

PAN AMERICAN HEALTH ORGANIZATION WORLD HEALTH ORGANIZATION

137th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 30 September 2005

CE137/FR (Eng.) 30 September 2005 ORIGINAL: ENGLISH

FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 137th Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., on 30 September 2005. The session was attended by representatives of the following nine Members of the Executive Committee elected by the Directing Council: Antigua and Barbuda, Argentina, Barbados, Canada, Costa Rica, Chile, Cuba, Panama, and Venezuela. Present in an observer capacity were representatives of Mexico, Puerto Rico, and the United States of America.

2. Ms. Ginny Gidi (United States of America, outgoing President of the Executive Committee) opened the session and welcomed the participants, extending a special welcome to the new Members elected by the 46th Directing Council: Antigua and Barbuda, Chile, and Panama.

Procedural Matters

Election of Officers

3. Pursuant to Rule 15 of its Rules of Procedure, the Committee elected the following Member States to serve as officers for its 137th and 138th sessions (Decision CE137(D1)):

President:	Argentina	(Dr. Carlos Vizzotti)
Vice President:	Costa Rica	(Dr. María del Rocío Sáenz Madrigal)
Rapporteur:	Canada	(Ms. Melissa Follen)

4. Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau (PASB), served as Secretary ex officio, and Dr. Joxel García, Deputy Director of PASB, served as Technical Secretary.

Adoption of the Agenda (Document CE137/1)

5. Pursuant to Rule 9 of its Rules of Procedure, the Committee adopted the provisional agenda prepared by the Director (Decision CE137(D2)).

Committee Matters

Election of One Member to the Subcommittee on Planning and Programming

6. The Committee elected Venezuela to serve on the Subcommittee on Planning and Programming on the expiration of the period of office of the United States of America on the Executive Committee (Decision CE137(D3)).

Election of One Member to the Standing Committee on Nongovernmental Organizations

7. The Committee elected Panama to serve on the Standing Committee on Nongovernmental Organizations on the expiration of the period of office of the United States of America on the Executive Committee (Decision CE137(D4)).

Governing Body Matters

Proposal on the Process for Streamlining the Governance Mechanisms of PAHO (Document CE137/3)

8. Dr. Philippe Lamy (Area Manager, Governance, Policy, and Partnerships, PAHO) introduced Document CE137/3, which contained a proposal for streamlining the governance mechanisms of PAHO, prepared by the Secretariat pursuant to a decision taken by the Executive Committee at its 136th Session (Decision CE136(D3)). He began by reviewing the background to the proposal, which in addition to the aforementioned Executive Committee decision included the report of the Working Group on PAHO in the 21st Century (Document CD46/29), the Director's report on institutional strengthening of PASB (Document CD46/15, Rev. 1), the special report and recommendations of the External Auditor (Documents CD45/29 and CD46/35), the matrix prepared by the previous President of the Executive Committee showing the linkage between the recommendations arising from the various changes processes under way in PAHO (www.paho.org/english/gov/ce/matrix-e.pdf), the report of the United Nations Joint Inspection Unit (Document CD46/23, Add. I) and Resolution CD46.R2, adopted by the recently concluded 46th Directing Council at the recommendation of the previous session of the Executive Committee, which called on the Director to implement all the recommendations arising from the various change processes.

9. With regard specifically to the reform and streamlining of the Subcommittees of the Executive Committee, the background to the proposal included the report of the 21st Session of the Subcommittee on Women, Health, and Development (Document MSD21/FR), the report of the 39th Session of the Subcommittee on Planning and

Programming (Document SPP39/FR), and the review of the working methods of the Executive Board and its subsidiary bodies undertaken pursuant to Resolution WHA54.22, as a result of which the Executive Board had decided to abolish three of its committees and merge them into a single committee, the Program, Budget, and Administration Committee (PBAC). Documentation on that review process at WHO was circulated to the Executive Committee. One of the recommendations of the Working Group on PAHO in the 21st Century had been that PAHO should establish either a program, budget, and administrative committee similar to the PBAC at WHO or a standing audit and evaluation committee comprising the head of the internal auditing office of the Organization and elected representatives from Member States, Associate Members, and the Bureau. Along the same lines, the Joint Inspection Unit had recommended that the Subcommittee on Planning and Programming should assume advisory and oversight responsibilities and that an oversight committee should be established to ensure the implementation of oversight recommendations.

10. The proposal presented in Document CE137/3 outlined and provided background information on the three main issues identified by the Executive Committee in Decision CE136(D3), namely, reform and simplification of the two Subcommittees, examination of the process for the election of the Director of PASB with a view to making it more formal and transparent – which had also been a recommendation of the Working Group on PAHO in the 21st Century – and improvement of the rules and procedures of the Governing Bodies. It was proposed that the 137th Session of the Executive Committee should appoint an open-ended working group, consisting of Member States currently serving on the Committee, with a chairman also to be elected from among current Committee Members, to study those issues and formulate recommendations thereon, to be presented to the 138th Session of the Committee in June 2006 and then to the 47th Directing Council for final approval in September 2006. Argentina, Canada, Costa Rica, and Cuba had already expressed interest in being members of the group.

11. The Secretariat would provide administrative support, documentation, and translation services for the working group and would finance participation in its meetings for representatives of the core group of countries appointed by the Executive Committee. It would also facilitate communication among working group members through the establishment of a specific link on the PAHO webpage and the creation of a special electronic address for the transmission of information among members and between Members and the Secretariat.

12. The Executive Committee welcomed the proposal, which it felt responded to the requests of the Committee and of the 46th Directing Council. The Committee agreed to appoint Argentina, Barbados, Canada, Costa Rica, and Cuba as members of the working group and, at the suggestion of the Delegate of Cuba, designated Canada as its Chair. It further agreed that at the working group's first meeting, to be held before the end of

2005, it should define its working methods, timetable, participants, and governance mechanisms.

13. A Member suggested that, as the United States of America had been directly involved in the processes that had led to the creation of the working group, it should be invited to be a member. The Director pointed out that the Executive Committee had agreed at its 136th Session that the group's membership would consist of current Members of the Committee; hence, the United States was not eligible to serve as a representative of the Executive Committee on the group. However, as the working group would be an open-ended body, any PAHO Member State would be welcome to participate in its deliberations. She also noted that PAHO was utilizing the WHO definition and rules concerning open-ended committees (Rule 16 of the WHO Executive Board) because it did not have any rules of its own in that regard. She suggested that that was one of the governance issues that should be addressed by the working group.

14. With respect to the topics to be dealt with by the working group, it was suggested that, in addition to those identified in Document CE137/3, the group should also be charged with monitoring the implementation of the recommendations of the Working Group on PAHO in the 21st Century. However, several Members expressed the view that, at least initially, the group should focus on the three issues identified by the Executive Committee in Decision CE136(D3) in order to be able to meet the timetable for presentation of recommendations to the Directing Council. It was also pointed out that monitoring the implementation of the recommendations was a function of the wider Executive Committee and its Subcommittee on Planning and Programming. The Director noted that the Secretariat had been mandated by both the Executive Committee and the Directing Council (Resolutions CE136.R3 and CD46.R2) to report on the implementation of the various sets of recommendations. Accordingly, the Secretariat would draw up a plan for implementing the recommendations, which would be presented to the SPP at its 40th Session in March 2006. It was thus agreed that, for the time being, the working group would focus only on the matters identified in Decision CE136(3) and Document CE137/3.

15. The Committee adopted Decision CE137(D5).

Dates and Proposed Topics for the 40th Session of the Subcommittee on Planning and Programming

16. The Director proposed that the 40th Session of the Subcommittee on Planning and Programming (SPP) be held from 20 to 22 March 2006. Members proposed that the following topics be discussed, if not by the SPP at its 40th Session then at some point during the 2006 cycle of Governing Body meetings:

- marginalized populations, with particular emphasis on health of indigenous peoples
- human resources for health in the Americas, from the standpoint of both supply and needs, also possibly addressing the issue of migration of health personnel
- update on preparedness for an influenza pandemic in the Americas
- oral health in the Americas
- newborn health and maternal health
- immunization, with a particular focus on use of new and innovative vaccines, rubella reduction in the Americas, and maintenance of the Region's polio-free status
- disability and rehabilitation
- kidney health
- suicide
- citizen participation in health/healthy lifestyles, healthy environments and social co-responsibility for health
- health promotion and PAHO's response to the work of the WHO Commission on Social Determinants of Health

17. The Director noted that the Subcommittee would need to examine several reports at its 40th Session, some of which arose from earlier discussions within the Executive Committee, while others had been mandated by the Directing Council, either at the recently concluded 46th Session or at previous sessions. Those reports included:

- a progress report from the working group on streamlining of PAHO governance
- an update on the process of institutional strengthening, including the plan of action for implementing the recommendations on results-based management of the United Nations Joint Inspection Unit
- a report on the proposed methodology for formulating the strategic plan for PAHO for 2008-2012
- a progress report on the strategy for the Pan American centers
- draft strategy for resource mobilization (one of the projects included in the Roadmap for Institutional Transformation)

18. In addition, during the cycle of meetings for 2006, several other progress reports and regional strategies had to be submitted to the Governing Bodies, although not all of them necessarily had to be examined first by the Subcommittee on Planning and Programming before being presented to the Executive Committee or the Directing Council. They included the regional strategy on diet, physical activity, and health; a proposal for a regional strategy on integrated prevention and control of chronic diseases; and a regional strategy and plan of action on nutrition and development. The Secretariat would also be presenting an update on what had been done to launch a regional forum on public health in the Americas.

19. Regarding the items proposed by Member States, she pointed out that, in order to prepare appropriate documentation, the Secretariat needed to know what orientation and emphasis the proposing countries wished to see. She suggested that within the following month the technical personnel responsible for each area should consult with the proposing countries to determine how the various items would be approached and whether they would be presented to the SPP, the Executive Committee, and/or the Directing Council or, in the case of matters to be examined by the World Health Assembly, whether the discussion within PAHO should await the outcome of the global discussion. The Secretariat would then propose an agenda for the SPP.

20. The Committee decided that the 40th Session of the Subcommittee on Planning and Programming would be held from 20 to 22 March 2006 and agreed that, as was customary, it would authorize the Secretariat to draw up the agenda, taking into account the topics proposed by Member States (Decision CE137(D6)).

Dates of the 138th Session of the Executive Committee

21. At the suggestion of the Director, the Committee decided to hold its 138th Session from 19 to 23 June 2006 (Decision CE137(D7)).

Dates of the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas

22. At the suggestion of the Director, the Committee decided that the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas, would take place at PAHO Headquarters in Washington, D.C., from 25 to 29 September 2006 (Decision CE137(D8)).

Program Policy Matters

Implications for the Region of the Americas of the International Health Regulations (Document CE137/4)

23. Dr. Marlo Libel (Adviser in Communicable Diseases, PAHO) introduced Document CE137/4, which outlined PAHO's plans for supporting Member States in implementing the revised International Health Regulations (IHRs), adopted in May 2005 by the World Health Assembly (Resolution WHA58.3). He began by reviewing the obligations incumbent upon Member States and upon WHO and its regional and country offices under the revised IHRs. He also noted that the emergence of a new and highly pathogenic strain of avian influenza and the threat of an influenza pandemic called for acceleration and improvement of PAHO's technical cooperation with regard to epidemic preparedness, alert, and response. To address that need and to meet its obligations under the IHRs as the Regional Office of WHO for the Americas, PAHO would direct its efforts towards enhancing epidemic alert and response activities and strengthening the national capacities needed to implement the new Regulations.

24. In particular, PAHO would provide support to countries for the strengthening of regulatory capacity through the definition of policies, norms, regulations, and institutional responsibilities; the exchange and dissemination of information between ministries of health and other agencies of government; the investigation of disease outbreaks; and the detection of and response to specific diseases and threats. In keeping with the importance that PAHO attached to the subregional level, it would continue working to enhance subregional networking through the improvement of communication and the exchange of information between countries within the various subregional groups, as well as the harmonization of norms and procedures and the coordination of actions for dealing with public health problems, especially in border areas.

25. At the regional level, PAHO would continue improving its ability to coordinate the collection of information and support countries in responding to public health emergencies of international concern, as defined under the new IHRs, including inventorying available resources and supplies and mobilizing needed resources. The biennial program budget recently approved by the 46th Directing Council included an allocation for epidemic alert and response, which included not only resources for implementation of the International Health Regulations but also resources for the response to a potential influenza pandemic. In that regard, PAHO had identified the following specific lines of action: improving national response capacity, strengthening subregional networks, enhancing coordination within PAHO and with WHO, and developing PAHO's capacity for managing information and knowledge. In addition, the Organization needed to identify, in consultation with Member States, which priority diseases in the Region, in addition to the four identified in the revised Regulations (influenza, smallpox, polio caused by wild poliovirus, and severe acute respiratory syndrome (SARS)), would be considered notifiable diseases and then, depending on the diseases identified, to establish appropriate technical cooperation plans.

26. According to the timetable for implementation set out in the resolution adopting the revised IHR, the Regulations would enter into force in June 2007. By 2009, countries were expected to have assessed their core capacities for surveillance and response and for designated points of entry. Progress reports would be submitted to the World Health Assembly in 2009. Countries would then have until 2012 to address the deficiencies identified by the assessments and ensure that the necessary core capacities were in place.

27. In the discussion that followed, a delegate pointed out that countries were being asked to enact an increasing number of international regulations or implement international instruments. The International Health Regulations were the latest example. The Framework Convention on Tobacco Control, adopted the previous year, was another. Some countries, particularly small ones that lacked the necessary infrastructure, would likely have difficulty implementing the Regulations and fulfilling their reporting requirements. The delegate inquired whether the PAHO country offices would be able to assist countries in providing the required information to WHO in order to ensure that the Regulations were implemented on schedule.

28. Dr. Libel acknowledged that small countries would have more difficulty in meeting their obligations under the Regulations. One of the strategies that PAHO would be using to support such countries would be to ensure that certain core capacities were available at the subregional level. For example, not all countries in the Caribbean could be expected to develop the necessary laboratory capabilities, and an arrangement would therefore be made for the Caribbean Epidemiology Center (CAREC) to provide laboratory services for the subregion. In addition, country support would indeed be provided by each country office, and the offices would have funds included in their program budgets to enable them to facilitate the delivery of technical cooperation for that purpose. Regular budget funding would not be sufficient, however, and PAHO was therefore prepared to assist countries in mobilizing additional resources so that they would be able to fulfill their obligations in relation to the Regulations.

29. The Director suggested that the Committee might wish to adopt a decision covering this item and the item on the planning for a potential influenza pandemic, as the two were closely related. The Committee agreed with that suggestion and, following consideration of the influenza item, adopted Decision CE137(D9).

Contingency Plan for an Influenza Pandemic (Documents CE137/5 and CE137/INF/1)

30. Dr. Otavio Oliva (Regional Advisor on Viral Diseases, PAHO) presented an overview of PAHO's strategic and operational plan for responding to pandemic influenza in the Region, noting that the plan remained a work in progress and that the Secretariat was seeking input from the Executive Committee in order to continue perfecting it. The version that had been circulated to the Committee (Document CE137/INF/1) reflected the status of regional influenza pandemic planning as of 23 September 2005.

31. The plan was being developed by an interprogrammatic, multidisciplinary task force created by the Director to advise on, enable, coordinate, and monitor PAHO's activities in relation both to influenza pandemic preparedness and response and to the implementation of the International Health Regulations in the Americas. The task force was coordinated by the Assistant Director and included representatives of all the Organization's technical areas of work, as well as representatives of the country offices and Pan American centers. Representatives of four subregions also participated.

32. The plan's objectives were to orient PAHO technical cooperation, ensuring that the activities needed to prepare the Region for an influenza pandemic were, in fact, carried out; to assist countries in developing their national influenza pandemic preparedness plans; and to support countries in implementing the activities needed to mount an effective response to a pandemic. The objectives corresponded to the three phases of the plan: pre-pandemic, emergence of pandemic virus, and pandemic declared and spreading internationally. Each objective had expected results, indicators, and programmed activities. In developing the plan, the task force had taken into consideration the directives given by the Governing Bodies of PAHO and WHO on the subject, the phase-specific approach set forth under the WHO strategic plan, the WHO Global Influenza Preparedness Plan, the WHO checklist for influenza pandemic preparedness planning and other WHO documents and guidelines, and countries' national influenza preparedness plans. In regard to the latter, he appealed to countries that had developed plans or were in the process of drafting them to submit them to the Secretariat as they were a rich source of information and ideas for the Organization's own planning. He also noted that WHO had revised guidelines to assist countries in developing pandemic preparedness plans and that PAHO had translated and disseminated them in the Region.

33. Another consideration in developing the strategic and operational plan had been the new International Health Regulations, which called on countries to develop the core capacities needed to detect and respond to diseases such as influenza. The effectiveness of national influenza preparedness plans would depend on the degree to which those core capacities had been developed. PAHO therefore viewed the formulation of national plans as an opportunity to develop the capacities needed to implement the Regulations. 34. The next steps would be to continue revising the plan and to develop a budget and timeline for implementation of the activities detailed therein; to broaden consultation on the plan; to mobilize additional resources; to build capacity at country level, for which purpose task forces on influenza preparedness and implementation of the International Health Regulations would be created in the country offices; to continue the development of national influenza pandemic preparedness plans with PAHO support; and to organize an expert consultation meeting on the use of non-pharmaceutical public health measures during a pandemic period.

35. The Executive Committee welcomed the strategic and operational plan and expressed appreciation for PAHO's work with countries to help them develop similar plans at the national level. The development of country preparedness plans was seen as critical to success in dealing with an influenza pandemic in the Region. It was stressed that such plans must be multisectoral, given the economic and social impacts that a pandemic would have. Members also emphasized the need to strengthen surveillance, particularly during the pre-pandemic phase. PAHO was encouraged to assist countries in adapting and enhancing their epidemiological and serological surveillance systems as needed to respond to a pandemic.

36. The Committee acknowledged the close link between influenza pandemic preparedness and the International Health Regulations and applauded PAHO's efforts to assist countries in strengthening the core capacities required under the IHR as part of their influenza pandemic planning. One delegate observed that the influenza pandemic would probably be the first test case for the new Regulations.

37. It was noted that several meetings on influenza pandemic preparedness would be held in the coming months, including a meeting of the International Partnership for Avian Influenza Pandemic Preparedness, an initiative of the United States Government, and the partners meeting on avian influenza and human pandemic influenza to be held at WHO Headquarters in November 2005, which would examine various issues relating to pandemic preparedness, including resource needs and resource mobilization mechanisms. In that connection, a Member asked the Secretariat to expound on its plans for mobilizing the resources needed to fully implement the strategic and operational plan.

38. Dr. Oliva affirmed that PAHO was working on influenza preparedness plans under the umbrella of the IHR because the development of those plans and the effectiveness of the response to an influenza pandemic would depend on the existence of the core capacities called for under the Regulations. Concerning surveillance, he noted that the Organization had a long history of providing technical cooperation in that area and in relation to influenza preparedness. It had been working for years to strengthen surveillance and laboratory capacity in countries. There were now 14 national influenza centers in the Region, and since 2000, with support from the United States Centers for

Disease Control and Prevention (CDC), PAHO had provided training in influenza laboratory techniques to laboratory personnel from every country in the Region. In addition, biannual workshops on influenza surveillance and laboratory techniques had been offered.

39. The Director recalled that the update on influenza preparedness had been presented in response to requests from Member States made during several meetings, including, most recently, the 136th Session of the Executive Committee. The main aim of the presentation had been to present a model that countries might emulate in developing their own intersectoral and interprogrammatic preparedness plans. In that regard, she encouraged Member States to consider pandemic planning as an opportunity to strengthen their health and surveillance systems and their immunization programs. In her view, while the threat of an influenza pandemic should certainly be taken seriously, there was no cause for panic. Positive steps were being taken, at both the regional and the national levels, to prepare for a pandemic. It was a hopeful sign, for example, that many countries were now including the influenza vaccine in their immunization programs and had expanded the target population for the vaccine to include children under 1 year of age.

40. With regard to resource mobilization, she pointed out that while the budget estimates presented by Dr. Oliva did seem very large, not only did the Region have a long history of influenza surveillance, it had solid experience in mobilizing resources for public health initiatives. A much larger amount had been mobilized, for example, for the polio eradication campaign. She was therefore confident that it would be possible to raise the funds needed to prepare for and deal with an influenza pandemic.

41. As noted in paragraph 29 above, the Executive Committee adopted a combined decision covering both influenza preparedness and the International Health Regulations (Decision CE137(D9)).

Other Matters

42. The Delegate of Antigua and Barbuda, noting that his country had not been elected to serve on any of the subcommittees or working groups of the Executive Committee, expressed his delegation's willingness to take a more active part in the work of the Committee. The Director took note of the Delegate's statement and assured him that Antigua and Barbuda would be considered as one of the Members of the Subcommittee on Planning and Programming invited by the Director in accordance with the Subcommittee's terms of reference.

Closing of the Session

43. Following the customary exchange of courtesies, the President declared the 137th Session closed.

Decisions

44. The following are the decisions taken by the Executive Committee in the course of the 137th Session:

CE137(D1) Election of Officers

Pursuant to Rule 15 of the Rules of Procedure of the Executive Committee, the Committee elected the following Members to serve as officers for its 137th and 138th Sessions:

President:	Argentina
Vice President:	Costa Rica
Rapporteur:	Canada

(Single meeting, 30 September 2005)

CE137(D2) 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 CE137/1).

(Single meeting, 30 September 2005)

CE137(D3) Election of One Members to the Subcommittee on Planning and Programming

The Executive Committee elected Venezuela to serve on the Subcommittee on Planning and Programming.

(Single meeting, 30 September 2005)

CE137(D4) Election of One Member to the Standing Committee on Nongovernmental Organizations

The Executive Committee elected Panama to serve on the Standing Committee on Nongovernmental Organizations.

(Single meeting, 30 September 2005)

CE137(5) Establishment of a Working Group on Streamlining the Governance Mechanisms of PAHO

The Executive Committee, pursuant to Decision CE136(D3) and Resolution CD46.R2,

1. DECIDES to establish an open-ended Working Group on Streamlining the Governance Mechanisms of PAHO.

2. DECIDES that the Working Group will prepare recommendations on: (a) the reform and simplification of the Subcommittee on Planning and Programming (SPP) and the Subcommittee on Women, Health, and Development; (b) the process of election of the Director of the Pan American Sanitary Bureau; and (c) the improvement of the rules and procedures of the Governing Bodies.

3. DECIDES to appoint Argentina, Barbados, Canada, Costa Rica, and Cuba as Members of the Working Group, and to designate Canada as Chairperson of the Working Group.

4. DECIDES that the Working Group, with support of the Secretariat, will define, in its first meeting before the end of 2005, its working methods, timetable, participants, and governance mechanisms.

5. DECIDES that the 138th Session of the Executive Committee will review the report of the Working Group and will present its recommendations to the 47th Directing Council.

(Single meeting, 30 September 2005)

CE137(D6) Dates and Proposed Topics for the 40th Session of the Subcommittee on Planning and Programming

The Committee decided that the 40th Session of the Subcommittee on Planning and Programming would be held from 20 to 22 March 2006. The Committee authorized the Secretariat to draw up the agenda, taking into account the topics proposed by Member States.

(Single meeting, 30 September 2005)

CE137(D7) Dates of the 138th Session of the Executive Committee

Pursuant to Article 17.A of the PAHO Constitution, the Committee set the dates for its first regular session in the year 2006, the 138th Session, to be held from 19 to 23 June 2006.

(Single meeting, 30 September 2005)

CE137(D8) Dates of the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas

Pursuant to Article 12.A of the PAHO Constitution and Rule 1 of the Rules of Procedure of the Directing Council, the Committee authorized the Director to convene the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas, in Washington, D.C., from 25 to 29 September 2006.

(Single meeting, 30 September 2005)

CE137(D9) Epidemic Alert and Response

The Executive Committee, having considered the reports on "Contingency Plan for an Influenza Pandemic" (Document CE137/5) and "Implications for the Implementation of the International Health Regulations (IHR-2005) in the Region of the Americas" (Document CE137/4),

1. DECIDES to urge Member States to give high priority to implementing plans of action to enhance national public health infrastructures and resources, to meet the requirements of epidemic alert and response core capacity under the recently adopted IHR, and accelerate development and implementation of national influenza pandemic preparedness plans, and to have drafts of these preparedness plans available by June 2006.

2. DECIDES that the PAHO Secretariat should: (a) complete standard operational procedures to coordinate the regional alert and response to pandemic influenza, and other public health emergencies of international concern; (b) provide technical cooperation to build national capacity for surveillance and response at points of entry; (c) assist in the mobilization of technical and financial resources to support developing countries in strengthening and maintaining the capacities provided for in the IHR, especially for pandemic influenza preparedness; and (d) present to the 47th Directing Council a progress report on the development of national pandemic preparedness plans, and the status of the assessments of the IHR required core capacities and PAHO's activities in support of Member States.

(Single meeting, 30 September 2005)

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 30th day of September in the year two thousand five. 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 Vizzotti Delegate of Argentina President of the 137th Session of the Executive Committee

Mirta Roses Periago Director of the Pan American Sanitary Bureau Secretary ex officio of the 137th Session of the Executive Committee

CE137/FR (Eng.) Annex A

AGENDA

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- 2.1 Election of the President, Vice President, and Rapporteur of the Executive Committee
- 2.2 Adoption of the Agenda

3. Committee Matters

- 3.1. Election of One Member to the Subcommittee on Planning and Programming on the Expiration of the Period of Office of the United States of America on the Executive Committee
- 3.2 Election of One Member to the Standing Committee on Nongovernmental Organizations on the Expiration of the Period of Office of the United States of America on the Executive Committee

4. Governing Body Matters

- 4.1 Proposal on the Process for Streamlining the Governance Mechanisms of PAHO
- 4.2 Dates and Proposed Topics of the 40th Session of the Subcommittee on Planning and Programming
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CE137/FR (Eng.) Annex A

AGENDA (cont.)

5. Program Policy Matters

- 5.1. Implications for the Region of the Americas of the International Health Regulations
- 5.2 Contingency Plan for an Influenza Pandemic

6. Other Matters

CE137/FR (Eng.) Annex B

LIST OF PARTICIPANTS LISTA DE PARTICIPANTES

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ

ANTIGUA AND BARBUDA/ANTIGUA Y BARBUDA

Chief Delegate - Jefe de Delegación

Hon. H. John Maginley Minister of Health, Sports, and Youth Affairs Ministry of Health, Sports, and Youth Affairs St. John's

ARGENTINA

Dr. Carlos Vizzotti Subsecretario de Relaciones Sanitarias e Investigación en Salud Ministerio de Salud Buenos Aires

Lic. Karina Chierzi Jefa de Gabinete de la Subsecretaria de Relaciones Sanitarias e Investigación en Salud Ministerio de Salud y Ambiente de la Nación Buenos Aires

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Hon. Jerome X. Walcott Minister of Health Ministry of Health St. Michael

Dr. Joy St. John Chief Medical Officer Ministry of Health St. Michael

Ms. Antoinette Williams Permanent Secretary Ministry of Health St. Michael

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ (cont.)

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Mr. Nick Previsich Acting Director International Affairs Directorate Health Canada Ottawa

Ms. Melissa Follen Senior Policy Advisor International Affairs Directorate Health Canada Ottawa

CHILE

Dr. Manuel Inostroza Superintendente Provisional de Instituciones de Salud Ministerio de Salud Santiago

Dr. Roberto Tapia Jefe de la Oficina de Cooperación y Asuntos Internacionales Ministerio de Salud Santiago

Sra. Natalia Meta Buscaglia Coordinadora de Proyectos Oficina de Cooperación y Asuntos Internacionales Ministerio de Salud Santiago

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