



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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

The Director is pleased to transmit to the Directing Council the Progress Report of the Working Group on PAHO in the 21st Century.

# A PAHO FOR THE 21ST CENTURY

## REPORT ON PROGRESS AND THE STATUS OF THE REFLECTION

(Prepared by Costa Rica)

### FOREWORD:

This document is an initial progress report, which the Working Group of the Executive Committee (WGEC) is submitting for the consideration of the Directing Council of PAHO in fulfillment of the mandate issued during its 44th meeting in September 2003.

Fulfillment of this Governing Body mandate gave rise to extensive consultations spearheaded by Argentina, Barbados, Costa Rica, and Peru and coordinated by the Minister of Health of Barbados. Several working meetings have been held and a vast number of consultations made through the electronic media and exchange of opinion between individuals, institutions, and countries with experience in institutional reform. In addition to the four countries mentioned above, there was active participation on the part of Antigua and Barbuda, the Netherlands Antilles, Bahamas, Brazil, Canada, Chile, Dominica, the United States, France, Mexico, Nicaragua, and Uruguay, demonstrating the interest of the member governments in this process. The Secretariat of PAHO also contributed throughout this process, as did officials from the Department of Governance of the World Health Organization (WHO).

The proposal formulated here includes and summarizes some of the main contributions of the following sessions:

- Meeting of the WGEC, held in Dominica, 26 and 27 February 2004.
- Meeting of the WGEC, held in Washington, D.C. on 23 March 2004.
- Meeting of the WGEC, held in San José, 26 and 27 July 2004.

During these sessions the following documents were distributed and discussed as inputs for the development of integrated proposal:

- The Changing Nature of Associations and Partnerships in International Health Development and the Work of PAHO, prepared by Peru
- Regional and Global Public Health Goods in the 21st Century and the Mandate of the Pan American Health Organization, prepared by Argentina
- Modalities of Technical Cooperation in Health, prepared by Costa Rica
- Governance of PAHO, prepared by Barbados.
- PAHO's Human Resources, prepared by the United States
- Public Health Challenges in the 21st Century, Preliminary Analysis: Draft for Debate, contributed by the PAHO Secretariat

This progress report attempts to describe a living process in full swing that, as proposed in Section 5, should remain broadly participatory and culminate in a proposal for a new, functionally and structurally appropriate PAHO to meet the challenges of the new millennium.

It should be noted that this report is not exhaustive, since it does not include all the ideas that have constantly arisen in the working groups, the joint sessions of the WGEC, and Internet communications. However, it attempts to be a rather faithful version of the topics that have been examined and some of the viewpoints that have been expressed about during this process. That is, it is more of a starting point than an endpoint.

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## **1. SHARED VISION OF THE WORKING GROUP OF THE EXECUTIVE COMMITTEE ON A PAHO FOR THE 21ST CENTURY:**

The last work session of the WGEC, held in San José, Costa Rica from 26 to 27 July 2004, evaluated the progress made and constraints encountered in developing the proposal for a PAHO for the 21st Century, and through a group discussion, participants reached a consensus that the process to follow should be guided by the following *driving ideas* with which it assumed the commitment.

### ***THE PROPOSAL GENERATED BY THE PROCESS AS A WHOLE WOULD HAVE TO HAVE THE FOLLOWING CHARACTERISTICS OF EXCELLENCE:***

- *It would have to be based on a sound diagnosis and on the clear identification of the challenges that PAHO faces*
- *It must be specific, viable, and lead to change*
- *It must be constructed collectively and by consensus*

### ***THE GROUP ASSUMED THE COMMITMENT TO WORK:***

- *Exercising leadership in the process, with transparency, smooth communications with the countries and the Secretariat, and the support of a technical team*

## 2. NATURE AND CHARACTERISTICS OF THIS PLAN FOR PROGRESS:

Notable among the initial results of this process is the identification of key themes logically related to the formulation of a proposal for a PAHO for the 21st century—themes that have been recognized as a priority by PAHO's Member Governments. The following themes have been identified: public health challenges for the 21st century, global public health goods, governance, resources (financial, technological, and human), technical cooperation modalities, and strategic partnerships. The maturity of the process achieved by the participating countries now merits a critical review of the themes mentioned by the expert groups; this will help to define strategies for instituting the changes necessary to improve the organization and operations of PAHO in the 21st Century.

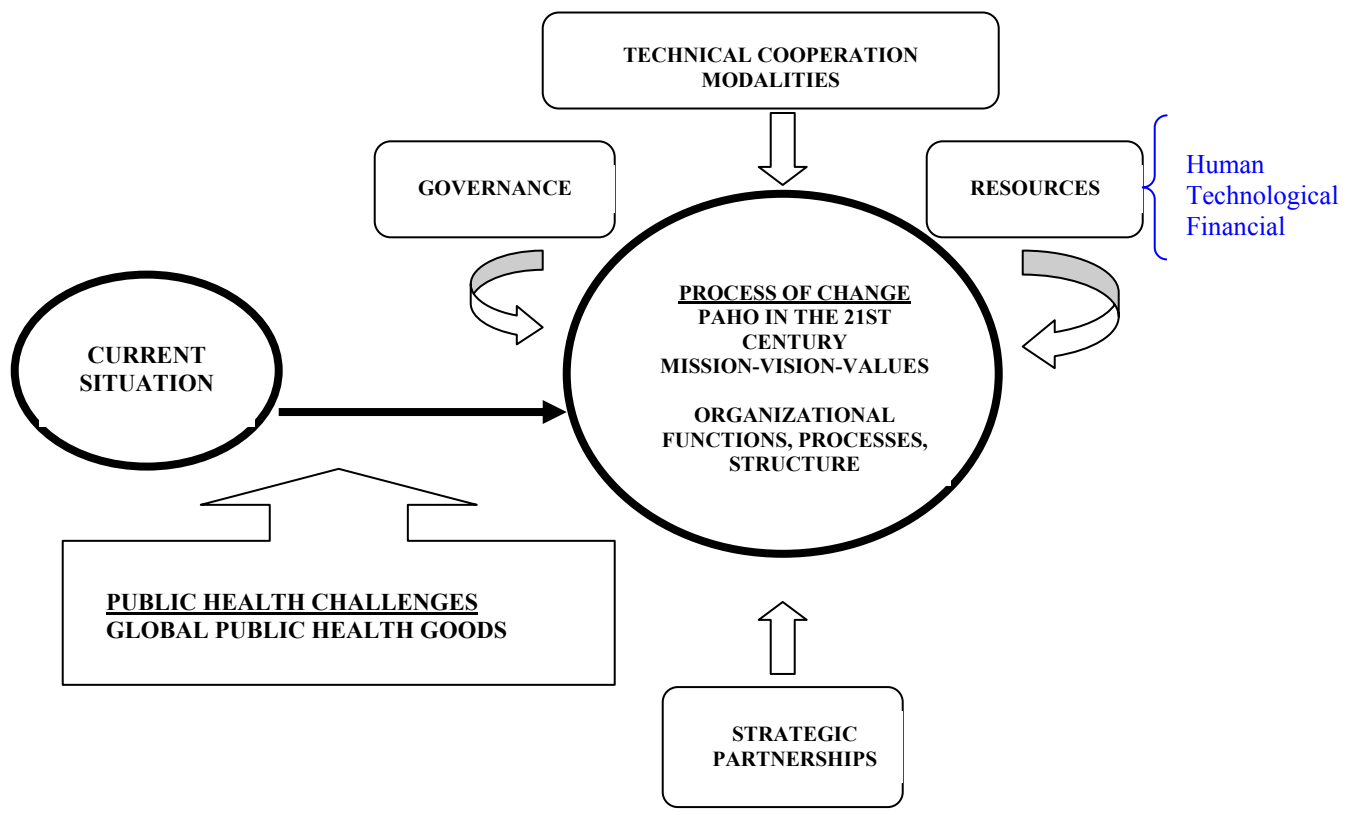
There is no doubt that a **detailed characterization of the public health challenges that the countries will have to face in the 21st century to guarantee global public health goods to their peoples is the cornerstone of the new functions that PAHO will have to assume in the 21st century and the point of departure for determining the processes and structure that the Organization should adopt.** These challenges are, moreover, the point around which the themes identified as essential for constructing the general proposal for a PAHO for the 21st Century should turn.

A rethinking of the mission, vision, and values that should guide the work of the Pan American Health Organization and the Pan American Sanitary Bureau in the medium and long term is a *sine qua non* for better quality technical cooperation that meets future needs. It is imperative to create new conditions of governance to improve and facilitate the management of technical cooperation with and in the countries of the Region.

Similarly, it will be necessary to rethink technical cooperation to develop more effective forms or modalities in the new scenarios of the century under way. There is an urgent need to redefine the essential resources to enable PAHO to deliver quality technical cooperation and create a new framework for action through strategic partnerships that will make it possible for technical cooperation to have a greater impact in the countries.

Further on in the report, for each of these themes, there will be a description of certain features that characterize the current situation, the vision of change, and the potential strategies or orientations that can be formulated at the present time.

The diagram below presents a proposal for possible thematic correlation:



### **3. CURRENT SITUATION:**

Background of PAHO's current situation, description of trends and public health challenges in the 21st century, and situation in areas such as governance, resources, technical cooperation modalities, and strategic partnerships.

#### **3.1 HISTORICAL CONTEXT:**

By mandate of the countries of the Hemisphere, the Pan American Health Organization (PAHO) has provided technical cooperation in health for a century, also serving for the past five decades as Regional Office for the Americas of the World Health Organization (WHO). This dual role places it in a privileged situation, since in addition to being the natural forum for the member governments to adopt action to benefit public health in the Hemisphere, it is the agency through which the Region implements the global health measures adopted by WHO in its General Program of Work.

Although the Hemisphere's public health achievements in which PAHO has played an active role are many, changes in the regional and global environment are posing new challenges both for public health in the countries and for the technical cooperation of this Organization, making it necessary to review and renew its mission, vision, and values and to transform its functions, processes, and structure to maintain its effective performance in the 21st century.

The 20th century was full of sweeping changes. In the political sphere, even with the imperfections and understandable differences in so heterogeneous a Hemisphere, one can cite the transition from autocratic totalitarian governments toward greater democracy. Beyond its properly technical function, PAHO played a prominent role in the dialogue and consensus-building between civil society and government on major health activities such as universal vaccination, the eradication of polio, and the control of communicable diseases such as malaria and cholera during periods of social calm as well as the armed conflicts in the Hemisphere. In this way, through concerted health action, PAHO not only helped to broker truces in times of war, but also to lay a solid foundation for building permanent bridges to peace within and between the countries, thus fostering the transition to democracy.

In the social sphere, the final decades of the 20th century witnessed major events that are determinants of the future, whose effects we are just beginning to observe but whose impact on public health will be better understood as the century progresses. The world population and the population of this Hemisphere in particular grew at a faster pace than basic services, creating adverse conditions incompatible with a decent standard of living for major segments of the population. The production and distribution of a dependable supply of appropriate, safe food were targeted to a limited segment of society, leaving the rest of the population without and increasing the proportion of people with protein-energy deficits. Internal and external migration, fueled by armed conflicts and the scarcity of employment opportunities in their home countries, has driven millions of people to uproot themselves and move to other countries, where they live in intolerable conditions of inequity and

marginalization that are incompatible with human rights. The deterioration in public education and proliferation of inadequate private schools has led to a growing number of young adults without the necessary skills for obtaining well-paying jobs, steering them instead toward low-paying, marginal job markets, the informal sector, and unemployment. In the 20th century, social security systems were created in most of the countries. However, only one-third of the Hemisphere's population benefits from these systems. Life expectancy has soared in the 20th century, but the possibilities for a decent life are threatened, among other reasons, by health and pension systems that do not fully meet the needs of the population, as well as by the poverty in which the majority of the population lives. PAHO has worked with the governments to mobilize resources of all types and to put sectoral reform and the extension of social protection in health on the discussion table at presidential summits and forums to deal with the consequences of these social changes.

In the economic sphere, the 20th century will pass into history as a period in which the distribution of income became extremely skewed, creating ever-wider gaps between rich and poor due to the enormous concentration of wealth, making the Americas the region with the greatest inequity in terms of economics and the epidemiological situation and burden of disease. Although the countries of Hemisphere have striven to allocate more resources to the health sector, their deteriorating economic situation brought on by the crisis of the 1980s and the payment of their growing foreign debt have made it difficult for governments to allocate a proportion of the gross domestic product to meet growing health needs and maintain the financial health of their health systems. Although the 20th century was marked by rapid technology development with undeniable benefits, it is in sharp contrast to the limited financial ability of major sectors of society to gain access to cutting-edge health technology and essential but costly health goods such as antiretroviral and cancer treatment and genetic engineering. PAHO has collaborated with the countries to develop their capacity to gain a better knowledge of their health expenditure, to develop innovative financing schemes, and to diversify provider payment mechanisms; however, the health sectors' ability to engage in advocacy and its managerial capacity for improving the quality, effectiveness, and efficiency of health expenditure is still limited.

### **3.2 PUBLIC HEALTH CHALLENGES IN THE 21ST CENTURY <sup>1</sup>**

The current situation analysis identifies a series of long-term trends that will last into the 21st century, which is why they are called determinants of the future. These political, social, and economic events, which were succinctly described in the section above on the current situation, are complex, highly interrelated phenomena that will without a doubt affect public and personal health in the countries and the migration of their citizens, which means that they will have to be studied in depth in order to predict their future trajectory.

Although the overall public health scenario of the Region of the Americas can be predicted, it should also be noted that the health situation has its own peculiarities in each country, which makes for a diverse health situation in the Region. If we accept that the Hemisphere behaves like a system of nations, then we must also accept that the health situation of each

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<sup>1</sup> See Document CD45/INF/4.



nation will influence the hemispheric health situation and vice versa. This represents a window of opportunity for solidarity and Pan-Americanism, in addition to technical cooperation in international health, especially that of PAHO/WHO.

To the socioeconomic and political macro events that affect public health should be added individual phenomena or events that can be used as opportunities to improve the health of peoples—for example, globalization, developments in science and technology, bioethics, and intellectual property. The relevance of these events to public health will be better appreciated as the extent of their correlation with the elements that explain public and personal health is determined.

The explanatory model of **public health** is three-dimensional and is based on the State assuming responsibility for the essential public health functions (EPHF), the behavior or attitudes of the population, and the actions of health professionals and health institutions. The tacit acceptance of this model makes it possible to state that public health is a social or collective product and that its present and future are determined by the interaction of these three dimensions.

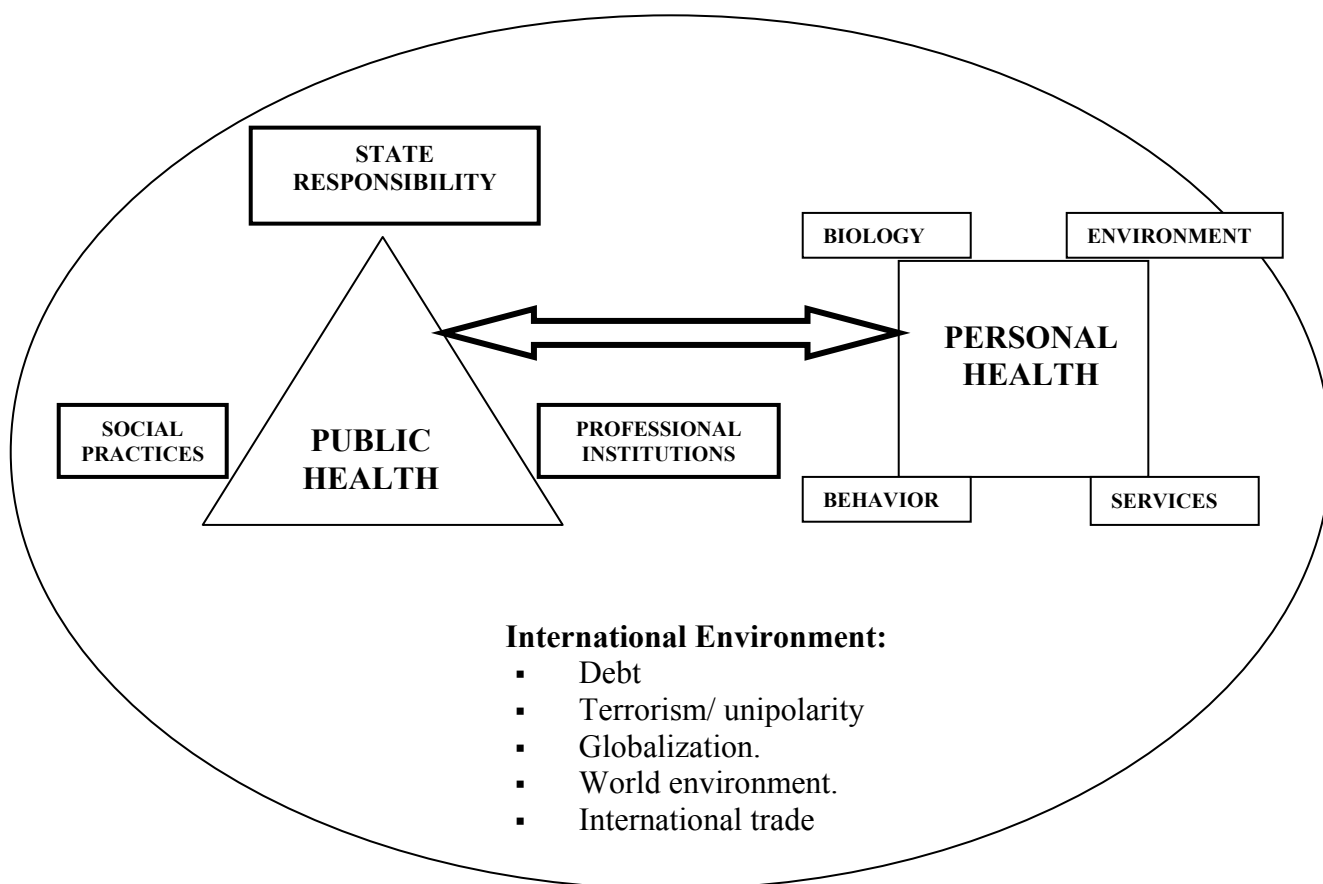
In an optimistic scenario, public health in the 21st century will improve, since the **State will fully assume its responsibility**, promoting optimal performance of the EPHF and continuing to exercise a regulatory role instead of the traditional role of benefactor. The **attitudes of the population**, in turn, will be proactive with respect to self-care and environmental care, and the private sector will make a social commitment to reduce poverty and produce essential drugs and food, making these essential goods more accessible and a positive contribution to increased levels of public health. Likewise, the **activities of health professionals and health institutions** will target public health practices and stress health promotion and disease prevention, using the primary health care strategy (PHC) the centerpiece of essential action in health that is socially acceptable and affordable, with scientifically validated technologies and a greater impact on health.

In this optimistic scenario, the rising trend for certain noncommunicable health problems, such as social violence, cardiovascular disease, and cancer will be reversed, as will that for some emerging and reemerging communicable diseases such as HIV/AIDS, SARS, tuberculosis, and malaria. Infant and maternal mortality will fall, life expectancy will increase, and the disease burden will decline along with the potential years of life lost. The public health impact will be accompanied by a positive impact on national economies and health system financing. The real challenge is to combine the efforts of the State, the community, health professionals, and health institutions toward the achievement of this optimistic scenario through intelligent interventions based on local capacity and accompanied by more rational, equitable, and better quality international technical and financial cooperation.

**Personal health** has its own four-dimensional explanatory model. In a positive but possible scenario, while the **biological dimension** will continue to be a determinant, adequate use of the research on the human genome and genomic medicine, stem cells, biotechnology, and genetic engineering will reduce the risk of illness from genetic, metabolic, and neoplastic factors. In the second dimension, **lifestyles**, people will engage in behaviors that entail

fewer health risks, avoiding smoking, improving their eating habits, avoiding a sedentary lifestyle, reducing stress, and practicing safe sex. In the **environmental dimension**, State regulation will improve environmental conditions and the corporate sector and families will join together to create healthier work and family environments. Finally, in the dimension of **health services**, health systems will extend social protection in health, improving coverage, quality, and equity. In order to achieve these goals, health systems will be consolidated with a reasonable public-private mix of providers, with more sustainable financing schemes, and the distribution of health expenditure will be more equitable, targeting more resources to lower-income population groups.

The diagram below shows the relationship between public health and personal health models, which can serve points of reference or an objective picture for formulating scenarios, defining challenges, and orienting the actions of country health systems and PAHO technical cooperation, considering, of course, the **international trends**.



### 3.3 SITUATION IN SPECIFIC AREAS: PRINCIPAL PROBLEMS AND QUESTIONS

Summary of the status of the reflection about some aspects of the current situation in areas considered critical to the development of PAHO in the 21st century: <sup>2</sup>

#### **Environmental Trends:**

- Multilateral and multisectoral associations have developed and diversified interventions in health. The State is no longer the only actor to design, implement, and evaluate policies, since a wealth of new public and private actors have appeared on the scene, broadening the field in international health.
- International agreements for improving health are in place that have sought the involvement of diverse actors (private enterprise, NGOs, and public institutions). This is part of a contemporary trend, in which actors with varied and sometimes even opposing interests find areas of mutual interest. This is especially true in health, where convergence can be seen between multisectoral actors, multilateral agencies, regional bodies, bilateral agencies, financial institutions, private foundations, private enterprise, (including the pharmaceutical sector), NGOs, professional associations, the media, and medical schools.
- Strategically identifying what position PAHO should take in light of this trend and what changes it should promote to take advantage of the opportunity that it presents and meet the challenges is a priority challenge. Of course, it also implies the will of PAHO to review and adapt its functions, processes, and structure.
- Furthermore, from the standpoint of the Organization's governance, it is worth wondering whether the burgeoning number of international organizations working in the field of health can *weaken* the role of PAHO and how the Organization should address this challenge. In this context, it will be necessary for PAHO to study aspects that are important to its development, namely: its relationship with WHO, democratization, transparency and accountability, the new organizational structure to meet the challenges, etc.
- Preparing a proactive strategy to prevent a weakening of PAHO/WHO role is a priority, and significant progress has been made in the discussions in this regard.

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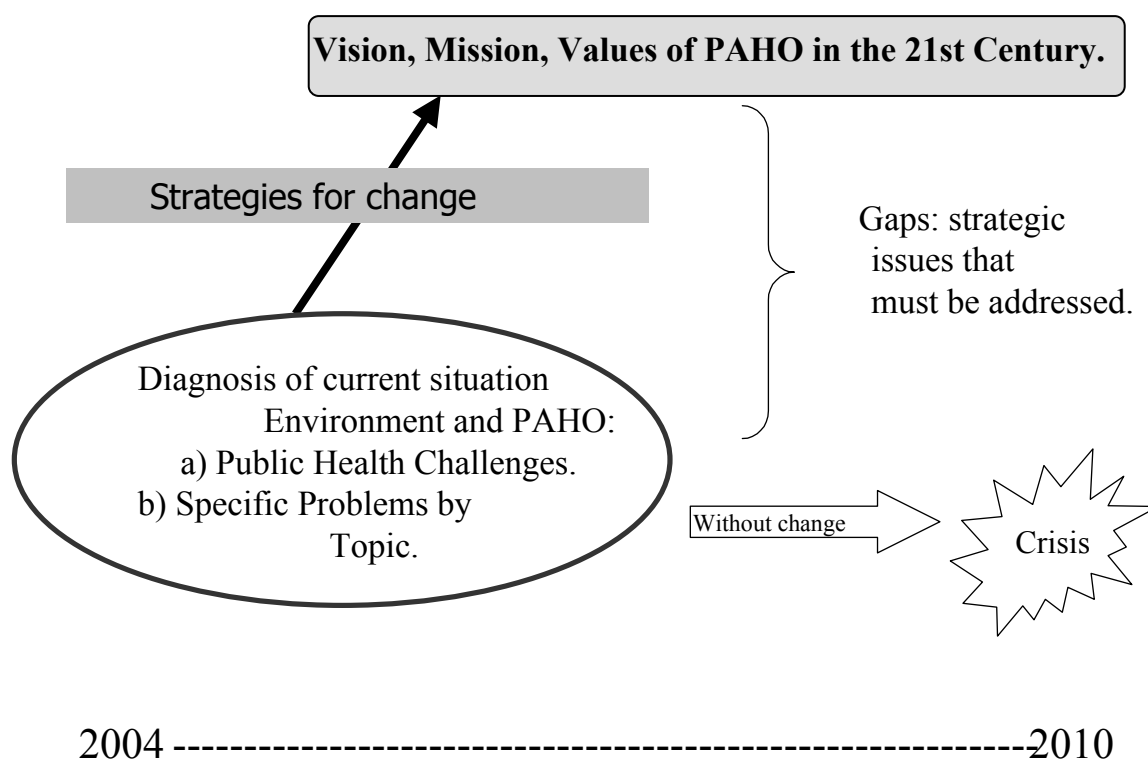
<sup>2</sup> See Document CD45/INF/4.

**Internal Situation:**

- Some of the key issues addressed in analyzing the governance of PAHO are: a) problems with representativeness and channels of communication between the Executive Committee and the Member States and Bureau; b) the distribution of budgetary funds and the collection of quota contributions; c) administrative and operating efficiency; d) the identification of many areas for improvement in the management of the Organization's operations and the evaluation of its mandate.
  
- In recent years, many countries have acquired greater capacity to solve their own problems. Thus, they are increasingly more demanding about the quantity and quality of cooperation, although they also recognize that other countries have not managed to boost their capacity in this regard.
  
- In the area of human resources, there is an acknowledged need for better qualified staff in the countries and for the development of competencies appropriate to the specific situation of the country or subregion. This calls for better planning and a more rigorous hiring policy. In many member countries there is a lack of knowledge about how to develop human resources management. Also, the disparities among countries with respect to human resources indicates the inadequacy of a single management model.
  
- Other areas of concern in the area of human resources are consultant hiring policies at Headquarters and in the countries, opportunities for woman in management positions, career development, the necessary generational turnover, and the decentralization of Headquarters staff to the countries, based on the needs of the member countries and the Representative Offices.

#### 4. A STRATEGIC RETHINKING OF PAHO: CONSENSUS FOR A REVIEW OF ITS MISSION AND VISION, AND STRATEGIES TO MEET THE CHALLENGES OF THE 21ST CENTURY.

##### Strategic Approach<sup>3</sup>



##### <sup>3</sup> **Explanation:**

- The diagram follows the rationale of gap analysis and strategic planning and revisits aspects of a proposal that was briefly discussed during the San José workshop (it can be found in the aide memoire)
- The contents of each box in the diagram (diagnosis of the current situation, mission-vision-values, gaps, strategy) have been taken from relevant studies, taking into account the contributions made in the workshop and the expert opinion of the commission in charge of integration.
- Formulating a diagnosis of the current situation (No.1)
  - a) Analysis of general public health trends in the 21st century
  - b) Analysis based on the problems identified in the documents serving as input.
- Deal with this reality, include reflections on the mission, vision, and values that PAHO should possess: Our *raison d'être*, what we want to create, and how we are going to act.
- Describe and analyze the gaps between the current situation (2004) and the future situation desired (2010), together with the consequences for the Organization if it fails to adequately close the gaps.
- Formulate strategies for change that can steer the Organization toward future desired.

#### **4.1 MISSION. Identity, Purpose, and Focus of PAHO in the 21st century**

There is recognition that PAHO must *define* its focus and clearly identify its areas of service, intervening in health issues that are not currently its areas of influence.

It should act as a mediator between the Member States and partners agencies who contribute to the different countries in their area of action.

We visualize PAHO as participating in national policy development by providing support and orientation to the countries in forming networks to attend to technical areas or address specific problems.

#### **4.2 VISION. The successful development of PAHO in the 21st century - What are we seeking to create?**

##### **Overview:**

*As a result of this process, which will lead to changes in the PAHO of the 21st century, we visualize the achievement of an institution:*

With international leadership in health, operating with transparency and accountability, both internally and externally.

With coordination and the harmonization of national, regional, and global agendas.

That optimizes resources through constant interactive coordination among the Member States, greater utilization of national resources, and the reduction of bureaucracy.

That exercises its authority and functions in the name of the Member States and expresses the collective will to improve health in the Americas.

With strengthened capacity in the PAHO Representative Offices and Member States of the Region, using a competency-based management approach.

With an administrative finance system reinforced with greater participation of the Member States in monitoring and evaluation, with clear criteria of effectiveness and equity in the allocation of financial resources.

With democratized work processes based on a broad consensus.

With solid partnerships and associations that contribute to its sustainability.

We visualize a larger PAHO presence in WHO, together with greater participation as an active partner in technical cooperation with the countries and in promoting cooperation among them.

### 4.3 CHANGE AND DEVELOPMENT STRATEGIES.

Summary of some lines of action and orientations toward change outlined in the working documents and discussions.

◇ **To strengthen governance and the management model:**

- The joint identification and characterization (Member States–Secretariat) of the regional public health goods that are most needed by the countries of the Region and the analysis of trends, the current health production and health service delivery situation, and its potential for contributing to the attainment of the Millennium Development Goals (MDG).
- The regional centers and Representative Offices can employ an integrated approach and a shared program to avoid an overlapping of efforts and pool all resources to address country needs and regional priorities and meet global objectives. Whenever possible, the regional centers and Representative Offices should jointly design the program budget, using a shared agenda approach.
- The Representative Offices should be the principal entity for coordination and execution of the country programs. Within the framework of this new integrated approach, however, the regional centers will have a supporting function and execute particular aspects of the program.
- The programs of Headquarters and the regional centers should be designed and implemented in a manner consistent with the national programs and the programs of the Representative Offices.
- In the Representative Offices, create interdisciplinary teams and boost technical capacity at the national and regional levels.
- Decentralization: in the Representative Offices, delegate the necessary authority in financing and programming, coordinating with the Headquarters' policies.

◇ **To build capacity (human resources)**

- In general, we visualize a clear strategy to boost the potential for capacity building at the country and subregional level, with human resources in the countries as well as Headquarters staff playing an important role.
- To accomplish this, we propose the formation of a team of experts in capacity building at Headquarters, whose operations would be based on the needs of the countries and regions.
- At the same time, there should be a staffing profile for Headquarters and the countries that reflects the geographic, cultural, and epidemiological diversity of the Region.

- A critical issue is for field and Headquarters staff, as well consultants, to coordinate and remain sensitive to the ideas, problems, and viewpoints of staff in the countries.

- ◊ **To strengthen the capacity to develop partnerships:**

- Partnership development, which in itself is a strategy that should be intensified, can assume the following modalities:

- a) Partnership development specifically to achieve limited purposes in connection with an objective
      - b) Partnerships between multipurpose forums
      - c) External partnerships that seek some strength of the Organization.

- For partnership development, the Organization should obtain a sound assessment of its potential in this area.

- Identification of an issue or objective in which the Organization recognizes that it lacks sufficient institutional capacity. This leads to the identification of key actors, based on the value added that they can contribute to this particular partnership. Here, it is necessary to adapt the objectives, set goals, identify work modalities, and delineate responsibilities or roles by mutual agreement of the parties involved.

- Integration with other sectors (education, for example) and entities that share objectives in health (NGOs, international agencies such as UNDP, UNICEF, UNFPA, and FAO) in order to introduce public health issues and work with international financial institutions in drafting joint agendas.

- ◊ **To improve technical cooperation in health: new modalities and strengthening of cooperation with the countries.**

- Headquarters can facilitate consensus building between public and private actors for regional and global health development, the promotion of international agreements, the procurement of the necessary resources for health service delivery, the preparation of regional evaluations, the adoption of strategies for the prevention and control of certain diseases common to the countries, and the designation of the priority countries to attend to.

- We propose that PAHO adopt a strategy to help the countries identify and utilize best practices, fostering cooperation among them.

- A new country classification system should be developed, for which the definition of potential indicators is proposed. Examples include progress toward the attainment of the Millennium Development Goals (principally those related to the health sector), the Essential Public Health Functions (EPHF), ethnic or cultural identity, health institutions.

- At the regional level, indicators related to the different capacity to seek complementarity between countries can be included, so that successful experiences and heightened capacities come together in networks (based on problems or issues) to improve teamwork, with more regional and sustainable approaches that outlast political administrations.



- PAHO can cooperate with the countries in their domestic diagnosis and in the designation of areas where funding and international cooperation should be channeled.

## 5. PROCESS TO FOLLOW<sup>4</sup>

- The process is currently in the review phase, with an exchange of opinions among the actors. At this point, we can review the comments that have been made (see *documents on country comments* and the *aide-memoire* of the San José workshop). These comments underscore the need to better define certain concepts and definitions, to back up opinions or recommendations better, and to broaden the analysis of some issues. A detailed analysis of these issues by a group of experts from the countries and PAHO will make it possible to accurately determine the current situation and medium- and long-term trends, laying a solid foundation to begin rethinking the type of Organization that is needed to tackle the challenges of the current century.
- The WGEC's shared vision on the characteristics that the process should possess, according to the current mandate (as cited at the beginning of this proposal) calls for some institutional arrangements to improve the conditions for achieving the proposal, performing a rigorous evaluation of the strengths and weaknesses of the process up to this point and designating the areas for improvement.
- Furthermore, it is important to bear in mind that in March 2003, the Secretariat of PAHO, under the leadership of its Director, initiated a process aimed at changing its structure, functions, and technical cooperation strategies. It has kept the Member Governments informed about the progress of this process, known as "Renewal of PAHO for the 21st Century," through several working groups, some of which deal with issues that the WGEC is also addressing.
- Clearly, the proposal of a PAHO for the 21st Century cannot be constructed only with the efforts and energy found within the Organization. It is the vision of the countries, who know their own needs, potential, and challenges, that should adjust the changes already begun by the internal management teams. The challenge is to find the times and places for a horizontal dialogue that will make it possible to construct and agree on a viable proposal based on two visions.
- In light of these considerations, we propose a *methodological strategy* that will make it possible to take advantage of both efforts and, without losing the specificity of each, create opportunities for contact and communication that will clear the way for the harmonization of PAHO's process of reflection and change for the 21st century, with the contributions and consensus of the representative institutional bodies of all key stakeholders.

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<sup>4</sup>Recommendation of the commission named during the last session of the WGEC, held in San José, Costa Rica, to prepare this report.