



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 128th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 25-29 June 2001*

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### **REPORT ON THE 35TH SESSION OF THE SUBCOMMITTEE ON PLANING AND PROGRAMMING**

The Subcommittee on Planning and Programming held its 35th Session at the Organization's Headquarters in Washington, D.C., on 14-16 March 2001.

The Session was attended by delegates of the following Subcommittee Members elected by the Executive Committee or designated by the Director: Brazil, Canada, Cuba, El Salvador, Guyana, United States of America, and Uruguay. Also present were observers from Antigua and Barbuda, France, Mexico and Nicaragua.

Elected as officers were delegates of Canada (President), Uruguay (Vice President), and Guyana (Rapporteur).

During the Session the Subcommittee discussed the following agenda items:

- Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003
- Management of Human Resources in the Health Sector
- Health and Sustainable Human Development
- Control of Dengue Fever
- Framework Convention on Tobacco Control

- Health Promotion
- Mental Health

The Secretariat updated the Subcommittee on several matters of concern to the public health community in the Region. Oral reports were presented on the following topics:

- International Health Regulations
- Strategic Plan for the Pan American Health Organization for the Period 2003-2007
- Preparations for the Centennial of the Pan American Health Organization
- Poliomyelitis Outbreak on Hispaniola
- Foot-and-Mouth Disease
- Bovine Spongiform Encephalopathy Disease
- Repair and Recontstruction of the Health System in El Salvador.

The final report for the Session is attached.

Annex



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**35th SESSION OF THE SUBCOMMITTEE OF THE  
EXECUTIVE COMMITTEE ON PLANNING AND  
PROGRAMMING**

*Washington, D.C., USA, 14-16 March 2001*

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SPP35/FR (Eng.)  
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**FINAL REPORT**

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## FINAL REPORT

The 35th Session of the Subcommittee on Planning and Programming (SPP) of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., on 14-16 March 2001.

The meeting was attended by representatives of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Brazil, Canada, Cuba, El Salvador, Guyana, United States of America, and Uruguay. Venezuela was not represented at the meeting. Observers for Antigua and Barbuda, France, Mexico, and Nicaragua were also present.

### Officers

The following Member States were elected to serve as officers of the Subcommittee for the 35th Session:

<i>President:</i>	Canada	(Mr. Nick Previsich)
<i>Vice President:</i>	Uruguay	(Dr. Eduardo Touyá)
<i>Rapporteur:</i>	Guyana	(Dr. Rudolph O. Cummings)

Sir George Alleyne (Director, Pan American Sanitary Bureau) served as Secretary ex officio, and Dr. Karen Sealey (Chief, Office of Analysis and Strategic Planning) served as Technical Secretary.

### Opening of the Session

The Director opened the session and welcomed the participants, extending a special welcome to newcomers to the Subcommittee. He was confident that, as always, the Subcommittee's deliberations would yield much useful input for the work of the Secretariat and the Organization as a whole. In that spirit, he encouraged the participants to consider the documents as "works in progress," which the Subcommittee would help to refine prior to their submission to the Executive Committee. He regretted that circumstances, including disturbances caused by the renovations to the PAHO Headquarters building, had caused delays in distributing the documents and had impeded the Secretariat from inviting Members or nongovernmental organizations (NGOs) to take

part in drafting them; however, he assured the Subcommittee that the Secretariat did plan to involve Member States and other organizations in the document preparation process for future sessions, as that practice had proved extremely valuable at the Subcommittee's 34th Session.

The President added his welcome and encouraged the participants to view the Subcommittee as a forum for open dialogue with the Secretariat and discussion between countries in a less formal environment than that which prevailed in the other Governing Bodies.

### **Adoption of the Agenda and Program of Meetings (Documents SPP35/1, Rev. 1, and SPP35/WP/1, Rev. 2)**

Dr. Sealey announced that Item 7 on the provisional agenda prepared by the Secretariat had been removed. That item, "Review of the Process for Equitable Representation of Member States in the Governing Bodies of the Pan American Health Organization," had been included on the agenda at the request of the Government of Venezuela, which had subsequently withdrawn it. In addition, under "Other Matters," the Delegate of El Salvador had been invited to present a report on the damage to her country's health system caused by recent earthquakes. The Subcommittee then adopted the provisional agenda, as amended, and a program of meetings.

### **Presentation and Discussion of the Items**

On the first afternoon of the session, the SPP met jointly with the Subcommittee on Women, Health, and Development, which held its 19th Session at PAHO Headquarters on 12-14 March 2001. Two items of concern to both Subcommittees were discussed: tobacco control and mental health.

### ***Framework Convention on Tobacco Control (Documents SPP35/8 and Corrig.)***

Ms. Heather Selin (Advisor on Prevention and Control of Tobacco Use, PAHO) reported on efforts to develop the international Framework Convention on Tobacco Control (FCTC), the challenges facing the countries of the Region with respect to tobacco control and eventual adoption of the FCTC, and the evidence regarding best practices in tobacco control. The Organization saw the negotiation of the Framework Convention as an historic opportunity for public health. The FCTC, when adopted, would be the first legally binding international public health treaty. Not only would it advance efforts to

reduce tobacco use on a global level, but it might also serve as a model for mobilizing global action to address other public health issues in the future.

The Framework Convention was clearly needed, given the heavy health and economic impacts caused by tobacco use, the lack of progress in reducing smoking and implementing effective solutions, and the immense global power wielded by the tobacco industry, which called for an international response. Although the content of the FCTC was still being negotiated, there was already a strong evidence base from which Member States could draw to strengthen their national tobacco control programs. Generally speaking, public policies such as tobacco taxes, controls on smuggling, smoke-free environments, bans on tobacco promotion, and public education had proven to be the most cost-effective means of reducing tobacco use. The document contained data on the impact that such best practices could have and highlighted some of the obstacles that stood in the way of countries' implementing them and preparing for the adoption of the FCTC. The Organization urged the Member States to look carefully at what those obstacles were, what it would take to remove them, and how PAHO might assist the countries. Without strong action to combat the tobacco industry's efforts to expand their markets—especially among women and children—the Region would see an ever-growing death toll from tobacco use among both women and men and rising rates of smoking and tobacco addiction among its children and young people.

The Subcommittee felt that the document provided a good overview of the key issues to be addressed in relation to the Framework Convention, and it encouraged PASB to continue supporting the countries in formulating their national control programs and participating in the FCTC negotiation process. It was suggested, in that regard, that it might be useful for the countries of the Region to gather one day prior to the negotiating session scheduled for 29 April 2001 in Geneva.

Various delegates described measures that had been implemented in their countries to combat tobacco use and identified obstacles to further progress. Smuggling of tobacco products was cited as a significant obstacle. It was reported that the MERCOSUR countries were examining the possibility of harmonizing prices as a means of discouraging smuggling. Another obstacle to the implementation of strong tobacco control measures was lack of economic evidence of the impact of smoking in each country, which was critical to persuade governments of the necessity of reducing tobacco use and enacting appropriate legislation. One delegate suggested that it would be very helpful to undertake a study similar to the global study by the World Bank<sup>1</sup> but at the level of each country. Globalization of advertising was also cited as a major obstacle to

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<sup>1</sup> The World Bank. *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. Washington, D.C.: International Bank for Reconstruction and Development; 1999. This publication was distributed to the Subcommittee.

national tobacco control efforts. It was pointed out that it did little good for countries to ban tobacco advertising if the foreign periodicals and broadcasts they received continued to promote tobacco products. It was also pointed out that local political, social, and cultural practices could represent obstacles and must be taken into account in formulating anti-tobacco programs and policies.

Several concerns were raised regarding recommendations contained in the Report of the Committee of Experts on Tobacco Industry Documents and Company Strategies to Undermine Tobacco Control Activities at the World Health Organization (WHO). In particular, the recommendation that Member States ensure that delegations to WHO not include any individuals with affiliations to the tobacco industry was seen as a limitation on the right of sovereign governments to choose their diplomatic representatives.

Ms. Lynne Dee Sproule (Canada, Vice-President of the Subcommittee on Women, Health, and Development) stressed the need for a gender breakdown of statistics on tobacco use and greater attention to the gender factors that affected women's and men's usage of tobacco and also influenced their decision to quit smoking. Differences in those factors made it indispensable to incorporate a gender perspective into tobacco control and smoking cessation programs.

Ms. Selin said that PAHO was convinced that smoking cessation by current smokers would be the biggest factor in preventing tobacco-related deaths in the near future. Strengthening of smoking cessation programs was therefore very important. However, the other policy measures advocated in the document also had been shown to encourage smoking cessation. Smoke-free environments, higher prices, and advertising bans were all inducements for smokers to quit. With regard to disaggregation of statistics by gender, she noted that it was difficult to obtain good data on tobacco use in general and even more difficult to obtain data with a gender breakdown, which pointed up the need for better surveillance. Evaluation data were also needed in order to assess the impact of control measures and build the evidence base for tobacco control in the Region.

The Director, responding to the comments regarding the WHO expert committee report, said that he had been quite concerned about some comments in the report which suggested that PAHO might have been influenced by the tobacco industry. He was pleased to report that the former Minister of Health of Canada and the former Minister of Health and Foreign Affairs of Barbados had undertaken an exhaustive review of the Organization's records and had concluded that there was no evidence whatsoever that the tobacco industry or persons associated with that industry had influenced PAHO's budget, policies, or programs.



The Organization did agree with some of the recommendations contained in the report, notably the one relating to conflicts of interest, which PAHO was planning to implement. He would not comment on the recommendation regarding the composition of national delegations to WHO, as that was a matter to be decided by the sovereign States. However, he would say categorically that no more of the Organization's funds would be devoted to investigating the possibility that the tobacco industry might have influenced PAHO in some way, nor would PAHO funds be used to support research in which the tobacco industry had any involvement or to assist countries in bringing lawsuits against the tobacco industry. He did not believe that those were proper uses of the resources with which the Member States had entrusted the Organization.

The idea of holding a regional gathering prior to the April negotiation session merited consideration. The Secretariat would look into how it might facilitate such a meeting. The Director emphasized, however, that while PAHO was certainly willing to help facilitate participation by Member States in the FCTC negotiation process, it should be understood that the process must be led and carried out by the countries.

***Mental Health (Document SPP35/10 and Corrig.)***

Dr. José Miguel Caldas de Almeida (Coordinator, Mental Health Program, PAHO) presented the document prepared by the Secretariat on this item, which examined the current situation in the Americas, identified the main challenges with regard to mental health in 2001, and discussed the new strategies and initiatives needed to overcome those challenges. In the past decade, the mental health situation had changed radically for two principal reasons: (1) realization that the impact of mental health problems and their contribution to the global burden of disease was much greater than previously thought, and (2) major scientific advances in the development of new and more effective mental health treatments and services. Nevertheless, a large gap remained between what was being done and what could be done. The reasons for that gap included limited allocation of resources; centralization of mental health care in large, ineffective, and outdated institutions; and, especially, stigma, which continued to be the main barrier to good mental health care.

Several events planned for 2001 would help raise awareness of the importance of mental health and the need to improve care for those with mental disorders. The theme of World Health Day, 6 April 2001, would be "Mental Health: Stop Exclusion—Dare to Care." In addition, mental health would be examined by the World Health Assembly and would be the focus of the *World Health Report 2001*. PAHO was working to help the countries of the Region take advantage of the unique opportunities created by this international attention to mental health. The document and Dr. Caldas' slide presentation outlined a number of proposed actions for the Member States and the Secretariat to

enhance the visibility of and the value attached to mental health; implement evidence-based mental health policies and plans; build technical capacity and mobilize resources in the countries for mental health reform; restructure services, emphasizing community-based services and mental health promotion; reduce the stigma associated with mental health disorders and protect the human rights of mental health patients; and ensure equity in the availability of mental health care—with particular attention to vulnerable groups, including women, children, and the elderly—and parity of mental health services with other types of health services.

The Subcommittee agreed on the need to take advantage of the international events planned during 2001 to raise the visibility of mental health issues and promote reforms of mental health care. Several delegates shared information regarding events being planned at the national level in observance of World Health Day and efforts in their countries to improve mental health services, especially through the expansion of community-based care, social integration of persons with mental health disorders, and population health approaches that recognized mental health as an integral component of overall health and well-being. The importance of taking into account the numerous social and economic determinants of mental health was emphasized. Intersectoral action in the area of mental health was considered vital, given that many determinants of mental health were influenced by policies and activities outside the health sector. It was also suggested that countries might need to employ a phased-in approach to mental health care reform, with targeted actions based on their national mental health profiles.

The importance of mental health promotion and incorporation of mental health into primary health care was underscored. In that connection, it was pointed out that primary care physicians should be trained to identify and treat mental disorders in the early stages and that training in psychiatry should be included in general medical education. Support was expressed for the concept of consumer and family participation in mental health activities included in the document. One delegate noted that her country's experience had demonstrated that mental health services and mental health promotion activities were strengthened when those whom they were intended to benefit participated in their design and implementation.

The Subcommittee also highlighted the importance of applying a gender perspective in order to make mental health services more equitable, especially given that some disorders—notably depression—were more prevalent among women, while problems such as substance abuse tended to be more common among men. The need for attention to mental health at all stages of life, including childhood, was stressed. One delegate cited research findings that revealed that children who grew up in households with adults who suffered from mental disorders not only had a much higher risk of developing a mental disorder themselves but also a higher risk of developing other types

of health problems. The special session of the United Nations General Assembly for follow-up to the World Summit for Children, scheduled for September 2001, was seen as an ideal opportunity to raise awareness of the mental health needs of children.

Finally, several delegates mentioned the WHO initiative “World Mental Health 2000,” a global study to collect and analyze data from many countries that would help build the needed evidence base in mental health. It was recommended that information on the study be included in the next version of the document.

Dr. Caldas de Almeida thanked the delegates for their constructive comments, which would help the Secretariat to enrich the document prior to the Executive Committee session. In particular, the need for a gender perspective would be made more explicit and greater attention would be given to the mental health of children and to the issue of training in mental health. He agreed on the advisability of a phased-in approach based on countries’ specific needs and levels of development in the area of mental health care and mental health promotion. PAHO’s technical cooperation should also be guided by analysis of specific needs and priorities at the country level. As one of the delegates had noted, the issue of comorbidity—in particular, the association between mental illness and alcohol and drug abuse—also warranted greater attention in the document. In regard to the World Mental Health 2000 study, he introduced Dr. Claudio Miranda (Regional Advisor on Mental Health, PAHO), the individual responsible for coordinating the study in the Americas.

Dr. Miranda explained that the study was a joint initiative by WHO and Harvard University to gather and analyze comparative data on the prevalence of mental disorders and other aspects of mental health (associated risk factors, use of services, contribution to disease burden, and others) in countries all over the world. At PAHO, the Director had established a unit to coordinate data collection and analysis in the Americas. Dr. Miranda stressed the importance of participation in the study by as many of the Region’s countries as possible.

Dr. Alleyne remarked that one of the commitments he had made as Director was that the Organization would have an aggressive program in mental health. He was happy with the progress that had been made in that area. The program in mental health was now better focused and targeted toward certain specific issues. He was gratified by the Subcommittee’s positive reaction to that focus and to the document and was pleased that the topic of mental health had elicited such keen interest.

***Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003 (Document SPP35/3)***

The Director introduced the budget proposal, noting that it had been formulated in accordance with PAHO's strategic and programmatic orientations for the quadrennium 1999-2002. Many challenges that had faced the Organization at the beginning of the 2000-2001 biennium—especially poverty and inequity—persisted. The proposed program budget responded to those challenges. The budget document consisted of eight appropriation sections, rather than seven as in the past. In an effort to be more transparent regarding the organizational structure and the work of the Secretariat, a section had been added to highlight the activities of the Office of the Director and the critical staff offices that supported the Director, as well as the activities carried out under the Regional Director's Development Fund.

He encouraged the participants to view the consideration of the budget as a joint exercise in which the Member States worked with the Secretariat to construct the Organization's program of work for the next biennium and propose the resources needed to support that program.

Presentations on the program portion of the budget were given by Dr. Juan Antonio Casas (Director, Division of Health and Human Development), Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development), Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization), Dr. María Teresa Cerqueira (Director, Division of Health Promotion and Protection), Dr. Mauricio Pardón (Director, Division of Health and Environment), Dr. Stephen Corber (Director, Division of Disease Prevention and Control), and Dr. Enrique Loyola, on behalf of Dr. Carlos Castillo-Salgado (Chief, Special Program for Health Analysis). The directors summarized the proposed program for their respective divisions or programs, beginning with an overview of the issues and challenges and the general objectives that would guide their work in each case and then reviewing the specific purposes and expected results of the various projects and programs within their divisions. More detailed information on the proposed program may be found in Document SPP35/3.

Mr. Román Sotela (Chief, Budget Section, PAHO) outlined the main financial determinants that had been taken into account in formulating the budget proposal for the 2002-2003 biennium. The proposal for the combined PAHO/WHO regular budget was for US\$ 261,482,000,<sup>2</sup> which reflected an increase of 2.0% over the budget approved for the 2000-2001 biennium. That figure had been calculated taking into account the reduction in the expected WHO share and mandatory post-related cost increases. The WHO portion of the proposal—which would be approved by the World Health Assembly

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<sup>2</sup> Unless otherwise noted, all monetary figures in this report are expressed in United States dollars.

in May 2001—was expected to be \$74,682,000, which was \$4,427,000, or 5.6%, less than the total WHO budget allocation of \$79,109,000 for 2000-2001, which had included \$77,725,000 in regular funds plus a one-time allocation of \$1,384,000 in casual income.

The PAHO portion of the budget proposal was \$186,800,000, which reflected an increase of 5.5% for the biennium. The PAHO portion would be funded by \$170,300,000 in quota contributions, an increase of 4.5% for the biennium, and \$16,500,000 in projected miscellaneous income. The 2.0% increase in the combined PAHO/WHO budget represented the net increase resulting from a mandatory 6.5% rise in the post budget and a 4.1% reduction in the non-post budget. In calculating the proposal, the Secretariat had purposely used a cost factor for field-based expenditures that was far lower than projected inflationary costs. As a result, PAHO would be absorbing approximately \$4.3 million in inflationary costs. The overall proposed budget reflected less than zero real growth, and the level of the non-post budget, in nominal terms, was virtually the same as the non-post budget for 1992-1993.

The Subcommittee applauded the results-based approach to programming reflected in the document and endorsed the strategic objectives embodied in the proposed program. It was suggested, however, that the Strategic and Programmatic Orientations for 1999-2002, which formed the basis for the program, might need to be reviewed before the program and budget were finalized, since some of the situations that those orientations were designed to address might have changed and new priorities might have emerged. It was pointed out that the areas of health promotion and environmental health—both of which had been identified as high-priority areas for the Organization—had received the lowest allocations of all the technical divisions. Several delegates raised questions regarding the projected amount of extrabudgetary funding and the extent to which its availability influenced the Organization's programming. Similarly, some delegates wondered how the involvement of new stakeholders in the health sector—notably the international development banks and other non-health agencies—were affecting program development. In addition, a number of questions were asked about specific aspects of various programs and projects.

With regard to the budget amount, concern was expressed about the proposed increase in quota assessments, given the difficult economic situation in many of the Region's countries. The Delegate of the United States reaffirmed her government's position regarding zero nominal growth in the budgets of all United Nations agencies, including WHO and PAHO. The United States opposed any increase in the PAHO regular budget and believed that the Organization could find ways of achieving its objectives with existing resources. The Delegate of Canada said that his government shared many of the concerns expressed by the United States and others regarding the proposed increases, but would wait until the Executive Committee met in June 2001 to

state its position on the budget. He pointed out, however, that the Member States were placing increasing demands on the Organization, for example, in relation to fulfillment of international charters and agreements in several of the areas discussed by the Subcommittee during its 35th Session. In his view, it was unrealistic to ask PAHO to respond to those demands and then reject any increase in its budget.

Replying to the comments concerning extrabudgetary funds, Drs. Casas and López Acuña emphasized that the Organization's programming was in no way determined by the availability of extrabudgetary funds. PAHO identified the areas in which extrabudgetary funding was needed and then approached donors with proposals. Dr. López Acuña added that the Organization was increasingly seeking general program support from donors, rather than piecemeal support for specific projects. As for the projected amount of extrabudgetary funding, Mr. Sotela said that it was difficult to predict how much would be available. It was probably reasonable to assume that the amount would be similar to the preceding two biennia (i.e., between \$135 million and \$150 million), but it was impossible to say for which program areas those funds would be mobilized. As for the involvement of a widening array of agencies and institutions in health-related activities, Dr. López Acuña noted that financial institutions were currently pumping around \$2 billion a year into health-related projects, which was a positive development. However, in order to maximize the health impact of that funding, it was essential to find ways of synergizing with those institutions. Dr. de Quadros said that the experience of his Division had shown the importance of having an interagency coordinating mechanism, both at the regional and country levels.

The Director observed that the Shared Agenda established in 2000 by PAHO, the Inter-American Development Bank (IDB), and the World Bank had laid the foundation for closer collaboration among the three agencies. In regard to extrabudgetary funds, he assured the Subcommittee that the Organization would never accept offers of donor funding for activities that were not in line with the strategic and programmatic orientations approved by the Governing Bodies, nor would it agree to any donor-imposed limitations in regard to the geographic areas in which the funds could be utilized. The process of mobilizing extrabudgetary funds was complicated because every proposed project had to undergo a thorough programmatic and legal review; however, given regular budget constraints, it was a process in which the Organization must engage if it were to accomplish all that the countries had asked of it. As for the amount of extrabudgetary funding expected for the 2002-2003 biennium, in view of the current economic climate in the Region, he was not certain that it would be possible to maintain same level as in 2000-2001.

He agreed that the strategic and programmatic orientations should be reviewed in light of changes in the regional situation before finalizing the program. In its presentation

to the Executive Committee, the Secretariat would indicate those changes that had led to changes in budgeting and programming. Regarding the distribution of the budget among the various program areas, he explained that the allocations were not necessarily a reflection of the importance that PAHO attached to specific areas; rather, the allocations were the result of a process of dialogue and prioritization at the country level. Owing to circumstances in their national context, some countries might choose to give higher priority to disease prevention and control, for example, than to health promotion. The allocations were also influenced by the distribution of posts in the countries; small shifts in posts could translate into large differences in the amount allocated to the different program areas.

With respect to the proposed budget amount, he was keenly aware of the economic difficulties the countries faced. The Organization would not ask countries to cover the increases in post costs, which were mandatory and beyond PAHO's control. Instead, it would cover those increases out of non-post funds and try to do the same work with less money for the non-post portion of the budget. As he had done the previous year, after the World Health Assembly, when the exact amount of the WHO allocation to the Region would be determined, he would make adjustments and try to reduce the burden on the Member States as much as possible. He reiterated his appeal to the Member States to approach the budgeting process as a partnership. If the Members agreed that the program responded to the priorities they had set, then, in the spirit of partnership, he asked them to work with the Secretariat to enable the Organization to carry out the program.

#### ***Management of Human Resources in the Health Sector (Document SPP35/4)***

Dr. Pedro Enrique Brito (Coordinator, Human Resources Development Program, PAHO) presented the document on this item, which examined the implications of health reform for human resource management and outlined the Organization's technical cooperation strategy, which sought to build capacity for human resource management in the countries in order to improve the performance of health systems and support health sector reform processes. Health reform measures—especially decentralization—had created a number of new challenges for the management of health personnel, yet human resources issues had been largely ignored in health reform agendas. The document outlined the changes needed in the conceptual, policy, and operational spheres in order to strengthen the institutional capacity of health systems for human resource management.

To help the countries meet those challenges, PAHO had developed a technical cooperation strategy that sought to integrate the management of human resources with health service management, strengthen institutional capacity, devise and transfer effective instruments and best practices, develop information systems, and update and simplify regulations concerning human resource management. The centerpiece of the

Organization's strategy was the "Observatory of Human Resources in Health Sector Reform," a regional initiative for joint capacity-building involving national, interinstitutional, and intersectoral groups, promoted and coordinated by the ministries of health and the PAHO/WHO Representative Offices. The aim of the Observatory was to assist in the development of human resource policies and in the evaluation and monitoring of human resource development in the framework of health sector reform processes, in fulfillment of the mandate PAHO had received at the Summit of the Americas in Miami in 1994. The initiative had been launched in June 1999 and 12 countries were currently participating.

The Subcommittee found the document timely and informative, and it agreed that effective management of human resources was essential to strengthening of health systems in the Americas. The Subcommittee also expressed support for the Observatory as a source of information for policy-making and as a resource for the development of training materials and methodologies. Members highlighted a number of key issues in relation to human resources. It was pointed out that the trend toward decentralization had created tremendous demand for managerial personnel at local levels. As a result, there was a critical need for training in health system management, especially in-service training and distance learning programs to enable existing personnel to rapidly acquire the skills needed to manage health services in decentralized systems. In addition, managerial training was needed for public health personnel in other areas that were also being decentralized, such as epidemiological surveillance.

A related problem identified by the Subcommittee was the need to retrain health personnel and achieve an appropriate mix of diverse professionals in order to meet health needs in the context of health sector reform. Several delegates noted that physicians outnumbered nurses in many countries, whereas the ideal health team would consist of significantly more nurses and other paramedical personnel than physicians. It was suggested that PAHO had a role to play in developing health profession classification schemes and categories. One delegate observed that the lack of such schemes would make it difficult to assess the health workforce composition and the needs of the workforce and could hamper decision-making about training priorities and appropriate investments in education and training.

A great deal of the Subcommittee's discussion centered around the problems of attracting and retaining public health professionals, appropriate training for health personnel to meet the needs in the health sector, and migration of health personnel. Delegates mentioned a number of obstacles that tended to discourage young people from entering and remaining in public health professions, including low pay, lack of respect, long working hours, and difficulty in finding employment after graduation and lack of job security. In addition, it was pointed out that most public health education was not



particularly practice-oriented. Promotion of academic-practice linkages was identified as an area for PAHO technical cooperation. Another problem highlighted during the discussion was the lack of coordination between the institutions that trained health professionals and those that employed them, as a result of which the training institutions were not turning out health personnel with the kinds of skills and knowledge required in the current context. The need for personnel trained in primary health care and health promotion approaches was emphasized.

The issue of “brain drain,” or migration of health personnel was raised by several delegates. It was pointed out that both internal and external migration posed a problem. Within countries, health personnel were reluctant to serve in poor and remote areas, preferring to settle in more affluent urban areas. It was therefore necessary to find incentives, such as higher salaries and perquisites, to attract health professionals to poor and underserved communities. With regard to external migration, it was suggested that one solution might be to offer training fellowships with the condition that recipients return to their countries to serve.

Dr. Brito said that migration of health personnel was one of the trends being studied through the Observatory. Another issue was that of job security and social protections for health workers in the face of the new flexible hiring modalities that were being introduced as part of health sector reform processes. One of the Observatory’s main purposes was to serve as a clearinghouse for the exchange of ideas and experiences in relation to these and other common human resource problems shared by countries across the Region.

Responding to a question from one of the delegates regarding the relationship between the human resource management initiative and the Public Health in the Americas Initiative, he said that PAHO viewed human resource management as one of the essential public health functions whose performance the Public Health in the Americas Initiative sought to measure. The Initiative was yielding information on human resource management and on the core competencies for training of health service personnel. One of the areas in which the Organization was working in the context of the Public Health in the Americas Initiative was reorientation of public health education. As the Subcommittee had correctly observed, the majority of public health training institutions offered only formal training at the master’s degree or doctoral level. Strategies for nontraditional in-service training were clearly needed to develop management skills among health service personnel. The Organization had also long emphasized greater linkage between the education and health sectors so that curricula in the education sector reflected what health personnel actually did in practice. In regard to personnel classification systems, he noted that some countries were moving toward a

reclassification of health occupations based on competencies. Such competency-based classification schemes might make it easier to link training and practice.

Dr. López Acuña pointed out that strengthening of human resource management was closely linked not only to the Public Health in the Americas Initiative but to the Organization's work in the area of health sector reform and strengthening of the steering role of ministries of health. PAHO had endeavored to build explicit relationships between the human resource management initiative and related initiatives. The Observatory was connected with the Clearinghouse on Health Sector Reform, which was part of a joint effort between PAHO and the United States Agency for International Development (USAID) in the area of health reform. The Organization had also tried to establish a very clear connection with the Public Health in the Americas Initiative and the exercise of measuring performance of the essential public health functions. In addition, strengthening human resource management was part of the effort to strengthen the steering role of health authorities. A crucial aspect of that steering role was the capability to utilize information and evidence to influence the training and management of human resources.

The Director noted that several of the delegates had enjoyed distinguished careers in both public health training and practice and were thus in a position to offer valuable insights into how to better articulate the two areas. One of PAHO's chief concerns was to facilitate better coordination between those who produced human resources and those who used them so that the health workforce possessed the competencies needed to meet the health needs of the population and assure that essential public health functions were being carried out. The discussion had reinforced the Organization's view that performance of essential public health functions, including management of human resources, had been neglected in the debate on health sector reform, which had been dominated by concerns relating to financing of health systems. PAHO was seeking to refocus the debate to ensure that those essential functions were being carried out.

***Health, Drinking Water, and Sanitation in Sustainable Human Development  
(Document SPP35/5)***

Dr. Mauricio Pardón (Director, Division of Health and Environment, PAHO) made the presentation on this item on behalf of his own division and the Division of Health and Human Development, which had collaborated in preparing the document. He began by describing the elements that contributed to sustainable human development: health, knowledge and access to education, sufficient access to resources, and the capacity to exercise the basic right to a standard of living adequate for health and well-being, as set out in the Universal Declaration of Human Rights. Safe drinking water and adequate sanitation were crucial to health and therefore were also crucial to sustainable human

development. Indeed, water and sanitation coverage levels had been shown to be clearly correlated with the Human Development Index.

Although considerable progress had been made in increasing drinking water and sanitation coverage in the Region, millions of people still lacked easy access to a reliable water supply and effective sanitation options. The great challenge for the countries of the Region was to achieve and maintain universal, equitable access to drinking water and sanitation services. The ministries of health had a key role to play in accomplishing that objective and in promoting an integrated approach to the management of water resources, without which it would be impossible to sustain coverage, protect water sources, and maintain good water quality. Essential functions of health ministries included surveillance of water quality, formulation of healthy public policies and development of standards and regulations, formation of partnerships and negotiation with partners at all levels (national, regional, local), development of human resources, and direct intervention in areas such as hygiene education. PAHO would continue providing technical cooperation to the ministries to build their capacity to carry out those functions.

The Subcommittee agreed on the critical contribution of water and sanitation to environmental health and sustainable human development. It also agreed that ministries of health had an important role to play in promoting universal access to good water and sanitation, although it was pointed out that a number of other sectors were involved in the delivery of water and sanitation services. Several delegates noted that in many countries entities at the provincial, state, or municipal level had primary responsibility for water and sanitation and that those entities had assumed many of the regulatory functions previously carried out by the central level. In that context, it was suggested that the principal roles for ministries of health were advocacy and negotiation with the other stakeholders involved in issues relating to water and sanitation.

The importance of protecting water sources and the contribution of water and sanitation to preservation of the environment and biodiversity were underscored. It was pointed out that ministries of health had a responsibility to call attention to the threats to water quality posed by activities such as mining, logging, and other industries that used large amounts of water and produced waste products that might contaminate natural bodies of water that served as the sole source of supply for remote rural populations. It was suggested that this might be an area in which PAHO should be involved as well. Various delegates signaled the need for indicators that reflected not only water quality and service coverage but the broader impact of water and sanitation on health and development.

A number of suggestions were made with regard to the document. It was pointed out that the introductory sections focused almost exclusively on inequity and poverty as

the determinants of inadequate water and sanitation services and poor health, and it was suggested that greater attention should be given to other determinants that affected water availability and water quality. Tourism and its impact on the fragile ecosystems of small island states was mentioned as an example of such a determinant. It was also felt that the importance of intersectoral collaboration should be stressed more, as should the roles of other ministries, communities, and women. One delegate noted that her country's experience in working with indigenous populations on water and sanitation issues had demonstrated that community participation and a sense of community ownership were essential to sustainability. It was recommended that the Secretariat include in the revised version of the document an update on progress under the plan of action for implementing the Pan American Charter on Health and Environment in Sustainable Human Development and on collaboration between PAHO, the IDB, and the World Bank in the area of water and sanitation within the framework of the Shared Agenda for Health in the Americas, which identified environmental health as one of the four program areas for joint work by the three institutions.

Dr. Pardón said that while the concepts underlying the Pan American Charter pervaded the document, the Charter had not been mentioned explicitly. That omission would be rectified in the next version. With regard to the Shared Agenda, he was pleased to report that PAHO was working with the IDB and the World Bank on the development of indicators and in the area of training. The three institutions were also discussing how they could work most effectively on water and sanitation at the country level. As part of that effort, they were identifying best practices and trying to ascertain why certain problems persisted despite years of work. Responding to a question from one of the delegates regarding Evaluation 2000, an assessment of the regional drinking water and sanitation situation in the Americas, he said that it was his understanding that evaluation had collected data from all countries in the Region. The country and regional data were available on the Web site of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS): ([www.cepis.ops-oms.org/](http://www.cepis.ops-oms.org/)) and reports on the evaluation would be available in time for the Directing Council in September 2001. The evaluation had also yielded information on other stakeholders in the area of water and sanitation.

Dr. Juan Antonio Casas (Director, Division of Health and Human Development) explained that in drafting the document the two divisions had attempted to focus—within the very broad topic of health, drinking water, and sanitation in sustainable human development—on what they considered to be the main determinant of inequities in water and sanitation, namely poverty. The number of people living in extreme poverty was very similar to the number of people without access to good water and sanitation, and the two indicators were unquestionably correlated. Nevertheless, the points raised by the delegates certainly warranted attention. In particular, the role of women and the question

of how water and sanitation issues affected women and gender inequities should be analyzed.

The Director said that it was important to bear in mind that inequity in itself inhibited sustainable human development because it limited peoples' access to the elements that contributed to that development. With respect to the role of the ministries of health, while it was true that they did not have primary responsibility for the water and sanitation sector, they did have a responsibility to advocate for changes that would bring about improvements in the area for which they did have primary responsibility: health. PAHO's function was to equip the ministries with the tools and the evidence base they needed to fulfill their unique responsibilities in the health sector and to carry out negotiation and advocacy for health with the other sectors involved in water, sanitation, and human development.

***Blueprint for the Next Generation: Dengue Prevention and Control (Document SPP35/7)***

Dr. Jorge Ramón Arias (Regional Advisor on Communicable Diseases, PAHO) began his presentation with data showing the steady rise in the incidence of dengue fever in the Americas since the mid-1990s. Especially worrisome was the increase in cases of the hemorrhagic form of the disease. If prompt action were not taken, there was a serious risk that dengue hemorrhagic fever (DHF) would become as endemic in the Americas as it was in Asia, where some countries reported hundreds of thousands of cases every year.

The document outlined the actions needed to prevent and control dengue in the Region. Above all, political commitment and support for intersectoral action—accompanied by investment of the necessary resources—were required. Experience had shown that effective dengue control would not be possible without intersectoral action and intervention to reduce the density of the mosquito vector *Aedes aegypti*, eliminate breeding sites, carry out appropriate and effective insecticide-spraying, decentralize control efforts to the local level, ensure accountability and legislative support for dengue control activities. Another major challenge was complete and accurate case-reporting. The document contained the case definition that PAHO recommended the countries use for reporting purposes. Finally, community participation and health education and communication were crucial in order to bring about the kinds of behavioral changes that would reduce mosquito breeding sites and prevent transmission of the virus. In 1999, PAHO had prepared the technical document “A Blueprint for Action in the Next Generation: Dengue Prevention and Control,” which emphasized education, communication, and community participation, and the Organization was preparing to implement a recently published set of guidelines for promoting community involvement

in dengue and DHF prevention and control. Those and other materials relating to dengue were available through the PAHO Web site: [www.paho.org](http://www.paho.org).

The Subcommittee agreed that the threat of rising rates of dengue hemorrhagic fever must be taken seriously. The need to raise awareness at the highest political levels of the DHF threat was underscored. The fact that not all countries had been affected by the disease might induce a false sense of security, and political leaders should be made aware of the danger posed by circulation of all four serotypes of virus in the Region. The Subcommittee also endorsed the prevention and control strategies set out in the document. Several additional strategies were proposed, notably increased exchange of information and case-reporting between neighboring countries and cross-border collaboration in control activities. Greater monitoring of dengue immune status in populations and serologic testing to detect subclinical cases were suggested as strategies for predicting possible outbreaks of DHF. In relation to the latter, it was pointed out that the existence of many undetected subclinical cases might account for the rising rates of DHF in some countries. Use of oral rehydration therapy in dengue patients was also recommended as a means of preventing dengue shock syndrome.

In view of the likelihood that *A. aegypti* could not be eradicated with currently available methods, it was suggested that longer-term strategies to reduce transmission of the dengue virus should be sought—in particular, greater investment in research on a dengue vaccine. One delegate expressed concern that the southward spread of the virus that caused West Nile fever into dengue-endemic areas might lead to problems with the diagnosis of dengue, since the two diseases shared some characteristics and were caused by related flaviviruses.

Intersectoral action, community education and participation, and mobilization of resources from donors were seen as essential to dengue control efforts. Several delegates emphasized the key role of the education sector in promoting behavioral change and engaging the community in vector control, as well as research into more effective vector control methods. Several questions were asked regarding PAHO's progress in mobilizing resources from Rotary International and other donors. In that regard, it was pointed out that indicators should be developed to measure the effectiveness of community participation and behavior modification techniques and to show donors that their contributions were having an impact.

Dr. Arias agreed that it would not be possible to eradicate *A. aegypti* in the foreseeable future. However, the Organization did believe that the vector could be brought down to manageable levels. PAHO was promoting behavioral change as a means of achieving that objective and reducing transmission of the virus in the long term. Although development of a vaccine would be the ideal solution, vaccine researchers felt

that it would be many years before one was available. In the meantime, it was necessary to employ strategies that sought to eliminate mosquito breeding sites and reduce vector infestation of households by educating and changing the behavior of the population.

While serologic testing would indeed yield useful information about subclinical cases and prevalence of antibodies, it was probably not feasible to carry out such testing on a large scale. Rather, reporting systems should be improved and all countries should report clinical as well as confirmed cases. For that reason, PAHO advocated the use of the standard case definition included in the document.

In response to a question from one of the delegates concerning internal and external collaboration on dengue control, Dr. Arias reported that PAHO was working with the WHO Collaborating Centers in Puerto Rico and Cuba, especially in developing health education and communication methods. The Organization was also negotiating a joint project with the IDB. Within PAHO, the Division of Disease Prevention and Control was collaborating with other divisions and with CEPIS. At the country level, the Organization was working with organizations such as Argentina's "ecoclubs," through which it was involving young people in environmental activities designed to further dengue control.

The Director added that the idea behind PAHO's approach was that dengue control was basically synonymous with primary environmental care and that one of the most effective ways of promoting behaviors that would reduce dengue was to seed the idea of good environmental behavior among children and women. The Division of Disease Prevention and Control and the Division of Environment and Health were therefore working through clubs, schools, and other community groups and institutions to get children and their families involved in emptying water reservoirs and eliminating other potential breeding sites. When such an approach was backed by the support of political leaders, it would yield significant and sustainable results. Nevertheless, in order for the dengue control strategies described in the document to work, all countries—even those in which dengue was not currently a serious problem—must be involved. One of the failures of previous efforts to control the vector had been that not all countries had participated.

In regard to mobilization of resources, the Organization had approached Rotary International about the idea of taking up dengue as an issue for worldwide Rotary support. Not much progress had been made to date, but some within Rotary had indicated that the organization might be willing to turn its attention to dengue after polio had been eradicated. PAHO was pleased that the Government of Canada had recently provided a substantial contribution of resources for the prevention and control of various communicable diseases, including dengue. He hoped that other countries would follow

Canada's lead in the spirit of the Summit of the Americas, which had emphasized the need for the countries to work together to combat communicable diseases.

***Health Promotion (Document SPP35/9)***

Dr. María Teresa Cerqueira (Director, Division of Health Promotion and Protection, PAHO) recalled that the current health promotion movement had grown out of the Lalonde Report, produced by Health Canada in 1974, and the subsequent adoption of the Ottawa Charter for Health Promotion by the First International Conference on Health Promotion in 1986. The Charter had identified five key areas for health promotion: creation of supportive environments, health public policy, community empowerment, development of personal life skills, and reorientation of health services toward health promotion. Since then, evidence had shown the effectiveness of those five strategies. Nevertheless, few countries had seriously invested in health promotion. PAHO was working to help the countries strengthen their capacity to position health promotion high on political agendas, implement health promotion strategies, plan and evaluate health promotion actions, and put in place the necessary resources and infrastructure.

The document outlined the chief outcomes of the Fifth Global Conference on Health Promotion (Mexico, 2000), at which the countries of the Americas had committed themselves to strengthening health promotion planning for action; the progress to date and the lessons learned from health promotion initiatives in various countries of the Region; and the main lines of PAHO's technical cooperation in this area. The document also described the structure of the Division of Health Promotion and Protection and the way in which it was integrating the technical areas managed by its various programs and centers with the health promotion strategies in order to better support the countries in implementing those strategies and integrating them with their own priorities in the areas of family and population health, food and nutrition, and mental health.

The Subcommittee applauded PAHO's long-standing commitment to integrating health promotion into its policies and programs. It was pointed out that virtually every program considered by the Subcommittee at the 35th Session was benefiting from the application of basic health promotion principles. Various delegates shared information on health promotion initiatives under way in their countries or subregions. In particular, the Caribbean Cooperation in Health Strategy—in which the health promotion strategies were being applied in dealing with eight priority health issues—was mentioned as an example of the kind of integrated approach described in the document. The Subcommittee emphasized the need for continued partnership and exchange of best practices among the countries in order to advance health promotion efforts in the Region.



The need for intersectoral collaboration, especially with the education sector, was underscored. Several delegates pointed out that, in order to be most effective, health promotion must be combined with policy, economic, and regulatory measures. As had been noted in the discussion of tobacco control, for example, health promotion initiatives aimed at bringing about behavioral change must be complemented by bans on tobacco advertising and other measures to achieve the greatest health gains. Nevertheless, it was emphasized that the health sector should continue to play the leading role in health promotion efforts.

Several specific suggestions were made regarding PAHO's technical cooperation in the area of health promotion. It was pointed out that the Organization had developed considerable expertise in the use of social marketing and communications for health promotion and could assist the countries in enhancing their capacity in that area and in incorporating marketing and communications professionals into health teams. Another way in which the Organization could assist countries was in research, evaluation, and development of indicators to build the evidence base that would show the impact of health promotion activities in terms of improved health and social outcomes. In that connection, it was suggested that the document might be enhanced by the addition of specific desired outcomes for the strategies proposed. PAHO was also asked to help the countries find creative and cost-effective ways of implementing the commitments emanating from the Fifth Global Conference on Health Promotion.

Finally, the Delegate of Uruguay, host country for the Latin American Center for Perinatology and Human Development (CLAP), reaffirmed his country's support for the Center, which is part of the Division of Health Promotion and Protection.

Dr. Cerqueira thanked the delegates for sharing information on successful health promotion initiatives in their countries. PAHO was very interested in continuing to build a body of lessons learned, case studies, and best practices to enrich the knowledge and information base in all countries. Research and evaluation were crucial, as the Subcommittee had noted. A framework and methodology were required to make it possible to evaluate the rich diversity of experiences across the Region and extract the evidence needed to demonstrate the effectiveness of health promotion activities. The Division would try to develop quantitative as well as qualitative indicators to enable countries to gauge the impact of health promotion. It would also incorporate specific outcomes into the document for each of the strategies.

The Director expressed the Organization's gratitude to Uruguay for its support of the Latin American Center for Perinatology and Human Development. He pointed out that, like mental health, the area of health promotion was extremely broad. The Division of Health Promotion and Protection was trying to narrow the scope of its action and focus

on ensuring that the essential health promotion strategies were applied in the three programmatic areas for which it was responsible. While it would work with other divisions to incorporate health promotion approaches into other aspects of the Organization's technical cooperation, the emphasis in the Division's work would be on (1) the spaces in which the strategies would be applied, (2) application of the strategies in specific thematic areas to show that they had relevance in real life, and (3) the impact of their application in specific areas to produce specific outcomes. Hence, it would seek to demonstrate that the basic health promotion strategies could be applied, for example, in developing healthy public policies in regard to tobacco control, that the strategies could be applied in certain spaces, such as schools, and that their application would lead to improved health outcomes. He was confident that this focused approach would be beneficial for health promotion in general and for the countries in particular.

### **Other Matters**

The Director explained that the Secretariat had considered it advisable to update the SPP on several matters of concern to the public health community in the Region. Although no formal documents had been prepared for most of these information items, he was open to the possibility of preparing documentation and forwarding the items to the Executive Committee if the Members considered it advisable. Brief oral reports were presented on the following topics:

#### ***International Health Regulations (Document SPP35/INF/1)***

Dr. Marlo Libel (Regional Advisor on Communicable Diseases, PAHO) outlined the changes in the global health situation that had prompted a revision of the International Health Regulations adopted in 1969 and summarized the main provisions of the revised regulations currently being circulated for consideration by Member States, international agencies, and other stakeholders. More detailed information was included in the document prepared by the Secretariat on the subject.

The Subcommittee recommended that a report on the International Health Regulations also be presented to the Executive Committee in June. Dr. Libel was asked to explain what impact the revision of the International Health Regulations might have on the Pan American Sanitary Code and to elaborate on the "real-time" reporting and rapid assessment approach to which he had alluded in his presentation. The need for ongoing consultation with the countries during the revision process was underscored.

Dr. Libel replied that the revision of the International Health Regulations would not affect or conflict with the Pan American Sanitary Code in any way. The Regulations

were aimed specifically at the control of communicable diseases, whereas the Code was much broader in scope. The idea behind confidential reporting was that information about health events of potential international importance would be communicated in the earliest possible stages to WHO through its country offices, which would trigger a process of consultation and investigation that would also involve the WHO Collaborating Centers. The aim was to provide the countries with the necessary epidemiological and laboratory capacity to enable them to rapidly assess the situation and determine whether it posed an international health risk.

The Director pointed out that one of the drawbacks of instant communication via the Internet was that rumors regarding disease outbreaks could spread rapidly. It was important to have a confidential reporting mechanism in order to quell such rumors and maintain the trust of the countries, and it was also essential to build capacity for rapid response and assessment at the country level. He emphasized that, in order for the International Health Regulations to work, there must be collaboration between the countries and WHO.

It was agreed that this item would be sent forward to the Executive Committee.

### ***Strategic Plan for the Pan American Health Organization for the Period 2003-2007***

Dr. Karen Sealey (Chief, Office of Analysis and Strategic Planning, PAHO) presented an overview of the strategic planning process that would lead to the development of the Organization's Strategic and Programmatic Orientations (SPOs) for 2003-2007. She began with some background on strategic planning within PAHO and then summarized the results of an analysis of current planning processes, which would inform building the plan for the next period. The analysis had suggested several ways in which the next Strategic Plan should be different, including the formulation of measurable objectives to track performance and progress; continuous monitoring of the alignment of biennial programs with the Strategic Plan, with quick and appropriate realignment of programs where warranted; and use of anticipatory tools to enable the Secretariat to develop and test future-focused policies and strategies.

The Secretariat would be conducting an organizational assessment and would also be undertaking an analysis of the external environment, stakeholders, and mandates that would guide the development of the Strategic Plan for 2003-2007. The results of those exercises would be utilized to identify the principal strategic issues to be addressed in the next period and develop strategic objectives and performance measures. A draft version of the Strategic Plan would be submitted to the Subcommittee at its 36th Session in March 2002 and then, after revision, would be forwarded to the Executive Committee in

June of that year. The final version would be examined by the Pan American Sanitary Conference in September 2002.

The Members welcomed the opportunity to become engaged in the early stages of strategic planning for the next period and recommended that a document on the subject should be prepared for discussion by the Executive Committee. The Secretariat was encouraged to continue seeking the involvement of all levels of the Organization in developing the Strategic Plan.

Dr. Sealey said that she would discuss with the Director the possibility of adding a presentation and document on the strategic planning process to the Executive Committee's agenda. Alternatively, a half-day workshop might be held immediately prior to the Committee's June 2001 session in order to obtain additional input from health ministers and other national officials. Support was voiced for the latter idea.

### ***Preparations for the Centennial of the Pan American Health Organization***

Ms. Bryna Brennan (Chief, Office of Public Information, PAHO) updated the Subcommittee on the status of the plans for celebrating the Organization's Centennial in 2002. Information on the planned activities may be found in Document CE126/20, which was presented to the Executive Committee in June 2000. She encouraged Member States to continue nominating "Champions of Health" and "Public Health Heroes."

### ***Poliomyelitis Outbreak on Hispaniola***

Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization, PAHO) reported on an outbreak of polio detected in the Dominican Republic and Haiti in 2000 and on the measures that had been taken subsequently to control the outbreak and prevent any future cases. Studies had indicated that the cases were caused by vaccine-derived strains, not wild poliovirus. Dr. de Quadros stressed the need to maintain high levels of oral poliovirus vaccination and surveillance of acute flaccid paralysis in all countries.

### ***Foot-and-Mouth Disease***

Dr. Albino Belotto (Regional Advisor in Veterinary Public Health, PAHO) presented information on the situation of foot-and-mouth disease (FMD) in the Region, the control and prevention strategies implemented in the Americas, and the implications of recent outbreaks of the disease in Europe. A meeting of the South American Foot-and-Mouth Disease Control Commission (COSALFA) being held on the same dates as the Subcommittee session was expected to yield updated recommendations for strengthening FMD control and protecting the Region against imported cases.

Dr. Steven Corber (Director, Division of Disease Prevention and Control, PAHO) emphasized that countries of the Region deserved congratulations for their tremendous progress toward eradicating foot-and-mouth disease. Nevertheless, the experience in Europe showed how rapidly the situation could change and underscored the need to be ever vigilant. The Organization also needed to continue striving to enhance its technical cooperation and provide the countries with the most up-to-date information and services.

The Subcommittee stressed the need for transparency, rapid reporting of any cases detected, and collaboration between countries in order to contain recent outbreaks in the Region, check further spread of the disease, and reduce the disease's economic consequences. It recommended that this item be forwarded to the Executive Committee.

The Director said that foot-and-mouth disease would be discussed by the Executive Committee when it considered the report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA XII), to be held in early May 2001. He also noted that recent events had illustrated the importance of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA). He hoped that the Member States would agree to allocate sufficient resources for the Center to enable it to take a proactive approach to FMD control in the Region.

### ***Bovine Spongiform Encephalopathy (BSE)***

Dr. Corber provided general information about transmissible spongiform encephalopathies, including BSE, and data on numbers of cases of BSE in cattle and variant Creutzfeld-Jakob disease in humans in Europe since 1994. He emphasized that no indigenous case of BSE had ever been found in the Region of the Americas. A PAHO/WHO expert consultation on BSE, scheduled for 9-11 April 2001 in Montevideo, Uruguay, would afford the countries the opportunity to obtain the latest technical and scientific information in order to formulate scientifically-based policies regarding BSE. In addition, the Director General of the International Office of Epizootics (OIE) would be making a presentation to RIMSA XII on the current situation of BSE. The Organization recommended that countries follow the provisions of the OIE Zoosanitary Code relating to import/export of foods of animal origin. PAHO would be pleased to advise countries on the interpretation and application of those provisions.

In the Subcommittee's discussion, one delegate inquired about criteria for setting policies on products containing animal by-products that might pose a risk to humans, including some drugs, vaccines, cosmetics, blood derivatives, and infant formulas.

Dr. Corber responded that the OIE guidelines specified the kinds of products that were considered safe. The prions that caused BSE tended to concentrate in certain tissues

(brain, spinal cord, thymus, tonsil, spleen, and intestine) and products containing those tissues carried the greatest risk. Generally, gelatin and milk products were considered safe. Owing to concerns about the risk of prion transmission through blood and blood products, some countries had banned blood donations from people who had traveled or lived in risk areas. The risks associated with blood transfusion would be analyzed at the Uruguayan consultation, as would the risks posed by other products of animal origin.

The Director pointed out that the experience of Europe had clearly shown that ministries of health needed to be prepared to analyze risks in order to provide accurate information and recommend appropriate courses of action. The main focus of the Organization's work in relation to BSE was therefore to enhance the ministries' capacity for risk analysis and management.

### ***Repair and Reconstruction of the Health System in El Salvador***

Dr. Lidia Eugenia Orellana de Nieto (El Salvador) reported to the Subcommittee on the damage sustained by the health system in her country as a result of two strong earthquakes in January and February 2001 and outlined the main features of the program for repair and reconstruction of the system. Under the program, health care infrastructure would be reconstructed or rehabilitated at the three levels of care with a view to reducing vulnerability and strengthening the country's health system in the long term. The reconstruction program would support the overall health reform process under way in El Salvador, which sought to create interconnected networks of services and maximize the capacity of first- and second-level health facilities to resolve the health problems detected in their respective geographic areas in order to avoid overburdening tertiary-care facilities with patients who could be treated at other levels.

Although the period following the earthquakes had been difficult and painful, it had provided some valuable lessons that would serve the country well in preparing for and mitigating the impact of future natural disasters on the health system. Moreover, it had obliged a reprioritization of essential public health functions that might have been somewhat neglected prior to the earthquakes.

The Director said that he had personally seen the tremendous damage wrought by the earthquakes and felt that El Salvador's health workers were deserving of great praise for their success in avoiding any serious outbreaks of infectious disease following the disasters and for continuing to meet the population's health needs under extremely difficult conditions.

### **Closing of the Session**

The Director expressed his gratitude to the President for his efforts to assure ample participation and discussion by all participants. The extent to which the participants had prepared for the session and their thoughtful comments were truly rewarding for the many staff members who had spent long hours preparing the documents.

Alluding to the Summit of the Americas to be held in Canada in April, the President noted that, although the media had focused mainly on trade issues, PAHO had worked hard to ensure that health concerns would figure prominently on the agenda. He encouraged the participants to endeavor to draw attention in their countries to the good that the Summit would do for health in the Region. He then thanked the participants for their contributions to the Subcommittee's deliberations and declared the 35th Session closed.

Annexes

## **AGENDA**

1. Opening of the Session
2. Election of the President, Vice President, and Rapporteur
3. Adoption of the Agenda and Program of Meetings
4. Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003
5. Management of Human Resources in the Health Sector
6. Health and Sustainable Human Development
7. Review of the Process for Equitable Representation of Member States in the Governing Bodies of the Pan American Health Organization  
(item withdrawn by the Government of Venezuela)
8. Control of Dengue Fever
9. Framework Convention on Tobacco Control
10. Health Promotion
11. Mental Health
12. Other Matters



## LIST OF DOCUMENTS

### Working Documents

SPP35/1, Rev. 1	Agenda
SPP35/2	List of Participants
SPP35/3	Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003
SPP35/4	Management of Human Resources in the Health Sector
SPP35/5	Health, Drinking Water, and Sanitation in Sustainable Human Development
SPP35/7	Control of Dengue Fever
SPP35/8 and Corrig.	Framework Convention on Tobacco Control
SPP35/9	Health Promotion
SPP35/10 and Corrig.	Mental Health

### Information Documents

SPP35/INF/1	Revision of the International Health Regulations: Progress Report
	Reports on:
	- Strategic Plan for the Pan American Health Organization for the Period 2003-2007
	- Preparations for the Centennial of the Pan American Health Organization
	- Poliomyelitis Outbreak in Hispaniola
	- Foot-and-Mouth Disease
	- Bovine Spongiform Encephalopathy (BSE)



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