early response during the COVID-19 pandemic. Typically, an initial emergency response required between \$100 000 and \$150 000. Therefore, an increase in the Fund's total to \$1.5 million would be sufficient to meet initial needs.

42. The Director stressed that the Bureau was committed to strengthening the Region's emergency response capacity and noted that 10 positions would be created in country offices to focus solely on providing support to Member States for emergency response and preparedness.

43. The Subcommittee endorsed the proposed allocation of the budget surplus.

Programming of the Revenue Surplus (Document SPBA18/8)

44. Mr. Rony Maza (Director, Department of Planning, Budget, and Evaluation, PASB) drew attention to PAHO Financial Regulation 4.8, under which any revenue surplus was to be available for use in subsequent budgetary periods to cover any unfunded portions of the Strategic Plan. The revenue surplus from the 2022–2023 biennium was estimated at \$30.8 million. It was proposed to

allocate \$14.3 million to the Real Estate Maintenance and Improvement Subfund of the Master Capital Investment Fund, in order to complete the modernization of the PAHO Headquarters building, and \$16.5 million to programmatic priorities of the PAHO Program Budget 2024–2025, in particular to support chronically underfunded thematic areas with an increased demand for technical cooperation.

45. In the ensuing discussion, the Bureau was commended for its responsible management of revenue and its work to support the achievement of the priorities identified by Member States. The importance of using resources effectively and efficiently to meet the Region’s health goals was also emphasized. In light of the Organization’s efforts to strengthen its country presence, the Bureau was encouraged to consider increasing the allocation of resources to country offices, in particular in small island developing States, to strengthen technical support to assist Member States in building resilience to and preparedness for future health crises and in meeting their national health goals. Support was expressed for the proposed allocation of the revenue surplus for the Headquarters building renovation, given that improvements to the building’s infrastructure and technology would improve the Organization’s operational capacity and efficiency in the long term. Nevertheless, further details were requested about the plan to improve the building’s maintenance and sustainability.

46. The Subcommittee welcomed the proposal to allocate resources to support the programmatic priorities identified by Member States and the thematic areas with an increased demand for technical cooperation. The Bureau was asked to provide detailed information prior to the 174th Session of the Executive Committee on which programmatic priorities would receive funding; it was encouraged to prioritize the strengthening of operational capacity, emergency response, and equal access to health in the Region. The Bureau was also asked whether other underfunded accounts had been considered in determining where to allocate the revenue surplus. Clarification was requested as to whether the funds would fill existing financial gaps in the approved PAHO Program Budget 2024–2025 or whether the budget would need to be revised and increased; what factors had led to the unusually high surplus of the 2022–2023 biennium; and whether those factors were expected to impact the PAHO Program Budget 2024–2025 as well. In addition, the Director agreed to provide further information to the Executive Committee.

47. Mr. Maza thanked Member States for recognizing the importance of investing in the Organization’s infrastructure and facilities and noted that the revenue surplus provided a unique opportunity to make such investments, for which funding was typically unavailable. He confirmed that additional details regarding the programmatic priorities that will be prioritized in funds allocation would be incorporated in the document to be presented to the Executive Committee in June 2024. He also noted that over 80% of the increase in the PAHO Program Budget 2024–2025 had been allocated to strengthening country capacity. He clarified that the surplus would enable the Bureau to fill the funding gaps in the existing budget and would not require revisions, noting that a cautious approach had been taken in determining the PAHO Program Budget 2022–2023, given the uncertainty at the time; however, market fluctuations in interest rates and exchange rates had exceeded projections and generated greater-than-expected returns, which accounted for the revenue surplus. The Bureau would continue to monitor financial markets and update Member States in a timely manner on the impact of market fluctuations on the budget for 2024–2025.

48. The Director, acknowledging that such a large revenue surplus was uncommon, explained that the revenue surplus would be used to fill existing funding gaps in the PAHO Program Budget 2024–2025, in particular for those thematic areas that had received fewer voluntary contributions. In determining which areas would receive funding, the Bureau had chosen those that most aligned with Member States' priorities and had the largest funding gaps. They included digital health and information systems, health system integration with a primary health care focus, emergency and disaster preparedness and response, noncommunicable diseases and mental health risk factors, the health workforce, the disease elimination agenda, and access to medicines and technologies. In relation to the latter, he noted that a new department had been created within the Bureau and would provide technical cooperation to strengthen regulatory capacities, conduct health technology assessments, and increase regional production capacity.

49. The Subcommittee endorsed the proposal for the use of the expected revenue surplus.

Human Resources Management in the Pan American Sanitary Bureau (Document SPBA18/9)

50. Dr. Luz Marina Barillas (Director, Department of Human Resources Management, PASB) presented an overview of the report on human resources management, which included an update on the implementation of the People Strategy 2.0, the Bureau's human resources strategy, including activities carried out in the framework of the PAHO Forward initiative. The latter included the creation of 39 positions in country offices as part of efforts to strengthen the Organization's country presence and training for senior managers on unconscious bias as part of the Bureau's diversity, equity, and inclusion initiative. The report also provided information on staffing trends and statistics and on cases of alleged staff wrongdoing. Dr. Barillas reported that there had been four such cases during 2023, two involving fixed-term staff and two involving contractors. Three of the individuals had been dismissed or had their contracts terminated and one had received a written censure. Highlighting key staffing statistics, she noted that, overall, women made up 61% of the Bureau's staff and that the Bureau had continued to make progress towards gender parity in senior positions, with the proportion of women in P6, D1, and D2 posts having increased from 34% to 38% between 2019 and 2023. The Bureau continued working to increase opportunities for women to advance to high-level positions, not only by offering courses on leadership and management and other professional development opportunities, but through family-friendly policies such as those on parental leave and remote working.

51. In the Subcommittee's discussion of the report, delegates underscored the invaluable contribution of the PASB workforce to improving health in the Americas, commending the staff's dedication and resilience, particularly in challenging environments at country level. The staff were considered the Organization's greatest asset, and it was pointed out that many of PAHO's success stories over its long history would not have been possible without the staff's commitment to public health. Delegates welcome the Bureau's successful transition from pandemic response to post-pandemic technical cooperation, highlighting achievements such as the implementation of hybrid working environments and improvements in human resources processes, including expansion of background checks for new staff and reduction of the time required to fill vacancies. Nevertheless, it was considered necessary to continue striving to simplify and streamline the recruitment process.

52. The Bureau's initiatives to promote staff well-being, including developing a mental health action plan and hiring an in-house counselor, were welcomed. The Bureau was asked to comment on how the impact of psychosocial support services would be monitored and evaluated. It was also asked to indicate what steps were being taken to further enhance personnel engagement, given that the results of the 2023 personnel engagement survey showed little increase in staff engagement since the previous year's survey.

53. Delegates welcomed the progress made towards gender parity, but called for continued efforts to increase the representation of women in senior positions, especially at the P6, D1, and D2 levels. The Bureau's transparency and seriousness in dealing with staff wrongdoing were commended. It was pointed out that the number of cases of alleged wrongdoing had doubled from 2022 to 2023. While the increase was not large in absolute terms, it was considered significant in relative terms. The Bureau was asked to comment on the factors that might be driving the increase. Lastly, attention was drawn to the recommendations contained in the most recent report of the United Nations Joint Inspection Unit, which were considered important for promoting consistency in staff policies, nomenclature, and contract modalities across the United Nations system.

54. Dr. Barillas, acknowledging that the results of the personnel engagement survey showed only modest improvement, said that steps were being taken to increase staff engagement, including the preparation and implementation of action plans, for which managers and staff were jointly responsible. Regarding the impact of the in-house staff counselor, she reported that a United Nations survey on staff mental health and well-being had been conducted at PAHO with a view to identifying staff perceptions of the effectiveness of psychosocial support services and programs and monitoring the progress made in that regard. As to the increase in cases of wrongdoing, she explained that at least two of the cases mentioned in the 2023 report on human resources management had already been under investigation in 2022 and pointed out that the total number of cases reported in 2023 was therefore cumulative. She also noted that the increase in reported cases was partly a reflection of increased willingness of staff to report wrongdoing, which in turn was the result of the Bureau's efforts to promote a change in organizational culture and encourage such reporting. Dr. Barillas assured the Subcommittee that the Bureau was aware of the limitations in the recruitment process and was working to address them. The implementation of the Workday recruitment module (see paragraph 60 below) was expected to make the recruitment process more efficient and improve the candidate experience.

55. The Director added that the Bureau was establishing key performance indicators applicable to the recruitment process with a view to identifying bottlenecks and streamlining the selection and recruitment processes, while also ensuring that the Bureau was able to recruit professionals with the required qualifications and capacities. He affirmed the importance of achieving gender parity at all levels, but in particular at the P6, D1, and D2 levels. To that end, the Bureau was seeking to provide more opportunities for women to advance in the Organization, including opportunities to enable them to develop their managerial skills. With regard to cases of wrongdoing, he noted that there had been at least one case in which there was a delay in reporting harassment that had occurred several years earlier. He also pointed out that increases in cases of wrongdoing might be the result of increased reporting or enhanced capacity to detect such cases. Regarding personnel engagement, he

explained that managers of all cost centers had been asked to implement action plans to address the issues identified by the survey.

56. The Subcommittee took note of the report.

Update on the Master Capital Investment Fund and on the Master Capital Investment Plan Implementation (Document SPBA18/10)

57. Ms. Kristan Beck (Director of Administration, PASB) presented an update on the status of the Master Capital Investment Fund and its five subfunds, the details of which could be found in Document SPBA18/10. As of 31 December 2023, the overall balance of the Master Capital Investment Fund had stood at \$3.0 million. Ms. Beck reported that the Real Estate Maintenance and Improvement Subfund had been used primarily to cover expenses related to renovations at the PAHO Headquarters building and had accounted for nearly the entirety of the utilization of the Fund in 2023.

58. Ms. Beck recalled that the first phase of the renovation project, which was on track to be completed by April 2024, had addressed the most pressing issues identified during a 2014 property condition assessment,⁴ including renovations to the conference rooms on the second and tenth floors and upgrades to the ventilation system and the outdated electrical system. The second phase, scheduled to be completed by mid-2025, was under way and would focus on updating the heating and air conditioning units on the third through ninth floors, renovating the restrooms, and repairing the concrete in the garage. The third phase would involve replacing the single-pane windows to further increase energy efficiency. The Bureau appreciated the support received from Member States to address those necessary and long-pending renovations.

59. In the discussion that followed, the Subcommittee welcomed the update on the renovation project, the details of which provided context for the expenditures under the Master Capital Investment Fund and might therefore increase support for the project. The Bureau was encouraged to continue to share periodic updates on the renovations, including the total estimated cost for the project's second phase and related expenditures. The Bureau was also asked whether the renovation project would require additional funding beyond the funds from the budget and revenue surpluses. The Bureau was asked whether the subfunds had sufficient funding to meet expected needs in 2024. It was suggested that the Human Resources Strategy Subfund might be used to provide support to assist countries in achieving universal health coverage and other national health priorities. It was pointed out that the balance of the Master Capital Investment Fund at the end of 2023 had been lower than the previous year and that expenses had exceeded revenue. The Bureau was therefore requested to submit a proposed spending plan to the Executive Committee in order to promote a more strategic use of the subfunds.

60. Ms. Beck confirmed that additional information regarding the proposed expenditures under the Master Capital Investment Fund and its subfunds would be presented to the Executive Committee in June 2024. She noted that the Human Resources Strategy Subfund would be used to facilitate

⁴ See Document CE156/24, Rev.1 (2015).

updates to information technology systems and related costs to support the recruitment module in the Workday human resources management system. The total expected cost of the second phase, which had begun in January 2024, was \$15.8 million; updates on expenditures would be shared at future governing body sessions. She explained that a source of funding for renovations under the third phase had not yet been identified.

61. The Director provided details about the renovations to the Barbados PAHO/WHO Representative Office, noting that the Real Estate Maintenance and Improvement Subfund would be used to fund additional renovation projects for various country offices. He also pointed out that, for the 2024–2025 biennium, funding had been made available to support the implementation of the People Strategy 2.0, the Bureau’s human resources strategy; some of that funding would be used to provide training opportunities for staff.

62. The Subcommittee took note of the report.

Update on the Status of the Latin American Center for Perinatology, Women and Reproductive Health (Document SPBA18/11)

63. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the Latin American Center for Perinatology, the Center’s original name, had been created in 1970 through an agreement between the Government of Uruguay, the University of the Republic of Uruguay, and PAHO as a center for academic research and higher education specializing in the clinical management of pregnancy, childbirth, and neonatal health. Over time, its focus had shifted to issues of public health, and, beginning in 2005, the Center had assumed a dual role within the Organization as a PAHO specialized center and a decentralized technical unit of PASB in the area of women’s and reproductive health.

64. As capacity for perinatology had increased significantly within the Region and as the Center did not meet the financing conditions for continued operation as a specialized center in a country, as set out in the Strategy for the Future of the Pan American Centers,⁵ the Bureau proposed closing the specialized center in Uruguay and transferring and integrating its functions as a technical unit within the Department of Health Systems and Services at PAHO Headquarters. The change would improve cost effectiveness, reducing operational costs by 28%, and would strengthen the Organization’s technical cooperation in women’s, maternal, neonatal, and reproductive health across the Region, bringing those efforts into line with the Organization’s strategies for strengthening health systems based on primary health care. The Bureau was grateful to the Government of Uruguay for hosting the Center and supporting its work for 54 years.

65. In the ensuing discussion, support was expressed for the proposal to close the Center and transfer its functions to PAHO Headquarters. It was hoped that the change would facilitate gender mainstreaming efforts in the longer term and serve to better integrate women’s health into all aspects of PAHO’s work. The significant reduction in costs was also welcomed. The Bureau was asked

⁵ See Document CD46/10 and Resolution CD46.R6 (2005).

to provide additional information on the 12% increase in salaries for the four professionals who would be transferred from the Center to PAHO Headquarters and on the source of the funding to cover expenses related to the Center's closure. Gratitude was expressed to the Center staff for their work in support of sexual and reproductive health and women's, children's, and adolescents' health in the Region.

66. Dr. Fitzgerald affirmed that the change would enable the Bureau to better mainstream a gender focus in its work by strengthening its capacity to assist Member States in developing integrated policies for women's, maternal, and children's health. He explained that the 12% increase for the four professional posts would result from the post adjustments for positions based in Washington, D.C., and noted that those increases would be offset by reductions in other staffing costs, resulting in an overall cost reduction of some 28%. He also clarified that the funding required to close the Center would come from its own funds.

67. The Director recalled that the Center had been created at a time when there had been a need to develop technologies, strategies, and training programs in the Region. However, as national capacities had been strengthened, the original role of many of the PAHO specialized centers established over 50 years earlier was no longer necessary. Although the change would reduce costs, in particular those related to travel and overhead, the primary benefit would be to facilitate coordination with other technical units within the Department of Health Systems and Services. The Center was already providing crucial technical cooperation to promote access to sexual and reproductive health and address maternal mortality, which had risen sharply during the COVID-19 pandemic, setting back progress by 20 years. He thanked the Government of Uruguay for its support of the Center over the previous 54 years.

68. The Subcommittee took note of the report.

Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States (Document SPBA18/12)

69. Mr. Santiago Cornejo (Executive Manager, Regional Revolving Funds, PASB) introduced the report, noting that in 2020 the 58th Directing Council had adopted Resolution CD58.R4, thereby approving an increase from 1.25% to 1.75% in the administrative component of the charge assessed on the procurement of public health supplies through the regional revolving funds of the Organization, and noting that Document SPBA18/12 presented the first report on the implementation of this resolution. He reviewed the figures presented in the report and the information on the operations of the regional revolving funds, pointing out that increased procurement during the COVID-19 pandemic had resulted in an exceptional increase in the financial resources collected from the administrative component of the charge in 2021 and 2022, but that those levels of financial resources were not expected to be sustained in the post-pandemic period. He emphasized that facilitating access to vaccines and other essential public health supplies through the regional revolving funds was an integral component of the Organization's technical cooperation and that ensuring the sustainability and efficiency of the funds was therefore a priority for the Bureau.

70. In the discussion that followed, delegates expressed appreciation for the Bureau's transparency in reporting on the collection and use of revenues from the administrative component of the charge assessed on the procurement of public health supplies for Member States and for its innovative procurement strategies. They commended PAHO's leadership and coordination in providing services to Member States through the regional revolving funds, emphasizing the funds' role in strengthening health systems and ensuring access to quality products. Delegates also voiced strong support for the regional revolving funds themselves and noted their crucial role in ensuring access to medicines, vaccines, and other essential medical supplies. Their important contribution to health in the Americas was also highlighted, with one delegate noting that the funds constituted one of the Region's crown jewels and another delegate observing that the regional revolving funds were powerful tools for promoting equity, solidarity, and sustainable development in the Region. The investment of resources from the procurement charge in developing opportunities for promoting regional manufacturing capacities was welcomed. It was considered essential to foster regional autonomy and reduce dependence on external suppliers, particularly in times of crisis. The Bureau was asked to indicate whether there were any specific measures or plans to utilize the regional revolving funds specifically to that end and whether any changes to the current legal framework governing the funds would be required for that purpose.

71. Mr. Cornejo thanked delegates for their recognition of the Bureau's efforts to enhance the transparency and efficiency of regional revolving fund operations. He agreed that it was essential to strengthen them in order to ensure that countries of the Region would have adequate access to essential medical supplies during future pandemics. With regard to regional production, he pointed out that the Region of the Americas had developed a strong capacity for demand planning, which was essential to ensuring the sustainability of regional manufacturing of vaccines, medicines, and other health supplies. He explained that the Bureau was exploring various ways in which the regional revolving funds could contribute to the promotion of regional manufacturing. For example, it was looking at options for decreasing production costs and ensuring that regional producers could compete on an equal footing with producers elsewhere.

72. The Director added that the Bureau planned to present to the Executive Committee and the Directing Council several proposed changes to the management of the regional revolving funds, aimed both at facilitating the use of the funds to promote regional production and at allowing greater flexibility with regard to the non-administrative component of the charge on procurement.

73. Regarding regional production of vaccines and medicines, the Director noted that, in addition to developing their demand planning capacity, the countries of the Region had harmonized their laws and regulations so that it was not necessary for producers to license their products separately in each country, as was the case in other regions that were seeking to promote regional production. Such regulatory harmonization saved considerable time and money. He emphasized the need to ensure that all medicines and vaccines produced in the Region met the highest quality standards and noted in that regard that several influenza vaccine producers in the Region were already prequalified by WHO; their vaccines could thus be supplied through the Revolving Fund, enhancing the Region's influenza pandemic preparedness. In addition, the two centers in Argentina and Brazil that were

currently developing the capacity to produce messenger ribonucleic acid (mRNA) vaccines already had contracts ensuring that any vaccines produced would be offered through the Revolving Fund.

74. The Subcommittee took note of the report.

Matters for Information

Report on Strategic Issues between PAHO and WHO (Document SPBA18/INF/1)

75. 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. The report focused on leadership and governance issues and on matters related to accountability and transparency. It provided information on the ongoing consultations concerning key global issues related to health emergencies, including within the Working Group on Amendments to the International Health Regulations (2005) (WGIHR) and the Intergovernmental Negotiating Body (INB) tasked with drafting and negotiating a new international instrument on pandemic prevention, preparedness, and response, and highlighted the key role that Member States of the Region were playing in shaping the future governance of WHO and the global health emergencies architecture. Mr. Maza noted that the Bureau had continued to do its utmost to support participation by Member States of the Region in the various global processes. The Bureau had also supported Member States' participation in the consultations under way on the Fourteenth General Programme of Work (GPW14) of WHO and the related results framework and indicators.

76. Mr. Maza thanked PAHO Member States for their ongoing advocacy for a more equitable distribution of WHO funds among the various regions. He pointed out that Member States' approval of a 20% increase in WHO assessed contributions⁶ afforded them the opportunity to continue advocating for a fairer share of WHO funds to address the chronic funding gaps for priority programs in the Region of the Americas. The increase in WHO assessed contributions also provided an opportunity to strengthen the Organization's core predictable country presence. Mr. Maza reported that \$20 million in WHO funds had been allocated to the Region for that purpose and that those resources would be used to fill posts, which would strengthen the technical expertise available in country offices.

77. The Subcommittee expressed appreciation to the Bureau for its efforts to facilitate effective participation by Member States from the Americas in the global negotiation processes under way within the INB and the WGIHR. The Bureau's efforts to keep Member States informed about the various issues under discussion and to help build regional consensus were also commended, as were its efforts to ensure that regional perspectives and priorities were taken into account in the discussions.

78. It was emphasized that the new instrument and the amendments to the International Health Regulations (IHRs) must address the problems that had arisen and build on the lessons learned during the COVID-19 pandemic, including problems relating to access to vaccines and critical health supplies,

⁶ See WHO Document A75/9 and Decision WHA75(8) (2022) and Resolution WHA76.1 (2023).

sharing of information, and dissemination of misinformation and disinformation; they should also advance a One Health approach, strengthen health systems, improve data standards and interoperability, promote health equity, and enhance accountability for pandemic prevention, preparedness, and response.

79. Concern was expressed about the timeline for the negotiation and adoption of the new instrument and the IHR amendments. It was pointed out that the issues under discussion were complex and that sufficient time had to be allowed for multisectoral consultations at the national level.

80. Delegates welcomed the increase in the WHO allocation to the Region of the Americas, but noted that the Region continued to receive significantly less than other WHO regions. The need to continue advocating for an equitable distribution of WHO resources was underscored.

81. The Bureau's ongoing collaboration and communication with the WHO Secretariat were applauded, as were its efforts to highlight regional successes and best practices. In that connection, it was hoped that PAHO's successful joint assessment methodology would be adopted more widely within WHO. It was suggested that future reports on strategic issues between PAHO and WHO should also provide technical guidance on the regional repercussions of global processes relating to the governance of WHO.

82. Mr. Maza noted that WHO had added information from the Region of the Americas in their reports, and indicated PAHO would continue working to better reflect regional information in global reports. He thanked Member States for their commitment to ensuring that regional and national best practices were reflected in global strategic frameworks and assured them that the Bureau would continue working to facilitate their participation in the various global negotiation processes under way.

83. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB), acknowledging the complexity of the negotiations on the new pandemic prevention, preparedness, and response instrument and the IHR amendments, pointed out that the Bureau had organized several regional consultations involving not only national health authorities but also officials from ministries of foreign affairs and other sectors. The countries of the Region had adopted a constructive approach to the negotiations and recognized the need to reach consensus. Consequently, it had been possible to reach agreement on 12 joint regional statements on the matters under discussion. He emphasized the need to seize the moment and reach agreement on both the new instrument and the IHR amendments in order to ensure that the world was prepared to deal effectively with future public health emergencies.

84. The Director agreed that that Member States had a unique and historic opportunity to reach agreement on the new instrument and the IHR amendments. He expressed concern that, if agreement were not reached in 2024, the opportunity would be lost. In that connection, he recalled that it had been the severe acute respiratory syndrome (SARS) epidemic of 2003 that had provided the impetus for the adoption of the International Health Regulations (2005); for many years prior to that, it had proved impossible to make any meaningful progress towards updating the Regulations adopted in 1969. He affirmed that the Bureau stood ready to provide Member States with all

necessary information and support to enable them to reach consensus on the new instrument and the IHR amendments.

85. He noted that PAHO was coordinating its activities with WHO across a broad range of areas. For example, the Bureau was currently assisting the WHO Secretariat in implementing the Workday enterprise management system.

86. The Subcommittee took note of the report.

Draft Provisional Agenda for the 174th Session of the Executive Committee (Document SPBA18/INF/2)

87. Mr. Nicolás Lagomarsino (Senior Advisor, Governing Bodies Office, PASB) presented the draft provisional agenda for the 174th Session of the Executive Committee, which reflected revisions made to the list of topics examined during the 173rd Session of the Executive Committee in September 2023. The agenda included several items under program policy matters that reflected Member States' requests to focus on strategic issues. He noted that the consideration of a strategy on epidemic intelligence for strengthening early warning of health emergencies had recently been added to the list of topics at the request of Member States. The agenda also included the customary items considered by the Executive Committee at its June sessions and a set of final and progress reports mandated by previously adopted resolutions.

88. In the ensuing discussion, some delegates welcomed the inclusion of the new item concerning a strategy on epidemic intelligence for strengthening early warning of health emergencies, noting that the importance of establishing such a system had been demonstrated by the COVID-19 pandemic. Nevertheless, one delegate expressed concern that the number of program policy matters on the agenda had doubled since the previous year. The Bureau was urged to take a strategic approach to the inclusion of the agenda items to be examined in order to improve the effectiveness and efficiency of Governing Bodies sessions.

89. Mr. Lagomarsino acknowledged the concern about the number of agenda items to be discussed during the forthcoming Executive Committee session and noted that the Bureau had taken steps in recent years to reduce that number. He recalled that the Bureau had initially proposed five program policy matters to be discussed. However, Member States had proposed two additional items during the Committee's 173rd Session. The addition of the item on epidemic intelligence had been requested since then; the Bureau had examined the request and decided to include the item on an exceptional basis, given the importance of the issue.

90. The Director agreed on the need to have a manageable and strategic list of topics for discussion during Governing Bodies sessions and to avoid adopting strategies or plans of action on topics already covered under the Strategic Plan 2020–2025 or the Sustainable Health Agenda for the Americas 2018–2030. He also indicated that in order to ensure the participation of the Member States in the formulation of PAHO's next strategic plan, he proposed to include the item Roadmap for the development of the PAHO Strategic Plan 2026–2031 in the provisional agenda for the 174th Session of the Executive Committee.

91. The Subcommittee endorsed the provisional agenda as proposed by the Director.

Other Matters

92. No other matters were discussed during the Subcommittee's 18th Session.

Closure of the Session

93. Following the customary exchange of courtesies, the President declared the 18th Session of the Subcommittee closed.

Annexes

IN WITNESS WHEREOF, the President of the Eighteenth Session of the Subcommittee on Program, Budget, and Administration, Delegate of El Salvador, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington D.C., United States of America, this twenty-first day of March in the year two thousand twenty-four. The Secretary shall deposit the original signed document 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.

Francisco José Alabi Montoya
President of the 18th Session
of the Subcommittee on Program, Budget,
and Administration
Delegate of El Salvador

Jarbas Barbosa da Silva Jr.
Secretary ex officio of the 18th Session
of the Subcommittee on Program, Budget,
and Administration
Director of the Pan American Sanitary Bureau

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| SPBA18/12 | Report on the Charge Assessed on the Procurement of Public Health Supplies for Member States |

Information Documents

| | |
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| SPBA18/INF/1 | Report on Strategic Issues between PAHO and WHO |
| SPBA18/INF/2 | Draft Provisional Agenda for the 174th Session of the Executive Committee |

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

| | |
|---------------------------------|--|
| President/Presidente: | Dr. Francisco J. Alabi Montoya (El Salvador) |
| Vice-President/Vice-Presidente: | Mag. Andrea Terán (Ecuador) |
| Rapporteur/Relator: | Dr. Pearl McMillan (Bahamas) |

MEMBERS OF THE SUBCOMMITTEE/MIEMBROS DEL SUBCOMITÉ

ARGENTINA

Dra. Mariana Vázquez Durand
Directora Nacional de Relaciones
Internacionales
Ministerio de Salud
Buenos Aires

BAHAMAS

Dr. Pearl McMillan
Chief Medical Officer
Ministry of Health and Wellness
Nassau, N.P.

COSTA RICA

Dra. Mary Munive Angermüller
Segunda Vicepresidenta de la
República de Costa Rica
Ministra de Salud
Ministerio de Salud
San José

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

Sr. Jorge Antonio Tortós Barquero
Consejero, Representante Alterno
de Costa Rica ante la Organización
de los Estados Americanos
Washington, D.C.

ECUADOR

Mag. Andrea Terán
Coordinadora General de Planificación
y Gestión Estratégica
Ministerio de Salud Pública
Quito

ECUADOR (cont.)

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

EL SALVADOR

Dr. Francisco José Alabi Montoya
Ministro de Salud
Ministerio de Salud
San Salvador

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

Dra. Patricia Guadalupe Medrano Umaña
Colaboradora Técnica Especialista
Ministerio de Salud
San Salvador

Lic. José Rafael Quiñonez Celis
Director de Comunicación Social
e Institucional
Ministerio de Salud
San Salvador

Sr. Bryan Eduardo Cruz García
Camarógrafo
Ministerio de Salud
San Salvador

JAMAICA

Mr. Dunstan Bryan
Permanent Secretary
Ministry of Health and Wellness
Kingston

MEMBERS OF THE SUBCOMMITTEE/MIEMBROS DEL SUBCOMITÉ *(cont.)***JAMAICA** *(cont.)*

Dr. Howard Lynch
Chief Technical Director,
Policy Planning and Development
Ministry of Health and Wellness
Kingston

Dr. Anabelle Jones
Director, Programme Coordination,
Planning and Strategic Initiatives
Ministry of Health and Wellness
Kingston

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

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

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

Ms. Katherine Skarsten
Deputy Director
Office of Economic
and Development Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

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

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

Ms. Olga Cabello
Senior Advisor and Team Lead
Bureau of Global Health Security
and Diplomacy
Department of State
Washington, D.C.

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

Ms. Noa Levin
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. Mattison Albano
Intern
Office of Management Policy and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Katelyn Hutson
Intern
Office of Management Policy and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

**NON-MEMBERS OF THE SUBCOMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL SUBCOMITÉ**

BRAZIL/BRASIL

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

Sra. Larissa Ferreira da Silva
Segunda Secretária, Representante Alternata
do Brasil junto à Organização
dos Estados Americanos
Washington, D.C.

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

CANADA/CANADÁ

Dr. Madeleine Bird
Manager
Multilateral Relations Division
Office of International Affairs
for the Health Portfolio
Public Health Agency of Canada
Ottawa

Ms. Jennifer Izaguirre
Senior Policy Analyst
Multilateral Relations Division
Office of International Affairs
for the Health Portfolio
Public Health Agency of Canada
Ottawa

Ms. Heidy Sanchez
Alternate Representative of Canada
to the Organization of American States
Washington, D.C.

COLOMBIA

Lic. Adriana Maldonado
Ministro Plenipotenciario
Misión Permanente de Colombia ante la
Organización de los Estados Americanos
Washington, D.C.

CUBA

Sr. Asdrual de la Vega González
Segundo Secretario
Embajada de Cuba
Washington, D.C.

**DOMINICAN REPUBLIC/REPÚBLICA
DOMINICANA**

Sra. Melanie Hidalgo
Primera Secretaria, Representante Alternata
de la República Dominicana ante la
Organización de los Estados Americanos
Washington, D.C.

GUYANA

Ms. Asake Qumanda Lee
Second Secretary, Alternate Representative
of Guyana to the Organization
of American States
Washington, D.C.

MEXICO/MÉXICO

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

Sra. Socorro Guadalupe Jorge Cholula
Consejera, Representante Alternata
de México ante la Organización
de los Estados Americanos
Washington, D.C.

PANAMA/PANAMÁ

Sra. Maria Fernanda Caballero
Segunda Secretaria, Representante Alternata
de Panamá ante la Organización
de los Estados Americanos
Washington, D.C.

**NON-MEMBERS OF THE SUBCOMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL SUBCOMITÉ (cont.)**

URUGUAY

Sr. Marcelo Posada
Consejero, Representante Alterno
de Uruguay 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.

SPAIN/ESPAÑA (cont.)

Sra. Eloísa Moreno Rinaldi
Misión de España ante la Organización
de los Estados Americanos
Washington, D.C.

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

**Director and Secretary *ex officio* of the
Subcommittee/
Director y Secretario *ex officio* del
Subcomité**

Dr. Jarbas Barbosa da Silva Jr.
Director

**Advisers to the Director/
Asesores del Director**

Ms. Mary Lou Valdez
Deputy Director/Directora Adjunta

Dr. Rhonda Sealey-Thomas
Assistant Director/Subdirectora

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

Ms. Kristan Beck
Director of Administration/
Directora de Administración

Dr. Miguel Burnier da Silveira
Legal Counsel, Office of Legal Counsel/
Asesor Jurídico, Oficina de Asesoría Jurídica

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