

Canada's engagement with the Pan American Health Organization (PAHO)

Strategic Priorities for the Government of Canada 2013-2016

Table of Contents

Executive Summary

1. Context
2. Purpose and objectives
3. Strategic priorities
 - a. Enhance health security and infectious diseases prevention and control
 - b. Support effective approaches to health promotion
 - c. Support the development of regulatory capacity
 - d. Advance Canada's International Development Priorities
 - e. Foster good governance, transparency and accountability
4. Opportunities to advance Canada's priorities
5. Roles and responsibilities
6. Monitoring and reporting

EXECUTIVE SUMMARY

This document lays out the Government of Canada's five strategic priorities for engagement with the Pan American Health Organisation (PAHO) over the next three years, while Canada has a seat on the Executive Committee of PAHO. This document is a tool to guide Canada's engagement with PAHO and will assist in determining areas that Canada will strategically advance at the governing body meetings of PAHO, as well as to assess the need to provide technical assistance and support capacity building in the region. It is in Canada's interest to have strong public health infrastructure in the Region. By reducing the risk of illness elsewhere and increasing the capacity of other countries in the Region to respond to public health threats, we help protect the health of Canadians.

Through its work with regional multilateral organizations, including PAHO, Canada contributes to finding joint solutions to hemispheric challenges and ensuring the health of Canadians is protected. PAHO is the most important multilateral partner for Canada in the promotion of public health in the Region. Canada's engagement with PAHO in the Americas (2013-2015) on health issues will focus on:

- Enhancing Health Security and Infectious Disease Prevention and Control
- Supporting Effective Approaches to Health Promotion
- Supporting the Development of Regulatory Capacity
- Advancing Canada's International Development Priorities (DFATD)
- Fostering good governance, transparency and accountability

These priorities align with Canada's foreign policy priorities, including the strengthening of security and institutions, which is at the core of Canada's Strategy for Engagement in the Americas, and supports Canada's goals to strengthen our economy and enhance security. Developing and advancing these priorities requires continuing cooperation within the Health Portfolio and with other government departments including the Department of Foreign Affairs, Trade and Development (DFATD), as well as non-governmental organizations.

Canada will seek to advance these priorities through:

- our engagement in governing body meetings
- technical assistance/capacity building
- advancing initiatives of common interests through the Canada-PAHO's Biennial Work Plan
- advocacy during official visits from PAHO to Canada and from Canadian representatives to PAHO

Monitoring and reporting on our engagement will be done through the Performance Measurement Framework of the International Health Grants Program (IHGP) which is the mechanism used to provide Canada's assessed contribution to PAHO, as well as through the Health Portfolio international strategic framework (currently under development).

1. Context

PAHO serves as both the specialized organization for health of the Organization of American States (OAS) and the WHO Regional Office for the Americas. With its hemispheric membership and strong convening power, PAHO is the principal regional organization able to mobilize and coordinate hemispheric action on regional health issues, including public health threats. Canada has been a PAHO Member State since 1971. Canada's engagement with PAHO offers an important opportunity to advance our overall health objectives.

The Organization's mission is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen the lives of the peoples of the Americas.

PAHO plays an important role in providing a forum for addressing public health issues of common interest across Member States, including the implementation of the International Health Regulations. Canada's support for PAHO thus contributes to our efforts to enhance global health security by establishing mechanisms to share information, facilitate surveillance and strengthen capacities for response to public health emergencies of international concern.

Canada is the second largest contributor of assessed contributions to PAHO and in 2012 was the largest contributor of voluntary funds for external projects. Current assessed and voluntary contributions to PAHO for 2013 are approximately US \$11.5M and US \$18M, respectively. Canada's assessed contributions are paid with funds from the International Health Grants Program (IHGP) which is managed by the Office of International Affairs for the Health Portfolio.

We can advance Canada's foreign policy and promote Canadian values through global health diplomacy, recognising that positive health outcomes in the Region contribute to economic growth.

Health fits well within our foreign policy and development cooperation objectives, as it is deeply interconnected with economic growth, trade, political stability, the environment and human rights. It is also widely recognised that a healthy population is fundamental to prosperity, social development, and security.

The interconnectedness of health and other sectors offers both opportunities and challenges. For example, the movement of people and goods between Canada and the Americas is highly significant and growing. This movement of people and goods creates opportunities for Canada but also increases vulnerability given that diseases do not recognise borders. Canada acknowledges that safeguarding good health is not simply the task of individual countries. We believe that collaboration with multilateral organizations is critical in responding effectively to global and regional economic, social and public health challenges.

In 2007, Prime Minister Harper identified that reviving and expanding Canadian political and economic engagement in the Americas as a major foreign policy goal, placing great value in

Canada's relationships with countries in Latin America and the Caribbean. The whole-of-government Strategy for Engagement in the Americas (developed in 2008) sought to advance the vision of a more prosperous, secure, and democratic hemisphere. Canada's Strategy for Engagement in the Americas was renewed for five years in March 2012 with three goals and sixteen objectives. Canada is working with global, regional and local partners towards three goals of: increasing mutual economic opportunity, strengthening security and institutions, and fostering lasting relationships. Canada has invested over \$4 billion in total international assistance in the Americas since the region was declared a foreign policy priority in 2007.

Development cooperation is a key dimension of Canada's engagement in the region. Canada's development work contributes to the three goals of Canada's whole-of-government Strategy for Engagement in the Americas through programming, policy dialogue and relationships with key regional institutions, such as PAHO. The overall objective of Canada's development program in the Americas is to promote economic growth and equality of opportunity for all. The work is focused on five countries of focus (Peru, Colombia, Bolivia, Honduras, and Haiti) and one region (the Caribbean). PAHO is an important partner for the Department of Foreign Affairs, Trade and Development (DFATD) since PAHO's work in the Americas support DFATD's priorities¹ on food security, stimulating sustainable economic growth, and securing the future of children and youth. Our involvement in PAHO also helps us to foster a positive and constructive dialogue on issues of common interest or concern with all the countries of the hemisphere.

¹ (Former) CIDA's Due Diligence Assessment of the Pan American Health Organization (PAHO) 2011

2. Purpose

The principle purpose of this document is to guide our engagement with PAHO over the next three years given our role on the Executive Committee. It will also guide technical cooperation in the region and in the allocation of funds under the Biennial Work Plan (BWP). This fund is allocated to Canada from our assessed contribution to PAHO, to support projects that are of interest to both Canada and PAHO. These projects may be implemented in the Region, or in Canada.

The priorities presented in this document were developed in consultation with Health Canada, the Public Health Agency of Canada (PHAC), the Canadian Institutes of Health Research (CIHR), and DFATD. In order to identify the priorities, the Office of International Affairs for the Health Portfolio (OIA) carried out a mapping of activities that the Portfolio has been advancing since 2011 through technical cooperation with PAHO. The majority of the work undertaken by the health portfolio supports health promotion and disease prevention efforts (69%). Guidance was sought from the Health Portfolio's senior management on the strategic priorities and to ensure that they were appropriate and in alignment with the work being undertaken by the various departments and agencies.

The Office of International Affairs will share these priorities with PAHO so they are aware of Canada's strategic areas of focus in the Americas.

3. Strategic Priorities

a. Enhance Health Security and Infectious Disease Prevention and Control

Key Activities:

Strengthen regional public health emergency preparedness and responsive capacity for outbreaks by:

- Continue to support the implementation of the International Health Regulations (2005)
 - » Providing ongoing technical assistance to Member States
 - » Strengthening laboratory capacity and bio-risk management
- Advance cooperation to prevent and control infectious diseases
 - » Technical cooperation and capacity building activities in the area of surveillance and immunization

Regional Context

The large-scale spread of infectious diseases often has a major impact on the society and individuals alike and can pose serious threats to human life and exact heavy tolls from nations' economies. With greatly expanded trade and travel, infectious diseases can spread at a rapid rate, potentially resulting in loss of life, economic disruption, and political instability.

The International Health Regulations help strengthen global public health security by requiring countries to report certain disease outbreaks and public health events to the WHO. Canada is one of only six PAHO Member States that is compliant with the IHRs (the others being US, Brazil, Chile, Colombia and Costa Rica), and in some areas has achieved the highest "reference model" standard identified in the Regulations. However, most Member States have expressed reservations about their ability to establish core capacities that meet IHR standards by the revised deadline of June 2014.

The most critical weaknesses identified by PAHO Member States in meeting their IHR obligations include: capacity to monitor and respond to radiation and chemical emergencies, the need for capacity building at designated points of entry, adequate human resources, and preparedness. Canada is working closely with PAHO to ensure that there continues to be progress on the implementation of the IHRs, including through the provision of technical assistance when requested (and permitting that resources are available).

The region has an impressive record in tackling vaccine-preventable diseases, yet challenges continue to exist. Diseases such as cholera, malaria, Chagas, tuberculosis and dengue have persisted or re-emerged, particularly in poorer countries and in vulnerable population groups. Countries must remain vigilant given the ongoing risk of imported measles cases and must bridge the immunization coverage gaps that continue to exist. In order to maintain achievements in immunization coverage, the Region needs to continue strengthening surveillance of vaccine-preventable diseases and monitoring coverage rates.

Relevance to Canada

Global threats to public health go beyond communicable diseases to encompass environmental, biological, chemical and radiological risks that can have an impact across borders. Thus, international co-operation and engagement are essential to promote and protect the health of Canadians.

Since the SARS outbreak in 2003, Canada has been advocating for a strong and coordinated multilateral approach to global public health emergencies including strengthening national and multilateral capacities for the mitigation of, preparedness for, and response to outbreaks of infectious diseases and other public health emergencies. Capacity building in the Americas plays a central role Canada's support for this approach.

Examples of Initiatives:

Canada is currently supporting activities, such as:

- » From an operational perspective, Canada is exploring collaborative activities with PAHO/WHO to strengthen IHR core capacities in the Americas.
- » Canada is working with PAHO to finalize an Agreement to facilitate the deployment of Canadian technical experts to participate in technical assessment and response teams in order to address public health emergencies in the Americas.
- » Canada's contributions towards strengthening the International Health Regulations include the participation of a senior official from PHAC on the WHO IHR Expert Panel. The Expert Panel provides guidance to the WHO and States Parties to the IHR in the implementation of the IHR.
- » Canada routinely reports surveillance data on vaccine preventable diseases for incorporation into PAHO Regional reports and bulletins.
- » Providing leadership through the Global Health Security Action Group (GHSAG) on the Early Alerting and Response (EAR) project to strengthen global capacity for the surveillance of emerging public health threats.
- » Providing ongoing technical assistance to Member States to strengthen regional capacity to prevent, detect and respond to current and emerging public health threats, in line with their international responsibility under the International Health Regulations.
 - » The Global Public Health Intelligence Network (GPHIN) is collaborating with the WHO and PAHO on early-warning and situational awareness related activities. It produces weekly reports for PAHO regarding events of concern to the Americas, as well as providing virtual training on conduction event-based surveillance.

- » The IHR National Focal Point (NFP) Office works with its partners for timely and relevant event detection, public health situational awareness, and global health security.
 - » To strengthen laboratory capacity biosecurity and biosafety, the Caribbean Epidemiology Centre (CAREC) received \$2.5 Million through Canada's Global Partnership Program, for the provision of a BSL-3 modular laboratory. The Agency provided advice regarding the technical specifications and operating procedures for the laboratory and continues to provide technical advice and support on laboratory, biosafety and other issues to CAREC, now integrated into the Caribbean Public Health Agency (CARPHA) through its participation on the CARPHA Technical Advisory Committee and Laboratory Sub-Committee.
 - » PAHO received \$950K for biological sample collection, for confirmatory diagnostic testing in FY 2012-2013.
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- » Canada in collaboration with Brazil and PAHO will assist in the establishment of an IHR National Focal Point Operational/Implementation Forum for the Americas, which will provide a platform for information exchange on best practices, guidelines, tools etc.

b. Support Effective Approaches to Health Promotion

Key Activities:

- Advance multisectoral approaches for noncommunicable diseases (NCDs) prevention and control
- Improve Health Equity
 - » Support global and regional knowledge exchange related to the implementation of the Rio Political Declaration on Social Determinants of Health
 - » Promote the recognition and inclusion of indigenous health in PAHO policies
 - » As a cross-cutting issue, promote the integration of gender equality and human rights in PAHO programs and policies

Regional Context

Despite gains that have been made, health inequities in the region continue to persist both between and within countries, and are caused by a number of social determinants (i.e., income, education, employment and working conditions, social inclusion, adequate housing, ethnicity, and gender). The NCD epidemic is driven by globalization, urbanization, economic and demographic situations, and lifestyle changes, and is also strongly influenced by social determinants of health. Therefore, we have placed health equity issues together with NCD prevention. In order to improve health and reduce disparities in the region, health promotion efforts will need to address the interrelated factors and root causes of these issues, and will require multisectoral action with participation from governments, civil society, the private sector, and academia.

As is the case globally, the burden of disease in the Region is shifting from infectious diseases to noncommunicable diseases (NCDs) and NCDs are the leading cause of death in the Americas, accounting for 74% of all deaths. Some 250 million people in the Region suffer from some chronic non-communicable diseases (NCDs). In 2007, 3.9 million people died from NCDs, 37% of whom were under age 70. NCDs are also the source of most avoidable health care costs. Shared risk factors for NCDs are tobacco consumption, harmful use of alcohol, poor diet, and physical inactivity. Cardiovascular diseases (CVDs) are the leading cause of death from NCDs. Premature deaths from CVDs are more frequent among men than among women and occur at the age of greatest productivity, causing the greatest economic and social damage. The rise of obesity in the adult population, especially among women, is a major risk factor for NCDs in the Region.

Mental health also remains a pressing issue on the Region's health agenda. Mental and neurological disorders represent some 21% of the total burden of disease in Latin America and the Caribbean. The estimated proportion of people with mental disorders who need care and do not receive treatment (the treatment gap) is about 65%. Continuing stigma, social exclusion, and human rights violations significantly compound human suffering from mental disorders.

Indigenous populations generally have a lower life expectancy than non-indigenous

populations, a higher incidence of most diseases (e.g., diabetes, mental disorders, cancers). Poor housing, low educational achievement, unemployment and inadequate incomes are known to correlate with a range of lifestyles that predispose to disease and injury in Indigenous populations.

Though the principle of health as a basic right is accepted in the vast majority of the Region's countries and has been enshrined in several countries' constitutions, in general, health legal frameworks do not incorporate basic human rights principles, such as the right to freedom from discrimination or the right to privacy and informed consent.

Relevance to Canada

Every year about two-thirds of deaths in Canada result from chronic diseases, such as cancer, diabetes, cardiovascular diseases, chronic respiratory diseases. For this reason, Canada has placed priority on multisectoral action based on a "whole of society" approach to NCD prevention in which governments work together and with civil society, the private sector, and academia to reduce health disparities and build and influence the physical, social and economic conditions to promote health and wellness.

In 2010, federal, provincial, territorial Ministers of Health endorsed the Declaration on Prevention and Promotion. In addition, Canada endorsed the United Nations Political Declaration on NCDs in 2011. These initiatives acknowledge the role of rising rates of key risk factors (tobacco, harmful use of alcohol, unhealthy diet and physical inactivity) in driving the chronic disease challenges. Working together regionally can help to prevent and control NCDs by reaffirming the importance of multisectoral action in this regard. With respect to government leadership within the multisectoral approach, Canada will champion the engagement of sectors beyond health, such as sport and recreation, education and transportation.

Canada-PAHO engagement related to multisectoral action needs to be consistent with the "whole of society" approach in Canada. Canada recognizes that there is no single entity responsible for any major health or social challenge, nor can any single organization effectively address it. It is about exploring new ways to unlock innovation through broad cross-sector engagement, including private, non-profit, local, academic and community sectors. By engaging multiple sectors of society, the Government and its partners can leverage knowledge, expertise, reach and resources, allowing each to do what each does best, in working toward the common shared goal of producing better health outcomes for Canadians.

Canada recognizes the importance of integrating gender, ethnicity, and human rights approaches into the health sector and the need to address social determinants of health. A human rights perspective is crucial in addressing health issues, in particular for vulnerable groups. Canada recognizes that health inequities are largely preventable by addressing the Social Determinants of Health (SDOH) and by coherent policies and programs at the global, regional, national, sub-national and local levels.

Canada considers that effective approaches to health inequities reduction requires the active participation and leadership of individuals and communities, including indigenous peoples, non-governmental organizations, researchers, educators, industry and employers, health care providers, governments and the international community.

Examples of Initiatives

Advance NCD prevention and control as follows:

- Participating in the Americas' Network for Chronic Disease Surveillance (AMNET) (surveillance and capacity building in public health)
- Supported the development of the regional NCD Strategy, ensuring a multisectoral approach was included
- Undertaking work on the three priority areas of the WHO Collaborating Centre on Non-communicable Disease Policy in collaboration with PAHO:
 1. Assess Models for multisectoral partnerships – identifying and sharing innovative practices (2012-16)
 2. Integrate the economic lens into the evidence base for NCD policy – analytical framework
 3. Building technical capacity in measuring and monitoring of NCD policy – enhance the NCD Policy Observatory
- Supported a meeting of the WHO/PAHO Collaborating Centres meeting on mental health

Improve Health Equity:

- Social Determinants: Development of the report on the Rio Political Declaration on Social Determinants of Health
- Indigenous Health: Regional capacity building and system strengthening in mental health among indigenous and vulnerable populations
- Explore opportunities to leverage effective mental health and violence prevention interventions for low to middle income countries
- Explore Canada's interest to host the World Health Organization 7th Milestones meeting for violence prevention in 2015
- PAHO will explore funding opportunities through CIHR's Pathways to Health Equity for Indigenous People initiative, which seeks to develop a better understanding how to design, launch and scale-up interventions in the areas of suicide, tuberculosis, diabetes/obesity and oral health. PAHO and Canada will explore opportunities for a visit of the PAHO Assistant Director to further explore collaboration.
- PAHO has signalled interest to learn more about the British Columbia Tripartite agreement on First Nations Health Governance, including a potential site visit to BC, as well as Canada's experience with E-health and its application in Haiti.
- Gender equality and human rights: Implement Canada's plan for advancing health equity

c. Support the Development of Regulatory Capacity

Key Activities:

- Promote enhanced safety of food and health products
 - » Strengthening capacity of national regulatory authorities in food and health products safety
- Promote collaboration and enhanced sharing of information for rapid and effective responses to emerging key risks associated with food and health products
- Promote regulatory convergence and alignment
 - » Support regional efforts to implement internationally recognised standards and adopt best practices

Regional Context

The safety of food, water and medical products is critical to disease prevention in the Region. Food contaminated with microbial agents and chemicals represents an important public health risk in the Region, resulting in diarrheal diseases and various forms of cancer. A study of Food Borne Disease outbreaks reported by 22 countries in the Americas from 1993 to 2010 found that the causes of 9,180 outbreaks were bacterial (69%), viral (9.7%), ocean toxins (9.5%), chemical contaminants (2.5%), parasites (1.8%), and vegetable toxins (0.5%).

Advancing regulatory convergence and harmonization with respect to medicines and medical devices is important for health in the Region. In most low and middle income countries in the Americas, health technologies constitute the largest public expenditure in health after personnel costs, and the largest household health expenditure.

Relevance to Canada

Canada recognises that appropriate regulatory capacity is required to ensure the availability of safe, quality and effective medicines and other health technologies. Canada acknowledges that it takes a great deal of knowledge and coordination among multiple stakeholders--from international organizations, governments, private sector and individuals.

Canada imports a significant amount of food products from the PAHO region which has a direct impact on the safety of the Canadian food supply. Canada recognizes that a safe food supply is a major contributing factor to the health of Canadians that requires working with other countries to ensure food safety.

Examples of Initiatives

- Promote enhanced safety of food and health products by strengthening capacity of national regulatory authorities in food and health products safety
- Promote collaboration and enhanced sharing of information for rapid and effective responses to key risks on food and health products

- Promote regulatory convergence and implementation of internationally recognised standards and the adoption of best practices, as exemplified through support and participation in the Pan American Network for Drug Regulatory Harmonization (which PAHO will continue to host), to increase capacity for the regulation of pharmaceutical and biological products in the region and through the Codex Alimentarius Commission standards for Food.
- In relation to regulatory issues, continue work on single audit principle and share results from the U.S. Food and Drug Administration (FDA) medical devices single audit.

d. Advance Canada's International Development Priorities (DFATD)

Key Activities:

- Deliver on Canada's commitments to the Muskoka Initiative on Maternal, Newborn and Child Health, by:
 - » Strengthening health systems to improve service delivery at the local level
 - » Reducing the burden of diseases affecting mothers and children
 - » Improving nutrition to improve and save lives
 - » Promoting implementation of the recommendations of the UN Commission on Accountability for Women's and Children's Health
- Bridge child survival with early childhood development
- Improve disaster prevention and preparedness
- Ensure interventions are sustainable, managed for results, and support country priorities

Regional Context

Of the 580 million people who live in Latin America and the Caribbean, around 195 million live in poverty (defined as earning less than two dollars a day), and 71 million live in extreme poverty (defined as earning less than one dollar per day). The poorest children are 3 times more likely to die before the age of five than the richest.

The Region's impressive health gains over the past decade have not benefitted all countries or population groups equally. Significant disparities exist across and within countries on such basic indicators as life expectancy, maternal and child mortality, malnutrition, access to clean water and sanitation, and access to health services. Reducing these inequities has been and remains the Americas' greatest public health challenge.

Achieving the MDGs in Latin America and the Caribbean is a complex undertaking as conditions vary not only among countries but also within countries. The Region of the Americas advanced significantly toward the health-related and other MDGs during the first decade of the 2000s, however, even when countries on average appear to be on track to achieve some or all of the MDGs, a closer look at the sub-national level reveals that great inequities remain. With its hemispheric membership and strong convening power, PAHO is the principal regional organization able to mobilize and coordinate hemispheric action on the attainment of the Millennium Development Goals (in addition to other health issues).

Relevance to Canada

Canada is a strong supporter and advocate of the Millennium Development Goals (MDGs). Canada's support to PAHO is in line with the MDGs related to gender equality (MDG 3); the reduction of child mortality (MDG 4); the improvement of maternal health (MD5); the fight against HIV/AIDS, malaria and other diseases (MDG 6); and the global partnership for development (MDG8).

Canada is leading a global commitment, through the G-8 Muskoka Initiative, to improve maternal, newborn and child health in developing countries and reduce the number of preventable deaths. Engagement contributes to this commitment as well as furthering the work of the Commission on Information and Accountability for Women's and Children's Health. DFATD is leading a global effort to mobilize global action to reduce maternal and infant mortality and improve the health of mothers and children in the world's poorest countries. In the region, Canada's development programming focuses on key countries including: Bolivia, Colombia, Peru, Honduras, Haïti, and the Caribbean.

Examples of initiatives

- Deliver on Canada's commitments to the Muskoka Initiative, by supporting (1) training for health workers and increased access to adequately equipped local health centres; (2) the provision of medicines, vaccines, and actions needed to prevent and treat the prevalent diseases and illnesses that are the main causes of maternal and child mortality; and, (3) increased access to healthful and nutritious food and essential micronutrient supplements
- Promote implementation of the recommendations of the UN Accountability Commission, by supporting the strengthening of health information systems, training of health care providers and the community to collect, analyze, and use health information
- Bridge child survival with early childhood development, by promoting breastfeeding, higher maternal education, good nutritional status, quality child-rearing environment, access to early childhood development
- Improve disaster prevention and preparedness, by supporting efforts to improve disaster preparedness within health sector institutions, promoting the integration of health-related disaster risk management into policies, laws and decision making at the national level
- Ensure interventions are sustainable, managed for results, support country priorities, by promoting country ownership, routine monitoring by PAHO of the delivery of DFATD-funded interventions, and external evaluations

e. Foster good governance, transparency and accountability

Key Activities:

- Continue to strengthen accountability measures and results-based management practices
- Optimize the efficiency and effectiveness of PAHO governance mechanisms
 - » Strategic use of Canada’s membership on the Executive Committee (2012-2015)
 - » Influence the development of PAHO’s Strategic Plan (2014-2019)
- Seek a more strategic and concrete relationship with PAHO

Regional Context

PAHO is the world’s oldest international public health agency. Its mission is to strengthen national and local health systems and improve health outcomes for all people in the Americas. Since it was founded in 1902, it has contributed to health achievements such as the eradication of smallpox and polio from the Americas, and major reductions in infant and child mortality. As Regional Office for the Americas of the WHO, PAHO is a member of the United Nations System. It also serves as the specialized health agency of the Inter-American System. It has 35 Member States in North, Central and South America and the Caribbean, as well as four Associate Members (Puerto Rico, Aruba, Curaçao and Sint Maarten), three Participating States (France, the Netherlands, and the United Kingdom), and two Observer States (Portugal and Spain).

PAHO’s priorities and policies are set by its Member States through its Governing Bodies, including the Directing Council, which meets yearly, and the Pan American Sanitary Conference, which meets every fifth year. PAHO receives funding through assessed contributions from its Member States, allocations from the World Health Organization, and voluntary contributions from governments, international organizations, and private and public sector organizations. PAHO also has an Executive Committee, which is composed of nine Member States of the Organization, elected by the Conference or the Council for overlapping periods of three years. The Committee meets twice a year, and acts as a working party of the Conference or Council. The Subcommittee on Program, Budget and Administration is an auxiliary advisory body of the Executive Committee with responsibility for aspects of Program, Budget and Administration. The Subcommittee consists of seven Members.

PAHO is a large organization with the networks (through its sub-regional and country offices), capacity and expertise to deliver on a wide range of health issues. The effectiveness of PAHO’s sub-regional and country offices are especially important, as they provide strategic health policy advice to governments and play an important technical support role.

Relevance to Canada

Canada values its relationships with key multilateral organizations such as PAHO. These relationships support Canada's diplomatic efforts to protect and build support for Canadian interests and values.

Canada's engagement with PAHO directly supports the Americas Strategy, which seeks to advance Canadian interests by strengthening the accountability, transparency and effectiveness of multilateral organizations in the region, as a foreign policy objective.

As a major contributor to PAHO's regular budget and its voluntary funds, Canada has an interest in ensuring that the Organization's accountability measures and results-based management practices continue to be meaningful and relevant. Through our participation in governing body meetings, Canada is able to exercise oversight on projects and initiatives to influence effective management of the funds provided to PAHO.

There have been two recent reviews of Canada's participation in PAHO – the evaluation in June 2012 of the International Health Grants Program (which is the mechanism used to pay Canada's assessed contribution to PAHO); and the Auditor General's Report on the Performance Audit of Official Development Assistance (ODA) through Multilateral Organizations (Spring 2013). Both found that Canada is well represented on governing bodies and Canadian officials are able to exercise oversight on projects and initiatives to influence effective management of the money provided to PAHO.

Examples of Initiatives

- Continue to strengthen accountability measures and results-based management practices
- Canada is currently serving a three year term on the PAHO Executive Committee (2012-2015) which provides Canada with an opportunity to influence the governance of the organisation. To note, Canada was elected the Vice-President of the Executive Committee for the period 2013-2014.
- Canada is also serving as a member of the Sub-Committee on Program, Budget and Administration, which will meet in March 2014
- Participation in governing body meetings including the Pan American Sanitary Conference, Directing Council, Executive Committee and Subcommittee on Program, Budget and Administration
- Optimize the efficiency and effectiveness of PAHO governance mechanisms
- Seek a more strategic and concrete relationship with PAHO

4. Opportunities to Advance Canada's Priorities

Given the breadth and depth of Canada's ongoing relationship with PAHO, we have many opportunities to advance our priorities. In fact, the challenge for Canada is to ensure that we use these opportunities in a strategic and focussed way in order to have a greater impact. Four of the key opportunities at our disposal are listed and expanded upon below.

- Participating in governing body meetings
- Technical cooperation and capacity building activities
- Funding
- Visits to Canada and to PAHO

Participating in Governing Body Meetings:

Canada actively participates in PAHO's governing body meetings, which provides a key opportunity for Canada to champion particular priority issues in the region and globally, as well as influencing policies and priorities for the Organization. The overall policy direction at the governing body meetings are determined through close consultation across the Health Portfolio and across the Government of Canada (please see section on roles and responsibilities).

Technical cooperation and capacity building activities:

As noted throughout our five priority issues for engagement, Canadian experts are actively sought by PAHO to contribute to technical discussions, participate in expert advisory groups, or provide bilateral support/capacity building to PAHO Country Offices and Ministries of Health in the Region. Canada attends regional meetings to support and influence the PAHO agenda. Canada may also respond to requests for Canadian experts for emergency technical or humanitarian support on health related issues.

In addition, 28 Collaborating Centres (CCs) of WHO/PAHO are located in Canada and 6 are within the Health Portfolio. Relationship building with the WHO/PAHO CCs will be an important tool to explore as a means to advance the priorities.

Funding:

Canada is the second largest contributor of assessed contributions to PAHO and in 2012 was the largest contributor of voluntary funds for external projects. Current assessed and voluntary contributions to PAHO are approximately US \$11.5M and US \$18M, respectively. Given the level of these contributions, Canada is considered a trusted and valued partner within PAHO.

The Canada-PAHO Biennial Work Plan (BWP) is a fund that is allocated to Canada from Canada's assessed contribution to PAHO. Canada's allocation for the 2012-2013 biennium was US \$400K

and for 2013-2014 is \$405,700. The funds support projects that are of interest to Canada and PAHO, in alignment with Canada's priorities for the Region, and may be implemented in the Region or in Canada. For example, a project was funded through the BWP to support capacity building in mental health among indigenous people through bilateral exchanges between Nunavut and Chile. For the upcoming BWP, an invitation to submit Expressions of Interest (EOI) will be directed to program areas in the Health Portfolio and DFATD, to identify potential projects and articulate how they are aligned with Canadian priorities for engagement. The EOIs will be assessed jointly by PAHO and the Office of International Affairs for the Health Portfolio and a short list will be prepared, and full proposals will be requested. The final decision will be made jointly by Canada (ADM SPPIAB) and PAHO.

The high level meetings between the Minister of Health and Dr. Carissa Etienne, the new Director of PAHO, are important opportunities for conveying key messages that will impact the relationship.

5. Roles and Responsibilities

Consistent with their respective mandates, roles, and responsibilities, the Health Portfolio and the Department of Foreign Affairs, Trade and Development (DFATD) will jointly advance Canada's priorities of engagement with PAHO. In particular, DFATD will advance Canada's foreign policy priorities (including international development) while the Health Portfolio will focus on addressing health security and infectious diseases prevention and control, health promotion, regulatory capacity, and governance.

Health Portfolio's Role

Office of International Affairs for the Health Portfolio (OIA)

OIA leads and coordinates Canada's engagement with PAHO. In advancing Canada's priorities for engagement with PAHO, OIA will continue to be the liaison and key interlocutor with PAHO, develop Canada's positions and negotiating instructions for governing body meetings, process requests for technical assistance and prepare materials to brief senior management.

Canada's assessed contribution to PAHO is paid out of the International Health Grants Program (IHGP). Since OIA manages the IHGP, the Directorate will continue managing the payment of Canada's assessed contribution to PAHO.

OIA will also continue to manage with PAHO the Biennial Work Plan (BWP). In consultation with the Health Portfolio and DFATD, new projects will be identified for implementation during the 2014-2015 biennium.

Recognizing that advancing Canada's priorities with PAHO requires understanding the views of stakeholders, OIA will engage stakeholders at the following levels: (1) governmental and (2) non-governmental. Examples of engagement at each level include:

Governmental

- Promote involvement of government counterparts in technical assistance and training activities and the sharing of expertise in areas identified as a priority.
- Promote bilateral collaboration with other countries in the Region.
- Encourage a consistent and “whole of government” approach across the Federal Government in our engagement with PAHO. OIA will continue to use its existing PAHO Focal Point Working Group process to consult with DFATD and the Health Portfolio on the development of Canadian positions for PAHO governance meetings.

Non-Governmental

- Continue to engage and mobilize non-governmental organizations (NGOs) in preparation for governing body meetings and in discussions related to policy issues that are a priority for Canada. This will continue to be done in conjunction with preparations for the World Health Organization Executive Board.

Health Canada

Health Canada will continue to play a key role in working with PAHO to help the Region build regulatory capacity and facilitate regulatory alignment. This could be done by providing scientific and technical assistance in the strengthening of regulatory capacity and by sharing information bilaterally or through regional networks. The First Nations and Inuit Health Branch (FNIHB) will also continue to lead on health equity issues related to indigenous populations.

Public Health Agency of Canada (PHAC)

PHAC will continue to develop and implement strategies that recognize the contribution of similar risk factors and health determinants to the development of common and debilitating chronic diseases. Also, PHAC will provide effective models of intervention that enhance personal skill and knowledge of individual health, and its determinants; embrace community action; and, foster appropriate public policies, health services and supportive environments. PHAC will continue to play a key role in sharing evidence and best practices in the relationship between risk factors and chronic diseases, in health security and in infectious diseases prevention and control. In the area of vaccine-preventable diseases, PHAC will work towards a goal of elimination, maintenance of elimination and to improve surveillance related to these diseases.

Canadian Institutes of Health Research (CIHR)

CIHR will continue to engage with the Health Portfolio and PAHO to share knowledge, evidence and expertise, as well as to provide recommendations related to health research. CIHR is committed to advance shared priorities with PAHO such as e-health, global health and non-communicable chronic diseases through multi-stakeholder engagement, where appropriate. CIHR will also share information on relevant activities such as the second funding opportunity on diabetes to be launched under the Global Alliance for Chronic Diseases (GACD).

Department of Foreign Affairs, Trade and Development's Role (DFATD)

DFATD manages and oversees Canada's representation abroad and is responsible for advancing Canada's foreign policy and international development priorities (priority No. 4).

Canada's Mission to the Organization of American States (OAS) located in Washington D.C., in partnership with DFATD's Hemispheric Affairs Division, plays an active role in liaising with PAHO, disseminating and sharing information, and working with other countries in the Region to advance issues of common interest. The Mission also plays an important role in monitoring and reporting on regional developments that could have an impact on public health policies and programs in Canada.

The overall objective of DFATD's development programs in the Americas is to promote economic growth and equality of opportunity for all. To achieve this, DFATD's development programming is guided by three thematic priorities- food security, sustainable economic growth, and children and youth, and three crosscutting themes- environment, gender equality and governance. Programming is also tailored to country needs and priorities, and emphasizes local ownership and mutual accountability, key components of Canada's Aid Effectiveness Agenda.

6. Monitoring and reporting

Monitoring and reporting on the advancement of Canada's priorities for engagement with PAHO will be done through the performance measurement framework of the International Health Grants Program (IHGP) which is the mechanism the Health Portfolio uses to pay Canada's assessed contribution to PAHO. The portion of the performance measurement framework which applies to the PAHO component will consider objectives, outcomes and possible performance indicators that assess the effectiveness and quality of Canada's engagement with the organization as led by the Health Portfolio.

In addition, monitoring and reporting requirements for PAHO will be captured in the Health Portfolio international strategic framework that is currently under development. The intent of the strategic framework will be to communicate high-level objectives and priorities that will guide Health Canada and the Public Health Agency of Canada's international work. Although work is only in preliminary stages, it is anticipated that monitoring and reporting requirements for the Health Portfolio's international priority files and partnerships will be a key component of the framework, and would include monitoring and reporting tools (such as menus of sample performance indicators and/or templates for collecting performance measurement information) that could be applied to international partnerships such as PAHO.