

**SEVENTH MEETING
SÉPTIMA REUNIÓN**

Thursday, 30 September 2004, at 8:30 a.m.
Jueves, 30 de septiembre de 2004, a las 8.30 a.m.

President/Presidente: Dr. José Antonio Alvarado Nicaragua

Later/Después: Dr. José Ramón Balaguer Cabrera Cuba

ITEM 7.1: PROGRESS REPORT OF THE WORKING GROUP ON PAHO IN THE
21ST CENTURY

PUNTO 7.1: INFORME SOBRE LOS PROGRESOS REALIZADOS DEL GRUPO
DE TRABAJO SOPBRE LA OPS EN EL SIGLO XXI

Hon. Herbert SABAROCHE (President of the Executive Committee) said that, at its 134th Session in June 2004, the Executive Committee had considered a report by the President of the Working Group on PAHO in the 21st Century on the activities carried out by the Working Group since its establishment by the Executive Committee at its 133rd Session. It had also heard presentations by the representatives of Argentina, Barbados, Costa Rica, and Peru on the analyses undertaken by their respective countries on several of the Working Group's terms of reference. The Executive Committee had thanked the Working Group for its efforts and had commended the various countries for their comprehensive suggestions. The Secretariat had been asked to comment on how those suggestions would be taken into account in the Organization's work.

It had been pointed out that the Working Group process offered an ideal opportunity to find a way to draw together the various efforts being carried out in different areas, both within the Organization and beyond, in the broader international development community. In the area of HIV/AIDS, for example, multiple agencies were involved in a variety of initiatives across the Region, and some mechanism of coordination was needed in order to avoid duplication of effort, and to ensure that the various parties involved were not working at cross-purposes. Within PAHO, too, it was important to find ways of linking the work under way in the various program areas.

The Committee had asked the Secretariat to ensure that information posted on the website for the Working Group was made available in both English and Spanish and that the website itself was easily accessible; some delegates had indicated that they had experienced difficulty in accessing the site. The Committee had also suggested that a space for general comments be provided on the Working Group's website, rather than allotting space only for specific comments on the various preliminary analyses. Such a

move would enable countries to comment on the process as a whole, and might also serve as a means of consolidating the various documents and comments. The Committee had encouraged all Member States to submit their comments on the preliminary analyses promptly, and to take an active part in the ongoing Working Group process.

Hon. Jerome WALCOTT (Barbados), speaking as President of the Working Group on PAHO in the 21st Century, and supporting his presentation with slides, recalled that Resolution CD44.R14 adopted by the 44th Directing Council had requested the Executive Committee to establish a Working Group to review PAHO's situation and the Organization's needs for the twenty-first century.

The Executive Committee had selected four countries to participate in the open-ended Working Group: Argentina, Barbados, Costa Rica, and Peru. He had been asked to chair and coordinate the Group. Twelve other countries had participated in activities during the course of the year: Mexico and United States of America in all the meetings, Canada and Chile in two, and Antigua and Barbuda, Bahamas, Brazil, Dominica, France, Netherlands Antilles, Nicaragua, and Uruguay at some point. Representatives of PAHO and WHO had also been involved. He wished to thank the members of the Working Group for their work during the previous year. Special thanks were due to the Ministry of Health of Costa Rica, which had prepared the progress report before the Council (Document CD45/18).

The Working Group had held three meetings during the course of 2004, in February, March, and July, which took place in Dominica, Washington, D.C., and Costa Rica, respectively. Electronic consultations had also been held. Prior to the first meeting, the Executive Committee had devised some terms of reference, which had been made available for comment by Executive Committee members on a special area of the website. At the first meeting of the Working Group, those terms of reference had been discussed in detail and revised terms had been agreed upon. It had also been decided that the PAHO Secretariat should be requested to prepare a preliminary analysis of the challenges likely to be faced in the twenty-first century as a basis for consideration of possible reforms.

The Working Group had considered the Secretariat analysis at its second meeting, calling for some revisions. It had also discussed the topics it would cover and had assigned each topic to a country for further study. It had also been decided that the Group should collaborate with the Consultative Group on the Budget Policy, to avoid duplication of effort in that area. Countries had been requested to prepare preliminary analyses of the topics for comment by Working Group members by May 2004. A briefing had been held during the Fifty-seventh World Health Assembly to update Member States that had participated up to that point.

A progress report had been submitted for consideration by the Executive Committee at its 134th Session in June 2004. The Committee had decided to encourage Member States to comment further on the documents available.

At its third meeting in July 2004, the Group had analyzed and reviewed the documents that had been prepared up to that point, and had discussed the preparation of the progress document for submission to the present Session of the Directing Council. It had also started to look at how its final report should be presented. It had been agreed that it should be based on a clear identification of the challenges facing PAHO, that it should be specific and viable, and that it should lead to change, not for the sake of change, but where necessary to improve the efficiency of the Organization. The report should also be prepared collectively and agreed by consensus, with all Member States participating in the entire process.

The Working Group's work was a dynamic and continuing process. The Group had reaffirmed its commitment to lead that process and to ensuring its transparency. However, there was need for improved communication between countries and PAHO. Several countries had indicated that they had received the documents only just before the due date for responses, which was certainly inadequate. In addition to the progress report, the preliminary analyses had been circulated to the Directing Council (Document CD45/INF/4).

The further work of the Group would require detailed characterization of the public health challenges that countries would have to face in the twenty-first century to guarantee global public health goods to its peoples, which would be the cornerstone of the new functions of PAHO. A rethinking of the mission, vision, and values of the Organization would also be necessary to ensure better quality technical cooperation, and to help PAHO perform its activities more efficiently. The Costa Rican Ministry of Health had prepared a diagram, reproduced in the progress report, which showed the relationships and interactions between the various factors concerned.

The historical context had been a recurrent theme throughout the Working Group's discussions: PAHO's work in the Region for over a century; its relationship with WHO over the past 50 years, and the prominent role played by PAHO in the dialogue and consensus-building between civil society and governments on major health activities, such as universal vaccination, and poliomyelitis eradication. In addition, PAHO had worked with governments to mobilize resources of all types and to put sectoral reform and the extension of social protection in health on the agenda.

Although the twentieth century had seen rapid technological advances, it had also seen many countries facing serious financial constraints that prevented them from

benefiting from those developments. Here PAHO had again played a role, for example, in negotiations on antiretroviral drug prices.

The Working Group had looked ahead to some of the major future challenges: globalization, international trade arrangements, emerging and reemerging communicable diseases, environmental problems, trade in illegal and legal substances that would affect health, changes in behavior, ageing populations, chronic noncommunicable diseases, etc. A three-dimensional model of public health had been proposed, involving the State, the activities of health professionals and institutions, and individual responsibilities for personal health. The Working Group would be looking at all those areas in further detail in order to determine what position PAHO should take and how it could make changes to take advantage of the opportunities presented.

Other factors to be considered were the role of PAHO in the face of a burgeoning number of international organizations and private sector agencies working in the field of health, and internal issues of governance, decentralization, and human resources. The one-size-fits-all concept for country programs was no longer appropriate; activities must be designed to meet the requirements of each country. Strategic approaches were needed in rethinking PAHO's position and in achieving a consensus on its future mission, identity, purpose, and focus.

There was also a need to look at PAHO's relationship with WHO, to improve coordination between the two organizations and ensure a stronger PAHO presence within WHO. Strategies for change and development would be needed to strengthen governance and the management model, to build human resources, to strengthen the capacity to develop partnerships, and to develop new and stronger modalities of technical cooperation.

Apart from the 16 countries that had participated in the activities of the Working Group, comments had been received from only five other countries. He urged others to read and comment on the documents as soon as possible in order to ensure a broad and transparent process. It was hoped that all contributions would be received by the end of October 2004. The documents would be revised and submitted for consideration at a fourth meeting of the Working Group. The Group then hoped to prepare a consolidated report for submission to the Subcommittee on Planning and Programming and subsequently to the Executive Committee in 2005. Proposals would be presented to the 46th Directing Council in September 2005.

El Dr. HUERTA MONTALVO (Ecuador) insiste en la importancia de la participación de los Estados en el importantísimo tema en cuestión. Tras un exhaustivo análisis del informe, percibe un lenguaje preocupante que sugiere un retorno a un punto cero. Considera que hay nuevos desafíos, pero que eso no supone crear una nueva OPS. Es

preciso enfocar la lucha de la OPS en la reducción de la pobreza. Agrega que se hace demasiado hincapié en el aspecto de la salud en detrimento del aspecto del desarrollo, Objetivo del Milenio. Si bien es necesaria la presencia de la OPS en la OMS, también es necesario que la OMS intervenga en la OPS.

Es preciso que la OPS tenga una intervención directiva en los ministerios de los países si deseamos que ejerza una función directa como autoridad sanitaria. En el informe no se alude a este aspecto. El orador recalca que un aspecto importante de la labor de la Organización guarda relación con la reducción de la pobreza y reitera que los desafíos del milenio no pueden resolverse sólo desde la perspectiva de la salud, sino también desde la del desarrollo.

A Dra. JAEGER (Brasil) informó que o Brasil participou na reunião da Costa Rica em função da importância das discussões sobre a organização da OPAS e sua política para o século XXI, para a saúde da população da Américas e para a garantia de saúde para todos com equidade. Naquela reunião o Brasil propôs contribuir com dois documentos.

O primeiro sobre ciência e tecnologia, insumos estratégicos e informação em saúde, porque o Brasil havia acabado de realizar a Conferência Nacional sobre Ciência e Tecnologia em Saúde e considera prioritário o estabelecimento, tanto no Brasil quanto em outros países das Américas, uma agenda de prioridades em pesquisa em saúde, que discuta a questão da intervenção dos ministérios da saúde nos complexos industriais em saúde, a questão da importância dessa intervenção em relação à produção e a distribuição de medicamentos e insumos e à informação em saúde.

Informou que o segundo documento elaborado pelo Brasil é sobre gestão do trabalho e da educação na saúde, uma das prioridades do governo Lula na área de saúde, porque consideram que os trabalhadores são os que executam as políticas de saúde.

A Dra. Jaeger reforçou o que foi dito anteriormente “é absolutamente necessário que os Estados Membros ofereçam sugestões de mudança e de acréscimo aos conteúdos dos documentos para que possam modificá-los, a fim de representarem a situação e as propostas de todos os países das Américas”. Informou que os documentos serão traduzidos do português ao inglês e ao espanhol.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) felicita al Grupo de Trabajo e indica que los problemas son muchos y complicados y que revisten gran interés para los Estados Miembros y para la Organización. Los temas abordados por el Grupo son similares a los del undécimo Programa General de Trabajo de la OMS, lo cual indica que la Organización ha tomado la delantera en muchos temas propios de la Región y de su población. Insiste sobre la importancia del Grupo y señala que toda la Organización en su

conjunto debería participar en las tareas, y no sólo un grupo de trabajo. Indica que hubo dificultades de acceso al sitio web que contiene la información conexas, y lo cual supuso problemas de participación.

El Dr. FRENK (México) se hace eco de la opinión del Delegado de Ecuador en cuanto a que no hace falta una nueva OPS y agradece la participación de los países en el Grupo de Trabajo. Solicita a la Secretaría que facilite el acceso a los documentos y señala que las tareas conexas han de constituir un ejercicio de coparticipación regional en el cual se deben incorporar los aspectos defendidos por su país en reuniones anteriores en relación con el fortalecimiento de la Organización, la transparencia, la rendición de cuentas, y una nueva política presupuestaria.

Subraya el aspecto de la gobernanza, donde radica la esencia de un proceso de transformación y la posibilidad de que la Organización sea un ejemplo dentro del sistema de las Naciones Unidas, y aboga por una visión interna que lleve a la modificación no sólo de las funciones de las oficinas nacionales y regionales, sino de la eficacia y dirección de la Oficina Central y de los procesos de seguimiento de los diferentes compromisos propios de la Región. Con miras a fomentar la participación en el proyecto de una “OPS para el siglo XXI”, hace extensiva la invitación a los países a la siguiente reunión que se celebrará en Río de Janeiro.

Ms. VALDEZ (United States of America) said that the item under consideration represented one of those points in the life of every organization when it became necessary to take stock collectively of where the organization had been and, more importantly, where it needed to go. For PAHO, there was a range of opportunities for developing links that would take the Organization forward: between PAHO and the WHO General Program of Work; within the PAHO program budget, and between that and the WHO program budget, especially in relation to country programs; and within the internal governance processes.

The United States had participated in the activities of the Working Group since the outset, and wished to express appreciation to the four core countries, and to Mr. Walcott, for their valuable leadership, expertise, and enthusiasm. While it was not necessary to start again from the beginning, there was always room for improvement in order to develop a stronger, more efficient, more transparent, and more effective organization. That was what the Working Group was seeking to achieve.

The United States remained committed to the process. However, the burden should not fall on just a few countries; contributions from all countries and the Secretariat

were needed. Efforts should be made to ensure access to the website; perhaps briefings could be given at country level to ensure that ministry staff understood how to participate.

It might also be necessary to take more time in forthcoming sessions of the Subcommittee on Planning and Programming and the Executive Committee to ensure that Member States were better briefed about the process so as to elicit a wide range of contributions prior to the preparation of the proposals for reform to be considered by the 46th Directing Council in September 2005. The proposals should provide a practical guide to the Secretariat and the Member States for improving the Organization.

Ms. FOLLEN (Canada) said that PAHO had played an important role in improving health conditions in the Americas over the past 100 years, but it was nevertheless timely to examine the Organization's role in the current century, and to determine whether its activities needed to be adjusted to reflect new realities. It was evident that an increasing number of countries recognized the importance of the PAHO in the 21st Century initiative. The context within which PAHO and countries worked was changing, and the challenges of globalization, together with the changing needs and expectations of Member States, called for organizational changes, such as those suggested by the External Auditor.

Although Canada had not been able to participate in the meetings of the Working Group, it was committed to the initiative. It had already commented on the working papers and would be providing further contributions in the coming months. It had also read with interest the comments from other countries that had been posted on the website. Canada hoped to see a comprehensive document that consolidated the various discussion papers and the comments received into a single document. It would have been helpful to have the discussion paper for the current session on the Directing Council section of the website, together with the other Directing Council discussion documents. Canada urged PAHO to support the process and to demonstrate its commitment in concrete ways.

La Dra. SÁENZ MADRIGAL (Costa Rica) alude a la participación de los países en el Grupo de Trabajo. Indica que si bien se han producido algunos inconvenientes de carácter tecnológico que impidieron que todos participaran plenamente, el Grupo ha mostrado una voluntad de trabajo colectivo que ha trascendido las inquietudes e intereses individuales de cada país. Agrega que a medida que transcurría el tiempo se habían ido sumando países a esa iniciativa en la que se había puesto de manifiesto un gran sentimiento de solidaridad y de buena voluntad por parte de todos los participantes. Defiende la idea de que prevalezca la perspectiva de la salud, ya que es el tema que ocupa a la Organización.

Hon. Jerome WALCOTT (Barbados) thanked Members for their comments and suggestions, and assured them that it was not the intention to propose any changes to PAHO that were not necessary. Reform would be a dynamic process that would lead to an organization that was more robust and more in tune with the problems of the new millennium.

He expressed appreciation to Brazil for becoming involved in the Working Group's activities and for contributing a paper. It was to be hoped that continuing communication problems between PAHO and Member States could be solved in the near future so that more countries could participate in the ongoing consultations. The outcome should benefit not only PAHO but also all Member States in their endeavors to improve health care facilities in the Region.

La DIRECTORA le responde al Delegado de Cuba y recalca que el Grupo de Trabajo es de carácter abierto. En la resolución conexas se señala específicamente que se recibirían aportaciones de organismos e instituciones de la sociedad civil y de organismos de las Naciones Unidas. Señala que el 10 de septiembre remitió una carta a los Gobiernos anunciando la accesibilidad desde el 1º de septiembre de los documentos producidos en la Internet sin necesidad de dar una palabra clave. Indica que también es posible formular comentarios y consultar las correcciones que se van introduciendo si se visita en el sitio web de la OPS la página del Grupo de Trabajo Siglo XXI.

Hasta el presente, la Secretaría ha preferido no adoptar una actitud demasiado proactiva por considerar que la conducción corre plenamente por cuenta de los países. Sin embargo, en vista de las claras indicaciones e inquietudes recogidas en el curso de la presente reunión, toma nota de lo solicitado por los presentes y afirma que la Secretaría comenzará a prestar el apoyo debido. Indica que compete a los propios países decidirse a participar.

El PRESIDENTE informa de que todas las aportaciones se verán reflejadas en las actas y da por concluido el debate sobre el tema. Indica que el día anterior se habían distribuido varios proyectos de resolución y que algunas delegaciones se habían mostrado interesadas en que dichos proyectos se sometieran a consideración tan pronto como fuese posible.

CONSIDERATION OF PROPOSED RESOLUTIONS AND DECISIONS
PENDING ADOPTION
CONSIDERACIÓN DE PROYECTOS DE RESOLUCIÓN Y DECISIONES
PENDIENTES DE APROBACIÓN

Item 10.2: Report of the XIII Inter-American Conference of Ministers of Labor
Punto 10.2: Informe de la XIII Conferencia Interamericana de Ministros de Trabajo

The RAPPORTEUR drew attention to the proposed decision, which had been circulated.

CD45(D1): Report of the XIII Inter-American Conference of Ministers of Labor

The Directing Council, having considered and noted the report of the XIII Inter-American Conference of Ministers of Labor and the proposals made, and appreciating the efforts and commitment of the Ministers of Labor to improve the health and safety of the workers in the Americas,

1. DECIDES to request the Director that the Pan American Sanitary Bureau join the initiatives of the Organization of American States, regarding the strategic alliance between the health and labor sectors in the Americas, facilitate the implementation of the referred initiatives, and report on the progress made to the Governing Bodies;
2. DECIDES to request that the Director propose the inclusion of a session with the pro tempore presidents of the Inter-American Conference of Ministers of Labor and with the participation of the Ministers of Education in the preparatory meeting of the Ministers of Health and Environment of the IV Summit of the Americas in order to articulate the work of the labor, environment, and education sectors in relation to the working conditions and employment, particularly in the health sector.

CD45(D1): Informe de la XIII Conferencia Interamericana de Ministros de Trabajo

El Consejo Directivo, habiendo examinado y tomado nota del informe de la XIII Conferencia Interamericana de Ministros de Trabajo y las propuestas formuladas, y reconociendo los esfuerzos y el compromiso de los ministros de trabajo para mejorar la salud y seguridad de los trabajadores en las Américas,

1. DECIDE solicitar a la Directora que la Oficina Sanitaria Panamericana se una a las iniciativas de la Organización de los Estados Americanos con respecto a la alianza estratégica entre los sectores de la salud y del trabajo en las Américas, facilite la

ejecución de las iniciativas mencionadas e informe a los Cuerpos Directivos sobre el progreso logrado;

2. DECIDE solicitar que la Directora proponga la inclusión de una sesión con los presidentes pro tempore de la Conferencia Interamericana de Ministros de Trabajo y con la participación de los Ministros de Educación en la reunión preparatoria de los Ministros de Salud y Ambiente de la IV Cumbre de las Américas, con el objeto de articular las actividades del sector laboral, del medio ambiente y de la educación con relación a las condiciones de trabajo y empleo, particularmente en el sector de la salud.

The decision was adopted.¹
Se aprueba la decisión.¹

Item 6.1: Strategy for Increasing the Rate of Collection of Quota Assessments
Punto 6.1: Estrategia para aumentar la tasa de recaudación de las cuotas

The RAPPORTEUR presented the proposed Resolution (CD45/PR.1)

THE 45th DIRECTING COUNCIL,

Having considered the recommendation of the Executive Committee and the report of the Director on the Strategy for increasing the rate of collection of quota assessments (Document CD45/16);

Noting that while quota collections for the 2002-2003 biennium exceeded amounts collected in each of the last three biennia, the Director is committed to improving the collection rate of quota arrearages; and,

Noting the proposed strategy to improve the collection rate would require a revision to the Organization's Financial Regulations and Rules,

RESOLVES:

1. To take note of the recommendation of the Executive Committee and the report of the Director on the Strategy for Increasing the Rate of Collection of Quota Assessments (Document CD45/16).

¹ Decision CD45(D1)

¹ Decisión CD45(D1)

2. To thank the Member States that have already made payments for 2004 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To approve the revision to the Organization's Financial Regulations, permitting payment of quota assessments in local currency, as follows:

Financial Regulation VI

- 6.6 Contributions shall be assessed in U.S. dollars *and shall be paid in either U.S. dollars or such other currency or currencies as the Director shall determine.*
- 6.7 *Payments in currencies other than U.S. dollars shall be credited to Members' accounts at the United Nations rate of exchange in effect on the date of receipt by the Pan American Health Organization or at the market rate of exchange should conversion of excess currency be deemed prudent.*

Former Financial Regulations 6.7 through 6.9 shall be renumbered 6.8 through 6.10.

4. To thank the Director for her initiatives and request that she continue to inform the Member States of any balances due and to report to the 46th Directing Council on the status of the collection of quota contributions.

EL 45.º CONSEJO DIRECTIVO,

Habiendo considerado la recomendación del Comité Ejecutivo y el informe de la Directora sobre la estrategia para aumentar la tasa de recaudación de las cuotas (documento CD45/16);

Observando que, si bien la recaudación de las cuotas correspondientes al bienio 2002-2003 superó la cifra alcanzada en cada uno de los tres bienios precedentes, la Directora está comprometida a mejorar la tasa de recaudación de las cuotas atrasadas, y

Observando que la estrategia propuesta para mejorar las tasas de recaudación requeriría una modificación del Reglamento Financiero y las Reglas Financieras de la Organización,

RESUELVE:

1. Tomar nota de la recomendación del Comité Ejecutivo y del informe de la Directora sobre la estrategia para aumentar la tasa de recaudación de las cuotas (documento CD45/16).

2. Agradecer a los Estados Miembros que ya han liquidado sus cuotas correspondientes a 2004, e instar a los demás Estados Miembros a pagar cuanto antes sus contribuciones pendientes.
3. Aprobar la modificación del Reglamento Financiero de la Organización, a fin de permitir el pago de las cuotas en moneda nacional, como se indica a continuación:

Artículo VI del Reglamento Financiero

- 6.6 Las contribuciones se señalarán ~~y se pagarán en dólares de los Estados Unidos.~~ ***en dólares de los Estados Unidos y se pagarán en dicha moneda o en la moneda o monedas que el Director determine.***
- 6.7 ***Los pagos efectuados en monedas diferentes del dólar de los Estados Unidos se acreditarán a las cuentas de los Estados Miembros según la tasa de cambio de las Naciones Unidas vigente en la fecha del recibo por la Organización Panamericana de la Salud o a la tasa de cambio del mercado si se juzga prudente convertir el exceso de moneda.***

Los párrafos 6.7 a 6.9 se renumerarán como 6.8 a 6.10.

4. Agradecer a la Directora sus iniciativas y pedirle que siga notificando a los Estados Miembros los saldos adeudados y que informe al 46.º Consejo Directivo sobre el estado de la recaudación de las cuotas.

Decision: The proposed resolution was adopted.²

Decisión: Se aprueba el proyecto de resolución.²

Item 5.1: Draft Proposed Program Budget of the World Health Organization for the Financial Period 2006-2007

Punto 5.1: Anteproyecto de presupuesto por programas de la Organización Mundial de la Salud para el ejercicio financiero 2006-2007

The RAPPORTEUR presented the proposed Resolution (CD45/PR.2).

² Resolution CD45.R4

² Resolución CD45.R4

THE 45th DIRECTING COUNCIL,

Having considered Documents CD45/6 and CD45/INF/2, which refer to the draft program budget of the World Health Organization for the Financial Period 2006-2007, to be financed from both the regular budget and other sources of funds;

Welcoming the continuing efforts made throughout the Organization to strengthen coordination and accountability in a results-based management framework;

Concerned with the decline of the regular budget allocation to the Region over the last three biennia as a consequence of the implementation of Resolution WHA51.31;

Welcoming the Director-General's commitment to allocate a greater share of resources (both regular and other sources) to Regions and countries; and

Appreciating that the tentative proposed allocation, particularly in the regular budget portion, would increase the share of resources to the Region of the Americas, with respect to previous biennia,

RESOLVES:

1. To request the Director to transmit to the Director-General of WHO the views of the 56th Session of the Regional Committee of the Americas on the Proposed WHO Program Budget for 2006-2007, so that these can be taken into consideration when the program budget is further reviewed and discussed at the 114th Executive Board and at the 58th World Health Assembly.
2. To support the Director-General's policy of the proposed shift of resources to Regions and countries as expressed in the draft program budget of the World Health Organization.
3. To request WHO to consider the specific needs of the Region of the Americas, in particular the prioritization of Key Countries in greatest need and the greater vulnerability of the small island States, in the development of criteria for the strategic allocation of resources, from both regular and other sources, to the different Regions of WHO.

EI 45.º CONSEJO DIRECTIVO,

Habiendo examinado los documentos CD45/6 y CD45/INF/2, los cuales se refieren al proyecto del presupuesto por programas de la Organización Mundial de la

Salud para el ejercicio económico 2006-2007, que se financiará con recursos del presupuesto ordinario y recursos de otra procedencia;

Recibiendo con beneplácito los esfuerzos continuos realizados en toda la Organización para fortalecer la coordinación y la rendición de cuentas en un marco de gestión orientada a la consecución de resultados;

Preocupado por la disminución de la asignación del presupuesto ordinario a la Región de las Américas durante los tres últimos bienios, como consecuencia de la aplicación de la resolución WHA51.31;

Recibiendo con beneplácito el compromiso del Director General de asignar una proporción mayor de los recursos (tanto ordinarios como de otra procedencia) a las Regiones y a los países, y

Reconociendo que la asignación preliminar del proyecto de presupuesto, en particular la parte del presupuesto ordinario, aumentaría la proporción de los recursos destinados a la Región de las Américas respecto de los bienios anteriores,

RESUELVE:

1. Solicitar a la Directora que comunique al Director General de la OMS los puntos de vista de la 56.^a sesión del Comité Regional para las Américas en cuanto al proyecto de presupuesto por programas de la OMS para 2006-2007, al objeto de que estos puedan tenerse en cuenta cuando el presupuesto por programas sea examinado y analizado más a fondo en el 114.^o Consejo Ejecutivo y en la 58.^a Asamblea Mundial de la Salud.
2. Respalda la política del Director General en cuanto a la transferencia propuesta de recursos a las Regiones y los países, como se expresa en el proyecto de presupuesto por programas de la Organización Mundial de la Salud.
3. Solicitar a la OMS que al establecer los criterios para la asignación estratégica de recursos, tanto del presupuesto ordinario como de otra procedencia, a las distintas Regiones considere las necesidades específicas de la Región de las Américas, en particular, la asignación de prioridad a los países clave, que tienen las mayores necesidades, y la mayor vulnerabilidad de los pequeños estados insulares.

Decision: The proposed resolution was adopted.³

Decisión: Se aprueba el proyecto de resolución.³

³ Resolution CD45.R5

³ Resolución CD45.R5

El PRESIDENTE da por concluido el punto 6.1 y da la palabra al Delegado de Panamá.

El Dr. ALLEYNE (Panamá) propone la creación de un grupo de trabajo que evalúe los daños sufridos recientemente por Haití y que coordine el apoyo técnico y económico prestado por los países para sacar a ese país de la triste situación en que se encuentra.

El PRESIDENTE dice que la propuesta del Delegado de Panamá quedará reflejada en las actas de la reunión.

ITEM 10.3: RESOLUTIONS AND OTHER ACTIONS OF THE FIFTY-SEVENTH
WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL
COMMITTEE

PUNTO 10.3: RESOLUCIONES Y OTRAS ACCIONES DE LA 57.^a ASAMBLEA
MUNDIAL DE LA SALUD DE INTERÉS PARA EL COMITÉ
REGIONAL

Hon. Herbert SABAROCHE (President of the Executive Committee) said that during the Executive Committee's 134th Session in June 2004, Dr. Philippe Lamy, Area Manager, Governance and Policy, had summarized the resolutions and other actions of the Fifty-seventh World Health Assembly that were considered to be of particular relevance for the Region of the Americas. He had noted that, for the first time, the PAHO Secretariat had prepared a table that contained references to earlier PAHO resolutions adopted on the same topics as the various Health Assembly resolutions, the aim being to ensure greater continuity and alignment of issues of concern to the Region with work under way at the global level, as called for by the Pan American Sanitary Conference in 2002.

Dr. Lamy had highlighted several resolutions of particular importance, including Resolution WHA57.17, endorsing the Global Strategy on Diet, Physical Activity, and Health, which the Region of the Americas had played a prominent role in developing, and Resolution WHA57.10 on Road Safety and Health, which had been the theme of World Health Day, 2004. He had also drawn attention to the resolutions on family health, reproductive health strategy, human organ and tissue transplant, migration of health personnel, and scaling-up treatment and care within a comprehensive response to HIV/AIDS, all of which were related to initiatives under way in the Region.

In its discussion of the item, the Executive Committee had noted that the celebration of World Health Day in April 2004 had helped create the momentum needed for the adoption by the Health Assembly in May 2004 of a truly substantive resolution on

road safety and health. It had also noted that in the lengthy discussions on the Global Strategy on Diet, Physical Activity, and Health, several countries of the Region, particularly Brazil and the Dominican Republic, had shown great leadership in the effort to reach consensus on a complex strategy that could be implemented at the country level. The topic of human organ and tissue transplant was another area in which the Region had shown leadership, and the Executive Committee had expressed its appreciation to Spain for moving the matter forward, both at the Executive Board and at the Health Assembly.

As the migration of health personnel, particularly of nurses, was a major concern in the Region, the Committee had expressed strong interest in the practical approaches being taken to tackle the problem, as well as satisfaction that PAHO was already pursuing studies and analyses on the subject. It had been pointed out that addressing the problem would mean improving working conditions for nurses in order to persuade them not to emigrate, but that collaboration would be needed between the countries of origin and the developed countries to which nurses tended to migrate.

*Dr. José Ramón Balaguer Cabrera (Cuba) took the Chair.
El Dr. José Ramón Balaguer Cabrera (Cuba) pasa a ocupar la Presidencia.*

Le Prof. DRUCKER (France) tient à souligner à l'intention du Conseil directeur de l'OPS, que parmi les questions examinées par la 57^e Assemblée mondiale de la Santé, l'importance toute particulière que celle-ci attache aux questions essentielles de santé génésique et des droits des femmes, notamment dans la perspective de la réalisation des objectifs du développement pour le millénaire.

Le projet de stratégie pour accélérer les progrès dans ce domaine, adopté par la 57^e Assemblée mondiale de la Santé, est d'autant plus important que l'attention portée par la communauté sanitaire internationale à ce sujet semble être quelque peu retombée depuis la conférence de Pékin de 1995. À cet effet, le président de la République française et plusieurs autres chefs d'États ont signé récemment une pétition internationale qui réaffirme le soutien aux acquis du programme d'action de la conférence internationale du Caire sur la population et le développement. Cette déclaration sera présentée le mois prochain à l'Assemblée générale des Nations Unies, à l'occasion de la célébration du dixième anniversaire de la conférence du Caire.

La France invite les plus hautes autorités des pays partenaires de l'OPS à se joindre à cette déclaration et elle met l'accent sur la pertinence pour la région des Amériques des décisions de la 57^e Assemblée mondiale de la Santé en matière de santé génésique et sexuelle et encourage fortement ses partenaires de l'OPS à renforcer leur engagement dans ce domaine.

ITEM 5.5: ACCESS TO MEDICINES
PUNTO 5.5: ACCESO A LOS MEDICAMENTOS

Hon. Herbert SABAROCHE (President of Executive Committee) said that the Executive Committee had discussed the item in June 2004 after hearing a presentation by Dr. José Luis Di Fabio, Area Manager, Technology and Health Services Delivery, who had sketched out the basis for a PAHO work program aimed at improving access to medicines and other essential public health supplies for the countries of the Region. He had noted that WHO's strategic lines of action focused on four components: policy, quality and safety, access, and rational use.

With respect to access, PAHO had identified four lines of action: promotion of a coherent generic medicines policy, development of cost-containment strategies, strengthening public health commodity supply systems, and capacity-building in procurement at national and regional levels. Dr. Di Fabio had described some of the activities that PAHO was pursuing or proposed to undertake in each of those four areas.

The Executive Committee had expressed support for the proposed program of work, emphasizing that addressing the needs of the 2 billion people without access to affordable quality medicines must remain a priority issue for WHO, PAHO, and all Member States. Clarification had been sought on the reasons for the focus on generic drugs rather than on a broader national drug policy encompassing both branded drugs and generic medicines. It had been noted that Member States had made significant advances in the development, implementation, and monitoring of medicines policy but that in the policy development process, access to generic medicines, quality criteria, and incentives needed to be strengthened.

Delegates had stressed that the work on cost containment should be firmly evidence-based. It had been suggested that dissemination of price information and an evaluation of price transparency throughout the Region could be added to the list of proposed actions. It had been pointed out that limited availability of capacity might be acting as a bottleneck in the evaluation and approval of new medicines, and it had been suggested that PAHO might assist countries in addressing that problem by helping to strengthen the Pan American Network for Drug Regulatory Harmonization.

In response to requests for clarification, the Committee had been informed that PAHO was not proposing a third revolving fund mechanism over and above the PAHO Revolving Fund for Vaccines Procurement (EPI Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund). The Committee had also been informed that both funds were being evaluated against set

objectives, with particular reference as to why the Strategic Fund had not been used to a greater extent.

The Committee had urged that PAHO's support in assessing intellectual property matters as they related to medicines should be evidence-based and build on the work being done in other fora, such as the WHO Commission on Intellectual Property Rights, Innovation, and Public Health. It had suggested that PAHO could provide technical and policy support, if asked, to help Member States take full advantage of the flexibility provided for in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and envisaged in the Doha Declaration on the TRIPS Agreement and Public Health. Finally the Committee had adopted Resolution CE134.R6, which was annexed to Document CD45/10.

La Dra. PÉREZ XIQUES (Cuba) recuerda que uno de los acápites de los Objetivos de Desarrollo del Milenio en relación con el fomento de la acción mundial para el desarrollo es justamente el acceso a los medicamentos. La situación en el mundo es sumamente complicada. Por ejemplo, 27% de los enfermos de tuberculosis siguen sin tener acceso al tratamiento. Por otra parte, el número y la variedad de los productos farmacéuticos, de los medios diagnósticos y de las vacunas siguen aumentando.

En el documento que ya se presentó en relación con los Objetivos de Desarrollo del Milenio se mencionan cinco países con políticas claras en materia de medicamentos pero Cuba, no es uno de ellos, pese a que tiene una política eficaz de medicamentos genéricos y que a tales efectos cuenta con una lista de medicamentos esenciales que actualiza anualmente la Comisión del Formulario Nacional. Después de reiterar que está de acuerdo en que los retos fundamentales de los países de la Región estriban en la selección de productos de calidad, así como en el financiamiento, las adquisiciones, la contención de los costos, la reglamentación de la propiedad intelectual y la gestión de los suministros, la oradora apoya el proyecto de resolución.

La Dra. BRICEÑO (Venezuela) agradece a la Secretaría el proyecto de resolución sobre el acceso a los medicamentos, que es un objetivo fundamental de la política farmacéutica de la mayoría de los países americanos y una de las metas del milenio. La Delegación de Venezuela considera que esa resolución debe hacer más hincapié en los medicamentos esenciales porque son la puerta de entrada para el uso racional de los medicamentos. Según las estadísticas mundiales, la mayoría de los países incurren en gastos enormes en medicamentos, sin con ello alcanzar el objetivo fundamental de acceso a ellos; se efectúan compras innecesarias de medicamentos que no son esenciales y que se usan de un modo irracional.

En la resolución se debe instar a los Estados Miembros a promover el uso racional de los medicamentos por ser ésta la mejor medida desde el punto de vista terapéutico y para fines de la contención de costos. Asimismo, a la Directora debe instársele a incluir entre los planes de cooperación de la Organización Panamericana de la Salud la promoción del uso racional de los medicamentos.

Otro aspecto que Venezuela quiere destacar guarda relación con los acuerdos sobre la propiedad intelectual. Si bien es cierto que se está exhortando a los Estados Miembros a que conocer las excepciones detalladas en los acuerdos, los países de la Región siguen firmando acuerdos multilaterales y bilaterales de libre comercio de los cuales los derechos de propiedad intelectual son un aspecto central, y la presencia de los ministerios de salud en las negociaciones es muy escasa. La Organización Panamericana de la Salud hace un trabajo interesante en esta esfera, pero además debe concienciar a los países y a sus autoridades sanitarias acerca de las excepciones previstas en esos acuerdos y la manera de manejar el tema de la propiedad intelectual, que tanto incide en el acceso a los medicamentos.

Los precios son el elemento determinante del acceso, por lo que Venezuela expresa su deseo de que en el proyecto de resolución se solicite a la Directora que se establezcan mecanismos para comunicarles los precios a los diferentes países, con el fin de que éstos puedan utilizarlos en sus compras.

Un cuarto aspecto es el de los medicamentos utilizados para tratar las llamadas “enfermedades olvidadas”. En los países de la Región hay enfermedades que no despertan el interés de la industria farmacéutica porque representan un mercado reducido y poco lucrativo. Por consiguiente, Venezuela exhorta a que este tema se incorpore en la resolución y a que la OPS establezca mecanismos para fomentar la investigación en este campo.

Hon. John JUNOR (Jamaica), speaking on behalf of CARICOM, said that at a time when the Region was renewing its commitment to primary health care as a major strategy to ensure essential health care for all citizens, access to strategic public health supplies in general, and to medicines in particular, was of the utmost importance, as had been articulated in target 17 of the Millennium Development Goals.

In the Caribbean, the importance of access to medicines had long been recognized and was reflected among the priorities included in the Caribbean Cooperation in Health Initiative: Phase II. Many governments had undertaken initiatives to ensure the availability of quality medicines and public health supplies. As the manufacturing capacity of the Region was minimal, it imported most of those supplies, resulting in a major drain on foreign exchange. In the area of product assessment and regulation, only three countries had developed strong regulatory bodies that oversaw the registration of

pharmaceuticals. In Jamaica, the Food and Drugs Act of 1964 had been updated in 1975 by the enactment of new regulations which included provisions for herbal products. The new PAHO initiative to strengthen the Region's capacity in that area was noteworthy.

The Caribbean had a long history in the forecasting, procurement, and distribution of supplies. In Jamaica, that function was undertaken by a government-owned health cooperation. Barbados had its Drug Service, which was a WHO Collaborating Center. The Pharmaceutical Procurement Service of the Organization of Eastern Caribbean States was a good example of a joint procurement mechanism for eight countries. All of those arrangements met the challenges articulated in the document before the Council, namely selection of quality products, intellectual property regulation, financing and procurement, affordable pricing, and forecasting and planning to ensure continued supply.

In an effort to mitigate the high cost of pharmaceutical products, Caribbean governments had developed national formularies based on the WHO Model List of Essential Medicines. Jamaica had gone still further to develop a list of vital, essential, and necessary drugs to guide rational drug use. Another important measure was the development of a generic drug policy, supported by legislation, which required the pharmacist to offer the generic alternative to the patient unless otherwise specified by the physician.

As pointed out in the document before the Council, availability had to be partnered with affordable and sustainable financial mechanisms. The Jamaican public that utilized public health facilities was expected to pay a small contribution for medicines obtained in the public sector, often representing less than 10% of the cost. There was also an assessment process whereby persons who were truly unable to afford the minimal cost were entirely exempted. No one was denied access because of an inability to pay.

Special consideration had been given to the elderly. The Jamaica Drug for the Elderly Program had been introduced several years ago and now covered close to 120,000 persons. Drugs were provided by the Ministry of Health to participating pharmacies, including in the private sector, for access for a nominal administrative fee by persons enrolled in the Program. Accessibility to essential medicines had been further boosted with the launch of the National Health Fund in November 2003. Under an individual benefits plan, persons with any of 14 chronic conditions received a fixed subsidy or rebate at the time of purchase of any of the 72 drugs currently covered by the Program. The diseases covered included hypertension, diabetes, and cardiovascular and chronic mental illnesses.

Jamaica recognized that supplying medication was not enough: educating people was also important. The national health fund consequently pursued a health promotion and prevention strategy financed under an institutional benefit component through which direct disbursements were made to augment the allocation from the recurrent budget. Similar programs existed in Barbados, Suriname, and Trinidad and Tobago.

In the procurement of special public health supplies such as vaccines, Jamaica and other Caribbean nations had benefited from the EPI Revolving Fund. Those countries shared the concern expressed in paragraph 8 of Document CD45/10 about the need for more information on the impact of trade agreements, particularly TRIPS, concerning access to medicines. On the other hand, the Doha Agreement had facilitated negotiations with the pharmaceutical industry on the cost of antiretroviral drugs for HIV/AIDS, which was a welcome development. Thanks to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the number of persons living with AIDS who would now be able to access antiretroviral medication would undoubtedly increase.

The Caribbean Community supported the proposed resolution on access to medicines.

Le Dr CORRIVEAU (Canada) annonce que le 14 mai 2004, le gouvernement du Canada a adopté des mesures législatives qui modifient les lois canadiennes sur les médicaments et les brevets afin de faciliter l'accès pour les pays moins développés et en développement à des produits pharmaceutiques moins coûteux pour le traitement du VIH, de la tuberculose, du paludisme et d'autres problèmes de santé publique d'envergure épidémique.

Cette initiative du Canada témoigne de son engagement à soutenir les efforts pour améliorer l'accès à moindre coût aux produits pharmaceutiques essentiels pour les pays moins développés ou en développement.

Par le biais des conférences panaméricaines biennales, le réseau panaméricain pour l'harmonisation des règles relatives aux médicaments travaille à promouvoir une plus grande harmonisation de la réglementation touchant les aspects de la sécurité, de la qualité et de l'efficacité des produits pharmaceutiques dans les secteurs clefs, tels les bonnes pratiques de fabrication, les bonnes pratiques cliniques et la bio-équivalence.

À titre de membre fondateur du réseau panaméricain pour l'harmonisation des règles relatives aux médicaments, et en tant que membre du groupe de travail sur la bio-équivalence, le gouvernement canadien participe présentement à toutes les activités qui contribuent à l'élaboration de critères de bio-équivalence harmonisée pour l'interchangeabilité des produits pharmaceutiques dans les Amériques. Ces activités incluent l'élaboration de critères fondés sur des preuves scientifiques pour les produits

nécessitant des études de bio-équivalence, l'élaboration de listes classées par ordre de priorité des produits pharmaceutiques nécessitant des études de bio-équivalence in-vivo et l'élaboration d'une liste comparative des produits pharmaceutiques.

Le Canada a aussi récemment participé à une étude diagnostique sur la bio-équivalence pour toute la région des Amériques qui a été coordonnée par le Secrétariat de l'OPS. Conséquemment, en conformité avec l'engagement soutenu envers l'ensemble de ces activités, le Canada appuie la résolution sous sa forme actuelle.

El Dr. CISNEROS (Bolivia) recuerda la declaración de Alma-Ata de 1978 y la estrategia de atención primaria de salud, que inició un proceso de cambio y orientó las políticas de salud en el nivel mundial hacia la salud para todos, con equidad y solidaridad. En este contexto, es preciso lograr que haya acceso equitativo a los medicamentos esenciales, haciendo hincapié en las prioridades de salud y en las poblaciones desposeídas. Los medicamentos deben considerarse un elemento estratégico de las políticas de estado.

Bolivia apoya la resolución propuesta y pide incluir una cláusula con la solicitud de que se continúen desplegando los esfuerzos necesarios para que el observatorio de medicamentos de las Américas permita contar con información confiable destinada a facilitar el acceso a los medicamentos en los Estados Miembros.

Le Prof. DRUCKER (France) considère la question de l'accès aux médicaments comme une priorité essentielle de santé publique. La réalisation des objectifs de développement pour le millénaire, le succès de l'initiative « 3 millions d'ici 2005 » de l'OMS, la lutte contre la tuberculose ou contre les infections émergentes, ainsi que le traitement des maladies non transmissibles telles que le cancer ou le diabète, exigent en effet l'accès le plus large possible des populations à des médicaments de qualité à un prix abordable.

Le rapport soumis au Conseil directeur analyse parfaitement les principaux éléments déterminants de l'accès aux fournitures de santé publique. La France félicite l'Organisation pour l'action qu'elle a entreprise pour aider les pays à renforcer leurs capacités nationales et régionales dans ce domaine.

La France souligne aussi l'importance du Fonds stratégique mis en place par l'OPS pour appuyer les pays quant à l'accès aux médicaments et qui constitue un véritable mécanisme de solidarité. Elle soutient sans réserve les grandes lignes d'action stratégique proposées au Conseil directeur et notamment la promotion d'une politique

cohérente des médicaments génériques visant à accroître la disponibilité et l'utilisation des médicaments essentiels de qualité.

La France tient à souligner également l'importance des stratégies de restriction des coûts portant sur les aspects commerciaux de la propriété intellectuelle. A cet égard, il lui paraît essentiel que l'OPS continue d'apporter un appui aux pays dans la mise en œuvre de la résolution 57.14 adoptée lors de la dernière Assemblée mondiale de la Santé et qui invite les pays à tenir compte dans les accords commerciaux bilatéraux des marges de manœuvre prévues dans l'accord de l'Organisation mondiale du Commerce sur les implications commerciales de la propriété intellectuelle.

Enfin, si les aspects de financement sont bien évoqués dans le rapport, ce dernier ne mentionne pas la question de la pérennité des financements, notamment au travers de régimes d'assurance ou de mécanismes de financement collectifs. C'est là un aspect important, comme l'a rappelé la délégation de la Jamaïque. Au total, la délégation française soutient le projet de résolution proposé mais suggère d'inclure une référence à la promotion de mécanismes de financement durables, indispensables à l'accessibilité des médicaments essentiels.

Ms. VALDEZ (United States of America) said that the United States recognized the need for improved access to essential medicines throughout the world. Addressing all aspects of the health care system, from health care providers to the patient, including the public and private sectors and global organizations, was essential to improving access to medicines and attaining a healthier community.

She endorsed PAHO's view of access to medicines as a complex multidimensional phenomenon. Having the right drug at the right time at the right cost, with the utilization of expertise from health professionals to treat, monitor, evaluate, and educate patients, were all components of access. Access should be viewed as a continuum, from the manufacturer through the supply chain to the pharmacy and then to the patient.

It was true that a better understanding of the term "generic" was needed, with a focus on quality criteria. Member States needed to work with both the research-based and the generic drug industries to ensure that drugs were safe, effective, and of good quality. While the United States supported an increase in the quality and rational use of generic drugs, it believed that they were not always the most appropriate or most cost-effective option. It was a common misconception that brand-name medicines were more expensive than the generic versions: that was not always the case.

Her country was pleased that the proposed line of action to promote a coherent generic drug policy contained references to drug quality and the development of strong regulatory frameworks, in addition to a focus on increasing acceptance, promoting

availability, and rational use. All Member States were intensely supportive of the WHO Commission on Intellectual Property Rights, Innovation, and Public Health. The Commission's recommendations, expected for 2006, should help to clarify the appropriate roles of WHO and its Regional Offices, especially in their work with Member States to provide the necessary data and evidence on which to base national policies that addressed such issues as access, procurement, quality and efficacy, and rational use of drugs.

The United States advocated a strong evidence base in the development of cost-containment strategies for essential public health supplies and supported the strategy regarding the development and implementation of approaches for assessing the impact and use of information, the role of competition, pricing methodologies, and options for price control. It looked to PAHO to continue to inform Member States, in an unbiased and data-driven approach, on advances in cost-containment strategies, an area in which new ideas and approaches were coming to the forefront because of continuing research and development. PAHO could be an effective communication channel for pharmaceutical policies, regulations and best practices used by governments to promote access to drugs.

Venezuela had made a point about neglected diseases, and many countries, including her own, undoubtedly had relevant legislation that could be shared on that subject. Canada had mentioned the Pan American Network for Drug Regulatory Harmonization, and she encouraged Member States to take greater advantage of that program, which, since 1999, had been an important conduit for the study and comparison of national legislation and mechanisms to establish priorities and to harmonize regulatory processes. Her Delegation supported the resolution proposed under the item.

Hon. Damian GREAVES (Saint Lucia), endorsing the remarks made by the Delegate from Jamaica, said that he supported the report and the resolution on access to medicines but believed that blood and blood products should be explicitly recognized as an essential public health product and that access to an adequate quantity of quality blood products needed to be addressed more equitably and comprehensively. Such access was important if health services were to be able to respond effectively to a number of critical problems, including injuries, disasters, maternal health and reduction of maternal mortality, cancers, and other chronic diseases.

Paragraph 17 of Document CD45/10 raised a single issue relating to the quality and adequate provision of blood products, namely screening, yet the entire process had to be addressed from donor recruitment to blood component manufacturing, blood storage, mobilization and, very importantly, the appropriate use of blood and blood products. PAHO, the Red Cross, the American Association of Blood Banks, and the countries in

the Americas had already invested in the development of blood standards and of national blood programs.

The resolution should accordingly be amended by the inclusion of a reference to the need for Member States to develop national blood policies and for the Director to support countries in the development and implementation of such blood policies.

O Dr. BARBOSA DA SILVA (Brasil) disse que o documento traça um perfil bastante atualizado sobre um problema extremamente grave para todos os países da Região, que é o acesso não só aos medicamentos, mas a todas as provisões estratégicas em saúde pública, particularmente aos hemoderivados, às vacinas e aos meios de diagnóstico, cujo custo e dificuldade no acesso podem ser elementos tanto para impedir o alcance de várias metas de prevenção e controle de doenças, como de redução do dano causado por várias doenças transmissíveis e não-transmissíveis, podendo, inclusive, comprometer o próprio alcance das metas do milênio de uma maneira homogênea em toda a Região.

Frisou que além da questão dos hemoderivados, o documento também cita novas vacinas. Recomendou que, no referente às novas vacinas, a agenda deveria apontar para uma futura posição comum na Região, pois as vacinas podem determinar uma mudança completa do paradigma, o que significa mudança no financiamento dos programas de imunização. Explicou que uma única dose de algumas dessas novas vacinas custa todo o conjunto das outras vacinas que atualmente estão disponíveis.

Informou que novas vacinas, como as de rotavírus e contra pneumococos, provavelmente produzirão um elevadíssimo impacto, tanto na redução das mortes como na hospitalização de crianças na Região. Afirmou que o tema do acesso a provisões estratégicas na área de saúde dispõe de um lugar crescente na sua agenda. Apoiou integralmente a resolução apresentada, e informou da existência de evidências demonstrando que a questão dos medicamentos tem sido um dos grandes fatores de empobrecimento de algumas populações da Região, principalmente de idosos.

Considerou que os gastos diretos com medicamentos são um fator de injustiça, que contribuem para a falta de acesso das pessoas às tecnologias disponíveis, as quais poderiam reduzir a carga das doenças, o número de hospitalizações e o número de mortes por diversas doenças na Região.

Disse que a resolução, com a incorporação das várias sugestões, estimulará todos os países da Região a desenvolverem políticas nacionais específicas, colocando o acesso a medicamentos essenciais na agenda de prioridades do setor saúde, no que diz respeito a

preços acessíveis, compras nacionais, distribuição para populações mais pobres e garantia de qualidade dos medicamentos que são utilizados.

Considerou que além das medidas propostas na resolução, relacionadas ao acesso e à qualidade, seria importante uma maior implementação na Região da Resolução WHA57.14, aprovada na última Assembléia Mundial da Saúde. Recomendou a exploração de todos os acordos realizados, para detectar as possibilidades e flexibilidades existentes nos acordos internacionais para que se consiga um balanço adequado entre o respeito aos acordos internacionais sobre propriedade intelectual e a defesa ativa e a garantia prática de um maior acesso dos medicamentos essenciais para as pessoas que precisam, contribuindo para a elevação do nível de saúde na Região.

El Lic. TOBAR (Argentina) propone incorporar en la resolución un artículo que diga: *promover políticas de prescripción de los medicamentos por nombres genéricos o denominaciones comunes internacionales (DCI) con objeto de reducir los gastos en salud, en especial los de las poblaciones más pobres, introducir la competencia por los precios en los mercados, favorecer el uso racional y, en consecuencia, mejorar el acceso dentro de un contexto de garantía, seguridad y eficacia de los medicamentos.*

El Dr. LAMA (Ecuador) dice que la legislación de la República consagra el derecho de las personas a tener acceso a los medicamentos esenciales. No obstante, la realidad nacional muestra que este acceso es limitado, sobre todo en la población pobre. El Ministerio de Salud Pública debe regular y garantizar el ejercicio de los derechos a la salud y formular políticas públicas para ampliar la protección social y el acceso a servicios y medicamentos.

El perfil demográfico y epidemiológico de la población ecuatoriana ha sufrido cambios importantes en las tres últimas décadas, y hace falta una mayor disponibilidad de medicamentos de bajo costo. En Ecuador, 70% de la población se encuentra por de bajo de los niveles de pobreza y 30% carece de acceso a servicios integrales de salud. Por lo tanto, es necesario establecer estrategias para que el Estado garantice el acceso a medicamentos de calidad a un costo bajo.

El Ministerio de Salud Pública está estableciendo un mecanismo para la adquisición de medicamentos de calidad a precios competitivos y estandarizados en todo el país. Durante las negociaciones del Tratado de Libre Comercio de Ecuador, Colombia y Perú con los Estados Unidos, se ha mantenido la política subregional de incluir los principios contenidos en la Declaración de Doha sobre la propiedad intelectual y salud pública y en la resolución de agosto de 2003 de la Organización Mundial del Comercio, con el propósito de mantener el equilibrio entre los derechos de salud de las personas y los intereses comerciales, sin afectar el acceso a los medicamentos.

La resolución de la 57.^a Asamblea Mundial de la Salud recomienda adaptar la legislación nacional con el fin de aprovechar al máximo las flexibilidades previstas en el acuerdo sobre los derechos de propiedad intelectual relacionados con el comercio. En este sentido, el Ministerio de Salud Pública ha mantenido el criterio de que el Estado no deberá generar protecciones más allá de las establecidas en los acuerdos sobre la propiedad intelectual.

Podrá otorgar licencias obligatorias para la producción de medicamentos de acuerdo con las necesidades nacionales y autorizar compras estratégicas de medicamentos en los países donde se haya agotado la patente. No se generarán protecciones adicionales para los derechos exclusivos sobre los datos de las pruebas y se mantendrá la independencia entre el registro sanitario y los aspectos comerciales de las patentes. No se protegerán con patentes los métodos terapéuticos y quirúrgicos, plantas, animales, usos y segundos usos. Se adoptarán iniciativas para que la legislación proteja el patrimonio biológico y genérico como bien público con criterios nacionales, morales y éticos, promoviendo al mismo tiempo la innovación en la biotecnología. Ecuador apoya el documento CD/45.10.

El Dr. GARCÍA (Chile) expresa gran satisfacción porque se ha demostrado interés por el acceso a medicamentos, y ve con agrado los esfuerzos del Comité Ejecutivo y en particular los de la Directora por perfeccionar mecanismos que garanticen el buen acceso a los medicamentos y su uso adecuado.

Chile está desarrollando una política y estrategia en este ámbito y quiere perfeccionar de forma participativa el formulario nacional, así como desarrollar una política nacional para el uso de fármacos genéricos con bioequivalencia y disponibilidad aseguradas. Además, se han mejorado los mecanismos para la compra centralizada de fármacos. Interesa asegurar la aplicación de las buenas prácticas de manufactura internacionalmente aceptadas, el desarrollo de la industria farmacéutica nacional y conseguir que se respeten los tratados internacionales, bilaterales y multilaterales convenidos por Chile. Por todo lo anterior, Chile apoya la resolución propuesta y estará dispuesta a realizar una evaluación permanente de ella con el fin de promover el acceso oportuno a los medicamentos para las poblaciones de la Región.

El Lic. BOLAÑOS (Observador, Industria Mundial de la Automedicación Responsable) hace referencia a un aspecto del acceso a los medicamentos en América Latina, donde muchos consumidores practican la autoprescripción y el uso indiscriminado e irracional de medicamentos que requieren la prescripción de un facultativo. Esta situación no obedece a una ausencia de leyes, como tampoco a una falta de voluntad de las autoridades para hacerla cumplir, sino a que los pacientes consumidores carecen de

los recursos necesarios para pagar una consulta y al mismo tiempo adquirir un medicamento.

Es necesario mejorar el nivel adquisitivo y educacional de la población, impulsar el uso de medicamentos genéricos, hacer que las farmacias estén atendidas por verdaderos profesionales, pero también reclasificar algunos medicamentos de venta por receta para que pasen a ser medicamentos de venta sin receta. Esto se aplica a productos que realmente pueden aliviar síntomas y problemas comunes de salud sin la intervención de un facultativo.

The meeting rose at 1:00 p.m.
Se levanta la reunión a la 1.00 p.m.