Washington, D.C., USA, 23-27 September 2002

CSP26/FR (Eng.) 27 September 2002 ORIGINAL: ENGLISH

FINAL REPORT

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#### FINAL REPORT<sup>1</sup>

The 26<sup>th</sup> Pan American Sanitary Conference of the Pan American Health Organization, 54<sup>th</sup> Session of the Regional Committee of the World Health Organization for the Americas, was held at the Headquarters Building in Washington, D.C., from 23 to 27 September 2002, as convened by the Director of the Pan American Sanitary Bureau.

#### **Participants**

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

The Conference was attended by Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. The following intergovernmental agencies were represented: Caribbean Community, Hipólito Unanue Agreement, Inter-American Development Bank, Inter-American Agency for Cooperation and Development, Organization of American States, United Nations Children's Fund, and The World Bank. Observers for 26 nongovernmental organizations were also present.

#### **Opening of the Conference**

The Conference was opened by the Delegate of Argentina, Dr. Ginés González García. Speakers at the opening ceremony were Sir George Alleyne, Director of the Pan American Sanitary Bureau; the Hon. Tommy Thompson, Secretary of Health and Human Services of the United States of America; and Dr. Gro Harlem Brundtland, Director-General of the World Health Organization.

This Final Report is in the nature of a summary and should thus be read in conjunction with the Proceedings of the Session, where the topics are explored in greater detail.

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#### Officers

Pursuant to Rule 21 of the Rules of Procedure, the Head of Delegation of Argentina, who occupied the Presidency of the 25<sup>th</sup> Pan American Sanitary Conference, presided until the elections for office of the 26<sup>th</sup> Conference. As a result of the elections, the following delegates served as officers:

President: Dr. Patricio Jamriska Ecuador

Vice Presidents: Hon. Senator Samuel Aymer Antigua and Barbuda

Dr. Fernando Gracia García Panama

Rapporteur: Dr. Beatriz Rivas Uruguay

Secretary Sir George Alleyne Director, Pan American

ex officio: Sanitary Bureau

During the fourth meeting, Dr. Fernando Gracia García, of Panama, and then during the sixth through the ninth meetings, Hon Senator Samuel Aymer, substituted for Dr. Patricio Jamriska as President.

#### **Committee on Credentials**

The Committee on Credentials was appointed pursuant to Rule 32 of the Rules of Procedure and consisted of the following members:

President: Hon Dr. Leslie Ramsammy Guyana

Member: Dr. María del Rocío Sáenz Madrigal Costa Rica

Member: Dr. Fernando Carbone Campoverde Peru

The Committee on Credentials held two meetings and submitted its respective reports in the first and fifth meetings.

#### **General Committee**

With the election of the Delegates of Cuba, Mexico, and United States of America to the General Committee, pursuant to Rule 33 of the Rules of Procedure, the Committee was constituted as follows:

President: Dr. Patricio Jamriska Ecuador

Vice Presidents: Hon. Senator Samuel Aymer Antigua and Barbuda

Dr. Fernando Gracia García Panama

Rapporteur: Dr. Beatriz Rivas Uruguay

Member: Dr. Damodar Peña Pentón Cuba

Member: Dr. Julio Frenk Mora Mexico

Member: Ms. Ann S. Blackwood United States of America

The General Committee met two times and submitted its respective reports at the second and sixth meetings of the Conference.

#### **Working Parties**

At the first meeting a working party, consisting of the Delegates of Bahamas, Canada, and Chile, was established to study the application of Article 6.B of the PAHO Constitution to States more than two years in arrears in the payment of their quota contributions. The Working Party met once and submitted its report at the third meeting of the Conference, at which time Resolution CSP26.R2 was adopted.

#### Other Matters

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

A very visible part of the Conference was the celebration of the Centennial of the Pan American Health Organization. This was evidenced by many hanging banners, a photo exhibit, a timeline of the key events in PAHO history in international public health, 1902-2002, as well as an exhibit of the activities that the countries carried out to honor PAHO's 100 years. Additionally, the former directors of the Organization, Dr. Héctor R. Acuña and Dr. Carlyle Guerra de Macedo, attended.

During a lunchtime briefing prior to the fourth session, Dr. Julie L. Gerberding, Director of the Centers for Disease Control, presented a report on the situation of West Nile Virus in the United States.

In the fifth meeting, on behalf of the Government of Bolivia and the Expanded Program on Immunizations group, the Delegate of Bolivia presented Dr. Ciro de Quadros with an award honoring him for his great efforts during his professional life in controlling immunization-preventable diseases in the Region and the rest of the world. The Delegate of Bolivia also stated that Dr. de Quadros had been awarded the Order of Health with the rank of Grand Official in Bolivia.

In the sixth meeting, the following awards were given:

- the PAHO Award for Administration, 2002, was presented to Dr. Hugo Mendoza, of the Dominican Republic.
- the Abraham Horwitz Award for Inter-American Health, 2002, was presented to Prof. Leonard Duhl, of the United States of America.
- the Manuel Velasco Suárez Bioethics Award was presented to Dr. Deborah Diniz, of Brazil.

In the seventh meeting, Dr. Alleyne, on behalf of the Conference, expressed sympathy to the family and the country of Brazil on the recent passing of Dr. João Yunes, who had been the PAHO/WHO Representative in Cuba and Director of the Division of Health Promotion. Dr. Yunes also had frequently been head of delegation of Brazil at PAHO meetings as well as a representative to the WHO Executive Board.

In the ninth session, the Conference heard a presentation and discussed the report of the Advisory Committee on Health Research. The meeting was exceptional in that the 100<sup>th</sup> anniversary of PAHO and the 40 years of uninterrupted work of the Committee were celebrated. Additionally as well in this session, the Conference reviewed the resolutions and other actions of the Fifty-fifth World Health Assembly of interest to the Region of the Americas.

Also in the ninth session, after Dr. Alleyne made his closing comments and a special farewell to the assembly, the delegates went forward one by one to the podium to show their appreciation to him.

#### Meetings

The Conference held nine meetings.

#### **Resolutions and Decisions**

#### Resolutions

CSP26.R1 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004-2005

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/6 and the tentative request to the World Health Organization for US\$ 72,491,000, without cost increases, for the Region of the Americas for the financial period 2004-2005; and

Noting the recommendation of the Executive Committee,

#### **RESOLVES:**

To request the Director to transmit to the Director-General of WHO the request for \$72,491,000, without cost increases, for the Region of the Americas for the financial period 2004-2005, for consideration by the WHO Executive Board and the World Health Assembly in 2003.

(Second meeting, 23 September 2002)

#### CSP26.R2 Collection of Quota Contributions

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on the collection of quota contributions (Document CSP26/18 and Addendum I), and the concern expressed by the 130<sup>th</sup> Meeting of the Executive Committee with respect to the status of the collection of quota contributions; and

Noting that Argentina's failure to pay its assessed contributions is due to conditions beyond its control,

#### **RESOLVES:**

- 1. To take note of the report of the Director on the collection of quota contributions (Document CSP26/18 and Addendum I).
- 2. To express appreciation to those Member States that have already made payments in 2002, and to urge all Member States in arrears to meet their financial obligations to the Organization in an expeditious manner.
- 3. To congratulate those countries that have fully met their quota obligations through 2002.
- 4. To compliment the countries which have made significant payment efforts to reduce quota arrearages for prior years.
- 5. To express grave concern regarding Argentina's accumulation of arrears and to encourage Argentina to make settlement of its arrears a priority of the Government.
- 6. To request the President of the Pan American Sanitary Conference to notify the Argentine Delegation that its voting rights will be restored at this 26<sup>th</sup> Pan American Sanitary Conference.
- 7. To request the Director to:
- (a) continue to monitor the implementation of special payment agreements by Member States in arrears for the payment of prior years' quota assessments;
- (b) advise the Executive Committee of Member States' compliance with their quota payment commitments;
- (c) report to the 44<sup>th</sup> Directing Council on the status of the collection of quota contributions for 2003 and prior years.

(Third meeting, 24 September 2002)

#### CSP26.R3 PAHO Financial Regulations

#### THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE.

Having considered the recommendation of the Executive Committee and the proposed revisions to the Financial Regulations as they appear in Annex 2 of Document CSP26/19; and

Taking into consideration that the revisions to the Regulations will, to the extent practical and possible, provide conformity between the Financial Regulations of the World Health Organization and the Pan American Health Organization, and bring the PAHO Financial Regulations into compliance with the United Nations system accounting standards,

#### **RESOLVES:**

To approve the revisions to the Financial Regulations of the Pan American Health Organization as they appear in Annex 2 of Document CSP26/19.

(Third meeting, 24 September 2002)

### CSP26.R4 Amendment to the Staff Regulations of the Pan American Sanitary Bureau

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Taking note of the changes that were made to the Staff Rules of the Pan American Sanitary Bureau, as confirmed by the 130<sup>th</sup> Executive Committee;

Having considered the recommendation of the Executive Committee regarding Staff Regulation 4.5; and

Bearing in mind the provisions of Staff Regulation 12.1,

#### **RESOLVES:**

To approve the amendment to Staff Regulation 4.5 to reflect the implementation of new contractual mechanisms with effect from 1 July 2002.

(Third meeting, 24 September 2002)

#### CSP26.R5 Salary of the Director of the Pan American Sanitary Bureau

#### THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE.

Taking into account the decision by the 130<sup>th</sup> Executive Committee to adjust the salaries of the Deputy Director and Assistant Director (Resolution CE130.R12);

Having noted the recommendation of the Executive Committee concerning the salary of the Director of the Pan American Sanitary Bureau (Resolution CE130.R12); and

Bearing in mind the provisions of Staff Rule 330.3,

#### **RESOLVES:**

To establish the annual net salary of the Director of the Pan American Sanitary Bureau at US\$ 118,165 at dependency rate and \$106,342 at single rate, effective 1 March 2002.

(Third meeting, 24 September 2002)

CSP26.R6 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind Articles 4.E and 21.A of the Constitution of the Pan American Health Organization, which provide that the Pan American Sanitary Bureau shall have a Director elected at the Conference by the vote of a majority of the Governments of the Organization;

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Health Organization and Article 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of Regional Directors of the World Health Organization; and

Satisfied that the election of the Director of the Bureau has been held in accordance with the established procedures,

#### **RESOLVES**:

1. To declare Dr. Mirta Roses Periago elected Director of the Pan American Sanitary Bureau for a period of five years to begin 1 February 2003.

2. To submit to the Executive Board of the World Health Organization the name of Dr. Mirta Roses Periago for appointment as Regional Director for the Americas.

(Fifth meeting, 25 September 2002)

#### CSP26.R7 Director Emeritus of the Pan American Sanitary Bureau

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Noting the 21 years of service of Dr. George Alleyne to the Pan American Health Organization;

Recognizing the invaluable leadership provided by Dr. Alleyne during his eight years as Director of the Pan American Sanitary Bureau and Regional Director for the Americas of the World Health Organization;

Reiterating the values that he embraced and embedded into the works of the Organization and his dedication and commitment to the advancement of equity and panamericanism in health; and

Desiring to demonstrate its appreciation for his many years of service to the Organization and considering that his term of office as Director of the PASB and Regional Director is about to expire,

#### **RESOLVES:**

- 1. To express its sincere appreciation to Dr. George Alleyne for his many years of service to the Pan American Health Organization and for his leadership as Director of the Pan American Sanitary Bureau.
- 2. To designate Dr. Alleyne Director Emeritus of the Pan American Sanitary Bureau as from the date of his retirement.
- 3. To wish him all possible success in his further endeavors to improve the health of the peoples of the Americas and the world.
- 4. To transmit this resolution to the Executive Board of the World Health Organization for its consideration.

(Fifth meeting, 25 September 2002)

CSP26.R8 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Canada, and Guyana

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

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

Considering that Dominica, Paraguay, and United States of America were elected to serve on the Executive Committee upon the expiration of the periods of office of Bolivia, Canada, and Guyana,

#### **RESOLVES:**

- 1. To declare Dominica, Paraguay, and United States of America elected to membership on the Executive Committee for the period of three years.
- 2. To thank Bolivia, Canada, and Guyana for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 25 September 2002)

#### CSP26.R9 Vaccines and Immunization

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on vaccines and immunization (Document CSP26/7) and taking note of the Region's leadership in the area of vaccines and immunization, and the critical contribution of immunization to the progress of child survival initiatives:

Recognizing the need to accelerate the use of new vaccines of proven efficacy to reduce health threats to the children of the Region;

Recognizing the progress being made in the Americas towards the interruption of indigenous transmission of measles, but cognizant of the fact that the Region is under constant threat of importations, which can lead to extensive measles outbreaks if coverage levels are inadequate;

Taking note of the remarkable commitment of health and government authorities of the island of Hispaniola to control successfully the Sabin type 1 vaccine-derived poliomyelitis and measles outbreaks in 2001;

Acknowledging the need to achieve uniform vaccination coverage in all municipalities and to improve the quality of vaccination and surveillance data;

Considering the important advances being made by Member States in accelerating the control of rubella and the prevention of congenital rubella syndrome (CRS), to achieve a more rapid decrease of rubella cases and infants born with CRS;

Noting that while yellow fever transmission in enzootic areas has recently decreased as a result of intensive vaccination, there is evidence of its circulation in non-enzootic areas and widespread distribution of *Aedes aegypti*, the urban vector of the disease;

Bearing in mind the importance of working to ensure access by all Member States to every type of vaccine indicated for use in public health, at an affordable cost and of the highest quality; and

Aware of the potential use of smallpox virus as a bioterrorism weapon,

- 1. To urge Member States to:
- (a) allocate adequate resources to finance all aspects of national immunization programs, to ensure the sustainable achievement of at least 95% vaccination coverage with all antigens in all municipalities, the realization of the goal of interruption of indigenous measles transmission, the maintenance of poliomyelitis eradication, and the inclusion of new vaccines and initiatives of public health importance;
- (b) undertake accelerated control of rubella and congenital rubella syndrome prevention initiatives and continue improving epidemiological surveillance of rubella and CRS, as well as laboratory diagnosis and investigation procedures;
- (c) remain vigilant of the yellow fever situation using sensitive surveillance systems, particularly in enzootic areas and areas infested with *Aedes aegypti*, and to sustain high vaccination coverage in high-risk areas to prevent the occurrence of jungle cases and urbanization of the disease;

- (d) strengthen national regulatory authorities and national control laboratories to ensure that vaccines of quality, either imported or locally produced and approved by competent authorities, are used in national immunization programs and the private sector;
- (e) consider that any outbreak of smallpox is a threat to the Region and to the world, promptly report any suspect cases that may occur, and be prepared to provide the necessary emergency assistance, including vaccines, to contain the outbreak as rapidly as possible.
- 2. To request the Director to:
- (a) advocate for the active mobilization of national and international resources to reach the goal of interruption of indigenous measles transmission, including the adoption of eradication strategies in Regions where conditions permit the substantial achievement of this goal;
- (b) encourage the collaboration among vaccine-producing countries in the Americas to support the joint development of vaccines;
- explore, together with The World Bank, the Inter-American Development Bank, and other partners, financing mechanisms that complement the PAHO Revolving Fund for Vaccine Procurement, with a view to ensuring an uninterrupted supply of vaccines to the Member States at affordable prices and of the highest quality;
- (d) advocate for the adoption of strategies that will make it possible for our public health programs to immediately incorporate new vaccines of proven efficacy against serious childhood illness;
- (e) establish the necessary measures to guarantee that 95% of women of childbearing age are immunized against tetanus;
- (f) offer guidance to the Member States on immunizations that have proven to be cost-effective for use in older adults.

(Sixth meeting, 25 September 2002)

#### CSP26.R10 Integrated Management of Childhood Illness (IMCI)

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/11 and the findings presented on the progress made in the implementation of the Integrated Management of Childhood Illness (IMCI) strategy in the Region of the Americas; and

Bearing in mind the progress made in the Healthy Children: Goal 2002 Initiative, which has helped to sustain and accelerate the reduction in child mortality, particularly from the causes targeted by the IMCI strategy,

- 1. To adopt the approach and operationalization contained in Document CSP26/11 for the implementation of the IMCI strategy.
- 2. To underscore the importance of expanding the IMCI strategy by incorporating new components that will make it possible to improve the problem-solving capability of health workers at the first level of care, which includes prenatal and neonatal care to guarantee healthy pregnancies, births, and child development.
- 3. To urge the Member States to:
- (a) continue to strengthen support for the IMCI strategy and its expansion and coordination with other programs and actors in health, with a view to sustaining and accelerating the reduction in child mortality, and to advance toward universal access by the population to the basic quality of care standard offered by the strategy;
- (b) hasten effective integration of the IMCI strategy into undergraduate and graduate programs in the health disciplines and its application by graduates;
- (c) strengthen and promote effective mechanisms for the collection, consolidation, and analysis of data that will permit the monitoring and evaluation of health actions targeting infants and children;
- (d) strengthen the number and diversity of human health resources to deal effectively with ill children and the causes of illness.

4. To request the Director to continue supporting implementation of the IMCI strategy in terms of expanding it to other countries and increasing coverage in the countries that have already adopted it.

(Sixth meeting, 25 September 2002)

## CSP26.R11 Evaluation of the Strategic and Programmatic Orientations 1999-2002 THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE.

Having examined document CSP26/9 "Evaluation of the Strategic and Programmatic Orientations 1999-2002;"

Taking into account Resolution CSP25.R4, adopted by the 25<sup>th</sup> Pan American Sanitary Conference and, in particular, section 3b, which requests the Director to assess the impact of technical cooperation utilizing the strategic orientations as the frame of reference;

Having been informed of troubling situations related to the high degree of failure to meet the regional goals adopted by the Organization for the period 1999-2002 and the high percentage of goals considered unmeasurable because the available information is insufficient, unavailable, not up-to-date, or not comparable; and

Declaring that the document in question does not fully satisfy the purpose expressed in Resolution CSP25.R4,

#### **RESOLVES:**

- 1. To declare that the mandate adopted by the 25<sup>th</sup> Pan American Sanitary Conference in this area has not fully been met.
- 2. To request the Director to present a new document for submission to the Directing Council to be held in 2003.

(Seventh meeting, 26 September 2002)

#### CSP26.R12 Acquired Immunodeficiency Syndrome (AIDS) in the Americas

#### THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE.

Recalling Resolution CD32.R12, which requested the Director to provide annual reports on the situation of HIV/AIDS in the Region;

Having seen Document CSP26/7 "Acquired Immunodeficiency Syndrome (AIDS) in the Americas;"

Recognizing that the HIV/AIDS epidemic constitutes a global and regional emergency with far-reaching effects, whose impact on the countries of the Americas can and should be reduced through heightened political, technical, and financial efforts;

Aware of the opportunities for strengthening national responses to the epidemic offered by the goals of the Declaration of the 26<sup>th</sup> United Nations General Assembly Special Session on HIV/AIDS (June 2001); the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Shared Agenda of the Pan American Health Organization, the Inter-American Development Bank, and the World Bank; the advances made in developing subregional and intercountry strategic plans and partnerships, and the rapid progress of the WHO and UNAIDS initiative on accelerated access to antiretroviral drugs in the countries of the Region, as well as WHO's Global Health-Sector Strategy; and

Bearing in mind the Declaration on the TRIPS Agreement and Public Health, adopted at the Fourth World Trade Organization Ministerial Conference in Doha, Qatar, from 9 to 14 November 2001,

- 1. To urge the Member States to:
- (a) make the greatest effort to meet the goals of the United Nations Declaration on HIV/AIDS, especially those aimed at preventing HIV infection; providing care, support, and treatment to people living with HIV/AIDS; and reducing the stigma and social exclusion associated with the epidemic;
- (b) continue to promote and facilitate subregional and intercountry cooperation, forging strategic partnerships that utilize technical and financing agencies and appropriate economic and political forums that can broaden the national and regional response to the HIV/AIDS/STI epidemic in the Americas;

- (c) explore national and regional options to lower the cost of antiretroviral drugs and other public health supplies linked with the fight against HIV/AIDS.
- 2. To request the Director to:
- (a) strengthen institutional capacity and response to meet the challenges posed by the HIV/AIDS epidemic in the Americas, specifically in regard to the prevention of HIV infection and STIs and the care and treatment of people living with HIV/AIDS;
- (b) develop a regional strategic framework that supports and strengthens technical cooperation with the Member States and promotes better utilization of new global and regional opportunities, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the initiative for accelerated access to antiretroviral drugs; the Global Health-Sector Strategy; and subregional cooperation among countries, within the framework of the interagency collaboration promoted by the United Nations;
- (c) explore mechanisms to build national capacity for the quality control of generic drugs.
- 3. To thank the Director for the comprehensive annual reports he has presented in compliance with Resolution CD32.R12 adopted by the Directing Council in 1987, and request that he report to the Governing Bodies in the future only when he considers there are significant developments in HIV/AIDS in the Region or in approaches to prevention or control of HIV/AIDS.

(Seventh meeting, 26 September 2002)

# CSP26.R13 Regional Strategy for Maternal Mortality and Morbidity Reduction THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/14, Regional Strategy for Maternal Mortality and Morbidity Reduction;

Being aware of the unnecessarily high death rate of women as a result of complications from pregnancy and childbirth; and

Taking into account that research results and practical experience have demonstrated that specific interventions, such as Essential Obstetric Care (EOC) and

Skilled Attendance at Birth, can reduce the incidence and severity of major complications associated with pregnancy, childbirth, and the postpartum period for mothers and their newborns,

- 1. To urge the Member States to:
- (a) adopt the Millennium Summit Declaration goal of reduction of maternal mortality ratios by 75%, from 1990 levels, by the year 2015; improve the intracountry ratios, especially urban-rural disparities, and reduce maternal morbidity;
- (b) ensure that the reduction of maternal and neonatal morbidity and mortality is a health sector priority and that women and adolescent girls have ready and affordable access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to, *inter alia*, promote safe motherhood;
- (c) endorse and support evidence-based interventions, such as Essential Obstetric Care and Skilled Attendance at Birth, to reduce maternal mortality and morbidity;
- (d) adhere to guidelines issued jointly in 1997 by the World Health Organization, the United Nations Children's Fund, and the United Nations Fund for Population Activities, recommending that for every 500,000 people there be four facilities offering basic EOC and one facility offering comprehensive EOC;
- (e) endorse and support evidence-based health promotion interventions so that women, families, and communities can plan for obstetric complications, identify problems early, and respond appropriately;
- (f) develop key partnerships between local and national governments, health services, professional associations, women's organizations, and other nongovernmental organizations, in order to enhance efforts to reduce maternal mortality and morbidity, in addition to ensuring interagency collaboration when promoting and implementing maternal mortality and morbidity reduction strategies.
- 2. To request the Director to:
- (a) support in establishing and implementing mechanisms to strengthen information and surveillance systems for monitoring progress in the reduction of maternal mortality and morbidity;

- (b) develop mechanisms to assist Member States to make a long-term commitment, both political and programmatic, including financial support within available resources, to implement updated safe motherhood interventions and maternal mortality and morbidity reduction strategies;
- (c) develop, in consultation with the United Nations organizations, a program of work which fully integrates safe, reliable, and high quality family planning methods as well as information, education, and counseling to reduce early and unplanned pregnancies, prevent sexually transmitted infections and HIV/AIDS in the work program of PAHO and at the country level.

(Eighth meeting, 26 September 2002)

### CSP26.R14 Creation of a Voluntary Fund for the Reduction of Maternal Mortality in the Americas

#### THE 26th PAN AMERICAN SANITARY CONFERENCE.

Having examined Document CSP26/14, whereas:

Guaranteeing the life of women throughout pregnancy and childbirth, the moment they give life, is guaranteeing a basic human right;

None of the countries of the Americas has succeeded in meeting the maternal mortality reduction goal set by the World Summit for Children for the year 2000;

It will be difficult to achieve the goal of reducing maternal mortality by 75% by the year 2015, established in the Declaration of the United Nations Millennium Summit, without immediate major efforts and investment by the entire Hemisphere;

The drop in fertility in the vast majority of countries in the Americas has been obtained through national efforts, coupled with a significant financial investment on the part of the United Nations and social development agencies, has contributed to a reduction in the absolute number of maternal deaths, but has been insufficient to lower the risk of a woman dying with each pregnancy; and

Now that the anticipated drop in fertility has been achieved in Latin America and the Caribbean, significant cutbacks are progressively being made in international funding for reproductive health,

#### **RESOLVES:**

- 1. To approve the creation of a Voluntary Fund for the Reduction of Maternal Mortality in the Americas, administered by the Pan American Health Organization.
- 2. To ensure that resources from this Fund are used to:
- (a) support countries that present a national plan for this purpose that clearly indicates the action to be taken, as well as the national resources to pay for it to meet the goal of the Millennium Summit;
- (b) provide matching funds for civil society activities aimed at empowering women and increasing their understanding about pregnancy, childbirth, and the puerperium, and improving their ability to identify eventual problems early on and seek health care;
- (c) finance national initiatives to raise awareness among local health workers and professionals and train them to adequately deal with the problem;
- (d) monitor national outcomes.
- 3. To request the Director to:
- (a) establish a Voluntary Fund for Reduction of Maternal Mortality in the Americas, and develop the corresponding terms of reference;
- (b) report to the Directing Council on a timely basis on the Fund's status and progress.

(Eighth meeting, 26 September 2002)

#### CSP26.R15 Public Health Response to Chronic Diseases

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on public health response to chronic diseases (Document CSP26/15);

Recalling Resolution CD42.R9 on cardiovascular diseases, with an emphasis on hypertension, which endorses an integrated approach to the prevention of cardiovascular diseases through the Actions for the Multifactoral Reduction of Noncommunicable

Diseases (CARMEN) initiative; and noting that CARMEN represents an avenue for integrating risk factors and diseases;

Recalling the WHA Resolution WHA 55.23, which urges Member States to collaborate with WHO in developing a global strategy on diet, physical activity, and health for the prevention and control of noncommunicable diseases, based on evidence and best practices, with special emphasis on an integrated approach to improving diets and increasing physical activity, accomplishing all this through the introduction and strengthening of global and regional demonstration projects;

Noting that chronic noncommunicable diseases contribute to 70% of deaths in the Region of the Americas, and that more than half of premature mortality under the age of 70 years is attributed to chronic noncommunicable diseases; and

Alarmed by the increasing cost of noncommunicable diseases to society as a consequence of rapid demographic and epidemiological changes,

- 1. To urge the Member States to:
- (a) make efforts to document the burden of chronic diseases and their risk factors;
- (b) endorse the CARMEN initiative as one of the main strategies for integrated prevention of chronic diseases;
- (c) incorporate cost-effective models of care for chronic conditions in order to improve quality of care and to increase the capacity of primary care to respond to the needs of the population.
- 2. To request the Director to:
- (a) provide technical cooperation to Member States in developing an integrated approach to noncommunicable diseases, based on the CARMEN initiative;
- (b) support Members States to develop and improve surveillance of noncommunicable diseases and their risk factors:
- (c) support and encourage operational research on the effective implementation of programs to prevent and control noncommunicable diseases and reduce their impact;

- (d) support and facilitate the Member States' active participation and contributions to the development of a global strategy on diet, physical activity, and health for the prevention and control of noncommunicable diseases;
- (e) coordinate with other organizations of the United Nations system, country-based institutions, and nongovernmental organizations to support the prevention and control of chronic diseases.

(Eighth meeting, 26 September 2002)

### CSP26.R16 Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CSP26/17, Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS);

Aware of the full internal evaluation report submitted by the evaluation team to the Director contained in Document CSP26/INF/2;

Bearing in mind Resolution CSP20.R31 of the 20<sup>th</sup> Pan American Sanitary Conference, requesting the Director to carry out a regular evaluation of each of the Pan American Centers;

Noting with satisfaction that this process has entered a new and expanded stage with the evaluation of CEPIS;

Aware of the recommendations that the internal evaluation team has presented to the Director;

Recalling the discussions on the topic of the Centers at recent sessions of the Subcommittee on Planning and Programming and of the Executive Committee; and

Noting the need to strengthen program evaluation throughout the Bureau,

#### **RESOLVES:**

- 1. To commend the Director for having carried out this comprehensive evaluation and for having reenergized the process of evaluation in general, and that of the Pan American Centers requested by the Conference in 1978.
- 2. To request the Director to:
- (a) implement the pertinent recommendations of the evaluation team to ensure the evolution of a strengthened CEPIS, able to serve better the current and emerging needs of Member States in the field of health and environment;
- (b) conduct a periodic comprehensive evaluation of one of the Pan American Centers each year;
- (c) strengthen the Bureau's capacity for program evaluation;
- (d) promote the development of cooperation networks among CEPIS, the Collaborating Centers, and other institutions linked with health and the environment in the countries;
- (e) present a written management response to the recommendations of the evaluation of CEPIS and of other Pan American Centers as they are evaluated.

(Ninth meeting, 27 September 2002)

### CSP26.R17 Meeting of the Health and Environment Ministers of the Americas (HEMA)

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Recalling Resolution CD43.R15, which instructed the Pan American Sanitary Bureau to work with the Government of Canada and the United Nations Environment Program (UNEP) to convene the Meeting of the Health and Environment Ministers of the Americas (HEMA);

Having considered the report of the HEMA, which took place in Ottawa, 4 and 5 March 2002; and

Recognizing the link between health and the environment; noting the impact on health of environmental factors such as water and sanitation, outdoor and indoor air

pollution, and exposure to agro-industrial chemicals and wastes; and particularly aware of the relationship between environmental conditions and diseases such as diarrhea and respiratory infections,

#### **RESOLVES:**

- 1. To urge the Member States to:
- (a) work along the lines agreed to in the Ministerial Communiqué in its three defined areas: setting future directions for health and environment in the Americas, issues of common concern and shared goals, and building and sharing capacities to respond to threats;
- (b) build bridges at the national and local levels between the health and environmental sectors in an inclusive alliance which will call upon actors in the relevant public sector, private sector, and civil society;
- (c) participate and support the work of the Task Force defined in the Ministerial Communiqué and being convened by the Government of Canada with the collaboration of PAHO and UNEP.
- 2. To request the Director to:
- (a) collaborate with the Government of Canada, UNEP, and other international organizations, which will make proposals for the follow-up process on HEMA as registered in the Ministerial Communiqué;
- (b) integrate the proposals of the Task Force and the work under way in 2002-2003 into PAHO's ongoing technical cooperation work, with special emphasis on the collaboration with countries in capacity-building and the work in hygiene, water and sanitation, air pollution, and chemical safety.
- 3. To recognize and praise the leadership role of the Government of Canada in promoting collaborative actions between the health and environmental sectors in the construction of sustainable human development.

(Ninth meeting, 27 September 2002)

#### CSP26.R18 Strategic Plan for the Pan American Sanitary Bureau, 2003-2007

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007 (Document CSP26/10);

Mindful of the constitutional function of the Pan American Sanitary Conference in determining the general policies of the Organization; and

Recognizing the need of the Bureau to channel its efforts and resources towards the collective regional health priorities in order to help ensure that all the peoples of the Region enjoy optimal health,

#### **RESOLVES:**

- 1. To approve the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007, with the modifications indicated by the Conference.
- 2. To request the Director to:
- (a) take into consideration the Strategic Plan and the resources required for its execution in the development of the biennial program budgets during the period 2003-2007;
- (b) widely disseminate the document "Strategic Plan for the Pan American Sanitary Bureau, 2003-2007;"
- (c) undertake annual monitoring and evaluation, as appropriate, of the implementation of the Strategic Plan, on the basis of existing indicators, paying particular attention to the technical cooperation and bring to the attention of the Governing Bodies any need for modifications to the Plan;
- (d) present an analysis of the existing organizational characteristics and those required for the implementation of the Plan;
- (e) submit to the next Directing Council proposals reflecting the views of the Director with respect to the Plan and its implementation.

(Ninth meeting, 27 September 2002)

#### CSP26.R19 Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CSP26/12, Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization;

Mindful that the Pan American Health Organization and the International Labour Organization have launched a joint initiative aimed at reducing exclusion in health through the extension of social protection in health;

Having noted the respective Memorandum of Understanding signed between the two organizations;

Having noted the different activities carried out under these arrangements to extend social protection in health in the Region;

Considering that the levels of exclusion in health remain high in the Hemisphere, notwithstanding the efforts and resources invested to improve the situation, which is deteriorating with the growth of the informal economy and the rising levels of poverty, and that innovative criteria must be used in addressing this problem; and

Bearing in mind the importance of redoubling national and hemispheric efforts to guarantee equitable access to health services within the framework of the goal of Health for All, regardless of the ability to pay,

- 1. To urge the Member States to:
- (a) identify, monitor, and evaluate potential causes of social exclusion in health;
- (b) consider adopting policies and practices dedicated to the reduction of income inequality, one of the underlying causes of health disparities in the Region;
- (c) define national strategies to extend social protection in health;
- (d) include the extension of social protection in health as a guiding element in sectoral reform processes;

- (e) promote processes of social dialogue that will permit the definition of national objectives and strategies in this field;
- (f) implement national strategies to extend social protection in health, including the participation of the public and private sectors and nongovernmental organizations, where appropriate;
- (g) give special attention to the social protection in health of migrant populations.
- 2. To request the Directors of the PASB and ILO to:
- (a) widely disseminate in the countries of the Region the conceptual and methodological documentation characterizing exclusion in health and how to combat it through the extension of social protection in health;
- (b) work with the Member States to promote a social dialogue on this issue, analysis and discussion of how to address it in the countries, and regional cooperation mechanisms in support of these processes;
- (c) help countries design and formulate strategies for identifying, monitoring, and evaluating social exclusion, and in designing models for extending social protection in health, based on individual country needs and priorities;
- (d) continue to promote the extension of social protection in health as a line of work in their cooperation activities in the Region.

(Ninth meeting, 27 September 2002)

#### CSP26.R20 Health and Aging

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Taking into account the importance of the Madrid International Plan of Action on Aging, to address the health problems of the older population of the Americas;

Acknowledging the shift of paradigm to healthy and active aging and the efforts made towards reducing the negative stereotypes and misunderstandings about aging since the 25<sup>th</sup> Pan American Sanitary Conference and its adoption of Resolution CSP25.R6;

Understanding the enormous implications of population aging for many of the health priorities of the Americas; and

Considering the need to promote a comprehensive system to support active healthy aging, in collaboration with other partners,

- 1. To urge the Member States to:
- (a) build on the momentum created by the 2<sup>nd</sup> World Assembly on Aging, adopt national policies and plans for the implementation of the International Plan of Action on Aging, and provide adequate support for the implementation of priority areas;
- (b) advocate for the promotion and protection of the human rights and basic freedoms of older persons;
- (c) adopt appropriate health promotion priorities for older persons and develop gender- and ethno-specific targets, as well as surveillance strategies in the areas of nutritional health, physical activity, unintentional injury and fall prevention, mental health, and prevention of aggression against older persons;
- (d) commit to increase the access of older persons, especially those that are resource-poor, to age-appropriate health care, essential drugs, and vaccinations, under the principle of equity;
- (e) promote initiatives for the development of community-based long-term care options (including supportive housing and assisted living) and regulate the delivery of care in such settings;
- (f) promote research for the monitoring and evaluation of program effectiveness;
- (g) develop a plan to train primary health workers and other health professionals at the undergraduate and graduate levels in the basics of health promotion and the fundamentals of appropriate health care for older persons and of geriatric medicine.
- 2. To request the Director to:
- (a) support regional implementation of the International Plan of Action on Aging, in coordination with other collaborating partners;
- (b) assist the Member States in developing healthy aging targets and indicators;

- (c) encourage the Member States to develop coordinated community-based strategies to support active aging and to disseminate information in this regard;
- (d) help the Member States work toward the development of enabling and supportive environments for older persons, including regulated long-term care facilities.

(Ninth meeting, 27 September 2002)

#### CSP26.R21 Women, Health, and Development

#### THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on women, health, and development (Document CSP26/16);

Taking into account the inadequacies of current information and surveillance systems for documenting the health situation and trends in women's health and the existing gender inequities in health;

Aware that policies for reducing gender inequities require information for their formulation and evaluation; and

Bearing in mind the ongoing initiatives of other agencies of the United Nations system,

- 1. To urge the Member States to:
- (a) assign a high priority to establishing and financing information systems on gender differences in health and development; and to the collection, processing, and presentation of health information disaggregated by sex;
- (b) promote the participation of users and producers of information about gender and health issues from both government and civil society;
- (c) incorporate gender-based analysis in the formulation and monitoring of policies and in the initial and ongoing education of health care providers and to ensure access to gender-sensitive health programs that address the health needs of women throughout their lives, taking into account their multiple roles and responsibilities.

- 2. To request the Director to:
- (a) stimulate and support the production, dissemination, and analysis of data disaggregated by sex, incorporating data on interventions in the areas of gender, social class, ethnicity, and social territories;
- (b) support the periodic production of statistical bulletins and health profiles on gender, health, and development;
- (c) stimulate and support technical cooperation among countries in the development, analysis, and use of information on gender and health;
- (d) continue efforts to integrate gender into the work of the Organization, in particular in the strategic planning process and its follow-up;
- (e) incorporate a gender perspective in health analysis so as to target policies and programs more effectively and to develop and implement models that address gender inequities in health in an integrated manner;
- (f) address the need for more in-depth studies on the perception of health service providers, for the identification and explanation of the health problems of men and women.

(Ninth meeting, 27 September 2002)

#### **Decisions**

#### CSP26(D1) Committee on Credentials

Three delegates, from Costa Rica, Guyana, and Peru, respectively, were appointed to serve as the Committee on Credentials.

(First meeting, 23 September 2002)

#### CSP26(D2) Election of Officers

Ecuador (Dr. Patricio Jamriska) was elected to the Presidency, Antigua and Barbuda (Hon. Senator Samuel Aymer) and Panama (Dr. Fernando Gracia García) to the two Vice Presidencies, and Uruguay (Dr. Beatriz Rivas) to the office of Rapporteur.

(First meeting, 23 September 2002)

### CSP26(D3) Working Party to Study the Application of Article 6.B of the PAHO Constitution

Three delegates, from Bahamas, Canada, and Chile, respectively, were elected to serve as the Working Party to Study the Application of Article 6.B of the PAHO Constitution.

(First meeting, 23 September 2002)

#### CSP26(D4) General Committee

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

(First meeting, 23 September 2002)

#### CSP26(D5) Agenda

The agenda was adopted without change.

(First meeting, 23 September 2002)

### CSP26(D6) Financial Report of the Director and Report of the External Auditor for 2000-2001

The Conference took note of the Reports of the Director and Report of the External Auditor for 2000-2001.

(Third meeting, 24 September 2002)

# CSP26(D7) Reports of the Pan American Sanitary Bureau: Charting a Future for Health in the Americas, Quadrennial Report of the Director; Health in the Americas; Public Health in the Americas; Health in the Americas; Public Health in the Americas

The Conference took note of the Reports of the Pan American Sanitary Bureau.

(First meeting, 23 September 2002)

#### CSP26(D8) Annual Report of the President of the Executive Committee

The Conference took note of the report of the President of the Executive Committee on the activities of the Committee and its subcommittees in the period between September 2001 and September 2002.

(Second meeting, 23 September 2002)

CSP26(D9) Selection of One Member State Entitled to Designate a Representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)

Brazil was selected to designate a representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) for a three-year term beginning 1 January 2003.

(Fifth meeting, 25 September 2002)

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IN WITNESS WHEREOF, the President of the 26th Pan American Sanitary Conference and the Secretary ex officio sign the present Final Report in the English and Spanish languages, the two texts being equally authentic.

DONE in Washington, D.C., United States of America, on this twenty-seventh day of September, two thousand and two. 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.

Hon. Senator Samuel Aymer
Vice President of the 26<sup>th</sup> Pan American Sanitary Conference
Delegate of Antigua and Barbuda

George A. O. Alleyne Secretary ex officio Director of the Pan American Sanitary Bureau

#### **AGENDA**

#### 1. OPENING OF THE SESSION

#### 2. PROCEDURAL MATTERS

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

### 3. CONSTITUTIONAL MATTERS

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Reports of the Pan American Sanitary Bureau
  - (a) Annual Report, 2001, and Quadrennial Report, 1998-2001, of the Director of the Pan American Sanitary Bureau
  - (b) Health in the Americas
  - (c) Public Health in the Americas
- 3.3 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
- 3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Canada, and Guyana

#### 4. PROGRAM POLICY MATTERS

- 4.1 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for 2004-2005
- 4.2 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- 4.3 Vaccines and Immunization
- 4.4 Evaluation of the Strategic and Programmatic Orientations 1999-2002
- 4.5 Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007
- 4.6 Integrated Management of Childhood Illness (IMCI)
- 4.7 Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization
- 4.8 Health and Aging
- 4.9 Regional Strategy for Maternal Mortality and Morbidity Reduction
- 4.10 Public Health Response to Chronic Diseases
- 4.11 Women, Health, and Development
- 4.12 Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

#### 5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 PAHO Financial Regulations
- 5.3 Financial Report of the Director and Report of the External Auditor for 2000-2001
- 5.4 Amendments to the Staff Rules and Staff Regulations of the Pan American Sanitary Bureau

#### 6. COMMITTEE MATTERS

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

#### 7. AWARDS

- 7.1 PAHO Award for Administration, 2002
- 7.2 Abraham Horwitz Award for Inter-American Health, 2002
- 7.3 Manuel Velasco Suárez Bioethics Award

### 8. GENERAL INFORMATION MATTERS

- 8.1 Report on the Meeting of the Health and Environment Ministers of the Americas (HEMA)
- 8.2 Report of the Advisory Committee on Health Research
- 8.3 Resolutions and Other Actions of the Fifty-fifth World Health Assembly of Interest to the Regional Committee

#### 9. OTHER MATTERS

## LIST OF DOCUMENTS

Document No.	Title
Official Documents	
Off. Doc. 305	Financial Report of the Director and Report of the External Auditor, 1 January 2000 – 31 December 2001
Off. Doc. 306	Charting a Future for Health in the Americas, Quadrennial Report of the Director
Working Documents	
CSP26/1, Rev. 2	Agenda
CSP26/2	List of Participants
CSP26/3	Annual Report of the President of the Executive Committee
CSP26/4	Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
CSP26/5	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Canada, and Guyana
CSP26/6	Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004-2005
CSP26/7	Acquired Immunodeficiency Syndrome (AIDS) in the Americas
CSP26/8	Vaccines and Immunization
CSP26/9	Evaluation of the Strategic and Programmatic Orientations 1999-2002

## Document No. Title

## Working Documents (cont.)

working Documents (com.)	
CSP26/10	Strategic Plan 2003-2007 for the Pan American Sanitary Bureau
CSP26/11	Integrated Management of Childhood Illness (IMCI)
CSP26/12	Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization
CSP26/13	Health and Aging
CSP26/14	Regional Strategy for Maternal Mortality and Morbidity Reduction
CSP26/15	Public Health Response to Chronic Diseases
CSP26/16	Women, Health, and Development
CSP26/17	Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)
CSP26/18, Adds. I and II	Report on the Collection of Quota Contributions
CSP26/19	PAHO Financial Regulations
CSP26/20	Financial Report of the Director and Report of the External Auditor for 2000-2001
CSP26/21, Add. I	Amendments to the Staff Rules and Staff Regulations of the Pan American Sanitary Bureau
CSP26/22	Selection of one Member State Entitled to Designate a Representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) on the Expiration of the Period of Office of Colombia

## Document No. Title

## Working Documents (cont.)

Working Documents (cont.)	
CSP26/23	PAHO Award for Administration, 2002
CSP26/24	Abraham Horwitz Award for Inter-American Health, 2002
CSP26/25	Manuel Velasco Suárez Bioethics Award, 2002
CSP26/26	Resolutions and Other Actions of the Fifty-fifth World Health Assembly of Interest to the Regional Committee
CSP26/27	Report on the Meeting of the Health and Environment Ministers of the Americas (HEMA)
CSP26/28	Report of the Advisory Committee on Health Research
Information Documents	
CSP26/INF/1	Evaluation of the Strategic and Programmatic Orientations 1999-2002
CSP26/INF/2	Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences
CSP26/INF/3	Status Report on Malaria Programs in the Americas
CSP26/INF/4	Statistics on PASB/WHO Staff
CSP26/INF/5	Draft Provisional Agendas: Executive Board (111 <sup>th</sup> Session), Fifty-sixth World Health Assembly

### LIST OF PARTICIPANTS LISTA DE PARTICIPANTES

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#### **COSTA RICA**

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Delegates – Delegados

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Delegates – Delegados (cont.)

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Alternate – Alterno

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Delegate – Delegado

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CUBA (cont.)

Alternates – Alternos

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Delegates – Delegados

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Srta. Daverba Ortíz Primer Secretario Representante Alterna de la República Dominicana ante la Organización de los Estados Americanos Washington, D.C.

#### **ECUADOR**

Chief Delegate – Jefe de Delegación (23 to 26 September 2002)

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

Chief Delegate – Jefe de Delegación (27 September 2002)

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Delegates-Delegados

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Delegate – Delegado

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Alternate – Alterno

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Delegate - Delegado

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GRENADA (cont.)
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Delegates – Delegados (cont.)

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Alternate – Alterno

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# OBSERVER STATE TO THE REGIONAL COMMITTEE ESTADO OBSERVADOR AL COMITÉ REGIONAL

EGYPT EGIPTO

Prof. Ismail Sallam Cairo

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Dr. Alfonso Varela Ministro de Salud Pública Ministerio de Salud Pública Montevideo, Uruguay

### FORMER DIRECTORS OF PASB EX DIRECTORES DE LA OSP

Dr. Héctor R. Acuña México

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### AWARD WINNERS GANADORES DE LOS PREMIOS

PAHO Award for Administration, 2002 Premio OPS en Administración, 2002

Dr. Hugo Mendoza República Dominicana

Abraham Horwitz Award for Inter-American Health, 2002 Premio Abraham Horwitz en Salud Interamericana, 2002

Prof. Leonard Duhl United States of America

Manuel Velasco Suárez Bioethics Award Premio de Bioética Manuel Velasco Suárez

Dr. Deborah Diniz Brasil

## UNITED NATIONS AND SPECIALIZED AGENCIES NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS

### International Labour Organization Organización Internacional del Trabajo

Mr. Emmanuel Reynaud

Mr. Cristian Baeza

Mr. Pedro Francisco Crocco

United Nations Childrens' Fund Fondo de las Naciones Unidas para la Infancia

Dr. Osvaldo Legón

# REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES

### Caribbean Community Comunidad del Caribe

Dr. James St. Catherine Mr. Carl F. Browne

Hipólito Unanue Agreement Convenio Hipólito Unanue

Dr. Mauricio Bustamante

# REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS (cont.) REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES (cont.)

Inter-American Development Bank Banco Interamericano de Desarrollo

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Organization of American States Organización de Estados Americanos

Mr. Paul Spencer

The World Bank Banco Mundial

Ms. Evangeline Javier

Mr. Patricio V. Márquez

Ms. María Colchao

Ms. Isabella Danel

## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES

Inter-American Association of Sanitary and Environmental Engineering Asociación Interamericana de Ingeniería Sanitaria y Ambiental

Mr. Horst Otterstetter

Mr. Luiz Augusto de Lima Pontes

International Association for Adolescent Health Asociación Internacional de Salud de los Adolescentes

Dr. Richard Brown

International Association for Dental Research Asociación Internacional para Investigación Dental

Ms. Alice Horowitz

International College of Surgeons Colegio Internacional de Cirujanos

Dr. Masao S. Yu

**International Confederation of Midwives Confederación Internacional de Parteras** 

Ms. Gwen Brumbaugh Keeney

International Federation of Gynecology and Obstetrics Federación Internacional de Ginecología y Obstetricia

Ms. Janet Chapin

## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS (cont.) REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES (cont.)

#### International Federation of Pharmaceutical Manufacturers Associations Federación Internacional de la Industria del Medicamento

Ms. Susan Crowley

International Hospital Federation Federación Internacional de Hospitales

Ms. Pamela Thompson

International Pharmaceutical Federation Federación Internacional Farmacéutica

Dr. Rodrigo Salas Sánchez

International Society of Doctors for the Environment Asociación Internacional de Médicos para el Medio Ambiente

Dr. Lilian Corra Dr. Cathey Falvo

International Society of Nurses in Cancer Care Asociación Internacional de Enfermeras en Cancerología

Ms. Vernice Ferguson

Latin American Association of the Pharmaceutical Industry Asociación Latinoamericana de Industrias Farmacéuticas

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# REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS (cont.) REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES (cont.)

### Latin American Confederation of Clinical Biochemistry Confederación Latinoamericana de Bioquímica Clínica

Lic. Maritza Flores

Lic. Elba Suarez de Vargas

### Latin American Federation of Hospitals Federación Latinoamericana de Hospitales

Dr. Norberto Larroca Dr. Héctor Vazzano

### Latin American Union against Sexually Transmitted Diseases Unión Latinoamericana contra las Enfermedades de Transmisión Sexual

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#### **March of Dimes**

Dr. Mary-Elizabeth Reeve

### Medical Women's International Association Asociación Internacional de Mujeres Médicas

Dr. Roselyn Epps

#### Pan American Federation of Nursing Professionals Federación Panamericana de Profesionales de Enfermería

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## REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS (cont.) REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES (cont.)

The National Alliance for Hispanic Health La Alianza Nacional para la Salud Hispana

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#### **United States Pharmacopeia**

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Dr. Anne Alexander Marshall

World Association for Sexology Asociación Mundial de Sexología

Dr. Eli Coleman

World Federation of Public Health Associations Federación Mundial de Asociaciones de Salud Pública

Dr. Allen Jones

World Self-Medication Industry Industria Mundial de la Automedicación Responsable

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### Director and Secretary ex officio of the Conference Director y Secretario ex officio de la Conferencia

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#### Advisers to the Director Asesores del Director

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Dr. Mirta Roses Periago Assistant Director Subdirectora

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Dr. María Teresa Cerqueira Director, Division of Health Promotion and Protection Directora, División de Promoción y Protección de la Salud

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