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FINAL REPORT

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FINAL REPORT

Opening of the Session

The 126th Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization (PAHO) on 26-29 June 2000. The session was attended by delegates of the following eight Members of the Executive Committee: Bolivia, Canada, Cuba, Ecuador, Guyana, Mexico, Nicaragua, and United States of America. The ninth Member of the Committee, Antigua and Barbuda, was not represented. Present in an observer capacity were representatives of the following Member States of the Organization: Costa Rica, France, Peru, and Uruguay. In addition, four intergovernmental organizations and six nongovernmental organizations were represented.

Dr. Carlos Dotres Martínez (Cuba, President of the Executive Committee) opened the session and welcomed the participants. Sir George Alleyne (Director, Pan American Sanitary Bureau) added his welcome, underscoring the importance of the meetings of the Governing Bodies in the life of the Organization. He was certain that the week would afford many opportunities for productive dialogue and exchange of views that would benefit both PAHO and its Member States.

Procedural Matters

Officers

The Members elected to office at the Committee's 125th Session continued to serve in their respective capacities at the 126th Session. The officers were therefore as listed below:

<i>President:</i>	Cuba	(Dr. Carlos Dotres Martínez)
<i>Vice President:</i>	Mexico	(Mr. Eduardo Jaramillo)
<i>Rapporteur:</i>	United States of America	(Ms. Mary Lou Valdez)

The Director served as Secretary ex officio, and Dr. David Brandling-Bennett, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE126/1, Rev. 1, and CE126/WP/1)

In accordance with Rule 9 of its Rules of Procedure, the Committee adopted the provisional agenda prepared by the Secretariat (Decision CE126(D1)). The Committee also adopted a program of meetings.

Representation of the Executive Committee at the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas (Document CE126/3)

In accordance with Rule 54 of its Rules of Procedure, the Executive Committee decided to designate its President (Cuba) and Vice President (Mexico) to represent the Committee at the 42nd Directing Council. Bolivia and United States of America were designated as alternates for Cuba and Mexico (Decision CE126(D2)).

Provisional Agenda of the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas (Document CE126/4)

Dr. David Brandling-Bennett (Deputy Director, PASB) presented the provisional agenda prepared by the Director in accordance with Article 12.C of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council. It was suggested that the External Auditor's report on PAHO's planning, programming, monitoring, and evaluation system (AMPES) be included on the agenda under "Administrative and Financial Matters." The Committee agreed to that change.

At the request of one of the delegates, the Director explained that Item 4.2, "Health Situation and Trends in the Americas," would be an intermediate examination of the health situation and health trends in the countries of the Americas. The matter would be analyzed in much greater depth at the 26th Pan American Sanitary Conference in 2002, at which the quadrennial publication *Health in the Americas* would be presented. Among the issues to be discussed under Item 4.2 would be new methods of measuring health trends in the Americas and new approaches to establishing health priorities in the countries, based on those trends.

The Committee adopted Resolution CE126.R13, approving the provisional agenda, with the proposed modification.

Committee and Subcommittee Matters

Report of the Subcommittee on Planning and Programming and Review of the Operations of the Subcommittee (Document CE126/5)

The report on the 33rd and 34th Sessions of the Subcommittee on Planning and Programming was presented by Dr. Bayardo García in representation of the Government of Ecuador, which was elected President of the Subcommittee at the 33rd Session. At those two sessions the Subcommittee discussed seven items that were also on the agenda of the Executive Committee at the 126th Session, namely: cardiovascular diseases, with emphasis on hypertension; food protection; medical devices; harmonization of drug regulations; child health; operations of the Subcommittee on Planning and Programming; and PAHO building and facilities. The Subcommittee's comments and recommendations on those subjects were taken into account in revising the documents for the Executive Committee and are reflected in the presentations and discussion of the respective agenda items in the present report.

The Subcommittee also considered the following items, which were not forwarded to the Executive Committee: the Virtual Health Library; participation of PAHO in the United Nations reform process in Member States; maternal health; PAHO program budget policy; Pan-Americanism and what it means for PAHO; prospects for PAHO collaboration with nongovernmental organizations; and information technology in PAHO. Summaries of the presentations and discussions on all the above-mentioned items may be found in the final reports of the Subcommittee's 33rd and 34th Sessions (Documents SPP33/FR and SPP34/FR).

In the discussion that followed Dr. García's report, it was pointed out that the account of the Subcommittee's discussion of the purpose and operations of the SPP had not included a proposal for implementation of the Subcommittee's suggestions and recommendations. The Director said that he had not been under the impression that the Executive Committee considered it necessary to draw up a formal proposal. The Secretariat had proceeded to implement a number of the recommendations during the Subcommittee's 34th Session; for example, countries that had rarely or never participated in Subcommittee meetings had been invited, as had representatives of several NGOs with expertise on some of the topics to be discussed. In addition, specialists from the countries had been invited to prepare and present documents on certain agenda items. Other proposed changes—notably the suggestion that SPP sessions occasionally be held in a Member State rather than at PAHO Headquarters—had been discussed within the Secretariat and in informal consultations with the countries and had been deemed to be not very useful. Hence, it was probably not necessary to put forward

a formal proposal, although certain changes would require ratification by the Executive Committee. In particular, the Committee should decide whether the Subcommittee would continue to hold two sessions a year or would meet only once, possibly in a longer session, as recommended by the Subcommittee.

The Executive Committee agreed that the Subcommittee should hold one regular session a year, but that extraordinary sessions might be held, if the Committee or the Director deemed it necessary. The Committee adopted Resolution CE126.R3, modifying the Subcommittee's terms of reference accordingly. The Committee also authorized the Secretariat to introduce various editorial changes into the Subcommittee's terms of reference in order to make the terminology consistent with that used in the terms of reference of the other Governing Bodies of the Organization (Decision CE126(D3)).

Report of the Award Committee of the PAHO Award for Administration, 2000 (Documents CE126/6, Rev.1, and CE126/6, Add. I)

Ms. Mariángeles Argüello (Nicaragua) reported that representatives of the Members of the Award Committee for the PAHO Award for Administration, 2000— Cuba, Nicaragua, and the United States of America—had met on 28 June. After careful consideration of the candidates' qualifications, they had decided to confer the award on Dr. Roberto Fuentes García of Chile, for his long and fruitful efforts in the field of public health administration, particularly with regard to effective management, quality of care, and user satisfaction, and for his important contribution to the national and international literature on those subjects.

The Committee adopted Resolution CE126.R14.

Report of the Standing Committee on Nongovernmental Organizations (Documents CE126/7 and CE126/7, Add. I)

The Standing Committee on Nongovernmental Organizations was composed of Antigua and Barbuda, Ecuador, and Nicaragua; however, as Antigua and Barbuda was not represented at the Executive Committee session, the Committee appointed Guyana to serve in its stead (Decision CE126(D4)).

Dr. Bayardo García (Ecuador) reported that the Standing Committee had examined the application of the Latin American Association of Pharmaceutical Industries (ALIFAR) for entry into official relations with PAHO. After careful examination of the available background

documentation, the Standing Committee recommended that the Executive Committee authorize the establishment of an official relationship between PAHO and ALIFAR.

The Standing Committee had also reviewed information, submitted by the Director and by the NGOs themselves, on six inter-American NGOs whose relations with PAHO were up for periodic review to determine whether their official relationship with the Organization should continue. The Standing Committee recommended that the Executive Committee authorize continuation of official relations for a four-year period with the Inter-American College of Radiology, the Latin American Federation of Hospitals, the Pan American Federation of Associations of Medical Schools, and the Pan American Federation of Nursing Professionals. Citing gaps and shortcomings in the working relationships between PAHO and the two other NGOs—the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and the Latin American Union against Sexually Transmitted Diseases (ULACETS)—the Standing Committee recommended that the Executive Committee authorize continuation of official relations between PAHO and those NGOs for two years. After that time, the Standing Committee would again review the desirability of maintaining official relations.

In addition, the Standing Committee had examined the proposed revisions to the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations*. It endorsed the revisions, which included editorial changes meant to clarify the provisions of the text and two substantive changes. One change reduced the period between reviews of NGOs in official relations with PAHO from six to four years. The other permitted either PAHO or the NGO to terminate official relations, provided that the other party was notified in writing and that the action was approved by the Executive Committee through the Standing Committee.

Representatives of three NGOs in official relations with PAHO addressed the Committee. Each described her organization's purpose and activities, particularly those in which it had collaborated with PAHO. The representative of the Latin American Federation of Hospitals (FLH) mentioned the invaluable assistance her NGO had received from PAHO's Division of Health Systems and Services Development in a project to evaluate the health care models in the Region. To encourage discussion of further joint activities, it had invited the Division to participate in a scientific panel on hospital management that would take place in August in conjunction with the 10th congress of the FLH in Puerto Rico.

The representative of COLABIOCLI mentioned several projects being carried out to help the countries develop and strengthen their capabilities with regard to regulation of clinical

laboratories. The Confederation was working with PAHO and other institutions to promote and disseminate guidelines on laboratory quality control and accreditation, and it hoped to continue its collaboration with the Organization for the good of all the countries. She extended a formal invitation for PAHO to participate in the 15th congress of COLABIOCLI in Brazil in July 2001.

The representative of ULACETS stated that PAHO had been her organization's principal partner in the battle against sexually transmitted infections in the Region since the NGO's inception 26 years ago. The relationship had benefited both partners, as ULACETS had always counted on PAHO's endorsement of its work, while PAHO had often called upon the technical expertise of ULACETS members, many of whom were doctors working in national health programs. Her organization hoped to continue collaborating with PAHO on several fronts. ULACETS was organizing the next World Congress on Sexually Transmitted Diseases, which was going to be held in the Americas for the first time in 2003. She invited everyone to participate in that event.

The President of the Executive Committee expressed thanks, on behalf of the Committee and the Secretariat, for the participation of the NGOs in the meeting.

The Committee adopted Resolution CE126.R15.

Program Policy Matters

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2002-2003 (Document CE126/8)

Mr. Román Sotela (Chief of Budget, PAHO) reminded the Committee that the document under consideration contained only the WHO portion of the regular program budget for the Region of the Americas for 2002-2003. The WHO portion represented approximately 30% of PAHO's regular budget. The combined PAHO/WHO budget for the biennium would be presented to the Governing Bodies in 2001.

In September 2000, the PAHO Directing Council, acting in its capacity as the Regional Committee for the Americas of WHO, would be required to make recommendations to the Director-General of WHO concerning the 2002-2003 WHO regular budget proposal. The budgetary and planning instructions from the Director-General provided for reductions with respect to the 2000-2001 program budget and called for initial regional budget proposals to be submitted without any cost increases. The amount being requested for

the Americas was \$74,682,000,* which was \$3,043,000, or 3.9%, less than the amount approved for the 2000-2001 regular budget. That planning figure followed the regional reallocation scheme approved by the World Health Assembly in 1998 in Resolution WHA51.31. Table 2 in the document illustrated the effect of that resolution through the 2004-2005 biennium, when the WHO allocation to the Americas would fall to the same level, in nominal terms, as it had been 12 years earlier in the 1992-1993 biennium. Those reductions would have to be taken into account in developing the combined PAHO/WHO regular program budget proposal for 2002-2003.

The annex to the document showed the WHO program budget proposal for the Americas in accordance with the WHO program structure for 2002-2003, which varied slightly from the program structure for 2000-2001. The areas designated by WHO as priority areas for 2002-2003 were Malaria, Tuberculosis, Noncommunicable Diseases, Tobacco, Making Pregnancy Safer, HIV/AIDS, Food Safety, Mental Health, Blood Safety, Evidence for Health Policy, and Organization of Health Services.

In the discussion that followed Mr. Sotela's presentation, some Members expressed the view that the regional allocation scheme approved in 1998 was flawed. While it was recognized that funds should be allocated to the regions on the basis of health needs and developmental status, it was pointed out that the allocation model may not have accurately assessed some regions' degree of need or given sufficient consideration to their capacity to absorb resources. It was also pointed out that, in the spirit of global solidarity, WHO Headquarters and the Regional Offices should take account of each other's needs and perspectives. At the same time, it was recognized that the Americas had not been as severely affected as some regions whose allocations had been slashed. In addition, steps had been taken to mitigate the negative impact of the reductions to the extent possible, notably the Director-General's decision to reduce the maximum percentage reduction from 6% to 4% per biennium.

Given the reality of a 3.9% reduction in the WHO portion of the budget for 2002-2003, PAHO was encouraged to prioritize and concentrate its programming. The Secretariat was commended for shifting resources to the priority areas identified by WHO. In particular, the increase in the amount allocated for anti-tobacco activities was applauded. Several questions were asked about other increases shown in the document annex, especially the 37% increase in the amount allocated to the Director-General and Regional Directors'

* Note: Unless otherwise indicated, all currency figures in this report are expressed in United States dollars.

Offices. PAHO was also encouraged to enter into a dialogue with WHO Headquarters regarding which activities should be carried out by Headquarters and by the regions. It was suggested that most normative and standard-setting issues should be dealt with by WHO Headquarters, while the regions should take responsibility for the actual implementation of activities. In relation to the combined budget proposal to be presented to the Governing Bodies in 2001, it was hoped that no new increase in quota assessments would be sought, as most of the countries were not in a position to increase their contributions to the Organization.

Mr. Sotela explained that the apparent increase in the allocation to the Director-General and Regional Directors' Offices was due mainly to the reclassification of one staff post, which had been funded out of the PAHO regular budget and would now be funded out of WHO regular funds. In other cases, the reverse may have happened. He also noted that, as the budget was only partial, increases or decreases in funding in some areas could not necessarily be interpreted as a sign of increased or decreased activity in those areas.

The Director noted that he had always maintained that the reallocation scheme was flawed and that the entire Organization, including WHO Headquarters, should have participated in the reductions. Instead, only the regions had been affected by the budget cuts. He hoped that the delegates would make that point in other forums. He also pointed out that the 6% reduction in the WHO allocation to the Americas for the 2000-2001 budget had made it necessary to cut Regional programs by more than 5.8%. He did not believe that the Organization could continue to suffer such program reductions indefinitely. That issue would be discussed in greater depth when the combined budget was presented to the Governing Bodies in 2001.

The Committee adopted Resolution CE126.R11.

Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Documents CE126/9 and CE126/9, Add. I)

Dr. Fernando Zacarías (Coordinator, Program on Acquired Immunodeficiency Syndrome/Sexually Transmitted Diseases, PAHO) summarized the current situation of HIV/AIDS prevalence worldwide. As of the end of 1999, an estimated 33.6 million adults and children were living with HIV/AIDS, 2.6 million of them in the Region of the Americas. The highest prevalence rates in the Region were found in the Caribbean, where 1 in 50 adults aged 15-49 years was infected, compared to about 1 in 200 in the rest of the Americas. Transmission patterns varied among the countries, as did the infection rate in pregnant women, which was higher in countries where transmission was predominantly through heterosexual

sex. The estimated number of new infections had remained relatively stable in Latin America and the Caribbean in recent years and had declined slightly in North America, while other regions of the world—particularly sub-Saharan Africa—had seen a large upsurge in HIV infections.

PAHO had focused on helping the countries prevent HIV infection. The principal preventive actions were encouragement of behavioral change, assurance of blood safety, and reduction of mother-to-child HIV transmission. Behavioral change was the most important means of prevention, but also the most difficult to achieve. The interventions employed for that purpose ranged from formal education to face-to-face interactions to mass communication campaigns. To enhance its efforts, the Organization was hiring a staff member to work full-time on promotion of mass communication and social marketing. Significant success had been achieved in ensuring safe blood for transfusion, which protected the public not only from HIV but also from diseases such as hepatitis B and C and Chagas' disease. Progress had also been made in the prevention of mother-to-child transmission. The rate had been reduced by two-thirds since 1994 through use of the drug AZT in a recognized protocol. However, some countries had not yet implemented that strategy.

Antiretroviral (ARV) drugs, particularly when used in combination, had proved highly effective in preventing the progression of latent HIV infection to clinical AIDS. However, these drugs were expensive, and their price varied widely among the countries. Few countries could afford to make them available to all, or even most, of the HIV-infected population. The countries had to develop the infrastructure to provide the best possible treatment to all infected persons, within the constraints imposed by their available resources. This “building block” approach encouraged the countries to achieve minimum standards of basic care at all health-care levels that could be built upon as more resources (financial, technical, and human) became available. Provision of ARVs was integrated into the building blocks at all stages.

Dr. Zacarías closed by pointing out that, given the current epidemiologic picture, there was a window of opportunity to defeat AIDS in this hemisphere. However, it would take strong political leadership, strategic public-private alliances, the flexibility to change control strategies as needed, and the ability to apply lessons learned on a wider scale.

The Committee urged PAHO to continue providing technical assistance for HIV/AIDS prevention activities throughout the Region. Education and mass communication were seen as key factors in reducing transmission domestically and in building public awareness of the global dimensions of the HIV/AIDS crisis. In addition, political leaders at the highest levels—presidents and prime ministers—must be encouraged to speak out about

HIV/AIDS. The disease was more than a public health problem, as demonstrated by the attention paid to it in political and economic forums. For example, the declaration coming out of the Group of 77's South-South Summit (Havana, April 2000) had included a call to action for the international community, and its wording corresponded closely to PAHO's approach.

Despite the acknowledged importance of prevention, the Committee cautioned that the care needs of those already diagnosed with HIV/AIDS must not be overlooked. Prevention and care should not be viewed as competing priorities but as part of a continuum in the fight against HIV/AIDS. PAHO must carefully balance its activities among prevention, care, and treatment. The Organization was encouraged to pursue a dialogue with governments, pharmaceutical companies, and relevant international organizations (such as UNAIDS and WHO) on ways to bring down the cost of ARV drugs in developing countries. It was emphasized that, to achieve any impact, reductions in drug costs must be accompanied by the creation of reliable distribution systems in the countries and an increase in clinical competency to treat patients appropriately. The Committee welcomed the establishment of the Regional Fund for Strategic Public Health Supplies and requested information on ways to gain access to the fund.

The Delegate of Canada announced that his country would soon triple its budget allocation for international HIV/AIDS activities. As part of its commitment to enhancing collaboration, his government had produced a "twinning guide" on ways that NGOs could work together in the fight against HIV/AIDS. The guide was available in English, French, and Spanish. Several other countries reported on national activities, including HIV prevalence studies in Bolivia and a program to reduce mother-to-child transmission in Guyana. The representative of the Latin American Union Against Sexually Transmitted Diseases (ULACETS) reminded the Committee of the toll exacted by other sexually transmitted infections (STIs) that did not receive the publicity of HIV/AIDS. She urged the countries to devote more attention to the prevention, diagnosis, and treatment of those diseases, which, in turn, would help prevent HIV transmission.

Dr. Zacarías responded that PAHO was supporting efforts to improve epidemiologic surveillance as well as patient care for all STIs. He acknowledged the advances several countries had achieved in combating STIs and HIV, even where resources were scarce, and pledged that PAHO would continue to learn from the countries how best to apply mass communication and education for prevention. The Organization would strive for a balance between prevention and care. In fact, PAHO and WHO had produced a series of guides on care for HIV/AIDS patients at different levels.

The Director called attention to the serious situation in the Caribbean, where the prevalence rate of HIV infection was 3.5 times higher than in other parts of the Americas. The situation was especially grave in Haiti. However, through an aggressive attack strategy, one country, the Bahamas had managed to turn the epidemic around. Other parts of the Region had also seen decreases in infection rates since 1995. The message was that if preventive measures were put in place, the epidemic could be reversed, not merely stemmed. Behavioral change needed to be marketed aggressively through mass communication. Moreover, high-level political leaders must be confronted with the reality of HIV/AIDS and encouraged to speak out on the subject and take action. It was PAHO's responsibility to help ministers of health bring the issue to the forefront for the countries' leaders.

PAHO was committed to ensuring the safety of 100% of the blood supply by 2002. Blood safety was achievable in the Americas, with the application of basic good laboratory practices and dedication to the goal.

The Director warned that ARV drugs were only part of the answer to the problem of HIV/AIDS. He reiterated that lack of an infrastructure to distribute the drugs would hamper their effectiveness even if they were more affordable. The Committee could find comparative pricing information on those drugs at a Web site maintained by the Horizontal Technical Cooperation Group (<http://www.gcth-sida.gov.br>). Discussions of ways to lower the price of ARVs were continuing between five major pharmaceutical companies and a group convened in Geneva by UNAIDS, WHO, and UNICEF. The Minister of Health of Panama had been named by the Latin American ministers of health as a representative to that group.

Regarding the Strategic Fund, the Director replied that the countries would eventually receive specific information on how the fund would work and how to access it. For the time being, however, expansion of the fund beyond Brazil, where it was being pilot-tested, was being delayed by legal complications pertaining to rules governing importation and shipment of drugs.

The Committee adopted Resolution CE126.R5.

Vaccines and Immunization (Document CE126/10)

Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization, PAHO) reported that vaccine coverage of children in the Region was generally between 80% and 90%, which meant that 2–3 million children were not covered. To help the countries close that

gap, PAHO had been conducting evaluations of national immunization programs to identify obstacles to universal coverage. Eight such evaluations had been done so far.

Spectacular progress had been made in eradicating the indigenous transmission of measles in the Americas. Only 480 cases had been reported so far in 2000, the majority in Haiti and the Dominican Republic,* both of which were redoubling their vaccination efforts. Given that transmission had already been interrupted in most other countries, it was feasible to achieve the eradication goal by the end of 2000.

With regard to poliomyelitis, the global eradication program was advancing, despite difficulties in some regions. It was important that the Americas maintain a high-quality surveillance system as it joined the rest of the world in the process of certifying the absence of circulating wild poliovirus. The Member States should also begin a comprehensive inventory of all laboratories for stores of wild poliovirus, so that appropriate containment could be instituted.

Regarding other vaccine-preventable diseases, neonatal tetanus had declined by 90% since the control campaign was initiated in the late 1980s. Foci of the disease now occurred in fewer than 1% of the municipalities in the Americas, and there was reason to believe the disease could be eliminated in the near future. Rubella was still prevalent. However, most countries were using the trivalent MMR vaccine that included rubella antigen, and several countries had carried out successful mass rubella vaccination campaigns to interrupt transmission of the disease and prevent congenital rubella syndrome. The risk of an outbreak of urban yellow fever existed anywhere within the expanding range of the vector, *Aedes aegypti*. So far, only French Guiana and Trinidad and Tobago were universally vaccinating children against yellow fever, and Brazil had carried out mass vaccination in all age groups in the past two years. Other countries should also consider incorporating the vaccine into their national programs. Finally, Dr. de Quadros reported that over 85% of the children in Latin America and the Caribbean lived in countries that offered vaccines against hepatitis B and *Haemophilus influenzae* type b in their national immunization schedules.

The Organization had been involved in several activities related to quality control of vaccines. They included promotion of the harmonization of vaccine licensing regulations in non-vaccine-producing countries, development and implementation of a certification program for laboratories that tested vaccines, and encouragement of good manufacturing practices and

* Dr. de Quadros pointed out that the number of measles cases in the Dominican Republic in 1999 reported in the document was incorrect and should read "274."

procedural review by the Region's vaccine producers. The Organization was promoting inclusion of local vaccine producers in WHO's vaccine quality assessment process, so that vaccines from the Americas could be supplied to United Nations agencies. PAHO was also working with the recently formed Global Alliance on Vaccines and Immunization (GAVI) to determine how the Region could become involved in the development of new vaccines.

The Committee commended PAHO's long-standing leadership in this field. It expressed concern, however, that in spite of the Region's accomplishments, there were still wide disparities in vaccination coverage rates between countries and between groups within countries. Political upheaval and continued lack of access to basic health services hindered progress in closing the gaps. The national evaluations being conducted by PAHO could help countries negotiate increased funding from cooperation agencies. It was suggested that the document should include an examination of the relationship between health sector reform and vaccination trends, highlighting the challenges of maintaining high coverage rates at the district level in light of recent reform efforts.

The Committee supported the Organization's current activities, giving special mention to inclusion of vitamin A supplementation in immunization programs and projects geared toward vaccine development and production quality control. PAHO was urged to foster increased collaboration and communication among researchers engaged in vaccine development, as well as the exchange of successful experiences among countries.

Given the rapid progress toward polio eradication worldwide, one Member asked for an estimate of when the certification process would begin and when vaccination could cease in the Americas. Dr. de Quadros responded that a global certification commission had already been established, as had committees for every region. In a sense, the global process had begun with the certification of the Americas as polio-free. The goal was for global certification to be completed by 2005. If that goal were met, vaccination could probably cease between 2005 and 2010, depending on the results of ongoing research about circulation of vaccine-derived viral strains.

Dr. de Quadros reported that inclusion of vitamin A supplementation in immunization programs had yielded good results. The initiative had been led by PAHO's Nutrition Program and supported by a grant from Canada. He also reported that vaccine researchers had scheduled annual meetings to exchange information and foster collaboration.

Finally, he provided the Committee with further information about the opportunities and limitations presented by GAVI. More than 90% of GAVI resources, which would total

about \$1 billion by the end of the year, were earmarked for purchasing vaccines against hepatitis B and *Haemophilus influenzae* type b (Hib) for countries that could not afford those vaccines. Only six countries in the Region of the Americas (Bolivia, Cuba, Guyana, Haiti, Honduras, and Nicaragua) qualified for that aid based on per capita GNP. However, the eligible countries were already paying for vaccines out of their own resources, and some of them wanted to use tetravalent or pentavalent vaccines containing the hepatitis B and/or Hib antigens, instead of the single vaccines. Discussions were under way to determine if countries in the Americas could focus GAVI aid on maintaining infrastructure, and an agreement had been negotiated with the Alliance to allow the countries to use GAVI resources to purchase tetra- and pentavalent vaccines. However, enforcement of that agreement was uncertain because the GAVI fund—a legal entity, unlike the Alliance—was managed by vaccine producers and funded largely by the private sector. It was also hoped that GAVI would take actions to prevent the recurrence of shortages of freeze-dried vaccines against measles, measles-rubella, and rubella-mumps. Last year, shortages had resulted from manufacturers diverting their freeze-drying capacity to production of the more expensive Hib vaccine.

The Director reiterated the need to take cautious advantage of the opportunities afforded by GAVI. To make sure the initiative was helpful, the philanthropic enthusiasm of its originators had to be tempered by knowledge of the most vital needs of the countries. The Director also commented that a global effort to eradicate measles should not be delayed until the world was declared free of polio. He urged the national health authorities of the Americas to press for action now.

The Committee adopted Resolution CE126.R4 on this item.

Evaluation of the Regional Program on Bioethics (Document CE126/11)

Dr. Juan Antonio Casas (Director, Division of Health and Human Development, PAHO) presented a brief overview of the historical development and the current activities of the Regional Program. He noted that bioethics was a relatively young discipline, having developed rapidly in the last 30–40 years in response to the explosive growth of medical knowledge and the introduction of new technologies. Since the mid-1980s PAHO had provided technical cooperation to public and private institutions in its Member States on the conceptual and practical development of bioethics. The Regional Program on Bioethics had been established in 1993, with headquarters in Santiago, Chile.

The Program disseminated information on bioethics, promoted the inclusion of bioethical concerns in legislation, coordinated development of a network of professionals and institutions with expertise in the field, supported national efforts to develop awareness and application of bioethics, and fostered research, education, and training. In the latter area, the goal was to make specialized knowledge in bioethics available to the largest possible number of medical professionals in the Region. Early in its existence, the Program had created a documentation and information center, which had now become a bibliographic database of 3,500 titles accessible through the Internet. The Program also published two periodicals and had produced numerous papers and several books.

One of the Program's major achievements was the establishment of a *Magister* Program in Bioethics at the University of Chile, in cooperation with the Universidad Complutense in Madrid, Spain. (A *magister* program is intermediate between a specialized course of study and a master's program.) Some 80 professionals from the Region had completed that program, and another 400 had attended PAHO-supported seminars on bioethics topics. A second *magister* program had recently been established in the Dominican Republic in order to broaden access to bioethics training. To help PAHO respond to the bioethical challenges associated with specific priorities set by the Region's health planners, an International Advisory Committee on Bioethics had been formed in 1999. Out of its first meeting came a widely disseminated publication on research on human subjects.

The Program had also commissioned an external evaluation of its work, which was conducted in the first quarter of 2000 by noted bioethicist Dr. James F. Drane of Edinboro University (Pennsylvania, U.S.A.). Dr. Drane's report was attached as an annex to Document CE126/11.

In his address to the Committee, Dr. Drane remarked on the revolution in medicine signaled by the sequencing of the human genome. Genetic therapies were already being used experimentally to treat some diseases. Recently, the human subject of one of those experiments had died. A number of ethical lapses had been uncovered in the investigation that followed, illustrating the dangers of medical practice without objective and rigorous ethical review.

The discipline's rapid development in the last 30 years pointed up the importance of bioethics. In spite of competing priorities, PAHO must be involved in this new field, because it was the only organization in the Region with the credibility, prestige, and broad base to take it up. The proper application of bioethics required resources for the dissemination of information and the development of expertise through educational programs. Guidance in understanding

bioethical principles was needed not only by doctors, hospitals, and medical schools, but also by lawmakers and journalists. Teams of experts in bioethics should be developed in the Region to undertake specific tasks (such as the establishment of bioethics programs in hospitals and medical schools) or focus on specific medical issues.

In closing, Dr. Drane reminded the Committee that development of bioethical standards was not enough; hands-on involvement and review were needed to ensure adherence to those standards. PAHO was the appropriate institution to oversee bioethical initiatives and activities throughout Region. His evaluation contained several concrete recommendations for the Regional Program's future direction.

The Committee expressed its appreciation for the work accomplished by PAHO in the area of bioethics. It urged the Organization to pursue more collaboration with WHO's new bioethics program, as well as the initiatives of other agencies, such as UNESCO. Working together would allow the organizations to share experience and would eliminate duplication of effort, conserving scarce resources. The Committee recommended that the network of bioethics scholars built by the Program offer perspectives from the entire Region, but also cautioned that development of the discipline of bioethics in the countries must be rooted in their historical and cultural contexts.

The Committee agreed that formal training in bioethics and its incorporation into continuing medical education were vital. However, in addition to providing guidance in academic and institutional settings, PAHO should do more to encourage participation by the public in bioethical debates, since bioethical concerns were relevant to many public policy decisions. Bioethics should increasingly be brought to bear on policy issues such as the right to access to health services.

The future plans of the Regional Program as outlined in the document sounded feasible. The countries were urged to show leadership in bioethics, expand training, and produce effective national legislation. The Secretariat was asked to comment on the possibility of mobilizing support for the Program more broadly in the Region. It was noted that relevant initiatives of individual countries had not been mentioned in the document. One delegate asked for more explanation of the concept of objective ethics.

Dr. Casas agreed that it was important to expand the Program's focus into the public policy arena but said that its linkage to academic institutions must be maintained. The Program should support the research network and continued development of the field of bioethics, while opening new channels for incorporation of bioethics into public policy discussions and

health sector decision-making. He assured the delegates that PAHO was committed to working with other organizations to avoid duplication of effort. The Organization was currently collaborating with the Fogarty International Center of the U.S. National Institutes of Health in its efforts to form a global network devoted to the analysis of ethical issues related to research on human subjects. PAHO and Fogarty would be sponsoring an international meeting in the Americas on that topic in 2002.

As shown in the document, the budget of the Regional Program and its funding sources had remained basically constant each year. It was expected that the amount of extrabudgetary funds available to the Program would increase for 2000. It was true that the document did not mention many bioethics initiatives carried out at the national level, as it was not intended to be an exhaustive report. However, a more detailed document in Spanish was available upon request.

Dr. Drane commented that the PAHO Regional Program was uniquely able to bring a Latin American perspective to its collaboration with international institutions. To do so, it first had to build regional expertise in bioethics through training. While it was important to recognize the ethical component of health policy issues (such as access to and financing of health care), it was equally important that the Program continue to work with medical institutions and promote the inclusion of bioethics as part of the medical curriculum. In addition, some bioethical problems, such as those arising from new biotechnology, were better addressed in the medical setting than through public policy decisions.

Responding to the question about objective ethics, he said that the term referred to the universal ethics recognized in international declarations of rights. In turn, universal ethics had to be applied in a way that took the cultural climate into account. For that reason it was important to ensure that people with knowledge of the local milieu be included in decision-making—for example, on research review boards.

The Director noted that the Committee's comments indicated that the Regional Program on Bioethics was generally on the right track, with a few modifications to its orientations. He believed that the original mandate of the Program—training and the generation of interest in bioethics—should be maintained. A new area of focus should be the development of indicators of the Program's success. If the Program were successful, much of its work could be taken over by the cadre of experts it had helped train. The Program was a reminder that in the midst of overwhelming health problems, bioethical concerns could not afford to be overlooked. As a welcome side effect, the Program had caused PAHO to examine more closely the ethical implications of its own technical cooperation initiatives.

He emphasized that PAHO was eager to share its experiences by collaborating with other institutions, as it had been working with Fogarty and the Wellcome Trust to bring a global focus to major bioethical problems. PAHO was actively seeking to mobilize not only financial resources but also other institutions to join the network. The Director concluded by thanking Dr. Drane for his work on the external evaluation.

The Committee adopted Resolution CE126.R6.

Food Protection (Document CE126/12)

Dr. Jaime Estupiñán (Director, Pan American Center for Food Protection and Zoonoses) summarized the content of the document on this item, which analyzed current food safety issues in the Region and outlined the goals, objectives, and strategies of the Regional Program for Technical Cooperation in Food Protection.

In the previous 10 years, serious outbreaks of foodborne disease (FBD) had occurred in various regions of the world, including the Americas, which had heightened attention to the need for food safety measures to protect the population. The problem of

food safety had recently been analyzed by the WHO Governing Bodies, and Resolution WHA53.15, adopted by the 53rd World Health Assembly, had established food safety as a public health priority.

To address the issue of food safety in the Region, PAHO had developed a strategic plan that took account of Resolution WHA53.15, as well as the social, political, economic, and technical aspects of the problem of food safety in the Americas and the recommendations of the Governing Bodies of PAHO, the Pan American Center for Food Protection and Zoonoses (INPPAZ), and the Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA). INPPAZ was responsible for executing the plan, which had the following five short- and medium-term objectives: (1) organization of national and local food protection programs; (2) strengthening of laboratory capacity for detection of microbiological and chemical contaminants; (3) modernization of food inspection methods, in particular through the incorporation of good production practices/good manufacturing processes (GPP/GMP), sanitation standard operating procedures (SSOP), and the hazard analysis and critical control points (HACCP) methodology; (4) improvement of national FBD surveillance systems; and (5) promotion of community involvement in food safety. The document described some of the activities carried out thus far with a view to achieving those five objectives.

The Regional Plan also had six long-term objectives for the year 2004, which were aimed at exploiting PAHO's comparative advantage for cooperating with the countries and providing information and training in the area of food safety. Those objectives were described in the document, as were the proposed strategies and activities for achieving them. Dr. Estupiñán highlighted one strategy in particular: creation of a regional commission on food protection to deal with matters related to the development of regional policies on food safety and promote the development and strengthening of national programs, intersectoral coordination between the health and agriculture sectors, coordination among countries, and participation by food producers and consumers.

Dr. Estupiñán concluded his remarks by emphasizing the following essential aspects of food safety programs: food safety programs should be viewed as an fundamental public health responsibility; food safety programs should give equal importance to foods intended for domestic consumption and for export and should also take account of the importance of food safety for tourism; food safety programs should be based on scientific principles and the Codex Alimentarius standards and should incorporate risk analysis; food safety programs should be founded on FBD surveillance systems; and food safety programs require close coordination between countries and sectors, as well as coordination of international technical cooperation.

Following Dr. Estupiñán's presentation, the Executive Committee viewed a video produced by PAHO on efforts to improve food safety in the Region.

The Committee found the Regional Plan a sound basis for PAHO technical cooperation in the area of food safety and expressed support for the specific goals and strategies set out in the document. The Plan's emphasis on the use of scientific food protection methods was applauded, as was its attention to the importance of applying the same rigorous standards to foods sold on internal markets as to export products. The importance of food safety as a public health issue and as a means of fostering economic development and trade was underscored. It was pointed out that the issue of chemical contaminants had perhaps not been sufficiently addressed in the document and that such contaminants posed a particular risk to certain population groups, notably children and indigenous peoples. It was also pointed out that producers and manufacturers tended to take advantage of the relatively weak regulatory mechanisms in developing countries and that those countries would require special assistance from the Organization to put in place adequate national food control systems.

Like the Subcommittee on Planning and Programming, the Executive Committee commended the Secretariat for the decision to transfer responsibility for zoonoses to the Pan

American Foot-and-Mouth Disease Center (PANAFTOSA) and make food protection the primary role of INPPAZ. The Committee voiced support for the long-term objectives of strengthening the Institute's infrastructure and financial stability to enable it to continue providing technical cooperation in the area of food protection.

Several delegates called attention to the lack of financial information in the document and requested clarification concerning the current level of resources and future budget expectations for the Regional Food Protection Program. With respect to the proposed regional commission on food protection, some Members questioned the need for such a body and encouraged the Director to consult with officials in the countries about whether they considered it necessary and, if so, seek their opinions regarding the commission's composition. Finally, it was stressed that PAHO should try to coordinate its efforts with those of other agencies and organizations working in the area of food safety in order to avoid duplication of efforts and make the best use of resources. The Representative of the Inter-American Institute for Cooperation in Agriculture (IICA) affirmed his organization's willingness to work with PAHO on food safety.

Dr. Estupiñán explained that, over the period 1970-1990, PAHO had worked intensively to support the countries in organizing programs for the detection of chemical contaminants in food products of both animal and vegetable origin. The Organization had been aided in that work by several Member States—in particular, Canada. Many countries now had such programs, and PAHO was continuing to assist those that did not. The problem of chemical contaminants had not been addressed as extensively in the document precisely because it had been the object of so much prior effort; however, it was considered just as serious as the problem of microbial contaminants and was receiving equal attention. For example, as noted in the document, the Inter-American Network of Food Analysis Laboratories was working to strengthen the capacity for analysis of both types of contaminants.

The Director, responding to the budgetary questions, noted that funding for the Food Protection Program turned around the issue of funding for INPPAZ. The Secretariat had been engaged in intense discussions with the new Government of Argentina—the host country for the Institute—regarding payment of its contributions to INPPAZ. While he remained optimistic, thus far the negotiations had not yielded any concrete results. The Institute had managed to continue operating because of extreme frugality in its management, but its activities had been seriously constrained by budget limitations. The president of Argentina's National Agrifood Health and Quality Service (SENASA) was expected to visit PAHO during the second week of July, and he hoped that visit would result in a firm financial

commitment from Argentina to the Institute. However, if an agreement could not be reached with the host country so as to ensure a sound financial basis for INPPAZ—a situation he greatly hoped would not occur—he would be obliged to consult the Governing Bodies regarding the Institute's future.

As for the proposed regional commission on food protection, he noted that, at the last Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA), held in 1999, considerable interest had been expressed in the creation of such a commission. The experience with the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA) had demonstrated the value of having a regional commission to focus on an issue of common concern, such as foodborne disease and food safety. It was expected that the next RIMSA, scheduled for April 2001, would renew the call for a regional food protection commission. Hence, while he would continue to consult with national officials, he felt certain that the majority would support the idea.

The Executive Committee adopted Resolution CE126.R7 on this item.

Cardiovascular Disease: Hypertension (Document CE126/13)

Dr. Sylvia Robles (Coordinator, Program on Noncommunicable Diseases, PAHO) presented information on the problem of cardiovascular diseases in the Region and described the public health approach to their prevention and control advocated by PAHO. The Organization believed that a public health approach, with emphasis on control of hypertension, was essential for the following reasons:

First, cardiovascular diseases were the most frequent cause of death and disability in both men and women, not only in Canada and the United States but also throughout Latin America and the Caribbean. They affected not only older adults—a common myth—but also adults in the most productive period of their lives; hence, they had an enormous economic impact. Among the cardiovascular diseases, the two most important causes of premature mortality and disability were ischemic heart disease and cerebrovascular disease. Nevertheless, it had been demonstrated that they could be prevented through timely treatment and control of risk factors. Hypertension—which affected 1 out of every four adults in the Region—was a key risk factor for both diseases and for other cardiovascular diseases.

Second, effective prevention of cardiovascular diseases and other noncommunicable diseases required an approach that addressed primary risk factors such as smoking, poor diet, and lack of physical activity. A primary health care approach

—emphasizing prevention, health promotion strategies, and community-based interventions—was far preferable to the current, mainly clinical approach to the treatment of cardiovascular diseases, which were often detected only after they had reached a stage at which they required secondary or tertiary care. Such an approach had the added advantage of being significantly lower in cost.

Third, cardiovascular diseases affected different population groups in different ways. Sex, educational level, and other factors were associated with differing mortality rates from this cause.

The fourth, and most important, reason for a public health approach to cardiovascular disease, with emphasis on control of hypertension, was that it worked. Dr. Robles presented data that showed that effective control of hypertension could have a significant impact on mortality from cerebrovascular disease and ischemic heart disease.

The PAHO Program on Noncommunicable Diseases was therefore advocating an approach that integrated health promotion, primary prevention, and management of cardiovascular diseases. The approach utilized strategies from CARMEN (Actions for Multifactorial Reduction of Noncommunicable Diseases) and other community-based programs aimed at preventing the risk factors for noncommunicable diseases in general. In addition, PAHO had joined with the U.S. National Heart, Lung, and Blood Institute and several other organizations to create the Pan American Hypertension Initiative, the objectives of which were to increase the detection of individuals with high blood pressure in all health services and to improve patient acceptance of and adherence to treatment.

The Executive Committee applauded PAHO's public health approach to cardiovascular diseases and for the Pan American Hypertension Initiative, and it praised the document for its comprehensiveness and technical quality. It was suggested that, with some refinements, the document might be published in the *Pan American Journal of Public Health*, as a means of helping to raise awareness of the seriousness of the problem in the Region. Among the refinements proposed was the addition of an analysis of regional trends disaggregated by leading causes of cardiovascular disease. In that connection, one delegate commented that the document seemed to focus excessively on hypertension as the primary risk factor for cardiovascular disease, when other risk factors, such as smoking and poor diet, were equally important. In addition, while the document noted the association between socioeconomic status and inequalities in the distribution of risk factors and cardiovascular mortality, it should give greater attention to the use of that information for the development of intervention strategies to address the special needs of disadvantaged populations, such as

indigenous groups. The Committee underscored the need for surveillance to determine the distribution of risk factors and identify the groups to which interventions should be targeted. It was suggested that PAHO might consider developing standardized surveillance tools for that purpose.

Several delegates felt that the document should also lay greater stress on the importance of education in preventing cardiovascular disease. It was emphasized that educational efforts must begin during childhood in order to promote healthy lifestyles and prevent behaviors that were likely to lead to the development of cardiovascular disease later in life. Training of primary care personnel to deal effectively with hypertension and cardiovascular disease was also considered essential.

The Committee endorsed CARMEN and similar strategies as effective and affordable means of preventing and controlling cardiovascular disease and other noncommunicable diseases. It was pointed out that the high cost of the drugs commonly used to treat hypertension put them beyond the reach of many people in developing countries, which made non-pharmacological approaches to treatment imperative. Several delegates noted the need for research on the effectiveness of low-cost drugs and cost-benefit studies to demonstrate the value of investing in the control of hypertension as a means of reducing cardiovascular diseases. Finally, it was pointed out that hypertension was a tracer disease and that measures taken to prevent and control it would also help to reduce the risk of other diseases linked to unhealthy lifestyles.

Dr. Robles stressed that PAHO viewed prevention and control of hypertension as part of an integrated approach to the prevention and control of noncommunicable diseases in general. The document focused on hypertension because the 125th Session of the Executive Committee had selected cardiovascular disease, with emphasis on hypertension, as one of the topics it wished to consider at the 126th Session. As had been noted, hypertension was a tracer disease, and interventions designed to address it also addressed a whole set of risk factors that contributed to the development of other noncommunicable diseases. The Organization was providing technical cooperation to assist the countries in implementing and strengthening community-based programs, such as CARMEN, aimed at bringing about behavior change and encouraging healthy lifestyles, which would help prevent not only cardiovascular disease but all noncommunicable diseases. One of the main focuses of the Program on Noncommunicable Diseases in the past year had been promotion of physical activity throughout life.

As for the high cost of drugs used to treat hypertension, there was evidence that it could be effectively controlled through the use of low-cost drugs, coupled with primary and secondary prevention measures. To that end, clear clinical guidelines should be developed and implemented in health services, and the capacity of primary care personnel to deal effectively with hypertension should be enhanced.

The Committee adopted Resolution CE126.R16.

Medical Devices (Document CE126/14)

Mr. Antonio Hernández (Regional Advisor, Health Services Engineering and Maintenance, PAHO) presented the document on regulation of medical devices and equipment, the initial version of which had been prepared by the Government of Canada for the 34th Session of the SPP. With the rapid growth in marketing and use of medical devices in Latin America and the Caribbean, regulation had become a matter of increasing concern to the ministries of health in that region. PAHO had been working with the countries since 1994 to establish and strengthen regulatory frameworks in order to guarantee the efficacy, safety, and quality of all devices used in the health services and by the population. The Organization had been greatly assisted in those efforts by various national and nongovernmental organizations, including the Medical Devices Bureau of Canada, the Food and Drug Administration (FDA) of the United States, and the Emergency Care Research Institute (ECRI)—all PAHO/WHO Collaborating Centers.

In October 1999, PAHO had sponsored a consultative meeting on medical device regulation, the final report of which was distributed to the Executive Committee during the 126th Session. That meeting had yielded a number of conclusions and recommendations, which were presented in the final report and in the document prepared for the Committee. Among other things, the participants recommended that WHO and PAHO should increase their participation in and promote greater involvement by the countries in international activities and initiatives in the area of medical device regulation, with a view to facilitating harmonization of regulations. The consultation also recommended that the Latin American and Caribbean countries should take part in the Global Harmonization Task Force (GHTF), a voluntary international consortium that promoted harmonization of medical device regulations in developed and developing countries throughout the world.

The proposed plan of action outlined in the document responded to the recommendations of the consultative meeting and the growing demand for technical cooperation from the countries in the area of medical devices. The plan would include the

following activities: preparation of a regional profile and country status reports on medical devices regulation; organization of five subregional workshops on medical devices, the first of which was scheduled for October 2000; facilitation of participation by Latin American and Caribbean regulatory authorities in GHTF meetings and study groups; strengthening of the use of "Med-Devices," an electronic forum for discussion and consultation among regulatory authorities, coordinated by PAHO; circulation of the draft guidelines and model program for medical device regulation presented at the consultative meeting, and preparation of a glossary of terms and non-technical guide on regulation of equipment and devices, as the first phase for the development of more detailed guidelines; and provision of PAHO/WHO technical cooperation in coordination with the aforementioned Collaborating Centers. The estimated budget for implementing the plan of action during the period 2001-2002 would be \$300,000.

Document CE126/14 contained a list of recommended activities that the Executive Committee was asked to consider. The Committee endorsed the recommendations and the proposed plan of action. It emphasized, in particular, the need to be responsive to the reality of the countries and incorporate regulations incrementally, taking into account the countries' current regulatory structures and their capacity to implement and enforce new regulations. The importance of taking into account sociocultural factors that affected the use of medical devices and the differing impact of their use on marginalized population groups (such as women, children, and indigenous groups) was also stressed.

The Committee expressed support for the proposed biennial workshops to promote harmonization of medical device regulations and for the formation of an ad hoc group to further harmonization efforts between workshops. In regard to the latter, it was noted that the document prepared for the SPP had proposed the establishment of a formal steering committee; however, the Subcommittee had suggested that, in view of resource limitations, it would be preferable to create an ad hoc committee, and that suggestion had been incorporated into the document. The workshops were seen as a good vehicle for providing training of human resources, a critical need for the development and maintenance of regulatory systems. Like the Subcommittee, the Executive Committee applauded PAHO's decision not to seek funding from the medical devices industry to implement the plan of action, given that some of the Organization's recommendations might run counter to those of the industry.

Several modifications in the sequence of the activities foreseen under the plan of action were proposed. It was felt that the collection of data on the current status of regulatory programs should be the first step. The next step should be creation of the ad hoc group, which should analyze the data and formulate customized recommendations based on the countries' level of regulatory development. It was pointed out that the countries could be divided into

three basic groups: countries in the initial stages of developing their regulatory structure, countries at an intermediate stage, and countries with more advanced regulatory structures. In addition, it was suggested that the ad hoc committee should make recommendations on the number, timing, and content of the workshops. It was also proposed that PAHO might consider establishing a regional regulatory framework or “seal of approval,” to which countries could subscribe if they so wished. Such a framework would be less costly for small countries to implement and would also facilitate international regulatory harmonization.

The Committee expressed its appreciation to the Government of Canada for preparing the document and for the support it had provided to the Organization and various Members States in the area of medical device regulation. The Delegate of Canada said that his delegation had appreciated the opportunity to work with the Secretariat in drafting the document and had found the experience both rewarding and challenging. He also extended an invitation to the Latin American and Caribbean countries to attend the next meeting of the GHTF, to be held in Ottawa (Ontario, Canada) in September 2000.

Mr. Hernández assured the Committee that PAHO would encourage participation in the September GHTF meeting, where it was hoped that a special session would be devoted to the needs of the Latin American and Caribbean countries. In regard to the comments concerning the importance of sociocultural factors, he said that PAHO considered it crucial to ensure the presence of Latin American and Caribbean countries on the GHTF precisely because they could bring a distinct perspective to international harmonization efforts. Participation in the GHTF would also enable the Latin American and Caribbean countries to benefit from the experience of countries that had well-developed regulatory systems, so they would not have to develop an entire infrastructure from scratch. Replying to a question regarding the guidelines and model program, he said that the guidelines were intended to assist countries in developing regulations and standards for medical devices, while the model program provided an approach to establishing a regulatory program for countries that had already formulated regulations.

Speaking at the request of the Director, Dr. Daniel López Acuña (Director, Division of Health Systems and Service Development) emphasized that regulation of health goods and services was a key function of ministries of health. PAHO viewed regulation of medical devices and equipment as an essential aspect of the steering role of ministries of health and strongly encouraged the countries to incorporate it into their health sector reform processes. The Organization’s work in the area of medical device regulation was part of the overall effort to strengthen the steering role and regulatory capacity of ministries of health, which the Governing Bodies had identified as a priority area of action for PAHO.

The Director echoed Dr. López Acuña's comments, stressing that the Organization and its Member States must resist any tendency to diminish the critical role of ministries of health in guiding and regulating activities in the health sector. As for the suggestion that PAHO might develop a regional regulatory framework, he did not feel that it would be appropriate for the Organization to take on that task. It was not a supranational body that could impose regulations on countries. PAHO could best serve the countries by advising the ministries of health on best practices and providing support and guidance in the effort to achieve harmonization of medical device regulation.

The Executive Committee adopted Resolution CE126.R8.

Harmonization of Drug Regulations (Documents CE126/15 and CE126/15, Corrig.)

Ms. Rosario D'Alessio (Regional Advisor, Pharmaceutical Services, PAHO) summarized the document on this item, which had been prepared originally by the Government of the United States of America for the 34th Session of the SPP. The drug regulatory harmonization initiative was similar to the medical devices regulatory initiative in that the aim was to ensure the availability of safe, effective, and quality pharmaceuticals in the Region. There had been renewed interest in harmonization of drug regulations in recent years with the expansion of global markets and the move toward economic integration, which had been accompanied by a growing awareness that, in the marketing of health products, health considerations should prevail over economic considerations. Harmonization could be defined as the search for common ground in a framework of recognized international standards, taking into account differences in health, political situations, and legislative realities in the countries of the Americas.

The document described the major harmonization initiatives under way in the international arena and in the Region. The International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) brought together the regulatory authorities of Europe, Japan, and the United States to seek ways of improving, through harmonization, the efficiency of the process of developing and registering medicinal products in those three regions. Within the European Union, the European Agency for the Evaluation of Medicinal Products (EMA) had been established to facilitate registration of pharmaceuticals and harmonization of drug regulations in the 15 European member countries. The International Conference of Drug Regulatory Authorities (ICDRA), convened by WHO every two years since 1980, sought to promote harmonization, exchange of information, and development of collaborative approaches to problems of concern to drug regulatory authorities worldwide.

In the Americas, the discussion of harmonization was taking place mainly in the framework of the five subregional integration initiatives—the North American Free Trade Agreement (NAFTA), the Southern Common Market (MERCOSUR), the Central American Integration System (SICA), the Caribbean Community (CARICOM), and the Andean Group. Ms. D’Alessio outlined the advances that had been made in each subregion and mentioned some of the obstacles that had hindered further progress, for example: lack of political will to support the changes needed to implement harmonization agreements, shortage of human resources trained to implement and enforce those changes, high rates of personnel turnover in drug regulatory agencies, and budget cuts and resource constraints.

The Organization had convened a series of Pan American conferences on drug regulatory harmonization between 1997 and 1999. Those conferences had sought to promote exchange and dialogue among the five subregional groups and to involve countries that did not form part of those groups. The Pan American conferences had led to the establishment of the Pan American Network for Drug Regulatory Harmonization, which met every two years, and its Steering Committee, which continued the work toward regional harmonization in the interim between conferences. PAHO served as Secretariat for the Network, which was a forum for discussion involving not only national drug regulatory authorities, but also representatives of the pharmaceutical industry, consumer groups, academia, and professional associations. The first meeting of the Network had taken place in April 2000. At that meeting, the participants had approved a work plan for the period 2000-2001, which was annexed to Document CE126/15. The total budget for implementing the various components of the plan was \$430,000.

The Executive Committee voiced its support for the Network and work plan and commended PAHO for its facilitative role. It was pointed out, however, that the Organization could not be expected to take primary responsibility or provide the resources to advance drug regulatory harmonization in the Americas. The countries must be willing to commit the necessary resources and take the action required to strengthen their regulatory capacity, while PAHO’s role should be to serve as a source of technical advice and assistance and a liaison for harmonization activities. It was also emphasized that the countries’ differing stages of regulatory development should be taken into account in carrying out the work plan. One delegate commented that the document seemed to emphasize mainly the economic benefits of drug regulatory harmonization and suggested that the concept of drugs as a social good and the social value of harmonization should be stressed.

The Organization was encouraged to seek the funding needed for the plan from extrabudgetary sources, including the pharmaceutical industry, although the need for transparency and the avoidance of any conditionality in the provision of funding was underscored. Several delegates inquired as to the reason for the substantial increase in the projected budget for implementing the work plan, noting that the figure proposed at the 34th Session of the SPP had been \$300,000.

Ms. D'Alessio explained that the figure of \$300,000 had been an estimate based on the preliminary version of the work plan presented to the Subcommittee. The plan had been finalized after the SPP meeting and was much more detailed, with more activities, which accounted for the increase in the budget. The Organization would indeed seek extrabudgetary funding to implement the plan. It had already received extrabudgetary support for Network activities from a variety of sources, including governmental agencies and nongovernmental organizations, universities, and associations representing the pharmaceutical industry. PAHO hoped to be able to mobilize the entire sum of \$430,000 at once so that it would not be necessary to postpone the implementation of any part of the work plan due to lack of funding.

Responding to a question regarding the amount of PAHO regular budget funding available to support the Organization's role as Secretariat for the Pan American Network, she said that for the 2000-2001 biennium \$279,679 had been allocated under essential drugs and \$90,000 under drug regulatory harmonization. In addition, she pointed out that other activities financed out of the PAHO regular budget contributed to the improvement of drug safety and quality in the countries, although those funds were not explicitly allocated for Network-related activities. Finally, Ms. D'Alessio reiterated the Secretariat's gratitude to the Government of the United States for preparing the document.

The Executive Committee adopted Resolution CE126.R9.

Child Health (Document CE126/16)

Ms. Carol Collado (Coordinator, Program on Family Health and Population, PAHO) began her presentation by noting that the year 2000 would afford the opportunity to spotlight child health because it marked the tenth anniversary of the World Summit for Children. A number of upcoming events in the Region would underscore the importance of child health, notably the Fifth Ministerial Meeting on Children and Social Policy, to be held in Jamaica in October 2000, which would undertake a 10-year review and make recommendations for the special session of the United Nations General Assembly for follow-up to the World Summit for Children, scheduled for September 2001. That session would establish a new child health

agenda for the next decade. In addition, “childhood and adolescence” had been adopted as the theme of the tenth Ibero-American Summit of Heads of State and Government, to be held in Panama in November 2000, and would be a focus of the next Summit of the Americas, which would take place in Canada in September 2001.

She then presented an overview of the child health situation in the Region and outlined PAHO’s proposal for a framework and Regional plan of action for achieving integral child health and development. While significant progress had been achieved toward improving child health since the World Summit, a number of challenges remained. The situation of children in the Americas was characterized by widening equity gaps; urbanization and migration patterns that had left many children and families without traditional social support systems; changes in the State’s role in health service delivery; health services that were reactive to demand, mainly for curative care, and had limited capacity for adequate response, referral, or the incorporation of health-promoting activities; and the emergence of new challenges, such as AIDS, alongside older, unresolved issues, such as nutritional deficiencies and diseases associated with poverty and underdevelopment.

In response to that situation, and taking into account the successes and failures of the past decade, PAHO proposed to move forward with a model for integral child development, with health as the centerpiece. Such a model would incorporate action to promote healthy biopsychosocial development through multiple entry points and at various levels: individual, family, community, population, and health systems and services. Operationalizing the model would necessitate the development of a Regional plan of action. The document described the principles, strategic objectives, and lines of action that would form the basis for the plan.

The principal lines of action proposed for PAHO, in addition to development of the Regional plan, were information management and dissemination; research promotion; development of strategic partnerships; design, testing and strengthening of advocacy, coordination, and communication mechanisms; development and evaluation of tools and models for the implementation and evaluation of health-promoting strategies; provision of learning opportunities for staff and in pre- and post-graduate education; and mobilization of resources. The preliminary estimate of the budget required to develop and “jump-start” the implementation of the Regional plan was \$1,000,000.

Like the Subcommittee on Planning and Programming, the Executive Committee applauded the holistic approach to child health advocated in the document and expressed strong support for the development of a Regional plan based on the conceptual model of integral child health. It was emphasized that child health should be seen as part of a continuum

of growth and development throughout the life cycle and that investment in child health would lead to healthier and more productive adults, thereby yielding social and economic benefits for the countries. The need for multisectoral and multidisciplinary action was stressed. Various delegates described efforts under way in their countries to improve and promote child health and development. Several delegates also mentioned that their countries had officially embraced the initiative “Healthy Children: Goal 2002,” which sought to reduce under-5 child deaths in the Region by 100,000 by the year 2002.

The Committee identified several areas that should be strengthened in the document and incorporated into the plan of action; it also encouraged the Secretariat to begin developing indicators for monitoring and evaluating the plan after it was implemented. One suggested improvement was greater emphasis on physical activity for children. As had been pointed out in the discussion of cardiovascular diseases, it was crucial to encourage the development of healthy habits such as exercise during childhood in order to prevent problems later in life. Several delegates also underscored the need to highlight the linkages between child health and maternal, family, and community health and heighten awareness of societal and State responsibility for the promotion and protection of the health of children. The need for greater attention to the health and development of preschool children—who frequently had less formal contact with health services than younger and older children—was also emphasized. In addition, it was felt that the document should clarify how the Regional plan and the strategy of integrated management of childhood illness (IMCI) would complement one another.

It was pointed out that, besides the events mentioned by Ms. Collado, the countries would have an additional opportunity to provide input for the development of the regional child health agenda at the meeting of ministers of health that would be held in October prior to the Ibero-American Summit in November 2000. The Executive Committee’s discussion and the subsequent consideration of child health at the 42nd Directing Council would be important in shaping the recommendations that the health ministers would transmit to the heads of state and government at the Summit.

Ms. Collado observed that there appeared to be consensus on the priority importance of child health and the need to move forward, building on the progress made during decade since the World Summit. The Executive Committee had made some excellent points, which the Secretariat would take into account in revising the document and formulating the Regional plan. As it developed the plan, the Secretariat would continue to look to Member States to share their knowledge and experience.

The Director stressed that PAHO was taking great care to ensure that its efforts were aligned with regional and global efforts in the area of child health. It would continue to collaborate closely with other agencies in developing the child health agenda for the next decade. He noted that there had been a great deal of emphasis in the Committee's discussion on improving child health as an investment in the future. While it was certainly true that better child health would lead to better adult health, it should not be overlooked that attention to child health and development, in and of itself, would contribute to economic development. There was ample evidence to demonstrate that improvement of health at each stage of life, from childhood through old age, had a positive impact on countries' economic well-being, which was a further argument in favor of plans to promote health throughout the life cycle.

The Committee adopted Resolution CE126.R17 on this item.

Essential Public Health Functions (Document CE126/17)

Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development, PAHO) reported that essential public health functions (EPHF) were one aspect of the Public Health in the Americas Initiative launched by the Director at the beginning of his second term of office. Among other goals, the initiative sought to develop a framework for measuring the performance of EPHF and, based on those objective measures, to assess public health practice in all the countries of the Americas. The products of the initiative would be a hemispheric action plan for strengthening public health infrastructure and practice and a publication in 2002 containing study methodologies, comparative analyses of the results, and proposed actions.

Dr. López Acuña explained that public health was not synonymous with the State's actions in health matters, because other sectors of society were also involved in public health and because the State had broader health duties as part of its steering role. While public health included responsibility for ensuring access to and quality of health care, it did not necessarily encompass provision of health services. Essential public health functions were the structural elements that had to be put in place to protect health. Those structures must exist for effective public health interventions to be carried out. The performance measures to be developed would assess institutional capacity to perform EPHF, as well as adherence to standards for intervention.

Building on input from prior studies by the U.S. Centers for Disease Control and Prevention (CDC) and WHO, PAHO had sought to identify the EPHF whose performance should be monitored in the Region. The 12 essential functions that were identified were

defined in Document CE126/17. In collaboration with the CDC and the Centro Latinoamericano de Investigaciones en Sistemas de Salud (CLAISS), PAHO had designed an instrument for measuring those EPHF in the Americas. A document containing the pilot test version of that instrument (*National-Level Instrument for Measuring Essential Public Health Functions*) was distributed to the Committee members. The instrument had received wide expert review and was used in pilot studies in Bolivia, Colombia, and Jamaica. The pilot studies had shown that it was feasible to use the indicators, standards, and measurements contained in the document for each of the functions. Strategies for completing the measurement process would differ among the countries. The national health authority would be the main respondent, but local and nongovernmental perspectives would also be needed. It should be borne in mind that the measurement process was an internal assessment, not an external evaluation. The results would allow each country to develop a baseline for its efforts to improve public health practice.

The Committee expressed strong support for the Public Health in the Americas Initiative and for PAHO's leadership role in administering the performance analysis effort. By looking at indicators and standards, weaknesses in public health infrastructure could be identified so that resources could be directed toward correcting them. Information gathered by means of the evaluation instrument could help public health practitioners effectively negotiate funding for public health priorities. However, it was pointed out that, no matter how good the instrument was, it would not be effective unless it was used in an ongoing manner. To encourage its continued use, the instrument should be kept as simple as possible, and the countries should form high-level committees to ensure follow-up of the initial studies. The Organization should also continue devoting the necessary time and resources to this complex project and make it a permanent activity. More information on the future of the project was requested. To ease the burden of the evaluations on the countries, PAHO was urged to make as much use as possible of data already being collected from national governments for other purposes, rather than requesting the same data again. Schools of public health should be tapped to contribute to the tremendous amount of training that would be needed to carry out the evaluation activities.

It was noted that some health systems in the Region were based on the concept of health as a commodity, while others were based on the idea of health as a right. Both perspectives should be incorporated into the documentation on EPHF, so that the indicators developed would not be biased by the assumptions of either type of system. In addition, the document to be prepared for the Directing Council should provide a clearer and fuller definition of public health and what it encompassed. One delegate commented that the initiative to improve public health practice was part of the health sector reform movement in

the Region, which, among other goals, sought to increase equity in access to health care. Therefore, care of the individual patient could be considered a basic public health function.

Several changes were suggested in regard to the list of EPHF in Document CE126/17. Function 3.8, "Human Resources Development and Training in Public Health," could perhaps be expanded to encompass financial resources, which were not mentioned elsewhere in the list. Functions 3.5 and 3.11 might be combined, since both dealt with planning, management, and regulatory responsibilities with regard to public health practice. Finally, it was suggested that the wording under function 3.7 be strengthened to refer to ensuring equitable access to necessary health services, rather than merely promoting equitable access.

Dr. López Acuña responded that the Secretariat had already been considering merging functions 3.5 and 3.11 based on the results of the pilot studies. PAHO was also cognizant of the need for the evaluation process to focus more attention on the financial context of public health practice. The instrument would be refined to allow for better tracking and measurement of public health expenditures.

He agreed that both the document prepared for the Directing Council and the evaluation instrument should take account of the differences between commodity-based and rights-based health systems. It should be emphasized that the tool would help the State strengthen its role in providing public or semi-public goods with high externalities, regardless of the type of health system. The suggestion to provide a fuller definition of public health in order to aid understanding of EPHF had been noted. Whether the direct provision of health services was or was not considered an EPHF depended on a country's perspective and type of health system. The importance of strengthening equitable access to health services, regardless of who provided them, would be reflected in the indicators.

Regarding the future of the project, he reported that if the Directing Council approved, training initiatives led by the CDC would soon begin in all subregions, culminating in mass application of the instrument in the first half of 2001. The next step would be comparative analysis of the results, which would be published in 2002 along with a regional plan to strengthen public health infrastructure. Imaginative ways to mobilize resources were needed. In addition to funding, trained personnel were essential, and the suggestion that schools of public health participate was a good one. He thanked the CDC for its continued collaboration in the project.

The Organization would try to ensure that it was not making duplicate requests for the same data. However, he hoped the countries would view the instrument not as an exercise in

regional data collection but as an opportunity for self-evaluation. The results would provide the basis for revision of outdated health legislation as well as the identification of infrastructural weaknesses so that investments could be targeted.

The Director believed that it was the Organization's duty to take on this project and strive toward its audacious goal. There was a need to not merely list essential public health functions in the Americas but to find out how those functions were being implemented. The Organization would not impose this project on the countries. If they felt it was useful, PAHO would work in partnership with them to generate an evaluation product and then to help them apply the results. He hoped that the book on the status of public health in the Americas to be published during PAHO's centennial year would reflect the legacy of the Organization's work.

The Committee adopted Resolution CE126.R18.

Malaria (Document CE126/18)

Dr. Renato Gusmão (Regional Adviser on Communicable Diseases, PAHO) informed the Committee that the annual number of malaria cases in the Region had risen dramatically in the last 40 years. By 1990 the disease was endemic in 21 countries, and 1.1 million people were infected, according to country registries. In 1992, the countries of the Americas had joined in the Global Malaria Control Strategy, which was based on four principles: improved access to early diagnosis and treatment; application of preventive measures, including vector control; prompt detection and containment of epidemics; and strengthening of epidemiologic capabilities. Despite tremendous improvements in the latter two areas, the malaria situation in affected countries had either changed very little or worsened by 1999, as measured by the annual parasite index per 1,000 population in malarious areas (API) for both *Plasmodium falciparum* and *P. vivax*. On the other hand, advances were made in fighting the disease in humans, and mortality from *falciparum* malaria (the more severe form) fell sharply between 1994 and 1999. That success was attributable to improved epidemiologic capacity and new antimalarial drug policies, which incorporated second- and third-generation drugs that were effective against resistant strains of the parasite.

The Global Malaria Control Strategy had shown that there were cost-effective ways to reduce the societal burden of malaria. However, the continued existence of constraints to malaria control necessitated a new approach. Ongoing problems included resistance to integrating malaria control into general health services, lack of trained human resources at the local level to implement malaria control strategies, lack of effective transmission control

methods, and lack of intersectoral coordination of control efforts. The Executive Committee was asked for its support as the countries embarked on the Roll Back Malaria initiative.

Roll Back Malaria (RBM) was a social and political movement aimed at coordinating efforts that were already under way in order to increase their effectiveness. The least developed component in the fight against malaria had historically been transmission control, but now new techniques and technologies were available for use at the local health services level. Political support for training people to work at local level was urgently needed, as were continued enforcement of anti-malarial drug policies, monitoring of drug effectiveness, and technical and operational research. The resolution before the Committee called for coordination and effective participation in the initiative by all sectors of society to improve the countries' ability to manage the resources they already had and to implement the technical advances of the 1990s.

The Committee endorsed the Roll Back Malaria initiative and the principles of the Global Strategy. Some Members whose countries were affected by the disease briefly described their national situations and control programs. In Guyana, the development of drug resistance was favored by noncompliance and interruption of treatment and by mining and logging companies' indiscriminate provision of drugs to their workers. In Nicaragua, the integrated approach of the health services had led to improved treatment and better knowledge of the epidemiologic situation, but vector control remained a major challenge. The recently signed treaty on persistent organic pollutants recognized the need for continued use of DDT on a limited basis for public health reasons, until alternative solutions were available.

The Committee emphasized that Roll Back Malaria called for a multisectoral approach under the leadership of the health sector and with strong community involvement as a way to reduce the social and economic burdens of the disease. It was suggested that, owing to the complexities of the strategy, subregional workshops should be held to discuss implementation of RBM and allow countries to share their experiences. In particular, the findings from ongoing technical and operational research worldwide should be widely disseminated to avoid the need to "reinvent the wheel." The Committee noted that PAHO had an important coordination role to play across the Region.

Dr. Gusmão observed that the comments of the Committee underscored the need for the RBM approach. The fact that economic interests (such as the logging and mining companies in Guyana) were a factor in the malaria situation illustrated that the health sector alone could not combat this disease. Nicaragua had produced effective technical tools, especially in regard to epidemiologic surveillance of malaria, but for both social reasons and

especially in regard to epidemiologic surveillance of malaria, but for both social reasons and reasons related to the biology of the vector, transmission control remained a problem whose solution would require involvement of both the health sector and local communities. Regarding research, the Region would continue to look for answers in ongoing research worldwide, but problems unique to the evolving malaria situation in the Americas could only be answered by research within the Region. Therefore, operational and technical research would continue to be among the six priorities of RBM in the Americas. He emphasized the need for political will at the highest levels to coordinate malaria control efforts of various sectors, so that better access to services would be available to the least-covered groups.

The Director pointed out that the success of the initiative was dependent upon the activities of the health services, since the aim of mobilizing political will and community involvement was to make sure that the services were able to do what they were supposed to do. The intention of Roll Back Malaria was not to provide the countries with large amounts of money from external funding sources. Instead, it would focus on mobilizing resources—financial, social, political, and others—which already existed at the local level. PAHO could provide guidance in the orchestration of resources and would facilitate the exchange of experiences and dissemination of new information. It would also continue to promote research and the development of new drugs and possibly a vaccine. The countries must also continue the activities that they had been carrying out in the past 10 years. Progress had been made, albeit slowly, as shown by the reduction in mortality from malaria.

The Committee adopted Resolution CE126.R19.

PAHO/IDB/World Bank Shared Agenda for Health in the Americas (Document CE126/19)

Dr. Irene Klinger (Chief, Office of External Relations, PAHO) reviewed the background and described the features of the shared agenda. The Director had first approached the Inter-American Development Bank (IDB) and the World Bank in late 1998 with the proposal to develop a shared agenda for health cooperation. The proposal had been accepted, and it had been agreed that bilateral aid agencies would eventually be involved in the initiative. A series of interagency meetings had taken place during 1999 to work out the terms of the agreement, and a draft version had been prepared in October of that year.

The final agreement had been signed on 22 June 2000. It identified four “leadership areas” in which the agencies would collaborate initially: pharmaceuticals, public health and disease surveillance, the environment, and national health accounts. That collaboration would

seek to support health sector reform processes, institutional strengthening of public health programs, and strengthening the leadership of health authorities in developmental areas that affected health. An interagency coordination group had been created and would meet monthly to share information and identify additional opportunities for joint action. In addition, working groups had been formed in each of the four leadership areas to develop a work plan and report back to the coordination group for discussion and agreement on how to move forward.

The agenda was based on shared values and objectives with respect to health, namely: to contribute effectively to improve the health of the peoples of the Americas; to reduce and eliminate inequities in health conditions and in access to health services and basic sanitation; to strengthen and improve the efficacy, efficiency, and effectiveness of health services; and to encourage greater synergy between health and social and economic development.

In the shared agenda statement, which Dr. Klinger distributed to the Committee, PAHO, the IDB, and the World Bank agreed to actively promote the Shared Agenda for Health in the Americas, establish a permanent mechanism to identify opportunities for coordinated and complementary action (the coordination group), and invite other interested actors to actively collaborate in the shared agenda.

The Executive Committee welcomed the agreement for collaboration by PAHO, the IDB, and the World Bank and commended the Director for his crucial role in promoting and developing the shared agenda. It was pointed out that, as Member States that contributed to the budgets of all three agencies, the countries had a right to expect them to work together. Nevertheless, it was recognized that it was not easy to achieve cooperation and collaboration between agencies that had different orientations, institutional structures, and administrative procedures. The Committee felt that the shared agenda would allow the three institutions to complement each other's activities and avoid duplication of effort, while maximizing the strengths of each agency. PAHO was encouraged to continue developing the agenda and translate it into specific actions, especially at the country level. It was also encouraged to explore the possibilities for involvement of bilateral agencies in implementing the shared agenda.

Dr. Klinger stressed that the Organization was very concerned with promoting action under the agenda at the country level. One of PAHO's primary objectives in developing the agenda had been to better respond to the health needs of its Member States. It was for that reason that the agencies had agreed to work initially in the four leadership areas, so as to ensure concrete results in the short term. The directors of the three agencies had also written a

joint letter to their representatives in the countries to inform them about the agenda and instruct them to seek ways of operationalizing it at the local level. As for the involvement of binational agencies, the United States Agency for International Development (USAID) was already involved in the area of national health accounts. Other bilateral agencies would be invited to participate, as appropriate, in areas in which they had expertise.

Responding to several questions from delegates, she said that working groups in the leadership areas had already begun the process of developing plans and presenting them to the coordinating group. The working group on pharmaceuticals had developed a work plan, which had been approved by the coordination group. The working group on public health and disease surveillance was expected to present its plan the week following the Executive Committee's session. She also noted that the shared agenda responded to the health mandates established at the Summits of the Americas.

The Director noted that one of PAHO's main aims in pursuing the agenda had been to assist the other agencies in meeting the goals they had set for themselves in the social sphere and, especially, in health. PAHO was ideally placed to do that because it was well acquainted with the countries' health needs and it had a strong presence in the health sector at the national level. Moreover, it was part of the Organization's mandate to forge such strategic partnerships with other agencies. The shared agenda would make it possible to ensure that health was taken into consideration and health objectives were advanced in the development projects financed by the IDB and the World Bank, even if they did not deal specifically with health. For example, it would be perfectly feasible to include a component for AIDS education in a large loan for education. The agenda would also help streamline administrative procedures, which would greatly facilitate PAHO's participation in IDB- or World Bank-financed projects that had a health component. He stressed, however, that PAHO had no financial interest in the shared agenda; rather, the Organization's objective was to see that health-related activities financed by the other two agencies were done well.

He was immensely pleased that the complex process of trilateral negotiation and discussion over the previous two years had come to fruition with the signing of the formal agreement for the shared agenda. He wished to publicly express his thanks to Mr. Enrique Iglesias, President of the IDB, and Mr. David de Ferranti, Regional Vice President for Latin America and the Caribbean of the World Bank, for the seriousness and willingness with which they had approached the endeavor. He was also grateful to the numerous staff members in all three institutions who had put a great deal of time and work into shaping the language and content of the agenda.

The Committee took note of the report and discussion on the shared agenda, but did not consider it necessary to adopt a resolution on this item (Decision CE126(D6)).

Centennial of the Pan American Health Organization (Document CE126/20)

Ms. Bryna Brennan (Chief, Office of Public Information, PAHO) summarized the activities being planned to mark the 100th anniversary of PAHO in 2002. The occasion would afford the opportunity not only to celebrate the Organization's centennial, but also to recommit to the objective of health for all, heighten public awareness of the importance of public health, forge new partnerships, and promote equity and Pan-Americanism. The aim was to create a yearlong Regionwide celebration. Key events at which the centennial would be commemorated during 2002 would include kick-off press conferences at Headquarters and in the countries in January, World Health Day in April, the Pan American Sanitary Conference in September, and the anniversary of PAHO's foundation on 2 December. The theme for the centennial year, chosen by the staff of the Organization, would be "Celebrating 100 Years of Health."

Several structures would be created to support and facilitate the 100th anniversary celebrations. The Director would designate a Centennial Board, composed of 10-15 internationally recognized individuals. "Champions of Health"—sports figures, musicians, actors, and other celebrities who could act as ambassadors of health—would also be designated, as would "Health Heroes"—persons who had made substantial contributions to public health in the Region. Countries would be invited to submit names of individuals to be honored in each category. The PAHO/WHO Representatives would be setting up national committees, including representatives not only of the health sector but also of a broad cross-section of society in the countries, to propose names and plan other commemorative activities at the country level. The Secretariat had identified the following target audiences for the centennial events and activities: the health sector, scientific and academic communities, PAHO staff, and the general public.

Ms. Brennan distributed copies of *A Centennial Handbook: Celebrating 100 Years of Health*, which contained more detailed information about the planned activities, as well as suggestions on how the Organization's 100th anniversary might be observed in the countries. Additional copies of the publication may be requested from the Secretariat.

The Executive Committee endorsed the ideas put forward for celebrating the PAHO centennial, expressing particular support for the activities aimed at promoting and heightening public awareness of the importance of public health. In that connection, it was suggested that

the “Health Heroes” should perhaps be called “Public Health Heroes,” since the criteria for their selection listed in the *Handbook* all referred to public health. It was suggested that “antiheroes”—persons living with diseases—might also be recognized as a further means of highlighting public health concerns. The Secretariat was encouraged to utilize the time leading up to the 100th anniversary to ensure that the observances would be rich in content and not purely celebratory. At the same time, it was emphasized that PAHO’s anniversary should be commemorated with the seriousness and solemnity befitting an organization of its stature and importance in the Region. One delegate recommended that the Secretariat consider issuing a publication summarizing the health gains that the Organization had helped achieve in the Region. Another delegate suggested that the anniversary day on 2 December 2002 should be celebrated by all the countries in unison at ceremonies held at the same time throughout the Americas. Several delegates felt that, in addition to the target audiences named in the document, WHO should be involved in the celebration of PAHO’s centennial.

Ms. Brennan thanked the delegates for their comments and suggestions, adding that the Secretariat would ask all the countries to plan an observance of the Organization’s 100th anniversary on 2 December 2002, but would leave it to each country to mark the day in its own way and style.

The Director encouraged all Member States to suggest names of persons to be invited to serve on the Centennial Board, which the Secretariat hoped to make as representative of the Region as possible. He emphasized that the centennial should be a celebration of 100 years of health in the Americas—i.e., not so much a celebration of what PAHO had done, but of what the countries had accomplished in health with PAHO’s support. Responding to a question concerning the budget for the centennial activities, he said that the Secretariat was quite conscious of the need to keep spending to modest levels. He also pointed out that some of the proposed activities, such as the issuance of commemorative postage stamps, would require both substantial political and financial support at the country level.

The Executive Committee took note of the presentation and the ensuing discussion, but did not consider it necessary to adopt a resolution on this item (Decision CE126(D5)).

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Document CE126/21 and CE126/21, Add. I)

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) reported that, as of 31 December 1999, collection of quota assessments had totaled \$80.0 million, of which \$51.8 million represented payment of 1999 assessments and \$28.2 pertained to prior years. On 1 January 2000, total arrears for years prior to 2000 stood at \$46.6 million. Payments received between 1 January and 23 June 2000 had reduced total arrears 53% to \$22.0 million—a higher figure than the \$20.9 million and \$18.5 million in arrears at the corresponding times in 1999 and 1998, respectively.

Regarding the collection of assessments for 2000, 9 Member States had paid their assessments in full, 8 had made partial payments, and 22 had not made any payments. The collections represented 27% of the current year's assessments; the corresponding figures were 25% in 1999, 25% in 1998, and 30% in 1997. Together, the collection of arrears and current year's assessments during 2000 represented \$48 million, as compared to \$45 million in 1999 and \$54 million in 1998.

Mr. Matthews reported on the arrearages, payment plans, and most recent payments of the Members in arrears to the extent that they were subject to the provisions of Article 6.B of the PAHO Constitution. That article provides for the suspension of voting privileges at the Pan American Sanitary Conference or Directing Council if a country is in arrears in excess of two full years' quota payments. The Conference or Directing Council could, however, allow the Member to vote if it was satisfied that failure to pay was due to conditions beyond the country's control. The Member States subject to Article 6.B were Argentina, Costa Rica, Cuba, Dominican Republic, Ecuador, and Peru. Cuba and Peru had submitted deferred payment plans that were accepted by the Secretariat in 1996 and 1999, respectively. Both Members were in compliance with their deferred payment plans.

The Delegate of Cuba expressed dismay that his country was still listed among those subject to Article 6.B, despite Cuba's having complied conscientiously with its deferred payment plan. Mr. Matthews explained that, because of its arrearages, Cuba was still technically subject to Article 6.B, even though acceptance of its payment plan meant that its voting privileges would not be suspended.

The Director expressed his gratitude to Cuba, emphasizing that its efforts to meet its quota obligations were an example that other countries should emulate. He noted that the Directing Council had also recognized Cuba's efforts during its 41st Session in 1999.

However, as Mr. Matthews has stated, in accordance with the Constitution of PAHO, Cuba remained subject to Article 6.B, although its voting privileges certainly would not be suspended.

The Committee adopted Resolution CE126.R1 on this item.

***Financial Report of the Director and Report of the External Auditor for 1998-1999
(Official Document 297)***

Mr. Matthews outlined the content of *Official Document 297*, highlighting key figures for the information of the Committee. A substantial increase in the collection of quota assessments pertaining to the 1998-1999 biennium had resulted in an excess of income over expenditures of \$6.4 million in the regular budget. The balances in the Building Fund and the Working Capital Fund had been increased to their maximum authorized levels. Total expenditures by the Organization had increased from \$432 million in the 1996-1997 biennium to \$634 million in 1998-1999. Among the reasons for the substantial rise were increases in procurement of vaccines and other supplies on behalf of Member States and larger expenditures for trust fund projects. During the biennium, \$93 million in extrabudgetary funding was received for trust fund projects, and \$106 million in donated funds was spent. Those numbers underscored the importance of seeking funds in addition to the regular budget to help PAHO accomplish its mission.

The Report also contained financial statements for the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP). During 1998-1999, both CAREC and CFNI experienced net deficits of \$571,000 and \$392,000, respectively, in their regular budgets and working capital funds, largely due to shortfalls in anticipated quota collections. Trust fund expenditures also decreased during the biennium. In contrast, INCAP appeared to be in sound financial condition, with income exceeding expenditures in 1998-1999 and a quota collection rate (74%) higher than in the previous biennium (67%). However, its trust fund balances had decreased, and the Center was exploring new ways to attract projects financed by extrabudgetary resources.

Sir John Bourn (External Auditor) reported that his examination of the financial records of the Organization for the biennium 1998-1999, which was performed in accordance with Article 12 of PAHO's Financial Regulations and in conformity with the common auditing standards of the United Nations panel of external auditors, had led him to issue an unqualified opinion that the financial statements fairly reflected PAHO's financial position as of 31

December 1999. The Organization's overall financial position was strong, thanks to high quota contribution collection rates and improved cash management. However, the PAHO Centers' dependence on significant funding from the regular budget was cause for concern, and he recommended that PAHO review their financial situation regularly. He also recommended that decisions be made about the disposition of balances in special funds that had been inactive during the biennium (e.g., the cholera fund and the health promotion fund).

External Auditor's Report on Strategic Planning, Monitoring, and Evaluation in PAHO (Document CE126/26)

Sir John Bourn recounted that he had offered in 1999 to undertake a performance audit of the Organization, which would address issues of economy, efficiency, and effectiveness, or "value-for-money." The Director had agreed enthusiastically and had asked him to review the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES). The results of that study were presented in Document CE126/26.

AMPES had been developed to cope with the complex and constantly changing planning context in which PAHO operated. The four key elements of AMPES were the Strategic and Programmatic Orientations (SPOs); the biennial program budget, which derived from the SPOs; twice-yearly monitoring of progress against plans; and evaluations aimed at assessing the longer-term impact of PAHO's work. The performance audit sought to answer three questions about AMPES: (1) Was it theoretically sound—that is, did it conform to best practices? (2) Did it operate as intended? (3) Could it be improved? To answer those questions, Sir John Bourn and his team compared AMPES to similar systems in other organizations, interviewed staff at PAHO Headquarters and in seven field offices, and analyzed key planning documents.

The study found that AMPES met and, in certain crucial respects, exceeded best practice in the United Nations system for program planning and evaluation. Among the reasons for its success were the commitment of senior staff to planning and to improvement of the system; a clear link between the budgetary process and the programming process; computerization of much of the planning process and outputs, making updates easier; and the emerging linkage of programming objectives to the staff appraisal system. Although AMPES was already essentially sound, it could be strengthened. The document contained 19 recommendations for improvements. Sir John highlighted four of them for the Committee: (1) supplement the SPOs with a small number of high-level objectives and performance measures against which the Organization's overall achievements could be assessed; (2) give more careful scrutiny to risks when drawing up project plans, in order to diminish surprises; (3) look

for a common approach to the treatment of non-staffing administrative costs and activities (such as procurement) in the biennial plans; and (4) develop a more standardized approach to program evaluation that allows for better comparative analysis of lessons learned. He reported that PAHO had responded favorably and quickly to most of his recommendations.

The Committee congratulated PAHO on its positive financial position and the unqualified opinion received from the External Auditor. Concern was expressed over the financial situation of the Centers for two reasons: the decrease in their quota receipts led to a reduction in the Centers' activities, which negatively affected the countries they served; and supplementary support from PAHO was a drain on the Organization's regular budget. The Committee endorsed the External Auditor's recommendation to close special funds that were no longer being used. It was suggested that the balance from the Textbook Program fund might be transferred into the Medical Textbook Program of the Pan American Health and Education Foundation (PAHEF), which had absorbed the function of the fund. Further explanation was requested of the \$20 million increase in trust funds and the changes in some line item totals under the Special Fund for Program Support Costs (p. 45 of *Official Document 297*) between the previous biennium and 1998-1999.

Regarding the External Auditor's evaluation of AMPES, the Committee noted that the report had confirmed that PAHO was striving to ensure good value-for-money in its programming and evaluation processes. It urged the Organization to follow the External Auditor's recommendations for improving efficiency and developing a "culture of evaluation." In particular, delegates emphasized the need for better collaboration with partner agencies in the biennial planning process, as well as improved internal coordination across divisions; the development of measures of objectives and performance to supplement the SPOs; and the adoption of a system for allocating staff costs to programs. PAHO should take steps toward a more strategic approach to evaluation by developing a standardized methodology with specific criteria for judging the relevance and effectiveness of each program area. An update at a subsequent meeting of the Governing Bodies on PAHO's plans to implement the recommendations was requested. One delegate asked for clarification of the way in which unanticipated extrabudgetary funds were dealt with in AMPES.

Mr. Matthews explained that the increase in trust funds was attributable to the diligence of the External Relations Office and to the Director's having urged every manager in the Organization to actively seek extrabudgetary money. The changes in the Special Fund for Program Support Costs derived from the shift in some income previously reported in that fund to the Income for Services Fund, in consultation with the External Auditor and in conformity with United Nations reporting requirements. Regarding inactive funds, his office was in the

process of deciding which ones to close and how to best utilize the balances for purposes related to the original objectives of the funds.

Sir John Bourn commented that the ability to link staff costs to programs should be implemented in a cost-effective manner, and his office would be glad to offer suggestions for an appropriate system. His assistant, Mr. Richard Maggs, noted that PAHO staff had found creative ways to use AMPES to track information on extrabudgetary funds, although it was designed for use with the regular budget.

The Director commented that while not all the Centers had a worrisome financial situation, this subject was a source of concern to the Organization. He espoused the view that the Centers should be funded from their own quota contributions, although the other view—that as part of PAHO's technical cooperation programs they should be funded from the regular budget—had some validity. He pledged to continue to help those Centers that were in financial trouble to correct their funding deficiencies, but if they were unable to do so, he would consult the Governing Bodies about other steps to be taken.

Regarding AMPES, the new software would facilitate the inclusion of extrabudgetary funds in AMPES, to ensure that projects funded from extrabudgetary sources—no matter when in the biennial budget cycle the funds were received—were subject to the same transparent management, accountability, and evaluation as activities funded from the regular budget. Another feature of the new software was that it would allow inputs that fell under the purview of different divisions to be recorded under the same project, aiding interdivisional work in the programming phase.

Some of the recommendations in the External Auditor's report were already being addressed. Performance measures would be added to the SPOs in the next cycle. Progress was being made in the area of relationships with partners. PAHO had reached agreements with the Inter-American Development Bank (IDB) and the World Bank on a shared agenda for health development in the Region and was collaborating with both those agencies to develop ways to accommodate each other's administrative responsibilities on joint projects. Regarding the issue of calculating staff time spent on projects, he had difficulty with that concept since the staff worked on many projects simultaneously. He would welcome further information on the feasibility of the approach. The Director agreed that a "culture of evaluation" should be fostered in the Organization and urged the countries to do likewise in their public sector institutions. The evaluation component of AMPES was probably the weakest, and steps were being taken to improve it, including development of a centralized and accessible repository of all evaluations carried out in the Organization.

The Committee adopted Resolution CE126.R10.

PAHO Buildings and Facilities (Document CE124/22)

Mr. Eric Boswell (Chief of Administration, PAHO) reported that the multi-year renovation of the PAHO Office Building in Brasilia, Brazil, was nearly complete. Likewise, modifications to the PAHO-owned field office in Caracas, Venezuela, which had been funded from extrabudgetary sources rather than the Building Fund, should be substantially complete before the end of 2000.

In regard to the renovation of the PAHO Headquarters Building, he recalled that in December 1999, on the recommendation of the Subcommittee on Planning and Programming, the Executive Committee had agreed to raise the ceiling of the PAHO Building Fund from \$500,000 to about \$8 million to cover an estimated cost of \$7.5 million for asbestos abatement and replacement of corroded pipes and peripheral heating and air-conditioning units. Subsequently, a feasibility study had demonstrated that complete removal of existing ceilings and interior walls would be more cost-effective than selective asbestos abatement. The broader approach would also allow for upgrades in the air conditioning and electrical systems, installation of a sprinkler system and of modern voice/data cabling, compliance with accessibility standards for the disabled, and implementation of a space-efficient open office floor plan. The project would require off-site relocation of three PAHO divisions. The Organization of American States would provide them office space in its F Street building at a reasonable rental rate. The remaining staff would relocate inside the PAHO building as floors were completed.

PAHO estimated the total cost at \$13 million. The Executive Committee was therefore asked to raise the Building Fund ceiling to \$13 million for the project as now envisioned. The additional \$5 million would come from possible excess of income over expenditures in the regular budget.

The Committee expressed its support for the renovation project, noting that the building was old and should be brought into compliance with modern standards. The Secretariat was encouraged to work closely with the Staff Association to ensure a comfortable transition from traditional offices to the new open floor plan. The Committee approved the temporary increase in the Building Fund ceiling to \$13 million, but urged PAHO to strive to keep costs to a minimum. One delegate asked for projections of the funding available from different sources, including extrabudgetary funds.

Mr. Boswell replied that the reference to extrabudgetary funds in the document was an editorial error. All the funding would come from the regular budget. He reported that, in addition to consulting extensively with the Staff Association, PAHO had also hired outside consultants to provide advice on employee-friendly office spaces.

The Director reiterated that the Organization would maintain close contact with the Staff Association and would keep employees informed about renovation plans. He assured the Committee that the Organization would not ask for an increase in the regular budget to finance the work. On a related subject, he thanked the Government of Cuba for recently providing a residence for the country's PAHO/WHO Representative.

The Committee adopted Resolution CE126.R2.

Personnel Matters

Amendments to the PASB Staff Rules (Document CE126/23)

Dr. Diana LaVertu (Chief, Department of Personnel, PAHO) reported that the proposed changes to the Staff Rules were in line with the revisions adopted by the Executive Board of the World Health Organization at its 105th Session (Resolutions EB105.R13 and EB105.R14). The changes resulted from decisions taken by the United Nations General Assembly at its Fifty-fourth Session on the basis of recommendations made by the International Civil Service Commission.

The UN General Assembly had approved, effective 1 March 2000, the revised base/floor salary scale for professional and higher-graded categories, incorporating an increase of 3.42% through the consolidation of post adjustment classes into the net base salary on a "no-loss, no-gain" basis. As a result of the consolidation, changes had been made to the post adjustment indices and multipliers at all duty stations. PASB Staff Rules 330.1 and 330.2 had been modified accordingly.

Because of the base/floor salary scale revisions described above, adjustments to the salaries of the Assistant Director, Deputy Director, and Director also needed to be considered. Document CE126/23 summarized the policy of the Governing Bodies on the matter of salary adjustments for those positions. The proposed resolution, located in the document, contained the recommended new salary rates. Dr. LaVertu informed the

Committee that the budgetary impact of the proposed amendments to the Staff Rules would be absorbed within the established allocations.

The Committee adopted Resolution CE126.R12.

Statement by the Representative of the PASB Staff Association (Document CE126/24)

Mr. Gustavo Strittmatter (President, PASB Staff Association) reported that the ability of the staff and management of PAHO to resolve important issues had advanced significantly in the past five years. The improvements resulted from the willingness of the Director and the rest of the Administration to engage in productive dialogue, as well as the staff's desire to help the Organization accomplish its mission.

The Director's Joint Advisory Committee (JAC), created in 1997, had allowed the Staff Association to bring important initiatives to the attention of management, among them the development of a sexual harassment policy and the hiring of an ombudsman. The committee was now considering an initiative aimed at creating a healthier workplace, which was especially relevant, given the soon-to-commence renovation of the Headquarters building. It was also making strides on the subject of protecting the safety of PAHO personnel in other countries.

The new evaluation system was an important step toward making dialogue between staff and management an aspect of daily working life. It encouraged continuous two-way learning and exchange of information and was a good example of PAHO's leadership in personnel matters, not only within WHO but in the entire United Nations Common System.

Reforms of the rules governing conditions of work of PAHO and WHO staff were now being considered at the global level. The reforms would be in line with those that had begun within other agencies of the Common System. The Staff Association believed that the scheme eventually adopted must be based on equity and justice, the basic values of the Organization. The staff needed to perceive that those values applied to everyone within PAHO's sphere of action. Knowledge that the Administration was responsive to staff proposals would reaffirm the staff's identification with the ideals of the Organization. Another topic under discussion internationally was opportunity for professional advancement. The Staff Association hoped that PAHO employees at all levels would have such opportunity.

Mr. Strittmatter called attention to a recently completed agreement between staff and management of the International Labor Organization (ILO) and distributed copies of it to the Committee. The agreement endorsed the ILO conventions on freedom of association and the right to organize, collective bargaining, and labor relations. He believed that adoption of a similar agreement at PAHO would be possible, given the current excellent relationship between staff and management. The Staff Association thought that such an agreement would benefit both parties and further reflect the Organization's ideals.

The Committee praised the efforts of both the Staff Association and the Administration to create goodwill and establish a good working relationship. The improvement would have a positive impact on work not only at Headquarters but also in the countries. PAHO had set an example that other parts of WHO should follow. Both parties were urged to continue their dialogue, as the relationship would not remain static and would in fact be put to the test in the next two years by the building renovation project. The Committee agreed that PAHO's greatest asset was its staff.

One delegate expressed support for the ILO procedural agreement but had reservations about a paragraph that implied that there was no mechanism for final and binding resolution of collective disputes if one party rejected the recommendations of the review panel.

Mr. Strittmatter assured the Committee that the Staff Association would continue striving to improve staff-management relations as well as conditions of work. He noted that PAHO's version of a draft agreement based on the ILO agreement was still being refined and acknowledged that the point regarding dispute resolution in the ILO document was well taken.

The Director said he was quite pleased at the excellent relationship that had developed between management and the Staff Association. He hoped that there would never be a return to an adversarial relationship. Disagreements had been aired, and in the few cases where they could not be resolved, the parties had agreed to disagree in a civilized manner. He realized that the building renovation might strain the relationship, but if everyone acted in good faith, it would survive. PAHO's leadership in personnel matters had been recognized internationally, which was a tribute to the efficiency of the Personnel Office and the relationship between staff and management. He congratulated the current and former presidents of staff associations, both global and local, on the way the dialogue had evolved.

One of the issues that the Joint Advisory Committee had brought to the forefront was the need for the Organization to encourage a healthy working environment at Headquarters, as it did in other countries. A consultant had been hired to develop a plan to make PAHO a healthier work place.

He had some reservations about whether an agreement similar to the ILO procedural agreement was appropriate for PAHO. One reason for his concern was that the ILO staff association was a formal union able to engage in collective bargaining. Equality of the parties was an important assumption in collective bargaining, but the Constitution of PAHO assigned certain responsibilities exclusively to the Director. He would seek more information and legal advice on the implications of the difference between a union and a staff association for such an agreement.

The Committee thanked the Staff Association and took note of the report, but did not consider it necessary to adopt a resolution on this item (Decision CE126(D7)).

General Information Matters

Resolutions and other Actions of the Fifty-third World Health Assembly of Interest to the PAHO Executive Committee (Document CE126/25, Corrig.)

Dr. Brandling-Bennett outlined the resolutions and decisions of the Fifty-third World Health Assembly (May 2000) that the Secretariat considered to be of particular relevance to the Region of the Americas. He also reported that Dr. M. Amédée-Gédéon,

Minister of Health of Haiti, had been elected one of four Vice-Presidents of the World Health Assembly (WHA), and Mrs. M. McCoy Sánchez, Minister of Health of Nicaragua, had been elected Vice-Chairperson of Committee A.

The Assembly had adopted 17 resolutions, 13 of which were discussed in the document. Seven of the resolutions dealt with program policy matters. The resolution on the Stop Tuberculosis Initiative (WHA53.1) called on Member States, WHO, and international partners to support expanded use of the directly observed treatment, short-course (DOTS) strategy. An estimated 24 countries in the Americas would be using DOTS this year, a 50% increase over 1997. The resolution on the International Decade of the World's Indigenous People (WHA53.10) commended the progress made in the Americas toward improving the health of indigenous people and urged other regions to adopt similar action plans. Resolution WHA53.12 called on Member States and WHO to work closely with the Global Alliance for

Vaccines and Immunization (GAVI). In that spirit, PAHO had been designated to serve on the Country Coordination Task Force, one of three GAVI task forces addressing critical immunization issues. PAHO wanted to ensure that the importance of national funding of immunization programs remained paramount in GAVI initiatives aimed at introducing new vaccines. A detailed resolution on the HIV/AIDS epidemic (WHA53.12) dealt with pricing, accessibility and affordability, and effective use of essential drugs. The resolution on food safety (WHA53.15) urged, among other things, that the Member States participate actively in the work of the Codex Alimentarius Commission and that the Director-General develops a global strategy for surveillance of food-borne diseases. The resolution on the Framework Convention on Tobacco Control (WHA53.16) established an international negotiating body that would begin meeting in October 2000. PAHO was continuing to collaborate in other activities of the WHO Tobacco Free Initiative. The last program policy resolution dealt with prevention and control of noncommunicable diseases. The Noncommunicable Diseases Program at PAHO was promoting community-based projects with that objective, using an integrated approach.

With regard to administrative and financial topics, the Assembly had adopted resolutions on the Real Estate Fund (WHA53.4) and Casual Income (WHA53.5), which PAHO hoped would be the sources of some of the funding it needed to repair and renovate PAHO buildings. The amendments to Financial Regulations approved in Resolution WHA53.6 brought the WHO regulations more in line with those of PAHO. Resolution WHA53.7 adjusted the salaries of the Director-General and staff in ungraded posts, and the Executive Committee had already taken related action with regard to the salary of PAHO officials. On other topics, PAHO supported Resolution WHA53.8 and prior recommendations of the Executive Board regarding regulations for expert advisory panels and committees. Resolution WHA53.9 was a formal confirmation of participation by WHO in the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations. Although PAHO was also a participant by virtue of being the Regional Office of WHO for the Americas, it was considering adhering to the Convention as a separate legal entity. The Governing Bodies would be kept informed before any action was taken.

Decision WHA53(8) reported that Brazil and Venezuela had been elected to the WHO Executive Board to replace Canada and Peru, whose terms had expired. Their designees had joined those of Chile, Guatemala, Trinidad and Tobago, and the United States of America at the 106th Session of the Board in May, during which Dr. Jorge Jiménez de la Jara, of Chile, was elected chairperson of the Board. The other decision of interest (WHA53(10)) was a request that the Director-General include infant and young child nutrition

on the agenda of the 107th Session of the Executive Board in January 2001 and encourage discussion of that subject in the regions during the Regional Committee meetings. The Director of PAHO was considering including such a discussion at the Directing Council in September.

The Committee looked forward to PAHO's involvement in the Region's discussions of infant and child nutrition and suggested that the discussions remain focused on sound science and current research. The Organization was urged to continue its leadership role in indigenous health and encouraged to continue speaking out in favor of the Framework Convention on Tobacco Control. Many countries in the Region had been collaborating on the latter subject, which demonstrated the kind of solidarity that would be needed to arrive at a strong convention.

Dr. Brandling-Bennett assured the Committee that the Organization had a continuing commitment to both indigenous health and the fight against tobacco. PAHO hoped the Member States could find the resources to allow their representatives to participate in ongoing discussions of the Framework Convention in Geneva. The Organization would do everything it could to ensure participation from the Americas.

The Director noted that the discussion of infant and young child nutrition at the WHA had been heated, but the disagreements had been grounded more on personal perspective than scientific data. PAHO proposed the formation of a small group of technical experts from the Americas who would meet to define and analyze the issues dispassionately prior to the discussion in the Directing Council. The group would focus on existing data surrounding the most contentious issue, namely, the length of time exclusive breast-feeding should continue. PAHO's goal was to assemble the pertinent scientific data, find out about current practices in the countries, and identify data gaps to determine where additional research was needed. The Secretariat would report to the 42nd Directing Council on the results of that effort.

The Committee took note of the Secretariat's report (Decision CE126(D8)).

Other Matters

The Delegate of Canada announced that his country and PAHO were collaborating on the Spanish translation of several Canadian health policy documents that the Organization believed would be useful to the countries of Latin America. One of those documents, a report on Canada's strategies for investment in population health, was distributed to the Committee. He felt that this initiative provided an excellent example of how PAHO could facilitate

information exchange between countries and expressed his delegation's thanks to the Organization for its assistance with the translations.

The Delegate of Cuba reported on several important international gatherings held recently in his country that helped promote cooperation among countries, notably the Ninth Ibero-American Summit of Heads of State and Government, held in November 1999, and the South-South Summit, held in April 2000. The Ninth Ibero-American Summit had established the Ibero-American Cooperation Secretariat to facilitate cooperation among the Ibero-American countries. The opening event of the Summit had been the inauguration of the Latin American School of Medical Sciences, located in Havana, through which the Cuban government was providing medical training for more than 3,000 students from 20 countries, entirely free of charge. Those students would return to work as physicians in underserved areas of their countries. Cuba was strongly committed to the concept of cooperation among countries and wished to reaffirm its desire to continue cooperating with its sister countries in the Americas.

Closing of the Session

The Director expressed his appreciation to the President for the skillful manner in which he had guided the session. As a result of his efficiency, the Committee had completed all its work and had done so ahead of schedule. While some might consider the relative brevity of the session as cause for concern, he believed that the true measure of a meeting's value was not how long it lasted, but the quality of its content. He thought that the content had been outstanding, thanks to the delegates' excellent preparation prior to the session and their insightful comments during the meetings. While all the items discussed had been important, he felt that one, in particular, deserved highlighting: the PAHO/IDB/World Bank Shared Agenda for Health in the Americas represented a landmark achievement. The Organization had been working for a number of years to persuade other cooperation agencies, especially those in the financial realm, that health was a development issue like any other. It was therefore a source of great satisfaction that those efforts had culminated in the signing of a formal agreement for coordination of the three agencies' efforts to improve health conditions in the Americas.

The President said that Cuba had been honored to serve as President of the Executive Committee. He, too, thanked the delegates for their contributions to the meeting, and expressed his gratitude to his fellow officers and to the PAHO staff members for their informative presentations on the various agenda items. He then declared the 126th Session of the Executive Committee closed.

Resolutions and Decisions

The following are the resolutions adopted and decisions taken by the Executive Committee at its 126th Session:

Resolutions

CE126.R1: Collection of Quota Contributions

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Document CE126/21 and Add. I) and the report on Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting the provisions of Article 6.B of the PAHO Constitution relating to the suspension of voting privileges of Member States that fail to meet their financial obligations and the potential application of these provisions to six Member States; and

Noting with concern that there are 26 Member States that have not made any payments towards their 2000 quota assessments and that the amount collected for 2000 assessments represents only 27% of total current year assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Document CE126/21 and Add. I).
2. To thank the Member States that have already made payments for 2000 and to urge the other Member States to pay their outstanding contributions as soon as possible.
3. To recommend to the 42nd Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that by the opening of that session have not made substantial payments toward their quota commitments, and to those that have failed to make the scheduled payments in accordance with their deferred payment plans.

4. To request the Director to continue to inform the Member States of any balances due, and to report to the 42nd Directing Council on the status of the collection of quota contributions.

(Fourth meeting, 27 June 2000)

CE126.R2: PAHO Buildings and Facilities

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report on actions taken by the Secretariat in relation to the approved projects financed by the PAHO Building Fund and the status of the PAHO Headquarters Building renovation (Document CE126/22);

Recalling that, at the Director's request, in December 1999 the Members of the Executive Committee approved a temporary increase of US\$ 7.5 million in the Building Fund ceiling, based on preliminary renovation cost estimates; and

Considering that the renovation cost estimate is \$13 million,

RESOLVES:

To approve a temporary increase in the Building Fund ceiling to a level of \$13 million for the purpose of completing the PAHO Headquarters Building renovation, with the increase to be financed from any excess of income over expenditures in the regular budget and from other sources that may be identified.

(Fourth meeting, 27 June 2000)

CE126.R3: Operations of the Subcommittee on Planning and Programming

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having received the report presented by the Chairman of the Subcommittee on Planning and Programming corresponding to the 33rd and 34th Sessions (Document CE126/5);

Taking into account Resolution CE82.R13 of the 82nd Session of the Executive Committee (1979), which created the Subcommittee on Long-term Planning and Programming, and Resolutions CE92.R12 (1984) and CE118.R2 (1996); and

Taking note of the analysis and discussions that took place during the 33rd Session of the Subcommittee on Planning and Programming with respect to the operations of the Subcommittee,

RESOLVES:

1. To thank the President of the Subcommittee for the report presented.
2. To change the terms of reference of the Subcommittee on Planning and Programming, Section 4, "Meetings," so that the first paragraph reads: "The Subcommittee shall normally hold one regular session a year on dates to be decided by the Executive Committee at its session immediately following the Directing Council or the Pan American Sanitary Conference. Extraordinary sessions may be held."

(Fourth meeting, 27 June 2000)

CE126.R4: Vaccines and Immunization

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on vaccines and immunization (Document CE126/10); and

Taking into account the progress being made by all countries in the control of vaccine-preventable diseases and their efforts to complete the eradication of measles by the year 2000, and in the introduction of new vaccines into their national immunization programs,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 42nd DIRECTING COUNCIL,

Having considered the report of the Director on vaccines and immunization (Document CD42/___) and taking note of the progress being made by all countries in the control of vaccine-preventable diseases;

Taking into account that there is still a considerable number of children who are not receiving the benefits of immunization;

Cognizant of the fact that major efforts are needed to achieve the goal of measles eradication by the end of the year 2000; and

Considering that the sustainability of immunization programs and control/eradication of vaccine-preventable diseases require a permanent effort by the health sector at all levels,

RESOLVES:

1. To urge Member States to:
 - (a) maintain a high degree of priority in the financing of their national immunization programs, including the costs related to the introduction of new vaccines;
 - (b) target a 95% vaccination coverage for all antigens in every district of the country as the national goal;
 - (c) ensure that all measures necessary to interrupt the transmission of measles are put in place, including those related to mop-up operations and strengthening of surveillance and complete case investigation;
 - (d) initiate activities related to the containment of any laboratory material that may harbor specimens of wild poliovirus, to ensure that global certification of eradication is eventually accomplished;
 - (e) implement periodic multidisciplinary evaluations of their national immunization programs to identify any constraints that may hamper the equitable access to measures aimed at the control of vaccine-preventable diseases;

- (f) ensure that all vaccines used in national immunization programs comply with national and international standards.
2. Request the Director to:
- (a) collaborate with Member States in the containment of biological material that may harbor the wild poliovirus;
 - (b) support the networks of national control authorities and national control laboratories to ensure that vaccines of reliable quality are used in all countries;
 - (c) support the national program evaluations in coordination with other collaborating partners;
 - (d) assist the relevant Member States in benefiting maximally from the Global Alliance for Vaccines and Immunization.

(Fourth meeting, 27 June 2000)

CE126.R5: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE126/9 and Add. I),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 42nd DIRECTING COUNCIL,

Having considered the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD42/___);

Acknowledging the strong relationship between the sexual and vertical transmission of HIV and the presence of other sexually transmitted infections (STI);

Cognizant of the evolution of the HIV/AIDS/STI epidemics in the Americas and of the challenges raised by the increasing numbers of people requiring comprehensive prevention and care services for HIV/AIDS/STI; and

Taking into account the technological developments and successful interventions and experiences in the Region and in the world to prevent and control the sexual, blood-borne, and mother-to-child transmission of HIV and other sexually transmitted infections,

RESOLVES:

1. To urge Member States to:
 - (a) consolidate national HIV/AIDS/STI efforts and foster technical cooperation and maximize intercountry collaboration through regional, subregional, and national programs and initiatives;
 - (b) strengthen the surveillance capacity of the technical programs to better monitor the trends in the HIV/AIDS/STI epidemics and adjust national responses and strategies accordingly;
 - (c) continue to focus on prevention, especially the sexual and mother-to-child transmission of HIV, through voluntary counseling and testing and provision of appropriate preventive measures including drugs and breast-feeding policies based on scientific advances;
 - (d) consider prevention of HIV and care of people living with HIV/AIDS as a continuum requiring a comprehensive approach that responds to local needs and uses resources efficiently ("building blocks" approach).
2. To request the Director to:
 - (a) continue to facilitate a wider participation and collaboration with other institutions and agencies, particularly with UNAIDS, in the fight against HIV/AIDS/STI in the Americas;

- (b) strengthen regional technical collaboration capacity, especially in the areas of social marketing and communication, promotion of healthy sexuality, and comprehensive prevention of HIV and care of people living with HIV/AIDS/STI;
- (c) continue working toward the development of the Regional Revolving Fund for Strategic Public Health Supplies and mechanisms whereby Member States can access the Fund.

(Sixth meeting, 28 June 2000)

CE126.R6: Evaluation of the Regional Program on Bioethics

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the evaluation of the Regional Program on Bioethics (Document CE126/11), carried out in compliance with Resolution CD37.R9 (1993) by Dr. James F. Drane; and

Convinced that the evaluation demonstrated that the Program has fulfilled its objectives in accordance with the goals set at its establishment and concluded that it should continue to respond to increasing demands in the Region for expertise in the area of ethics and health,

RESOLVES:

1. To thank Dr. James F. Drane for carrying out a comprehensive evaluation of the Regional Program on Bioethics.
2. To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 42nd DIRECTING COUNCIL,

Having reviewed the evaluation of the Regional Program on Bioethics (Document CD42/____), carried out in compliance with Resolution CD37.R9 (1993);

Expressing appreciation for the considerable technical and financial support provided by the Government of Chile and the University of Chile toward the establishment and

continued operation of the Bioethics Program since its inception, as well as for their commitment to continue support for the Program; and

Emphasizing that bioethical analysis should become an integral part of policy formulation and decision-making in the health sector, particularly in processes involving improving quality of health care and research and increasing equity in access to health care services,

RESOLVES:

1. To encourage Member States to incorporate the development of the capacity for bioethical analysis within the normative and stewardship functions of the ministries of health and to formulate public policies in health informed by bioethical principles, particularly with regard to research with human subjects.

2. To request the Director to continue support of the Program, promoting the inclusion of bioethical analysis in technical cooperation activities and stimulating capacity building in bioethics in the Member States.

(Sixth meeting, 28 June 2000)

CE126.R7: Food Protection

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE126/12, which describes the problems of food protection throughout the world and in the Region of the Americas in particular and the action that the Pan American Health Organization is taking to cooperate technically with the countries to establish food protection programs; and

Taking into account that the 33rd Session of the Subcommittee on Planning and Programming analyzed the situation and was in agreement with the technical cooperation activities that the Organization is carrying out,

RESOLVES:

To recommend to the Directing Council that it adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Having analyzed the report on food protection in the Americas (Document CD42/____), which describes the current problems deriving from foodborne diseases and the action that the Pan American Health Organization is taking to assist the countries in solving these problems through technical cooperation to organize food protection programs;

Taking into account that the Fifty-third World Health Assembly adopted Resolution WHA53.15 on food safety, emphasizing the importance of this topic as an essential public health activity;

Considering that, according to the reports prepared by the Pan American Health Organization through the Pan American Institute for Food Protection and Zoonoses (INPPAZ), a significant number of outbreaks of foodborne disease have been observed, with a high number of cases and deaths from this cause; and

Bearing in mind that international trade poses a high risk for outbreaks of foodborne disease unless technical action is taken to prevent food contamination,

RESOLVES:

1. To urge Member States to:
 - (a) organize food protection programs as an essential public health function, promoting active coordination among the health and agriculture sectors and industry;
 - (b) update and modernize their food inspection and protection systems, taking into account the Codex Alimentarius standards and the sanitary measures contained in the Agreements on Sanitary and Phytosanitary Standards;
 - (c) consider, when implementing food safety measures, food for both domestic consumption and the export market, as well as medium and small enterprises;

- (d) strengthen the surveillance systems for foodborne diseases so that the information obtained can be used to orient measures for the prevention and control of these diseases;
 - (e) encourage the active participation of producers, food processors, food handlers, and consumers through communication and health education programs;
 - (f) provide the necessary resources for the development of food protection programs.
2. To thank the Government of Argentina for its continued support for the maintenance and operation of INPPAZ, and to urge the rest of the countries to contribute to its financing.
3. To request that the Director:
- (a) continue with the development and execution of the strategic plan on food protection;
 - (b) explore the need for a regional commission on food protection to deal with matters related to the development of regional policies in this area;
 - (c) establish mechanisms for coordination with other international technical cooperation agencies to offer the pertinent technical cooperation to the countries, avoid duplication of efforts, and make better use of resources.

(Sixth meeting, 28 June 2000)

CE126.R8: Medical Devices

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Director's report (Document CE126/14) on medical devices;

Considering that, in the exercise of the steering role of the health sector, it is an essential function of the health authority to safeguard the efficacy, safety, and quality of the medical devices utilized by the health services and the population; and

Recognizing that is necessary to establish a process for the planning, implementation, and management of technologies to guarantee the efficient operation of the health services network,

RESOLVES:

1. To thank the Government of Canada for preparing the document and presenting the topic to the 34th Session of the Subcommittee on Planning and Programming.
2. To recommend that the Directing Council adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Having considered Document CD42/___ on medical devices;

Considering that, in the exercise of the steering role of the health sector, it is an essential function of the health authority to safeguard the efficacy, safety, and quality of the medical devices utilized by the health services and the population;

Recognizing that is necessary to establish a process for the planning, implementation, and management of technologies to guarantee the efficient operation of the health services network; and

Taking note of the recommendation of the Executive Committee,

RESOLVES:

1. To endorse the recommendations on medical devices contained in Document CD42/___ and to support the work of PAHO in this field.
2. To support the proposal to form an ad hoc group to promote and facilitate the medical devices harmonization processes in the Americas.
3. To urge the Member States to:
 - (a) develop and strengthen their programs for the regulation of medical devices;
 - (b) promote and support the participation of their regulatory authorities at the general meetings of the Global Harmonization Task Force (GHTF) and those of its four study groups, while promoting the use of GHTF documents in their programs for the regulation of medical devices.

4. To request the Director to continue his support to the governments for the development and implementation of programs to regulate medical devices and to support the search for sources of financing for the activities of the proposed program of work for the biennium 2000-2001.

(Sixth meeting, 28 June 2000)

\CE126.R9: Drug Regulatory Harmonization

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Director's report (Document CE126/15) on drug regulatory harmonization in the Americas,

Taking into account that the drug regulatory harmonization processes are fundamental for guaranteeing the safety, efficacy, and quality of drugs;

Recognizing that other regions and subregional groups of countries in the Americas with different levels of development are making efforts at the global level to move forward with drug regulatory harmonization;

Aware that, through its plans of work, the Pan American Network for Drug Regulatory Harmonization will represent a concrete regional option for this process; and

Observing that drug regulatory harmonization offers health, economic, and technical advantages for the countries committed to its implementation,

RESOLVES:

1. To thank the Government of the United States of America for presenting the topic at the 34th Session of the Subcommittee on Planning and Programming.
2. To recommend that the Directing Council adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Having considered the Director's report (Document CD42/___) on drug regulatory harmonization in the Americas;

Taking into account that the drug regulatory harmonization processes are fundamental for guaranteeing the safety, efficacy, and quality of drugs;

Recognizing that other regions and subregional groups of countries in the Americas with different levels of development are making efforts at the global level to move forward with drug regulatory harmonization;

Aware that, through its plans of work, the Pan American Network for Drug Regulatory Harmonization will represent a concrete regional option for this process; and

Observing that drug regulatory harmonization offers health, economic, and technical advantages for the countries committed to its implementation,

RESOLVES:

1. To urge the Member States to:
 - (a) review the current drug policies, with a view to adopting new policies that will ensure access to drugs that are safe, effective, and of acceptable quality;
 - (b) strengthen the infrastructure currently in place for regulating drugs to permit regulation that is expeditious but technically acceptable;
 - (c) support national implementation of the agreements and recommendations arising out of the Pan American Network for Drug Regulatory Harmonization.
2. To request the Director to:
 - (a) support the establishment of the Pan American Network for Drug Regulatory Harmonization and strengthen the role of PAHO as its Secretariat;

- (b) promote progress toward technical agreements on drug regulation among the Member States, including multilateral, bilateral, and subregional agreements, with the participation of all sectors and interest groups;
- (c) promote the search for sources of financing for this process and the plan of work.

(Sixth meeting, 28 June 2000)

CE126.R10: Financial Report of the Director and Report of the External Auditor for 1998-1999

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the Financial Report of the Director and Report of the External Auditor for 1998-1999 (*Official Document 297*),

RESOLVES:

1. To transmit the Financial Report of the Director and Report of the External Auditor for 1998-1999 (*Official Document 297*) to the 42nd Directing Council for its consideration.
2. To note that the financial statements for the 1998-1999 biennium are presented in accordance with the United Nations System Accounting Standards, with resulting improvement in the disclosure and clarity of the statements.
3. To commend the Organization on its efforts to monitor and strengthen the financial positions of the Caribbean Epidemiology Center, the Caribbean Food and Nutrition Institute, and the Institute of Nutrition of Central America and Panama, including additional sources of support, and encouraging further joint efforts to develop and implement strategies for improving their financial positions.
4. To congratulate the Director on his successful efforts to maintain a sound financial position for the Organization.
5. To thank the External Auditor for the Report on Strategic Planning, Monitoring, and Evaluation in PAHO.

(Sixth meeting, 28 June 2000)

CE126.R11: Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2002-2003

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE126/8, which contains a tentative request to the World Health Organization for US\$ 74,682,000 without cost increases for the Region of the Americas for the financial period 2002-2003,

RESOLVES:

To recommend to the 42nd Directing Council the adoption of a resolution along the following lines:

THE 42nd DIRECTING COUNCIL,

Having considered Document CD42/_____ and the tentative request to the World Health Organization for US\$ 74,682,000 without cost increases for the Region of the Americas for the financial period 2002-2003; and

Noting the recommendation of the Executive Committee,

RESOLVES:

To request the Director to transmit to the Director-General of WHO the request for \$74,682,000 without cost increases for the Region of the Americas for the financial period 2002-2003, for consideration by the WHO Executive Board and the World Health Assembly in 2001.

(Sixth meeting, 28 June 2000)

CE126.R12: Amendments to the PASB Staff Rules

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE126/23;

Taking into account the actions of the Fifty-third World Health Assembly related to the remuneration of the Regional Directors and Senior Advisors and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau, and Resolution CD20.R20 of the 20th Directing Council; and

Recognizing the need for uniformity of conditions of employment of PASB and WHO staff,

RESOLVES:

1. To confirm the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE126/23, with effect from 1 March 2000, concerning the salary scale and staff assessment rates for use in conjunction with gross base salaries applicable to staff in the professional category and directors' posts.
2. To establish, effective 1 March 2000:
 - (a) the net annual salary of the Deputy Director at \$99,278 at dependency rate and \$89,899 at single rate;
 - (b) the annual net salary of the Assistant Director at \$98,278 at dependency rate and \$88,899 at single rate.
3. To recommend to the 42nd Directing Council that it establish the annual salary of the Director at \$108,242 at dependency rate and \$97,411 at single rate, effective 1 March 2000.

(Seventh meeting, 29 June 2000)

***CE126.R13: Provisional Agenda of the 42nd Directing Council of PAHO,
52nd Session of the Regional Committee of WHO for the Americas***

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD42/1) prepared by the Director for the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE126/4; and

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Council,

RESOLVES:

To approve the provisional agenda (Document CD42/1) prepared by the Director for the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas, with the modifications proposed by the Executive Committee.

(Seventh meeting, 29 June 2000)

CE126.R14: PAHO Award for Administration, 2000

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration, 2000 (Document CE126/6, Add. I); and

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994) and the 124th Session of the Executive Committee (1999),

RESOLVES:

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 2000, on Dr. Roberto Fuentes García, of Chile, for his long and fruitful efforts in the field of public health administration, focusing particularly on effective management, the

quality of care and user satisfaction, and for his important contribution to the national and international literature in these areas.

2. To transmit the report of the Award Committee of the PAHO Award for Administration, 2000 (Document CE126/6, Add. I), to the 42nd Directing Council.

(Seventh meeting, 29 June 2000)

CE126.R15: Nongovernmental Organizations in Official Relations with PAHO

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report of the Standing Committee on Nongovernmental Organizations (Document CE126/7, Add. I);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* (1995); and

Believing that the changes proposed to the *Principles* are rational and would facilitate their application,

RESOLVES:

1. To approve the revised version of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* contained in the Annex to Document CE126/7, Add. I.

2. To admit the Latin American Association of Pharmaceutical Industries into official relations with PAHO for a four-year period.

3. To renew official relations for a four-year period with the Inter-American College of Radiology, the Latin American Federation of Hospitals, the Pan American Federation of Associations of Medical Schools, and the Pan American Federation of Nursing Professionals.

4. To extend official relations with the Latin American Confederation of Clinical Biology and the Latin American Union against Sexually Transmitted Diseases for a two-year period, and to request the Standing Committee, during the 130th Session of the Executive Committee

in 2002, to review the progress that COLABIOCLI and ULACETS have made in addressing the Standing Committee's concerns and to make a recommendation on the desirability of continuing these relations.

5. To request the Director to:
- (a) advise the respective NGOs of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs whose areas of interest fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) assess the relevance of the relationship with inter-American NGOs working officially with PAHO, encouraging more participation and collaboration;
 - (d) continue fostering relationships between Member States and NGOs in health-related fields;
 - (e) expand PAHO's relations with the wider community of NGOs concerned with confronting the challenge of AIDS in the Americas and in other areas of interest to PAHO.

(Seventh meeting, 29 June 2000)

CE126.R16: Cardiovascular Disease, Especially Hypertension

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the report on cardiovascular disease, and especially hypertension (Document CE126/13);

Given the magnitude of cardiovascular problems and bearing in mind the cost-effectiveness of interventions for the prevention and control of these diseases, especially interventions to control hypertension; and

Considering that the Subcommittee on Planning and Programming examined the alternatives to improve the control and prevention of hypertension and expressed support for the approaches presented to address this problem,

RESOLVES:

To recommend to the Directing Council that it adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Taking into account the information provided in document CD42/___ on cardiovascular disease, and especially hypertension;

Given the magnitude of cardiovascular problems, which constitute the leading cause of death and disability in all the countries of the Americas;

Bearing in mind the cost-effectiveness of interventions for the prevention and control of these diseases, especially interventions to control hypertension; and

Recognizing the need to adopt measures for the prevention and control of cardiovascular disease in general and hypertension in particular,

RESOLVES:

1. To urge the Member States to:
 - (a) implement systems for surveillance of the risk factors for cardiovascular disease and noncommunicable diseases in general;
 - (b) update their health policies to strengthen and prioritize community and health service interventions, especially in primary care, that will lead to the prevention and control of cardiovascular disease and hypertension in particular;
 - (c) develop or strengthen national plans for the prevention and control of hypertension.
2. To request the Director to:
 - (a) establish the necessary measures for the mobilization of technical cooperation resources that will permit the creation or strengthening of national plans for the

prevention and control of hypertension within the framework of an integrated strategy for the prevention and control of noncommunicable diseases;

- (b) encourage partnerships with scientific and professional societies, community organizations, and bilateral and multilateral cooperation and development agencies so that they support the proposed approaches and conduct research to improve the prevention and control of hypertension.

(Seventh meeting, 29 June 2000)

CE126.R17: Child Health

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on child health (Document CE126/16); and

Aware that the Subcommittee on Planning and Programming reviewed the report and agreed with the proposed direction for supporting the promotion of integral child health and development,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 42nd DIRECTING COUNCIL,

Having considered the report on child health (Document CD42/___);

Recognizing the need to build a new, fuller concept of the importance of child health to a better future, based on the achievements of the past decade and the new knowledge and evidence contributed by various disciplines;

Taking into account that there are still unresolved issues related to children's rights, equity in health, development opportunities, and solutions for basic health problems, as well as emerging issues affecting child health, yet aware of the importance of dealing with a broader

public health agenda involving determinants and understanding that investment in child health is justified; and

Recognizing the moment as a critical one for the development of child health due to the global attention on the 10th anniversary evaluation of the World Summit for Children as well as the United Nations General Assembly special session planned for September 2001, when the agenda for children in the new millennium will be established,

RESOLVES:

1. To request the Member States to:
 - (a) institute national processes to review policies and legislation vis-à-vis their conformity with children's rights, distribution of resources to achieve child and family friendliness, and community and environmental contributions to integral child health and development possibilities;
 - (b) maintain the topic of integral child health and development on the public agenda using, among other mechanisms, those available through the application of social communication methodologies, and joining in national and international efforts and networks promoting development in this area;
 - (c) include in the health sector reform processes a provision for the reorganization of health systems and services so that they reflect the urgent need to prioritize and invest in integral child health and development;
 - (d) contribute towards the improvement of child health through stimulating research activities, paying special attention to operationalizing integration at local levels, and developing monitoring and evaluation criteria.
2. To request the Director to:
 - (a) promote the mobilization of resources to enable adequate investment and advocate in national and international forums that priority attention be given to integral child health activities;

- (b) support the development of a regional plan for action based on the framework suggested which would include multidisciplinary and multisectoral inputs and coordinated efforts with partner agencies;
- (c) stimulate the development of a network of interested parties for the identification, testing, and evaluation of indicators that would reflect both process and achievements in monitoring child health programs whose focus is on the integration of health promotion with preventative and therapeutic efforts, i.e., criteria for evaluating health, and not just its absence;
- (d) continue PAHO's leadership role in the Americas in child and adolescent health and nutrition within the various regional and global venues, including the United Nations Special session of the General Assembly in 2001 for follow-up to the World Summit for Children, the Ibero-American Summits, and the Fifth Ministerial Meeting on Children and Social Policy in the Americas.

(Seventh meeting, 29 June 2000)

CE126.R18: Essential Public Health Functions

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE126/17 on essential public health functions;

Taking into account that the Pan American Health Organization has implemented the *Public Health in the Americas* initiative, aimed at the definition and measurement of the essential public health functions as the basis for improving public health practice and strengthening the steering role of the health authority at all levels of the State; and

Considering the need for health sector reforms to pay greater attention to public health and to increase the social and institutional responsibility of the State in this regard,

RESOLVES:

1. To thank the Director for submitting the progress report on the *Public Health in the Americas* initiative and initiating activities aimed at strengthening the essential public health functions.

2. To recommend that the Directing Council adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Having considered document CD42/____ on essential public health functions;

Taking into account that the Pan American Health Organization has implemented the *Public Health in the Americas* initiative, aimed at the definition and measurement of the essential public health functions as the basis for improving public health practice and strengthening the steering role of the health authority at all levels of the State;

Considering the need for health sector reforms to pay greater attention to public health and to increase the social and institutional responsibility of the State in this regard; and

Taking note of the recommendation of the 126th Session of the Executive Committee,

RESOLVES:

1. To urge the Member States to:
 - (a) participate in a regional exercise to measure performance with regard to the essential public health functions to permit an analysis of the state of public health in the Americas, sponsored by PAHO;
 - (b) use performance measurement with regard to the essential public health functions to improve public health practice, develop the necessary infrastructure for this purpose, and strengthen the steering role of the health authority at all levels of the State.
2. To request the Director to:
 - (a) disseminate widely in the countries of the Region the conceptual and methodological documentation on the definition and measurement of the essential public health functions;
 - (b) carry out, in close coordination with the national authorities of each country, an exercise in performance measurement with respect to the essential public health functions, using the methodology referred to in Document CD42/____;

- (c) conduct a regional analysis of the state of public health in the Americas, based on a performance measurement exercise targeting the essential public health functions in each country;
- (d) promote the reorientation of public health education in the Region in line with the development of the essential public health functions;
- (e) incorporate the line of work on the essential public health functions into cooperation activities linked with sectoral reform and the strengthening of the steering role of the health authority.

(Seventh meeting, 29 June 2000)

CE126.R19: Roll Back Malaria in the Region of the Americas

THE 126th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE126/18, which proposes that the Member States in which malaria is a public health problem join the *Roll Back Malaria* initiative spearheaded by the World Health Organization,

RESOLVES:

To recommend that the Directing Council adopt a resolution in the following terms:

THE 42nd DIRECTING COUNCIL,

Having considered Document CD42/___ which proposes that the Member States in which malaria continues to be a public health problem adopt the *Roll Back Malaria* initiative in their territory; and

Taking into account that this initiative, in addition to being consistent with the goal of promoting local health systems and services, encourages joint efforts to remove obstacles to the implementation of effective malaria control through the strategic lines of action of coordinated resource use, the establishment of a malaria drug policy, and the training of human resources to carry out the measures to control malaria transmission,

RESOLVES:

1. To urge the Member States to:
 - (a) formalize the adoption of the *Roll Back Malaria* initiative in territories where malaria still constitutes a public health problem;
 - (b) make a commitment to perform an annual evaluation of progress in the different areas of the initiative, until malaria is eliminated as a public health problem in the Region.
2. To request the Director to:
 - (a) continue to support the mechanisms for monitoring the progress of prevention and control programs;
 - (b) support the efforts aimed at mobilizing the necessary resources for the elimination of malaria in the Region.

(Seventh meeting, 29 June 2000)

Decisions

Decision CE126(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE126/1, Rev. 1).

(First meeting, 26 June 2000)

Decision CE126(D2): Representation of the Executive Committee at the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate its President (Cuba) and Vice President (Mexico) to represent the Committee at the 42nd Directing Council, 52nd Session of the Regional Committee of WHO for the Americas. As alternates to those representatives, the Committee designated the delegates of Bolivia and United States of America, respectively.

(First meeting, 26 June 2000)

Decision CE126(D3): Report of the Subcommittee on Planning and Programming.

The Executive Committee authorized the Secretariat to introduce editorial changes into the terms of reference of the Subcommittee on Planning and Programming so as to make the terminology consistent with that used in the terms of reference of the other Governing Bodies of the Organization.

(First meeting, 26 June 2000)

Decision CE126(D4): Appointment of Guyana to serve on the Standing Committee on Nongovernmental Organizations in the absence of Antigua and Barbuda

As Antigua and Barbuda was not represented at the 126th Session, the Executive Committee appointed Guyana to serve temporarily in its place on the Standing Committee on Nongovernmental Organizations.

(First meeting, 26 June 2000)

Decision CE126(D5): Centennial of the Pan American Health Organization

The Executive Committee took note of the report on plans for celebrating the 100th anniversary of PAHO (Document CE126/20) and endorsed the recommendations contained therein.

(Fifth meeting, 28 June 2000)

Decision CE126(D6) PAHO/IDB/World Bank Shared Agenda for Health in the Americas

The Executive Committee took note of the report on the Shared Agenda for Health in the Americas (Document CE126/19) and welcomed the initiative for collaboration between PAHO, the Inter-American Development Bank, and the World Bank to improve health conditions in the Region.

(Sixth meeting, 28 June 2000)

Decision CE126(D7): Statement by the Representative of the PASB Staff Association

The Executive Committee took note of the statement by the Representative of the PASB Staff Association (Document CE126/24) and expressed its satisfaction at the reported improvements in relations between PAHO staff and the Administration.

(Seventh meeting, 29 June 2000)

Decision CE126(D8): Resolutions and other Actions of the Fifty-third World Health Assembly of Interest to the PAHO Executive Committee

The Executive Committee took note of the report on resolutions and other actions of the Fifty-third World Health Assembly of interest to the PAHO Executive Committee (Document CE126/25, Corrig.).

(Seventh meeting, 29 June 2000)

IN WITNESS WHEREOF, the President of the Executive Committee and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE in Washington, D.C., United States of America, on this twenty-ninth day of June in the year two thousand. 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.

—

Carlos Dotres Martínez
Delegate of Cuba
President of the 126th Session
of the Executive Committee

—

George A. O. Alleyne
Secretary ex officio of the 126th Session
of the Executive Committee
Director of the Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda and Program of Meetings
- 2.2 Representation of the Executive Committee at the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Subcommittee on Planning and Programming
 - Report on the 33rd and 34th Sessions
 - Review of the Operations of the Subcommittee on Planning and Programming
- 3.2 PAHO Award for Administration, 2000
- 3.3 Standing Committee on Nongovernmental Organizations
 - Review of the Nongovernmental Organizations in Official Relations with PAHO
 - Applications Received

4. PROGRAM POLICY MATTERS

- 4.1 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2002-2003
- 4.2 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- 4.3 Vaccines and Immunization
- 4.4 Evaluation of the Regional Program on Bioethics
- 4.5 Food Protection
- 4.6 Cardiovascular Disease: Hypertension
- 4.7 Medical Devices
- 4.8 Harmonization of Drug Regulations
- 4.9 Child Health
- 4.10 Essential Public Health Functions
- 4.11 Malaria
- 4.12 PAHO/IDB/World Bank Shared Agenda for Health in the Americas
- 4.13 Centennial of the Pan American Health Organization

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 1998-1999

External Auditor's Report on Strategic Planning, Monitoring, and Evaluation in
PAHO

5.3 PAHO Buildings and Facilities

6. PERSONNEL MATTERS

6.1 Amendments to the PASB Staff Rules

6.2 Statement by the Representative of the PASB Staff Association

7. GENERAL INFORMATION MATTERS

7.1 Resolutions and Other Actions of the Fifty-third World Health Assembly of Interest to the PAHO Executive Committee

8. OTHER MATTERS

LIST OF DOCUMENTS

Official Documents

Off. Doc. 297 Financial Report of the Director and Report of the External Auditor for 1998-1999

Working Documents

CE126/1, Rev. 2 Agenda

CE126/2, Rev. 2 List of Participants

CE126/3 Representation of the Executive Committee at the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas

CE126/4, Rev. 1 Provisional Agenda of the 42nd Directing Council of PAHO, 52nd Session of the Regional Committee of WHO for the Americas

CE126/5 Subcommittee on Planning and Programming

- Report on the 33rd and 34th Sessions
- Review of the Operations of the Subcommittee on Planning and Programming

CE126/6, Rev. 1, and Add. I PAHO Award for Administration, 2000

CE126/7 and Add. I Standing Committee on Nongovernmental Organizations

- Review of the Nongovernmental Organizations in Official Relations with PAHO
- Applications Received

Working Documents (*cont.*)

CE126/8	Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2002-2003
CE126/9 and Add. I	Acquired Immunodeficiency Syndrome (AIDS) in the Americas
CE126/10	Vaccines and Immunization
CE126/11	Evaluation of the Regional Program on Bioethics
CE126/12	Food Protection
CE126/13	Cardiovascular Disease: Hypertension
CE126/14	Medical Devices
CE126/15 and Corrig.	Harmonization of Drug Regulations
CE126/16	Child Health
CE126/17	Essential Public Health Functions
CE126/18	Malaria
CE126/19	PAHO/IDB/World Bank Shared Agenda for Health in the Americas
CE126/20	Centennial of the Pan American Health Organization
CE126/21 and Add. I	Report on the Collection of Quota Contributions
CE126/22	PAHO Buildings and Facilities
CE126/23	Amendments to the PASB Staff Rules

CE126/24 Statement by the Representative of the PASB Staff
Association

Working Documents (*cont.*)

CE126/25, Corrig. Resolutions and Other Actions of the Fifty-third World
Health Assembly of Interest to the PAHO Executive
Committee

CE126/26 External Auditor's Report on Strategic Planning,
Monitoring, and Evaluation in PAHO

CE126/FR Final Report

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

**Members of the Committee
Miembros del Comité**

Bolivia

Dr. Fernando Cisneros del Carpio
Director de Relaciones Internacionales
Ministerio de Salud y Previsión Social
La Paz

Canada

Canadá

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

Mr. Nick Previsich
Senior Scientific Advisor
International Affairs Directorate
Health Canada
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