# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>4</td>
</tr>
<tr>
<td>Opening of the Council</td>
<td>4</td>
</tr>
<tr>
<td>Officers</td>
<td>5</td>
</tr>
<tr>
<td>Committee on Credentials</td>
<td>5</td>
</tr>
<tr>
<td>General Committee</td>
<td>5</td>
</tr>
<tr>
<td>Working Parties</td>
<td>6</td>
</tr>
<tr>
<td>Other Matters</td>
<td>6</td>
</tr>
<tr>
<td>Meetings</td>
<td>7</td>
</tr>
<tr>
<td>Resolutions and Decisions</td>
<td>7</td>
</tr>
<tr>
<td><strong>Resolutions</strong></td>
<td></td>
</tr>
<tr>
<td>CD43.R1: Vaccines and Immunization</td>
<td>7</td>
</tr>
<tr>
<td>CD43.R2: Collection of Quota Contributions</td>
<td>9</td>
</tr>
<tr>
<td>CD43.R3: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Cuba, Nicaragua, and the United States of America</td>
<td>11</td>
</tr>
<tr>
<td>CD43.R4: Dengue and Dengue Hemorrhagic Fever</td>
<td>11</td>
</tr>
<tr>
<td>CD43.R5: XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture</td>
<td>13</td>
</tr>
<tr>
<td>CD43.R6: Development and Strengthening of Human Resources Management in the Health Sector</td>
<td>14</td>
</tr>
<tr>
<td>CD43.R7: Condolences to the United States of America</td>
<td>16</td>
</tr>
<tr>
<td>CD43.R9: Assessments of the Member Governments, Participating Governments and Associate Members of the Pan American Health Organization for 2002-2003</td>
<td>19</td>
</tr>
<tr>
<td>CD43.R10: Mental Health</td>
<td>22</td>
</tr>
</tbody>
</table>
CONTENTS (cont.)

Resolutions (cont.)
CD43.R11: Health Promotion in the Americas .......................................................... 24
CD43.R12: Framework Convention on Tobacco Control .......................................... 26
CD43.R13: International Health Regulations ............................................................ 27
CD43.R14: Salary of the Director of the Pan American Sanitary Bureau ................. 28
CD43.R15: Health, Drinking Water, and Sanitation in Sustainable Human Development .......................................................... 29
CD43.R16: Acquired Immunodeficiency Syndrome (AIDS) in the Americas .......... 31

Decisions ........................................................................................................................... 35
CD43(D1): Committee on Credentials ................................................................. 35
CD43(D2): Officers .................................................................................................... 35
CD43(D4): General Committee ............................................................................... 35
CD43(D5): Agenda .................................................................................................... 35
CD43(D6): Annual Report, 2000, of the Director of the Pan American Sanitary Bureau .......................................................... 36
CD43(D7): Annual Report of the President of the Executive Committee ............... 36
CD43(D8): International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) ........................................ 36
CD43(D9): Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) ........................................................................ 36

Annexes:
Annex A. Agenda
Annex B. List of Documents
Annex C. List of Participants
FINAL REPORT

The 43rd Directing Council of the Pan American Health Organization, 53rd Session of the Regional Committee of the World Health Organization for the Americas, was held in Washington, D.C., on 24-27 September 2001, as convened by the Director of the Pan American Sanitary Bureau.

Participants

The following Members and Participating States and Associate Members of the Pan American Health Organization were represented: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United Kingdom, United States of America, Uruguay, and Venezuela. The Government of Spain was represented as Observer State. The Executive Committee was represented by Dr. Carlos P. Dotres Martínez (Cuba), its President, and Mr. Mark Previsich (Canada), its Vice-President.

The Council was also attended by Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. The following intergovernmental agencies were represented: Caribbean Community, Economic Commission for Latin America and the Caribbean, Hipólito Unanue Agreement, Inter-American Commission for Women, Inter-American Development Bank, Inter-American Institute for Cooperation on Agriculture, Organization of American States, United Nations, United Nations Children’s Fund, United Nations Development Programme, and the World Bank. Representatives of 35 nongovernmental organizations attended.

Opening of the Council

The Council was opened by the outgoing President (Grenada), represented by the Hon. Clarice Modeste-Curwen. Speakers at the opening ceremony were Sir George Alleyne, Director of the Pan American Sanitary Bureau; the Hon. Tommy Thompson, Secretary, United States Department of Health and Human Services; 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 Grenada, which occupied the Presidency of the 42nd Directing Council, presided until the elections for office of the 43rd Council. As a result of the elections, the following delegates served as officers:

- **President:** Colombia, Dr. Sara Ordoñez Noriega
- **Vice Presidents:**
  - Costa Rica, Dr. Rogelio Pardo
  - Haiti, Dr. Henri-Claude Voltaire
- **Rapporteur:**
  - United States of America, Ms. Mary Lou Valdez
  - (later) Mr. Michael Lyman
- **Secretary ex officio:**
  - Director, Pan American Sanitary Bureau, Sir George Alleyne

During the fourth and sixth meetings, Dr. Rogelio Pardo Evans (Costa Rica) and Dr. Henri-Claude Voltaire (Haiti) substituted in the presidency for Dr. Sara Ordoñez Noriega.

Committee on Credentials

The Committee on Credentials was appointed pursuant to Rule 31 of the Rules of Procedure and was constituted as follows:

- **President:** Dr. Lombardo Martínez Cabezas, Nicaragua
- **Members:**
  - Mr. José Marcos Nogueira Vieira, Chile
  - Dr. Bernard Morgan, Saint Vincent and the Grenadines

The Committee on Credentials met once and submitted its reports at the first meeting.

General Committee

With the election of Cuba, Dominican Republic, and Mexico to the General Committee, pursuant to Rule 32 of the Rules of Procedure the Committee was constituted as follows:
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 Bahamas, Canada, and Chile, 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 twice and submitted its report at the third meeting of the Council, at which time Resolution CD43.R2 on the subject was adopted.

At the sixth meeting a working party, consisting of the Delegates of Brazil, Canada, Haiti, Jamaica, Peru, the United Kingdom, and the United States of America, was established to draft a resolution on the topic of acquired immunodeficiency syndrome (AIDS) in the Americas that reflected the amendments proposed by the various countries.

**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.

At the first meeting, a minute of silence was held in sympathy for the victims of the recent terrorist attacks on the United States of America.

At the third meeting, the Directing Council heard a presentation and discussed "Health Systems Performance".
At the fourth meeting, the President of the Inter-American Development Bank (IDB) addressed the Council on the topic "Health and Social Development at the Dawn of the 21st Century: Perspective of the IDB".

At the fifth meeting, the Directing Council discussed the report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture.

At the eighth meeting, the Directing Council:

- heard a presentation and discussed the report to the Director of the Advisory Committee on Health Research.


- discussed the report of the Third Summit of the Americas.

- was updated on the preparations for the centennial of the Pan American Health Organization.

Also at the eighth meeting, the PAHO Award for Administration, 2001, was presented to Dr. Carlos Gehlert Mata, of Guatemala, and the Abraham Horwitz Award for Inter-American Health, 2001, was presented to Prof. Ruy Laurenti, of Brazil.

Meetings

The Directing Council held eight meetings.

Resolutions and Decisions

Resolutions

CD42.R1: Vaccines and Immunization

THE 43rd DIRECTING COUNCIL,

Having considered the report of the Director on vaccines and immunization (Document CD43/7) and taking note of the progress being made by all countries in the control of vaccine-preventable diseases;
Acknowledging the commitment shown by all Member States to reaching the goal of stopping indigenous measles transmission in the Americas;

Cognizant of the implications brought about by the recent Sabin type 1 vaccine–derived poliomyelitis outbreak on the island of Hispaniola;

Considering the high activity in yellow fever transmission in the Region in the last two years in the enzootic areas, causing extensive outbreaks in several countries;

Cognizant that neonatal tetanus is now confined to less than 1% of all districts in the Americas and that the epidemiological characteristics of remaining cases indicate that there are infants of women lacking prenatal care who are unvaccinated and deliver predominantly at home; and

Recognizing the significant progress made by the Region of the Americas in sustainable vaccine introduction,

RESOLVES:

1. To urge Member States to:

   (a) keep a high-level commitment to maintaining polio eradication and achieving measles eradication by means of maintaining vaccination coverage at 95% or higher for polio and a measles-containing vaccine in each municipality and local community;

   (b) allocate sufficient resources to sustain national immunization programs and to undertake the advance planning for the provision of vaccines and to ensure safe injections by putting in place mechanisms to prevent the re-use of syringes and needles or by the use of auto-destruct syringes;

   (c) maintain high vaccination coverage with yellow fever vaccine in enzootic areas and all areas infected by *Aedes aegypti* and at risk of urban transmission, enforcing vaccination of travelers to enzootic areas, and implementing highly sensitive surveillance in enzootic areas;

   (d) strengthen efforts to reduce the number of rubella-susceptible women of childbearing age and prevent cases of congenital rubella syndrome (CRS) through the implementation of accelerated rubella vaccination strategies and enhanced surveillance for rubella and CRS;
target special vaccination services and surveillance efforts in those areas and population groups at highest risk within municipalities and underserved pockets that still report isolated neonatal tetanus cases;

(f) support the development of an epidemiological infrastructure to generate information for evaluating the introduction and potential impact of new vaccines;

(g) strengthen national regulatory authorities and national control laboratories to ensure that only vaccines of quality, either imported or locally produced and approved by the competent authorities, are used in national immunization programs and the private sector.

2. To request the Director to:

(a) maintain a constant dialogue with vaccine suppliers to minimize the impact of the global vaccine shortages on the Region of the Americas;

(b) stress the importance that national governments prioritize resources for vaccines in their national budgets and promote the coordination of all partners that support national immunization programs to make maximum use of the flow of resources from the international level to complement national resources as appropriate;

(c) promote the periodic national review and evaluation of national immunization programs to monitor progress and sustainability and adjust the strategies for the control and/or eradication of vaccine–preventable diseases;

(d) promote greater cooperation among researchers for the development of vaccines and related products;

(e) work in close collaboration with all partners of the Global Alliance for Vaccines and Immunization (GAVI) to maximize the support to the design, implementation, and evaluation of national immunization programs.

(Second meeting, 24 September 2001)

**CD42.R2: Collection of Quota Contributions**

**THE 43rd DIRECTING COUNCIL,**

Having considered the report of the Director on the collection of quota contributions (Document CD43/20 and Addendum I), and the concern expressed by the 128th Meeting of
the Executive Committee with respect to the status of the collection of quota contributions; and,

Noting that, due to economic circumstances beyond its control, Argentina is not in compliance with its deferred payment plan as submitted at the 42nd Directing Council,

**RESOLVES:**

1. To take note of the report of the Director on the collection of quota contributions (Document CD43/20 and Addendum I).

2. To express appreciation to those Member States that have already made payments in 2001, and to urge all Member States in arrears to meet their financial obligations to the Organization in an expeditious manner.

3. To congratulate those countries that have fully met their quota obligations through 2001.

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

5. To express grave concern regarding Argentina’s accumulation of arrears and failure to comply with its deferred payment plan, and to encourage Argentina to make settlement of its arrears a priority of the Government.

6. To request the President of the Directing Council to notify the Delegation of Argentina that its voting rights will be maintained at this 43rd Session of the Directing Council; however, no further extensions will be granted after 2001.

7. 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 26th Pan American Sanitary Conference on the status of the collection of quota contributions for 2002 and prior years.

*(Third meeting, 25 September 2001)*
CD43.R3: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Cuba, Nicaragua, and the United States of America

THE 43rd 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 the Dominican Republic, Honduras, and Peru were elected to serve on the Executive Committee upon the expiration of the periods of Cuba, Nicaragua, and the United States of America,

RESOLVES:

1. To declare the Dominican Republic, Honduras, and Peru elected to membership on the Executive Committee for the period of three years.

2. To thank Cuba, Nicaragua, and the United States of America for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Third meeting, 25 September 2001)

CD43.R4: Dengue and Dengue Hemorrhagic Fever

THE 43rd DIRECTING COUNCIL,

Having considered the report on dengue and dengue hemorrhagic fever in the Americas (Document CD43/12);

Recognizing the trend of increasing numbers of cases of dengue and dengue hemorrhagic fever in the Americas, as well as the potential reurbanization of yellow fever in the Region; and

Considering Resolutions CD38.R12, CD39.R11, and CD40.R15,
RESOLVES:

1. To urge Member States to:

(a) promote intersectoral coordination, develop partnerships, and support networks to strengthen dengue prevention control programs;

(b) stimulate sustainable environmental actions in the areas of urban planning and services such as local water supply, wastewater disposal, solid waste management, and used tire disposal;

(c) incorporate community participation, health education, and social communication strategies to promote behavioral change into dengue prevention and control programs;

(d) implement appropriate patient care within and outside the formal health sector, including disease recognition, diagnosis, and proper response (including initial care in the home and knowledge of basic treatment measures);

(e) standardize dengue case reporting throughout the Region to improve information-sharing that allows all countries to be knowledgeable about the dengue situation as well as the nature of the circulating viruses, with case reporting to include clinical cases (probable cases), laboratory-confirmed cases, cases of dengue hemorrhagic fever, deaths due to dengue hemorrhagic fever/dengue shock syndrome and serotypes identified;

(f) implement emergency modes of action and preparedness for outbreaks and epidemics;

(g) review the role of insecticides in dengue prevention and control programs, so as to better incorporate them in a comprehensive program.

2. To request the Director to:

(a) continue promoting the incorporation by Member States of social communication and community participation measures that encourage positive behavioral changes into their dengue prevention and control programs;

(b) continue to advocate the need to confront the threat of dengue and dengue hemorrhagic fever in Member States through intersectoral partnerships;
(c) assist Member States to strengthen dengue prevention and control programs by incorporating health education components in formal (basic) education systems;

(d) reinforce multisectoral actions which encourage the development of healthy habits in the community, such as ecoclubs, healthy housing, and other environmentally-oriented initiatives;

(e) promote training of health workers at all levels to improve their capacity to address the ever-mounting dengue burden on society;

(f) as resources permit, give due attention and allocate resources within the Secretariat, as well as in the technical cooperation to the countries, in order to meet the great challenge that dengue, dengue hemorrhagic fever, and potential reurbanization of yellow fever pose to the Region.

(Fifth meeting, 26 September 2001)

CD43.R5: XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture

THE 43rd DIRECTING COUNCIL,

Having considered the final report of the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CD43/8);

Taking into account Resolution CD17.R19, which authorized the Director to convene these meetings, and Resolution RIMSA11.R3, ratified by the 41st Directing Council, which approved changing the name of the Meeting to “Inter-American Meeting, at the Ministerial Level, on Health and Agriculture,” retaining the acronym RIMSA;

Considering that RIMSA has been constituted as the intersectoral forum at the highest political level in order to establish, orient, and monitor matters of mutual interest to the agriculture and health sectors; and

Aware of the broad response to the call by the Director of PAHO for the ministers of health and agriculture of the Member States to participate for the first time in RIMSA,
RESOLVES:

1. To endorse the Resolutions of RIMSA 12.

2. To urge the Member States to continue to bolster intersectoral action for the organization and execution of regional strategic plans for the eradication of foot-and-mouth disease, the control and elimination of zoonoses, and the monitoring of food safety.

3. To thank the Government of the Federative Republic of Brazil for serving as the venue for RIMSA 12.

4. To request the Director to:

   (a) continue to convocate the ministers of agriculture and health every two years to participate in RIMSA with the object of evaluating technical cooperation in veterinary public health and the performance of its specialized centers, the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and the Pan American Institute for Food Protection and Zoonoses (INPPAZ);

   (b) continue to include food safety, zoonoses, the eradication of foot-and-mouth disease, and other matters related to animal and human health as standing agenda items for RIMSA meetings;

   (c) support the development and implementation of the plan of action of the Pan American Commission for Food Safety.

(Fifth meeting, 26 September 2001)

CD43.R6: Development and Strengthening of Human Resources Management in the Health Sector

THE 43rd DIRECTING COUNCIL,

Having considered document CD43/9 on the development and strengthening human resources management in the health sector;

Considering the need for health systems to accord higher priority to human resources policies and to the development and strengthening of human resources management within the framework of the current sectoral reforms; and
Bearing in mind that the Pan American Health Organization is promoting the initiative known as the Observatory of Human Resources in health sector reform in a large group of countries, with a view to increasing the availability and improving the quality of information and knowledge for decision-making in the area of human resources development,

**RESOLVES:**

1. To urge the Member States to:
   
   (a) accord higher priority to human resources development policies in their sectoral reform processes in general and to human resources management in the health services in particular, mobilizing mechanisms to sensitize and commit sectoral leaders and other relevant actors to the achievement of this goal and integrating personnel management into the general management of the health services;
   
   (b) actively participate in the Observatory of Human Resources initiative, facilitating the creation of intersectoral and interinstitutional groups in each country to analyze the situation, generate essential information, and formulate proposals on human resources policy, regulation, and management.
   
   (c) to actively encourage the involvement of nurses, doctors, and other health professionals in the development of country human resources policies and programs, given the valuable expertise and experience that these workers can contribute to national health sector reform processes.

2. To request that the Director:

   (a) engage the interest and will of political authorities in the sector to accord higher priority to human resources policies and, specifically, to the development and strengthening of human resources management in the health sector;

   (b) advance the Observatory of Human Resources initiative, encourage the participation of all the Member States, further the development of methodologies and instruments for human resources management, and actively promote the training of public health leaders and the personnel responsible for this function to strengthen institutional capacity in this area;
(c) encourage the use of a broad mix of health professionals in order to promote broad public health goals, and involve these health professionals in the Region's policy and program development as they relate to human resources management in the health sector reform process.

(Sixth meeting, 26 September 2001)

**D43.R7: Condolences to the United States of America**

**THE 43rd DIRECTING COUNCIL,**

Noting with great sorrow and consternation the tragic loss of life resulting from the terrorist acts perpetrated against the United States of America, one of PAHO’s Member States, on 11 September 2001;

Mindful of the fact that citizens of many countries are believed to have been killed or injured in this terrorist attack, including many individuals from the Member States of the Pan American Health Organization;

Considering the remarkable and heroic rescue efforts underway, which also caused the significant loss of lives of firefighters, police, search and rescue volunteers, and health personnel;

Bearing in mind the solidarity that the United States of America has traditionally expressed to all the countries of the world whenever they have found themselves to be victims of natural or man-made disasters; and

Gravely concerned with the escalating levels of terrorist activities and other forms of violence against civil society, and with this armed attack in particular,

**RESOLVES:**

1. To convey the sympathy and condolences of PAHO's Member States to the Government and people of the United States of America, and offer any assistance that may be requested to aid the health authorities in their relief efforts.

2. To commend the health personnel, fire fighters, and volunteer rescue workers in New York, and particularly, to honor those who gave their lives to save those of others in the collapse of the twin towers of the World Trade Center.
3. To condemn those who perpetrated these acts of terrorism in the United States of America as well as those who harbor terrorists or support terrorist activity.

4. To urge all Member States to strengthen their disaster preparedness programs to be able to respond to acts of violence that threaten national security and the health and well-being of populations.

(Seventh meeting, 27 September 2001)

**CD43.R8: Appropriation for the Pan American Health Organization for 2002-2003**

**THE 43rd DIRECTING COUNCIL,**

**RESOLVES:**

1. To approve the Program of Work for the Secretariat as outlined in the *Biennial Program Budget, Proposal for 2002-2003, Official Document No. 296.*

2. To appropriate for the financial period 2002-2003 an amount of $210,074,666 as follows:

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<th>Part</th>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>I</td>
<td>Health in Human Development</td>
<td>31,586,100</td>
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<tr>
<td>II</td>
<td>Health Promotion and Protection</td>
<td>15,600,100</td>
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<tr>
<td>III</td>
<td>Environmental Protection and Development</td>
<td>14,037,000</td>
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<tr>
<td>IV</td>
<td>Health Systems and Services Development</td>
<td>22,934,200</td>
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<td>V</td>
<td>Disease Prevention and Control</td>
<td>24,389,400</td>
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<tr>
<td>VI</td>
<td>Governing Bodies and Coordination</td>
<td>42,918,000</td>
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<tr>
<td>VII</td>
<td>General Direction</td>
<td>11,905,000</td>
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<tr>
<td>VIII</td>
<td>Administrative Services</td>
<td>23,430,200</td>
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<td><strong>Effective Working Budget for 2002-2003 (Parts I-VIII)</strong></td>
<td><strong>186,800,000</strong></td>
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<td>IX</td>
<td>Staff Assessment (Transfer to Tax Equalization Fund)</td>
<td>23,274,666</td>
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<td><strong>TOTAL – ALL PARTS</strong></td>
<td><strong>210,074,666</strong></td>
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3. 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 193,574,666

(b) Miscellaneous Income 16,500,000

TOTAL 210,074,666

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.

4. 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 2002 to 31 December 2003, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial period 2002-2003 shall be limited to the effective working budget, i.e., Parts I-VIII.

5. 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 VII. Except for the provision made for the Director's Development Program in Part VII, 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.

(Seventh meeting, 27 September 2001)
CD43.R9: Assessments of the Member Governments, Participating Governments and Associate Members of the Pan American Health Organization for 2002-2003

THE 43rd 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; now, therefore,

RESOLVES:

To establish the assessments of the Member Governments, Participating Countries and Associate Members of the Pan American Health Organization for the financial period 2002-2003 in accordance with the scale of quotas shown below and in the corresponding amounts.

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<td>Scale Adjusted to PAHO Membership %</td>
<td>Gross Assessment US$</td>
<td>Credit from Tax Equalization Fund US$</td>
<td>Adjustment for Taxes Imposed by Member Governments on Emoluments of PASB Staff US$</td>
<td>Net Assessment US$</td>
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THE 43rd DIRECTING COUNCIL,

Acknowledging the increasing contribution of mental disorders to the global burden of disease and the social and economic costs associated with mental health problems in the Americas;

Taking into account that, despite all efforts made in the Region to highlight and reduce the negative impact of mental health problems, in many places mental health services continue to be poorly funded and organized and people who suffer from mental disorders still have no access to proper treatment;

Cognizant of the new alternatives available in mental health care as a result of the development of new procedures and interventions that have proven to be effective in the treatment and rehabilitation of most mental disorders; and

(Seventh meeting, 27 September 2001)
Considering the significant opportunity for the improvement of mental health care and the promotion of mental health in the Region provided by the awareness and enthusiasm generated by the celebration of World Health Day 2001,

RESOLVES:

1. To urge Member States to:

(a) capitalize on the momentum created by the celebration of World Health Day 2001, the discussion of mental health topics at the World Health Assembly, and the focus of the World Health Report 2001 to highlight the importance of including mental health among public health priorities;

(b) intensify actions to reduce stigma and discrimination against people with mental health problems by providing adequate information and education and addressing issues of parity;

(c) consolidate national efforts to implement mental health policies and plans within the framework of health sector reform by strengthening mental health units in the ministries of health and mobilizing needed resources;

(d) continue to develop strategies aimed at shifting mental health care from psychiatric hospitals to community-based care, integrating mental health in primary care and transferring inpatient units for acute patients to general hospitals;

(e) actively promote and support the implementation of psychosocial rehabilitation programs, including areas such as housing, vocational training, and employment;

(f) make efforts to develop and update legal provisions protecting human rights of people with mental disabilities and promote the participation of consumers and families in mental health care;

(g) strengthen the development of services and programs to meet the specific needs of women, children, the elderly, refugees, victims of disasters, and indigenous populations;

(h) reinforce multisectoral approaches to mental health, thereby reinforcing collaboration with all other sectors involved in mental health care and promotion, such as education, social welfare, labor, nongovernmental organizations (NGOs), and the private sector;
(i) promote community and family participation in the care of individuals suffering from mental disorders and actions to promote mental health.

2. To request the Director to:

(a) strengthen regional technical cooperation capacities, especially in taking action against stigma and discrimination, enhancing the capacities of countries to manage mental health plans, and mobilizing resources for mental health programs;

(b) encourage Member States to collaborate in producing and disseminating information on cost-effective mental health interventions and in designing and evaluating demonstration projects;

(c) assist Member States to work toward the provision of essential treatment for the most prevalent mental disorders;

(d) continue supporting the inclusion of mental health in all health forums and activities and facilitating the establishment of partnerships with other institutions and agencies that can make a significant contribution to the promotion of mental health in the Americas;

(e) disseminate information about advances made in the Region in recent years.

(Seventh meeting, 27 September 2001)

CD43.R11: Health Promotion in the Americas

THE 43rd DIRECTING COUNCIL,

Having considered the proposal for strengthening health promotion planning for action in the Americas (Document CD43/14),

RESOLVES:

1. To urge Member States to:

(a) position the promotion of health on the political agenda and as a priority in national and local development plans and programs;
(b) implement public policies and legal frameworks to improve the determinants of health and reduce disparities in the health of vulnerable populations and communities;

(c) strengthen intersectoral collaboration and ensure the active participation of all sectors and civil society in the development, implementation, and evaluation of health promotion plans of action for jointly identified health priorities;

(d) support research to advance knowledge on selected priorities, to identify good practices, and increase the evidence base of effective health promotion interventions;

(e) support the training and development of human resources in health promotion theory and practice across the various health and social science disciplines;

(f) mobilize and designate the necessary financial and operational resources to build human and institutional capacity for the development, implementation, monitoring, and evaluation of health promotion plans of action at national and local levels;

(g) establish and strengthen local, national, and international networks to promote health;

(h) strengthen activities designed to create healthy environments and protect the environment.

2. To request the Director to:

(a) support Member States in strengthening their strategic planning for action in health promotion, as called for in the Mexico 2000 Declaration;

(b) establish a mechanism to monitor progress made towards fulfillment of commitments made at the Global Conference in Mexico City, as well as to evaluate the experiences, and identify and disseminate best practices;

(c) intensify efforts to mobilize additional financial and human resources for technical cooperation in health promotion and protection.

(Eighth meeting, 27 September 2001)
CD43/FR (Eng.)
Page 26

CD43.R12: Framework Convention on Tobacco Control

THE 43rd DIRECTING COUNCIL,

Having considered the report on the Framework Convention on Tobacco Control (FCTC) (Document CD43/13);

Recognizing the massive burden of tobacco use and exposure to second-hand tobacco smoke on the health of the populations of the Americas and on their health care systems;

Cognizant that clear evidence now exists regarding cost-effective measures to reduce tobacco use and that measures to reduce tobacco use are likely to benefit the economies of most Member States; and

Recognizing that the FCTC provides a unique opportunity to mobilize and globally coordinate action to reduce tobacco use,

RESOLVES:

1. To urge Member States to:

(a) actively participate in the development of the Framework Convention on Tobacco Control through participation in (FCTC) negotiating sessions and through strengthened domestic multisectoral coordination to develop cohesive national positions on the FCTC that are supported by efforts to develop and implement comprehensive plans;

(b) develop national plans that, as part of a comprehensive approach, prevent initiation, noting the special vulnerability of children and adolescents, and promote cessation of tobacco use through the implementation and enforcement of cost-effective measures to reduce tobacco use, including setting tobacco taxes at levels that decrease consumption and progressive elimination of tobacco promotion, in accordance with national constitutions;

(c) protect all nonsmokers, in particular children and pregnant women, from exposure to second-hand smoke through elimination of smoking in government facilities, health care facilities, and educational institutions as a priority, and through the creation of smoke-free environments in workplaces and public places as soon as possible, recognizing that smoke-free environments also promote cessation and prevent initiation of tobacco use;
(d) implement surveillance systems to track tobacco-related mortality and progress toward reduction targets for tobacco use and second-hand smoke exposure, in recognition that tobacco control initiatives must be supported by ongoing monitoring and analysis of results to ensure that such efforts are effective and evidence based.

2. To request that the Director:

(a) continue to facilitate the participation of Member States in the development of the FCTC;

(b) stimulate technical cooperation, within available resources, to strengthen the capacity of Member States to implement strong, effective tobacco use reduction measures and surveillance systems to evaluate progress;

(c) draft a framework for action under the name “Smoke-Free Americas” to protect nonsmokers from the deleterious effects of second-hand smoke;

(d) support the implementation of surveillance systems for tobacco control and the dissemination of information on successful measures or experiences.

(Eighth meeting, 27 September 2001)

CD43.R13: International Health Regulations

THE 43rd DIRECTING COUNCIL,

Recalling resolutions WHA48.7 on the International Health Regulations and CD41.R14 on emerging and reemerging infectious diseases and antimicrobial resistance;

Having seen the progress report on the revision of the International Health Regulations (Document CD43/11) and recognizing the need to adjust the current version of the International Health Regulations so that it takes into account the increased volume of international travel and trade and current trends in the epidemiology of communicable diseases, including emerging disease threats;

Considering the need to protect public health and control disease and, at the same time, avoid unnecessary measures that could have unanticipated social or economic consequences; and
Recognizing 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 antimicrobials,

**RESOLVES:**

1. To urge the Member States to:
   
   (a) participate actively in the process of revising the International Health Regulations, both nationally and in the regional integration systems' agenda;
   
   (b) review the criteria to define a public health event of potential international importance as proposed for the revised International Health Regulations.

2. To request that the Director:
   
   (a) provide technical cooperation to support countries in their efforts to test the implications of the proposed revision of the International Health Regulations;
   
   (b) promote the organization of subregional meetings among partners with expertise in the area of epidemic alert response, and the health risks associated with the international circulation of products of poor quality containing possible chemical, physical, and biological contaminants in order to facilitate the exchange of evidence gathered on the testing of specific components of the revised International Health Regulations.
   
   (c) organize the participation of the Region of the Americas in meetings convened by WHO to address matters related to the revision of the International Health Regulations.

*(Eighth meeting, 27 September 2001)*

**CD43.R14: Salary of the Director of the Pan American Sanitary Bureau**

**THE 43rd DIRECTING COUNCIL,**

Considering the revision made to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 March 2001;

Taking into account the decision by the Executive Committee at its 128th Session to adjust the salaries of the Deputy Director and Assistant Director (Resolution CE128.R4);
Having noted the recommendation of the Executive Committee concerning the salary of the Director of the Pan American Sanitary Bureau (Resolution CE128.R4); 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$ 113,762 (dependency rate) and $102,379 (single rate), effective 1 March 2001.

(Eighth meeting, 27 September 2001)

CD43.R15: Health, Drinking Water, and Sanitation in Sustainable Human Development

THE 43rd DIRECTING COUNCIL,

Having considered document CD43/10 on health, drinking water, and sanitation in sustainable human development;

Recognizing the need for ministries of health to strengthen their capacities and competencies to take action that will help to overcome limitations and inequities in access to drinking water and sanitation services, within the framework of sectoral reform and the current trends in the delivery of drinking water and sanitation services and integrated management of water resources;

Taking into account that the technical cooperation activities of the Pan American Health Organization in drinking water and sanitation are guided by the principles of health and environment in sustainable human development and that the establishment of partnerships, strategies, and priorities benefits from timely and relevant information on coverage, quality, and equity in the delivery of these services;

Responding to the call made in Montreal in March 2001 by the environment ministers of the Americas and by the Government of Canada, and endorsed within the Plan of Action of the Summit of the Americas held in Quebec City in April 2001, urging PAHO and the United Nations Environmental Program (UNEP) to support the convening of a regional meeting between ministers of health and ministers of the environment;

Recognizing the importance of developing a knowledge base on the linkages between human health and environmental degradation, establishing priorities for moving
the health and environment agenda of the Americas forward, developing an appropriate follow-up mechanism for ministers to keep track of progress and contributing to and influencing the World Summit on Sustainable Development programmed for 2002 (Rio+10); and

Considering the recommendation of the 128th Session of the Executive Committee,

**RESOLVES:**

1. To urge the Member States to:

   (a) strengthen the capacities with the ministries of health and their activities in environmental health, to fulfill their responsibilities, including drinking water quality surveillance and contributing to improve the quality of drinking water and sanitation services;

   (b) promote and collaborate with other ministries or institutions in reforms aimed to improve coverage, quality, equity, and sustainability of drinking water and sanitation services, particularly in rural areas, small towns, and urban poor settlements;

   (c) recognize the work of the countries and the technical cooperation of PAHO/WHO in *Evaluation 2000* on drinking water and sanitation in the Region and the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries;

   (d) participate actively in regional processes or activities preparatory to Rio+10 or in other activities within its framework, ensuring that health is well represented and identifying and promoting partnerships and priority activities that will facilitate progress in implementing the environmental health agenda, both in the Region and globally;

   (e) participate in a joint meeting between health and environment ministers of the Americas in 2002 as part of a process to strengthen their capacity to effectively manage health and environment issues;

   (f) promote actions and establish regulations to enable drinking water and sanitation services to contribute to environmental protection and conservation in the Americas.
2. To request the Director to:

(a) continue technical cooperation with the countries to strengthen capacities in the ministries of health, assisting in their work with other sectors and collaborating with other national and international institutions and the development banks that are part of the Shared Agenda to reduce the health risks associated with limitations in coverage, quality, and equity in access to drinking water and sanitation services;

(b) collaborate with the Member States in disseminating lessons learned from those countries involved in using methodologies for analyzing sustainability and health impact of investment projects in water supply and sanitation;

(c) continue to collaborate with the countries in regional processes or activities in connection with Rio+10 to promote and enrich partnerships that contribute to sustainable human development based on the health of populations;

(d) work with the UNEP and Canada to convene a meeting of health and environment ministers of the Americas in early 2002.

(Eighth meeting, 27 September 2001)

**CD43.R16: Acquired Immunodeficiency Syndrome (AIDS) in the Americas**

**THE 43rd DIRECTING COUNCIL,**

Having analyzed and discussed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD43/6);

Considering the trends in the HIV/AIDS/STI epidemic in the Americas and their present and future impact on young people, women, and children;

Aware of the need to apply and extend the coverage of effective, affordable methods and technologies to the most vulnerable populations by strengthening health systems and services;

Recognizing the need for a commitment by governments and society to respond effectively and with solidarity to needs for the prevention and treatment of HIV infection, AIDS, and sexually transmitted infections in the Member States of the Region;

Taking into account the Plan of Action, Annex A, #14, Health, of the III Summit of the Americas (Quebec, Canada, 20-22 April 2001), Resolution WHA54.10 of the World Health Assembly, and the Declaration of Commitment on HIV/AIDS of the 26th
Special Session of the United Nations General Assembly (New York, the United States, 25-27 June 2001); and

Taking note of the UN Human Rights Commission Resolution E/CN.4/RES/2001/33 on Access to Medications in the Context of Pandemics Such as HIV/AIDS,

RESOLVES:

1. To urge the Member States to:

   (a) actively contribute to the time-bound goals set at the June 2001 special session of the United Nations General Assembly in its Declaration of Commitment on HIV/AIDS;

   (b) accord HIV/AIDS/STI the highest-level of priority among health and development issues and to allocate the necessary and essential resources for their prevention and control, including financial and human resources to curb and reverse the spread of HIV/AIDS/STI;

   (c) focus greater efforts on preventing the sexual transmission of HIV and other sexually transmitted infections through education; mass communication; social marketing; the promotion of abstinence, fidelity, and increased access to condoms; voluntary counseling and testing; and the promotion of sexual and reproductive health, targeting young adults and adolescents, as well as vulnerable populations;

   (d) ensure the provision of a safe blood supply, the prevention of mother-to-child transmission, and the establishment of high-quality surveillance in order to control the epidemic;

   (e) heighten their national response, promoting greater intersectoral involvement that includes the private sector and broadening the coverage and scope of the prevention and care services for the communities most affected by and vulnerable to the epidemic;

   (f) continue to fight the stigma and discrimination associated with HIV/AIDS by strengthening the necessary legislative measures, and raising awareness among the population;

   (g) join and support subregional initiatives such as the Pan Caribbean Plan for the Prevention and Treatment of HIV/AIDS/STI, horizontal cooperation processes,
and the development of networks for cooperation and the exchange of technology among countries;

(h) enhance prevention efforts directed toward particularly affected and vulnerable groups and include the active participation of these populations and community-based organizations in a peer education approach;

(i) support the development of the Global Health Fund, particularly encouraging the active participation of developing countries and urging financial and other contributions from governments, public and private sectors, and all civil society to help reach the UNGASS goal of US$ 7 to 10 billion as the annual expenditure on the epidemic in low- and middle-income countries and those experiencing, or at risk of experiencing, rapid expansion of HIV/AIDS;

(j) promote the participation of all civil society actors, including people living with HIV/AIDS, as essential partners in addressing the epidemic;

(k) in partnership with civil society and the business sector, strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, *inter alia*, affordability and pricing, including differential pricing, and technical and health care system capacity;

(l) consider using the existing flexibility available within international trade agreements in order to promote access to medicines to treat HIV/AIDS;

(m) strengthen the national commitment of each of the Member States to implement prevention programs;

(n) support education intervention initiatives which may include harm-reduction efforts, with the goal of diminishing infection rates among injecting drug users.

2. To request the Director to:

(a) continue to facilitate the interagency, interinstitutional, and intersectoral response promoted by UNAIDS to support the design, execution, and evaluation of national and regional strategic plans and programs for the prevention and care of HIV/AIDS/STI;

(b) promote increased capacity to offer comprehensive care to people with HIV/AIDS in the Americas, including greater access to drugs, both anti-retrovirals and drugs against opportunistic infections, and clinical laboratory supplies in order to improve the diagnosis of STI/HIV and the monitoring of treatment of these and related conditions;
(c) build on PAHO's experience and that of its partners in addressing gender issues, including the vulnerability of women and the role of men, as an integral part of HIV prevention and care activities;

(d) provide technical support to Member States to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs;

(e) promote the sharing of information on prices of anti-retroviral drugs, provided to the Anti-retroviral Drugs Data Bank by Member States on a voluntary basis, in collaboration with the Group of Horizontal Technical Cooperation;

(f) explore the use of PAHO’s Fund for Strategic Public Health Supplies in order to negotiate and acquire anti-retroviral drugs and condoms at the lowest possible price;

(g) support policies to encourage voluntary technology exchanges to promote innovation and the local manufacture of anti-retroviral medicines where practicable, consistent with international laws and agreements acceded to;

(h) incorporate a perspective on gender, sexuality, and social inclusion in HIV/AIDS-related activities and documents, including resolutions, of the Organization.

(Eighth meeting, 27 September 2001)
Decisions

**CD43(D1): Committee on Credentials**

Three delegates, from Brazil, Nicaragua and Saint Vincent and the Grenadines, respectively, were appointed members of the Committee on Credentials.

*(First meeting, 24 September 2001)*

**CD43(D2): Officers**

Colombia (Dr. Sara Ordoñez Noriega) was elected to the Presidency, Costa Rica (Dr. Rogelio Pardo Evans) and Haiti (Dr. Henri-Claude Voltaire) to the Vice Presidencies, and the United States of America (Ms. Mary Lou Valdez) to the office of Rapporteur.

*(First meeting, 24 September 2001)*


Three delegates, from Bahamas, Canada and Chile, were elected members of the Working Party.

*(First meeting, 24 September 2001)*

**CD43(D4): General Committee**

Three delegates, from Cuba, the Dominican Republic, and Mexico, respectively, were elected members of the General Committee.

*(First meeting, 24 September 2001)*

**CD43(D5): Agenda**

The agenda was adopted without change.

*(First meeting, 24 September 2001)*
CD43(D6):  Annual Report, 2000, of the Director of the Pan American Sanitary Bureau

The Directing Council took note of the Annual Report, 2000, of the Director of the Pan American Sanitary Bureau.

(Second meeting, 24 September 2001)

CD43(D7):  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 subcommittees in the period between September 2000 and September 2001.

(Second meeting, 24 September 2001)

CD43(D8):  International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)

Guatemala 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 2002.

(Third meeting, 25 September 2001)

CD43(D9):  Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)

Cuba was selected to designate a representative to the Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) for a three-year term beginning 1 January 2002.

(Sixth meeting, 26 September 2001)


(Eighth meeting, 27 September 2001)
IN WITNESS WHEREOF, the President of the 43rd Directing Council, Delegate of Colombia, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English and Spanish languages, the two texts being equally authentic.

DONE in Washington D.C., United States of America, this first day of October in the year two thousand and one. 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.

Sara Ordoñez Noriega
President of the 43rd Directing Council
Delegate of Colombia

George A. O. Alleyne
Secretary ex officio of the 43rd 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 Annual Report of the President of the Executive Committee
   3.2 Annual Report of the Director of the Pan American Sanitary Bureau, 1999
   3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Cuba, Nicaragua, and the United States of America
   3.4 Process for the Election of the Director of the Pan American Sanitary Bureau (Proposed by the Government of Mexico)

4. PROGRAM POLICY MATTERS
   4.1 Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003
   4.2 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
   4.3 Vaccines and Immunization
4. PROGRAM POLICY MATTERS (cont.)

4.4 Report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture

4.5 Development and Strengthening of Human Resources Management in the Health Sector

4.6 Health, Drinking Water, and Sanitation in Sustainable Human Development

4.7 International Health Regulations

4.8 Dengue Prevention and Control

4.9 Framework Convention on Tobacco Control

4.10 Health Promotion

4.11 Mental Health

4.12 Report on the Third Summit of the Americas


4.14 Health Systems Performance Assessment

4.15 Preparations for the Centennial of the Pan American Health Organization

4.16 Report of the Advisory Committee on Health Research

4.17 WHO Proposal for Revising the WHO Model List of Essential Drugs: Discussion of the Process for Involving Member States (Proposed by the Government of the United States of America)

5. ADMINISTRATIVE AND FINANCIAL MATTERS

5.1 Report on the Collection of Quota Contributions


5.3 Salary of the Director of the Pan American Sanitary Bureau
6. COMMITTEE MATTERS

6.1 Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR), on the Expiration of the CD43/23 and Period of Office of Bolivia

6.2 Selection of One Member State Entitled to Designate a Representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ), on the Expiration of the Period of Office of Panama

7. AWARDS

7.1 PAHO Award for Administration, 2001

7.2 Abraham Horwitz Award for Inter-American Health, 2001

8. GENERAL INFORMATION MATTERS

8.1 Resolutions and other Actions of the Fifty-fourth World Health Assembly of Interest to the Regional Committee

9. OTHER MATTERS
# LIST OF DOCUMENTS

**Official Documents**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off. Doc. 302</td>
<td>Annual Report of the Director of the Pan American Sanitary Bureau</td>
</tr>
</tbody>
</table>

**Working Documents**

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD43/1, Rev. 3</td>
<td>Agenda</td>
</tr>
<tr>
<td>CD43/2, Rev. 2</td>
<td>List of Participants</td>
</tr>
<tr>
<td>CD43/3</td>
<td>Annual Report of the President of the Executive Committee</td>
</tr>
<tr>
<td>CD43/4</td>
<td>Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Cuba, Nicaragua, and the United States of America</td>
</tr>
<tr>
<td>CD43/5</td>
<td>WHO Proposal for Revising the WHO Model List of Essential Drugs: Discussion of the Process for Involving Member States</td>
</tr>
<tr>
<td>CD43/6</td>
<td>Acquired Immunodeficiency Syndrome (AIDS) in the Americas</td>
</tr>
<tr>
<td>CD43/7</td>
<td>Vaccines and Immunization</td>
</tr>
<tr>
<td>CD43/8</td>
<td>Report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture</td>
</tr>
<tr>
<td>CD43/9</td>
<td>Development and Strengthening of Human Resources Management in the Health Sector</td>
</tr>
</tbody>
</table>
Working Documents (cont.)

CD43/10 Health, Drinking Water, and Sanitation in Sustainable Human Development

CD43/11 International Health Regulations

CD43/12 Dengue Prevention and Control

CD43/13 Framework Convention on Tobacco Control

CD43/14 Health Promotion

CD43/15 Mental Health

CD43/16 Report on the Third Summit of the Americas


CD43/18 Health Systems Performance Assessment

CD43/19 Preparations for the Centennial of the Pan American Health Organization

CD43/20 and Add. I and II Report on the Collection of Quota Contributions


CD43/22 Salary of the Director of the Pan American Sanitary Bureau

CD43/23 and Corrig. Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR), on the Expiration of the Period of Office of Bolivia
Working Documents (cont.)

CD43/24  Selection of One Member State Entitled to Designate a Representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ), on the Expiration of the Period of Office of Panama

CD43/25  PAHO Award for Administration, 2001

CD43/26  Abraham Horwitz Award for Inter-American Health, 2001

CD43/27  Resolutions and other Actions of the Fifty-fourth World Health Assembly of Interest to the Regional Committee

CD43/28  Report of the Advisory Committee on Health Research

CD43/29  Process for the Election of the Director of the Pan American Sanitary Bureau

Information Documents

CD42/INF/1  Report on the Status of Malaria Programs in the Americas (Based on 2000 data)

CD42/INF/2  Statistics on PASB/WHO Staff

CD42/INF/3  Draft Provisional Agenda of the Executive Board (109th Session) of the Fifty-fifth World Health Organization

LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES

Members
Miembros

**Antigua and Barbuda**
**Antigua y Barbuda**

Sen. Samuel Aymer  
Special Advisor to the Minister of Health  
Ministry of Health and Social Improvement  
St. John’s

Mr. Starret Greene  
Minister Counselor  
Embassy of Antigua and Barbuda  
Washington, D.C.

**Argentina**

Dr. Héctor Lombardo  
Ministro de Salud  
Ministerio de Salud  
Buenos Aires

Dr. Ernesto Podestá  
Subsecretario de Investigación y Tecnología  
Ministerio de Salud  
Buenos Aires

Sra. Astrid Debuchy  
Unidad de Coordinación de Programas y  
Proyectos con Financiamiento Externo  
Ministerio de Salud  
Buenos Aires

Sr. Martín Gómez Bustillo  
Consejero, Representante Alterno  
Misión Permanente de Argentina ante la  
Organización de los Estados Americanos  
Washington, D.C.
Members (cont.)
Miembros (cont.)

Bahamas

Hon. Theresa Moxey Ingraham
Minister of Public Service and Cultural Affairs
Ministry of Health
Nassau

Dr. Merceline Dahl-Regis
Chief Medical Officer
Ministry of Health
Nassau

Dr. Baldwin Carey
Director of Public Health
Ministry of Health
Nassau

Dr. Perry Gómez
Infectious Diseases and National AIDS Coordinator
Ministry of Health
Nassau

Ms. Brenda Dorsett
First Assistant Secretary
Ministry of Health
Nassau

Barbados

Dr. Beverly Miller
Chief Medical Officer
Ministry of Health
Bridgetown

Ms. Joyce Bourne
Embassy of Barbados
Washington, D.C.
Members (cont.)
Miembros (cont.)

Belize
Belice

Mr. Trevor Vernon
Permanent Mission of Belize to the
Organization of American States
Washington, D.C.

Bolivia

Dr. Enrique Paz
Ministro de Salud
Ministerio de Salud y Previsión Social
La Paz

Lic. Gualberto Rodríguez
Jefe de la Unidad de Relaciones Exteriores
Ministerio de Salud y Previsión Social
La Paz

Sr. Enrique Vargas
Ministro Consejero
Embajada de Bolivia
Washington, D.C.

Sra. María del Carmen Oblitas
Segunda Secretaria
Misión Permanente de Bolivia ante la
Organización de los Estados Americanos
Washington, D.C.

Brazil
Brasil

S. E. Sr. Valter Pecly Moreira
Embaixador, Representante Permanente
Missão Permanente do Brasil junto a
Organização dos Estados Americanos
Washington, D.C.
Members (cont.)
Miembros (cont.)

_Brazil_ (cont.)
_Brasil_ (cont.)

Dr. Otavio Mercadante  
Chefe de Gabinete  
Ministério da Saúde  
Brasília  

Dr. João Yunes  
Diretor da Faculdade de Saúde Pública  
    da Universidade de São Paulo  
São Paulo  

Dr. Ricardo Oliva  
Diretor de Alimentos e Toxicologia  
Agência Nacional de Vigilância Sanitária  
Brasília  

Dr. Luis Carlos Wanderley Lima  
Diretor de Portos, Aeroportos e Fronteiras  
    e Relações Internacionais  
Agência Nacional de Sanitária  
Brasília  

Dr. Paulo Roberto Teixeira  
Coordenador Nacional de DST/AIDS  
Ministério da Saúde  
Brasília  

Dr. Cleber Ferreira dos Santos  
Gerente Geral de Alimentos  
Agência Nacional de Vigilância Sanitária  
Brasília  

Dr. Jarbas Barbosa da Silva Júnior  
Diretor do Centro Nacional de Epidemiologia  
Fundação Nacional de Saúde  
Brasília
Members (cont.)
Miembros (cont.)

Brazil (cont.)
Brasil (cont.)

Prof. Ruy Laurenti
Diretor do Centro Brasileiro de Classificação de Doenças
Faculdade de Saúde Pública da Universidade de São Paulo
São Paulo

Dr. Jorge Antonio Zepeda Bermudez
Diretor da Escola Nacional de Saúde Pública
Fundação Oswaldo Cruz
Rio de Janeiro

Dra. Celia Landman Szwarcwald
Pesquisadora do Departamento de Informação em Saúde
Fundação Oswaldo Cruz
Rio de Janeiro

Sr. José Marcos Nogueira Viana
Chefe de Assessoria de Assuntos Internacionais
Ministério da Saúde
Brasília

Sra. Paula Santa Maria
Assessora de Imprensa do Ministro de Saúde
Ministério da Saúde
Brasília

Sr. Paulo Roberto Amora Alvarenga
Representante Alterno da Missão do Brasil junto à
Organização dos Estados Americanos
Washington, D.C.

Sr. Raldo Bonifácio Costa Filho
Coordenador Adjunto do Programa Nacional de DST/AIDS
Ministério da Saúde
Brasília
Members (cont.)
Miembros (cont.)

Brazil (cont.)
Brasil (cont.)
Sr. Cláudio Leopoldo Salm
Assessor Especial do Ministro da Saúde
Ministério da Saúde
Brasília

Canada
Canadá
Mr. Edward M. Aiston
Director General
International Affairs Directorate
Health Canada
Ottawa

Mr. Nick Previsich
Senior Science Advisor
International Affairs Directorate
Health Canada
Ottawa

H. E. Mr. Paul D. Durand
Ambassador, Permanent Representative of Canada
to the Organization of American States
Washington, D.C.

Ms. Jodi Lynn Brown
Senior Policy Analyst
International Affairs Directorate
Health Canada
Ottawa

Mr. David Keithlin
Counselor and Alternative Representative
Permanent Mission of Canada to the
Organization of American States
Washington, D.C.
Members (cont.)
Miembros (cont.)

Canada (cont.)
Canadá (cont.)

Mr. Doug Williams
Chief, Mine Action Unit
Canadian International Development Agency
Health Canada
Ottawa

Mr. Delmer Bjorkland
Program Analyst
Canadian International Development Agency
Hemispheric Program
Ottawa

M Richard Massé
Sous-ministre adjoint
Direction générale de la Santé publique
Ministère de la Santé et des Services sociaux
Gouvernement du Québec
Québec

Ms. Mary Thompson
International Policy and Development, Latin America
Canadian Nurses Association
Ottawa

Chile

Dra. Michelle Bachelet
Ministra de Salud
Ministerio de Salud
Santiago

Dr. Hernán Monasterio
Jefe de Gabinete
Ministerio de Salud
Santiago
Members (cont.)
Miembros (cont.)

Chile (cont.)

Dra. Raquel Child
Jefa de la Oficina de Cooperación y Asuntos Internacionales
Ministerio de Salud
Santiago

Colombia

Dra. Sara Ordoñez Noriega
Ministra de Salud
Ministerio de Salud
Santa Fe de Bogotá

Dra. Isabel Cristina Ruiz Buitrago
Directora General de Salud Pública
Ministerio de Salud
Santa Fe de Bogotá

Sr. Jorge Mario Echeverri
Representante Alterno
Misión Permanente de Colombia ante la
Organización de los Estados Americanos
Washington, D.C.

Costa Rica

Dr. Rogelio Pardo-Evans
Ministro de Salud
Ministerio de Salud
San José

S. E. Sr. Hernán R. Castro
Embajador Representante Permanente ante
la Organización de los Estados Americanos
Washington, D.C.
**Members (cont.)**

**Miembros (cont.)**

---

**Costa Rica (cont.)**

S. E. Sr. Luis Guardia  
Embajador Alterno  
Misión Permanente de Costa Rica ante  
la Organización de los Estados Americanos  
Washington, D.C.

Sra. Roxana Terán Victory  
Ministra Consejera  
Misión Permanente de Costa Rica ante la  
Organización de los Estados Americanos  
Washington, D.C.

---

**Cuba**

Dr. Carlos Pablo Dotres Martínez  
Ministro de Salud Pública  
Ministerio de Salud Pública  
La Habana

Sr. Dagoberto Rodríguez Barrera  
Jefe de la Sección de Intereses de Cuba  
Oficina de Intereses de Cuba  
Washington, D.C.

Dr. Antonio D. González Fernández  
Director de Relaciones Internacionales  
Ministerio de Salud Pública  
La Habana

Lic. Asdrúbal de la Vega  
Primer Secretario de la Misión  
Representante Permanente de Cuba ante las Naciones Unidas  
Nueva York

Dra. Rosa Durán García  
Oficina de Intereses de Cuba  
Washington, D.C.
Dominica

Hon. Herbert Sabaroche
Minister of Health and Social Security
Ministry of Health and Social Security
Roseau

Dr. Paul Ricketts
Chief Medical Officer
Ministry of Health and Social Security
Roseau

Dominican Republic
República Dominicana

Dr. José Rodríguez Soldevilla
Secretario de Salud Pública y Asistencia Social
Secretaría de Salud Pública y Asistencia Social
Santo Domingo

Dr. Plutarco Arias
Subsecretario de Salud Pública y Asistencia Social
Secretaría de Salud Pública y Asistencia Social
Santo Domingo

Dr. Victor Antonio Calderón
Director General de Materno Infantil y Adolescentes
Secretaría de Salud Pública y Asistencia Social
Santo Domingo

Sra. Karen Herrera
Primera Secretaria
Misión Permanente de la República Dominicana
ante la Organización de los Estados Americanos
Washington, D.C.
Members (cont.)
Miembros (cont.)

Dominican Republic (cont.)
República Dominicana (cont.)

Sra. Daverba Ortiz
Primera Secretaria
Misión Permanente de la República Dominicana
ante la Organización de los Estados Americanos
Washington, D.C.

Coronel Andrés Estefanes Lázala
Encargado de Seguridad
Secretaria de Salud Pública y Asistencia Social
Santo Domingo

Ecuador

Dr. Patricio Jamriska
Ministro de Salud
Ministerio de Salud Pública
Quito

El Salvador

Dr. José Francisco López Beltrán
Ministro de Salud
Ministerio de Salud Pública y Asistencia Social
San Salvador

France
Francia

S. E. Mme Sylvie Alvarez
Ambassadrice, Observatrice Permanente de la France
auprès de l’Organisation des États Américains
Washington, D.C.

Dr. Michelle Ooms
Médecin-Inspecteur de Santé publique
Ministère des Affaires Étrangères
Paris
Members (cont.)
Miembros (cont.)

France (cont.)
Francia (cont.)

Dr Régine Lefait-Robin
Chargée de mission
Ministère de l'Emploi et de la Solidarité
Paris

Dr Benoît Cottrelle
Médecin-Inspecteur de Santé publique
Direction Départementale des Affaires Sanitaires et Sociales de Cayenne
Guyane

Dr Michel Lavollay
Conseiller pour les Affaires Sociales auprès de l'Ambassade de France
Washington, D.C.

Mme Marie-Anne Courrian
Observatrice Permanente Adjointe auprès de l'Organisation des États Américains
Washington, D.C.

Grenada
Granada

Hon. Clarice Modeste-Curwen
Minister of Health
Ministry of Health
St. George’s

H. E. Mr. Denis Antoine
Ambassador, Permanent Representative to the Organization of American States
Washington D.C.
Members (cont.)
Miembros (cont.)

Guatemala

Dr. Mario Bolaños Duarte
Ministro de Salud Pública y Asistencia Social
Ministerio de Salud Pública y Asistencia Social
Ciudad de Guatemala

Dr. Israel Lemus Bojorquez
Director General del Sistema Integral de Salud
Ministerio de Salud Pública y Asistencia Social
Ciudad de Guatemala

Guyana

Hon. Leslie Ramsammy
Minister of Health
Ministry of Health and Labour
Georgetown

Dr. Rudolph Cummings
Chief Medical Officer
Ministry of Health and Labour
Georgetown

Ms. Maharine Yaw
Alternate Representative
Permanent Mission of Guyana to the
Organization of American States
Washington, D.C.

Haiti

Dr Henri-Claude Voltaire
Ministre de la Santé publique et de la Population
Ministère de la Santé publique et de la Population
Port-au-Prince
Members (cont.)
Miembros (cont.)

_Haiti (cont.)_  
_Haití (cont.)_

Dr Claude Surena  
Directeur Cabinet  
Ministère de la Santé publique et de la Population  
Port-au-Prince

Dr Mario Laroche  
Directeur de l’Organisation des Services de Santé  
Ministère de la Santé publique et de la Population  
Port-au-Prince

_Honduras_

Dr. Plutarco Edmundo Castellanos  
Ministro de Salud  
Secretaría de Estado en el Despacho de Salud  
Tegucigalpa

_Jamaica_

Hon. John A. Junor, M.P.  
Minister of Health  
Ministry of Health  
Kingston

Dr. Grace Allen-Young  
Acting Permanent Secretary  
Ministry of Health  
Kingston

Dr. Peter Figueroa  
Chief Medical Officer  
Ministry of Health  
Kingston
Members (cont.)
Miembros (cont.)

Jamaica (cont.)

Ms. Delrose E. Montague
Representative ad interim
Permanent Mission of Jamaica to the
Organization of American States
Washington, D.C.

Ms. Shorna-Kay Richards
First Secretary, Alternate Representative
Permanent Mission of Jamaica to the
Organization of American States
Washington, D.C.

Mexico

Dr. Julio Frenk Mora
Secretario de Salud
Secretaría de Salud
México, D.F.

Dr. Guillermo Soberón Acevedo
Presidente de la Fundación Mexicana para la Salud
Secretaría de Salud
México, D.F.

Lic. Eduardo Jaramillo Navarrete
Director General, Secretaría de Salud
Secretaría de Salud
México, D.F.

Dr. Jaime Sepúlveda Amor
Director General del Instituto Nacional de Salud Pública
Secretaría de Salud
México, D.F.
Members (cont.)
Miembros (cont.)

Mexico (cont.)
México (cont.)

Lic. Guillermo Reyes
Representante Alterno
Misión Permanente de México ante
la Organización de los Estados Americanos
Washington, D.C.

Nicaragua

S.E. Dr. Lombardo Martínez Cabezas
Embajador, Representante Permanente
Misión Permanente de Nicaragua ante la
Organización de los Estados Americanos
Washington, D.C.

Dra. Janett Vásquez Sandoval
Asesora del Ministerio de Salud
Ministerio de Salud
Managua

Lic. Manuel Salvador Abaunza
Ministro Consejero
Ministerio de Salud
Managua

Panama
Panamá

Sr. Raúl Saint Malo
Director de Asuntos Internacionales
Ministerio de Salud
Ciudad de Panamá

Lic. Claudia Guerrero M.
Sub-Directora de Asuntos Internacionales
Ministerio de Salud
Ciudad de Panamá
Members (cont.)
Miembros (cont.)

Paraguay

Prof. Dr. Vicente Bataglia Doldán
Director General de Programas de Salud
Ministerio de Salud Pública y Bienestar Social
Asunción

Dr. Roberto E. Dullak Peña
Director General de Planificación y Evaluación
Ministerio de Salud Pública y Bienestar Social
Asunción

Perú

Dr. Luis Solari de la Fuente
Ministro de Salud
Ministerio de Salud
Lima

Dr. Fernando Carbone Campoverde
Director General de la Oficina de Financiamiento, Inversiones
y Cooperación Externa
Ministerio de Salud
Lima

Sra. Ana Peña
Representante Alterna
Misión Permanente de Perú ante la
Organización de los Estados Americanos
Washington, D.C.
Members (cont.)
Miembros (cont.)

Saint Kitts and Nevis
Saint Kitts y Nevis

Hon. Earl Martin
Minister of Health and Environment
Ministry of Health and Environment
Basseterre

H. E. Dr. Izben Williams
Ambassador
Embassy of Saint Kitts and Nevis
Washington, D.C.

Saint Lucia
Santa Lucía

Ms. Yasmin Solitahe Odlum
First Secretary
Embassy of Saint Lucia
Washington, D.C.

Mr. Albert H. Preville
Vice-Consul
Embassy of Saint Lucia
Washington, D.C.

Saint Vincent and the Grenadines
San Vicente y las Granadinas

Hon. Douglas Slater
Minister of Health and the Environment
Ministry of Health and the Environment
Kingstown

H. E. Mr. Ellsworth I. A. John
Ambassador, Permanent Representative
to the Organization of American States
Washington, D.C.
Members (cont.)
Miembros (cont.)

Saint Vincent and the Grenadines (cont.)
San Vicente y las Granadinas (cont.)

Dr. Bernard Morgan
Permanent Secretary
Ministry of Health and the Environment
Kingstown

Dr. Timothy Providence
Medical Director
Ministry of Health and the Environment
Kingstown

Suriname

Dr. Mohamed R. Khudabux
Minister of Health
Ministry of Health
Paramaribo

Dr. Rinia M. Codfried-Kranenburg
Director of Health
Ministry of Health
Paramaribo

Trinidad and Tobago
Trinidad y Tabago

Mr. Hamid O’Brien
Permanent Secretary
Ministry of Health
Port-of-Spain

Dr. Ashton Le Maitre
Health Promotion and Public Health
Ministry of Health
Port-of-Spain
Members (cont.)
Miembros (cont.)

United Kingdom
Reino Unido

Dr. Wendy Ann Thorne
Senior Public Health Advisor
Department of Health
London

Mr. Clyde Lettsome
Permanent Secretary
Ministry of Health and Welfare
Tortola, British Virgin Islands

United States of America
Estados Unidos de América

Hon. Tommy G. Thompson
Secretary of Health and Human Services
Department of Health and Human Services
Washington, D.C.

Hon. Claude A. Allen
Deputy Secretary
Department of Health and Human Services
Washington, D.C.

Mr. E. Michael Southwick
Deputy Assistant Secretary
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Ann S. Blackwood
Director for Health Programs
Office of Technical and Specialized Agencies
Bureau of International Organization Affairs
Department of State
Washington, D.C.
Members (cont.)
Miembros (cont.)

United States of America (cont.)
Estados Unidos de América (cont.)

Dr. Stephen B. Blount
Director, Office on Global Health
Centers for Disease Control and Prevention
Department of Health and Human Services
Atlanta

Ms. Carol J. Dabbs
Team Leader
Latin America and the Caribbean
Bureau of Population, Health, and Nutrition
Agency for International Development
Washington, D.C.

Ms. Lisa E. Jacobson
Program Analyst
Office of the United Nations System Administration
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Dr. Gerald Keusch
Associate Administrator for International Health and
Director, Fogarty International Center
National Institutes of Health
Department of Health and Human Services
Bethesda, MD

Mr. Michael Lyman
Health Officer for the Americas
Office of the Americas and Middle East
Office of International and Refugee Health
Department of Health and Human Services
Rockville, MD
Members (cont.)
Miembros (cont.)

United States of America (cont.)
Estados Unidos de América (cont.)

Dr. Stuart Nightingale
Chief Medical Officer
Office of the Assistant Secretary for Planning and Evaluation and
Senior Medical Adviser to the Deputy Assistant Secretary for
International and Refugee Health
Department of Health and Human Services
Rockville, MD

Mr. William Steiger
Special Assistant to the Secretary for International Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Mary Lou Valdez
Associate Director for Multilateral Affairs
Office of International and Refugee Health
Department of Health and Human Services
Rockville, MD

Mr. Richard S. Walling
Health Director
Office the Americas and Middle East
Office of International and Refugee Health
Department of Health and Human Services
Rockville, MD

Uruguay

Dr. Eduardo Touya
Director General de Salud
Ministerio de Salud Pública
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