WORKING GROUP ON PAHO IN THE 21st CENTURY:
TERMS OF REFERENCE AND WORK PLAN
Based on the Resolution CD44.R14 (see annex 1), the establishment of an open-ended working group on PAHO in the 21st Century is an opportunity for PAHO, as an Organization (Member States and Secretariat), to revisit its vision, the future of health and its role as valuable organization in achieving shared health goals in the Americas.

Since it has been established, the Working Group has met 3 times: in Dominica (February 2004), Washington DC (March 2004) and Costa Rica (July 2004). In addition, an informative meeting was organized during the 57th World Health Assembly (May 2004).

1. **Expected final product**

   The Working Group is expected to prepare a final report in the form of policy recommendations on how PAHO (Member States and Secretariat) ought to respond to the main health challenges of the Americas at the beginning of the 21st Century and to contribute to the objectives formulated by the United Nations in the Millennium Declaration.

   The final report will be presented to the PAHO Directing Council in September 2005.

   The report will integrate in one document, as follows, the main issues analyzed by the Working Group:
   - vision, mission and values
   - challenges
   - strategies
   - recommendations for implementation

2. **Participation in the Working Group**

   The membership includes four countries of the Executive Committee (Argentina, Barbados, Costa Rica, and Peru for the period 2003-2004), ensuring an equitable balance between subregions.

   The open nature of the working group allows for all Member States to participate if they so wish.

   As established also in the resolution of the Directing Council, participation of other international organizations engaged in institutional reform or from the United Nations System is encouraged.

   The Secretariat provides the necessary support to the Working Group at country and regional level. A global support team, as well as specific focal points for each topic, will be designated by the Director in order to strengthen the collaboration with the Working Group.

3. **Methods of work**
The process of PAHO in the 21st Century is led by the Member States, with support from the Secretariat.

A technical supporting group will be convened and tasked with the responsibility of:

- Preparing specific intermediary reports for each topic and sub-topic, under the guidance of the Working Group. This technical supporting group will coordinate and consult with national and international institutions as necessary, and will collaborate with the Secretariat. This group could have specific meetings if it is so required for the achievement of its mandate and for preparing the ministerial meetings.
- Commissioning short studies or briefing notes on particular issues of relevance to the achievement of the final product. Those studies may be commissioned to the Secretariat or external institutions, either national or international.
- Reviewing and possibly amending the scope and content of the topics that have been selected initially, if it appears necessary during their work, in order to achieve the objectives expected for the 46th Directing Council (September 2005).
- Establishing appropriate mechanisms of information and consultations, taking advantage of the web site and the “Intranet” (share-point) created by the Secretariat for this purpose. This will include the sharing of documents of reference, technical meetings (eventually during regional or international meetings on related subjects), presentations by experts, etc.

The Working Group will execute its work plan within the actual financial possibilities of the Secretariat and its Member States. Based on a detailed work plan, additional resources will be negotiated with donor agencies, international financial institutions or foundations that have demonstrated previous commitments and interests for the strengthening of the multilateral system or international public health.

At the same time, the Secretariat is conducting an institutional process of change at regional level, and the World Health Organization is developing the XI General Program of Work for the period 2006-2015 at global level. The articulation of these 3 processes is necessary. Therefore, regular exchanges of information and joint activities have to take place in order to look for policy coherence, and complementarity of the recommendations and decisions.

4. Shared vision of the process

At its third meeting (Costa Rica, July 2004), the Working Group identified certain characteristics indicative of success, as a shared vision of the process:

a. Characteristics of a successful process:
   i. Constructed collectively
   ii. Specific, viable, and spearheads change
   iii. Evidence-based conclusions
   iv. Clear identification of challenges

b. How the work should be done:
   i. Streamlined communications with the other countries and PAHO
   ii. Transparency
iii. With technical responsibility for the process
iv. Assuming leadership of the process

c. Strategic impact on the Organization:
   i. PAHO exercising international leadership in health
   ii. Clarity of objectives (what PAHO should and should not do)
   iii. Transparency in its work
   iv. Optimization of resources and reduction of bureaucracy
   v. Reformulation of its mission and vision
   vi. Greater use of national resources
   vii. Articulation of agendas (national, regional, and global)

5. Main topics for in-depth analysis (terms of reference)

In its first meeting (Dominica, February 2004), the Working Group has defined the main topics that will be subject of an in-depth review and analysis (see annex 2 for detailed terms of reference):
- Challenges in Public Health in the Americas for the coming years
- Evolving nature of partnerships and alliances in international development in health pertinent to PAHO’s role
- Regional and global public health goods in the 21st Century and their relationship with PAHO’s mandate
- Modalities of technical cooperation in health
- Governance of PAHO
- Resources for health

Each of the four Member States –and other Member States as agreed later by the Working Group-, and the Secretariat, has been preparing preliminary analysis of each topic or sub-topic of interest

6. Schedule for completion of work

At its third meeting, the Working Group identified the main dates for the conduct of its work and fixed deadlines for the period between the 45th and the 46th Directing Council:

- December 2004: 4th meeting of the Working Group (Brazil)
- March 2005: 39th session of the Subcommittee on Planning and Programming (Washington DC), first draft of the report
- May 2005: 58th World Health Assembly (Geneva), information meeting on progress achieved
- June 2005: 136th Executive Committee (Argentina), final draft of the report
- July 30, 2005: circulation of report to all Member States for review and comments
- September 2005: 46th Directing Council, final report (amendments and/or approval)

In addition to those global and regional meetings at ministerial level, subregional meetings or technical meetings that will occur during this period will be opportunities for the technical group to reviewing and improve their analysis and proposals.
The members of the Working Group will be invited also to attend a joint meeting with WHO on the XI General Program of Work, probably in February 2005.

The Director will ensure that documents prepared in the framework of the institutional process of change will be shared with the Working Group. A joint meeting between the technical supporting group and the Secretariat would also be organized in order to exchange on progress made in this matter.
RESOLUTION

CD44.R14

A PAHO IN THE 21st CENTURY

THE 44th DIRECTING COUNCIL,

Recalling that in 2002, the Pan American Sanitary Conference had approved the Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007 and had mandated the Bureau to monitor and evaluate the progress in the achievements of the Plan;

Taking into account that at its current session the Member States had expressed their satisfaction with the Director’s Managerial Strategy for the Work of the Bureau in the Period 2003-2007;

Considering that the Director-General of WHO in his presentation to this 44th Directing Council had indicated his plans for regional consultations as part of the preparations for the 11th General Program of Work; and

Commending Mexico for its analysis and proposal contained in Document CD44/6, A PAHO for the 21st Century, and having considered the issue of PAHO’s future, during this 44th Directing Council;

RESOLVES:

1. To request the Executive Committee:

(a) to establish an open-ended working group comprised of selected Members of the Executive Committee; representatives of organizations with experience in the
area of institutional and/or organizational reform in the United Nations system and in the public/private sector; and representatives of Member States wishing to participate, ensuring equitable distribution among the subregions;

(b) to ask the working group for the review of PAHO’s situation in the 21st century to prepare its terms of reference and work plan with input from the Member States and present its report to the 134th session of the Executive Committee;

(c) to review the report of the working group and make recommendations to the 45th Directing Council.

(Ninth meeting, 26 September 2003)
(1) **Challenges in Public Health in the Americas for the Coming Years**

A. Health problems
   - Noncommunicable diseases
   - Communicable diseases
   - Social issues—drug abuse and violence
   - Emerging problems—SARS, Avian flu, etc.

B. Population trends
   - Growth and structure—aging
   - Migration (impact of illegal immigrants)

C. Globalization and international public health
   - Communication
   - Advances in technology
   - Social and economic impact of globalization
   - Information transfers

D. Inequities in health
   - Universal access to health care
   - Inadequate funding
   - Health model

E. Public sector reform
   - Efficiency
   - Equity
   - International cooperation

F. Human and natural disasters (including bioterrorism)

G. Resources
   - Human resources—training to respond to challenges
     - brain drain
   - Financial—internal
     - external
     - equity in distribution and utilization
H. Health information systems development (vital statistics)

I. Research
   • Information for evidence-based decision-making
   • Applied research vs. health priorities and needs
   • Define disease patterns

J. Bioethics
   • Transplants
   • Cloning
   • Genetics

(2) Evolving Nature of Partnerships and Alliances in International Development in Health Pertinent to PAHO’s Role

A. Stakeholders: coordination, private, civil society, funds, intersectoral, etc.

B. Characteristics, roles and responsibilities: government, PAHO, stakeholders,

C. New forms of partnerships

D. Ethics of partnerships

E. Evaluation of partnerships

F. Millennium Development Goals

G. Strengthening ministry of health and PAHO capacities for establishing strategic alliances

(3) Regional and Global Public Health Goods in the 21st Century and Their Relationship with PAHO’s Mandate

A. Broaden the discussion to other public goods in the Region and world.
   (a) Better definition of what encompasses a “global public good”
   (b) Addressing the issue of health technology

B. PAHO should objectively assess the health impact of other global/regional policies, practices, and trends.

C. How can PAHO/WHO help countries understand and respond to the challenges and opportunities presented by global/regional policies, practices and trends?

D. Role of PAHO in facilitating improved access to medicines and other public goods
(4) Modalities of Technical Cooperation in Health

A. Country Cooperation Strategy

B. Work force
   (a) PAHO
      - Review of recruitment processes for PAHO staff and consultants
      - Need for customization at country level based on country needs and demands.
   (b) Countries
      - Human resource training/development for sustainability

C. New cooperation
   (a) How can PAHO/AMRO help countries with new modalities of cooperation?
   (b) How can countries come together on specific issues, but not necessarily based on traditional approaches, such as geography?

D. How can we construct scenarios to address gaps between the desired future and current realities?
   (a) PAHO Headquarters global level
   (b) Country level

E. Innovation
   (a) Good benchmarking and best practices
   (b) Working out of the box, new perspectives, different skills, etc.

(5) Governance of PAHO

A. Structure and Governing Bodies
   - Improve communication within Governing Bodies and among Member States
   - Organizational and budgetary structure meeting needs of the mission, needs to respond to needs of the countries
   - Assessment of Regional Centers

B. Function
   - Enhancing efficiency of PAHO by the use of country offices to build partnerships, capacity building, and strengthening of institutions particularly for developing states
   - Bring focus to operational side of what PAHO does
   - Evaluation of the implementation of PAHO’s mandate
   - Evaluation of strategies and allocation of resources to carry out mandate
C. Process with regards to relationship with stakeholders

- Relationship between WHO and PAHO
- Reaffirm commitment of Members States to the Organization
- What is the view of the other stakeholders of PAHO?
- Decentralization of resources and staff from Headquarters to country offices

Transparent and fair participation of countries’ processes.
This is a crosscutting issue dealing with equity, structure, values, etc.

(6) **Resources for Health**

A. Financial

- Availability and expected trends of financial resources, both regular and extrabudgetary resources of PAHO
- Criteria for allocation of financial resources (equity and technical assistance on country financial issues)
- Lessons from studies such as macroeconomics and health

B. Human resources

- Capacity building at country/subregional level
- Migration/brain drain
- Strengthen relationships between demand-supply of human resources
- Identification of priority areas and innovative approaches for training (distance/learning: in service; team orientation)
- Essential research in health

C. Scientific/technological resources

- Knowledge transfer and management

D. Intangible

- Trust/credibility
- Prestige
- Corporate Ethics