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FINAL REPORT

The 41st Directing Council of the Pan American Health Organization, 51st Session of the Regional Committee of the World Health Organization for the Americas, was held in San Juan, Puerto Rico, from 27 September to 1 October 1999, as convened by the Director of the Pan American Sanitary Bureau.

Participants

The following Member and Participating States and Associate Members of the Pan American Health Organization were represented: Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Grenada, Guyana, Haiti Honduras, Jamaica, Kingdom of the Netherlands, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, United States of America, Uruguay and Venezuela. The Governments of Portugal and Spain were represented as Observer States. The Executive Committee was represented by its President, Dr. Edgar Rodas (Ecuador) and its Vice President, Dr. Virgilio Galvis (Colombia).

The Council was attended by Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. The following intergovernmental agencies were represented: Caribbean Community, Hipólito Unanue Agreement, United Nations’s Children Fund, and the Joint United Nations Program on HIV/AIDS. Observers for 12 nongovernmental organizations were also present.

Opening of the Council

The Council was opened by the Delegate of Venezuela, Dr. Maria Urbaneja. Speakers at the opening ceremony were Sir George Alleyne, Director of the Pan American Sanitary Bureau; the Honorable Pedro Roselló, Governor of Puerto Rico; and Dr. Gro Harlem Brundtland, Director-General of the World Health Organization.

Officers

Pursuant to Rule 20 of the Rules of Procedure, the Head of Delegation of Venezuela, which occupied the Presidency of the 40th Directing Council, presided until the elections for office of the 41st Council. As a result of the elections, the following delegates served as officers:
Officers (cont.)

President: Dr. Carmen Feliciano de Melecio Puerto Rico

Vice Presidents: Dr. Joseph Losos Canada
Dr. Hamza Rafeeq Trinidad and Tobago

Rapporteur: Dr. Melba Muñiz Martelón Mexico

Secretary
ex officio: Sir George Alleyne Director, Pan American Sanitary Bureau

During the second and sixth meetings and during the fourth, eighth and ninth meetings, Dr. Joseph Losos and Dr. Hamza Rafeeq, respectively, substituted in the presidency for Dr. Carmen Feliciano de Melecio.

Committee on Credentials

The Committee on Credentials was appointed pursuant to Rule 31 of the Rules of Procedure and consisted of the following Members:

President: Dr. Beatriz Rivas Uruguay

Member: Dr. Jose Ancizar Jiménez Colombia

Member: Dr. Martha McCoy Nicaragua

The Committee on Credentials met twice and submitted its respective reports during the first and second meetings.

General Committee

With the election of the Delegates of Argentina, Cuba and the United States of America to the General Committee, pursuant to Rule 32 of the Rules of Procedure the Committee was constituted as follows:

President
of the Council: Dr. Carmen Feliciano de Melecio Puerto Rico

Vice Presidents
of the Council: Dr. Joseph Losos Canada
Dr. Hamza Rafeeq Trinidad and Tobago
General Committee (cont.)

Rapporteur of the Council: Dr. Melba Muñiz Martelón Mexico

Member: Dr. Argentino Pico Argentina

Member: Dr. Carlos Dotres Cuba

Member: Dr. Thomas Novotny United States of America

The General Committee met twice and submitted its respective reports at the second and sixth meetings of the Council.

Working Parties

At the first meeting a working party, consisting of the Delegates of Bolivia, Brazil, and Dominica, was established to study the application of Article 6.B of the PAHO Constitution to States more than two years in arrears in the payment of their quota contributions. The Working Party met once and submitted its report at the second meeting of the Council, at which time Resolution CD41.R1 was adopted.

Other Matters

In addition to the topics reflected in the decisions and resolutions reproduced in their entirety in the present report, the following matters were considered.

Awards

In the sixth meeting the PAHO Immunization Award, 1999, was presented to Dr. Miguel Angel Galindo, of Cuba.

In the eighth meeting the PAHO Award for Administration, 1999, was presented to Dr. Ana Flisser Steinbruch, of Mexico, and the Abraham Horwitz Award for Inter-American Health, 1999, was presented to Dr. Rodrigo Fierro Benitez, of Ecuador.

Other
At the third and fourth meetings, the Directing Council heard a presentation and discussed tobacco control in the Americas.

**Other (cont.)**

At the fifth and sixth meetings, the Directing Council heard a presentation and discussed the year 2000 problem in the health sector.

At the ninth meeting, the Directing Council heard a presentation and discussed the report to the Director of the Advisory Committee on Health Research.

Also at the ninth meeting, the Directing Council heard a presentation on the XI Inter-American Meeting, at the Ministerial level, on Animal Health.

Furthermore, at the ninth meeting, the Directing Council considered resolutions and other actions of the Fifty-second World Health Assembly of Interest to the Regional Committee.

### Meetings

The Directing Council held nine meetings.

### Resolutions and Decisions

#### Resolutions

**CD41.R1: Collection of Quota Contributions**

THE 41st DIRECTING COUNCIL,

Having considered the report of the Director on the collection of quota contributions (Document CD41/20 and Adds. I and II) and the concern expressed by the 124th Session of the Executive Committee with respect to the status of the collection of quota contributions; and

Noting that Cuba is in compliance with its deferred payment plan,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Document CD41/20 and Adds. I and II).
2. To express appreciation to those Member States that have already made payments in 1999, and to urge all Members in arrears to meet their financial obligations to the Organization in an expeditious manner.

3. To congratulate the countries that have fully met their quota obligations through 1999.

4. To compliment the countries which have made payment efforts to reduce quota arrearages for prior years.

5. To request the President of the Directing Council to notify the Delegation of Cuba that its voting privileges will be maintained at this 41st Directing Council.

6. To request the Director:
   
   (a) to continue to monitor the implementation of special payment agreements by Member States in arrears for the payment of prior years' quota assessments;
   
   (b) to advise the Executive Committee of Member States’ compliance with their quota payment commitments;
   
   (c) to report to the 42nd Directing Council on the status of the collection of quota contributions for 2000 and prior years.

(Second meeting, 27 September 1999)

CD41.R2: Appointment of the External Auditor

THE 41st DIRECTING COUNCIL,

Satisfied with the services of the present External Auditor, Sir John Bourn, holder of the Office of Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland, and noting his expressed willingness to continue to serve as External Auditor of the Pan American Health Organization,

RESOLVES:

1. To express its thanks to Sir John Bourn for the work he has performed for the Organization in his audit of the accounts for the financial periods 1996-1997 and 1998-1999.
2. To appoint the holder of the Office of the Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland External Auditor of the accounts of the Pan American Health Organization for the financial periods 2000-2001 and 2002-2003 and to request that he conduct his audits in accordance with the principles set forth in Article XII of the PAHO Financial Regulations, with the provision that, should the need arise, he may designate a representative to act in his absence.

(Second meeting, 27 September 1999)


THE 41st DIRECTING COUNCIL,

RESOLVES:

1. To appropriate for the financial period 2000-2001 an amount of $195,145,178 as follows:

   | Part I   | Part II       | Part III                 | Part IV                  | Part V                    | Part VI                  | Part VII                 |
   | Governing Bodies | Health in Human Development | Health Systems and Services Development | Health Promotion and Protection | Environmental Protection and Development | Disease Prevention and Control | Administrative Services |
   | 2,151,600        | 77,897,400   | 22,120,800               | 18,992,400               | 13,041,100               | 21,963,100               | 20,969,600               |

   Effective Working Budget for 2000-2001 (Parts I-VII) 177,136,000

   Part VIII Staff Assessment (Transfer to Tax Equalization Fund) 18,009,178

   Total – All Parts 195,145,178

2. That the appropriation shall be financed from:

   (a) Assessments in respect to:

      Member Governments, Participating Governments and Associate Members assessed under the scale adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions 181,045,178

   (b) Miscellaneous Income 14,100,000

   TOTAL 195,145,178
In establishing the contributions of Member Governments, Participating Governments and Associate Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 2000 to 31 December 2001, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 2000-2001 shall be limited to the effective working budget, i.e., Parts I-VII.

4. That the Director shall be authorized to transfer credits between parts of the effective working budget, provided that such transfer of credits between parts as are made do not exceed 10% of the part from which the credit is transferred, exclusive of the provision made for transfers from the Director's Development Program in Part II. Except for the provision made for the Director's Development Program in Part II, transfers of credits between parts of the budget in excess of 10% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. The Director is authorized to apply amounts not exceeding the provision for the Director's Development Program to those parts of the effective working budget under which the program obligation will be incurred. All transfers of budget credits shall be reported to the Directing Council or the Pan American Sanitary Conference.

(Third meeting, 28 September 1999)

**CD41.R4:** Assessments of Member and Participating Governments and Associate Members of the Pan American Health Organization for the Financial Period 2000-2001

**THE 41st DIRECTING COUNCIL,**

Whereas, Member Governments appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, adjusted to PAHO Membership, in compliance with Article 60 of the Pan American Sanitary Code; and
Whereas, adjustments were made taking into account the assessments of Cuba, the Participating Governments and Associate Members,

**RESOLVES:**

To establish the assessments of the Member and Participating Governments and Associate Members of the Pan American Health Organization for the financial period 2000-2001 in accordance with the scale of quotas shown below and in the corresponding amounts.

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ASSESSMENTS OF THE MEMBER GOVERNMENTS, PARTICIPATING GOVERNMENTS AND ASSOCIATE MEMBERS

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<th>Membership</th>
<th>Scale Adjusted to PAHO Membership</th>
<th>Gross Assessment</th>
<th>Credit from Tax Equalization Fund</th>
<th>Adjustment for Taxes Imposed by Member Governments on Emoluments of PASB Staff</th>
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(5) This column includes estimated amounts to be received by the respective Member Governments in 2000-2001 in respect of taxes levied by them on staff members’ emoluments received from PASB, adjusted for the difference between the estimated and the actual for prior years.

(Third meeting, 28 September 1999)

CD41.R5: Integrated Management of Childhood Illness (IMCI)

THE 41st DIRECTING COUNCIL,

Having seen Document CD41/11 and its request to accelerate implementation of the strategy for integrated management of childhood illness (IMCI) in the Region of the Americas;

Taking into account that this strategy is considered the principal contribution for reducing mortality from infectious diseases in children under 5 years; and

Bearing in mind that universal access to the IMCI strategy by the population of the Region of the Americas, particularly the most vulnerable groups, will help to achieve the goal of preventing 100,000 deaths in children under 5 years by the year 2002,

RESOLVES:

1. To recommend that the Member States:
(a) adopt the IMCI strategy as the basic intervention for accelerating the reduction of infant mortality and achieving the goal of reducing the number of deaths in children under 5 years by 100,000 between 1999 and 2002;

(b) explicitly include the IMCI strategy among the basic health interventions to which the entire population should have access through the network of health services and health personnel, including the public sector and social security;

(c) draft national and subnational plans and goals aimed at securing progressive access by the entire population to the operational elements of the IMCI strategy through the health services and health workers, and in communities, and promote utilization of these services and personnel by families and communities;

(d) take the necessary steps to guarantee economic support and mobilize all possible resources in support of effective implementation of the IMCI strategy;

(e) introduce teaching of the IMCI strategy into the training of health workers, other professionals, auxiliaries, technical personnel, and community health agents who work with children under 5 years and can contribute to health promotion and disease prevention in the health services and the community.

2. To request the Director:

(a) to increase efforts to obtain extrabudgetary financing for activities connected with the implementation of the IMCI strategy in the countries of the Region and to support the countries in their national and local implementation processes;

(b) to promote execution of the necessary activities for adapting the IMCI strategy to the different epidemiological and operational realities of the countries, expanding its components and interventions to enhance its role in promoting the integrated management of childhood illness;

(c) to invite other international multilateral, bilateral, and nongovernmental organizations to offer support for implementing the IMCI strategy at the regional, subregional, and country level.

(Fourth meeting, 28 September 1999)

CD41.R6: Hurricanes Georges, Mitch, and Floyd

THE 41st DIRECTING COUNCIL,
Having seen the report presented by the Director on the damages caused by hurricanes Georges and Mitch (Document CD41/8);

Noting with deepest regret the damages caused by hurricanes Georges, Mitch, and Floyd in the countries of the Caribbean and Central America and in the continental United States;

Aware of the efforts undertaken by the affected countries and the support given by the international community and by the Pan American Health Organization;

Convinced of the need for transparency in humanitarian supply management, using methods that help manage these resources;

Interested in including the necessary preparedness and mitigation measures in the post-hurricane reconstruction phase to guarantee a reduction in the health sector’s vulnerability in the future; and

Noting the recommendations that emanated from the Meeting to Evaluate the Preparedness and Response to Hurricanes Georges and Mitch held in the Dominican Republic (16-19 February 1999),

RESOLVES:

1. To express its deepest regret for the thousands of lives lost and damage caused by hurricanes Georges, Mitch, and Floyd in the countries of the Caribbean and Central America in the continental United States.

2. To request the health ministers from the Member States to include disaster prevention, mitigation and preparedness issues in their policies on social development and health sector reform and, in the countries where they do not already exist, that offices be organized dedicated to this field.

3. To recognize the SUMA system (supply management) as the regional standard to be used in emergencies and to request the highest level of training for personnel in this methodology.

4. To request the international donor community to increase its financial assistance to strengthen the countries’ disaster prevention, mitigation, and preparedness programs, especially in the post-hurricane reconstruction phase, thus decreasing the health sector’s vulnerability, and to include these practices in the sector’s reform.
5. To adopt the document on lessons learned, prepared at the evaluation meeting on hurricanes Georges and Mitch, as official PAHO/WHO guidelines, and to suggest that each Member State adopt these in the development of disaster prevention, mitigation and preparedness policies.

(Fourth meeting, 28 September 1999)

CD41.R7: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Panama, and Paraguay

THE 41st DIRECTING COUNCIL,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization; and

Considering that Bolivia, Canada, and Guyana were elected to serve on the Executive Committee upon the expiration of the periods of office of Colombia, Panama, and Paraguay,

RESOLVES:

1. To declare Bolivia, Canada, and Guyana elected to membership on the Executive Committee for a period of three years.

2. To thank Colombia, Panama, and Paraguay for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 29 September 1999)

CD41.R8: Amendments to the Constitution of the Pan American Health Organization

THE 41st DIRECTING COUNCIL,

Having reviewed Document CD41/3, “Proposal to Amend the Constitution of the Pan American Health Organization in relation to the Term of Office of the Director of the Pan American Sanitary Bureau”;

Noting the action of the Executive Board of the World Health Organization to amend Rule 48 of the Rules of Procedure of the Board to provide that the appointment of a Regional Director shall be for five years and he or she will be eligible for reappointment
once only, and its request that the Pan American Health Organization consider an amendment to its Constitution to establish the same rules for the appointment of the Director of the Pan American Sanitary Bureau;

Bearing in mind that the Secretary General of the Organization of American States is also elected for a five-year term and may not be reelected more than once;

Taking into consideration the importance to the Organization of the Pan American Sanitary Conference being held in the 100th anniversary year of the Pan American Health Organization, that is, in 2002; and

Aware of the provisions for amending the Constitution of the Pan American Health Organization,

RESOLVES:

1. To amend Articles 7.A and 21.A of the Constitution of the Pan American Health Organization to read as follows:

   “Article 7.A. The Conference shall meet every five years at the Headquarters of the Organization on a date fixed by the Director of the Bureau in consultation with the Executive Committee.”

   “Article 21.A. The Bureau shall have a Director elected at the Conference by the vote of a majority of the Governments of the Organization. The Director shall hold office for a period of five years, and may not be reelected more than once. In the event that the successor to the Director has not been elected prior to the expiration of the Director’s term of office, the Director shall continue to serve until the successor takes office. In the event of the resignation, incapacity, or death of the Director, the Deputy Director shall assume the duties of the Director until the next meeting of the Council. The Council shall then elect a Director ad interim by a majority vote of the Governments present and voting.”

2. To establish the effective date of the amendments as the opening date of the 26th Pan American Sanitary Conference in 2002.

3. To determine that the amendments not apply to the incumbent Director.

(Seventh meeting, 30 September 1999)
CD41.R9: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE 41st DIRECTING COUNCIL,

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD41/9);

Taking into account the characteristics and trends of the HIV/AIDS epidemic in the Americas, which is affecting larger numbers of vulnerable young men, women, and children;

Cognizant of the well-known and important association of HIV transmission and the presence of other sexually transmitted infections; and

Recognizing the efforts, expertise, and experience developed throughout the last 15 years by the national AIDS/STD programs in preventing the sexual, bloodborne, and perinatal transmission of HIV in the Region,

RESOLVES:

1. To urge Member States to:

(a) further expand the national response against HIV/AIDS by actively engaging non-governmental organizations, the private sector, persons living with HIV/AIDS, religious organizations, and other community groups;

(b) continue to strengthen the Regional capacity for the prevention and control of sexually transmitted infections, specifically that caused by HIV, especially in the areas of laboratory diagnosis, drug procurement, epidemiological surveillance, and patient care and management;

(c) put special emphasis on the sexual and perinatal transmission of HIV and the prevention and control of other sexually transmitted infections through the adoption and/or adaptation of global and regional guidelines and protocols;

(d) maintain the gains obtained in the last decade in the prevention of the bloodborne transmission of HIV and other pathogens through ongoing training of health personnel, broader public information and education, and implementation of quality assurance in laboratories and blood banks;
(e) develop and implement national protocols for providing comprehensive care to people living with HIV/AIDS, taking into consideration standards of quality, efficiency and equity that ensure improvement in the quality of life of those affected by the epidemic;

(f) undertake integrated actions for the prevention, treatment, and mitigation of the harm to health caused by drug abuse, particularly intravenous drug abuse, as an important approach for reducing HIV and other sexually transmitted infections;

(g) emphasize the importance of having an expanded United Nations Theme Group to support and strengthen the national response to HIV/AIDS, in keeping with the national priorities set by each country;

(h) promote the establishment of binational, multilateral, South-South, or regional networks and mechanisms for cooperation on HIV/AIDS, particularly in contexts characterized by great population mobility, to permit the development of regional projects for the prevention of HIV/AIDS in these populations.

2. To request that the Director:

(a) keep Member States informed about developments in regional mechanisms for antiretroviral drug procurement to ensure equitable, appropriate and effective medical care of people with HIV/AIDS, and to prevent mother-to-child transmission;

(b) continue to strengthen the technical capacity of the health sector by forming alliances with national and regional professional associations, academic and research institutions and relevant nongovernmental organizations, while preserving and increasing the national expertise available in the ministries of health, social security institutions and other agencies that provide health services.

(Seventh meeting, 30 September 1999)

**CD41.R10: Vaccines and Immunization**

**THE 41st DIRECTING COUNCIL,**

Having considered the progress report by the Director on vaccines and immunization (Document CD41/10);
Taking into account that countries’ immunization programs have had a tremendous impact on disease control and eradication throughout the Americas and that transmission of measles is on the verge of being interrupted;

Noting with satisfaction that new vaccines are being introduced in national programs and cognizant that the advent of new and improved vaccines will give the health sector new tools for improving the health of the population of the Americas;

Realizing that the sustainability of immunization programs and the introduction of new vaccines will require the continued availability of significant financial resources; and

Aware that the process of health sector reform has to be conducted in a way that strengthens the delivery of all health interventions; and

Recognizing that maintaining the Region of the Americas polio free and achieving the target of measles eradication by the year 2000 will require extraordinary efforts,

RESOLVES:

1. To commend all countries for the priority that has been accorded to immunization programs and to the introduction of new vaccines into routine use.

2. To thank all partner agencies that are collaborating with the program at the regional and country level, including the United States Agency for International Development, the Canadian International Development Agency, and the Agencia Española de Cooperación Internacional, and to welcome the support received recently from the March of Dimes and the United States Centers for Disease Control and Prevention (CDC) for the eradication of measles.

3. To urge Member States to:

   (a) emphasize that the quality and effectiveness of national immunization programs and disease surveillance be maintained in the process of health sector reform;

   (b) ensure that immunization strategies and surveillance activities outlined for measles eradication are fully implemented;

   (c) ensure that resources are made available for sustaining immunization programs, including the maintenance of polio eradication and the use of quality vaccines and the introduction of new ones, whenever warranted by the disease burden.

4. To request that the Director:
(a) continue his efforts to secure the human and financial resources needed to achieve the objectives of the vaccine and immunization program and the eradication of measles by the year 2000;

(b) share with other regions of the world the practices and experiences gained in the Region of the Americas in the delivery of technical cooperation for the control and eradication of vaccine-preventable diseases;

(c) indicate to the PAHO/WHO Representatives in the Region the need to promote bilateral and trilateral initiatives, as the case may be, with a view to planning and implementing vaccination activities in border areas.

(Seventh meeting, 30 September 1999)

CD41.R11: Persistent Organic Pollutants

THE 41st DIRECTING COUNCIL,

Having considered the report of the Director on persistent organic pollutants (Document CD41/12), including the proposal to assist Member States in their efforts towards their safe management, decrease, and elimination; and

Recalling Resolution WHA50.13 of the World Health Assembly (May 1997) on the promotion of chemical safety, with special attention to persistent organic pollutants, in which participation of national health agencies is encouraged for their safe management, as well as Resolution CSP23.R11 of the 23rd Pan American Sanitary Conference concerning the establishment of the Regional Program on Chemical Safety,

RESOLVES:

1. To endorse the initiative to assist Member States to deal with the problems associated with persistent organic pollutants in the environment, especially in relation to the negative effects on health and the environment.

2. To call upon Member States to:

(a) ensure that the use of DDT is authorized by governments for public health purposes only, and that, in those instances, such use is limited to government-authorized programs that take an integrated approach, and that strong steps are taken to ensure that there is no diversion of DDT to entities in the private sector;
(b) take steps to reduce reliance on insecticides for the control of vectorborne diseases through promotion of integrated pest management approaches;

(c) identify existing uses and stockpiles of persistent organic pollutants, particularly of DDT, determine essential needs for the control of disease vectors, and elaborate a plan for their safe use in the protection of human health and the environment;

(d) develop and apply appropriate alternatives, in accord with the particular epidemiological situation in the respective countries, to control vector-transmitted diseases, including cost effectiveness studies and following published WHO guidelines;

(e) support PAHO efforts—especially those Member States with experience and appropriate technology—with technical and financial resources to promote and conduct evaluations of the long-term effects of persistent organic pollutants on human health, especially of the most affected population groups in Latin American and the Caribbean.

3. To recommend that the Director:

(a) incorporate in the REPIDISCA information system of the PAHO Center for Sanitary Engineering and Environmental Services (CEPIS), technical and scientific information on persistent organic pollutants, giving special attention to the effects on human health, including gathering information on current levels of persistent organic pollutants in human blood to identify populations at greatest risk, and to disseminate such information to Member States;

(b) take the necessary steps to reinforce PAHO’s capacity to develop a regional safe management strategy for persistent organic pollutants based on the assessment of risk of these substances, giving particular attention to DDT, and including application of the WHO guidelines for the control of disease vectors;

(c) cooperate with ministries of health and environment in their efforts to identify, characterize, evaluate, monitor, control and gradually eliminate persistent organic pollutants that may have adverse effects on human health;

(d) organize and maintain a Regional database of indicators of health and environment related to persistent organic pollutants, with the cooperation of Member States which have already made significant progress in the field, and to expand it to incorporate other Member States;

(e) stimulate intercountry cooperation, particularly for the tackling of problems of health and environment associated with persistent organic pollutants.

(Seventh meeting, 30 September 1999)
CD41.R12: Monitoring and Evaluation of the Health Sector Reform Processes

THE 41st DIRECTING COUNCIL,

Having seen the document on monitoring and evaluation of the health sector reform processes (Document CD41/14); and

Taking into account that, at the Summit of the Americas in 1994 and the Special Meeting on Health Sector Reform in 1995, with the participation of an interagency committee of the United Nations and multilateral and bilateral cooperation agencies, the governments of the Region identified the need to develop a process for monitoring health sector reform in the Americas,

RESOLVES:

1. To recognize the efforts of the Member States and PAHO to design and implement the Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean.

2. To urge Member States to institutionalize the monitoring and evaluation of their health sector reform processes and apply policies that take into account the results of those processes.

3. To request that the Director:

   (a) continue the process for improving and adapting the Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean, with the active participation of the ministries of health of the Region;

   (b) continue cooperation activities that support application of the Methodology and implementation of the health sector reform processes;

   (c) prepare periodic reports on the progress made and the problems encountered in the sectoral reform processes of the Region;

   (d) promote the establishment of networks for communication and the sharing of experiences on sectoral reform among governments, the private sector, institutions, and other interested actors.

(Eighth meeting, 30 September 1999)
Having seen the Director’s report on workers’ health in the Region of the Americas (Document CD41/15);

Recalling the specific mandates of the Governing Bodies of PAHO on workers’ health, especially Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), in which the Conference urges the Member States to increase the development of different institutional workers’ health care arrangements in order to promote the attainment of universal coverage;

Considering that Resolution WHA49.12 of the World Health Assembly endorses the WHO Global Strategy on Occupational Health for All, clearly defines the principal objectives of action, and requests the Director-General of WHO to invite the organizations of the United Nations system, particularly the International Labor Organization, and nongovernmental and national organizations, to cooperate with WHO in this area;

Aware of the existence of major social, economic, and sanitary inequities that affect workers’ health, especially in the informal sector; and

Recognizing that workers’ health and healthy work environments are essential for attaining the individual and community health and well-being fundamental to the sustainable development of the Member States,

RESOLVES:

1. To urge Member States to include in their national health plans, as appropriate, the Regional Plan on Workers’ Health contained in Document CD41/15, which proposes specific programmatic lines for the action of the Member States and international cooperation.

2. To urge the ministers of health to take the initiative to promote cooperation among the national actors involved in the field of workers’ health and related areas in order to define and act together in the pursuit of common objectives that will be incorporated into national workers’ health plans, national health plans, and development plans, and that will orient international cooperation.
3. To urge the international organizations and bilateral agencies, as well as nongovernmental organizations, to provide technical and financial support to the Member States and cooperate in the execution of activities, adopting the integrated approach proposed in the Regional Plan.

4. To request that the Director:

(a) promote and support the dissemination and implementation of the integrated approach to action proposed in the Regional Plan on Workers’ Health;

(b) pay special attention to forging institutional partnerships at the national and international level, including the mobilization of extrabudgetary resources to carry out intersectoral activities that will facilitate the development and consolidation of prevention activities, within the framework of an integrated preventive approach;

(c) continue to support the ministers of health in their efforts to improve workers’ health;

(d) continue to promote and support the development of the network of PAHO/WHO Collaborating Centers and scientific institutions, so that they contribute to the development of technical, scientific, and administrative capacity in the institutions and programs operating in the field of workers’ health;

(e) promote and support cooperation among countries in the field of workers’ health, particularly operations research on human resources development.

(Eighth meeting, 30 September 1999)

CD41.R14: Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance

THE 41st DIRECTING COUNCIL,

Having seen the progress report on the regional surveillance system for emerging and reemerging infectious diseases and antimicrobial resistance (Document CD41/16) and recognizing the need to adopt urgent measures at the regional and national level for implementing mechanisms that detect, investigate, and respond to new infectious diseases or to the reemergence of others formerly considered under control;
Taking into account that the opportunity to intervene with prevention and control measures is limited by the speed with which goods, food, and people are mobilized and by the emergence of pathogens resistant to the available antimicrobial arsenal; and

Considering that technologies exist for conducting surveillance and limiting the harm caused by outbreaks of emerging and reemerging diseases,

RESOLVES:

1. To urge the Member States to:
   
   (a) strengthen the infrastructure that will permit the efficient performance of epidemiological surveillance networks for communicable diseases, with special attention to early warning and rapid response systems;

   (b) increase regional information exchange on outbreaks of emerging and reemerging diseases of importance to regional and global health through the mechanisms proposed in Document CD41/16 for this purpose;

   (c) review the policies and legal mechanisms governing the rational use of antimicrobials, with a view to introducing changes aimed at controlling the growth of resistance to these drugs.

2. To request that the Director:
   
   (a) foster ties with multilateral, bilateral, and private cooperation and development agencies so that they act synergistically in the financing and support of the proposed approaches;

   (b) promote the maintenance and expansion of the subregional surveillance networks for emerging and reemerging infectious diseases and antimicrobial resistance;

   (c) continue to coordinate the regional response to the emergencies caused by outbreaks of emerging and reemerging diseases.

(Eighth meeting, 30 September 1999)

CD41.R15: Strengthening Blood Banks in the Region of the Americas

THE 41st DIRECTING COUNCIL,

Considering that the transfusion of blood products is a medical procedure performed for the treatment of patients with serious illness or emergencies that cannot be treated by other means;
Affirming that is the inescapable responsibility of the health systems and services to guarantee the efficient processing, adequate supply, and timely delivery of blood products that pose the minimum possible risk to the patients who receive them; and

Taking into account that the risk of transfusion-transmitted infections is higher when blood products come from remunerated or replacement donors, rather than volunteer, nonremunerated, and repeat donors,

RESOLVES:

1. To urge Member States to:
   (a) give higher priority in their national health policies to the safety of blood for transfusion;
   (b) promote the development of national blood programs and transfusion services, based on the voluntary, nonremunerated, and repeated donation of blood, as one indicator of the human development of the population, and on quality assurance;
   (c) strengthen the national blood bank infrastructure in order to implement the national blood programs;
   (d) ensure the appropriate allocation and efficient use of resources for the acquisition of safe blood products and their use in the population that needs them;
   (d) ensure training of medical providers in appropriate clinical use of blood products.

2. To request that the Director:
   (a) cooperate with the Member States in strengthening the national blood programs and transfusion services, with the collaboration of international institutions, especially in the mobilization of financial resources;
   (b) assist in the strengthening of national programs for voluntary, nonremunerated, repeated blood donation;
   (c) establish regional standards for the quality of blood banks and transfusion services, as well as for the blood products used in transfusions;
   (d) promote universal, accurate, and efficient screening of the units of blood donated in the Region;
(e) document the progress of the national blood programs.

(Ninth meeting, 1 October 1999)

**CD41.R16: Salary of the Director of the Pan American Sanitary Bureau**

**THE 41st DIRECTING COUNCIL,**

Considering the revision made to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 March 1999;

Taking into account the decision by the Executive Committee at its 124th Session to adjust the salaries of the Deputy Director and Assistant Director (Resolution CE124.R11);

Having noted the recommendation of the Executive Committee concerning the salary of the Director of the Pan American Sanitary Bureau (Resolution CE124.R11); and

Bearing in mind the provisions of Staff Rule 330.3,

RESOLVES:

To establish the annual net salary of the Director of the Pan American Sanitary Bureau at US$ 104,662 (dependency rate) and $94,190 (single rate), effective 1 March 1999.

(Ninth meeting, 1 October 1999)

**CD41.R17: Expression of Gratitude to Puerto Rico**

**THE 41st DIRECTING COUNCIL,**

Taking account of the outstanding support provided by the authorities of Puerto Rico for the successful realization of the 41st Directing Council, the first time since 1978 that the Governing Bodies of the Pan American Health Organization have met outside Headquarters; and
Considering the warm hospitality provided by the Government and the people of Puerto Rico to all the participants at this session,

RESOLVES:

1. To express its profound gratitude for the support and hospitality provided by the authorities and the people of Puerto Rico.

2. To acknowledge the initiative of the Government of Puerto Rico to organize a session of the Governing Bodies of PAHO outside Headquarters for the first time in 21 years.

(Ninth meeting, 1 October 1999)

Decisions

CD41(D1): Committee on Credentials

Three delegates, from Colombia, Nicaragua and Uruguay, respectively, were appointed members of the Committee on Credentials.

(First meeting, 27 September 1999)

CD41(D2): Officers

Puerto Rico (Dr. Carmen Feliciano de Melecio) was elected to the Presidency, Canada (Dr. Joseph Losos) and Trinidad and Tobago (Dr. Hamza Rafeeq) to the Vice Presidencies, and Mexico (Dr. Melba Muñiz Martelón) to the office of Rapporteur.

(First meeting, 27 September 1999)


Three delegates, from Bolivia, Brazil, and Dominica, respectively, were elected members of the Working Party.

(First meeting, 27 September 1999)
CD41(D4): General Committee

Three delegates, from Argentina, Cuba, and the United States of America, respectively, were elected members of the General Committee.

(First meeting, 27 September 1999)

CD41(D5): Agenda

The agenda was adopted without change.

(First meeting, 27 September 1999)

CD41(D6): Annual Report, 1998, of the Director of the Pan American Sanitary Bureau


(Second meeting, 27 September 1999)


(Second meeting, 27 September 1999)

CD41(D8): Annual Report of the President of the Executive Committee

The Directing Council took note of the report of the President of the Executive Committee on the activities of the Committee and its various subcommittees in the period between September 1998 and September 1999.

(Second meeting, 29 September 1999)
**CD41(D9): Management Advisory Committee of the WHO Action Program on Essential Drugs**

Mexico was selected to the Management Advisory Committee of the WHO Action Program on Essential Drugs for a three-year term starting 1 January 2000.

*(Fifth meeting, 29 September 1999)*

**CD41(10): International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)**

Colombia was selected to designate a representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) for a three-year term beginning 1 January 2000.

*(Fifth meeting, 29 September 1999)*
IN WITNESS WHEREOF, the President and the Secretary ex officio of the 41st Directing Council sign the present Final Report in the English and Spanish languages, the two texts being equally authentic.

DONE in San Juan, Puerto Rico, this first of October, nineteen hundred and ninety-nine. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member States of the Organization.

____________________________________
Carmen Feliciano de Melecio
President of the 41st Directing Council
Delegate of Puerto Rico

_______________________________________
George A. O. Alleyne
Secretary ex officio of the 41st Directing Council
Director of the Pan American Sanitary Bureau
AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS
   2.1 Appointment of the Committee on Credentials
   2.2 Election of the President, Two Vice Presidents, and the Rapporteur
   2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
   2.4 Establishment of the General Committee
   2.5 Adoption of the Agenda

3. CONSTITUTIONAL MATTERS
   3.1 Proposed Amendments to the Constitution of the Pan American Health Organization
   3.2 Annual Report of the President of the Executive Committee
   3.3 Annual Report of the Director of the Pan American Sanitary Bureau, 1998
   3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Panama, and Paraguay

4. PROGRAM POLICY MATTERS
   4.2 Tobacco Control in the Americas
4. PROGRAM POLICY MATTERS (cont.)

4.3 Disaster Preparedness and Emergency Relief: PAHO's Response to Hurricanes Georges and Mitch

4.4 Acquired Immunodeficiency Syndrome (AIDS) in the Americas

4.5 Vaccines and Immunization

4.6 Integrated Management of Childhood Illness (IMCI)

4.7 Persistent Organic Pollutants

4.8 Strengthening Blood Banks in the Region of the Americas

4.9 Monitoring and Evaluation of the Health Sector Reform Processes

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