

Independent Oversight and Advisory Committee for the
WHO Health Emergencies Programme

IOAC Mission report

**WHO Regional Office for the Americas/
The Pan American Health Organization
14-15 November 2024
&
Panama, 18-19 November 2024**

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ACKNOWLEDGEMENTS

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme wishes to thank the Pan American Health Organization and the Republic of Panama for receiving the visit of the IOAC delegation. The IOAC is also grateful to the WHO Secretariat, in particular the WHO Regional Office for the Americas and the PAHO Health Emergencies Department sub-regional office for the Central America in Panama for facilitating the visit and the field mission.

The authors would like to express their appreciation to all who kindly accepted the invitation to meet with the IOAC and provided valuable insights.

INTRODUCTION

Following the West Africa Ebola crisis 2013-2016, the World Health Assembly adopted decision WHA69(9) to welcome the progress made in the development of the new Health Emergencies Programme, as presented in document A69/30, and pursuant to that decision, WHO officially launched the Programme on 1 July 2016.

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme is mandated to provide WHO Member States with oversight and monitoring of the WHE Programme and to advise the Director-General on matters within its mandate. Field visits are an integral part of the Committee's mission to review WHO's work in emergencies across the Organization, particularly WHO's leadership at the regional and country level.

The Region of the Americas is currently facing multiple emergencies from outbreaks of avian influenza, cholera, yellow fever in Colombia, dengue, Oropouche fever and mpox. Moreover, there is a humanitarian crisis in Haiti, migration crises in central America, as well as hurricane related emergencies. The critical importance of WHO's role in these crises prompted the IOAC to undertake a mission to the Regional Office for the Americas (AMRO) in the United States and to the UN hubs in Panama.

Objectives and activities of the mission

The IOAC's visit to PAHO headquarters in Washington, D.C. was conducted from 14 to 15 November by Professor Walid Ammar, Dr Christopher Baggoley and Mr Jeremy Konyndyk. The IOAC was represented by Dr Christopher Baggoley and Mr Jeremy Konyndyk from 18 to 19 November 2024 during its visit to Panama City.

The methods of work included a desk review prior to the visit to AMRO and Panama. During the visit, the IOAC delegation allocated substantial amounts of time to interviewing PAHO staff members and key partners. The delegation met with representatives of the Humanitarian Action Projects for Latin America and the Caribbean of the Spanish Agency for International Development Cooperation (AECID), the European Civil Protection and Humanitarian Aid Operations (ECHO), the International Federation of Red Cross and Red Crescent Societies (IFRC), the US Agency for International Development (USAID), the US Centers for Disease Control and Prevention (USCDC), the Inter-American Development bank, the World Food Programme (WFP), the International Organization for Migration (IOM), the UN Office for Disaster Risk Reduction (UNDRR), the Regional Office of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Ministry of Health of Panama as well as the PAHO/WHO representative and the UN resident coordinator based in Panama. The IOAC had also the opportunity to visit the United Nations Humanitarian Response Depot (UNHRD)¹ and the Instituto Conmemorativo Gorgas de Estudios de la Salud (GORGAS)² during its stay in Panama.

¹ [UNHRD - Humanitarian Response Depot](#) (accessed 2 December 2024).

² GORGAS: <https://www.gorgas.gob.pa/> (accessed 1 December 2024).

The visit programmes were proposed by PAHO's health emergencies department in Washington, D.C. and its subregional office for Central America based in Panama City respectively, in coordination with the Government of Panama, partners, and the relevant WHO offices (see Annexes 1 and 2).

KEY FINDINGS AND OBSERVATIONS

The Pan American Health Organization and the Health Emergencies Programme

The need to control the spread of yellow fever at the end of 19th century to protect people's health and countries' economies led to the creation in 1902 of what is today known as the Pan American Health Organization (PAHO).³ Since its establishment in 1902, the Pan American Health Organization (PAHO) has set regional health priorities and mobilized action to improve and protect people's health in the Region of the Americas. As of today, PAHO has 35 Member States and four Associate Members in the Region with its headquarters in Washington, D.C., a total of 27 country offices and three specialized centers.

With the creation of the World Health Organization, all countries in the Americas became members of WHO and, through an agreement signed on May 24, 1949, the PAHO Secretariat: the Pan American Sanitary Bureau (PASB), was recognized as an independent entity which also serves as the Secretariat of Regional Office for the Americas of the World Health Organization (AMRO), the United Nations' specialized agency in health.

Partners and government representatives in Panama expressed appreciation for PAHO/AMRO and shared consistently positive feedback on the Secretariat's technical expertise, its convening and coordinating role, and recognized the longstanding trust it has built with the governments and the support it gives for health emergencies preparedness and response.

Findings from the desk review⁴ and interviews with staff indicated that emergency management has been fully embedded in PAHO's operations across the Organization and that organizational surge capacity has been institutionalized in case of emergencies under the Institutional Response to Emergencies and Disasters (IRED) procedures.⁵

Under the leadership of the PAHO Health Emergencies Department (PHE), the PASB supports countries in strengthening national capacities in prevention, risk reduction,

⁴ Organizational chart of the Pan American Sanitary Bureau: https://www.paho.org/sites/default/files/2024-10/org-chart-01-october-2024_1.pdf (accessed 1 December 2024).

⁵ IRED: [Institutional Response to Emergencies and Disasters \(IRED\) 2017 - PAHO/WHO | Pan American Health Organization](#) (accessed 1 December 2024).

preparedness, surveillance, response, and early recovery in relation to all types of known or anticipated human health hazards, that may result in, or result from, emergencies or disasters.

PHE is comprised of six units: Infectious Hazard Management (PHE/IHM); Country Health Emergency Preparedness and IHR (PHE/CPI); Health Emergency Information and Risk Assessment (PHE/HIM), Emergency Operations (PHE/EMO), Disaster Risk Reduction (PHE/DRR); and Emergency Core Services (PHE/HEO). The IOAC noted that this structure is in accordance with decision WHA69(9) (2016) on the reform of WHO's work in health emergency management. PASB staff confirmed that AMRO underwent the process to fully align itself with the WHE structure based on the principles of a single programme across all three levels of the Organization. During the interviews PHE staff pointed out that the WHE structure at headquarters has been changed over time while PHE has kept the same as established in 2016. Based on the interviews with the PHE team leads, interaction with headquarters counterparts appears good, but actual collaboration is limited. Some PHE staff noted the lack of a bottom-up approach in certain areas of work, for example in regard to high-threat pathogens, including zoonotic pathogens, of emerging pandemics.

The IOAC observed that PAHO has maintained dedicated operations support and logistics teams in the PHE department to preserve the distinctive functions and agile business processes for emergency management, whereas some of WHE enabling functions at headquarters, such as communications, and resource mobilization, were centralized under the transformation agenda.

The IOAC also noted that PHE is the only department that reports directly to the Director, together with the Chief of Staff, PWRs, and the offices of country and subregional coordination, of legal counsel and of internal audit. Based on the PHE's structure and RED reporting lines, the IOAC considers that AMRO has maintained its commitment to decision WHA69(9) (2016).

PHE has been continuously strengthening its capacity and it now has an unprecedented in-country staffing presence in 18 countries in line with the CPCP initiative. This in addition to its three subregional offices established in late 1970s in Barbados for the Caribbean, in Peru for South America and, in Panama for Central America and the Dominican Republic.

PHE subregional office and the WHO Country Office in Panama

The subregional office for Central America and the Dominican Republic is located in Ciudad del Saber (City of Knowledge) in Panama, a Government-hosted cluster of United Nations agencies, international aid agencies and nongovernmental organizations including UNDRR, the OCHA Regional Office for Latin America and the Caribbean, the IFRC Americas Regional Office, the ECHO Regional Office for the Americas, AECID, CDC Regional Office, and the IOM Regional Office for the Americas and the Caribbean.

The purpose of the subregional office is: (1) to advise the countries of Central America on policies and measures to prepare for and respond to emergencies, to prevent or reduce the

damage caused by disasters and emergencies of any type; (2) to coordinate the health response and humanitarian assistance given by the international community in the subregion; and (3) to lead Incident Management Support Teams (IMSTs) for an acute event in the region, including provision of strategic leadership to the health sector/cluster in support of national and local health authorities, in accordance with PAHO's rules and regulations.

In 2024, PAHO responded to outbreaks of Dengue and Oropouche in Bolivia, Cuba, Dominican Republic, Ecuador, Panama, Peru and Suriname, the tropical storm Sara in Honduras and Nicaragua, the humanitarian crises in Haiti and Venezuela, and the migration crisis across Central America, providing the affected countries with technical support for operational planning, surveillance and prevention, training, coordination of lab networks or other regional platforms, supply of emergency kits and other essential equipment and support Emergency Management Teams (EMTs) deployment.

One of five UNHRD hubs is also based in Panama, and hosts PAHO's regional strategic reserve. PAHO has established a regional operational mechanism for Latin America and the Caribbean that supports all countries and territories in crises due to health emergencies and disasters, through the rapid deployment of supplies, providing a coordinated and effective response to the most vulnerable. Since 2012, the strategic reserve has enabled rapid regional support to emergencies, including floods, storms, earthquakes, hurricanes, the H1N1 and ZIKA outbreaks, and the COVID-19 pandemic. Under the responsibility of PHE, the reserve's technical and operational management is led by the Emergency Operations (EMO) unit in close coordination with other technical areas and supporting entities (administration, procurement) at both the country and regional levels.

The subregional office has a total of 6 staff members with specific functions and reporting lines to their respective managers in Washington, D.C.; the office consists of three teams: PAHO's strategic reserve center (P2 international staff and national support staff) under the responsibility of the EMO unit; laboratory diagnostics and supply management (P2 international staff, international consultant), under the IHM unit; and Emergency preparedness and response (P4 international staff, national support staff) under the director of PHE.

The subregional office is represented by an international staff member at P4 level, who reports directly to the PHE director in Washington and liaises with the PWR Panama as needed. Findings from the interviews with key stakeholders indicated that the presence of PHE subregional office in the UN hubs in Panama has proved instrumental in strengthening UN coordination and collaboration with the countries in the region for emergency preparedness and response. The IOAC considers that the subregional office can help improve the health cluster coordination in the region and facilitate communication between partners and PAHO/WHO within the Inter-Agency Standing Committee (IASC)

WCO Panama has a dedicated staff member supporting the Panamanian authorities for emergency management in the country. The staff member reports to the PWR and works closely with the PHE team both in the subregional office and in Washington. The IOAC

observed that the role of WCO Panama is to provide support and facilitation for the PHE subregional office, as the subregional office has financial autonomy and direct reporting lines to the PHE in Washington.

The core function of WCO Panama is to develop technical cooperation based on the priorities defined in the cooperation strategy with the country, which is aligned with the National Health Policy and the strategic objectives of the Ministry of Health, with the PAHO Strategic Plan and with the Development Assistance Framework between the United Nations System and Panama. The WCO is located within the Ministry of Health's compound, and works hand in hand with the national authorities in Panama. The relationship between WCO Panama, PAHO and the Ministry of Health of Panama is characterized by mutual trust, and works as one team. The IOAC noted a wide range of technical collaboration in health emergency preparedness and response from epidemiological surveillance, risk management, training, simulation exercises, EMTs, multi-hazard response plans, health-related disaster reduction, emergency medicine, mental health in emergencies, diagnostics, executive decree for safe hospitals, outbreak response including for Zika, Ebola virus disease, and chikungunya, as well as the migration crisis in the Darién region.

During the COVID-19 pandemic, GORGAS in Panama operated as a training hub for the neighboring countries. At the beginning of the outbreak, GORGAS sent personnel to PAHO for training and by the end of the pandemic had managed to equip itself with more than 18 laboratories across the country with diagnostic capabilities. PAHO called on GORGAS to support sequencing in the region and 3 200 samples were received from the Bahamas, Bolivia, Dominican Republic, El Salvador, Guatemala and Honduras. The GORGAS staff trained by PAHO then visited laboratories in a number of countries and built their capacity, resulting in a dramatic increase in sequencing across the region. This is therefore an exemplary model for country capacity building supported by PAHO.

The IOAC was briefed that, as Panama is the major international hub in Central America, PAHO is in constant communication with the Panamanian Ministry of Health and GORGAS, informing them of alerts from other countries and providing virtual and in-person training to staff on protocols, reagents (get ready, preparedness for any potential outbreaks of new pathogen), and genetic surveillance for early detection of new pathogens.

Throughout the mission, the national authorities in Panama acknowledged and appreciated PHE's proactive approach, technical expertise, positive engagements and coordination of regional networks.

WHO Health Emergency management in the Americas

The IOAC also observed positive working relations between the PAHO and WHO for health emergency management, with systematic communication through the WHE/Regional Emergency Director (RED) network, IMST and other routine channels. PHE staff confirmed that there is good alignment between PAHO and headquarters for emergency management. However, findings from certain interviews suggested that sometimes internal WHE consultations across the Organization are not meaningful, especially so when the

consultations are held on matters on which decisions have already been taken, further up the line. Some partners also flagged fragmentation and inconsistencies between headquarters, PAHO/AMRO and WCOs and difficulties in identifying WHO counterparts for grade 3 emergencies in the Americas arising from PAHO not being part of the IASC.

Noting that PAHO has, in IRED, its own emergency response policy and procedures framework, the IOAC was pleased to see that the updated Emergency Response Framework (ERF2.1) has been respected by PAHO/AMRO. In compliance with ERF2.1, the PHE Director, in his capacity as the AMRO Regional Emergency Director (AMRO/RED), proposes which grade to assign to an emergency or disaster that affects one or several countries in the Americas. In grade 2 or grade 3 emergencies in the Americas, PAHO's Regional Incident Manager, in consultation with PAHO's Director and the PHE Director, requests the assistance of headquarters and/or other regions as soon as needed.

A WHO declaration of a grade 3 emergency may require the activation of PAHO's IRED in support of other regions, including deployment of staff, medicines, and supplies as requested and agreed upon with WHO headquarters and/or the affected region, following the provisions of ERF2.1. PHE will lead PAHO's response operations in support of other regions and may propose the designation of a Regional Incident Manager in the Americas, if deemed necessary to better coordinate PAHO's support. For emergencies and disasters outside the Region, PAHO complies with ERF2.1 and AMRO/RED contributes to determining the grade of the emergency or disaster in any region of the world.

AMRO has taken a leadership and operational role in emergency management in the region that has built on PAHO's work over the last century. PAHO enjoys the trust of its Member States and has laid the ground work for building a solid system for preparedness and response in the Region. PAHO has invested in emergency preparedness in supporting its Member States in improving their core capacity to implement the International Health Regulations (2005) (IHR). The IOAC was briefed that PAHO Member States had adopted a Voluntary External Evaluation (VEE) to assess their national capacities, using the IHR State Party Self-Assessment Annual Reporting tool (SPAR). This ensures that the assessment is aligned with the SPAR, and thus fulfils Member States' obligation to report annually to the World Health Assembly on the implementation of IHR core capacity. PAHO also supports Member States for the pandemic fund, which finances critical investments to strengthen pandemic prevention, preparedness, and response capacities at national, regional, and global levels, with a focus on low- and middle-income countries.

PAHO's work in facilitating the IHR amendment negotiation was appreciated by Member States, and the Organization has also been actively engaged in the discussions held by the Intergovernmental Negotiating Body (INB) on WHO pandemic agreements, convening consultations among its own Member States to review regional implications and be able to contribute to the INB negotiations.

For more than a decade, PAHO and its Member States have expressed concern over the prevailing high prices of some new vaccines negatively affecting national immunization programme outcomes. PAHO has provided access to safe and quality vaccines at affordable

prices for 41 Member States and Territories in Latin America and The Caribbean through the Revolving Fund for Access to Vaccines. The Revolving Fund's uniform prices ensure equity among Member States, regardless of population size or geographical location and help to achieve lower prices. By consolidating requirements from National Immunization Programmes, the Fund leverages economies of scale to improve its purchasing power and supports all procurement and logistics processes. The Fund has facilitated the rapid and equitable introduction of new vaccines and the achievement of regional elimination goals. The IOAC considers PAHO's experience should be leveraged for discussing the global health architecture, for example, the PAHO Revolving Fund for Access to Vaccines, established 45 years ago, could provide a model to improve equity, one of the key topics under INB discussions.

The Smart Hospitals Initiative is another example of PAHO's work to strengthen health care across the region. The Initiative builds on the Safe Hospital Initiative⁶ and focuses on improving hospitals' resilience, strengthening structural and operational aspects and providing green technologies. Energy improvements include solar panels installations, electric storage batteries, and low-consumption electrical systems, which, in addition to reducing energy consumption, reduce health sector carbon footprint in the environment and provide the hospital with energy autonomy, allowing it to continue running during emergencies and disasters. Piloted in 2012 in Saint Vincent and the Grenadines and St. Kitts and Nevis, the Smart Hospital model will be introduced in Latin America and will integrate the application of existing tools aimed at fostering resilience within hospital infrastructure across the region.

Lessons learned from safe hospitals to ensure public health interventions in countries where violence can occur can be used to prevent attacks on health care. The Surveillance System for Attacks on Health Care (SSA) is encouraged to improve collaboration with PAHO and learn from its experience to create mechanisms for protection in emergencies, to help ensure that health workers everywhere are able to provide health care in a safe and protected environment without disruption from acts of violence.

The IOAC considers that WHO can also benefit from PAHO's experience of migration flows across the Region to improve its migration and health response. During the visit in Panama, the IOAC was briefed that more than 520 000 migrants⁷ crossed the Darién Gap, one of the most dangerous migration paths today, heading for the United States in 2023. The number of people risking their lives to cross the gap could increase as socioeconomic conditions continue to worsen across the Region. The majority of migrants were from Venezuela, followed by Ecuador and Haiti, but also nationals from the Asian and African regions.

The IOAC was briefed on the urgent health needs of migrants and other critical challenges such as their exposure to infectious diseases, increased risk of violence and exploitation,

⁶ PAHO : Safe hospitals, [Safe Hospitals - PAHO/WHO | Pan American Health Organization](#) (accessed 2 December 2024).

⁷ Servicio Nacional de Migración, Panama, [MIGRACIÓN - Irregulares en tránsito por Darién por país 2023 - Conjunto de datos - Datos Abiertos de Panamá](#) (accessed 2 December 2024).

severe gender-based violence, and the socio-economic impact on the communities through which the migrants are transiting. PAHO continues to work with countries of the Americas to support the development of migration response plans to improve access to health for both migrant and local populations, as well as to improve health surveillance and to strengthen partnerships and networks. One interlocutor emphasized that the incidence of gender-based violence among migrants is very high, and should be elevated as a health priority by PAHO.

Health and humanitarian partners recognized PAHO's contribution to coordinating the response and facilitating communication with the Ministry of Health of Panama to enable provision by medical humanitarian organizations of medical and mental health care to migrants crossing the Darién jungle, and support the local communities in Panama. PAHO's strong relationships with MoH have enabled it to advocate on behalf of humanitarian organizations serving migrants. Throughout the IOAC interview, representatives of implementing agencies also noted that PAHO's procurement system has been a key element supporting their operations.

PAHO has also been playing a key role in coordinating health regional efforts, in regional mechanisms such as the Interagency Coordination Platform for Refugees and Migrants (r4v) linking over 200 organizations operating under Venezuela's Refugee and Migrant Response Plan in 17 countries in the Region, and the Proceso de Quito⁸ led by the ministries of foreign affairs and health of 11 countries in response to the migration crisis. The IOAC noted that partners in UN hubs expected PAHO/AMRO to take leadership in streamlining the regional coordination mechanisms and to engage actively in broader issues such as sexual violence and exploitation. The Committee observed that the UN hub partners considered PAHO a reliable and trusted partner and a competent health agency. The Committee considers that this provides an opportunity to improve UN coordination, by leveraging PAHO's advantage in this area.

Finance and human resources

Since PAHO has its own governance structure, and has a quota system based on the assessed scale adopted by the Organization of American States as a separate entity from WHO, alignment between PAHO and WHO is critical to facilitate effective planning, budgeting, monitoring, assessment, and reporting. While upholding its status as an independent organization, PAHO is aligned with WHO's General Programme of Work results frameworks, and works closely with WHO to implement global commitments approved by Member States.⁹ This alignment makes it possible for PAHO to meet its obligations as AMRO, while responding to regional and country priorities.

For the 2024–2025 biennium, PAHO's total budget is US\$ 820 million. Of this amount, US\$ 700 million is for base programmes and US\$ 120 million is for special programmes (including emergencies, as a placeholder budget). The base programmes of the Programme

⁸ <https://www.procesodequito.org/en/what-we-do>

⁹Programme budget explainer: https://cdn.who.int/media/docs/default-source/pb-website/pb24-25_explainer_amro_who_alignment.pdf?sfvrsn=53e70956_3 (accessed 2 December 2014).

budget 2024-2025 will be financed through: assessed contributions from Member States, Participating States, and Association Members (US\$ 194.4 million); PAHO-budgeted miscellaneous revenue (US\$ 14 million); other PAHO financing sources, including voluntary contributions and special funds (US\$ 196 million); and funding allocated by WHO to the Region of the Americas, consisting of both WHO flexible funding and voluntary contributions (US\$ 295.6 million).¹⁰

The total approved budget allocation from WHO for AMRO is US\$ 313.7 million, broken down as follows: US\$ 295.6 million for base programmes, US\$ 5.1 million for special programmes, and US\$ 13.0 million for emergency operations and appeals.¹¹ This WHO allocation constitutes an important and integral part of PAHO's total budget, representing 42% of the overall PAHO budget for base programmes.¹²

In practice, PAHO's Programme budget financing is managed in an integrated manner along with WHO's approved budget for the Americas: no real separation occurs for the management of funds. Nevertheless, only financial resources originated and/or mobilized by WHO are reported back to WHO monitoring and reporting systems. In other words, WHO reporting system does not capture the full amount of resources mobilized and implemented by PAHO. During the interviews, some donors and UN partners also flagged this issue and shared their frustration in understanding the dual system of PAHO.

The approved 2022-2023 budget for the PHE Programme was US\$ 103.7 million, and it was increased by 3% to US\$ 106.8 million for the 2024-2025 budget, with only 18% from flexible funds. The proposed WHE contribution to the PHE base budget for the 2024-2025 budget is US\$ 76.7 million. Decisions on budgetary allocations and distribution of this contribution come under the mandate of PAHO's Director.

The IOAC noted that the PAHO allocation of flexible funds for health emergencies has gradually decreased from US\$ 11 million for the biennium 2018-2019 to US\$ 7 million for the current biennium. For over four years, outbreak and crisis response (OCR) funding has co-financed many of PHE's key fixed-term positions. The funding gap as of 30 June 2024 was US\$ 59 153 506 (55%). Of the US\$ 106.8 million for the Programme budget 2024-2025, US\$ 39.4 million is for health emergency preparedness and risk reduction, US\$ 38.4 million is for epidemic and pandemic prevention and control, and US\$ 29 million is for health emergencies detection and response.

As of 14/11/2024, the staffing at PAHO stood at 112 positions, with 44 positions based in country offices and 68 at the Regional Office for the Americas in Washington, D.C. At the time of the IOAC visit, the PHE Department had 30 vacant positions out of the total 84 planned positions. The IOAC observed a high proportion of consultants and staff holding short term contracts in the PHE and the decrease in flexible, predictable, and sustainable financing in

¹⁰ PAHO Budget: <https://pbdigital.paho.org/2024-2025/budget#expected-financing> (accessed 2 December 2024).

¹¹ Idem: <https://pbdigital.paho.org/2024-2025/budget#expected-financing> (accessed 2 December 2024).

¹² Programme budget explainer: https://cdn.who.int/media/docs/default-source/pb-website/pb24-25_explainer_amro_who_alignment.pdf?sfvrsn=53e70956_3 (accessed 2 December 2024).

the PHE programme. The IOAC also noted PAHO's reliance on a limited number of donors and need to build a broader donor base with more donors and a more diversified funding stream.

CONCLUDING REMARKS

PAHO's long-standing presence in the Region has earned it the respect and trust of both the governments and partners with which it engages for health emergency management and the AMRO has managed to maintain this relationship of trust. The IOAC observes that there are many lessons for the WHE Programme coming from PAHO/AMRO's work in emergencies: lessons can be taken from the Revolving Fund, from PAHO's supply chain management, from its approach to migration and health, its success in deploying EMTs, its support to countries' emergency readiness and preparedness.

The HQ is encouraged to cultivate technical collaboration and communication between PAHO/AMRO and the rest of the Organization to allow the lessons learned in the Region to flow throughout the Organization.

The Committee also notes with appreciation the extensive efforts made by PAHO, and PHE, to align with the WHE Programme at headquarters, reflecting the principle of "one programme". While acknowledging these efforts, the Committee considers that synergies across headquarters and the Regional and Country Office(s) could be improved. Many partners are eager for PAHO/AMRO's active engagement in a range of health-related issues – not only in facing up to outbreaks of disease, but also with regard to migration. The health and humanitarian partners working in the UN hub in Panama expressed a wish to see one WHO with greater predictability and accountability from PAHO in its interaction and coordination of the health clusters and financial reporting within UN system. That *modus operandi* is also important to donors.

The Committee observed that the gaps in funding and the issue of short-term contracts were similar to those in other regions. The Committee remains deeply concerned about a chronic shortage of flexible and sustainable financing in the WHE Programme, competing priorities, heavy dependence on a limited number of donors and donor fatigue.

In closing, WHO and PAHO should work together to preserve the good reputation and leadership role for health emergencies by addressing the funding gap, improving internal coordination and strengthening the WHE/PHE Programme's capacity at all levels.

Annex 1. IOAC Visit to the PAHO, 14-15 November 2024

Day / Time	Topic	Meeting with
THURSDAY, 14 November	ORIENTATION MEETINGS ON PAHO	
8:45 – 9:00AM	Welcome and review of schedule	PAHO RED, Dr. Ciro Ugarte, and select members of the PHE team
1 hour 9-10AM	PAHO's Emergencies Program <ul style="list-style-type: none"> - PHE's structure (regional, subregional, and country level) - Relationship between PHE and WHE - Financing and key partnerships (flexible funds vs. voluntary contributions, WHO vs. PAHO funding sources, PAHO's key partners) Staffing (Presence in the countries)	PAHO RED, Dr. Ciro Ugarte, and select members of the PHE team
30 mins 10-10:30	PHE's role within the Organization and with Member States	PAHO's Chief of Staff, Dr. Monica Davoli
10:30-10:45	BREAK	
10:45 – 11:30	PAHO's emergency response and institutional framework <ul style="list-style-type: none"> - Ongoing response operations - Standing capacities - PAHO's Institutional Response to Emergencies and Disasters (IRED) Framework, and linkage to WHO's ERF - Tour of PAHO's Emergency Operations Center (EOC) 	Dr. Leonardo Hernandez, Unit Chief, Emergency Operations (PHE/EMO)
11:30 – 1PM	Interviews with PAHO's Health Cluster Coordinators or Liaisons from: <ul style="list-style-type: none"> - Colombia - Haiti - Venezuela [Virtual meetings, 30 minutes each] Simultaneous translation will be provided	
LUNCH 1:00 – 2:15PM	Lunch meeting with: Senior Advisor, Governing Bodies	Mr. Nicolas Lagomarsino, Senior Advisor, GBO
2:15-4:15PM 2 hours	PAHO's Planning, Budget, and Evaluation (PBE) Team <ul style="list-style-type: none"> - PBE Director - Planning, Unit Chief - Budget Unit Chief - Senior Advisor, Evaluation <i>30 minutes per person</i>	PBE leadership

Day / Time	Topic	Meeting with
4:15-4:30PM	BREAK	
4:30 – 5:30 1 hour	PAHO and access to medical countermeasures, stockpiling, and procurement <ul style="list-style-type: none"> - Procurement and Supply Management (PRO), Director - Regional Revolving Funds (RRF), Executive Manager 30 minutes per person	PRO and RRF leadership
5:30-6:00PM 30 minutes	Migration and health emergencies <ul style="list-style-type: none"> - Health Systems and Services (HSS), Director 	HSS leadership
END DAY		
FRIDAY, 15 November	FOCUS ON PAHO's PARTNERS	
9:00 – 10:00	CDC and USAID perspective [CDC interview would be virtual] 30 minutes each	
10:00 – 10:45	Pandemic Fund Secretariat [15 minutes allocated for possible transportation to the WB]	
15 minute coffee break 10:45 – 11:00 15 mins		
	INTER-AMERICAN SYSTEM	
11:00 – 11:30	Ambassador of Spain to the Organization of American States (OAS)	
11:30 – 12:00	Organization of American States: Representative from the Inter-American Committee on Natural Disaster Reduction	
12:00 – 12:30	Inter-American Development Bank Representative	
12:30 – 1:30 Lunch, 1 hour		
	ACADEMIC INSTITUTIONS	
1:30 – 3:00PM	1. Johns Hopkins University 2. Yale University 3. George Washington University [Interviews would be virtual] 30 minutes each	
Coffee break		

Day / Time	Topic	Meeting with
3:00 – 3:15PM 15 mins		
3:15 – 3:45	Project HOPE	
3:45 – 4:15	Fairfax Country (partnership with PAHO for Emergency Medical Teams)	
END DAY		
	TRAVEL TO PANAMA OVER THE WEEKEND	

Annex 2. IOAC Visit Programme in Panama, 18-19 November 2024

Monday, 18 November

Schedule	Event	Place
08.30-09:00	Welcome and review of schedule Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director 	Hotel Intercontinental
09.00-09.30	Transfer from the Hotel to the PAHO/WHO Regional Strategic Reserve Center	Hotel Intercontinental
09.30 - 11.00	Visit to the Regional Strategic Reserve Center Introduction “National Humanitarian Response Depot” UNHRD Sr. Francisco Garrido - Logistic officer Tour of the strategic reserve/dry storage area and controlled temperature area Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Dr Leonardo Hernandez, Unit chief EMO/PHE • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA • Luz Mireya Candil, Logistics Officer PHE/EMO in Panama. 	CLRAH, Howard Panamá Pacífico
11.00 - 11.30	Transfer from the Regional Strategic Reserve Center to the Ciudad del Saber (City of Knowledge) - United Nations - OCR	
11.30 - 12.30	Meeting with Ms. Ana Patricia Graca, Resident Coordinator of the United Nations System in Panama (OCR) (See bio in annex 1) Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	City of knowledge United Nations Office - OCR
12.30 - 12.40	Transfer from OCR to Restaurant	
12.40 - 13.45	Lunch	Restaurant
13.45 -14.00	Transfer from Restaurant to OCHA	

14.00-15.00	Meeting with Mrs. Shelley Cheatham Head of Regional Office for Latin America and the Caribbean United Nations Office for the Coordination of Humanitarian Affairs. OCHA Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	Ciudad del Saber (City of Knowledge) Office OCHA
15.00-15.10	Transfer from OCHA to UNDRR	
15.10-16.00	Meeting with Mr. Nahuel Arenas Garcia Head of United Nations Regional Office for Disaster Risk Reduction UNDRR Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic 	Ciudad del Saber (City of Knowledge) Office UNDRR
16.00-17.00	PHE Team Meeting (Decentralized and country office) Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic • Leticia Franco, International Consultancy PHE/IHM • Luz Mireya Candil, Logistics Officer PHE/EMO in Panama. • Isaías Montilla, National Consultant PHE/ PAN 	Ciudad del Saber (City of Knowledge) Office OPS/PHE
17.00-17.30	Transfer from Ciudad del Saber (City of Knowledge) to hotel	Hotel Intercontinental
19:30- 21:00	Meeting Dr. Ana Rivière Cinnamond, PAHO/WHO Representative in Panama Participants: <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director 	Restaurant Casco Antiguo
21:00 -21:30	Transfer from restaurant to Hotel	

Tuesday, 18 de November

Schedule	Event	Place
08.00-08.30	Transfer from Hotel to Minister of Health	Hotel Miramar Intercontinental

08:30 - 09:30	<p>Meeting with Dr. Fernando Boyd Galindo, Minister of Health of Panama (bio in annex 2)</p> <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	Minister of Health building 265, Ancón
09.30-09.45	Transfer from Minister of Health to Ciudad del Saber (City of Knowledge)	
9.45-10.30	<p>Meeting with Dr. Martha Keays, Regional Director for the Americas at the International Federation of the Red Cross (IFRC)</p> <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	Ciudad del Saber (City of Knowledge) Office FICR
10.30-10.45	Transfer from FICR to ECHO	
10.45-11.30	<p>Meeting with Mr. Álvaro de Vicente, Head of the Regional Office for the Americas, General Director of Civil Protection and Security Operations Humanitarian Aid. ECHO</p> <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	Ciudad del Saber (City of Knowledge) Office ECHO
11.30-11.35	Transfer from ECHO to AECID	
11.35-12.15	<p>Meeting with Mr. Alejandro Fuente, Head of Humanitarian Action Projects for Latin America and the Caribbean - Spanish Agency for International Development Cooperation. AECID</p> <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic PHE-CA 	Ciudad del Saber (City of Knowledge) Office AECID
12:15-13:30	Lunch	Restaurant

13:30 - 14:30	Meeting with Dr. Yoram Grat-Greene Director of the Regional Office for Central America and the Caribbean. Regional Office of the Centers for Disease Control and Prevention. CDC <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic 	
14:30-14:45	Transfer from CDC to IOM	
14:45-15:30	Reunión con Sra. Maria Moita, Regional Director for the Americas and the Caribbean for the International Organization for Migration (IOM) <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic 	Ciudad del Saber (City of Knowledge) Office IOM
15:30 -15.45	Transfer from IOM to GORGAS	
15:45-17.00	Visit with local health actors: Collaborative experience with the Gorgas Memorial Institute for Health Studies - GORGAS <p>Participants:</p> <ul style="list-style-type: none"> • Delegation Members IOAC • Dr. Ciro Ugarte, PAHO Health Emergencies Director • Liz Parra, Advisor for Central America and the Dominican Republic • Isaias Montilla, National Consultant PHE/ PAN 	GORGAS Building
17.00 - 17:30	Transfer from Gorgas to hotel	