

# IREP-C19

Implementation of Recommendations  
from the Evaluation of PAHO's  
Response to COVID-19

## Action Plan for Implementation of Recommendations from the Evaluation of PAHO's Response to COVID-19

**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas



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Washington D.C., 2023

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*Action Plan for Implementation of Recommendations from the Evaluation of PAHO's Response to COVID-19. (IREP-C19)*

PAHO/PHE/CPI/COVID-19/23-0019

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## List of Abbreviations and Acronyms

CAM	Central America
CRB	Caribbean
EPRC	Evaluation of PAHO's Response to COVID-19
EXM	Executive management
IHR	International Health Regulations
IMS	incident management system
IRC	implementation recommendation card
IREC	institutional response to emergencies and disasters
IREP-C19	Implementation of Recommendations from the Evaluation of PAHO's Response to COVID-19
LMIC	low and middle-income countries
MoH	Ministry (or Ministries) of Health
MS	Member States (of PAHO)
NAM	North America
NRA	national regulatory authorities
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PB	Program and Budget (PAHO)
PBE	Department of Planning, Budget, and Evaluation
PHE	Department of Health Emergencies
PHEIC	public health emergency of international concern
PPE	personal protective equipment
PWR	PAHO/WHO Representative
SAM	South America
SP	Strategic Plan of the Pan American Health Organization
SPRP	Strategic Preparedness and Response Plan (World Health Organization)
WHA	World Health Assembly
WHO	World Health Organization

# Executive Summary

An independent evaluation was commissioned to assess the Pan American Sanitary Bureau’s overall performance between January 2020 and August 2022 regarding its preparedness for and response to the COVID-19 pandemic. The [final report](#) of this external evaluation presented eight recommendations for action to strengthen PAHO’s future response to health emergencies.

The proposed plan includes the methodology, key actions, expected results, and responsible entities for implementing these recommendations. Consult the Action Plan from the *Implementation of Recommendations from the Evaluation on PAHO’s Response to COVID-19* (IREP-C19) for further details.

## IREP-C19 Task Force: An all-of-PAHO commitment

The managers of all PAHO entities assigned focal points to engage in plan implementation. PHE and PBE assigned dedicated staff to support the work of the IREP-C19 Task Force. Focal points reviewed recommendations and created subgroups to develop an action plan for implementation.

*The IREP-C19 Action Plan results from coordinating subgroup leads, co-leads, and focal points’ active participation and contribution across the Organization.*

## Methodology

### IREP-C19 planning process

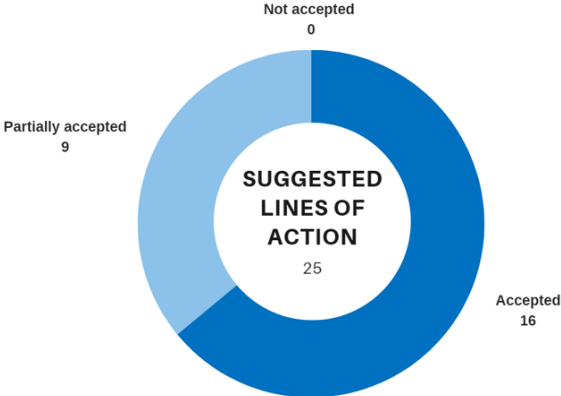


## Prioritization criteria

IREP-C19 subgroups evaluated the feasibility, potential impact, and strategic alignment of the recommended lines of action with PAHO’s overall priorities to determine whether they should be accepted, not accepted, or partially accepted/adapted. The IREP-C19 Task Force developed an Implementation Recommendation Card (see Annex 1 of the Action Plan).



**Prioritization exercise of the recommended lines of action**



**Definition of key actions**

During June-August 2023, IREP-C19 subgroups defined the key actions, timelines, responsible entities, and expected results of implementing the recommendations. Key actions will be further detailed and developed once approved.

**Timeline**

PAHO expects the implementation of key actions actions to run from August 2023 through December 2024. Some activities may become permanent or will have a long-lasting impact beyond 2024. Organizational learning and improvement will continue strengthening PAHO’s capacity and preparedness for future health emergencies.

**IREP-C19 at a glance**



**Next steps**

PAHO will provide further details as the implementation of each critical action proceeds and will define indicators and milestones for monitoring progress. Periodic reporting to EXM, Governing Bodies, and through PAHO’s Evaluation Platform will follow, as required. An internal communication strategy will also be developed and executed.

Strategic Area	Key Actions to be Implemented	Expected Results	Responsible Entities
Governance	Review Rules of Procedure.	Reviewed set of Rules of Procedure for all functional areas of the Organization.	LEG / GBO / PHE
	Review IRED, including chapter XVII.2.03a.	Revised policy on Health Emergencies, Leadership, and Responsibilities for Emergency Response (IRED).	LEG / PHE
	Integrate EPRC recommendations into PB 2024-25 and the new SP 2026.	PB 2024-25 and SP 2026-31 have integrated relevant EPRC recommendations.	PBE
Scientific Platforms	Map/assess science and technology policies and establish a Global Observatory on Health R&D.	A better understanding of health research and development policies in Member States to shape the science and technology agenda related to emergencies.	EIH
	Provide technical cooperation to integrate scientific evidence into practice.	Approved policies, plans, and programs in Member States reflect scientific evidence.	EIH / PHE / IMT
	Build capacity to synthesize living evidence.	Strengthened regional evidence-support systems for a more efficient and coordinated response to emergencies.	EIH / PHE / IMT
	Establish clinical intelligence networks.	Clinical intelligence networks with expanded and increased capacity for gathering clinical data and developing clinical trials.	EIH / PHE
Funding Model	Review internal financial mechanisms to support emergency response.	Agile/fit-for-purpose internal financial mechanisms to support anticipatory actions and immediate emergency response.	PHE / FRM / PBE
	Include a placeholder for emergency response in PAHO's base programs.		PBE
	Assess resource mobilization best practices and lessons learned from the pandemic.	Broadened partner base and funding sources.	PHE and ERP
	Solidify alliances established with donors and partners.		PHE and ERP

Strategic Area	Key Actions to be Implemented	Expected Results	Responsible Entities
<b>Funding Model (con't.)</b>	Develop a strategy to diversify PAHO's funding model.	Broadened partner base and funding sources.	ERP / PBE
	Assess the capacity of PAHO to implement emergency voluntary contribution projects.	Increased efficiency, cost-effectiveness, and trust in PAHO's emergency response actions.	PHE / PBE / ERP
	Ensure PAHO's systematic participation in regional and global health forums.	Increased visibility and accountability and better positioning of PAHO as a partner of choice.	ERP
	Disseminate EPRC results.		ERP and PBE
	Develop a strategic external communication plan.		PHE and CMU

Strategic Area	Key Actions to be Implemented	Expected Results	Responsible Entities
<b>Equity and Gender</b>	Reinforce the equity and gender agenda through capacity building, strategic meetings, development or updating of plans, policies, etc.	Equity and gender integrated into key regional and national strategies for emergencies.	DHE and EIH
	Develop a regional framework on equity and gender for pandemic preparedness, response, and recovery.	Equity and gender considerations are integrated into PAHO's pandemic preparedness and recovery plans and actions.	DHE

Strategic Area	Key Actions to be Implemented	Expected Results	Responsible Entities
Incident Management System	Update the IRED, the virtual course, and operational procedures.	Strong understanding of the IMS model across the Organization and adequate capacity established for its implementation.	PHE
	Hold a meeting of experts and a regional workshop to discuss and validate IMS methodology.	PAHO is structured to implement the IMS sustainably, including during protracted emergencies.	PHE
	Convene a regional IMS workshop.		PHE

Innovation and Digitalization	Analyze existing systems, identify gaps, and address key needs.	Interoperability of surveillance subsystems, immunizations, electronic medical records in the Region.	EIH
	Organize national and regional multisectoral dialogues on technology transfer.	Strengthened ecosystems incentivize production and access to promote the development of regional production value chains.	IMT
	Build capacity to develop and produce mRNA vaccines in Brazil and Argentina.		
	Implement and operationalize hubs of quality control laboratories for PPE in Colombia and El Salvador.		
	Promote a global system for designating NRA and strengthen collaboration with them.	Improved development of and access to health innovation in the Region.	IMT
	Use new technologies and develop innovative tools to improve the supply management of medicines and vaccines.		RRF
	Maximize the use of the Revolving Funds as pandemic response mechanisms.		RRF
	Develop a conceptual model and digital public goods to support and enable cross-border interoperability.	Regional framework for the digital transformation of the health sector.	All-in-One Telehealth Platform.

Strategic Area	Key Actions to be Implemented	Expected Results	Responsible Entities
<b>Corporate Management</b>	Review and update guidelines and response plans and support Country Offices to conduct reviews.	Enhanced management procedures and mechanisms for emergency response.	PHE
	Review business continuity management and governance guidelines.		AM
	Review internal communication in E-manual, Chapter XVII.		PHE
	Map tools for monitoring performance and mobilization of internal resources.		PBE
<b>Human Resources Policies</b>	Develop surge capacity policy and training program.	Strengthened organizational capacity to deploy specialized personnel on time to respond to emergencies.	HRM, LEG, PHE, and others as relevant
	Update recruitment and selection policies to establish a roster of candidates for emergency response.		HRM, LEG, PHE, and others as relevant
	Review incentive schemes for staff responding to emergencies.		HRM, LEG, PHE, and relevant entities
	Review and update the telework policy for emergency response situations.		HRM, LEG, PHE, and relevant entities
	Strengthen and promote personnel well-being programs.	Improved well-being of emergency response staff.	HRM, LEG, PHE, and relevant entities

# Part I

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## Preliminary considerations and planning process

## Introduction

By mid-January 2020, the Pan American Health Organization (PAHO) had activated an organization-wide response to COVID-19 in support of its member states (MS) and following the World Health Organization (WHO) COVID-19 Strategic Preparedness and Response Plan (SPRP). The SPRP was initially structured around nine pillars and was revised in 2021 to include Pillar 10 (vaccination). In 2022, the updated response plan set out the actions needed to end the pandemic in the Region.

PAHO collaborated with partners in the Region and across the globe to deliver technical cooperation, evidence-based guidance, and recommendations to advocate for the Americas on the global stage. From the onset of the pandemic, the Organization continued to respond to emerging needs in its quest to detect, track, treat, and slow the spread of COVID-19 in the Americas.

## Evaluation of PAHO's Response to COVID-19 (EPRC)

In 2022, the Director of PAHO requested an evaluation of PAHO's response to COVID-19. The review was commissioned and managed by PAHO's Evaluation Unit in PBE and was conducted by an external evaluation team. PAHO made the [final report](#) public on 15 June 2023.

The purpose of the evaluation was to provide an objective, independent assessment of PAHO's performance from January 2020 through August 2022 regarding preparedness for and response to the COVID-19 pandemic. The evaluation included response operations undertaken by the entire Organization across its four subregions—the Caribbean (CRB), Central America (CAM), South America (SAM), North America (NAM), and all 35 member states.

The evaluation was strategic rather than technical. It did not assess individual departments, units, or programs in PAHO. It did not evaluate the ten pillars of COVID-19 SPRP and the large number of actions implemented in support of the MS, nor did it assess the response of the MS to the pandemic. Instead, the evaluation assessed the overall performance of PAHO as an organization during the COVID-19 pandemic, using case studies and examples to illustrate the findings.

## Implementation of evaluation findings

According to PAHO's Evaluation Policy\* (POL-1.6.2a), approved in 2021, one of the main principles for evaluation and informing PAHO's approach to evaluation is *utility [principles adapted from the UNEG Evaluation Norms and Standards (2016)]*. Based on the policy's definition, utility relates to the impact of the evaluation on decision-making and should be ensured, among others, by the systematic follow-up of recommendations.

\* Pan American Health Organization. PAHO E-Manual Policy. Chapter World Health Organization. Sub-Chapter 1.6 Oversight and Audit. 1.6.2a PAHO Evaluations Policy 2021. Washington, D.C., 2021

The evaluation policy further defines that “it is the responsibility of the *evaluation owner* to utilize the findings of the evaluation and develop an action plan for implementing the recommendations” (par. 220.3), ensuring it is appropriately addressed promptly.

The document additionally states that the *evaluation owner* is the “entity or department responsible for the theme/program being evaluated. If the object of evaluation covered several PAHO entities or departments, then the “evaluation owner” should be the superior entity or senior management office responsible for the theme/program evaluated.”

Since the EPRC is an organization-wide evaluation, the owner of this specific evaluation is PAHO, in the person of its director. As such, it is appropriate for EXM to comment/approve/amend the proposals prepared to address the EPRC recommendations.

In line with the evaluation policy, the Director of PAHO assigned PAHO’s Health Emergencies Department (PHE) to lead the implementation of such recommendations in coordination with designated entities.

## **Recommendations from the External Evaluation of PAHO’s Response to COVID-19 (IREP-C19)**

The final report of the EPRC culminated in eight evidence-based recommendation actions to strengthen future pandemic response while ensuring a resilient recovery in the Region. The recommendations, in part, outlined in the external evaluation focus on PAHO’s governance and management, specialized regional mechanisms, diversified funding models, and new technologies.



**Figure 1. Recommendations of the evaluation of PAHO's response to COVID-19.**

Strategic level	1	<b>Governance</b>	2	<b>Scientific Platforms</b>	3	<b>Funding Model</b>	
	<p><b>PAHO's Governance and Engagement With Member States</b> PAHO should review and update its governance for use during a crisis and engage Member States in conceiving the "PAHO of the future" in a post- COVID-19 era.</p>		<p><b>Scientific-based Platforms and Tools to Address Public Health Emergencies</b> PAHO should encourage the creation of a specialized regional mechanism for convening an independent advisory scientific group for responding to complex public health emergencies.</p>		<p><b>Funding Model</b> PAHO should diversify its funding model that fit for purpose during normal times and crisis periods, building on the successful strategies employed during the pandemic. The PAHO-reviewed funding model should ensure adequate means to consistently support MoHs in emergency preparedness and response for large-scale crises (but also stabilize technical cooperation at regular times).</p>		
Operational level	4	<b>Equity and Gender</b>	5	<b>Incident Management System</b>	6		<b>Innovation and Digitalization</b>
	<p><b>Equity and Gender</b> PAHO should mainstream evidence-based gender and equity approaches into pandemic preparedness, response, and recovery actions.</p>		<p><b>Incident Management System and The Continuous Operation Strategy</b> PAHO should conceive a specific organizational model to allow the organization to operate on a sustained basis during long-term public health emergencies based on the vast experience of the IMS.</p>		<p><b>Digitalization and Innovation</b> PAHO should capitalize on new technologies and approaches (e.g., artificial intelligence, social media, strategies to tackle vaccine hesitancy, e-health, new health technologies) adopted during the pandemic to develop new ways of increasing cooperation with the MoHs (e.g., technical cooperation, training, research, and analysis), address the digital gap, and promote technological transformation.</p>		
Organizational level	7	<b>Corporate Management</b>	8	<b>Human Resources Policies</b>			
	<p><b>Corporate Management During Public Health Emergencies</b> PAHO should comprehensively review management procedures and tools as well as internal communication mechanisms for use during times of crisis.</p>		<p><b>Human Resources Policies and Adjusting Duty-of-care Processes</b> PAHO should reinforce the organizational capacity to deploy specialized personnel for emergency response, and review and update the hiring policy, duty-of-care policy, and remuneration schemes (based on performance and extra workload) during public health emergencies.</p>				

Source: Evaluation of the Pan American Health Organization Response to COVID-19 2020–2022. Volume I. Final Report. Pan American Health Organization (PAHO), 2023.

As per PAHO's Evaluations Policy,

*"In commissioning and conducting an evaluation, there should be a clear intention to use the resulting analysis, conclusions, or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning, informed decision-making processes, and accountability for results." (par. 110.1)*

Following the publication of the EPRC final report on 15 June 2023, Dr. Jarbas Barbosa, Director of PAHO, provided an institutional response demonstrating his strong support of the evaluation and making clear PAHO's commitment to taking the recommendations forward. The statement is available [here](#).

Under the overall coordination of PHE, a dedicated Task Force (IREP-C19) was established to translate the recommendations into practical, actionable strategies and interventions. The Task Force comprises focal points from all PAHO's entities and will facilitate, support, and monitor the implementation of the EPRC recommendations.

Subgroups were created to manage each recommendation, with focal points identified from the entities most directly related to each recommendation. Between June and August 2023, during the planning and preparation phase, subgroups met to discuss the recommendations and propose an action plan for their implementation, which would achieve results that positively impact the Organization's preparedness for and response to health emergencies and disasters.

Once approved, IREP-C19 will move forward with the implementation phase. In coordination with PBE, the IREP-C19 Secretariat will coordinate the implementation, monitor, and report on progress. A final report on implementing the recommendations is expected by the end of June 2024. Necessary adjustments and continuous learning will follow in the second half of 2024.

**This document presents PAHO's Executive Management (EXM) with the proposed plans to implement the eight recommendations of the EPRC report, including the expected results, timeline, and resources needed for action.**

# IREP-C19 planning process

## IREP-C19 guiding principles

Ownership, adaptability, and consistency are the three guiding principles of this process and are fundamental in shaping the implementation of IREP-C19 recommendations.

**Ownership:** Underlines the importance that IREP-C19 is an all-of-PAHO commitment, where all entities take responsibility and accountability for implementing the recommendations.

The roles and responsibilities of the IREP-C19 focal points will be clearly defined and communicated from the outset to foster ownership. PAHO will inform everyone about expectations and how their actions will contribute to the overall goals. Additionally, the IREP-C19 focal points will be involved in the planning and decision-making process through brainstorming sessions and one-on-one and regular meetings to ensure ownership.

**Adaptability:** The planning process must be adaptable, given the dynamic nature of PAHO's work, the Organization's heavy workload, and the challenges inherent at the end of a biennium. This complex environment requires the Organization to be open to change and adjustments as new information become available or circumstances require. Regular progress assessments and feedback loops are critical.

This plan may involve creating a flexible roadmap with contingency actions to address potential challenges or changed circumstances. Fostering a culture of adaptability is vital and involves encouraging IREP-C19 focal points to be open-minded, to learn from experience, and to be prepared to change course if necessary.

**Consistency:** Even if changes and adjustments are necessary, it is essential to maintain consistency in certain aspects of the process and to comply with expected delivery dates in the short (December 2023) and mid-term (June 2024).

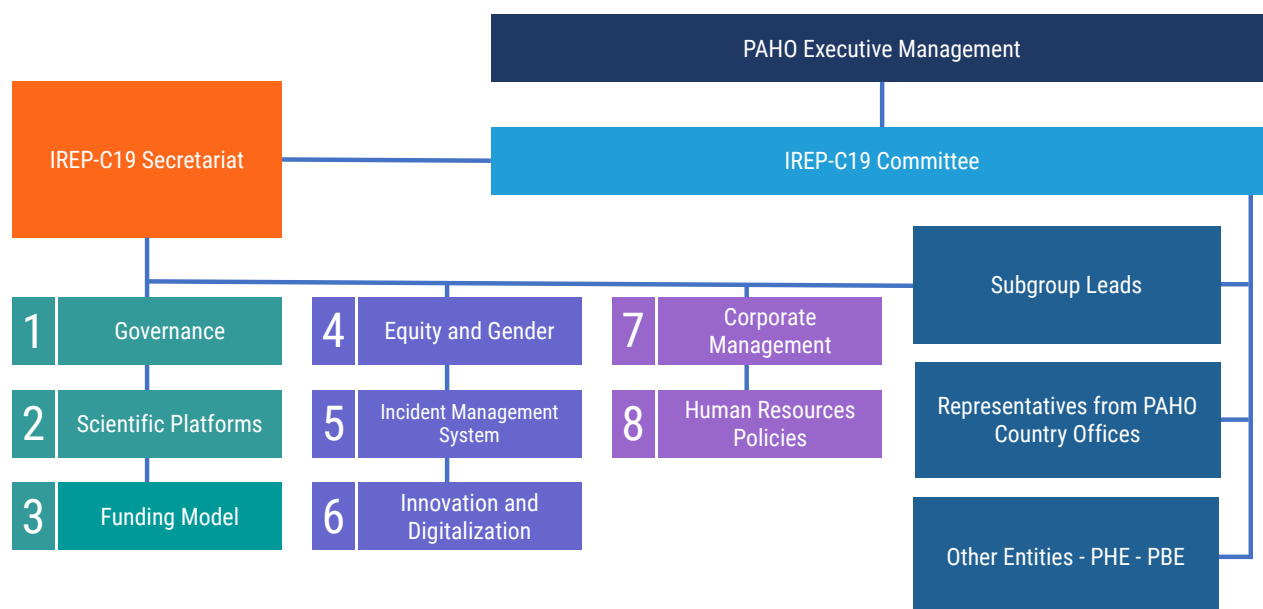
The action steps include consistency in the overall vision and objectives for implementing the recommendations. While specific actions or methods may change, the end goal should remain constant. Maintaining communication consistency is vital. Stakeholders should ensure regular, clearly understood, and transparent communication to keep all IREP-C19 focal points informed and aligned.

The quality of efforts should also be consistent. Standards should be set and maintained throughout the process to ensure that all actions contribute effectively to the goals. A constant monitoring and reporting process will ensure that data is reliable and comparisons over time are valid. Regular reviews can help maintain consistency in this area.

## IREP-C19 Task Force

PHE and PBE assigned dedicated staff with expertise in project management, secretariat support, data and information management, and process engineering to support the coordination of the IREP-C19 Task Force.

Figure 2. IREP-C19 task force.



2

In June 2023, the coordination team requested managers of all PAHO entities -at the country, subregional, and regional levels- to assign focal points to represent each entity and engage in planning for implementation.

During the IREP-C19 kick-off session on 30 May 2023, focal points reviewed each recommendation and identified the entities with which they would work. The IREP-C19 Secretariat created subgroups with the identified entities to discuss and develop an action plan for implementation. Each subgroup assigned a lead to coordinate the work of the subgroups.

**Figure 3. IREP-C19 subgroups with corresponding entities.**

PAHO Executive Management								
IREP-C19 Coordination	IREP-C19 Committee							
	R1	R2	R3	R4	R5	R6	R7	R8
	Governance	Scientific Platforms	Funding Model	Equity and Gender	IMS	Innovation	Management	HRM
	Subgroups leads							
	CSC	AD	CMU	AD	AD	AD	AD	AM
	DIR	CMU	DIR	CSC	AM	CSC	AM	HRM
	EIH	CSC	DD	DHE	CSC	HSS	CMU	LEG
	GBO	DIR	ERP	EIH	DIR	IMT	CSC	PHE
	LEG	EIH	EXM	PHE	PHE	PHE	FRM	PRO
	PBE	HSS	PBE			PRO	LEG	CSC
PHE	PBE	PHE			RFF	PBE	NMH	
	PHE	FRM			CMU	PHE		
	DHE	HRM			CIM	PRO		
	NMH	CSC			ITS	ERM		
		LEG			LEG			
					NMH			
Representatives from PAHO Country Offices								
Other Entities - PHE - PBE								

Note: See Annex 6 for the complete names of PAHO entities whose acronyms appear in Figure 3.

The IREP-C19 Secretariat facilitated and monitored meetings of each subgroup and provided an Implementation Recommendation Card (IRC) to help define and prioritize actions (see Annex 1). Subgroups worked in parallel to develop work plans with support from the coordination team. Stakeholders developed and improved an IRC template with input from the IREP-C19 focal points.

After submitting draft plans for all eight recommendations, the IREP-C19 Secretariat convened meetings at which subgroup leads presented the proposed action plans for implementation, including key actions, expected results, timelines, and resources required. This exercise helped highlight the interrelation between specific recommendations and suggested ways to capitalize on this, ensure participation from different entities, and consider collected inputs while preparing the final plan.

The IREP-C19 Secretariat consolidated all inputs into a draft Action Plan, which they submitted to a Review Committee composed of subgroup leads and the directors of PHE and PBE for review and approval. Figure 4 shows the steps taken to develop action plans for each recommendation.

## Methodology

### Action plan development process

- **Stakeholder Engagement:** Identify and involve all relevant stakeholders in planning, including health officials, governments, community leaders, healthcare providers, and more.
- **Understanding the Recommendations:** Thoroughly examine the recommendations stemming from the evaluation, as it is essential to fully understand the context, implications, and objectives of each recommendation.
- **Assessment and Prioritization:** Evaluate the feasibility, costs, benefits, and potential impact of each recommendation. Based on this analysis, prioritize recommendations, considering the urgency and overall strategic goals.
- **Action Plan Development:** Develop a detailed action plan for each recommendation. This plan should outline specific steps, assign responsibilities, set timelines, and establish targets or benchmarks.

Figure 4. Stages of the planning process.



### Prioritization criteria

Each recommendation of the EPRC yielded two or more suggested lines of action. PAHO's Evaluation Policy states, "management may decide which recommendations to accept and apply within PAHO."

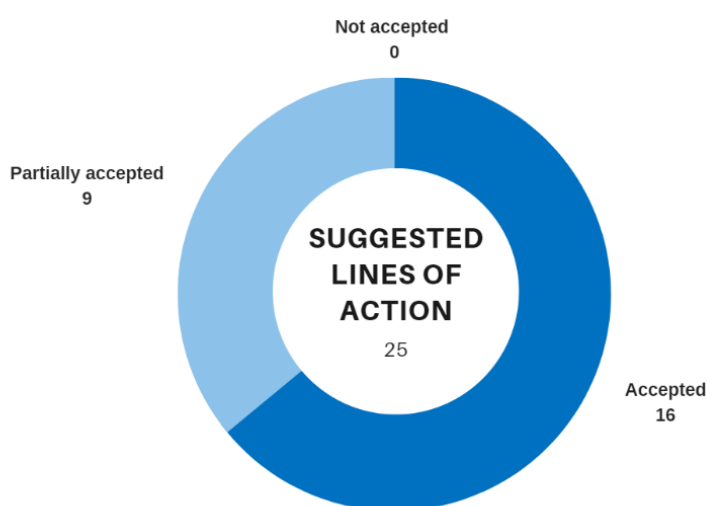
The IREP-C19 group developed and provided focal points with an Implementation Recommendation Card template (IRC) (see Annex 1), where quick-wins prioritization criteria were adopted to help focal points determine which activities are feasible, aligned with PAHO's strategic priorities and could have an impact on PAHO's capacity to better prepare for and respond to future health emergencies.

The IRC helped determine whether the suggested lines of action were to be accepted, partially accepted, or not. Lines of action that were not feasible were considered of low impact or not fully aligned with PAHO's strategic priorities and were partly taken and adapted.

**Table 1. Quick-wins prioritization criteria.**

			Suggested lines of action
FEASIBLE	HIGH IMPACT	FULLY ALIGNED	ACCEPTED
FEASIBLE	HIGH IMPACT	NOT ALIGNED	PARTIALLY ACCEPTED
NOT FEASIBLE	LOW IMPACT	NOT ALIGNED	NOT ACCEPTED

**Figure 5. Overall prioritization exercise of the evaluation’s suggested lines of action.**



From the EPRC, the IREP-C19 subgroups accepted 16 of 25 recommended lines of action and partially accepted 9 of 25, or they adapted them to better align with the Organization’s structure, plans, and policies. Some lines of action were merged due to their similarity, meaning they used a similar or single approach to address both.

Annex 2 provides an overview of the suggested lines of action and their assessment according to quick-wins prioritization criteria.

## Definition of key actions

Once IREP-C19 task force understood the recommendations and suggested lines of action, focal points defined key actions to respond to the suggestions. They broke down each line of action into at least one key action for implementation. Additional key actions were included in the plan, as they noted that they would also play an essential role in addressing the recommendations.

Part III, Annex 3 contains a detailed matrix of key actions to address each recommendation, their timeline, and the entities responsible for implementation. The exercise also gave a rough estimate of the financial resources needed for implementation and the expected result for each activity (Table 3).

After the proposed action plans are approved, key actions will be further detailed and developed into individual projects, carrying out specific activities. The IREP-C19 Secretariat will continue to support project planning, management, and monitoring of progress and report to PBE and EXM.

**Timeline**

PAHO’s Evaluation Policy states that the utility of an evaluation “depends on its timeliness and relevance to the needs of the program and stakeholders, the credibility of the evaluation process and results, and the accessibility of reports” (par. 110).

The IREP-C19 task force has considered the importance of ensuring that the recommendations of the EPRC are implemented within a reasonable timeframe to ensure relevance and impact. Some activities already in place respond to the recommendations. The action plans include these activities.

Implementation is expected to run through the end of 2024. Some activities may be permanent or have long-lasting effects beyond that date. Organizational learning and improvement will transcend this initiative and strengthen PAHO’s capacities and preparedness for the future.

**Figure 6. Timeline for implementation of each recommendation by month (2023-2024).**

		2023						2024											
		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>1</b>	<b>Governance</b>																		
<b>2</b>	<b>Scientific Platforms</b>																		
<b>3</b>	<b>Funding Model</b>																		
<b>4</b>	<b>Equity and Gender</b>																		
<b>5</b>	<b>Incident Management System</b>																		
<b>6</b>	<b>Innovation and Digitalization</b>																		
<b>7</b>	<b>Corporate Management</b>																		
<b>8</b>	<b>Human Resources Policies</b>																		



## Communications

With support from PAHO's Communication Department (CMU), the IREP-C19 Secretariat will launch an internal communication strategy, "All-of-PAHO Commitment," beginning on 1 September 2023 to provide information and support staff engagement in Pillar #2 of the Director's Vision, "Implementation of recommendations of PAHO's external evaluation to COVID-19 response."

The essential products will be:

1. An intranet page for an all-house engagement.
2. A Viva Engage Group (where employees can dive deeper into communities, share stories, engage with coworkers, attend virtual events, and find belonging at work).
3. Video messages/interviews from IREP-C19 subgroup leads, co-leads, focal points, entities, country offices, and the EXM.
4. Town halls or webinars for sharing and engaging in activities related to critical expected results.

## Monitoring and reporting

The plan's monitoring and assessment will align with the Organization's results-based management framework and its performance, monitoring, and evaluation processes. Progress reports will be prepared based on information available at the end of each year.

Once approved, the plan will be further developed into projects to implement each key action. Each project will be subject to risk assessment, detailed planning, and budgeting. Relevant indicators and milestones will be defined for project management monitoring of progress, coordinated by Subgroups' Leads, with IREP-C19 Secretariat support. Periodic reporting to EXM, Governing Bodies, and PAHO personnel will be provided, as required.

As PAHO's Evaluation Policy states, evaluations should also be monitored for implementation. PBE is responsible for the follow-up of the recommendations of the evaluation. Implementing this plan will comply with the required progress reporting through PAHO's Evaluation Platform.

Overall progress reporting will be made public to guarantee transparency and accountability of the IREP-C19 initiative.

## **PART II**

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# **Addressing the Recommendations of the Evaluation of PAHO's Response to COVID-19**

The following section outlines the proposals of IREP-C19 subgroups to move forward with each of the eight recommendations of the external evaluation. Planning was led by the principal areas involved (lead and co-lead entities) and considered inputs from other entities engaged in the process. The IREP-C19 Action Plan results from the contributions of focal points across the Organization under the coordination of subgroup leads. Annex 5 identifies a list of participants.

This section includes the suggested lines of action, the entities that led and participated in planning, and the resources identified as required for implementation. Annex 4 specifies an overall list of resources needed for implementing the IREP-C19 Action Plan. Annex 3 further details each action to address the recommendations and expected results.

# Recommendation 1

## PAHO’s GOVERNANCE AND ENGAGEMENT WITH MEMBER STATES

**PAHO should review and update its governance during a crisis and engage Member States in conceiving the “PAHO of the future” in a post-COVID-19 era.**

### Suggested lines of action

1. Review governing bodies’ existing standard operating procedures and include a specific chapter and governance mechanisms on functions needed during complex public health emergencies and organizational crises.

2. Adjust PAHO’s 2020–2025 Strategic Plan based on post-pandemic realities and develop a comprehensive organizational development plan involving all of PAHO’s functional areas (the plan builds on the 20 organizational development initiatives and the Organizational Strategies 2025).

Lead entity		Co-lead entities	
GBO	Nicolas Lagomarsino	LEG	Heidi V Jimenez
		PBE	Rony Maza
Other participating entities		Focal Points	
DIR			Daniela Fernandez
PHE			Leonardo Hernandez
CSC			Piedad Huerta
PWR			BRA
PWR			COL
PWR			HTI

## Overall management response to the recommendation

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The first suggested line of action was noted as feasible for implementation. The standard operating procedures for PAHO's Governing Bodies are adopted by Member States in the Rules of Procedure of the Organs of the Organization. PASB will review these Rules of Procedure and consult with PAHO Member States, if modifications are needed. Additionally, PASB will consider the recommendations and decisions stemming from WHA77 concerning any revision of the IHR and the proposed WHO convention, agreement, or other international instrument that may impact pandemic prevention, preparedness, and response.

PASB will also review the Health Emergencies, Leadership, and Responsibilities for Emergency Response policy, including Chapter XVII.2.03a of the PAHO e-Manual, to incorporate mechanisms to keep Member States informed during public health emergencies and organizational crises, as appropriate. If necessary, further revisions may be considered following WHA77, as per the above. The critical actors involved are LEG, GBO, and PHE. Additional entities participating are DIR, CSC, and selected PWRs. PASB periodically reviews its Rules of Procedure and internal PAHO e-Manual. Any lessons learned and assessments/work already carried out or being carried out will be considered.

The second suggested line of action was noted as partially feasible. Strategic Plan 2020-2025 Resolution CD57.R2 states that the Directing Council must consider any amendments to the Strategic Plan 2020-2025. Unfortunately, at this time, it is not possible to include this topic on the agenda of the Directing Council for 2023. However, recommendations, as applicable, have been integrated into the Program Budget 2024-25, which is the last of the Strategic Plan 2020-25. Actions from implementing plans of action will be integrated into operational planning 2024-25.

Additionally, developing the new Strategic Plan 2026-2031 will provide the opportunity to continue implementing the recommendations. The best format/approach for the Organizational Development Plan will also be considered during the new Strategic Plan 2026 development. In the meantime, the Organization is developing and launching the PAHO Forward initiative as an organization-wide approach to strengthen efficiency, transparency, and accountability as part of the actions, measures, and internal changes needed to drive the "PAHO of the future" in a post-COVID-19 era.

## Resources required

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At this time, no additional need for resources.

## Additional information

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The entities responsible for each line of action will coordinate the work under their respective responsibility. It is expected that subgroups will be convened to carry out the implementation of proposed key actions. Implementation will begin as soon as the plan is approved, and the last key actions are expected to be completed by September 2025, when the PAHO Strategic Plan 2026-2030 is approved by PAHO Member States at the 62nd Directing Council.

The review of the analysis of PAHO Rules of Procedures for Governing Bodies could result in a recommendation not to introduce a new chapter into the procedures of the Governing Bodies; however, it may include modifications to PAHO's policy for Health Emergencies or another PAHO policy. Each subgroup will organize its work according to the requirements for effective and efficient implementation, ensuring broad participation when possible.

## Recommendation 2

### SCIENTIFIC-BASED PLATFORMS AND TOOLS TO ADDRESS PUBLIC HEALTH EMERGENCIES

**PAHO should encourage the creation of a specialized regional mechanism for convening an independent advisory scientific group for responding to complex public health emergencies.**

#### Suggested lines of action

---

*1. Encourage Member States and subregional bodies to evaluate national responses to the pandemic and adjust emergency preparedness and response strategies and mechanisms accordingly.*

---

*2. Advocate for “whole-of-society” and “whole-of-government” centralized approaches to public health emergencies, preparedness, and response. This should be undertaken at the highest government levels.*

---

*3. Strengthen knowledge translation and knowledge management mechanism to develop evidence-informed policies to mitigate future risks on global health security.*

---

#### Lead entity

EIH      Sebastian Garcia Saiso

#### Co-lead entities

DHE      Gerry Eijkemans

AD      Dionne Patz

Other participating entities	Focal Points
CMU	Luciana Viegas Assumpcao
CSC	Piedad Huerta Arneros
DIR	
HSS	
PBE	Nicole Wynter/Roberto la Rovere
IMT	Alexandre Lemgruber
PHE	Leonardo Hernandez Galindo
NMH	Roberta de Betania Caixeta
PWR	BHS
PWR	BRA
PWR	CUB

### Overall management response to the recommendation

The proposed lines of action were accepted. The main actions to be implemented include:

- Assessment of the development of science and technology policies of MS related to health and emergencies and the shaping of the science and technology agenda.
- The development of instruments to put scientific evidence into practice.
- The use of an integrated, centralized approach in the development of living platforms to strengthen knowledge management.

Some actions related to this recommendation are already in place, such as the initiative dedicated to implementing EPRC recommendations (IREP-C19) and the Evaluation Platform that will serve as a repository of evaluations and evaluation recommendations.

Additionally, the publication Catalyzing Ethical Research in Emergencies is readily available. Finally, actions also aim to establish and maintain a regional clinical intelligence network of health institutions to perform a systematized and integrated collection and analysis of clinical and epidemiological data, thus strengthening regional research and contributing to a more efficient and coordinated response in case of emergency. The most essential expected results include:

- Building capacity in the Region.
- Enhancing the regional ability to gather and manage clinical data.
- Publishing documents, including an assessment and guidelines to support the development of evidence-informed policies.

### Resources required

US\$ 761K (IPC, publications, travel, contracts, LOA, platforms).

## Additional information

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Proposals have been prepared for the development and maintenance of mid and long-term inter-programmatic projects:

- PAHO intends to develop and provide access to ready-to-go recommendations on a pre-determined list of priority pathogens via a dynamic platform implementing living evidence synthesis (LES). The recommendations will include a wide range of information (e.g., epidemiology, prevalence, pathogenesis, transmission, treatments, resistance mechanisms) and provide continuously updated guidance for managing infectious events imputable to those mentioned above or closely related pathogens.
- Drawing on experience and results from the COVID-19 pandemic and recent progress in AI and machine learning, PAHO proposes establishing and maintaining a regional clinical intelligence network of health institutions (i.e., hospitals and intensive care units).

The network will perform a systematized and integrated collection and analysis of clinical and epidemiological anonymized data from patients with pre-defined conditions and increase capacity for gathering clinical data and developing multinational clinical trials, thus strengthening regional research and contributing to a more efficient and coordinated response in case of emergency.



## Recommendation 3

### FUNDING MODEL

**PAHO should diversify its funding model fit for purpose during regular and crisis periods, building on the successful strategies employed during the pandemic. The PAHO-reviewed funding model should ensure adequate means to consistently support MoHs in emergency preparedness and response to large-scale crises (but also stabilize technical cooperation regularly).**

#### Suggested lines of action

---

*1. Set up specific financial mechanisms for the PAHO Epidemic Emergency Fund to facilitate rapid and comprehensive regional responses to large-scale public health emergencies.*

---

*2. Strengthen emerging (and existing) alliances during the pandemic to develop institutional, political, and operational synergies; broaden PAHO's visibility in regional and global health forums; reinforce implementation capabilities; and broaden funding sources.*

---

*3. Review PAHO/WHO coordination and decision-making mechanisms at the senior management level, particularly criteria for allocating global and regional resources during PHEIC.*

---

*4. Develop a strategic external communication plan to disseminate PAHO's contribution to the response to the pandemic to key stakeholders (Member States, donors, international financial institutions, United Nations agencies, international organizations, and academia and research centers) to reinforce its positioning and accountability both internally and externally.*

Lead entity	Co-lead entities
DD Lou Valdez	ERP Mariana Faria
	PBE Rony Maza

Other participating entities	Focal Points
PHE	Julie Mauvernay
CMU	Luciana Viegas Assumpcao
FRM	Tyson Kidder
PWR	BOL
PWR	HND
PWR	JAM

### Overall management response for recommendation

The first recommended line of action was deemed feasible for implementation and high impact, but its scope was considered too limited. PAHO currently has two internal funds for emergencies (the PAHO Epidemic Emergency Fund [PEEF] and the PAHO Emergency Disaster Fund). This line of action provides the opportunity to review more broadly internal financing mechanisms for health emergencies in general and not only epidemic emergencies. Therefore, the line of action is partially accepted and recommended to be revised to expand its scope. The proposed revised text is “Set up specific internal financial mechanisms to facilitate PAHO’s rapid and comprehensive response to public health emergencies.”

Building on existing emergency funds, the PASB will review the rules of financing mechanisms (amount, source of funding and replenishment processes, activation process, etc.) and propose adjustments to make them more agile and fit for purpose. Additionally, PASB will explore options for carving out a funding reserve as part of PAHO’s regular budget to support immediate and underfunded emergency response actions from PAHO and reduce the Organization’s dependence on voluntary contributions for emergency response.

The second suggested line of action was considered feasible, fully aligned with PAHO’s strategic priorities, and accepted. To support its implementation, PASB will conduct an assessment and systematization of best practices and lessons learned on mobilization of resources during the pandemic, which will guide actions to solidify alliances developed or strengthened during the pandemic and secure those partnerships outside of the emergency cycle. PASB will also internally assess the capacity of PAHO entities to implement a large volume of donor-funded emergency projects, thus identifying roadblocks and enablers that impact the successful implementation of donor resources.

Finally, PASB will revisit the PAHO funding model and develop a strategy for diversifying funding streams to provide sustainable and stable funding for technical cooperation. This will be done through the Working Group established under the Deputy Director. These efforts will provide an opportunity to broaden PAHO’s partner base and funding sources and increase the efficiency and cost-effectiveness of our interventions for routine technical cooperation and emergency response.

The third suggested line of action was considered partially feasible and of partial impact and, therefore, only partially accepted. WHO global resource allocation mechanisms obey complex processes that are difficult to influence sustainably and quickly. Nonetheless, an essential action is incorporated to help better position PAHO on regional and global forums and raise the visibility of the Region and its needs with both WHO and critical global/regional stakeholders, thus seeking to improve resource allocation toward the Region's needs (whether through PAHO/WHO allocation mechanisms or via other stakeholders).

The fourth suggested line of action was noted as feasible for implementation and accepted. PASB will seek to ensure PAHO's systematic participation and high-level representation in regional and global health forums to raise the visibility of the Organization and the Region of the Americas. Additionally, PASB will continue and increase efforts to disseminate the results of the COVID-19 evaluation to crucial stakeholders and PAHO's critical role in the response to the pandemic. Stemming from the mammoth communication and advocacy efforts already deployed during the pandemic, PASB will develop a strategic external communication plan to increase the visibility of PAHO's role and capacity in health emergencies. These efforts will increase PAHO's visibility and accountability with external partners and better position the Organization as a partner of choice.

#### Resources required

US\$ 600K (IPC, publications, partners visits, meetings, contract for evaluation, assessment, travel to select country offices).

## Recommendation 4

### EQUITY AND GENDER

**PAHO should mainstream evidence-based equity and gender approaches into pandemic preparedness, response, and recovery actions.**

#### Suggested lines of action

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*1. Advocate and technically support Member States to integrate equity and gender in the review and elaboration of pandemic preparedness, response, and recovery actions, including specific monitoring indicators.*

---

*2. Adopt global equity and gender frameworks as a reference (such as the UN System-wide Action Plan (UNCT-SWAP) gender equality scorecard, the Civil Society Alliance for Human Rights in the Pandemic Treaty, or the Ten Human Rights Principles for a Pandemic Treaty (under discussion – addressed to WHO’s Intergovernmental Negotiating Body).*

Lead entity	Co-lead entities
DHE      Gerry Eijkemans	AD      Dionne Patz

Other participating entities	Focal Points
AD	Dionne Patz
PWR	BRB
PWR	MEX
PWR	PRY
CSC	Piedad Huerta Arneros
PHE	Leonardo Hernandez Galindo
EIH	Sebastian Garcia Saiso

#### Overall management response to the recommendation

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The first suggested line of action was accepted. To respond to this recommendation, PAHO will identify key opportunities at the regional level to move the equity and gender agenda forward, including capacity building, strategic meetings, and the update or development of plans, policies, frameworks, and tools. This process will also include meetings with civil society, regional networks, and stakeholders.

Additionally, a regional framework on equity and gender for pandemic preparedness, response, and recovery will be developed. These actions aim to result in equity and gender considerations integrated into PAHO's plans and activities and into key regional and national strategies for emergency preparedness, response, and recovery, with appropriate mechanisms established to monitor indicators. The principal resources needed include IPC contracts, translation and publications, and logistics and travel arrangements for regional in-person meetings.

#### Resources required

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US\$ 780K (IPC contracts, translation and publications, regional meeting, regional workshop, training, dashboard, course development).

#### Additional information

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During the planning stage, subgroup members determined that the most appropriate terminology for this line of action is "Equity and Gender."

## Recommendation 5

### INCIDENT MANAGEMENT SYSTEM AND THE CONTINUOUS OPERATION STRATEGY

**PAHO should conceive a specific organizational model to allow the organization to operate sustainably during long-term public health emergencies based on the vast experience of the IMS.**

#### Suggested lines of action

---

*1. Establish internal mechanisms and regulations to balance better the role of the IMS and the continuity of regular programs, reinforcing inter-programmatic collaboration and shared responsibilities among departments (“one organization, one response” principle).*

---

*2. Design and develop scenarios for short and long duration of the IMS. In sustained public health emergencies, define measures as part of the surge capacity system, for rotating and providing rest and recovery to personnel participating in the IMS response.*

Lead entity	Co-lead entities
PHE	Leonardo Hernandez Galindo
	AM
	Nicolasa Isabel Vigil
	CSC
	Piedad Huerta Arneros
Other participating entities	Focal Points
PHE	Liz Parra
AM	Andres Suanca
	Dr. Manuel Jesús Loayza Alarico
PBE	Roberto La Rovere
CSC	Dr. Maria Urbina
PWR	BHS
PWR	CRI
PWR	PER
PWR	TTO
PWR	VEN

### Overall management response for recommendation

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The first line of action was regarded as feasible and fully aligned with strategic priorities; it was accepted. The main essential action to be implemented is updating the IRED policy, a process that has already begun. Tied to this key action are subsequent steps, such as updating the virtual course and operating procedures. Resources needed for these actions include hiring IPCs to revise and update the IRED and develop a virtual course and operational processes.

The second line of action was partially accepted, as it was considered that its scope should encompass the entire IMS methodology. Key actions will include a meeting of experts to validate the methods and three subregional workshops to provide training on components of the IMS in countries. Resources include hiring an IPC and in-person meetings with experts to support this process. The key actions are expected to occur through the end of 2023 and subsequent actions in early 2024.

### Resources required

---

US\$ 497K (IPC, training, meeting, travel, workshops).

## Recommendation 6

### DIGITALIZATION AND INNOVATION

**PAHO should capitalize on new technologies and approaches (e.g., artificial intelligence, social media, strategies to tackle vaccine hesitancy, e-health, new health technologies) adopted during the pandemic to increase cooperation with the MoHs (e.g., technical cooperation, training, research, and analysis), address the digital gap, and promote technological transformation.**

#### Suggested lines of action

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*1. Assess innovations and digitalization technologies to identify gaps and improve surveillance, case management, procurement strategies, and monitoring.*

---

*2. Develop a regional strategy and negotiate the transfer of technologies with a regional perspective, reinforcing Pan-Americanism and enabling manufacturers in LMICs to develop quality-assured and affordable vaccines, tests, and therapeutics while strengthening horizontal cooperation, equity, self-sufficiency, and sustainability in the Americas (e.g., mRNA vaccines, PPE).*

---

*3. Build on the expanded capacities of the Strategic and Revolving Funds to boost access to and the development of health innovation in the region and promote the development of a regional regulatory framework.*

---

*4. Develop a regional strategy for the digital transformation of the health sector, capitalizing on new and emerging technologies such as artificial intelligence, blockchain, telehealth, big data analytics, digital health, and information systems for health.*

---

#### Lead entity

EIH      Sebastian Garcia Saiso

#### Co-lead entities

IMT      Alexandre Lemgruber

RRF      Ana Elena Chevez



Other participating entities	Focal Points
PRO	
ITS	
CMU	
LEG	
PWR	ARG
PWR	BLZ
PWR	DOM
PWR	PAN
PWR	URY

### Overall management response to the recommendation

The suggested lines of action outlined in the proposal are feasible and have great potential for driving positive outcomes. However, a few adjustments to ensure their successful implementation are needed in their scope. For stakeholders to make these actions feasible and actionable, it is imperative to establish a clear roadmap with well-defined milestones and timelines. This will help track progress and make necessary adjustments as we move forward. Additionally, securing sufficient financial resources is crucial to support the execution of these initiatives effectively.

Implementing these lines of action will be a collaborative effort involving experts and collaborating centers. Their knowledge and expertise will be pivotal in devising comprehensive strategies and practical approaches. As for the timeline, immediate actions should be prioritized, with a phased approach to achieve long-term objectives. Key actors involved in the implementation include management staff, subject matter experts, research institutions, and partnering organizations. An effective communication and coordination mechanism among these stakeholders will ensure smooth execution.

Some actions may already be underway in alignment with these proposed directions. Recognizing and leveraging existing initiatives will optimize resource utilization and avoid duplication of efforts.

While the suggested recommendations cover critical aspects, some actions or considerations may not be captured. Thus, a periodic review process involving stakeholders should be established to identify missed opportunities and incorporate them into the plan.

### Resources required

US\$ 1M (IPC contracts, Hackathon, hybrid regional consultations, other contracts, platforms).

### Additional information

Although current agreements with countries (ARG, BRA) will be valid for at least the next five years, this area represents continuous work for the Region.

## Recommendation 7

### CORPORATE MANAGEMENT DURING PUBLIC HEALTH EMERGENCIES

**PAHO should comprehensively review management procedures and tools and internal communication mechanisms for use during times of crisis.**

#### Suggested lines of action

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*1. Assess and update decision-making processes, delegation of authority, and the setup of cross-functional teams.*

---

*2. Assess and update managerial, administrative (e.g., legal support, approval and signing of agreements, grant management and reporting, hiring), and logistical (e.g., acquisitions) processes.*

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*3. Improve internal communication tools across the three levels of the organization (HQs, subregional, national).*

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*4. Develop organizational metrics (e.g., internal monitoring framework, management dashboard, or similar tools) to monitor the performance and mobilization of internal resources and capabilities for emergency response. This internal management tool may complement preparedness and response plans developed to frame and support national responses under a common regional approach (e.g., SPRP).*

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#### Lead entity

PHE Leonardo Hernandez Galindo

#### Co-lead entities

CSC Piedad Huerta Arneros

Other participating entities	Focal Points
PRO	Jordi Balleste
AM	Carolina Bascones
PBE	Diana Quintero
PBE	Nicole Wynter
LEG	Pamela Zuniga
PHE	Liz Parra
AM	Andres Suanca
CSC	Dr. Maria Urbina
PWR	CHL
PWR	GTM
PWR	NIC

### Overall management response to the recommendation

The first line of action was regarded as feasible, fully aligned with strategic priorities, and accepted. The principal key action is revising and updating the PAHO E-manual, Chapter XVII. Subsequent actions include reviewing the methodological guide for developing emergency and disaster response plans for country offices and reviewing business continuity management and governance procedures. Line of action two was not accepted, as it was considered to be addressed within the first line of action. Line of action three was accepted and will be integrated into the key action on revising and updating Chapter XVII of the E-manual. Finally, line of action four was partially accepted, as the scope was considered too broad. Key actions will focus on mapping and assessment of tools developed during the pandemic, resulting in a proposal, based on the mapping, to be presented to EXM. For these lines of action, resources will be directed to hiring IPCs to support revision and mapping processes and in-person meetings. The key actions are expected to take place through the end of 2023, and subsequent actions in early 2024.

### Resources required

US\$ 97K (IPC, training, meeting, travel, workshops).

## Recommendation 8

### HUMAN RESOURCE POLICIES AND ADJUSTING DUTY-OF-CARE PROCESSES

**PAHO should reinforce the organizational capacity to deploy specialized personnel for emergency response and review and update the hiring policy, duty-of-care policy, and remuneration schemes (based on performance and extra workload) during public health emergencies.**

#### Suggested lines of action

---

*1. Develop a surge system (United Nations experience may serve as a reference) to respond to public health emergencies to scale up capacity using existing personnel and recruit additional specialized professionals (including during short-, medium-, and long-term scenarios).*

---

*2. Update recruiting and training policies as well as the definition of appropriate workloads, remuneration, and incentives to ensure an adequate roster in terms of quantity, capacity, and stability.*

---

*3. Adjust the teleworking policy during public health emergencies (in agreement with national counterparts) to facilitate the continuity of technical cooperation with Member States and national emergency operations committees.*

---

*4. Provide additional well-being support for personnel (including consultants and shortterm collaborators), particularly broader access to mental health services and better tools for monitoring and responding to personnel concerns during public health emergencies.*

---

#### Lead entity

HRM      Nicolasa Isabel Vigil

#### Co-lead entities

LEG      Nancy Machado

AM      Andres Suanca

Other participating entities	Focal Points
CSC	Piedad Huerta Arneros
PHE	Leonardo Hernandez Galindo
PRO	
PWR	ECU
PWR	GUY
PWR	SLV
PWR	SUR

### Overall management response for recommendation

PASB accepts as feasible the overall evaluation recommendation to develop an action plan for the coordinated and agile deployment of experienced personnel to respond to declared emergencies in PAHO's Member States. The action plan will include reviewing and updating human resources policies, which must align with the UN system benefits and allowances. In addition, recruitment mechanisms to respond to public health emergencies will be streamlined, and programs to target staff well-being will be developed. Actions will require collaboration among AM, HRM, LEG, PHE, and other relevant entities.

### Resources required

US\$ 50K (IPC contract).

# PART III

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## Annexes

# Annex 1. Implementation Recommendation Card Template.

## IMPLEMENTATION RECOMMENDATION CARD



### I. GENERAL INFORMATION

Lead entity will enter and manage the information.

Responsible: \_\_\_\_\_ Date of beginning: \_\_\_\_\_ Date of completion: \_\_\_\_\_

RECOMMENDATION No. **R1** Strategic level

**PAHO'S GOVERNANCE AND ENGAGEMENT WITH MEMBER STATES**  
 PAHO should review and update its governance for use during a crisis and engage Member States in conceiving the "PAHO of the future" in a post- COVID-19 era.

Lead Entity	Focal Points	Co-lead entities	Focal Points	Participating entities	Focal Points	Participating entities	Focal Points

### II. DEFINITION OF THE RECOMMENDATION

Overall Management Response for Recommendation	Instructions
	<p><i>Overall text of management response (suggested: 250 word or less).</i></p> <ul style="list-style-type: none"> <li>• Are the suggested lines of action feasible? Any adjustments needed to text or scope?</li> <li>• What are the main considerations to be made to make them feasible and actionable?</li> <li>• How are they going to be implemented? When? By whom? What are the resources needed?</li> <li>• What are the key actors involved?</li> <li>• Are there any actions already being taken in this direction?</li> <li>• Is any action or consideration not captured in the suggested recommendation, that was missed and may need to be added?</li> </ul>

Definition of suggested lines of action					Key Action(s) recommended						
No.	Suggested lines of action	Quick-wins prioritization criteria			Recommended step	Key actions to be implemented	Expected result	Responsible entities	Responsible	Time line	
		Feasibility	Impact	Strategic Alignment						Start date	Due date
1		Feasible	High Impact	Full aligned	Accepted						
2		Partially feasible	High Impact	Full aligned	Partially accepted						

### III. ACTION PLAN IMPLEMENTATION

Additional information

IV. RESOURCES NEEDED FOR IMPLEMENTATION				
No.	Suggested lines of action	Recommended step	Key actions to be implemented	TYPE OF RESOURCE
1		Accepted		
2		Partially accepted		

## Annex 2. Prioritization criteria for suggested lines of action.

Suggested lines of action		Quick-wins prioritization criteria			Recommended step		
		Feasibility	Impact	Strategic Alignment			
R1	Governance	1	Review the existing Governing Bodies standard operating procedures and include a specific chapter and governance mechanisms on functions needed during complex public health emergencies and organizational crises.	Feasible	High Impact	Fully aligned	Accepted
	2	Adjust PAHO's 2020–2025 Strategic Plan to post-pandemic realities and develop a comprehensive Organizational Development Plan involving all PAHO functional areas (the organizational development plan builds on the 20 organizational development initiatives and the Organizational Strategies 2025).	Partially feasible	High Impact	Fully aligned	Partially accepted	
R2	Scientific Platforms	1	Encourage Member States and subregional bodies to evaluate national responses to the pandemic and adjust emergency preparedness and response strategies and mechanisms accordingly.	Feasible	High Impact	Fully aligned	Accepted
		2	Advocate for “whole-of-society” and “whole-of-government” centralized approaches to public health emergencies, preparedness, and response. This should be undertaken at the highest government levels.	Feasible	High Impact	Fully aligned	Accepted
		3	Strengthen knowledge translation and knowledge management mechanism to develop evidence-informed policies to mitigate future risks on global health security.	Feasible	High Impact	Fully aligned	Accepted
R3	Funding Model	1	Set up financial mechanisms for the PAHO Epidemic Emergency Fund to facilitate rapid and comprehensive regional responses to large-scale public health emergencies.	Feasible	High Impact	Partially aligned	Partially accepted
		2	Strengthen emerging (and existing) alliances developed during the pandemic to generate institutional, political, and operational synergies; broaden PAHO's visibility in regional and global health forums; reinforce implementation capabilities; and broaden funding sources.	Feasible	High Impact	Fully aligned	Accepted
		3	Review WHO/PAHO coordination and decision-making mechanisms at the senior management level, particularly criteria for the allocation of global and regional resources during PHEIC.	Partially feasible	None or low Impact	Partially aligned	Partially accepted
		4	Develop strategic external communication plan to disseminate PAHO's contribution to the response to the pandemic to key stakeholders (Member States, donors, international financial institutions, United Nations agencies, international organizations, and academia and research centers) to reinforce its positioning and accountability both internally and externally.	Feasible	High Impact	Fully aligned	Accepted
R4	Equity and Gender	1	Advocate and technically support Member States to integrate equity and gender in the review and elaboration of pandemic preparedness, response, and recovery actions, including specific monitoring indicators.	Feasible	High Impact	Fully aligned	Accepted
		2	Adopt global equity and gender frameworks as a reference (i.e., UN System-wide Action Plan (UNCT-SWAP) gender equality scorecard; the Civil Society Alliance for Human Rights in the Pandemic Treaty; the Ten Human Rights Principles for a Pandemic Treaty [under discussion – addressed to WHO's Intergovernmental Negotiating Body]).	Partially feasible	Partial Impact	Partially aligned	Partially accepted



<b>R5</b>	<b>Incident Management System</b>	1	Establish internal mechanisms and regulations to balance better the role of the IMS and the continuity of regular programs, reinforcing inter-programmatic collaboration and shared responsibilities among departments (“one organization, one response” principle).	Feasible	High Impact	Fully aligned	Accepted
		2	Design and develop scenarios for the short- and long-term duration of the IMS. In cases of sustained public health emergencies, define measures, as part of the surge capacity system, for rotating and providing rest and recovery time for staff that form part of the IMS response.	Feasible	High Impact	Partially aligned	Partially accepted
<b>R6</b>	<b>Innovation and Digitalization</b>	1	Assess innovations and digitalization technologies to identify gaps and improve surveillance, case management, procurement strategies, and monitoring.	Feasible	High Impact	Fully aligned	Accepted
		2	Develop a regional strategy and negotiate the transfer of technologies with a regional perspective, reinforcing Pan-Americanism and enabling manufacturers in LMICs to develop quality-assured and affordable vaccines, tests, and therapeutics while strengthening horizontal cooperation, equity, self-sufficiency, and sustainability in the Americas (e.g., mRNA vaccines, PPE).	Feasible	High Impact	Fully aligned	Partially accepted
		3	Build on the expanded capacities of the Strategic and Revolving Funds to boost access to and the development of health innovations in the Region and promote the development of a regional regulatory framework.	Feasible	High Impact		Partially accepted
		4	Develop a regional strategy for the digital transformation of the health sector, capitalizing on new and emerging technologies such as artificial intelligence, blockchain, telehealth, big data analytics, digital health, and information systems for health.	Feasible	High Impact	Fully aligned	Accepted
<b>R7</b>	<b>Corporate Management</b>	1	Assess and update decision-making processes, the delegation of authority, and the setup of cross-functional teams.	Feasible	High Impact	Fully aligned	Accepted
		2	Assess and update managerial, administrative (e.g., legal support, approval and signing of agreements, grant management and reporting, hiring), and logistical (e.g., acquisitions) processes.	Feasible	High Impact	Partially aligned	Partially accepted
		3	Improve internal communication tools across the three levels of the organization (HQs, subregional, national).	Feasible	High Impact	Fully aligned	Accepted
		4	Develop organizational metrics (e.g., internal monitoring framework, management dashboard, or similar tools) to monitor the performance and mobilization of internal resources and capabilities for emergency response. This internal management tool may complement preparedness and response plans developed to frame and support a national response under a common regional approach (e.g., SPRP).	Feasible	High Impact	Partially aligned	Partially accepted
<b>R8</b>	<b>Human Resources Policies</b>	1	Develop a surge system (United Nations experience may serve as a reference) to respond to public health emergencies, scale up capacity using existing staff, and recruit additional specialized professionals (including during short-, medium-, and long-term scenarios).	Feasible	High Impact	Fully aligned	Accepted
		2	Update recruiting and training policies as well as the definition of appropriate workloads, remuneration, and incentives to ensure an adequate roster in terms of quantity, capacity, and stability.	Feasible	High Impact	Fully aligned	Accepted
		3	Adjust the teleworking policy during public health emergencies (in agreement with national counterparts) to facilitate the continuity of technical cooperation with Member States and national emergency operations committees.	Feasible	High Impact	Fully aligned	Accepted
		4	Provide additional well-being support for personnel (including consultants and short-term collaborators), particularly broader access to mental health services and better tools for monitoring and responding to personnel concerns during public health emergencies.	Feasible	High Impact	Fully aligned	Accepted

### Annex 3. Detailed action plans by recommendation.

RECOMMENDATION N.1 PAHO'S GOVERNANCE AND ENGAGEMENT WITH MEMBER STATES					
PAHO should review and update its governance during a crisis and engage Member States in conceiving the "PAHO of the future" in a post-COVID-19 era.					
Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
PASB will review the Rules of Procedure, considering the functions and actions needed during complex public health emergencies and organizational crises, and will consult with PAHO Member States if modifications are required. PASB will consider the recommendations and decisions stemming from WHA77 concerning needed revisions to the IHR and the proposed WHO convention, agreements, or other international instruments that may impact pandemic prevention, preparedness, and response.	A reviewed set of Rules of Procedure of the Governing Bodies of the Organization. Assessment of the need for additional review of PAHO Rules of Procedure, if any, following approval of the IHR modifications and the WHO convention, agreements, or other international instruments.	LEG / GBO / PHE	Heidi Jimenez & Nicolas Lagomarsino	01/09/2023	01/12/2024
PASB will review the policy on Health Emergencies, Leadership, and Responsibilities for Emergency Response (IREP), including Chapter XVII.2.03a of the PAHO E-Manual, to incorporate mechanisms to maintain Member States informed during public health emergencies and organizational crises, as appropriate. If necessary, further revisions may be considered following WHA77, as per above.	Revised policy on Health Emergencies, Leadership, and Responsibilities for Emergency Response, including Chapter XVII.2.03a of the PAHO E-Manual.	LEG / PHE	Heidi Jimenez & Leonardo Hernandez	01/09/2023	30/09/2024

<p>Strategic Plan 2020-2025 Resolution CD57.R2 states that the Directing Council must consider amendments to the Strategic Plan 2020-2025. Unfortunately, at this time, it is not possible to include this topic in the 2023 Directing Council agenda. However, recommendations, as applicable, have been integrated into the Program Budget 2024-25, which is the last of the Strategic Plan 2020-25. Actions related to implementing plans of action will be integrated into operational planning 2024-25. Additionally, preparing the new Strategic Plan 2026-2031 will provide the opportunity to continue implementing the recommendations. The best format/approach for the Organizational Development Plan will also be considered during the new Strategic Plan 2026 development. In the meantime, the Organization is developing and launching the PAHO Forward initiative, an Organization-wide approach to strengthening efficiency, transparency, and accountability as part of the actions, measures, and internal changes needed to drive the "PAHO of the future" in a post-COVID-19 era.</p>	<p>PB 2024-25 and SP 2026-31 integrate relevant EPRC recommendations.</p>	<p>PBE</p>	<p>Rony Maza / Nicole Wynter</p>	<p>01/06/2023</p>	<p>01/09/2025</p>
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**RECOMMENDATION N.2 SCIENTIFIC-BASED PLATFORMS AND TOOLS  
TO ADDRESS PUBLIC HEALTH EMERGENCIES**

PAHO should encourage the creation of a specialized regional mechanism for convening an independent advisory scientific group for responding to complex public health emergencies.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Map and assess science and technology policies in the Member States and their relationship to health needs and emergencies, including through a Global Observatory on Health Research and Development.	Member States have a better understanding of health research and development policies, which contributes to shaping the science and technology agenda related to health and emergencies. Indicators are established to monitor progress.	EIH	Ludovic Reveiz	01/09/2023	01/09/2024
Provide technical cooperation to integrate scientific evidence into practices, programs, and policies for health emergencies.	Policies, plans, and emergency preparedness and response programs approved by Member States use scientific evidence.	EIH/PHE/IMT	Ludovic Reveiz / Jorge Jara & Paula Couto	01/08/2023	01/12/2024
Strengthen knowledge translation and management and build the capacity to synthesize living evidence at the regional and national levels.	Systematized and integrated evidence and information are available at the regional level, thus strengthening regional evidence-support systems and contributing to a more efficient and coordinated response to emergencies.	EIH/PHE/IMT	Ludovic Reveiz / Jorge Jara & Paula Couto	01/12/2023	31/12/2024
Strengthen clinical intelligence networks of sentinel institutions to perform systematic, comprehensive, and timely collection and analysis of clinical and epidemiological data from multiple sources (i.e., ethical and regulatory pre-approved generic research protocols) using machine learning and other innovations.	Clinical intelligence networks are expanded; there is increased capacity for gathering clinical data and developing multinational clinical trials.	EIH/PHE	Ludovic Reveiz / Jorge Jara & Paula Couto	01/06/2023	01/12/2024

## RECOMMENDATION N.3 FUNDING MODEL

PAHO should diversify its funding model to fit for purpose during regular and crisis periods, building on the successful strategies employed during the pandemic. The PAHO-reviewed funding model should ensure adequate means to consistently support MoHs in emergency preparedness and response to large-scale crises (but also stabilize technical cooperation regularly).

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Review and adjust internal financial mechanisms to support rapid response to public health emergencies in the Americas, including replenishing the PAHO Emergency Funds.	Agile/fit-for-purpose internal financial mechanisms to support anticipatory actions and immediate emergency response.	PHE / FRM / PBE	Julie Mauvernay & Oscar Galan / Tyson Kidder / Diana Quintero	01/09/2023	31/03/2024
Develop a proposal to include a special placeholder for emergency response in PAHO's base programs and a governance structure, if needed.		PBE	Rony Maza	01/10/2023	30/09/2024
Assess best practices and lessons learned regarding resource mobilization during the C19 pandemic.	Broadened PAHO partner base and funding sources for regular technical cooperation and emergency response actions.	PHE and ERP	Mariana Faria & Julie Mauvernay	01/10/2023	31/01/2024
Solidify alliances established with donors and partners during the pandemic, outside emergency response cycles.		PHE and ERP	Mariana Faria & Julie Mauvernay	01/02/2024	31/12/2024
Develop a strategy to diversify PAHO's funding model, considering lessons learned from the financial crisis and the pandemic.		ERP / PBE	Luis Jimenez & Rony Maza	01/09/2023	30/09/2023
Assess PAHO entities' implementation capacity of emergency voluntary contribution projects and identify roadblocks and enablers.	Increased efficiency, cost-effectiveness, and trust in PAHO's emergency response actions.	PHE / PBE / ERP	Oscar Galan, ERP, PBE	01/10/2023	30/06/2024
Ensure PAHO's systematic participation in regional and global health forums.	PAHO has increased visibility and accountability and is better positioned as a partner of choice.	ERP	Mariana Faria	01/07/2023	30/09/2024
Disseminate EPRC results to key stakeholders to reinforce PAHO's accountability and contribution to the pandemic response.		ERP and PBE	Mariana Faria, Regina Campa & Roberto la Rovere	01/07/2023	31/12/2023
Develop a strategic external communication plan to increase the visibility of PAHO's role in health emergencies.		PHE and CMU	Tanya Escamilla & Luciana Viegas	01/09/2023	30/06/2024

## RECOMMENDATION N.4 EQUITY AND GENDER

PAHO should mainstream evidence-based equity and gender approaches into pandemic preparedness, response, and recovery actions.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Identify opportunities at the regional level to move the equity and gender agenda forward, including capacity building, strategic meetings, and updating or developing plans, policies, frameworks, and tools.	An approach to equity and gender is integrated into key regional and national strategies for emergency preparedness, response, and recovery; mechanisms are established to monitor indicators.	DHE and EIH	Gerry Eijkemans & Sebastian Garcia	01/08/2023	01/08/2024
Develop a regional framework on equity and gender for pandemic preparedness, response, and recovery.	Equity and gender considerations are integrated into PAHO's pandemic preparedness and recovery plans and actions.	DHE	Gerry Eijkemans	01/09/2023	01/06/2024

**RECOMMENDATION N.5 INCIDENT MANAGEMENT SYSTEM AND THE CONTINUOUS OPERATION STRATEGY**

PAHO should conceive a specific organizational model to allow the organization to operate sustainably during long-term public health emergencies based on the vast experience of the IMS.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Update of the policy on Institutional Response to Emergencies and Disasters (IRED), the virtual course on IRED, and operational procedures related to emergency response.	There is a strong understanding of the IMS model across the Organization, and adequate capacity is established for its implementation, concomitantly with regular programs.	PHE	Leonardo Hernandez / Liz Parra	01/08/2023	31/12/2024
Meeting of experts for the validation of IMS methodology.	PAHO is structured at regional and country levels to implement the IMS sustainably, including during protracted emergencies.			01/10/2023	01/11/2023
Regional IMS Workshop.				01/03/2024	30/06/2024

## RECOMMENDATION N.6 DIGITALIZATION AND INNOVATION

PAHO should capitalize on new technologies and approaches (e.g., artificial intelligence, social media, strategies to tackle vaccine hesitancy, e-health, new health technologies) adopted during the pandemic to develop new ways of increasing cooperation with the MoHs (e.g., technical cooperation, training, research, and analysis), address the digital gap, and promote technological transformation.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Implement a comprehensive and holistic maturity model approach, analyzing existing systems and identifying gaps; explore and prioritize innovative technologies that align with the needs identified.	Interoperability of surveillance subsystems (immunizations and electronic medical records, etc.) in the Region.	EIH	Marcelo D'Agostino	06/01/2023	01/06/2024
Promote multisectoral dialogue at national and international levels and adopt coherent sectoral policies and actions for technology transfer.	Strengthened ecosystems that incentivize production and access, thus promoting the development of regional production value chains.	IMT	Tomás Pippo	02/01/2023	31/12/2028
Build capacity to develop and produce mRNA vaccines in Brazil and Argentina.		IMT	Tomás Pippo	02/01/2023	31/12/2028
Implement and operationalize hubs of quality control laboratories for PPE in Colombia and El Salvador.		IMT	Alfonso Rosales	14/07/2023	31/12/2024



Define the procedures, requirements, and timeframes for transition to the new system for designating regional reference NRAs; promote the adoption of the globally recognized system for establishing regulatory authorities; and strengthen collaboration with NRAs to encourage new practices and innovative products.	Increased access to health innovation in the Region.	IMT	Mariluz Pombo	02/01/2023	01/06/2027
Strengthen demand consolidation through new technologies and develop innovative tools to improve supply management of medicines and vaccines.		RRF	Santiago Cornejo	01/07/2023	31/12/2024
Analyze and review policies, portfolios, and opportunities to maximize the use of the Revolving Funds as pandemic response mechanisms.		RRF	Santiago Cornejo	01/11/2023	31/12/2024
Implement conceptual models and digital public goods to support and enable cross-border interoperability, especially in digital vaccination certificates.	Regional framework adopted by all Member States toward the digital transformation of the health sector.	EIH	Marcelo D'Agostino	01/08/2023	02/03/2024
	All-in-One Telehealth Platform implemented as a digital public good for the Americas.	EIH	Marcelo D'Agostino	01/08/2023	02/03/2024

## RECOMMENDATION N.7 CORPORATE MANAGEMENT DURING PUBLIC HEALTH EMERGENCIES

PAHO should comprehensively review management procedures and tools and internal communication mechanisms for use during times of crisis.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Review the methodological guide for developing emergency and disaster response plans for Country Offices and support the review of these plans.	Enhanced management procedures and mechanisms for emergency response.	PHE	Liz Parra / Leonardo Hernandez	01/02/2024	01/05/2024
Review business continuity management and governance guidelines.		AM	Carolina Bascones	01/09/2023	01/10/2023
Review internal communication and communication flows in E-Manual Chapter XVII.		PHE	Oscar Galan	01/08/2023	30/09/2024
Map tools for monitoring performance and mobilizing internal resources and emergency response capabilities to inform decision-making and present to EXM.		PBE	Diana Quintero	01/08/2023	01/03/2024

## RECOMMENDATION N.8 HUMAN RESOURCE POLICIES AND ADJUSTING DUTY OF CARE PROCESSES

PAHO should reinforce the organizational capacity to deploy specialized personnel for emergency response and review and update the hiring policy, duty-of-care policy, and remuneration schemes (based on performance and extra workload) during public health emergencies.

Key actions to be implemented	Expected result	Responsible entities	Responsible manager	Timeline	
				Start date	Due date
Conduct research within the UN system and develop surge capacity policy, standard procedures, and training programs.	Strengthened organizational capacity and timeliness to deploy specialized personnel to respond to emergencies	HRM, LEG, PHE	Isabel Vigil	01/08/2023	30/06/2024
Update recruitment and selection policy/SOP to include a standard process for developing rosters of prequalified candidates for emergency response.		HRM, LEG, PHE	Isabel Vigil & PHE	01/08/2023	31/03/2024
Review incentive schemes for staff responding to emergencies following International Civil Service Commission (ICSC) guidelines.					
Review and update, as necessary, the telework policy to incorporate a special section on the applicability of teleworking when responding to a declared public health emergency. This review will be done in consultation with relevant internal stakeholders.		HRM, LEG, PHE	Isabel Vigil & Nancy Machado	01/08/2023	31/03/2024
Strengthen and promote staff well-being programs, including the Employee Assistance Program, and establish a fixed-term Staff Counselor post.	Increased well-being of emergency response staff.	HRM, LEG, PHE	Isabel Vigil & EXM	01/08/2023	31/03/2024

## Annex 4. Preliminary identification of resources needed for implementation.

### RESOURCES NEEDED FOR IMPLEMENTATION IN US\$

<b>R1</b>	<b>PAHO's GOVERNANCE AND ENGAGEMENT WITH MEMBER STATES:</b> PAHO should review and update its governance during a crisis and engage Member States in conceiving the "PAHO of the future" in a post-COVID-19 era.	
	At this time, no additional resources are needed.	
<b>R2</b>	<b>SCIENTIFIC-BASED PLATFORMS AND TOOLS TO ADDRESS PUBLIC HEALTH EMERGENCIES:</b> PAHO should encourage the creation of a specialized regional mechanism for convening an independent advisory scientific group for responding to complex public health emergencies.	
	Promote the use of the Global Observatory on Health R&D.	
	Map and assess MS science and technology policies.	
	Provide technical cooperation to integrate scientific evidence into practices, programs, and policies.	
	Develop or apply existing instruments to guide the process of incorporating health equity in the design of public policies.	
	Strengthen clinical intelligence networks of sentinel institutions to perform systematic, comprehensive, and timely collection and analysis of clinical and epidemiological data.	
	Create capacities to synthesize evidence and develop and adapt living reviews and guidelines.	
	Use an integrated, centralized approach to develop multifaceted living platforms, including horizon scanning of interventions.	
	Implement the recommendations of "Catalyzing Ethical Research in Emergencies."	
<b>R3</b>	<b>FUNDING MODEL:</b> PAHO should diversify its funding model to fit for purpose during regular and crisis periods, building on the successful strategies employed during the pandemic. The PAHO-reviewed funding model should ensure adequate means to consistently support MoHs in emergency preparedness and response to large-scale crises (but also stabilize technical cooperation regularly).	
	Coordinate internal consultations, map out financing models from other UN entities and INGOs, and systematize results to propose internal adjustments to PAHO Emergency Funds and draft SOPs and other documents on internal financing for emergency response.	
	Coordinate consultations, conduct interview process, and systematize the results with a defined methodology.	
	Communication and strategic partner engagement, consultants to develop visibility multi-media material to engage and nurture partners, travel for visits to key partners, and organization of thematic partners meetings.	
	Develop and disseminate PAHO's investment case.	
	IPC plus contract for evaluation/assessment.	
	Enable staff to travel to events, pay for registration, and sponsor a side event.	
Communication/external relations consultant to develop the external communication strategy, design, and publication; dissemination/implementation.		

IN PROGRESS

<b>R4</b>	<b>EQUITY AND GENDER:</b> PAHO should mainstream evidence-based equity and gender approaches into pandemic preparedness, response, and recovery actions.	
	Three IPC contracts (5-8 months).	
	Funding for translation and publications.	
	Regional meeting.	
	Regional workshop.	
	Training sessions.	
	Development and maintenance of a dashboard.	
	Course development.	
<b>R5</b>	<b>INCIDENT MANAGEMENT SYSTEM AND THE CONTINUOUS OPERATION STRATEGY:</b> PAHO should conceive a specific organizational model to allow the organization to operate sustainably during long-term public health emergencies based on the vast experience of the IMS.	
	Elaboration of TORs for IPC contracting for five months for the update of the IRED.	
	Upon completion of the IRED review process, an IPC will be hired to support updating the existing virtual course on the virtual campus.	
	After completing the IRED review and approval process, develop a training program.	
	Hold a face-to-face meeting with IMS experts to discuss the structure, functions, activation mechanisms, temporality, profiles, rotation, and operational and administrative aspects. The meeting will take place in Washington, D.C., in October.	
	Three workshops (one per subregion) will be conducted to train the different components of the incident management system.	
<b>R6</b>	<b>DIGITALIZATION AND INNOVATION:</b> PAHO should capitalize on new technologies and approaches (e.g., artificial intelligence, social media, strategies to tackle vaccine hesitancy, e-health, and new health technologies) adopted during the pandemic to develop new ways of increasing collaboration with the MoHs (e.g., technical cooperation, training, research, and analysis), address the digital gap, and promote technological transformation.	
	IPC, contracts, Hackathon.	
	IPC, contracts, hybrid regional consultations.	
	IPC, contracts, platforms.	
	IPC, contracts, platforms.	

IN PROGRESS

<b>R7</b>	<b>CORPORATE MANAGEMENT DURING PUBLIC HEALTH EMERGENCIES:</b> PAHO should comprehensively review management procedures and tools and internal communication mechanisms for use during times of crisis.	
	Hold a face-to-face meeting in Washington, D.C., in February 2024.	
	Hire a consultant for three months.	
	Conduct in-person sessions in Washington, D.C. A review format will be designed to collect comments and suggestions.	
	Contract an IPC to develop a virtual work modality.	
<b>R8</b>	<b>HUMAN RESOURCES POLICIES AND ADJUSTING DUTY-OF-CARE PROCESSES:</b> PAHO should reinforce the organizational capacity to deploy specialized personnel for emergency response and review and update the hiring policy, duty-of-care policy, and remuneration schemes (based on performance and extra workload) during public health emergencies.	

IN PROGRESS

Contract consultant to conduct the research and draft policy (IPC contract, approximately six months).

## Annex 5. IREP-C19 Participants.

Entity	Name	Entity	Name
CLAP	Adrian Pablo Duran	PWR.CRI	Gabriela Rey Vega
EIH	Adrienne Lavita Cox	DHE	Gerry Eijkemans
PWR.HON	Aida Mercedes Soto Bravo	D	Giovanni Escalante
PWR.HTI	Alain Brice Pare	PWR.URY	Grisel Rodríguez Cuns
PWR.SUR	Alex Caballeros	PWR.VEN	Guillermo Gonzalez
IMT	Alexandre Lemgruber	PWR.COL	Guillermo Gonzalvez
RFF	Ana Elena Chevez	PWR.ECU	Gustavo Adolfo Giler Alarcón
EGC	Ana Ortigoza	PWR.URY	Gustavo Gagliano
PWR.PAN	Ana Riviere Cinnamon	AD	Hector Castro
PHE	Andrea Vicari	LEG	Heidi V Jimenez
AM	Andrés Leonardo Suanca Sierra	PWR.PER	Hernan Rodriguez Gonzalez
PWR.SLV	Angel Manuel Alvarez Valdes	DHE	Hugo Vasquez Vera
CMU	Ashley Baldwin	PRO	Hulda Alferez
DHE	Aysa Saleh	PWR.JAM	Ian Stein
PWR.PRY	Blanca Cousino	PWR.VEN	Ileana Fleitas Estévez
PWR.JAM	Camelia Thompson	AD	James Fitzgerald
ERP	Carlos Andrés Emanuele	PWR.MEX	Jean-Marc Gabastou
PHE	Celso Bambaren	DHE	Jessie Schutt-Aine
RFF	Christopher Lim	HSS	Jonas Gonseth-Garcia
AM	Christos Kasapantoniou	PRO	Jordi Balleste Orpinell
PWR.PER	Claudia Peralta Puma	PWR.CRI	Jorge Ernesto Victoria Restrepo
PWR.GUY	Daniel Albrecht	PWR.PRY	Jorge Galeano
PWR.SLV	Daniel Alonso Reyes Gutiérrez	PWR.NIC	José Luis Pérez Narváez
PRO	Daniel Rodríguez	PHE	Julie Mauvernay
FRM	Daniel Vidal Rodríguez	PWR.BLZ	Karen Nadine Lewis-Bell
COS	Daniela Fernandes Cracel	GSO	Katie Giron
OIA	David J. O'Regan	D	Kristan Beck
PBE	Diana Quintero Cuello	PWR.HTI	Kwami Hoenoukpo Dadj
AD	Dionne Patz	PHE	Leonardo Hernandez Galindo
PWR.CUB	Duniesky Cintra Cala [C]	PHE	Lizbeth Gisela Parra Muñoz
PWR.BHS	Eldonna Boisson	CMU	Luciana Viegas Assumpcao
PWR.NIC	Enrique Perez Flores	EIH	Ludovic Reveiz Herault
PWR.CUB	Evelyn Martínez Cruz	PWR.CHL	Luis Fernando Leanes
DHE	Fabrizio Mendez Rivero	PHE	Luz Helena Saavedra Valdemar
LEG	Facundo Galeano	PHE	Mabel Gomez Davalos
PWR.TTO	Franka Des Vignes	PWR.PER	Manuel Jesús Loayza Alarico
PWR.VEN	Franklin Hernandez Lagos	EIH	Marcelo Jose D' Agostino
PWR.BHS	Gabriel Vivas Francesconi	D	Marcos Antonio Espinal Fuentes
		PWR.HON	Marcos Ariel Breve Garcia
		CIM	Margherita Ghiselli

Entity	Name
PHE	Maria Almiron
DD	Maria Amparo Lasso Lopez
NMH	Maria Del Carmen Martinez Viciana
CDE	Maria Del Pilar Ramon Pardo
PWR.BOL	Maria Jesus Sanchez Martin
CSC	Maria Urbina Ferretjans
ERP	Mariana Faria
PWR.CHL	Mario Ernesto Cruz Penate
PWR.JAM	Marion Bullock Ducasse
CIM	Martha P. Velandia Gonzalez
PWR.DOM	Martin Acosta Del Rosario
PWR.COL	Mauricio Alexander Cerpa Calderon
AD	Monica Brana
PWR.MEX	Monica Guardo Martinez
IMT	Murilo Freitas
LEG	Nancy Machado Clough
GBO	Nicolas Lagomarsino
HRM	Nicolasa Isabel Vigil
PBE	Nicole Allecia Wynter
AM	Olga Carolina Bascones
PWR.DOM	Olivia Judith Brathwaite Dick
DHE	Orielle Solar Hormazabal
EIH	Oscar Jesus Alberto Mujica
PWR.SUR	Oscar Martin Mesones Lapouble
IMT	Pablo Jimenez Cencerrado
EGC	Pamela Bernales Baksai
LEG	Pamela Zuniga

Entity	Name
HRM	Paul De La Croix-Vaubois
PWR.TTO	Paul Francis Edwards
CMU	Paulo Lyra
CSC	Piedad Huerta Arneros
PWR.BRB	Prabhjot Singh
PWR.HTI	Preslet Petit [C]
PWR.GUY	Rainier P. Escalada
NMH	Ramon Martinez Piedra
ERP	Regina Campa Sole
NMH	Renato Oliveira E Souza
NMH	Roberta De Betania Caixeta
PBE	Roberto La Rovere
PWR.BRA	Rodrigo Monroy
PWR.DOM	Roger Emilio Montes Flores
PBE	Rony Maza
PWR.BLZ	Ruby Dominguez
CSC	Rufus Ewing
RFV	Santiago Cornejo
ERM	Sarah Arneson
LEG	Scott D. Shauf
EIH	Sebastian Garcia Saiso
PWR.BRA	Socorro Gross Galiano
PWR.ARG	Sonia Quezada Bolaños
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FRM	Tyson Kidder
PWR.ECU	Valeska De Andrade Stempluk
DD	Vanessa Castillo Marroquin
PWR.ARG	Wilmer Marquiño Quezada
PWR.PAN	Zohra Abaakouk



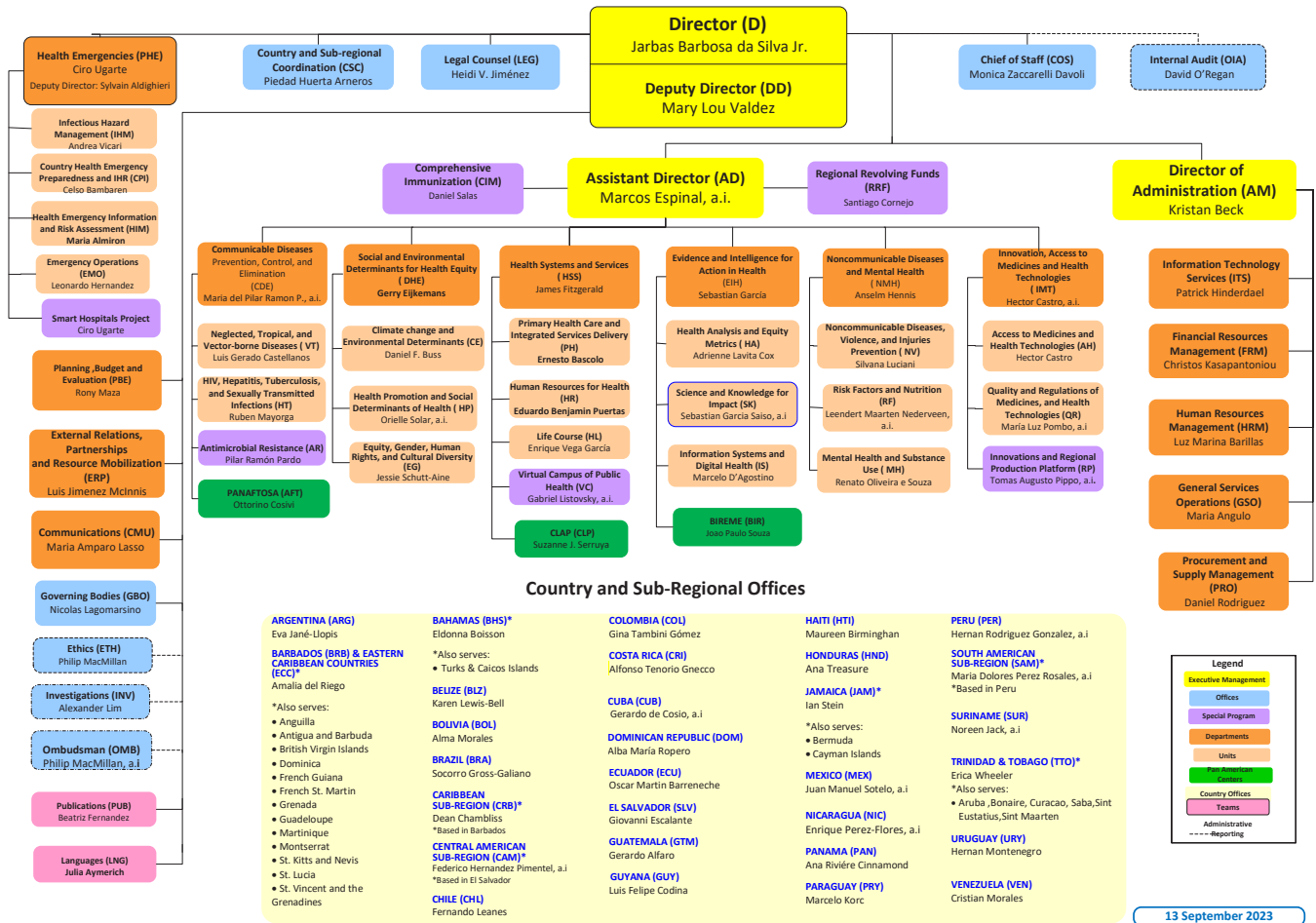
## IREP-C19 Secretariat

Ciro Ugarte	Director, PHE (lead entity)
Rony Maza	Director, PBE (evaluation follow-up)
Alex Camacho	IREP-C19 Coordinator
Roberto La Rovere	Senior Advisor, Evaluation
Amanda González	Consultant, manual process design
Daniel de Jesús	Information and data management
Juan Carlos Sanchez	Project management and secretariat support
Karen Taborda	HR, and administrative support
Lara Daibert	Project management and secretariat support
Pedro Dominguez	Project management and secretariat support
Amanda González	Consultant manual process design

# Annex 6. IREP-C19 Organizational Chart of the Pan American Health Sanitary Bureau.



## Organizational Chart of the Pan American Sanitary Bureau



## **IREP-C19**

Implementation of Recommendations  
from the Evaluation of PAHO's  
Response to COVID-19

# **Action Plan for Implementation of Recommendations from the Evaluation of PAHO's Response to COVID-19**

Washington D.C., 2023

**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas