



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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REPORT OF THE WORKING GROUP ON PAHO IN THE 21ST CENTURY

1. In accordance with Resolution CD44.R14 of the 44th Directing Council, the Executive Committee established an open-ended Working Group on PAHO in the 21st Century, designating Argentina, Barbados, Costa Rica, Cuba, and Peru as its members.
2. At its first meeting, the Working Group appointed the Minister of Health of Barbados as Chairman. The Group also encouraged the participation of all PAHO Member States in its discussions. Throughout the process that began in September 2003, other Member States fully or partially participated. To date, five meetings have been held.¹
3. At the 38th Session of the Subcommittee on Planning and Programming (SPP), the Chairman presented an oral report on the progress of the Group. At the 134th Session of the Executive Committee, he delivered a summary of the documents that had been prepared up to that time. At the 45th Directing Council, the Chairman presented a progress report. At the 135th Session of the Executive Committee, the working plan of the Group up to September 2004 was presented and reviewed.
4. Immediately before the 39th Session of the SPP, a drafting committee will meet to prepare the overall recommendations of the Working Group.
5. The Working Group's next steps for 2005 include the presentation of a progress report of its activities to the Subcommittee on Planning and Programming in March 2005, an update to Member States during the World Health Assembly in May 2005, and a final report to the coming Executive Committee and Directing Council meetings. Annex 1

¹ The reports of the meetings will be available for Member States in the meeting room, during the Subcommittee on Planning and Programming.

indicates in greater detail the key milestones for the Working Group in the coming months and the specific dates for future meetings.

6. The consolidated document on the discussions of the Working Group as of 18 February 2005 is attached as the Annex 2. This document summarizes the contributions of the Working Group, consolidating the topic documents which were prepared, and presenting the progress made in the Group's five meetings, the comments made by a number of countries on the topic documents, and other contributions.

Annexes

**WORKING GROUP ON PAHO IN THE 21ST CENTURY:
NEXT STEPS, 2005**

22 February	Canada will provide the Secretariat with guidelines for the recommendations.
25 February	The Secretariat will translate and post the guidelines provided by Canada on the Working Group's website.
4 March	The revised consolidated document will be ready in English and Spanish.
4 March	The recommendations of members of the Group will be submitted to the Secretariat.
14 March	The Secretariat will gather, translate, and post the recommendations submitted by members of the Group following Canada's format.
14 March	An information document on human resources, prepared by the Secretariat, will be available in English and Spanish.
15 March (evening), (16 March evening, if needed)	The informal meeting of the drafting committee to review the recommendations will take place.
16-18 March	The Chairman of the Working Group will present an update on the Group's progress at the 39th Subcommittee on Planning and Programming.
18 March	The drafting committee will provide the Secretariat with consolidated recommendations.
7 April	The Secretariat will translate and merge the recommendations with the consolidated document.
Week of 11 April (tentative)	The sixth meeting of the Group will take place in Barbados.

2 May	The final draft of the consolidated document and recommendation will be ready.
16-25 May	The Chairman will present an update to Member States at the World Health Assembly.
21-24 June	The Chairman will present the final draft of the report of the Working Group to the Executive Committee.
26-30 September	The Chairman will present the final report of the Working Group to the Directing Council.

PAHO IN THE 21ST CENTURY

**PRELIMINARY CONSOLIDATED DOCUMENT
DELIBERATIONS OF THE
EXECUTIVE COMMITTEE WORKING GROUP
PAHO IN THE 21ST CENTURY**

(Contributions as of 18 February 2005)

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SUMMATION

I. INTRODUCTION

Preliminary Note

1. This document summarizes the contributions of the Executive Committee Working Group on PAHO in the 21st Century (WG), bringing together the background documents that were prepared to serve as input for developing an integrated proposal,ⁱ the deliberations during the five working meetings, a report on progress to date,ⁱⁱ the countries' observations regarding the background documents, and additional contributions.ⁱⁱⁱ

2. The document has six parts. In addition to this introduction, there are chapters dealing with the following topics: the strategic challenges faced by public health in the Americas that were identified by the WG as essential to fulfilling its purpose; the WG's conclusions regarding several of the items on the global health agenda and the role that PAHO should play within this framework; issues of PAHO governance identified by the WG, as well as resources available to the Organization; and PAHO technical cooperation strategies examined by the WG. Finally, there is a recapitulation of the most salient highlights. **A chapter containing recommendations will be included in the next version of this consolidated document.**

Activities of the Working Group

3. The 44th Directing Council of PAHO, which met in September 2003, requested the Executive Committee to establish a working group to review the situation of PAHO in the 21st century.^{iv} In fulfillment of this mandate, the Executive Committee formed the Working Group on PAHO in the 21st Century and appointed Argentina, Barbados, Costa Rica, and Peru to serve as members. At its first meeting, the Working Group elected the Minister of Health of Barbados to serve as Chairman. On this occasion, the WG also encouraged the participation of the other Member Countries.^v

4. To facilitate the task of the WG and provide public access to the material produced (reports of meetings, documents, observations made regarding the documents, different versions of the documents), PASB created space for this activity on its website.^{vi}

5. At the 38th Session of the Subcommittee on Planning and Programming, the Chairman of the WG presented an oral report^{vii} on progress made by the Group. At the 134th Session of the Executive Committee, the Working Group provided a summary of the documents prepared so far.^{viii} At the 45th Directing Council, the Working Group gave a report on progress to date.^{ix} Finally, the Group's plan of work through September 2005 was presented and reviewed at the 135th Session of the Executive Committee. The next steps to be taken by the Working Group in 2005 include the presentation of a progress

report on its activities to the Subcommittee on Planning and Programming in March, a briefing and consultation meeting to be held during the World Health Assembly in May, and the presentation of a final report at the next meetings of the Executive Committee and Directing Council.

II. STRATEGIC CHALLENGES FOR PUBLIC HEALTH IN THE AMERICAS

6. The challenges for public health arise within a scenario characterized by: a) profound transformations in society, the State, and the health systems during the last twenty-five years; b) a worldwide trend toward a convergent position regarding the challenges that the world faces and the broad strategies that will be need to be adopted in order to address them; c) the certainty that major progress can be achieved with strong national and international political leadership, appropriate management and allocation of the international resources available for health and development, and the incorporation of international, national, and local concerns into the health agenda; and d) a population-based approach to health that entails both intersectoral action and the participation of a broad range of social actors.

Challenges related to the Differential Impact of Health Problems

7. The health problems faced, each in their own way, by the countries of Latin America and the Caribbean are characterized by:

- Persistence of high infant and maternal mortality and high fertility rates, malnutrition, communicable and noncommunicable diseases, emerging problems, and spreading drug addiction and violence;
- Differing impact of health problems depending on the life cycle and socioeconomic status of the population;
- Unequal distribution of health care benefits;
- All the above coupled, at the same time, with significant achievements in increasing life expectancy at birth, reducing infant mortality, slowing down the population growth rate, reducing the fertility rate, eradicating smallpox and poliomyelitis, and the prospect of eradicating measles in the not-too-distant future.

Challenges related to Poverty and Social Exclusion

8. The persistence and magnitude of poverty, emphasized by disparities in income, aggravate social exclusion and exclusion from the health system. Most of the countries of Latin America and the Caribbean are characterized by:

- Sluggish, unstable growth, problematic structural models, unequal distribution of income, and declining employment and business opportunities – taken as a whole,

these countries have the highest gross national income per capita of all the regions, but they also have the greatest inequalities;

- Longer life expectancy in countries where incomes are differences in income are less pronounced;
- Malnutrition as a major problem, with slow progress despite national and international efforts to deal with it;
- Worsening of social exclusion and exclusion from the health system, partly because of deteriorated working conditions, rising unemployment, and expansion of the informal sector, with wide gaps between skilled and unskilled workers, formal and informal workers, and men and women

Challenges related to Political and Governmental Factors

9. Democracy is becoming stronger, increasing value is being given to its institutions, and the importance of social development is being recognized at the highest levels of government. At the same time, however, social unrest, social and economic instability, and lack of safety are undermining people's confidence in the system. This problem may be more evident in the social area, where public institutions may have lost some of their capacity to formulate and enforce social and public health policies, especially distributive or regulatory policies aimed at improving equity and protecting the population. Among the main challenges for public health in this area are:

- Identifying and addressing disparities in health through the formulation and execution of intersectoral public policies;
- Political pressure resulting from the larger number of social actors participating in health-related decisions;
- Development of increased capacity to allocate and utilize resources in an innovative manner.

Challenges related to the Health Systems and Universal Access to Health Services

10. The 1980s and 1990s saw profound transformations in the health systems. While these changes had varying impact on the health status of the populations, in any case it was insufficient to meet the goals that had been established internationally in this area. Health sector reforms promoted during the 1990s were aimed at bringing about positive financial, structural, and institutional changes. However:

- In terms of equity, there are few cases in which the sectoral reforms were effective in narrowing the coverage gaps in basic programs and services, and in most of the countries they failed to reduce disparities in the allocation of resources;
- With regard to effectiveness and quality, relatively little progress was made in improving the overall effectiveness of the system, the quality of care, or the satisfaction of users' needs;

- As far as efficiency was concerned, there was more improvement in productivity and the development of procurement practices than in the redirection of resources;
- With respect to sustainability, very few countries have seen improvement in the medium- and long-term generation of resources for maintaining and expanding the level current of service delivery, and there is a high degree of dependency on external financing as well as an absence of mechanisms for replacing current resource flows once these dry up;
- Important aspects of the health care needs of the population have been overlooked, and public health as a social and institutional responsibility has been neglected, undermining the governments' ability to fully exercise their steering role and perform essential public health functions; as a result, in several countries that have had increasing difficulties and/or deepening socioeconomic crisis, the result has been setbacks or threats to the progress already gained, especially in terms of coverage by public health services and social security;
- Health systems continue to be segmented, and some of the countries are not yet investing enough in health, while others rely too much on external resources; although the countries have allocated more public resources for health, this increase represents a relatively small percentage compared with the rise in out-of-pocket expenditure needed in order to have access to services;
- Most of the countries need to strengthen the leadership of the health authority at all levels of the State, and one of the important factors in strengthening the steering role of the health authority is to get public health back on the sectoral transformation agenda and make sure that the State performs its public health functions.

Challenges related to Health Human Resources

11. There is increasing awareness that public health needs to play a protagonist role in safeguarding the effective right to health and universal access to quality health services, as well as growing consensus that one of the chief obstacles to attaining the health goals of the Americas has been deficient public policies relating to health personnel, which have proposed ambitious technical and managerial goals but neglected to provide objective agents for implementing them. The most important challenges are:

- Introducing policies that will encourage careers in public health by reorganizing workers into career paths based on meeting professional assessment criteria and assigning professionals based on the priorities of the system and the demand for care in municipios and regions where the need for personnel is greatest;
- Formulating policies that will eliminate the instability of public health employment by gradually ensuring more stable workplace conditions, more appropriate financing mechanisms on the part of governments, and adequate legal support;
- Developing policies that will promote quality of life for workers and the humanization of workplace relations in public health;

- Addressing “old problems” that have yet to be solved, such as the shortage of professionals in many areas, their irregular distribution and greater concentration in urban centers and more developed regions, increasing specialization and its effect on costs, and reliance on more sophisticated technologies;
- Providing administrators with access to up-to-date, broad-coverage information, which is indispensable to the successful formulation and implementation of policies for the management of health employment.

12. With respect to the education of present and future human resources:

- Avoiding fragmented sectoral action through an intersectoral approach to problems with joint participation by the health, education, and labor sectors in the formulation and implementation of change-inducing policies;
- Adoption, without delay, of new and more powerful approaches to overcoming the remaining dichotomies that have been the subject of previous initiatives for change (the individual versus the collective, clinical medicine versus public health, specialization versus generalization, technological sophistication versus simplified approaches);
- Use of continuing education in health as the fundamental strategy for reorganizing health sector practices in the areas of training, care delivery, management, policy-making, and social participation, with provision for regular and official joint intersectoral actions with the education sector.

Challenges related to Financial Resources

13. The principal challenges faced by the countries of Latin America and the Caribbean in the area of health spending are those associated with the design and implementation of public policies aimed at optimizing national health expenditure based on equity, since it is necessary to bear in mind that:

- State reform and modernization policies aimed at improving the operational efficiency of health sector institutions have a limiting effect, given the public/private distribution of national expenditure;
- Policies for reforming or restructuring the health sector that are limited to institutions in the public sector will affect only a relatively small portion of total national expenditure on health;
- Policies for reforming social security will have the greatest impact in countries that have compulsory health insurance systems administered by public and private institutions that offer high levels of health coverage;
- It has not been possible to curb the absolute or relative rise in the cost of health care, nor is this expected to happen in the near term;

- The wide variations in the distribution of public spending on health services and public health programs indicate that most of the countries are not yet in a position to use public spending as a tool for allowing more equitable access to health care;
- It is necessary to make better use of available fiscal tools in dealing with issues of health and equity, including increased spending on health programs and services by all public institutions in order to improve their distributive impact.

Challenges related to Natural Resources and Quality of the Physical Environment

14. Communicable diseases such as dengue and malaria, work-related injuries, and chronic diseases associated with chemical and physical agents are all evidence of ways in which the environment can affect health. In addition, natural disasters cause devastation, displacement of populations, diseases, accidents, deaths, and economic losses of such magnitude that they can often set back national development for years. The challenges for public health in this area are:

- Enlisting intersectoral action and, in many cases, international action;
- Reducing the gaps in the availability of drinking water and basic sanitation;
- Reducing the risks of chemical and biological contamination of resources in the workplace and the general environment;
- Improving laws and regulations, and ensuring that they are obeyed;
- Making greater progress in disaster preparedness and mitigation;
- Reducing the harmful effects of urban growth in large cities.

Challenges related to Science, Technology, Research, and Information

15. Despite great heterogeneity in the Region, there are a number of problems that are common to most of the countries. These include an absence of policies on science and technology that are compatible with and tied to national health policies, as well as the need for the Ministries of Health to be more proactive in the promotion of policies in the area of science and technology. In addressing this situation, the following challenges need to be considered:

- Increasing the presence of the Region's national health authorities in scientific and technological areas;
- Promoting the development of national policies on health science and technology under the leadership of the Ministries of Health, based on the national and regional health needs of the populations, as defined in the goals for health; this policy should be regarded as an intersectoral policy, and it should be firmly supported by a commitment to combat inequality in health;
- Increasing the selective and catalytic capacity of the system to promote science and technology by creating a national agenda of health research priorities, ranging from basic to applied research; the Mexico Declaration on Health Research, recently signed

by Ministers of Health and participants from 58 countries of the world, represents progress in this direction and calls for the involvement of national governments, the WHO Secretariat, agencies that fund health research, the international community, the research community, and other stakeholders in addressing these challenges^x;

- Incorporating proposals and actions specifically geared to the health industry complex into a science and technology policy, since the countries have a great need for primary inputs produced by the health industry (drugs, vaccines, sera, blood derivatives, diagnostic kits, and equipment), bearing in mind that in order to adequately address these needs it is essential to have the highest level of technical training, and, in some areas, technological autonomy and self-sufficiency as well;
- Dealing with the special industrial, technical, and marketing characteristics of each of these inputs, made more challenging by the fact that they are all associated with highly dynamic and profitable industries throughout the world;
- Addressing the fact that drugs and vaccines have seen a technological revolution that has led to the concentration of capital and technology, making it essential to develop a policy on health technology and innovation that adheres strictly to the principles of the Doha Declaration, which states that public health considerations take precedence over industrial intellectual property rights;
- Developing national legislation that will take maximum advantage of flexible areas in international agreements on patents, encourage bilateral agreements for the procurement of drugs and other supplies, and create conditions for expanding and improving production capacity within the countries;
- Strengthening a regional exchange of initiatives that will fortify the governments' managerial capacity to access drugs and other supplies, taking into account research and development, production, distribution, and rational use, especially in connection with generic and antiretroviral drugs;
- Enhancing the strategic role of information at the scientific interface between health, science, and society, given its vital importance in the formulation, execution, and evaluation of policies; the development of surveillance systems; and the management of health systems, human resources, scientific and technological development, and research. In this regard, it is highly necessary to continue to develop information systems (examples: BIREME, the Human Resource Observatories initiative, health databases, etc.).

Challenges related to the Changes Produced by Globalization of the Economy

16. Economic globalization has had an impact on health and the environment throughout the world because it has aggravated the international transfer of health risks. These risks can be environmental or occupational, or they may arise for a number of

other sources—for example: the movement of individuals across borders, the exportation of unhealthy lifestyles, increased international trade in legal and illegal substances that are harmful to health, or even the exportation of medical technologies and the stepped-up international trade of health services, including the cross-border movement of health consumers and providers. The challenges posed by economic globalization are:

- Strengthening national governance;
- Foreseeing and identifying cross-border disease risks, environmental pollution, and threats to safety;
- Taking advantage of opportunities for greater connection to improve the exchange of knowledge, the management of technology, and other aspects of cooperation.

Challenges related to International Cooperation in Health

17. Among the principal challenges that face the countries in the area of international cooperation in health are:

- Developing adequate public policies on international cooperation;
- Upgrading national capacity to plan and manage international cooperation, especially in light of current trends toward increased bilateral cooperation, and ramping up smoothly from proposals to programs;
- Integrating global objectives into national priorities and programming;
- Improving multilateral approaches and collaborating on preparedness and mitigation as part of national programs;
- Strengthening advocacy to improve the status of health in international political and economic programs, creating awareness of the links between health and development, and establishing effective ties;
- Ensuring that national human resources working on international cooperation projects are properly trained to serve as strong and effective participants in the cooperation process.

III. INTERNATIONAL COOPERATION IN HEALTH AND THE ROLE OF PAHO

Toward a Common Agenda

18. Since the historic Alma-Ata Conference on Primary Health Care, there has been a plethora of international agreements promoting health objectives and targets. The Millennium Declaration, approved in the Millennium Summit in 2000, represents a notable consensus of global leaders regarding the challenges that the world faces. In the

Millennium Declaration, the countries reaffirmed their faith in the United Nations and its Charter as indispensable foundations for a more peaceful, prosperous, and just world. They went on to recognize certain fundamental values that are essential to international relations in the 21st century: freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. The declaration calls for strengthening the United Nations so its performance will be more effective. In this connection, a series of Millennium Development Goals have been defined, and these are intended to provide a framework within which the entities of the United Nations system can work together more closely toward fulfilling their shared purposes. The goals have also served as a framework for WHO in developing its Eleventh General Program of Work. In 2002 The United Nations convened the International Conference on Financing for Development in Monterrey, Mexico, for the purpose of promoting and generating financial commitments from the developed and developing countries in pursuit of these goals.

19. The countries of the Region of the Americas, in addition to participating through their governments in the formulation of global objectives for health and development (PHC, MDG), have ratified their commitment to these goals by requesting PAHO to integrate them into its agenda on a priority basis. Thus, PAHO has a mandate both from its Member Countries and within the framework of the broader mandate of WHO, to ensure that these commitments are reflected, through its technical programs, in its policies and operations. During these last two years, the Member Countries have called on PAHO to support them in redoubling their efforts to guarantee expanded social protection in the area of health,^{xi} and they have also renewed their commitment to Health for All, asking PAHO to ensure that all its technical programs place renewed emphasis on the principles of primary health care (especially as they relate to attainment of the Millennium Development Goals^{xii}). The Member Countries have also asked PAHO to expand its support to the countries in integrating the MDG into the framework of national health policies.^{xiii}

Opportunities and Challenges for PAHO

20. Recent years have seen an increase in the number of agents involved in health in the Region. PAHO can play an important role, because solid technical orientation is necessary for these new partners who are helping the countries. PAHO should provide an example through its leadership and capacity to coordinate efforts, which will help to rationalize the distribution of labor among the various associations and form partnerships through more harmonious cooperation. Within the framework of these new types of relationships, PAHO and its Member States should continue to perform their important functions of resource mobilization; exchange of knowledge, technology, and technical capability; networking; and planning, testing, and evaluation. Both PAHO and its Member States should also develop systems for improving accountability and mechanisms for ensuring full transparency. In order to coordinate health initiatives

effectively, it will be necessary, inter alia, to strengthen global partnerships and national health systems and to ensure consistency between all strategic and cooperative efforts at the national, regional, and world level.

21. The WG has a strategic vision of PAHO as an institution that takes an international leadership role in health. It is sharply focused and its areas of service are clearly defined as it provides the countries with support and orientation in the formulation of national policies. PAHO should have a dual role, both serving as a liaison between the various actors that intervene in health-related areas, including the Member Countries, and strengthening its own capacity to provide technical cooperation in a variety of fields in which it is already the best actor (that is, the one that has the most highly developed capacity) to provide the cooperation directly. It is envisioned as an institution that operates with a high degree of effectiveness, efficiency, and transparency; makes optimal use of its resources and relies increasingly on national resources; minimizes bureaucracy; has a strong financial and administrative system; and works together with the Member States in monitoring and evaluation, based on clear criteria of effectiveness and equity in the allocation of financial resources. The WG also sees PAHO as an institution with solid partnerships and well-established ties, an expanded presence within WHO, a strong agent for initiating new partnerships in health, and an active participant in the technical orientation of other international organizations. In addition, PAHO is visualized in the role of guiding coordinated efforts for health and development as an appropriate means of ensuring that direct stakeholders can cope with challenges. Public health problems can be expected to attract steadily greater cooperation from the international community as it becomes increasingly evident that it is impossible to deal with the different areas of policy independently.

PAHO Roles and Strategies in Partnerships for Health

22. The WG identified the following challenges for PAHO with regard to partnerships and other cooperative ties:

- This aspect is highly important if PAHO is to remain a key organization in the changing panorama of health in the Region;
- It is possible that PAHO's main role will be to coordinate and promote dialogue between various actors on matters that involve safeguarding public health, a task that lies at the halfway point between advocacy and direct participation. It involves consensus-building with actors who represent diverse values, objectives, and organizational cultures, and it requires the ability to recognize institutional weaknesses and strengths;
- The Organization should seek further partnerships for promoting the generation of scientific knowledge and research, in order to lay the necessary groundwork for health policy-making at national and regional levels;

- Partnerships are especially needed in connection with health determinants, since addressing problems in these areas requires the participation of actors outside the sector;
- It is necessary to form stronger links with civil society in order to promote complex agendas such as the right to health and citizen participation in social control of services;
- Maintaining partnerships and other cooperative ties involves a variety of resources (time, money, and human resources), and it is necessary to plan and provide the means necessary to keep these relationships alive;
- It is important to explore ways in which PAHO can encourage the countries to secure more bilateral, multilateral, and other resources for their public health activities.

Regional and Global Public Health Goods and Their Relationship to the PAHO Mandate

23. A public good has two characteristics: there is no rivalry in its consumption, and no one can be excluded from its benefits. Many public goods have become global, which means that they cannot be adequately provided through national policies and some form of international cooperation is required in order for them to be accessed locally.

Classification of Global Health Goods and Services

Global public goods and services in the purest sense	In addition to peace, equity and justice, which have a demonstrable impact on the health of the population, others include the reduction of poverty, epidemiological and public health surveillance, environmental measures to protect against risks, prevention of communicable diseases, fluoridation of water, food protection...
Meritorious global goods and services	Vaccines, essential drugs for the treatment of communicable diseases, health research, new diagnostic and treatment technologies. In general, these meritorious goods are highly subsidized by the State, and, since their external aspects transcend borders, they may also be subsidized by regional blocs, global funds, or international NGOs.
Other global goods and services	Technical cooperation in public health, international agreements as intermediate producers of final goods, control of trade in legal or illegal products that are harmful to health...

24. PAHO can contribute significantly to the production and distribution of regional and global public health goods:

- It is necessary to jointly (Member States–PASB) identify and characterize the regional public health goods that are most needed by the countries of the Region and diagnose the trends, current status of their production and availability, and their possible contribution to attainment of the MDG;

- It is also necessary to find practical ways to ensure the provision of global and regional public health goods, since the adequate financing of global public goods requires special resources, such as the creation of funds that emphasize these goods; resources could be made available by reducing perverse tax incentives or those that encourage “public evils” (examples might be a world tax on carbon emissions or one on international airplane travel);
- PAHO should encourage and participate in the debate on methods of financing these goods, and it should foster consensus and joint negotiation on the procurement of regional public goods and services;
- One of the essential roles of international health agencies should be to promote global public goods: research and development, information, the generation of standards for national use and the regulation of international transactions that affect health, and consensus on health policies.

IV. PAHO GOVERNANCE AND RESOURCES

25. The Organization exercises its governance through its Governing Bodies and the managerial process, with emphasis on accountability, performance, and efficient operation, as well as on the development and evaluation of staff. In order to ensure good governance, the Member States are responsible for seeing that their collective will to improve health in the Americas is manifested in the work of the Organization; to this end, the Member Governments allocate resources to the Organization and set health priorities at the national, subregional, and regional levels that are reflected in the PAHO budget and technical cooperation programs. In addition, the Member States assist in the management of PAHO’s work in the countries and give it firm support and commitment so that it can fulfill its mission, its mandate, and its goals. PASB, in turn, is responsible for helping the Member States to manifest their collective will by carrying out the concrete responsibilities and functions set forth in the Pan American Sanitary Code, as well as any that the Pan American Sanitary Conference or the Directing Council may assign to it in the future. In fulfilling this purpose, the PASB is expected to work closely with the countries and governments in the strengthening of national capacity and the formulation and implementation of programs. The representational offices in the countries play a decisive role in achieving this objective, and hence they are fundamental to the realization of PAHO’s mission.

Mission of PAHO

26. The Pan American Health Organization, an institution informed by the States and territories of the American hemisphere, is responsible for international leadership in health. Its secretariat, the Pan American Sanitary Bureau, is the oldest international public health organization in the world. The PASB also serves as the Regional Office of

the World Health Organization (WHO) for the Americas and in this capacity belongs to the United Nations system, while at the same time it is the specialized body for health within the Inter-American System. The Constitution of the Pan American Health Organization, Article 1, states that the organization's fundamental purposes "... shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people."^{xiv} The document goes on to specify the functions of the Governing Bodies, and it stipulates that "the duties and functions of the Bureau shall be those specified in the Pan American Sanitary Code, and those which are assigned in the future by the Conference or the Council in fulfillment of the purposes expressed in Article 1..."^{xv} However, the Constitution does not define the functions corresponding to the Organization as a whole or those related to the realization of its mission. The 22 functions of WHO defined in its constitution are actually the definitive basis of the functions of PAHO/WHO.

27. The **values** of PASB are: **Equity**: Striving for impartiality and justice through the elimination of differences that are avoidable and unnecessary. **Excellence**: Attainment of the highest quality in whatever task it does. **Solidarity**: Promotion of responsibilities and shared interests, facilitating collective efforts to meet common targets. **Respect**: Acceptance of the dignity and diversity of individuals, groups, and countries. **Integrity**: Guarantee of transparency, ethics, and responsibility in performance.^{xvi}

Relationship between PAHO and WHO

28. The most salient aspects of the relationship between PAHO and WHO may be summarized as follows:

- The legal framework that defines the institutional relationship between PAHO and WHO is contained in the agreement signed by PAHO and WHO in 1949, which defines the formal relationship but also preserves the identity of the two organizations;
- The Directing Council of PAHO also serves as the WHO Regional Committee, and the Pan American Sanitary Bureau is also the WHO Regional Office for the Americas (AMRO);
- The functions that of the Regional Committees, as defined in the WHO Constitution, are consistent with the functions of the Directing Council of PAHO;
- The WHO general programs of work are prepared with input from the regions, including the Region of the Americas;
- The strategic plans of PAHO are consistent with the WHO general programs of work, while they also express the specific health challenges of the Region of the Americas and other aspects of the PAHO mandate derived from its role in the Inter-American System;
- PAHO and WHO have multiple articulations in the areas of program management and administration, and they currently share a common programming approach, a single

results-based management system, and common program budgets, which are consolidated insofar as they refer to the Americas;

- The Bureau participates in regular interregional and global consultations regarding the definition of policies and strategies; the formulation, implementation, and evaluation of programs; and aspects of WHO administrative procedures;
- The relationship between PAHO and WHO is not limited to the ties that PAHO maintains with WHO Headquarters; it also involves exchanges and collaboration with the other Regional Offices;
- An essential aspect of the relationship is the adoption of a common approach to technical cooperation.

29. The relationship between PAHO and WHO has taken on greater dynamism in recent years. This trend, together with the multiple levels of articulation that have developed between the two organizations, makes it necessary to give priority attention to this relationship and spend more time and effort on examining it. Attention should be given to both directions of interaction—that is, the contribution that WHO policies, strategies, and management systems has made, and can make, to PAHO, and also the contribution that PAHO policies, strategies, and management systems has made, and can make, to WHO. Currently, PAHO and WHO are going through parallel and interrelated processes of renewal and organizational change.

Institutional Development and Transparency

30. The issues of transparency and accountability are related, but not limited, to the management of economic and financial resources. They also arise in personnel management, relationships with parties outside the Organization, and ongoing relations with the Member Countries:

- The WG has pointed out the need to achieve greater transparency and accountability in PAHO;
- It is necessary to continue identifying those areas that do not follow the best accepted practices and to make any changes that may be required;
- This subject was discussed in the last Directing Council, and steps were agreed upon that the Bureau should take with a view to formulating, implementing, and evaluating effective, formal, and uniform standards for the management of its resources and its relationships with third parties;
- The 45th Directing Council called upon the Executive Committee to take such measures as may be necessary to monitor fulfillment of the recommendations of the special report of the External Auditor in the areas of ethical standards and code of conduct, recruitment of employees and consultants, procedures for the filing of complaints, investigation of complaints and reporting the results, management of external relations, and safety in the area of information technology.^{xvii}

Development of Consensus

31. The WG considers that:

- It is necessary to strengthen communication within the Governing Bodies and between the Member States, and that, to this end, PAHO should encourage a greater timely exchange of information between the members of the Executive Committee and the other Member States, as well as the use feedback and prediction mechanisms to request comments, recommendations, and suggestions from other Member States regarding the activities presented to the Committee;
- It is important to encourage more participation by the Member States in preparing the agenda to be discussed by the Governing Bodies;
- With regard to the meetings of the Governing Bodies, it is important that the Bureau make certain that the documents to be presented reflect the interests, concerns, and suggestions of the countries themselves.

Organizational Structure

32. The most important points are:

- The PAHO country representative offices should be the center of coordination for the support that the Bureau provides to the governments; they should support the countries in defining and meeting their health targets, as well as in adopting and adhering to standards; and they should support the Member States in planning and administering cooperation activities in the countries, coordinating health-related matters (in the countries and with external associates), and mobilizing and making rational use of resources;
- The Pan American Centers should be evaluated with the objective of examining their contributions to the public health challenges faced by the countries, and especially in looking at the possibility of the centers coordinating their programming with that of the country representative offices and the national programs and/or subregion programs of the area in which the center is located;
- It is necessary to develop guidelines for defining the relationships between the PAHO country representative offices and the Ministries of Health, as well as other institutions, in order to promote a multisectoral approach to the development of health;
- It is also essential to have country cooperation programs integrated at all levels of the Organization which define the needs, policies, the priorities of each country, as well as the complementary role of other partners of the international community.

Budgetary Structure and Financial Resources

33. The consolidated PAHO/WHO budget has remained constant over the last three biennial periods, with a very slight increase that has not been sufficient to offset inflationary costs, resulting in a reduction in real terms.. The proportion of WHO funds in

the regular budget was lowered under Resolution WHA51.31 approved by the World Health Assembly in 1998, which in turn resulted in an increase in quota contributions from the PAHO Member Countries. However, the 57th World Health Assembly decided to suspend the application of this resolution and establish new principles for the allocation of resources among the WHO Regions. This measure, coupled with a policy formulated by the Director-General of WHO to shift resources from WHO Headquarters to the Regions and the countries, with the goal of attaining a proportion of 20% versus 80% by 2008-2009 biennium, suggests that the Organization will be able to gradually recover from the losses incurred from the 1998 resolution.

34. The extrabudgetary resources of PAHO (EB) have grown steadily. Approximately two-thirds of the EB mobilized in 2002-2003 were spent on cooperation programs in the countries, while the extrabudgetary resources mobilized through WHO have been predominantly regional.

35. In September of last year, the 45th Directing Council approved a new regional program budget policy which calls for the allocation of no less than the 40% of resources to country programs, at least 7% of resources to subregional programs, and the rest to regional budget lines. This policy also endorsed a needs-based model that will redistribute resources among the countries according to criteria of equity and solidarity. The allocation of the funds in regional program budget under the new policy will generate a change in the allocation of budgetary resources. This will have a significant impact on the Organization's operations, not only causing changes in the allocation of financial and human resources, but also and even more important, affecting its *modus operandi* and modalities of cooperation. The policy clearly calls for a budget financed by funds of all sources, both regular and voluntary. In this regard the WG offers the following considerations:

- It is important to disseminate the results and implement the recommendations of the study conducted on the distribution of budgetary allocations and other PAHO strategies in order to improve the rate of collection of quota contributions;
- The Member States should have greater participation in the monitoring and evaluation of operational, management, and financial practices, and adequate mechanisms for this purpose should be found;
- It is necessary to support the development of links between financial evaluation and program budget execution;
- The regional program budget policy entails a commitment on the part of PAHO to both results-based management and the importance of effective monitoring and evaluation.

Human Resources of PASB

36. The WG identified the following as the most important aspects in this area: a) competencies and training, b) recruitment, assignment, and appraisal of staff, and c) decentralization of human resources.

Competencies and Training

- The WG recognizes the need to improve the capacity of national human resources and considers that PASB staff can perform a crucial role in this regard. PASB should ensure that its personnel are adequately trained to assist in the development of human resource capabilities at the country level.
- A competency analysis approach can be very useful for tailoring human resource training programs.

Recruitment, Assignment, and Appraisal of Staff

- The composition of the professional staff should reflect the diversity of the Region. By the same token, the profiles of people assigned to the country representative offices should coincide with the health needs, problems, and challenges identified and prioritized by the countries themselves, and staff should be properly trained to work with local human resources.
- A competency-based approach should be used in recruiting PASB staff. The identification of human resource competencies, defined as the combination of skills, attributes, and behaviors that are closely related to successful performance of the work of the assigned staff member, together with the ongoing assessment of these competencies, can be a useful mechanism in the process of recruiting, assigning, and adapting the PASB work force at headquarters and in the country representative offices and the specialized centers.
- The WG expressed concern with regard to the process of recruiting and retaining consultants, both in the countries and at headquarters. It is important for PASB to ensure that the consultants hired have the profile requested within the general strategic areas of work identified by the Member States.
- PASB currently encourages women to apply for posts; however, little is actively being done to recruit and retain women in high-ranking positions. Promotion within PASB tends to involve transferring from one country to another or from a subregion to headquarters. For women, this can create considerable difficulties because of family obligations.
- Younger staff are a reservoir of institutional and technical expertise that PAHO could capitalize on by creating paths for career advancement. Measures of this kind would also help to improve staff morale.

- As a part of the ongoing effort to generate high-quality cooperation, it is essential to conduct regular evaluations of human resources. Since many of the Member States are unfamiliar with the way in which the performance of PASB is reviewed and appraised, the procedures currently in effect should be made known to them.

Decentralization of Human Resources

- Financial and programming authority should be delegated to the PAHO/WHO representative offices, and at the same time headquarters staff should be increasingly decentralized to the countries and a system should be developed that will allow staff established in a given country to take responsibility for a subregional area, if necessary.
- The staff in each country representative office should be appropriate for the particular country. At the same time, the national counterpart should be well prepared. When this is not the case, it is essential to foster the development of such counterparts, and PAHO can play a very important role in seeing that this is done.
- It is important to carefully study which specific functions should correspond to headquarters and which to the country offices, in order to establish the appropriate utilization of human and economic resources. Based on the characteristics of the work, it might not be appropriate to decentralize certain areas. Clearly, it is necessary to have a centralized structure that will assume responsibility for achieving regional collaboration and connectivity.
- Every decision or recommendation relating to decentralization should take into account the impact that drastic changes in human resources could have on personnel, and it is also necessary to take appropriate steps to minimize any negative effect that decentralization might have on them.

V. TECHNICAL COOPERATION APPROACHES AND STRATEGIES

Development of a Common Approach to Technical Cooperation

37. WHO has developed an internal strategy to ensure sure that its cooperation approach focuses on the needs and demands of the countries. This strategy is known as country-focused technical cooperation. Through this approach, WHO and PAHO seek to respond to the specific individual needs of the countries, while fulfilling their global and regional mandates. The purpose of adopting this strategy is to intensify efforts in that direction and ensure that this (explicit and valuable) approach is used at all levels and in all programs of the Organization, and by its partners in the cooperation process.

38. Within this framework, WHO developed the Country Cooperation Strategy (CCS), which is a process for constructing a vision for the medium term (4 to 6 years), developed through the joint efforts of diverse country actors, PAHO/WHO, and other

cooperation agents. Its objective is to put together an integrated cooperation proposal. The results of the CCS exercise become the basis for PAHO/WHO technical cooperation with the country, providing an integrated vision of the Organization's work and how to carry it out. The CCS should become the frame of reference for analyzing and defining the areas and modalities of PAHO/WHO's work in a country, for planning and allocating the resources of the Organization in its entirety, for mobilizing other national and external resources, and for building national capacity to move this integrated approach forward.

Expectations from Country-focused Technical Cooperation and the Country Cooperation Strategy (CCS)

39. The WG believes that:

- this is a time of great possibilities, in which PAHO/WHO, working with the Member States, should take the utmost advantage of its potential to develop highly effective technical cooperation processes;
- Country-focused Technical Cooperation, as a unifying approach to cooperation, and the Country Cooperation Strategy (CCS) will have an extraordinary impact at all levels of the Organization;
- the CCS will make it possible to join together the efforts of governments and PAHO/WHO, civil society, and the private sector; through the CCS approach, the State will be represented not only by its government, but the different sectors of society;
- this reconceptualized State will perform a fundamental steering role and buttress mutually strengthening partnerships centered around national, regional, and international goals;
- focusing on national needs and priorities, together with a greater presence in the country, will help to improve coordination and collaboration with the other organizations of the United Nations system and the international community;
- the CCS strategy will help the countries conduct an internal analysis of the challenges, weaknesses, needs, trends, critical events, and new opportunities in health that they are facing, as well as their strengths and response capacity, permitting better channeling of the resources of PAHO/WHO and other international actors;
- the CCS will also make it possible to identify the countries' strengths, representing a great opportunity to strengthen cooperation among countries;
- to support implementation of the CCS, it will be necessary to intensify the programmatic and financial decentralization toward the PAHO/WHO Representative Offices and to reorient and adapt some of them;
- the Organization must strengthen mechanisms for connectivity, cooperation, and communication between the Representative Offices, the Pan American centers, and national health institutions;
- in the national sphere, it is necessary for health authorities to work on the development of coherent policies on international cooperation in general and technical cooperation

- in health in particular, since the majority of the countries of the Region do not have explicit policies and appropriate institutional support structures to coordinate the various interests, actors, and resources in play in the international cooperation process;
- it should be recognized that the countries generally lack the financial resources to strengthen cooperation and that it is important to ensure that these resources find their way into the national budgets;
 - an in-depth analysis is needed of how the lack of national policies is affecting technical cooperation processes and their results in the countries, especially in the face of national situations where there is no continuity in technical teams or health authorities;
 - one of PAHO's key functions in the future should be to facilitate collaboration among countries, within the framework of the CCS, whenever feasible, while PAHO/WHO consolidates efforts in the development of more direct activities aimed at producing better health outcomes in the Region;
 - the WG recognizes that implementation of this strategy has begun and that several countries have made significant progress, among them Barbados, Bolivia, Costa Rica, Guyana, Nicaragua, Mexico, and Venezuela.

Human Resources for the Implementation of International Cooperation in Health

40. In international cooperation in health, human resources development is as important as in other areas of the health sector, and it is true for both national and international human resources that:

- appropriate policies in the countries, international organizations, and other agents involved are necessary to boost the effectiveness and efficiency of technical cooperation processes
- suitable approaches are necessary, but what is needed above all is strong political and technical leadership in the countries and cooperating agencies that operate in this area and generate ideas, proposals, and cooperation resources .
- leadership should be in the hands of human resources with the right political vision, technical training, and experience to spearhead the process.
- separate analysis of the issue of one pool of human resources for PAHO and another for the Member States is impossible, since a pool of experienced technical staff implies the construction of a continuous line of action that includes the execution of activities in their own countries, work in the international sphere, and work in the execution of activities in PAHO. To establish this continuous line of action, efforts are under way to introduce new mechanisms, such as cooperation among countries, the recognition of Collaborating Centers, the creation of international centers directly linked with a particular international organization, and the establishment of international networks for knowledge sharing.
- ensuring that cooperation among countries reaches its full potential will require: a) a strengthened PAHO that supports and facilitates encounters between professionals and

institutions in the countries through an explicit policy in this area that takes advantage of the vast experience and leadership of the Organization; b) countries that have identified, or are in a position to identify, not only their needs and weaknesses, but their strengths as well, so that they can collectively offer them to countries, institutions, and teams that may require them; c) in addition to the international civil servants needed to fulfill PAHO's mission, consultants who come directly from the countries, using highly skilled personnel who can devote part of their time to attending to requests from neighboring countries in areas in which they are considered to have greater expertise.

- that strategy, together with the CCS mentioned above, would help to maximize cooperation resources, in a scenario in which PAHO would be strengthened, boosting its efficiency and productivity in that field, building local institutional capacity in the cooperating countries, and forging strategic partnerships and networks with innovative approaches, which in turn would facilitate the formation of small committees or multinational working groups that could act as technical bodies of the Bureau.

RECAPITULATION

- The WG has a strategic vision of PAHO as an institution with international leadership in health, a targeted approach, and a clear definition of its areas of service, supporting the formulation of national policies and facilitating links between the various actors involved in issues related to health. An institution that operates with transparency, optimizes resources, takes advantage of national resources, and reduces bureaucracy. An institution with a strengthened administrative finance system, with greater participation from the Member States, with clear effectiveness and equity criteria for the allocation of financial resources, with solid partnerships and alliances and streamlined coordination with WHO, strengthening its role as an agent of these new partnerships and playing an active role in providing technical orientation to other international organizations on issues related to health.
- PAHO should support the countries either through direct cooperation or the facilitation and promotion of cooperation among countries and with other actors to meet the identified challenges in public health .
- PAHO should boost its capacity to support the formation of partnerships built on common purposes with a wide range of actors.
- One of PAHO's priorities should be to promote global public goods.
- It is important to consider the factors involved in the governance of PAHO. It is important to continue strengthening the relationship between PAHO and WHO, improve PAHO's capacity for consensus building, and support greater decentralization.

- To ensure transparency and good practices in the area of accountability, greater participation by the Member States through the Governing Bodies of the Organization is considered important.
- The structure and functions of the Organization's human resources must be modified to meet decentralization needs (which will have consequences for staff distribution), strengthening some necessary competencies for work at Headquarters and in the countries and requiring a more in-depth analysis of the hiring and promotion system .
- The CCS will have a positive impact on technical cooperation approaches and practices, and hence, on the possibility of supporting the ambitious objective of fulfilling the unfinished agenda while consolidating the achievements attained and implementing the new agenda.
- It is necessary to align the Eleventh General Program of Work of WHO, the institutional process of change in the Pan American Sanitary Bureau, known as the Renewal of PAHO for the 21st Century, and the results of the work of the WG in order to link the three processes and thereby create consistency in policies for the complementarity of recommendations and decisions.

NOTES

ⁱ The documents are:

- El Carácter Evolutivo de las Asociaciones y Alianzas en el Desarrollo Sanitario Internacional Pertinentes para la Función de la OPS. Prepared by Peru.
- Bienes de Salud Pública Regionales y Mundiales en el Siglo XXI y su Relación con el Mandato de la OPS. Prepared by Argentina.
- Modalidades de Cooperación Técnica en Materia de Salud. Prepared by Costa Rica.
- The Governance of PAHO. Prepared by Barbados
- PAHO Human Resources. Elaborado por Estados Unidos
- Los Retos de la Salud Pública en el Siglo XXI. Prepared by the PAHO Secretariat.
- El Trabajo Sanitario: Gestión del Trabajo y la Educación en la Esfera de la Salud. Prepared by Brazil.
- Ciencia, Tecnología, Insumos Estratégicos e Información en Materia de Salud. Prepared by Brazil.
- Investigación Científica para la Salud en los Países de la Región Latinoamericana y el Caribe. Prepared by Chile
- OPS y las Metas de Desarrollo de Salud de la Población en el Siglo XXI: Ciencia, Ideología e Insumos Estratégicos en Salud. Contribuciones de los Ministerios de Salud del Brasil y de Chile (consolidated from documents cited above).
- Recursos Financieros para la Salud en las Américas. Prepared by the Secretariat.
- Relación y Mecanismos de Coordinación entre la OMS y la OPS. Prepared by the Secretariat.
- El Cambio Institucional de la OMS y la OPS. Prepared by the Secretariat.

ⁱⁱ Progress Report of the Working Group on PAHO in the 21st Century: Report on Progress and the Status of the Reflection. CD45/18, 17 September 2004.

ⁱⁱⁱ This includes the document prepared by Mexico, Los Retos para la Salud Pública en el Siglo XXI, plus comments submitted by other countries.

^{iv} Resolution CD44.R14, ninth meeting of the 44th Directing Council.

^v The WG held the following meetings:

- First Working Meeting, Dominica, 26-27 February 2004.
- Second Working Meeting, Washington, D.C., 23 March 2004.
- Third Working Meeting, San José, 26-27 July 2004.
- Fourth Working Meeting, Rio de Janeiro, 14-15 December 2004.
- Fifth Working Meeting, Washington, D.C., 17-18 February 2005.

^{vi} See Progress Report of the Working Group on PAHO in the 21st Century at www.paho.org

^{vii} 38th Session, 24-26 March 2004. See CD134/INF/1.

^{viii} 134th Session of the Executive Committee, 21-25 June 2004. See CE134/6, Add.I.

^{ix} Progress Report of the Working Group on PAHO in the 21st Century: Report on Progress and the Status of the Reflection. CD45/18, 17 September 2004.

^x *Declaración de México sobre Investigaciones Sanitarias*, Conocimiento para una mejor salud: fortalecimiento de los sistemas de salud. Cumbre Ministerial sobre Investigación en Salud, Mexico, D.F., 16-20 November 2004.

^{xi} 26th Pan American Sanitary Conference, CSP26.R19, Washington, D.C., 23-27 September 2002.

^{xii} 44th Directing Council, CD44.R6, Washington, D.C., 22-26 September 2003.

^{xiii} 45th Directing Council, CD45.R3, Washington, D.C., 27 September-1 October 2004.

^{xiv} Constitution of the Pan American Health Organization, approved by the Directing Council at its First Meeting, held in Buenos Aires, 24 September-2 October 1947.

^{xv} *Ib.*, Article 20. Functions of the Bureau.

^{xvi} The 26th Pan American Sanitary Conference endorsed the existing values, vision, and mission of PASB.
^{xvii} See: Implementation of the Recommendations of the External Auditor's Special Report. CE135/5, 1 October 2004, and CE135/FR.