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WORLD HEALTH ORGANIZATION



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FINAL REPORT

Opening of the Session

1. The 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of the World Health Organization (WHO), was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 1 to 5 October 2007.
2. Ambassador Efrén Cocíos Jaramillo (Ecuador, outgoing President) opened the session and welcomed the participants. Dr. Mirta Roses (Director, Pan American Sanitary Bureau) also welcomed the participants. Opening remarks were made by the Honorable Mike Leavitt (United States of America), Ambassador Luis Alberto Rodríguez (National Coordinator and Special Envoy to the Americas, V Summit of the Americas), Mr. Nils Kastberg (Regional Director for Latin America and the Caribbean, United Nations Children's Fund), Ambassador Albert Ramdin (Assistant Secretary General of the Organization of American States), and Dr. Margaret Chan (Director-General, World Health Organization). The respective speeches can be found on the Conference website (<http://www.paho.org/english/gov/csp/csp27index-e.htm>).

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Guyana, Honduras, and Ecuador as members of the Committee on Credentials (Decision CSP27(D1)).

Election of Officers

4. Pursuant to Rule 17 of the Rules of Procedure, the following officers were elected (Decision CSP27(D2)):

<i>President:</i>	Chile	(Dr. María Soledad Barría)
<i>Vice President:</i>	Dominican Republic	(Dr. Bautista Rojas Gómez)
<i>Vice President:</i>	Suriname	(Hon. Dr. Celsius Waterberg)
<i>Rapporteur:</i>	United States of America	(Ms. Elizabeth Yuan)

5. The Director served as Secretary *ex officio*, and Dr. Cristina Beato, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

6. Pursuant to Rule 35 of the Rules of Procedure, the Conference appointed Belize, Bolivia, and Canada as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution (Decision CSP27(D4)).

Establishment of the General Committee

7. Pursuant to Rule 33 of the Rules of Procedure, the Conference appointed Cuba, Guatemala, and Mexico as members of the General Committee (Decision CSP27(D5)).

Adoption of the Agenda (Document CSP27/1)

8. The Conference adopted the provisional agenda contained in Document CSP27/1 without change (Decision CSP27(D3)). The Conference also adopted a program of meetings (Document CSP27/WP/1, Rev.1).

Amendments to the Rules of Procedure of the Pan American Sanitary Conference (Document CSP27/3)

9. The Secretary drew attention to Document CSP27/3, which presented a proposal by the Director to discontinue the production of summary records of the meetings of the Conference and the Directing Council. They would be replaced by a comprehensive final report similar to that which had been produced for sessions of the Executive Committee since 1995. Upon request, sound recordings of the proceedings would be made available to Members, and the Bureau would provide a transcript of any part of the proceedings in which a Member might have a particular interest. The change would result in a more user-friendly product and represent a considerable financial savings for the Organization.

10. The Director noted that the summary reports produced for the Executive Committee and its various subcommittees had been well received. She assured the Conference that a complete record of all Governing Body meetings would continue be kept by means of sound recordings.

11. The Conference adopted Resolution CSP27.R1, approving the proposed changes to the Rules of Procedure.

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CSP27/4)

12. The Honorable H. John Maginley (Antigua and Barbuda, Vice President of the Executive Committee) reported on the activities carried out by the Executive Committee and its various subsidiary bodies between September 2006 and September 2007, noting, inter alia, that at its 140th Session in June 2007 the Committee had considered a proposed regional strategy and plan of action for prevention and control of cervical cancer. The item had not been forwarded to the Conference for action because the Executive Committee had been unable to reach agreement on a proposed resolution.

13. The Committee had unanimously welcomed PAHO's attention to the serious problem of cervical cancer, but Members had questioned some aspects of the proposed regional strategy. While some Members had enthusiastically supported the introduction of the new vaccine against human papillomavirus (HPV), others had felt that the vaccine's high cost would be a major obstacle to its widespread use. Several delegates had emphasized that their countries would not wish to introduce a vaccine that would be unaffordable for the majority of their population and had called on PAHO to explore possibilities for assisting countries in negotiating more favorable prices through the Revolving Fund for Vaccine Procurement. Some Members of the Committee had also expressed concern about the visual screening and cryotherapy treatment methodology recommended under the proposed regional strategy. They had felt that the methodology should not necessarily be recommended in countries where Pap screening was working well. The Committee had requested the Secretariat to revise the regional strategy, bearing in mind Members' comments and concerns, and to resubmit the item to the Committee for consideration in 2008.

14. In the discussion that followed, representatives of several Member States expressed dismay that the Executive Committee had been unable to come to agreement on a regional strategy for cervical cancer prevention and control, in particular the introduction of the vaccine against human papillomavirus. It was felt that, even if imperfect, the vaccine and the visual screening approach were valuable tools for reducing morbidity and mortality from cervical cancer. PAHO and Member States were encouraged to make the issue of cervical cancer a priority.

15. The Director assured the Conference that cervical cancer was a priority for the Organization. The Secretariat was in the process of revising the regional strategy, as requested by the Executive Committee, and would resubmit it to the Governing Bodies in 2008. In the meantime, it would continue providing technical cooperation to assist Member States in dealing with the disease.

16. Accounts of the other items considered by the Executive Committee during its 139th and 140th Sessions and during a special session held via videoconference in January 2007 may be found in the final reports of those sessions (Documents CE139/FR, CESS/FR, and CE140/FR, Annexes A, B, and C, respectively, to Document CSP27/4).

17. The Conference thanked the Members of the Committee for their work and took note of the report.

Reports of the Pan American Sanitary Bureau: Quinquennial Report 2003-2007 of the Director of the Pan American Sanitary Bureau (Official Document 329) and Health in the Americas 2007 (Scientific and Technical Publication 622)

18. The Director began the introduction of her Quinquennial Report with a video illustrating some of the activities undertaken and the successes achieved by the Organization during the previous five-year period. She then highlighted the main features of the report, which reviewed the Secretariat's progress in carrying out the mandates established by Member States, particularly the Strategic Plan 2003-2007. She recalled that in 2003 she had put forward a managerial strategy for achieving the expected results of the Strategic Plan. The strategy had called for a program of institutional transformation and development aimed at enhancing the Secretariat's technical cooperation. The Organization had thus embarked upon an institutional strengthening initiative designed to improve governance, planning, results-based management, accountability, and transparency. Many of the changes implemented during the period had responded directly to recommendations made by the Working Group on PAHO in the 21st Century.

19. The report also included information on action taken by PAHO pursuant to health-related mandates established by Member States at the Summits of the Americas and other regional and subregional forums. Notable among the latter was the goal of providing antiretroviral treatment to at least 600,000 HIV-infected individuals by the year 2005, thanks to which the Region had made a significant contribution towards the WHO goal of "3 by 5" (three million HIV-positive people in developing countries receiving antiretroviral drugs by the end of 2005). The advances outlined in the report were the result of the joint effort of the staff of the Secretariat, the Member States, and all those who collaborate with the Organization in the sphere of technical cooperation, to all of whom she expressed her sincere appreciation.

20. Turning to the publication *Health in the Americas 2007*, she said that it provided a much more detailed picture of the current health situation in the Region and in individual countries with regard to health and human development, specific diseases and risk factors, environmental health, and the evolution of health systems. It also examined the Region's progress towards the achievement of the health-related Millennium Development Goals. She drew attention to some of the statistics on population, life

expectancy, morbidity and mortality, diseases and health risks, health resources, and other areas covered in the report, noting, for example, that the Region continued to experience population growth, albeit at a slower rate than in the past, and population aging. The trend towards urbanization also continued. While some headway had been made in combating poverty, 40.6% of the population of Latin America and the Caribbean continued to live in poverty, and 152 million people lacked access to safe drinking water and basic sanitation services. Life expectancy at birth had risen steadily throughout the Region since the mid-1900s, and the gap between the countries of North America and those of Latin America and the Caribbean had narrowed, but marked differences remained in some cases.

21. She concluded by pointing out that every statistic in the report represented the life of a man, woman, or child in some corner of the Region and expressed the hope that in the 2012 edition of *Health in the Americas* it would be possible to report significant progress towards ensuring a longer, fuller and more productive life for every inhabitant of the Americas, but particularly for the most disadvantaged and excluded groups.

22. Member States commended the progress made in improving health in the Region in the previous five years. The Director's efforts to improve the management of PAHO and enhance its accountability, transparency, and efficiency were also applauded. At the same time, delegates highlighted the challenges to be addressed in the future, notably the need to strengthen social protection and reduce social exclusion, eliminate health inequities, tackle climate change and other environmental problems, and deal with human resources issues, especially the migration of health professionals from developing to developed countries.

23. A number of delegates pointed out that *Health in the Americas 2007* made it apparent that the Americas remained the most inequitable region in the world and underlined the need for a redistribution of wealth as a fundamental condition for achieving equity in health. The need to enhance social protection, particularly by strengthening and increasing the coverage of primary health care services, was also emphasized by numerous delegates, as was the need to address the social determinants of health. The link between health and human development was highlighted, and it was stressed that health care must be seen not as a cost but as an investment that would contribute to development and economic growth. Several delegations described their governments' efforts to expand social protection, combat poverty and inequity, and ensure quality health care for all their citizens. A number of national programs to address specific health problems were also mentioned.

24. The growing epidemic of noncommunicable diseases was seen as one of the major challenges to be confronted in the next five-year period. In that connection, the need to promote healthy habits and lifestyles was underscored. In particular, increased

attention to nutritional deficiencies and other diet-related health problems, especially obesity and overweight, was needed. Combating climate change and other environmental problems was considered another challenge requiring urgent action.

25. The issue of human resources was a grave concern for many delegates. The countries of Latin America and the Caribbean were investing huge amounts of time and money in training health professionals, only to have them migrate to richer countries in North America and Europe, a phenomenon which one delegate characterized as “brain theft.” As a result, the capacity of the former group of countries to provide health care for their populations was being severely compromised. Another concern was the type of training being provided to health personnel. It was felt that greater emphasis was needed on health promotion and primary health care and less on specialized and hospital care. PAHO was urged to make human resource issues a priority in the coming quinquennium.

26. Other points raised in the course of the discussion included the importance of collaboration among countries at the subregional level, particularly in the current context of globalization. PAHO was commended for its support of subregional integration processes. The Organization’s role in strengthening national health authorities and enhancing the leadership capacity of ministries of health was also applauded. In addition, the value of traditional medicine in addressing contemporary public health problems was also highlighted. It was suggested that the two reports should have made some mention of recent innovative mechanisms for funding drug and vaccine purchases, such as the International Drug Purchasing Facility-UNITAID, Advance Market Commitments (AMCs) for vaccines, and the International Finance Facility for Immunisation (IFFIm).

27. The Director reiterated that the successes of the previous five years had been the result of a collaborative effort involving the entire Organization, including Member States, which had played an active role in the process of institutional transformation and strengthening that had taken place since 2002. As a result of that process, the Organization now had a number of highly effective programming and decision-making instruments. One was the Regional Program Budget Policy, adopted in 2004. Another was the Regional Strategy on Nutrition in Health and Development, adopted in 2006, which addressed many of the diet- and nutrition-related issues raised by delegates.

28. Responding to the comments concerning inequity and social protection, she said that it was true that the health sector operated in a context of tremendous inequity, exclusion, and discrimination, but it was equally true that the sector had a responsibility not to replicate or perpetuate inequalities and inequities. On the contrary, health should be used as a means of redistributing resources and promoting social justice. To that end, as had been noted in the discussion, it was vital to strengthen the leadership capacity of national health authorities in order to enable them to forge alliances with authorities in other sectors in order to address the determinants of health that fell outside the direct

control of the health sector. With regard to social determinants of health, she noted that the Americas had participated actively in the work of the WHO Commission on the matter and was the only WHO region which had undertaken a formal consultation with civil society on the issue in order to provide input for the Commission's report.

29. Finally, she said that the Secretariat was aware that some information had been omitted from *Health in the Americas 2007* and would issue a corrigendum within three or four months in order to rectify those oversights.

30. The Conference thanked the Director for her presentation and took note of the reports.

Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas (Document CSP27/5)

31. Dr. Mirta Roses Periago (Argentina) was reelected Director of the Pan American Sanitary Bureau for a period of five years, beginning 1 February 2008. The vote was taken by secret ballot. A total of 38 ballots were cast, 2 of which were invalid, leaving 36 valid votes for Dr. Roses. Dr. Raúl Castellanos (Puerto Rico) and Ms. Natividad Nalda (Spain) served as tellers.

32. The Conference adopted Resolution CSP27.R9, declaring Dr. Roses elected and submitting her name to the Executive Board of the World Health Organization for appointment as Regional Director for the Americas.

33. Dr. Roses' acceptance speech can be found in Document CSP27/DIV/8, available on the Conference website (<http://www.paho.org/english/gov/csp/csp27-div8-e.pdf>).

34. Dr. Margaret Chan (Director-General, WHO) welcomed the outcome of the election, which she saw as a strong vote of confidence in the Director's leadership and performance over the preceding five years. She would transmit the election results to the WHO Executive Board, which would, she was sure, confirm the Director's appointment as Regional Director for the Americas in January 2008. She looked forward to continuing to work closely with Dr. Roses and the rest of the PAHO staff to strengthen global public health.

Election of Three Member States to the Executive Committee (Document CSP27/6)

35. The Conference elected Bolivia, Mexico, and Suriname to the Executive Committee, replacing Canada, Cuba, and Venezuela, whose periods of office had expired. The vote was taken by secret ballot; a total of 38 votes were cast, making the

required majority 20. The vote count was as follows: Bolivia: 23; Haiti: 21; Mexico: 34; and Suriname: 22. Dr. Raúl Castellanos (Puerto Rico) and Ms. Natividad Nalda (Spain) served as tellers.

36. The Conference adopted Resolution CSP27.R8, declaring Bolivia, Mexico, and Suriname elected to membership on the Executive Committee for a period of three years and thanking Canada, Cuba, and Venezuela for their valuable participation.

Program Policy Matters

Proposed Strategic Plan 2008–2012 (Official Document 328)

37. Hon. H. John Maginley (Representative of the Executive Committee) introduced this item and reported on the Executive Committee's comments and recommendations on an earlier version of the Strategic Plan 2008-2012, which the Committee had discussed at its 140th Session in June 2007 (see CE140/FR, paragraphs 30-46).

38. Dr. Daniel Gutiérrez (Area Manager, Planning, Program Budget, and Project Support, PAHO) recalled that the process of developing the Strategic Plan for 2008-2012 had begun a year earlier and had been highly participatory, involving numerous people from all three levels of the Organization: regional, subregional, and country. Member States had also been actively involved. Because PAHO belonged to the both the inter-American and the United Nations systems, the Strategic Plan had to be aligned with the planning instruments of both systems, namely, the Eleventh General Program of Work for 2006-2015 and Medium-term Strategic Plan for 2008-2013 of WHO and the Health Agenda for the Americas 2008-2017 approved by the Region's ministers of health at the 37th regular session of the General Assembly of the Organization of American States (OAS) in June 2007.

39. The Strategic Plan comprised 16 strategic objectives, for which the Secretariat and Member States would be jointly responsible, and 88 region-wide expected results, for which the Secretariat would have sole responsibility. The number of region-wide expected results had been reduced from 93 to 88 and the number of indicators from 450 to 324, pursuant to recommendations from the Executive Committee. The Plan would be executed over three bienniums, starting in 2008. The Governing Bodies would receive the Secretariat's first progress report on the implementation of the Plan in 2010.

40. Member States welcomed the improvements to the document since its consideration by the Executive Committee and applauded the participatory process through which the Strategic Plan had been developed. It was felt that the Plan would provide sound guidance for work of both the Secretariat and Member States over the next

six years and that it would also enhance PAHO's results-based budgeting and management. The Plan's alignment both with the Health Agenda for the Americas 2008-2017 and with the WHO Eleventh General Program of Work and Medium-term Strategic Plan was also commended, as was its regional specificity.

41. Delegates agreed that the decision to retain 16 strategic objectives, rather than combining and consolidating some objectives as had been done in the case of the WHO Medium-term Strategic Plan, would enable the Organization to better target its work to the specific needs of PAHO Member States. The subregional component of the Plan, together with the funds allocated for subregional programs under the biennial program budgets, would also facilitate greater specificity. However, PAHO should establish a better methodology for ensuring more efficient and effective use of the subregional funds. PAHO should also, while continuing to focus on the five priority countries, not neglect the needs of middle-income countries, which were not being served by other organizations. Such countries had a particular need for resources for technical training and scientific research.

42. The Secretariat's efforts to make the Plan more concise and to refine the targets and indicators were welcomed, although some delegates felt that additional improvements were needed in order to ensure that the indicators would actually measure whether expected results were being achieved. One delegate expressed the view that the indicators should better reflect subregional differences in order to address the specific challenges of countries in the various subregions. The Secretariat was encouraged to treat the Plan as a "living document" and to adjust the targets and indicators as needed in response to changing circumstances. Several delegations indicated that they would submit additional comments in writing on specific indicators.

43. The integration of health system strengthening, including the reinforcement of health information systems, into the various strategic objectives was praised. The Plan's recognition of the necessity of ensuring sufficient supplies of well-qualified human resources for health was also seen as positive. The need to ensure coordination between health systems and training institutions for health personnel in order to achieve public health goals was stressed. Achieving such coordination, it was pointed out, meant strengthening the leadership capacity of the national health authority.

44. The Delegate of the United States, recalling that his Government had dissociated itself from the consensus on the WHO Global Strategy on Reproductive Health, said that it was his delegation's understanding that reproductive health services did not include abortion and that nothing in the Strategic Plan encouraged PAHO Member States to expand the availability of legal abortion. Referring to indicator 15.3.1, he emphasized that any information provided by PAHO on the potential implications of trade agreements

from a public health perspective must be unbiased and evidence-based and must fairly represent the different views of Members on trade issues.

45. A representative of the International Commission on Occupational Health expressed her organization's support for the Strategic Plan and encouraged PAHO to emphasize the development and expansion of basic occupational health services for workers, highlighting the importance of ensuring the health and safety of health workers for the success of many of the activities envisaged under the Plan. She also proposed that the Conference consider inserting the words "occupational and" before "environmental" in Strategic Objective 8, so that the last part would read "occupational and environmental threats to health."

46. Dr. Gutiérrez said that he had taken note of all comments and suggestions and would ensure that they were incorporated into the final version of the Strategic Plan. He assured the Conference that the Secretariat viewed the Plan as a living, flexible document which would doubtless need to be modified over time. He thanked all Member States for their support and contributions in the process of developing the Plan.

47. The Director observed that the document before the Conference, which was the result of extensive consultation and consensus-building among all the various stakeholders in the Region, once again demonstrated that participatory processes strengthened and improved the development of collective plans. Such broad participation might make the process longer and slower, but it ultimately led to a better product. Modern information technology had facilitated the participatory process and had reduced its cost. Still, it had not been easy to consolidate and reconcile all the various points of view, competing priorities, differing interpretations of words and phrases, and other issues, but in the end the shared commitment of all to health had prevailed. In her view, one of the main lesson learned from the development of the Strategic Plan was that investment in a good plan would mean that everyone felt a part of it, which would help to ensure the necessary commitment and resources for its successful implementation.

48. The Conference adopted Resolution CSP27.R4, approving the Strategic Plan 2008-2012.

Proposed Program Budget 2008–2009 (Official Document 327)

49. Hon. H. John Maginley (Representative of the Executive Committee) summarized the comments of the Executive Committee on the Program Budget proposal (see CE140/FR, paragraphs 47-63), noting that the Committee had recommended that the Sanitary Conference approve the proposal with the 3.9% increase in Member States' assessments.

50. Mr. Román Sotela (Unit Chief, Planning and Program Budget, PAHO) said that the budget proposal before the Conference had been refined in the light of the Executive Committee's comments. He pointed out that 2008-2009 was the second biennium in the three-biennium period for the phased implementation of the Regional Program Budget Policy approved in 2004, under which the allocations for the country and subregional levels would increase and the regional allocation would decrease. The total proposal was for \$626 million.¹ Of that amount, \$180 million would come from Member State assessments and \$17.5 million would come from miscellaneous income. The latter figure had been raised from \$14.5 million in response to one of the recommendations of the Executive Committee. Hence, the PAHO share of the regular budget was \$197.5 million, which represented a 5.2% increase over the previous biennium. With the WHO share of \$81.5 million approved by the World Health Assembly in May, the total proposed regular budget amounted to \$279,067,000. Voluntary contributions were estimated at about \$347 million, bringing the total combined budget proposal to \$626,067,000. Voluntary contributions would account for slightly over half of the total, PAHO regular funds for 32%, and WHO regular funds for 13%. Almost 71% of the proposed increase in the budget would be implemented at country level. As requested by the Executive Committee, the 16 strategic objectives had been ranked on the basis of two prioritization exercises, which were described in the Strategic Plan 2008-2012, and the first seven accounted for the largest percentage increases

51. He concluded by outlining some of the steps that the Secretariat had taken in recent years to enhance efficiency and realize economies, including the merging of program areas, the decentralization of posts, and the reduction of fixed-term staff from 1222 in 1980-1981 to 778 at present.

52. In the ensuing discussion, delegates expressed appreciation to the Secretariat for its hard work on the budget and for its responsiveness to comments and suggestions made by Member States in earlier discussions of the proposal. Delegates recognized that the budget was the means through which the Organization would achieve the expected results set out in the Strategic Plan 2008-2012, and felt that the Secretariat had provided good justification for the proposed increase of 3.9% in Member States' assessments. It had also demonstrated its commitment to budget discipline, program prioritization, the pursuit of efficiencies, and the production of real results. For those reasons, all Member States, including those with policies of zero nominal growth in the budgets of international organizations, agreed to support the proposal.

53. The difficulty of distributing finite resources among competing priorities was recognized, but PAHO was urged to make an effort to channel a larger amount to chronic and noncommunicable diseases, which represented a serious and growing burden for the

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

countries of the Region. The Delegate of Guyana, speaking on behalf of the countries of the Caribbean Community (CARICOM), noted that the budget allocations of many Caribbean countries were being reduced pursuant to the Regional Program Budget Policy, which was undermining their health achievements and deterring the further development of their health systems. He encouraged the Organization to develop a method of country budget distribution that reflected the disease burden in each country. The Delegate of Bolivia, speaking in representation of the Andean Community, inquired whether the countries within the various subregional groupings had scope for the redistribution of subregional resources among the strategic objectives.

54. Some doubt was expressed about the projected level of extrabudgetary funding. It was pointed out that, as voluntary contributions would account for over half of total funding for the budget, if those funds were not obtained, not only would it be impossible to carry out some programs, but expected results would not be achieved and potential gains in public health would be jeopardized.

55. Mr. Sotela, while acknowledging that the estimate for voluntary contributions was ambitious, said that the Secretariat considered it achievable. About \$310 million had been received thus far in the current biennium – substantially surpassing the budgeted figure of \$265.5 million – and three months remained in the period. The estimate of \$347 million for 2008-2009 therefore seemed reasonable, particularly as PAHO expected to receive a larger share of WHO voluntary contributions than in 2006-2007.

56. Replying to the query concerning redistribution of subregional allocations, he noted that the subregional cooperation plans were still being finalized, and accordingly there was still room to refine the content of the subregional budgets. Regarding the allocation for chronic noncommunicable diseases, the Secretariat had heard Member States' calls for an increase in that area and had heeded them to the extent possible, raising the allocation for Strategic Objective 3 by more than 50% with respect to 2006-2007. From a budgeting perspective, it was not realistic to project a larger increase than that from one biennium to the next, particularly as the area of chronic noncommunicable diseases traditionally had not attracted a great deal of voluntary funding.

57. The Director emphasized the synergy that existed among the 16 strategic objectives, as a result of which chronic noncommunicable diseases would be addressed not only under Strategic Objective 3, but also under Strategic Objectives 6, 7, and 9. That was the kind of approach that Member States had called for: a multifactorial approach that balanced strengthening health systems and infrastructure with addressing specific health problems, including their risk factors and determinants. It was important to recognize that focusing on disease-specific programs had been an obstacle to building strong, integrated health systems that were capable of providing a comprehensive response to the health situation, one that was in keeping with the principles of the "new

public health.” She therefore welcomed the growing trend among contributors of voluntary funds to provide long-term programmatic support rather than short-term earmarked funding. PAHO now had multi-year plans for such support with several of its major contributors. That funding would enable the Organization to cover the funding gaps in the budget and thus enhance its capacity for implementation of the Strategic Plan and achievement of the strategic objectives and expected results at the regional level. Nevertheless, at the country and subregional levels, Member States could opt to increase the amount allocated to chronic noncommunicable diseases or other priority areas identified under their country or subregional cooperation strategies.

58. She thanked the members of the Subcommittee on Program, Budget, and Administration and the Executive Committee for their work on the budget and expressed appreciation to the Member States that had voiced support for the proposal during the Conference. She was confident that by the end of the biennium substantial headway would have been made in implementing the Strategic Plan recently approved by Member States.

59. The Conference adopted Resolutions CSP27.R5 and CSP27.R6, approving the proposed program budget and Member State assessments for 2008, with the 3.9% increase.

Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report (Document CSP27/7)

60. Ms. Elizabeth Yuan (Representative of the Executive Committee) reported on the Executive Committee’s discussion on this topic at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 64-70) and outlined the content of the proposed resolution adopted by the Committee, which was appended to Document CSP27/7.

61. The Conference heard an address by Dr. Margarita Cedeño de Fernández, First Lady of the Dominican Republic and PAHO’s goodwill ambassador for the elimination of rubella and congenital rubella syndrome in the Americas. The text of the address can be found in Document CSP27/DIV/12 on the Conference website (<http://www.paho.org/english/gov/csp/csp27index-e.htm>). In introducing Dr. Cedeño de Fernández, the President noted that she had been a member of prestigious law firms in her country and legal advisor to a former president of the Dominican Republic, with the rank of Undersecretary of State. Since assuming the role of First Lady in 2004, she had overseen the successful implementation of social programs benefiting children, adolescents, women, and families in general.

62. Member States reaffirmed their Governments’ commitment to the goal of eliminating rubella and congenital rubella syndrome (CRS) and expressed strong support

for the transition from child-oriented to family-oriented immunization programs. The latter strategy would protect older age groups against a number of diseases, including rubella. Delegates of several countries described recent or upcoming mass vaccination campaigns that targeted adolescents and adults of reproductive age. Coupled with routine child vaccination, such campaigns had achieved high coverage rates with rubella-containing vaccines. However, to gauge the true success of the initiative, effective surveillance systems were needed in order to identify and investigate suspected cases of rubella and CRS. All countries, regardless of their immunization coverage, needed to remain vigilant, as demonstrated by recent imported rubella cases.

63. The Conference highlighted the importance of sustained political commitment at the highest level, adequate funding and vaccine supplies, social communication, and strategic alliances with partner organizations in order to achieve and maintain the elimination of rubella and CRS. Member States expressed strong support for the formation of both national commissions and an international expert committee to verify the interruption of endemic transmission of the rubella virus, and several delegates said that their countries were willing to provide experts to serve on the committee. PAHO's efforts to ensure vaccine availability through the Revolving Fund for Vaccine Procurement were commended, and the Organization was encouraged to keep Member States informed of progress towards the elimination goal and of any obstacles that might stand in the way of its achievement, including gaps in vaccine availability.

64. Dr. Cuauhtémoc Ruíz Matus (Unit Chief, Immunizations, PAHO) congratulated Member States on their achievements to date in reducing rubella and CRS cases and increasing vaccination coverage. He noted that the participation of civil society, local and national governments, and other partners in immunization campaigns served to strengthen health services in general, increase equity, and promote a culture of prevention and health promotion. He reminded countries that the advances they had achieved against rubella must be maintained even as they took action to address new challenges.

65. A video about immunization campaigns against rubella in the Americas was shown. Afterwards, the Director presented a plaque to the First Lady of the Dominican Republic recognizing her leadership in and commitment to the elimination of rubella and congenital rubella syndrome.

66. The Conference adopted Resolution CSP27.R2.

Avian Flu and Pandemic Influenza: Progress Report (Document CSP27/8)

67. Dr. Nancy Pérez (Representative of the Executive Committee) summarized the discussion on this topic at the Executive Committee's 140th Session in June 2007 (see Document CE140/FR, paragraphs 71-76), reporting that the Committee had commended

PAHO's efforts to strengthen influenza preparedness at the local level and had encouraged it to continue those efforts. The Committee had taken note of the progress report but had not forwarded a proposed resolution to the Conference.

68. In the ensuing discussion, Member States welcomed the report and expressed their appreciation for PAHO's support in the development and evaluation of national influenza pandemic preparedness plans. Several delegates provided an update on their countries' activities under those plans. They emphasized the importance of strengthening disease surveillance systems and laboratory capacity to provide early warning of outbreaks, which required enhanced training and infrastructure improvements. Some countries had formed rapid-response teams, held training workshops, and conducted simulation exercises to test preparedness in the event of an influenza outbreak. Cooperation between health ministries and other stakeholders, especially ministries of agriculture, was considered crucial to success in preventing and combating outbreaks. The importance of community participation in both the development and operation of influenza prevention plans was highlighted, as was the need for better risk communication.

69. Although it was recognized that efforts were underway to increase the availability of antiviral medications and to develop safe and effective vaccines that kept pace with seasonal variation in viral strains, some Member States expressed concern about current supply levels and warned that they would not be able to keep up with demand in a pandemic situation. Two countries in the Region had received grants from WHO, funded by the United States of America, to further develop their national capacity for vaccine production. The issue of intellectual property rights was raised in relation to vaccine development.

70. The Delegate of Brazil called attention to resolution WHA60.28, adopted by the World Health Assembly in May 2007, which dealt with sharing of influenza viral specimens and access to vaccines and other benefits derived from them. He summarized a proposal made by his country at a subsequent intergovernmental meeting on pandemic influenza preparedness (Singapore, 31 July–4 August 2007) to transfer information and biological material to WHO from any case of influenza caused by H5N1 or a new subtype, with the goal of fostering more equitable sharing of benefits. (The report of the Singapore meeting can be found at http://www.who.int/gb/pip/pdf_files/PIP_IGM_4-en.pdf.) He suggested that the Organization should coordinate a regional meeting to discuss and refine that proposal, and his suggestion was supported by the delegates of Argentina and Chile.

71. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) thanked Member States for sharing information on their efforts to prepare for a possible outbreak of avian flu or pandemic influenza. In some global

discussions, it had been suggested that the Region of the Americas was at a lower risk from these diseases than other parts of the world, but the risk of importation of new viral strains was always present. The Organization was pleased to support the countries of the Region in evaluating their national plans. A second round of evaluations had just been completed, and he urged Member States to continue that process in order to identify remaining weaknesses and gaps. He highlighted the common themes that had emerged from the delegates' comments, most notably the importance of intersectoral cooperation and the need to strengthen national capacity in several areas, including laboratory facilities, epidemiological surveillance, and risk communication. The work being done in those areas was important preparation for any health emergency, not just influenza.

72. Responding to a request for more information about communication between countries and the Emergency Operations Center (EOC) at PAHO Headquarters, he explained that the EOC functioned as the point of contact between the Organization and national centers charged with disease notification under the International Health Regulations and that it also helped national authorities to investigate unofficial reports. Regarding supplies of the antiviral medication oseltamivir (Tamiflu®), he announced that the Region would soon be receiving 300,000 doses as a result of WHO's decision to decentralize its stock. The doses would be housed in a PAHO facility in Panama so that the drug could be transported rapidly to any country in which it was needed. He expressed support for Brazil's suggestion that PAHO should organize a regional meeting to discuss policies and regulations regarding access to viral samples and products derived from them. Finally, he thanked the organizations that had partnered with PAHO in support of its work in avian flu and pandemic influenza preparedness, including the United States Agency for International Development and Centers for Disease Control and Prevention, the Canadian International Development Agency, and the Inter-American Development Bank.

73. The Conference took note of the report.

Malaria in the Americas: Progress Report (Document CSP27/9)

74. This item was also introduced by Dr. Nancy Pérez (Representative of the Executive Committee), who summarized the Executive Committee's on the progress report on malaria, which the Committee had examined during its 140th Session in June 2007 (see Document CE140/FR, paragraphs 77-88).

75. In the discussion that followed, several Member States presented updates on the malaria situation in their countries. Most reported success in case reduction since 2000. Activities within the integrated control strategy that were credited with those successes included the distribution of long-lasting insecticide-treated mosquito nets, the introduction of rapid diagnostic tests, prompt treatment of positive cases, use of the

directly observed treatment methodology, household spraying in endemic areas, and enlistment of community volunteers trained in surveillance and vector control. New methods of vector control that did not depend on DDT, supported by the Regional Action Program and Demonstration of Sustainable Alternatives for Malaria Vector Control without Using DDT in Mexico and Central America (DDT-GEF), had also proved effective.

76. Member States expressed gratitude for the financial and technical support received from the Organization and other sources, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Some concern was expressed, however, that previous levels of funding might not be available in the future. It was pointed out that when malaria control resources had been reduced in the past, gains had been reversed and that sustained funding was essential to maintain the successes achieved to date and to meet the goals for malaria reduction adopted for the Region.

77. Several delegates spoke of the challenges that their countries faced owing to specific economic, geographic, and environmental factors. Malaria control in border areas posed a particular challenge because of their remoteness and the mobility of people who lived in or passed through those areas, including miners, migrant workers, and indigenous groups. Some pairs of neighboring countries (for example, Argentina and Bolivia, and the Dominican Republic and Haiti) were engaged in joint activities to combat malaria importations and outbreaks along their shared borders. In Nicaragua, the destruction caused by Hurricane Felix along the Caribbean coast had immediately been recognized as a threat to that country's progress in the fight against malaria. The Ministry of Health had responded rapidly, deploying disease control personnel to find and destroy mosquito breeding places, conduct household spraying, and enhance community-based surveillance and diagnostic networks.

78. Although the countries of the English-speaking Caribbean had eliminated endemic malaria some 40 years ago, they faced the constant threat of cases imported by travelers from endemic countries. Both the Bahamas and Jamaica had experienced outbreaks linked to importations in the past two years, but they had managed to interrupt transmission through rigorous surveillance, prompt treatment, and public education, aided by resources and expertise contributed by other countries of the Region. Additional causes of concern in the Caribbean included climatic and environmental conditions that favored resurgence of the mosquito vector and the loss of critical public health workers through emigration. Owing to the countries' dependence on tourism, outbreaks of malaria could adversely affect their economies, as had been shown in the Bahamas when a travel advisory was issued following the identification of a single case. The PAHO Secretariat was requested to work with the authorities who issued travel advisories to establish fair guidelines that would both protect the traveling public and mitigate economic impact. The Dominican Republic, also concerned with the effect of malaria on tourism, had

created a national health and tourism commission in which the hotel industry and the Government had joined together to develop and conduct malaria control activities. It was suggested that conditions were favorable for the elimination of malaria from the island of Hispaniola, an achievement that would increase health security in the entire Caribbean basin.

79. The Conference strongly endorsed technical cooperation between endemic and nonendemic countries in the Region to develop new tools and strategies against malaria and to share experiences. Delegates considered that coordinated efforts within subregions and throughout the Region would yield the most efficient return on resources invested and would be crucial to sustain successes and meet regional goals. It was pointed out that it was in the best interest of the Region as a whole to ensure that every country succeeded in meeting its national malaria reductions goals. Implementation of the revised International Health Regulations was also cited as a way to strengthen surveillance and improve national and regional ability to respond to outbreaks. The Conference praised the situation assessment and clear recommendations presented in Document CSP27/9 and expressed unanimous support for the establishment of Malaria Day in the Americas, to be observed annually on 6 November.

80. Dr. Keith Carter (Regional Advisor on Malaria, PAHO) thanked Member States for their comments. He called attention to the fact that six countries in the Region had already achieved a 75% reduction in malaria cases since 2000, which was the goal set for 2015 at the 46th Directing Council of PAHO in 2005 (Resolution CD46.14). History had shown, however, that even the most impressive achievements against malaria could be undone if surveillance and control measures were allowed to lapse. The resurgence of malaria in Guyana in the 1970s should serve as a warning for today. He congratulated Jamaica and the Bahamas for having interrupted malaria transmission after the outbreaks in 2006 and applauded the technical and material support lent to those countries by Brazil, Cuba, and Guyana. He also acknowledged the subregional initiatives supporting malaria control projects in Mexico and Central America and in South America and the support provided by the Global Fund to Fight AIDS, Tuberculosis, and Malaria in the Americas. Together, those sources had supplied 60% of the funding for the Region's fight against malaria between 2000 and 2006.

81. Regarding malaria on Hispaniola, Dr. Carter informed the Conference that the Dominican Republic and Haiti had been working jointly to eliminate the disease since signing an agreement in 2001. Haiti had received funding for its malaria control program from the Global Fund, and he was hopeful that the Dominican Republic's proposal would also be funded. A recent study by the Carter Center International Task Force for Disease Eradication had emphasized the feasibility of eliminating malaria from the island, and external funding agencies, including the Government of Canada, had expressed interest in

supporting that initiative. He called on all the countries of the Region to work together towards that end.

82. The Conference adopted Resolution CSP27.R11 on this item, approving, inter alia, the establishment of 6 November as Malaria Day in the Americas.

Regional Goals for Human Resources for Health 2007-2015 (Document CSP27/10)

83. Hon. H. John Maginley (Representative of the Executive Committee) reported that the Executive Committee had discussed the subject of human resources during its 140th Session in June 2007 and summarized the Committee's comments and recommendations on the plan of action that had been proposed at that time (see Document CE140, paragraphs 89-101).

84. In the ensuing discussion, Member States highlighted the centrality of human resources to health outcomes. With the growing complexity of health systems, special skills were needed to manage human resources. Critical elements included better forecasting, earlier identification of needed competencies, and stronger curricula and improved learning delivery systems to sustain those competencies.

85. The importance of tailoring the training of human resources in a country to that country's specific health needs was emphasized. Some countries that had studied the issue had found that they had more specialists in some disciplines, and fewer in others, than they actually needed. Delegates underlined the need for coordination between ministries of health and the institutions that provided training for health personnel. While it was recognized that in most countries such training establishments were autonomous and not subject to control by the ministry of health, it was pointed out that they nevertheless had a responsibility to provide the types and quantities of medical personnel that the country needed. It was considered important to view the training of medical personnel as an investment, and not as an expense incurred.

86. There was general agreement that the migration of health personnel, usually from less prosperous countries to more prosperous ones, was a problem, although it was also pointed out that there could be many different reasons for such migration. Delegates stressed the desirability of cooperation between countries that were exporters of health care personnel and those that were importers, as well as between countries that had extensive training facilities and those that did not. It was pointed out that in many countries, in particular in the Caribbean, human resources shortages caused by migration of health personnel had negative effects not only on nationals of the country in question but also on foreign tourists. The Delegate of Antigua and Barbuda appealed in particular to the Government of the United States to agree to meet with representatives of the Commonwealth Secretariat to discuss the issue of migration of health workers.

87. Many delegates described what was being done in their countries to train human resources in health or to retain those that had been trained. Several delegates also described initiatives of their countries to help with training in other countries in the Region. The need for training in intercultural competence for health care providers was stressed.

88. Delegates generally welcomed the regional goals, although the feasibility of some of them was questioned. Some delegates expressed their willingness to collaborate with the Secretariat in refining the goals further by focusing the objectives and developing clear definitions and indicators. It was suggested that the goals would be most successful if individual countries used them as the basis for drawing up national plans to meet their own human resource needs.

89. A representative of the International Council of Nurses made a statement, applauding PAHO's efforts to address the issue of human resources in health and pledging to work with the Organization in order to achieve the regional goals.

90. Dr. Charles Godue (Unit Chief, Human Resources Development, PAHO), responding to the comments, said that he was pleased to observe the general agreement that had emerged in recent years on the centrality of human resources to health outcomes and the performance of health systems, as well as the recognition of the complexity of the issues that had to be dealt with. There was increasing recognition that the responsibilities of ministries of health went beyond simple personnel administration in the public sector and included functions such as strategic human resources planning and formulation of human resource policies, which for too long had been left to market forces or framed by special interest groups. The regional goals would be a useful tool to guide the work of the ministries in that area, and for organizing technical cooperation both between PAHO and Member States and between countries. He briefly described some of the cooperative arrangements already in place between PAHO and countries such as Brazil, Canada, and Cuba.

91. Turning to some of the specific points raised by delegates, he said that the Organization was conscious that in the past it had not been as involved as it should have been in working with the institutions that trained health personnel. A policy paper on how PAHO could help countries in that area would be produced by the end of the current year. Stabilizing a competent work force, aligned with countries' needs, would be the challenge of the coming ten years. To assist ministries of health in that task, PAHO had developed a course on human resource policies for use by the governments of the Region.

92. The Director drew attention to the cost aspect of training human resources for health. Some young people who wished to study medicine or nursing were being

prevented from doing so because of the high fees. Also, many health workers, particularly nurses, left the profession in search of higher salaries or more flexible hours. Those were aspects of the issue that would need further study, and she was confident that the human resources observatories in the various countries would shed more light on them.

93. The Conference adopted Resolution CSP27.R7, endorsing the regional goals for human resources for health 2007-2015.

International Health Security Roundtable (Documents CSP27/11 and Adds. I and II)

94. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO), introducing the topic of the roundtable, said that despite dramatic advances against diseases such as poliomyelitis and measles, the risk and impacts of epidemics were greater than ever in today's world of mass air travel and intensive international trade. The revised International Health Regulations (IHR) approved by the World Health Assembly in 2005 were a response to the current challenges. PAHO had convened the roundtable discussion to allow countries to share their experiences regarding efforts to strengthen health security in compliance with the new IHRs and to identify areas in which the Organization's technical cooperation was needed.

95. Mr. Robert Clarke (Canada) then delivered a keynote address on the strategic risk communication framework developed in Canada for use during public health crises. The impetus for development of a formal risk communication process had been the outbreak of severe acute respiratory syndrome (SARS) in Canada in 2003. Federal and provincial reviews after the outbreak had pointed to the need for better communication to allay concerns among risk groups such as health workers and patients' families. Risk communication involved understanding how people perceived risk and what messages would lead them to behave in a manner that minimized risk to themselves and others. A key lesson learned was the need to involve professionals who understood risk perception (such as social scientists and psychologists), along with scientists and technical experts, in planning for the management of public health emergencies.

96. He noted that the IHRs required timely exchange of information between stakeholders in order to ensure optimal coordination among spokespersons and facilitate the development of key messages. Risk communication supported the IHRs by enabling policy-makers and stakeholders to make informed decisions leading to responsible and ethical risk management. Advance planning was essential to success, and roles and responsibilities needed to be defined before a public health emergency existed. Canada had developed a seven-step process that represented best practices in risk communication, had published the process in a handbook, and was training Public Health Agency staff in its application. The strategic risk communication approach differed from the traditional

“decide, announce, and defend” approach by emphasizing an exchange of information with stakeholders, whether the risk was real or perceived. Key components of the process were identification of stakeholders, assessment of their perceptions, and rapid implementation of a communication plan. Mr. Clarke described the application of risk communication principles in the recent incident of a patient with extensively drug-resistant tuberculosis who had traveled through Canada on his way back to the United States from Europe. Evaluation of the results of the communications about that case had been positive. Canada had hosted workshops on risk communication with international partners and looked forward to continuing to develop and share best practices.

97. Hon. Tony Clement (Canada) also emphasized the need to develop and test communications plans prior to an infectious disease outbreak. In the midst of a crisis there was not enough time to develop a risk communication strategy, and health authorities could lose credibility if their messages did not keep pace with fast-moving events.

98. Delegates participated in one of three discussion groups. Group 1 focused on subregional cooperation as it related to implementation of the International Health Regulations. Groups 2 and 3 discussed country perspectives on the role of the national focal point in events surveillance and response under the IHRs. Further details about the topics addressed in the discussion groups may be found in Document CSP27/11, Add. I, available on the Conference website (<http://www.paho.org/english/gov/csp/csp27-11-a1-e.pdf>).

99. Dr. Carissa Etienne (Assistant Director, PAHO) presented the final report of the discussion groups (Document CSP27/11, Add. II), which highlighted the actions being taken by Member States to meet the IHR requirement to conduct an assessment of national surveillance and response capacity by 2009. She reported that Member States had welcomed the roundtable and other regional and subregional opportunities to obtain guidance and learn about best practices for use in their national core capacity assessments. The discussions had brought to light the challenge of strengthening local-level core capacity to identify and respond to health emergencies, the varying levels of preparedness of the IHR national focal points in different countries, the need for an effective intersectoral response in support of implementation of the Regulations, and the importance of subregional collaboration. The complete report is available on the Conference website at <http://www.paho.org/english/gov/csp/csp27-11-a2-e.pdf>.

100. Commenting on the report, one delegate emphasized the lead role of epidemiological services in implementing the IHRs and warned against the creation of new administrative structures that would divert resources and weaken that role. Another suggested that additional laboratory capacity was required to ensure rapid and precise identification of the disease agent when epidemiological surveillance signaled the

existence of a threat. The evaluation and strengthening of core capacity in accordance with the requirements of the IHRs would be facilitated by countries' sharing of tools and techniques not only within subregions but also within the Region as a whole and with countries in other regions. Coordination of all sectors at a high political level was vital in responding to health emergencies.

101. Dr. Margaret Chan (Director-General, WHO) thanked Member States for their contribution to the development of the revised International Health Regulations and for their remarks as summarized in the roundtable report and subsequent discussion. She agreed that it was important to focus on national, subregional, and regional capacity to respond to public health emergencies, although a seamless system at the global level was needed as well. As the regional offices of WHO supported capacity-building within their Member States, WHO was working with the regional offices to ensure that they could act in concert when faced with a global event. She also concurred that ministries of health should assume the technical lead in dealing with health emergencies, but she emphasized that a coordination mechanism above the ministerial level (for example, in the office of the president or prime minister) was needed in order to mobilize resources over which the health sector had no authority. Such mechanisms needed to be in place in advance of a crisis, as did a detailed risk communication strategy such as the one outlined in Mr. Clarke's presentation.

102. The Conference adopted Resolution CSP27.R13, which incorporated the recommendations and conclusions from the roundtable discussion.

Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities (Document CSP27/12)

103. Dr. Judy Cermeño (Representative of the Executive Committee) summarized the comments made by the Executive Committee on an earlier version of the document on this item at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 108-113), noting that the Committee had recommended that the document's title ("Regional Initiative on Safe Hospitals") should be modified to reflect its emphasis on disaster preparedness.

104. In the ensuing discussion, Member States expressed strong support for both the Regional Initiative and the global Campaign for Safe Hospitals, emphasizing that hospitals played a leading role in providing emergency care and minimizing mortality and morbidity following a disaster, and that it was therefore crucially important to ensure that they could withstand the impact of disasters and remain functional afterwards. Failure of a hospital to remain functional could lead to a loss of public confidence in the entire health care system. Several delegates stressed the need also to ensure that health

facilities other than hospitals were disaster-resilient, because in remote areas they may be the only source of health care.

105. It was pointed out that only a small proportion of hospitals were knocked out of service by structural damage. Functional collapse was the main cause for a hospital's being out of service following a disaster. Advance planning was thus needed to ensure that water supply, electricity, laundry, and other essential services would continue after a disaster. Stockpiles of food, drugs, and other supplies should also be created. Measures needed to be taken, too, to ensure that health personnel could continue working. Intersectoral participation by numerous stakeholders was essential in ensuring the safety and functionality of hospitals and other health facilities, as many of the skills and resources needed lay outside the health sector.

106. The need to adopt and enforce legislation, policies, and building codes and specifications for risk reduction was stressed. It was pointed out that many existing health facilities had been constructed without taking natural hazards into account. In the Caribbean subregion, for example, two-thirds of all such facilities were located in disaster-prone areas. Delegates agreed that all new health facilities should be built to withstand disasters; however, they also emphasized that action should be taken to assess and remedy the weaknesses of existing facilities, particularly as climate change appeared to be increasing both the frequency and the severity of natural disasters, and much of the current health infrastructure had not been built to resist events of the magnitude of recent floods and hurricanes. In addition, maintenance programs needed to be institutionalized, as otherwise systems and structures would deteriorate over time, increasing vulnerability to disasters. It was suggested that risk reduction should be included as part of the accreditation process for health facilities.

107. The Conference affirmed the value of sharing experiences and best practices so that countries could learn from one another. Delegates described the devastating effects that disasters had had on their hospitals and health systems and outlined some of the steps that their countries were taking to ensure that those systems would remain functional in the wake of future disasters. The Delegate of the United States of America reported that his Government had developed a set of recommendations based on the lessons learned from the inadequate response to Hurricane Katrina. The Delegate of Chile reminded the Conference that the University of Chile was a WHO Collaborating Center for disaster mitigation in health facilities and invited fellow Member States to avail themselves of its expertise.

108. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PAHO), thanking the delegates for their expressions of support for the initiative, recalled that the concept of safe hospitals had originated in the health sector but had subsequently become part of the broader International Strategy for Disaster Reduction.

He considered it a very positive development that the concept should have moved beyond the health sector because, as the Conference had recognized, intersectoral collaboration was essential to ensure safe hospitals. It had been known for some time how to make hospitals safer from a technical perspective, but what had been missing was political support. Member States' support in transmitting the message that hospitals could be made safe, even in low-resource settings, was therefore of vital importance.

109. He welcomed the suggestion of conducting an assessment of existing health facilities and pointed out that the Hospital Safety Index recently developed by PAHO would be a useful instrument for that purpose. He also noted that some of the comments had made it clear that even the most developed countries recognized the need to strengthen their disaster preparedness.

110. The Conference adopted Resolution CSP27.R14.

Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas (Document CSP27/13)

111. Dr. Nancy Pérez (Representative of the Executive Committee), introducing the item, reported that the Executive Committee had discussed and endorsed the proposed strategy for strengthening vital and health statistics during its 140th Session in June 2007 (see Document CE140/FR, paragraphs 129-134 for a summary of the presentation and discussion on the matter).

112. The Conference supported the development of a regional plan of action for strengthening vital and health statistics in line with the strategy described in Document CSP27/13. Member States also considered it fundamental to coordinate PAHO's efforts with those of the WHO Health Metrics Network and were pleased that PAHO had adopted the goals, objectives, and principles of the Network. Delegates noted that the development of a regional plan would support the achievement of goals and targets under national plans, and several reported that their governments had completed the preparation of national plans and described activities undertaken to improve health statistics. For example, both Jamaica and Paraguay had established an interinstitutional vital statistics commission to identify problems and recommend solutions aimed at improving vital statistics. The Bahamas had developed and deployed an integrated public health information system, and Uruguay had designed and implemented a system for managing social sector information. Financial and technical support for national efforts had been contributed by the Inter-American Development Bank, PAHO/WHO through the Health Statistics Network, and the United States Agency for International Development (Paraguay); Health Canada (Bahamas); and the United Nations Development Program (Uruguay).

113. Delegates underscored the importance of timely, valid, and reliable data in the formulation of policies designed to improve health. Moreover, accurate vital statistics and epidemiological data were considered crucial for monitoring the impact of policy decisions and charting progress toward the Millennium Development Goals. Owing to the difficulty of gathering statistical data among marginalized population groups, it was recommended that the strategy should incorporate solutions tailored to different cultural contexts and a risk management approach. It should also include a feedback component that would allow adjustments to be made over time. With systematic evaluation and application of lessons learned, it was felt that the strategy outlined would allow countries to target their efforts with greater precision, making the best use of scarce resources. However, sustained political commitment, demonstrated by adequate financial support, would be required to improve the overall performance of vital and health statistics systems. It was pointed out that strengthening health information systems was an important step in strengthening health systems as a whole.

114. Several speakers mentioned the lack of well-trained personnel at all stages of the health information management process, from data collection to analysis. It was reported that in some countries, health statisticians did not have a defined identity within the sector or access to professional training. Member States called on PAHO to provide leadership in this area by helping to increase training opportunities for professional and technical personnel who worked with health information.

115. The Conference recommended that countries should build upon existing collaboration between offices in different sectors that collected statistical information. It also stressed the importance of the standardization of norms and procedures and coordination between countries regarding the methods used for data collection and processing. It was suggested that meetings of regional statistical directors and consultations between countries should be held to disseminate best practices. Horizontal cooperation was seen as a good means of strengthening the production of vital and health statistics throughout the Region, and some delegates offered to share their countries' experience in health information management and human resource training. It was also suggested that innovative methodologies and technologies for data analysis should be adopted as appropriate. For example, the development of health geographic information systems (GIS) would permit integrated analyses of health situations based on various risk factors and multiple datasets. At the same time, it was recognized that the introduction of new information technologies would bring with it the need to train personnel in their use.

116. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) thanked Member States for sharing some of their recent efforts to improve health information and its analysis. He reminded the Conference that the initiative under discussion had arisen from a detailed evaluation of health information systems in almost all the countries of the Region, which had pointed to specific

weaknesses in vital and health statistics systems. It was unacceptable that in some countries half of all births and deaths went unregistered. Likewise, it was unacceptable that ministries of health did not have information to allow them to monitor the impact of their activities. The plan of action based on the strategic framework outlined in Document CSP27/13 would target priority problems and would be informed by ongoing evaluation of the situation. Interventions would necessarily involve multiple sectors, as ministries of health were not the only governmental entities collecting or using vital and health statistics. Likewise, PAHO would work with other agencies in the United Nations and inter-American systems to provide more efficient and effective technical cooperation for the improvement of health statistics and information systems. Horizontal cooperation and subregional activities to confront common problems were important components of the strategy, and he welcomed cooperation offers made by countries.

117. In response to a question from the Delegate of the Bahamas, he said that the results from a recent workshop to update the evaluation of vital and health statistics systems in the Caribbean would be available soon. With the preparation of a Regional Plan of Action in the first half of 2008 and the commitment already demonstrated by Member States and a growing number of partners, he was confident that in the next edition of *Health in the Americas* estimates would be replaced by real data that accurately reflected the status of populations and health systems.

118. The Conference adopted Resolution CSP27.R12.

Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals (Document CSP27/14)

119. Dr. Nancy Pérez (Representative of the Executive Committee) reported on the Executive Committee's deliberations on this item at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 135-148), noting that the Committee, while welcoming PAHO's efforts to help countries achieve the Millennium Development Goals (MDGs), had questioned whether the Faces, Voices, and Places initiative really offered anything new or different from what PAHO was already doing through, for example through the Healthy Communities and Municipalities initiative.

120. In the discussion that followed, Member States commended PAHO for the Faces, Voices, and Places initiative and agreed that a community-based approach was essential if the health-related Millennium Development Goals were to be achieved throughout the Region. Inequity, poverty, and lack of access to health services were seen as the chief obstacles to the attainment of the Millennium Development Goals. The need to focus efforts on the poorest and most vulnerable groups and on the communities whose indicators fell furthest below the MDG targets was highlighted. Particular attention should be given to indigenous populations, although efforts to help those populations

achieve the Millennium Development Goals must be respectful of their traditions and practices. The valuable contribution that traditional practitioners such as indigenous midwives could make to the achievement of the Goals was noted.

121. Empowerment and active involvement of people in local communities were considered key to achieving the MDGs. At the same time, it was pointed out that action was needed at the international level to resolve international and regional conflicts—peace being a prerequisite for health and sustained economic development—and to address issues such as the negative effects of globalization which contributed to poverty and inequity. Action was also needed to reduce vulnerability to natural disasters, as a single hurricane or earthquake could undo health gains that had taken years to achieve. Numerous delegates signaled the need to address the underlying social determinants of health and emphasized the importance of primary health care and health promotion, which were seen both as means of tackling the social and environmental factors that led to health inequalities and accelerating progress towards the achievement of the Goals for all inhabitants of the Americas.

122. The need to strengthen local information systems was underscored. The value of sharing successful experiences, best practices, and lessons learned at the local level was also stressed, and a number of delegates described programs and initiatives through which their countries were seeking to identify and meet the needs of the most vulnerable communities. For example, in Honduras, Solidarity Network, a multisectoral program overseen by the country's First Lady, was seeking to bring health, education, and other services to 200,000 extremely poor families in four high-priority departments. Similarly, Mexico was pursuing a policy aimed at reducing social inequity which focused on 100 municipalities with the lowest levels of development in the country. In the Bahamas, as part of a community health approach, local health committees composed of community leaders and citizens were helping to structure health services that truly met the needs of the people. Dominica, in collaboration with Cuba, had embarked upon a vigorous training program for nurses, and was also conducting programs to train community volunteers to deal with the needs of the elderly and the indigent at the local level. Ecuador's new comprehensive family and community health care model would extend primary health care coverage to 7,200,000 people in the country's 500 poorest communities.

123. Several delegates suggested the inclusion of additional information in the document on this item. In particular, it was felt that the document would benefit from a more detailed description of the mechanisms for implementing the initiative at the community level and of the technical and material resources available to countries for that purpose.

124. Dr. Sofía Leticia Morales (Senior Advisor for Millennium Goals and Health Targets, PAHO), responding to the comments, assured the Conference that the

reservations expressed by the Executive Committee with regard to the initiative had been taken to account. The Secretariat was working on a methodological framework that was intended to serve as a guide for action at the community level. The methodology, which would be completed by year's end, would draw on lessons learned from successful experiences such as those mentioned by delegates in the course of the discussion. A guide on the MDGs was also being developed with a view to implementing the Faces, Voices, and Places initiative through healthy municipalities networks in countries such as Argentina and Mexico where such networks were strong and active. By the end of 2007, the Secretariat also expected to have an initial mapping of vulnerable communities, based on the unmet basic needs indicator.

125. The Director observed that those who worked in public health knew that statistics could change without there having been any real change in the lives of people residing in marginalized communities, precisely because the situation in those communities was not reflected in aggregate figures. It was the aim of the Faces, Voices, and Places initiative to make such "invisible" communities visible, to make the communities themselves aware of the Millennium Development Goals, and to engage them actively in pursuing the Goals. Through the use of information technology, successful experiences and best practices would be compiled and added to the basket of methodologies and strategies that communities might employ in order to ensure that the Goals became a reality for the very people they were intended to reach: poor and excluded communities.

126. Dr. Margaret Chan (Director-General, WHO) noted that more than 10 million women and children continued to die every year from largely preventable complications of pregnancy and childbirth. Most of them were faceless and voiceless and lived in places that were invisible to the rest of the world. She therefore welcomed PAHO's initiative, which was giving faces to the faceless and voices to the voiceless, demonstrating that decision-making communities are capable of finding context-specific solutions to their problems. The Faces, Voices, and Places initiative could be a powerful tool in the fight against poverty and inequity and she urged the Region to make full use of it in order to accelerate progress towards the health-related Millennium Development Goals, which, unfortunately, appeared to be the ones least likely to be achieved by 2015.

127. The Conference took note of the report.

Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned (Document CSP27/15)

128. Dr. Nancy Pérez (Representative of the Executive Committee), introducing the item, reported that the Executive Committee had discussed dengue prevention and control at its 140th Session in June 2007 and had strongly endorsed the integrated strategy for managing the disease (see Document CE140/FR, paragraphs 149-156 for a summary of

the Committee's deliberations). The Executive Committee had adopted Resolution CE140.R17, which contained a proposed resolution for consideration by the 27th Pan American Sanitary Conference.

129. In the Conference's discussion of the item, Member States expressed strong support for the recommendations outlined in the proposed resolution and thanked PAHO for its leadership and guidance in efforts to combat dengue. Several delegates reported on recent dengue outbreaks in their countries and activities undertaken within the framework of the integrated management strategy for the disease's prevention and control. Application of an integrated management approach was credited with reducing the overall case load and number of deaths, despite recent climatic conditions that had favored proliferation of the mosquito vector.

130. Delegates considered that one of the most successful tools within the integrated management strategy was community mobilization to eliminate vector breeding sites. Several countries had used an approach called communication for behavioral impact (COMBI) to encourage the adoption of behaviors that reduced the number of vector breeding places around houses. Communication of messages about vector control relied on alliances between the national health and education sectors, local governments, private-sector partners such as the media, and community members themselves. Such multisectoral involvement was essential in dengue control campaigns. Other key activities mentioned by the delegates included surveillance of febrile illness to permit rapid detection of possible cases, improved laboratory capacity for diagnosis of dengue and identification of circulating serotypes, training of health care workers in appropriate management of severe cases, surveillance for vectors at airports and other transportation hubs, and better coordination among the technical areas concerned, including epidemiology, entomology, laboratory diagnosis, and clinical care.

131. Subregional initiatives and cooperation between individual countries had been a valuable supplement to regional assistance coordinated through PAHO. For example, other MERCOSUR countries had provided expertise and resources to Paraguay during recent epidemic outbreaks, and Mexico was working with the countries of Central America to strengthen capacity in several areas of dengue prevention and control.

132. The Conference affirmed that additional resources were needed to support the development and implementation of integrated management plans in countries that still lacked them. Delegates emphasized the need for year-round and sustainable prevention efforts, despite the seasonal nature of the disease. They also recognized the widespread persistence of social conditions that facilitated dengue transmission and hampered control efforts, such as poor housing, uncontrolled urban growth, and deficiencies in water supply and disposal of solid waste. One delegate, noting that the situation analysis in Document CSP27/15 contained a list of some of the obstacles to progress against dengue,

expressed disappointment that the Organization had not recommended specific solutions to overcome those problems.

133. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) commented that all the factors that increased the risk of dengue—social, behavioral, climatic, and economic—had been exacerbated in recent years. Lifestyle changes during the past 40 to 50 years had helped the *Aedes aegypti* mosquito to disperse and flourish in all the countries where the climate permitted its survival. Surveillance efforts must therefore include monitoring of the mosquito population, which could be growing long before an outbreak appeared. Likewise, vector control activities could not be confined to epidemic periods but must be ongoing. Mosquito control personnel could never police every house, however. Success in controlling the dengue vector required people to change their habits and behaviors to avoid creating breeding habitats in water-holding containers around their dwellings.

134. Since dengue outbreaks were cyclical, cases might be absent for two or three years, and maintaining resource mobilization as well as the attention of the public during the time between outbreaks posed a challenge. He reiterated that a successful dengue control program required involvement of many sectors of government, the private sector, and society as a whole. Ministries of health had gained valuable experience in applying the integrated management strategy and had developed a broad arsenal of interventions, not only for responding to outbreaks but for preventing them in diverse social and environmental settings. He called on Member States to continue to collaborate and share their successes.

135. The Conference adopted Resolution CSP27.R15 on this item.

Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety (Document CSP27/16 and Corrig.)

136. Dr. Nancy Pérez (Representative of the Executive Committee) summarized the comments made on this item by the Executives Committee at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 157-165), noting that the Committee had recommended that the Conference approve the proposal to develop, in consultation with Member States, a regional strategy for improving quality of care and to create a regional observatory of quality in health care and patient safety.

137. In the ensuing discussion, Member States voiced solid support for the strategic lines of action put forward in Document CSP27/16 and for the creation of a regional observatory. Support was also expressed for the World Alliance for Patient Safety and the Global Patient Safety Challenges. Several delegates indicated that their countries were participating in the first Global Patient Safety Challenge, “Clean Care is Safer Care,” and

the Delegate of Mexico expressed his country's interest in launching the second Challenge, "Safe Surgery Saves Lives."

138. It was stressed that quality assurance and patient safety could not be the responsibility of a single department; rather, they must involve the entire staff of a health facility, including non-medical personnel. External suppliers of drugs, equipment, and other materials used in the delivery of care must also be involved. Several delegates emphasized the importance of accreditation of hospitals and health facilities, regulation and certification of medical products and suppliers, and registration and licensing of health care practitioners as means of ensuring patient safety and enhancing quality of care. Delegates also pointed out that quality assurance efforts must encompass entire health systems, including not just facilities engaged in curative care activities, but also those providing disease prevention, health promotion, rehabilitation, and other services.

139. Delegates felt that the inherent complexity of health care processes made it necessary to treat health care systems as high-risk systems and to put in place multiple safeguards at all levels to protect against failures that might endanger patients. The need for special attention to the patient safety issues associated with outpatient surgical services was highlighted, particularly the risk of undetected nosocomial infections. A reexamination of the organization of work in health care facilities, especially hospitals, was also needed, as excessively long shifts and heavy workloads increased the likelihood of medical error.

140. It was pointed out that the use of modern health information technology could reduce medical errors, lower health care costs, and improve health outcomes, and PAHO was encouraged to work with Member States to develop good reporting systems and to improve the collection of data on patient safety problems. It was also pointed out that, as a result of advances in information technology, patients were much more knowledgeable about their health conditions and their rights, had higher expectations with regard to quality of care, and were increasingly unwilling to accept poor provider-patient communication as the norm.

141. The importance of patient rights and patient satisfaction was underscored. Several delegates remarked that, while medical care might be considered to have been of high quality from a technical standpoint, it could not be considered quality care if the patient was not satisfied with the treatment that he or she had received. The provider-patient relationship was seen as a critical aspect of quality assurance. Patients should be treated with respect and viewed as equals by medical personnel, an idea that must be instilled in health care providers during their training. Health care providers should also be respectful of cultural and gender differences.

142. While the value of international quality standards such as the International Organization for Standardization (ISO) 9000 standards was recognized, it was also emphasized that quality assurance schemes must be tailored to the needs and circumstances of each country and each health care setting. Delegates described some of the measures being taken in their respective countries to improve patient safety and quality of care, including infection prevention and control procedures, training for personnel in the WHO guidelines on hand hygiene, systems for monitoring and reporting medical errors and adverse events, and strengthening of legal and regulatory frameworks through, for example, the adoption of charters of patients' rights and the enactment of laws mandating that patients be informed of any errors or accidents in their care and of the possible consequences for their health.

143. Dr. Hernán Montenegro (Unit Chief, Health Services Organization, PAHO), summarizing the main points that had emerged from the discussion, said that it was clear that the countries of the Region had already made considerable headway towards improving patient safety and quality of care. The proposed observatory would provide a means of sharing and building on those experiences. A number of delegates had mentioned the need for training of human resources in quality and patient safety, which was included in the five strategic lines of action envisaged in Document CSP27/16. Another important human resources issue raised in the discussion was that of working conditions for health personnel and the impact that they could have on the quality of care. The provider-patient relationship, as had been noted, was also crucial to quality care. As the Conference had also pointed out, however, quality assurance had to involve more than medical personnel. A culture of quality must be fostered throughout health care systems.

144. Thanking Mexico for its offer to launch the second Global Patient Safety Challenge, he noted that the Director had recently had conversations with Sir Liam Donaldson, Chair of the World Alliance for Patient Safety, about the possibility of launching the Safe Surgery Saves Lives initiative in the Americas.

145. The Conference adopted Resolution CSP27.R10, supporting the creation of the regional observatory and the development of a regional strategy for improving patient safety and quality of care.

Administrative and Financial Matters

International Public Sector Accounting Standards (Document CSP27/17)

146. Hon. H. John Maginley (Representative of the Executive Committee), reported on the Committee's deliberations on this item at its 140th Session in June 2007, noting that

the Committee had recommended that the 27th Pan American Sanitary Conference endorse the introduction of the International Public Sector Accounting Standards (IPSAS) at PAHO, to be completed by 2010 (see Document CE140/FR, paragraphs 166-174).

147. The Conference supported the implementation of the IPSAS. It was felt that the new practices would provide for more accurate accounting procedures, tied more closely to the programming and administrative expenditures of the Organization, and would offer greater consistency and comparability of financial results across agencies of the United Nations system.

148. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) affirmed that the two main benefits of IPSAS were, on the one hand, enhanced consistency and comparability of accounting practices throughout the United Nations system and, on the other, clear alignment of expenditures with activities, which would enable the Governing Bodies to see exactly how much program activities had cost. Introduction of the new system would be a collaborative process, to be carried out in close coordination with the other United Nations bodies involved. She would present a progress report on IPSAS implementation to the Governing Bodies in 2008.

149. The Conference adopted Resolution CSP27.R18, endorsing the introduction of the IPSAS at PAHO.

Master Capital Investment Fund (Document CSP27/18)

150. Hon. H. John Maginley (Representative of the Executive Committee) reported that the Executive Committee had discussed the proposed Master Capital Investment Plan and Fund during its 140th Session in June 2007 and had recommended that the 27th Pan American Sanitary Conference approve the Fund's establishment (see Document CE140/FR, paragraphs 175-184).

151. In the discussion that followed, Member States endorsed the proposal to establish a longer-term planning mechanism to ensure adequate financing for the maintenance and upgrading of the Organization's real estate and information technology infrastructure. They welcomed the detailed discussions of the topic that had taken place at the meetings of the Executive Committee and the Subcommittee on Program, Budget, and Administration, and considered that the proposed ceilings for the two subfunds (\$2.0 million for the Real Estate and Equipment subfund and \$6.0 million for the Information Technology subfund) were appropriate.

152. Mr. Edward Harkness (Area Manager, General Services Operations, PAHO) expressed the Secretariat's appreciation for the support received from Member States for the establishment of the Master Capital Investment Fund, which would enable the

Organization to maintain its physical and information technology infrastructure. That, in turn, would enable it to continue to deliver the technical cooperation that was its true purpose.

153. The Director emphasized that the consultations that had taken place with Member States on the establishment of the Master Capital Investment Fund constituted a clear manifestation of the Organization's transparency in the use of its resources. While PAHO certainly needed buildings and facilities from which to carry out its technical cooperation mission, its information technology infrastructure was of equal importance, as it provided the means to involve the Member Governments in the Organization's endeavors. It also made PAHO's work visible and known to the general public and enhanced the Secretariat's ability to apply the principles of results-based management. Thus, while funding the maintenance and upgrading of infrastructure might appear to be strictly an administrative matter, it was at the same time a key factor in the fulfillment of PAHO's mission and mandate.

154. The Conference adopted Resolution CSP27.R.19, endorsing the establishment of the Master Capital Investment Fund.

Report on the Collection of Quota Contributions (Document CSP27/19 and Add. I and II)

155. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) reported that collection of 2007 assessments as of 24 September 2007 had amounted to \$53.3 million. Combined quota collections for 2007 and prior years had totaled \$79 million, as compared to \$94 million in 2006, \$64 million in 2005, and \$74 million in 2004. On 1 January 2007, total arrears of quota contributions for years prior to 2007 had amounted to \$56.2 million, of which \$41.6 million related to 2006. Arrears payments received as of 24 September 2007 had totaled \$44 million, 77% of total arrears.

156. Since 24 September, PAHO had received additional payments of \$7,795 from the British Virgin Islands, \$155,904 from Jamaica, and \$14,152,317 from the United States of America. Seventeen Member States had paid their 2007 assessments in full and 10 had made partial payments; 12 had not made any payments. The Secretariat continued to liaise with Governments in regard to outstanding quota assessments and proposals to establish deferred payment plans, if needed. She expressed the Secretariat's thanks to Member States for their continuing efforts to pay their quota assessments in a timely manner.

157. Dr. Jorge Polanco (Belize) reported that the Working Party to Study the Application of Article 6.B of the PAHO Constitution had reviewed the status of quota

contribution collections and had found that two Member States were more than two years in arrears in the payment of their assessments, but both were in compliance with their approved deferred payment plans. Accordingly, the Working Party did not recommend that the suspension of voting privileges provided for under Article 6.B of the PAHO Constitution be applied to any Member State.

158. The Executive Committee adopted Resolution CSP27.R.3, expressing appreciation to those Member States that had already made payments in 2007, and urging all Members in arrears to meet their financial obligations to the Organization in an expeditious manner.

Interim Financial Report of the Director for 2006 (Official Document 326)

159. Ms. Rhonda Sealey-Thomas (Representative of the Executive Committee) introduced this item, summarizing the discussion that had taken place on the Interim Financial Report during the Executive Committee's 140th Session in June (see Document CE140/FR, paragraphs 195-203).

160. In the discussion that followed, Member States welcomed the report, commending the Director on her sound financial management of the Organization. They took note of the significant increase in procurement and trust fund activities, pointing out that such increased financial flows made it all the more necessary to have proper transparency, oversight, program support, and monitoring and evaluation of all resources entrusted to the Organization. It was noted that all of the Pan American centers had improved their financial performance, although the Caribbean Food and Nutrition Institute (CFNI) had a serious cumulative deficit.

161. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) provided some updated information on the Organization's financial position nine months into the second year of the biennium. Total income for the biennium stood at \$966 million, and by the end of the biennium was expected to reach approximately \$1 billion (compared with \$799 million for the whole of the biennium 2004-2005). With the increased level of income had come greater levels of investment, which had brought more interest income. In consequence, the Secretariat had increased the projection of miscellaneous income for the biennium 2008-2009 from \$14.5 million to \$17.5 million.

162. The rise in income had resulted from increased payment of arrears and contributions, more extensive procurement activities, and larger contributions to the various trust funds. The need to handle such increased amounts with a shrinking permanent staff was putting a strain on the Organization, but the Secretariat was attempting to meet the challenge through greater use of automation and streamlining. Despite the increased workload, the Secretariat was committed to maintaining the

necessary levels of transparency and oversight. PAHO was working with CFNI with a view to improving its financial situation.

163. The Director stressed that all resources from voluntary contributions received by the Organization were utilized for programs and projects falling within the mandate given to the Organization by the Governing Bodies. PAHO did not accept contributions for activities falling outside that mandate. The Secretariat was able to handle the increased volume of funds with a decreasing number of staff for three reasons. First, it had revised its approach to financial management, focusing on the highest risk areas within the Organization. The financial situation was constantly analyzed to ascertain the points where the risk was greatest and where closer monitoring was therefore necessary. Second, financial management was drawing maximum benefit from the investment that had been made in information technology. The third reason was the assignment of responsibility at the point of disbursement, with ongoing review of all disbursements being made in the various departments of the Organization.

164. The Conference took note of the Interim Financial Report.

Report on the Activities of the Internal Oversight Services Unit (Document CSP27/20)

165. Hon. H. John Maginley (Representative of the Executive Committee) summarized the Executive Committee's discussions on this item at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 204-209).

166. The Conference expressed disappointment that no action had, apparently, been taken on the issues identified in the report submitted to the Executive Committee in June and that the vacancies in the Internal Oversight Services Unit remained unfilled. It was considered essential that the Organization should advance rapidly towards having a fully operational internal oversight function, which was a critical part of internal governance. The Secretariat was urged to fill the vacant posts without further delay. It was also requested that future reports of the Internal Oversight Services Unit should contain an annex listing each recommendation that had been made for the period under report, with an indication of its current status.

167. Mr. Michael Boorstein (Director of Administration, PAHO) assured the Conference that the issues in question were being addressed and announced that one of the vacancies had been filled and that the Secretariat was actively seeking a candidate with the necessary linguistic abilities to take the position of Chief Auditor. As requested by the Executive Committee, the report to be submitted to the Subcommittee on Program, Budget, and Administration in March 2008 would include an annex showing the status of recommendations made by the Internal Oversight Services Unit.

168. The Director reviewed the history of the oversight function at PAHO, noting that the failure so far to create an oversight unit of the quality and strength that she considered necessary was one of her greatest frustrations. However, she wished to reassure the Conference that the staffing difficulties did not mean that audit activities had ceased. On the contrary, audits been carried out by the external auditors and the internal auditors from both PAHO and WHO. In addition, PAHO had a formal transfer process that was even more thorough than an audit, which was applied every time that the head of a country office or Pan American center changed. Under that process, every aspect of all projects, programs, and budgets were reviewed, as were all administrative and financial functions. Hence, Member States could rest assured that internal oversight functions were being performed, despite the staffing problems.

169. The Conference took note of the report on the activities of the Internal Oversight Services Unit.

Appointment of the External Auditor (Document CSP27/21)

170. Ms. Rhonda Sealey-Thomas (Representative of the Executive Committee) reported on the Committee's deliberations on this item at its 140th Session in June 2007 (see Document CE140/FR, paragraphs 234-235).

171. In the ensuing discussion, one delegate, while praising the work that the United Kingdom National Audit Office had done for PAHO in the past, suggested that the Organization might investigate the possibility of adopting a single six-year, non-renewable term for external auditors. Such a term could offer an excellent balance between continuity and the reasonable frequency of rotation necessary to maintain independence.

172. The Director stressed that the decision to change to an open competition process for the appointment of the External Auditor did not indicate that PAHO had any misgivings about the quality of the services it had been receiving from the United Kingdom National Audit Office. On the contrary, the Office had been working very satisfactorily with PAHO for two decades, and knew how the Organization had grown and developed, which represented added value. Additionally, the Office's wide experience of auditing other public bodies had been put to good use in demonstrating where PAHO could improve its own systems and procedures.

173. The Conference adopted Resolution CSP27.R16, appointing the United Kingdom National Audit Office as External Auditor of PAHO accounts for the periods 2008-2009 and 2010-2011.

Salary of the Director of the Pan American Sanitary Bureau (Document CSP27/22)

174. Ms. Rhonda Sealey-Thomas (Representative of the Executive Committee) reported that the Executive Committee had recommended, in its Resolution CE140.R14, that the 27th Pan American Sanitary Conference establish the annual gross salary of the Director at \$185,874, with effect from 1 January 2007.

175. The Conference adopted Resolution CSP27.R17, setting the salary of the Director of the Pan American Sanitary Bureau as recommended by the Executive Committee.

Committee Matters

Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) on the expiration of the period of office of Cuba (Document CSP27/23)

176. The Conference selected Costa Rica to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) on the expiration of the period of office of Cuba (Decision CSP27(D6)). A vote was taken by secret ballot; a total of 38 votes were cast, making the majority required for election 20. As no candidate received a majority in the first round of voting, a second round was conducted. A total of 37 valid ballots were cast in the second round (one ballot was invalid). The vote counts were as follows: Costa Rica: 13, Ecuador: 15, and Peru: 10, in the first round; Costa Rica: 21 and Ecuador: 16, in the second round. Dr. Raúl Castellanos (Puerto Rico) and Ms. Natividad Nalda (Spain) served as tellers.

Awards

PAHO Award for Administration 2007 (Document CSP27/24)

177. Dr. Nancy Pérez (Representative of the Executive Committee) reported that the Award Committee for the PAHO Award for Administration had decided to confer the 2007 Award on Dr. Armando Mariano Reale, of Argentina, for his contribution to the modernization of health and social security systems, and that the Executive Committee had endorsed the decision of the Award Committee (see Document CE140/FR, paragraphs 20-23).

178. The President noted that the work of Dr. Reale had facilitated integration between the public and private sectors, the construction of provider networks at the different levels of care, and the adoption of new financing models for the public and social security sectors. Throughout the course of his professional career, he had held senior positions in the organization and management of health and social security services, proposing innovative solutions, contributing to the efficiency and effectiveness of those services, and making equity and solidarity priorities.

179. He had also held numerous academic positions, teaching at the undergraduate, graduate, and specialist levels in the fields of hospital organization and administration, health systems and services management, social security, health economics, and mental health services administration. He had also conducted research, focusing on administration and management topics. His publications had addressed clinical and health system issues, including cost, medical audits, the administrative framework for professional practice, health economics, health financing, and health sector reform.

180. The President and the Director presented the award to Dr. Reale. His acceptance speech can be found at <http://www.paho.org/english/gov/csp/csp27-div9-s.pdf>.

Abraham Horwitz Award for Leadership in Inter-American Health 2007 (Document CSP27/25)

181. The President reviewed the history of the Abraham Horwitz Award for Leadership in Inter-American Health and announced that the 2007 Award was to be presented to Dr. María Cristina Escobar Fritzsche, of Chile. She then called on Dr. Frederick Naftolin, a member of the Board of Trustees of the Pan American Health and Education Foundation (PAHEF), to introduce the winner of the Award.

182. Dr. Naftolin said that the Pan American Health and Education Foundation promoted and recognized excellence through its program of public health awards. The Abraham Horwitz Award had been established to honor Dr. Horwitz, who had served four terms as Director of PAHO and 25 years as President of PAHEF. The Foundation was pleased to present the award to Dr. María Cristina Escobar Fritzsche of Chile for her visionary leadership in the area of chronic diseases across the Americas. Dr. Escobar Fritzsche had been a pioneer in the use of surveillance data to strengthen public health programs. Using the example of the CINDI (Countrywide Integrated Noncommunicable Disease Intervention) network in Europe, she had played a crucial role in the organization of the CARMEN initiative in Chile and its expansion across the Americas, strengthening the prevention and control of chronic diseases at the community and national levels. She had contributed innovations in monitoring the quality of care for chronic conditions in Chile, sparking improvements throughout Latin America.

183. For 18 years she had served as head of the Adult Health Program of the Ministry of Health of Chile, during which time she had co-founded and promoted the CARMEN network. Since May 2005 she had been head of the Ministry's Department of Non-Communicable Diseases. She had also been an advisor to Chile's President on the formulation of policies, plans, and programs for the elderly, and a member of the National Commission for the Elderly. She had authored numerous publications on the prevention and treatment of age-related conditions, focusing attention on the problems associated with an aging population. In addition, had been an inspiration and mentor for many young public health professionals in Chile and elsewhere. Today Dr. Escobar Fritzsche joined a distinguished list of previous award recipients whose outstanding careers in medicine and public health had had a substantial impact on the lives and health of people in the Region of the Americas and beyond.

184. The President together with the Director and Dr. Naftolin presented the award to Dr. Escobar Fritzsche. Her acceptance speech can be found at <http://www.paho.org/english/gov/csp/csp27-div10-s.pdf>.

Manuel Velasco-Suárez Award in Bioethics 2007 (Document CSP27/26)

185. The President recalled that the Manuel Velasco-Suárez Award in Bioethics, another of the five awards presented by the Pan American Health and Education Foundation through its Awards for Excellence in Inter-American Public Health Program, had been created in 2002 to honor Dr. Manuel Velasco-Suárez, a physician, researcher, scholar and founder of the National Institute of Neurology and Neurosurgery and of the Mexican National Bioethics Commission. She invited Dr. Frederick Naftolin to introduce the winner for 2007, Dr. Jorge Alberto Álvarez Díaz, of Mexico.

186. Dr. Naftolin (Pan American Health and Education Foundation) welcomed Dr. Jesús Velasco-Suárez Siles, son of Dr. Manuel Velasco-Suárez, to the award ceremony and acknowledged the initiative of the Secretary of Health of Mexico in establishing the award and providing financial support for it. The 2007 award recipient, Dr. Jorge Alberto Álvarez Díaz, had been selected on the basis of his proposed study entitled "Opinions on the hypothetical donation of embryos in patients who participated in assisted reproduction techniques in Latin America." He intended to conduct a survey of opinions on the preservation of human embryos among Latin American couples seeking assisted reproduction. Each year, 11 countries reported their reproductive health work to the Latin American Network of Assisted Reproduction through 135 centers, 90 of which offered cryo-preservation of embryos. Yet none of the 90 centers had bioethics committees. Using the results of the opinion survey, Dr. Álvarez would develop a plan to create bioethics committees in those 11 countries. His innovative research could have great potential impact on the field of reproductive health, preservation of human embryos, and bioethics in Latin America.

187. Dr. Álvarez had previously served as medical coordinator and clinical sexologist at the Institute of Assisted Reproduction, Genetics, and High-Risk Pregnancy at the Autonomous University of the City of Juárez in Mexico. He was currently participating in the Health and Social Sciences and Medical Humanities program at the Universidad Complutense of Madrid, Spain.

188. The President together with the Director and Dr. Naftolin presented the award to Dr. Álvarez-Díaz. His acceptance speech can be found at <http://www.paho.org/english/gov/csp/csp27-div11-s.pdf>.

Matters for Information

Report of the Advisory Committee on Health Research (Document CSP27/INF/1)

189. Dr. John Lavis (President of the PAHO Advisory Committee on Health Research, ACHR) updated the Conference on the Advisory Committee's work since its last report in 2006, in particular the outcomes of the 40th Meeting of the ACHR, held in Montego Bay, Jamaica, in May 2007. He remarked that the current era was one of growing awareness by health ministries of the importance of health research evidence, as demonstrated by the Ministerial Seminar on Health Research (Mexico, 2004). That awareness had led to increased requests to PAHO for technical cooperation to strengthen the use of research evidence in the formulation of health policy.

190. Several key recommendations had emerged from the meeting. PAHO had been urged to continue preparation of a draft research policy to be presented for broad review by Member States and national and international stakeholders in early 2008; to promote regional initiatives to strengthen national health research systems by supporting opportunities for collaboration such as the upcoming regional meeting in April 2008; to establish a research registry to track and characterize research done by or with the involvement of PAHO staff and country offices; to reestablish the PAHO Research Grants Program within the framework of the Organization's research policy; and to continue working towards the launch the Evidence-Informed Policy Network (EVIPNet) in the Region by building on commitments from ministries of health and by engaging existing regional, subregional, and national organizations and initiatives aimed at strengthening health research systems.

191. In the ensuing discussion, Member States expressed support for the recommendations in the Committee's report. They emphasized that PAHO's activities with regard to health research should be guided by the research priorities of Member States. Regarding the Research Grants Program, the Organization was urged to ensure that its reestablishment did not divert critical resources from other strategic priorities. It

was hoped that grants would be made available in nontraditional but essential areas, such as training and the ethics of research on human subjects. PAHO was encouraged to increase its role in helping countries to obtain more funding for the training of human resources in public health research.

192. Several delegates described initiatives in their countries that paralleled some of the Committee's recommendations. For example, the Canadian Institutes of Health Information had recently conducted a consultation exercise with partners to establish national research priorities. Cuba had established a public registry of clinical trials which was slated for inclusion in the WHO International Clinical Trials Registry Platform. Mexico's national health program for 2007-2012 included a mandate to gather scientific evidence to guide health policies and programs. The Delegate of Cuba also proposed three areas of research for the consideration of PAHO and the Conference: the development of generic drugs in order to expand access to new drugs, pharmaceuticals derived from natural products, and environmental health problems.

193. Dr. Luis Gabriel Cuervo (Secretary, ACHR), responding to the comments about the Research Grants Program, assured the Conference that the Program's objectives would be in keeping with the research policy being developed for the Organization. The Program had been frozen since 2005 precisely because its objectives were being reevaluated. Regarding the development of a registry of PAHO research, he pointed out that analysis of basic information about the research that was being conducted would reveal areas that were being neglected, thereby allowing the Organization to refocus its activities to meet priority needs identified by the countries. The information being gathered would help clarify the areas in which training was most needed. He congratulated Cuba on the upcoming inclusion of its registry in the WHO International Clinical Trials Registry Platform and hoped that many other countries in the Region would also develop registries, which served to reduce duplication of research efforts.

194. Dr. Lavis noted that in the coming months the draft research policy would be refined based on comments received from Member States during the review process. He assured the Conference that once research priorities had been identified, the Research Grants Program would favor projects closely tied to those priorities. Also on the subject of grants, he informed the Conference that the Committee had discussed the use of merit reviews of research proposals, which took into account not only the scientific soundness of a project but also the relevance of the research as judged by stakeholders in government and civil society.

195. The Director affirmed that a well-defined and up-to-date policy to guide the Organization's research priorities was a fundamental need, given the diversity of research supported by PAHO at the regional, subregional, and national levels through the technical programs, centers, and country offices. A framework policy, coupled with an information

system the provided data not only on PAHO-supported research but also on research within ministries of health, would help bring coherence and consistency to the body of health research conducted within the Region. For ongoing guidance, the Organization would pay particular attention to avenues of research recommended or needs identified by Member States during program policy discussions in meetings of the Governing Bodies. PAHO would not necessarily be able to address all of those areas directly, but it could follow up to ensure that the needs were met and the recommendations were incorporated into the appropriate strategy.

196. The Conference took note of the report.

Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the Regional Committee (Document CSP27/INF/2)

197. Dr. Hugo Prado (Area Manager, Governance, Policy, and Partnerships) introduced this item, noting that the resolutions and other actions of the Sixtieth World Health Assembly of interest to the Regional Committee had been thoroughly discussed by the Executive Committee during its 140th Session in June (see Document CE140/FR, paragraphs 227-233). At that time, it had been suggested that the PAHO report on the item might be expanded to include not only resolutions of the World Health Assembly of particular interest to the Region, but also resolutions and decisions of other bodies, especially the General Assembly of the Organization of American States, of relevance to PAHO and its Member States. The Secretariat intended to submit such a report to the Governing Bodies in 2008. Although drawing up the document would be a complex undertaking, it would be worthwhile, as it would provide useful information about the consistency of the health-related mandates emanating from the various bodies and about the coordination of efforts in the various spheres to raise health matters to the highest levels of political decision-making.

198. The Conference took note of the report

Other Matters

Report on the Health Agenda for the Americas, 2008-2017

199. Mr. Cirilo Lawson (Panama) summarized the broad lines of the Health Agenda for the Americas, 2008-2017, launched by the health ministers of the Region during the 37th regular session of the General Assembly of the OAS, held in Panama in June 2007. He emphasized that the Health Agenda was a concise expression of the shared vision of the countries of the Americas for addressing the expected trends and challenges over the next 10 year and achieving concrete improvements in health among the peoples of the

Region. It reflected various internationally agreed objectives and mandates in the area of health.

200. The document began with a statement of intent, which emphasized that the Health Agenda was a joint commitment of the governments of the Americas and a guide for the preparation of countries' future national health plans. It was also intended to guide the formulation of the strategic plans of organizations interested in cooperating with the countries of the Americas, including PAHO. The Health Agenda also included a statement of principles and values, an analysis of the health situation and trends, and eight areas of action: strengthening the national health authority; tackling health determinants; increasing social protection and access to quality health services; diminishing health inequalities among countries and inequities within them; reducing the risk and burden of disease; strengthening the management and development of health workers; harnessing knowledge, science, and technology; and strengthening health security. The full text of the Health Agenda may be found at http://www.amro.who.int/English/DD/PIN/Health_Agenda.pdf.

201. The Director recalled that the development of the Health Agenda had been the result of a recommendation by the United Nations Joint Inspection Unit, which had pointed out that planning by international organizations should be based on a common vision of their Member States, formulated independently of the secretariat and of the organization's governing bodies. The 10-year health plans for the Americas adopted by the health ministers of the Region from the 1960s to the 1980s had served as a model for the Health Agenda. The Agenda represented the "voice of the Americas" concerning what needed to be done in the area of health over the next 10 years, not just by PAHO and its Member States, but by other stakeholders and cooperation partners.

202. She presented a plaque to Dr. Camilo Alleyne (Minister of Health of Panama, President of the Health Agenda Working Group) in gratitude for his leadership in developing the Health Agenda for the Americas. A signing ceremony was held during the Conference to give ministers of health who had not already done so the opportunity to sign the Health Agenda.

Report on the International Conference on Health for Development "Buenos Aires 30-15"

203. Dr. Ginés Gonzáles García (Argentina) presented a report on the International Conference on Health for Development, held in Buenos Aires in August 2007. The conference had been attended by over 1200 delegates from almost sixty countries. Its technical sessions had examined the topics of primary health care and health systems in the present global context, human resources in health for the new millennium, and equity in health and financing. The conclusions and recommendations of the technical session.

and the declaration issued by the high-level session of ministers of health, entitled “Towards a health strategy for equity, based on primary health care,” were available at <http://www.buenosaires30-15.gov.ar/documentos-ing.html>.

204. Among the main points that emerged from the deliberations of the Conference were the following: Health policy must be a collaborative matter for the whole country, but the government had a key guiding role in allocating health resources, monitoring and regulating services, and promoting healthy behaviors. Community participation was crucial. To address the shortage of health human resources, which impeded the implementation of primary health care, firm government action was essential to establish training priorities. A particular problem was the market-driven migration of qualified human resources from poor countries to richer ones. Health was an investment, not an expenditure, and the allocation of available resources in line with priorities was fundamental. Local health needs and problems must be taken into consideration, with particular attention to vulnerable groups. While primary health care might need amplification or new theoretical frameworks, it remained the most appropriate strategy to reach the goal of health for all.

205. Dr. Margaret Chan (Director-General, WHO) noted that the Buenos Aires conference had been the first in a series of conferences on primary health care that would be organized by WHO in collaboration with many countries around the world, culminating, it was hoped, in a conference to be held in Almaty. The main thrust of the Health for All movement that had originated at the Alma-Ata conference 30 years earlier had been equity and social justice, of which the modern interpretation was the Millennium Development Goals. As the Buenos Aires conference had shown, primary health care was the way to revitalize health systems and ensure that health services were equitable and accessible to all. It was the Americas that had truly carried the torch of primary health care, and she looked forward to learning from the Region’s experiences and determining how the WHO Secretariat could support Member States’ efforts to create a more equitable world with better health outcomes for the populations whom the Organization served.

Update on Implementation of the WHO Global Management System at PAHO

206. Mr. Michael Boorstein (Director of Administration, PAHO) said that PAHO remained committed to implementing the WHO Global Management System (GMS) in order to strengthen its results-based management and efficiency, enhance transparency and accountability, facilitate decentralization, improve the timeliness and accuracy of information, and support the organization of operations to decrease overhead costs. However, because of PAHO’s unique operational needs and governance structure, and its financial constraints, the GMS would be implemented in the Americas on a schedule different from that envisaged for the rest of the WHO regions, where implementation was

expected to be completed in 2009. At PAHO, the System would be implemented in phases between 2009 and 2012, although significant preliminary work had already begun in 2007. It was estimated that the cost of implementing the GMS would range from \$16.5 to \$38 million. In the coming months, the Secretariat, in consultation with a consulting firm, would endeavor to refine the estimate, identifying when specific sums would be required and exploring a variety of avenues to raise the needed funds. The Secretariat would report on the status of the GMS project, including a refined estimate of funding requirements and a timeline and plan for implementation, at the March 2008 session of the Subcommittee on Program, Budget, and Administration.

207. Responding to a question from a delegate as to whether the GMS would replace PAHO's existing system or whether the Organization would have two management systems, he explained that the GMS would offer PAHO and the other WHO regional offices an integrated platform which would enable their human resources, financial, and planning and budgeting systems to "talk" to each other. However, before PAHO adopted the GMS, a gap analysis would be conducted in order to ensure that the unique features of PAHO's current system would not be lost in the transition.

208. The Director said that it was important to understand that PAHO had to bridge the gap between two organizations that were not currently integrated. PAHO had its own Constitution and its own financial and personnel rules, and two thirds of its budget was separate from that of WHO. Great care had to be taken, therefore, in order to preserve its individuality and autonomy. The Secretariat's chief concerns in relation to the implementation of the WHO Global Management System were to avoid disrupting PAHO's day-to-day operations, preserve the quality and integrity of those operations, maintain the current level of connectivity with all countries in the Region, and ensure timely and adequate training for the PAHO personnel responsible for introducing and using the new system. The Secretariat was also examining existing procedures with a view to updating and streamlining some and eliminating others. Innovations such as the subregional budgeting level created by the Regional Program Budget Policy, a level which WHO did not have, also had to be accommodated. At the same time, PAHO had to be able to account for the third of its budget that came from WHO and ensure that the WHO funds were being used to further global objectives. Hence, implementing the GMS would be a complex and time-consuming undertaking, but it would, in her view, ultimately benefit both PAHO and WHO.

Other matters mentioned by Member States

209. The Delegate of Cuba announced that his country would host the Tenth International Seminar on Primary Health Care from 23 to 27 November 2009.

Closure of the Session

210. Following the customary exchange of courtesies, the President declared the 27th Pan American Sanitary Conference closed.

Resolutions and Decisions

211. The following are the resolutions and decisions adopted by the 27th Pan American Sanitary Conference.

Resolutions

CSP27.R1 Amendments to the Rules of Procedure of the Pan American Sanitary Conference

THE 127th PAN AMERICAN SANITARY CONFERENCE,

Having considered the proposal of the Director to change the nature of the records of the Pan American Sanitary Conference (Document CSP27/3); and

Appreciating that this modification will result in an improved product and a financial savings to the Pan American Health Organization,

RESOLVES:

To approve the following amendments to the Rules of Procedure of the Pan American Sanitary Conference proposed by the Director in Document CSP27/3.

PART XII – RECORDS AND FINAL REPORTS

~~*Rule 61: Provisional summary records of the meetings shall be prepared at the session and distributed as soon as possible.*~~

Rule 621: The Final Report shall include **a report on the proceedings and** all resolutions and decisions adopted by the Conference. The Rapporteur, with the assistance of the Secretary *ex officio*, shall draft the Final Report. **An audio record of the verbatim proceedings shall be retained in the Archives of the Organization and on request a copy shall be made available to a Member or Associate Member. On request, a transcript of any part of the proceedings shall be made available to a Member or Associate Member.**

Rules 63-67 will be renumbered 62-66.

The same modifications will be introduced into the Rules of Procedure of the Directing Council.

(First plenary meeting, 1 October 2007)

CSP27.R2 Elimination of Rubella and Congenital Rubella Syndrome in the Americas

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the progress report presented by the Director on the elimination of rubella and congenital rubella syndrome (CRS) in the Americas (Document CSP27/7);

Noting with satisfaction that tremendous progress has been achieved in obtaining the interruption of endemic rubella virus transmission, thus reducing the number of rubella cases in the Region by 98%, and that incidence is at its lowest to date in the Americas; and

Recognizing that considerable efforts will be needed to support and reach the elimination goal by 2010, requiring further commitment on the part of governments and the partner organizations that are collaborating on the elimination initiative, and the strengthening of ties between public and private sectors,

RESOLVES:

1. To congratulate all Member States and their health workers on the progress achieved to date in the elimination of rubella and congenital rubella syndrome (CRS) in the Americas, which demonstrates their level of commitment to the health of the population of the Western Hemisphere.
2. To express appreciation and request continued support from the various organizations that, together with PAHO, have offered crucial support to national immunization programs and national endeavors to eliminate rubella and CRS, including the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, the Canadian International Development Agency, the Global Alliance for Vaccines and Immunization, the Inter-American Development Bank, the International Federation of Red Cross and Red Crescent Societies, the Japanese International Cooperation Agency, the March of Dimes, the Sabin Vaccine Institute, the United Nations Children's Fund, the United States Agency for International Development, and the Church of Jesus Christ of Latter-day Saints.

3. To urge all Member States to:
 - (a) Achieve the elimination of rubella and CRS in the Americas by finalizing the implementation of vaccination strategies, intensifying integrated measles/rubella surveillance, and strengthening CRS surveillance;
 - (b) Establish national commissions to compile and analyze data to document and verify measles, rubella and CRS elimination, for review by an expert committee.
4. To request the Director to:
 - (a) Continue efforts to mobilize additional resources necessary to surmount the challenges described in the progress report;
 - (b) Form an Expert Committee responsible for documenting and verifying the interruption of transmission of endemic measles virus and rubella virus.

(Second plenary meeting, 1 October 2007)

CSP27.R3 Report on the Collection of Quota Contributions

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on the collection of quota contributions (Documents CSP27/19 and Add. I and II) and the concern expressed by the 140th Meeting of the Executive Committee with respect to the status of the collection of quota contributions; and

Noting that all Member States subject to an approved deferred payment plan are in compliance with their plans,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Documents CSP27/19 and Add. I and II).
2. To express appreciation to those Member States that have already made payments in 2007, and to urge all Members in arrears to meet their financial obligations to the Organization in an expeditious manner.

3. To congratulate the Member States that have fully met their quota obligations through 2007.
4. To compliment the Member States that have made significant payment efforts to reduce quota arrearages for prior years.
5. To take note that all Member States with deferred payment plans are in compliance, and therefore retain their voting privileges.
6. 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) Continue to explore mechanisms that will increase the rate of collection of quota assessments;
 - (c) Advise the Executive Committee of Member States' compliance with their quota payment commitments;
 - (d) Report to the 48th Directing Council on the status of the collection of quota contributions for 2008 and prior years.

(Third plenary meeting, 2 October 2007)

CSP27.R4 Strategic Plan of the Pan American Sanitary Bureau 2008-2012

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the Proposed Strategic Plan 2008-2012 presented by the Director (*Official Document 328*);

Noting that the Strategic Plan provides a flexible multi-biennial framework to guide and ensure continuity in the preparation of program budgets and operational plans over three biennia, and that the Strategic Plan responds to the Health Agenda for the Americas and to the Eleventh General Programme of Work and the Medium-term Strategic Plan of the World Health Organization;

Welcoming the cross-cutting nature of the strategic objectives that create synergies and promote collaboration between different programs by capturing the

multiple links among determinants of health, health outcomes, health policies, systems and technologies;

Acknowledging that the Strategic Plan is a comprehensive sum of the results that the Pan American Sanitary Bureau aims to achieve, and that future performance reporting on the implementation of this Strategic Plan will constitute the principle means of programmatic accountability to Member States;

Applauding the advance in transparency and results-based planning that this Strategic Plan represents; and

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

RESOLVES:

1. To approve the Proposed Strategic Plan 2008-2012 (*Official Document 328*).
2. To call upon Member States to identify their role and actions to be taken in order to achieve the strategic objectives contained in the Strategic Plan.
3. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions, non-governmental organizations, and private sector and other entities to consider their contribution in supporting the strategic objectives contained in the Strategic Plan.
4. To review the Strategic Plan 2008–2012 every two years in conjunction with the proposed biennial program budgets with a view to revising the Strategic Plan, including its indicators and targets, as may be necessary.
5. To request the Director to:
 - (a) Report on implementation of the Strategic Plan through biennial performance assessment reports;
 - (b) Use the Strategic Plan in providing strategic direction for the Organization during the period 2008–2012 in order to advance the Health Agenda for the Americas and the global health agenda contained in the WHO Eleventh General Programme of Work;

- (c) Recommend to the Directing Council, through the Executive Committee, that with the proposed biennial program budgets 2010-2011 and 2012-2013, revisions be made to the Strategic Plan as necessary.

(Third plenary meeting, 2 October 2007)

CSP27.R5 Program Budget of the Pan American Health Organization 2008-2009

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*);

Having considered the report of the Executive Committee (Document CSP27/4);

Noting significant mandatory cost increases in fixed-term posts for 2008-2009, despite the continuing and cautious reductions in fixed-term posts;

Noting the efforts of the Director to propose a program budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To approve the program of work for the Bureau as outlined in the proposed program budget 2008-2009 (*Official Document 327*).
2. To appropriate for the financial period 2008-2009 the amount of \$300,395,182 which represents an increase to assessments of PAHO Member States, Participating States, and Associate Members of 3.9% with respect to the biennium 2006-2007, as follows:

SECTION	TITLE	AMOUNT
1	To reduce the health, social and economic burden of communicable diseases	22,700,000
2	To combat HIV/AIDS, tuberculosis and malaria	8,590,000

3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	14,000,000
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	12,490,000
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,200,000
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity, and unsafe sex	6,000,000
7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	7,000,000
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	13,000,000
9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000,000
10	To improve the organization, management and delivery of health services	14,000,000
11	To strengthen leadership, governance and the evidence base of health systems	18,400,000
12	To ensure improved access, quality and use of medical products and technologies	6,400,000
13	To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes	9,300,000
14	To extend social protection through fair, adequate and sustainable financing	5,200,000
15	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfill the mandate of PAHO/WHO in advancing the global health agenda as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	51,210,000
16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	76,577,000

	<u>Effective Working Budget for 2008-2009 (Parts 1-16)</u>	<u>279,067,000</u>
17	Staff Assessment (Transfer to Tax Equalization Fund)	21,328,182
	Total – All Sections	<u>300,395,182</u>

3. That the appropriation shall be financed from:

(a) Assessments in respect to:

Member Governments, Participating Governments, and Associate Members assessed under the scale adopted by the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions201,394,182

(b) Miscellaneous Income17,500,000

(c) AMRO share approved by Resolution WHA60.1281,501,000

TOTAL 300,395,182

4. That, establishing the contributions of Member States, Participating States, and Associate Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

5. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 2008 to 31 December 2009, inclusive; notwithstanding the provision of this paragraph, obligations during the financial period 2008-2009 shall be limited to the effective working budget, i.e., Sections 1-16.

6. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; transfers between sections of the budget in excess of 10% of the section from which the credit is transferred may be made with the concurrence of the Executive Committee, with all transfers of

budget credits to be reported to the Directing Council or the Pan American Sanitary Conference.

7. That up to 5% of the budget assigned to country level will be set aside as the “Variable Country Allocation” as stipulated in the Regional Program Budget Policy. Expenditure in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 39th Subcommittee on Planning and Programming as presented to the 136th Session of the Executive Committee in Document CE136/INF/1. Expenditure made from the country variable allocation will be reflected in the corresponding appropriation sections 1-16 at the time of reporting.

8. To estimate the amount of expenditure in the program budget for 2008-2009 to be financed by voluntary contributions at \$347,000,000, as reflected in *Official Document 327*.

(Fourth plenary meeting, 2 October 2007)

CSP27.R6 Assessments of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2008-2009

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having seen the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*) presented by the Director;

Having approved the program of work and appropriation for 2008-2009 by adopting Resolution CSP27.R6;

Whereas, Member States appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, adjusted to PAHO Membership, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, adjustments were made taking into account the assessments of Cuba, the Participating States and the Associate Member,

RESOLVES:

To establish the assessments of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period

2008-2009 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent an increase of 3.9% with respect to the biennium 2006-2007.

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Member States:										
Antigua and Barbuda	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Argentina	4.898	4.898	4,932,144	4,932,144	522,328	522,328			4,409,816	4,409,816
Bahamas	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Barbados	0.080	0.080	80,557	80,557	8,531	8,531			72,026	72,026
Belize	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Bolivia	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Brazil	8.546	8.546	8,605,573	8,605,573	911,353	911,353			7,694,220	7,694,220
Canada	12.355	12.355	12,441,126	12,441,126	1,317,549	1,317,549	25,000	25,000	11,148,577	11,148,577
Chile	0.540	0.540	543,764	543,764	57,586	57,586			486,178	486,178
Colombia	0.940	0.940	946,552	946,552	100,242	100,242			846,310	846,310
Costa Rica	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Cuba	0.730	0.730	735,089	735,089	77,848	77,848			657,241	657,241
Dominica	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Dominican Republic	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Ecuador	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Member States:										
El Salvador	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Grenada	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Guatemala	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Guyana	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Haiti	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Honduras	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Jamaica	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Mexico	6.077	6.077	6,119,362	6,119,362	648,057	648,057			5,471,305	5,471,305
Nicaragua	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Panama	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Paraguay	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Peru	0.410	0.410	412,858	412,858	43,723	43,723			369,135	369,135
Saint Kitts and Nevis	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Saint Lucia	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Saint Vincent and the Grenadines	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Suriname	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Trinidad and Tobago	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
United States of America	59.445	59.445	59,859,388	59,859,388	6,339,270	6,339,270	5,600,000	5,600,000	59,120,118	59,120,118
Uruguay	0.260	0.260	261,813	261,813	27,727	27,727			234,086	234,086
Venezuela	<u>3.199</u>	<u>3.199</u>	<u>3,221,300</u>	<u>3,221,300</u>	<u>341,144</u>	<u>341,144</u>	<u>1,500</u>	<u>1,500</u>	<u>2,881,656</u>	<u>2,881,656</u>
Subtotal	<u>99.450</u>	<u>99.450</u>	<u>100,143,257</u>	<u>100,143,257</u>	<u>10,605,439</u>	<u>10,605,439</u>	<u>5,626,500</u>	<u>5,626,500</u>	<u>95,164,318</u>	<u>95,164,318</u>

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member Governments on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Participating Governments:										
France	0,289	0,289	291.014	291.014	30.819	30.819			260.195	260.195
Kingdom of the Netherlands	0,090	0,090	90.628	90.628	9.598	9.598			81.030	81.030
United Kingdom	<u>0,060</u>	<u>0,060</u>	<u>60.418</u>	<u>60.418</u>	<u>6.398</u>	<u>6.398</u>			<u>54.020</u>	<u>54.020</u>
Subtotal	<u>0,439</u>	<u>0,439</u>	<u>442.060</u>	<u>442.060</u>	<u>46.815</u>	<u>46.815</u>			<u>395.245</u>	<u>395.245</u>
Associate Member:										
Puerto Rico	0,111	0,111	111.774	111.774	11.837	11.837			99.937	99.937
Subtotal	<u>0,111</u>	<u>0,111</u>	<u>111.774</u>	<u>111.774</u>	<u>11.837</u>	<u>11.837</u>			<u>99.937</u>	<u>99.937</u>
TOTAL	<u>100.000</u>	<u>100.000</u>	<u>100.697.091</u>	<u>100.697.091</u>	<u>10.664.091</u>	<u>10.664.091</u>	<u>5.626.500</u>	<u>5.626.500</u>	<u>95.659.500</u>	<u>95.659.500</u>
(5) This column includes estimated amounts to be received by the respective Member States in 2008-2009 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for the difference between the estimated and the actual amount for prior years.										

(Fourth plenary meeting, 2 October 2007)

CSP27.R7 Regional Goals for Human Resources for Health 2007-2015

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having analyzed the regional goals for human resources for health 2007-2015 (Document CSP27/10);

Taking into account the urgency for a collective effort to address the prevailing crisis of human resources for health in the Region of the Americas and globally;

Cognizant of the fact that sustained efforts over time are needed to achieve the desirable results of health-based human resources for health planning and policy; and

Considering that the success in meeting critical health and health system objectives, such as universal access to quality health care and services, is largely dependent on a well-distributed, competent and motivated workforce,

RESOLVES:

1. To urge the Member States to:
 - (a) Consider developing national plans of action for human resources for health, with specific goals and objectives, an appropriate set of indicators and a tracking system, largely intended to strengthen integrated primary health care and public health capacities and ensure access to underserved populations and communities;
 - (b) Establish in the ministry of health a specific structure responsible for the strategic direction of human resources planning and policies, promoting proper alignment with health systems and services policy and ensuring intersectoral coordination;
 - (c) Pursue the development of a critical mass of leaders with specialized competencies in the management of human resources planning and policies at the central and decentralized levels;
 - (d) Commit themselves to the achievement of the proposed regional goals for human resources for health 2007-2015 and intensify technical and financial cooperation between countries towards this end.
2. To request the Director to:
 - (a) Cooperate with the Member States in the development of their national plans of action for human resources for health 2007-2015 and promote and facilitate technical and financial cooperation between the countries of the Region;
 - (b) Actively support the development of plans of action for human resources for health at the subregional level, in coordination with subregional institutions and organizations, to address challenges related to border dynamics, the mobility of health professionals and populations and other issues of common interest;
 - (c) Engage the Regional Network of Observatories for Human Resources for Health in the development of indicators and tracking systems to monitor human resources for health 2007-2015 goals, and to generate, organize and facilitate the access to knowledge relevant to human resources strategies and interventions;

- (d) Intensify efforts to develop regional communities of practice and learning in the management of human resources planning and policy, including those aimed at the integration of primary health care and public health.

(Fifth plenary meeting, 3 October 2007)

CSP27.R8 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Cuba, and Venezuela

THE 27th 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 Bolivia, Mexico, and Suriname were elected to serve on the Executive Committee upon the expiration of the periods of office of Canada, Cuba, and Venezuela,

RESOLVES:

1. To declare Bolivia, Mexico, and Suriname elected to membership on the Executive Committee for a period of three years.
2. To thank Canada, Cuba, and Venezuela for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth plenary meeting, 3 October 2007)

CSP27.R9 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 27th 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 Members 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 rules and 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 2008.
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 of the World Health Organization for the same period.

(Fifth plenary meeting, 3 October 2007)

CSP27.R10 Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having analyzed the document presented by the Director on regional policy and strategy for ensuring quality of health care, including patient safety (Document CSP27/16);

Considering that it is important to take immediate steps at the national and regional levels to ensure that health systems provide effective, safe, efficient, accessible, appropriate, and satisfactory care for users;

Recognizing that policies are needed in the health sector that will impact the health care continuum, foster citizen involvement, and promote a culture of quality and safety in health care institutions;

Recalling the designation of quality assurance in individual and collective health services as an essential public health function (Document CD42/15 of the 42nd PAHO Directing Council (2002)) and recognizing with concern the Region's poor performance in this regard;

Considering Resolution WHA55.18, “Quality of Care: Patient Safety,” of the World Health Assembly in 2002, which urges Member States to pay the greatest attention to the problem of patient safety and to establish and strengthen the scientific systems necessary for improving patient safety and the quality of care;

Considering the Regional Declaration on the New Orientations for Primary Health Care (Declaration of Montevideo), endorsed by the 46th Directing Council of PAHO (2005), establishing that health systems should be oriented toward patient safety and quality of care; and

Recognizing with satisfaction the initiatives and leadership of some of the Region’s Member States in the field of patient safety and quality of care,

RESOLVES:

1. To urge the Member States to:
 - (a) Prioritize patient safety and quality of care in health sector policies and programs, including the promotion of an organizational and personal culture of patient safety and quality of care to patients;
 - (b) Allocate the necessary resources for developing national policies and programs to promote patient safety and quality of care;
 - (c) Incorporate client involvement in processes for improving the quality of health care;
 - (d) Evaluate the patient safety and quality of care situation in the country, with the objective of identifying priority areas and intervention strategies;
 - (e) Design and implement interventions to improve patient safety and quality of care;
 - (f) Collaborate with the PAHO Secretariat in drafting an evidence-based regional strategy that includes measurable outcomes for improving patient safety and quality of care.
2. To request the Director to:
 - (a) Emphasize to the Member States and subregional, regional, and global forums the importance of improving patient safety and quality of care;

- (b) Generate and make available information and evidence that will permit scientific assessment of the magnitude and evolution of performance in the field of quality of care, as well as the effectiveness of the interventions;
- (c) Provide technical assistance to the countries of the Region in the design and application of solutions for quality improvement;
- (d) Promote patient/client involvement in the formulation of policies and solutions to improve patient safety and quality of care;
- (e) Spearhead efforts to create the regional observatory of patient safety and quality of care;
- (f) Mobilize resources in support of patient safety and quality of care initiatives in the Region;
- (g) Develop, in consultation with the Member States, a regional strategy for improving patient safety and quality of care.

(Sixth plenary meeting, 3 October 2007)

CSP27.R11 Malaria in the Americas

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the progress report submitted by the Director on malaria in the Americas (Document CSP27/9), which reviews progress towards attainment of the Roll Back Malaria Initiative (2001-2010) and the achievement of the malaria-related Millennium Development Goals for 2015 that propose that the Member States continue efforts to combat malaria through strengthening national capacity to preserve achievements and further reduce the burden of disease;

Taking into account that the 46th Directing Council (2005) urged Member States, inter alia, to reaffirm their commitment to establish national policies and operational plans to ensure accessibility to prevention and control interventions for those at risk or affected by malaria in order to achieve a reduction of the malaria burden by at least 50% by 2010 and 75% by 2015; to allocate domestic resources, mobilize additional resources and effectively utilize them in the implementation of appropriate malaria prevention and control interventions; and to designate a malaria control day in the Americas to annually recognize past and current efforts to prevent and control malaria, promote awareness and monitor progress;

Concerned that the disease continues to be a public health problem in a number of territories and that increased migration within and among countries increases susceptibility of both endemic and non-endemic countries to malaria outbreaks;

Recognizing the potential for mobilizing additional financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, among other sources; and

Cognizant of the malaria report presented by the WHO Secretariat to the Sixtieth World Health Assembly, and Resolution WHA60.18 on malaria, which includes a proposal for the establishment of "...Malaria Day on 25 April or on such day or days as individual members may decide..."

RESOLVES:

1. To urge Member States to:
 - (a) Reaffirm their commitment to establish and implement national policies and operational plans to ensure accessibility to prevention and control interventions for those at risk or affected by malaria in order to achieve a reduction of the malaria burden by at least 50% by 2010 and 75% by 2015;
 - (b) Upgrade health surveillance, monitoring and evaluation systems to assess progress in reducing the malaria burden and to prevent re-establishment of transmission where interruption has been achieved, in cognizance of the International Health Regulations (IHR) requirements;
 - (c) Allocate domestic resources, mobilize additional resources, and effectively utilize them in the implementation of appropriate malaria prevention and control interventions;
 - (d) Foster and translate evidence-based recommendations and interventions into implemented policies, as appropriate, to individual specificities;
 - (e) Assess the need for staff, training and other human resource management reforms to complement changes and to integrate, institutionalize, and sustain malaria prevention and control efforts within the health system;
 - (f) Engage in a multisectoral, multipronged agenda on urban infrastructure development to address various health consequences of vector-borne diseases, including malaria;

- (g) Encourage communication, coordination and collaboration between malaria control activities and other public health areas and institutions and advocacy among all stakeholders and target audiences;
 - (h) Establish 6 November as the date to annually commemorate Malaria Day in the Americas.
2. To request the Director to:
- (a) Continue to provide technical cooperation and coordinate efforts to reduce malaria in endemic countries and to prevent the reintroduction of transmission where this has been achieved;
 - (b) Develop and support mechanisms for monitoring the progress of prevention and control programs on an annual basis and promote information sharing and exchange of technical capacity among countries;
 - (c) Assist Member States, as appropriate, to develop and implement effective and efficient mechanisms for resource mobilization and utilization, including efforts to access resources and successfully implement Global Fund projects;
 - (d) Promote and assist Member States in commemorating Malaria Day in the Americas.

(Seventh plenary meeting, 4 October 2007)

CSP27.R12 Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having studied the document presented by the Director on the strategy for strengthening vital and health statistics in the countries of the Americas (Document CSP27/13);

Recognizing the importance of improving the coverage and quality of vital and health statistics to ensure more reliable and valid evidence for the design, implementation, and monitoring of health policies in the countries and following international recommendations;

Motivated by the need for better quality indicators at the subnational, national, and regional levels to monitor international commitments such as those established at the

International Conference on Population and Development (ICPD, Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995), the declaration of the countries on the Millennium Development Goals (2000), the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance (Durban, 2001) and other specific commitments related to the human rights approach in access to information and evidence for policy-making;

Aware of the efforts to date to develop instruments for analyzing the state of statistics and of the regional situational diagnosis in the countries;

Recognizing that the Secretariat needs a permanent mechanism that will contribute to the strengthening of vital and health statistics in the countries of the Region, as recommended by the Regional Advisory Committee on Health Statistics in 2003, and that that mechanism should harmonize actions within and among the countries and coordinate activities within the Organization and with other international technical cooperation and financing agencies to promote efficient use of the available human, technical, and financial resources in the Region to strengthen statistics; and

Considering the importance of a strategy that will continuously and permanently serve as a guide for improving the coverage and quality of vital and health statistics in the countries of the Americas,

RESOLVES:

1. To urge the Member States to:
 - (a) Endorse, as appropriate, the strategy for strengthening vital and health statistics in the countries of the Americas, which will lead to the design of a plan of action that will promote better quality data and indicators with greater coverage for the design and monitoring of health policies;
 - (b) Promote the participation and coordination of national and sectoral statistics offices, civil registries, and other public and private actors/users in analyzing the state of national and subnational vital and health statistics and designing their plans of action;
 - (c) Coordinate with other countries in the Region implementation of the activities contained in their plans of action and the dissemination and use of tools that promote improved production of vital and health statistics.

2. To request the Director to:
 - (a) Work with the Member States in implementing the strategy according to their own national context and priorities and in the design, implementation, and monitoring of the plan of action, as well as in promoting the dissemination and use of the products derived from it in the subnational, national, and regional production of health information;
 - (b) Promote the channeling of corporate needs in terms of access to valid, reliable information for developing the Organization's plans and programs through the strategy, advancing toward the formulation of the plan of action;
 - (c) Encourage coordination of the plan of action through similar initiatives by other international technical cooperation and financing agencies to strengthen statistics in the countries;
 - (d) Identify the human resource, technology, and financial needs to guarantee the design and implementation of the plan of action for strengthening vital and health statistics in the countries of the Americas;
 - (e) Periodically report to the Governing Bodies through the Executive Committee on the progress and constraints evaluated during implementation of the plan of action.

(Seventh plenary meeting, 4 October 2007)

CSP27.R13 International Health Security: Implementing the International Health Regulations (IHR (2005))

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Considering that a functioning International Health Regulations National Focal Point (IHR-NFP) is a key element to the successful implementation of the IHR (2005);

Considering that all PAHO Member States have designated and provided to WHO contact information on their IHR-NFP;

Considering that different structures and organization in each Member State lead to different levels of capacity to fulfill the requirements as described in the IHR (2005);

Considering that the IHR (2005) require each State Party to develop, strengthen and maintain core public health capacities at the primary, intermediate and national levels in order to detect, assess, notify and report events and to respond promptly to public health emergencies;

Considering that specific capacities are also required for implementing health measures at international ports, airports and certain ground crossings designated by States Parties,

RESOLVES:

1. To urge Member States to:
 - (a) Reinforce the capacities of the IHR-NFP by ensuring its availability and ability to communicate internationally at all times;
 - (b) Strengthen the capacity of the IHR-NFP for intersectoral collaboration in both the dissemination of information and the consolidation of input from all relevant sectors;
 - (c) Take immediate steps to assess the ability of their existing national public health structures and resources to meet the core surveillance and response capacity requirements described in Annex 1a of the IHR (2005);
 - (d) Develop, by mid-2009, national action plans to ensure that core capacities for surveillance and response and for designated points of entry are established in accordance with the requirements of the IHR; within these plans, to identify priorities among the main components to be addressed (human resources, earmarking budget, material resources, legal tools, training, regional collaborations) and the alternatives for national resource mobilization;
 - (e) Support each other in strengthening and maintaining the public health capacities required under the IHR (2005).
2. To request the Director to:
 - (a) Provide support to Member States during the assessment of existing national surveillance and response systems by providing tools, guidelines and technical cooperation;

- (b) Provide technical and logistical support to Member States at their request during the development and implementation of national action plans for strengthening the capacities required under IHR (2005);
- (c) Develop and strengthen the capacities of PAHO to fully and effectively perform the functions entrusted to it under the revised IHR, in particular through a strategic health operations center to support countries in detecting, assessing and responding to public health events;
- (d) Convene a technical working group to develop common tools for reporting and information exchange among Member States and between Member States and PAHO;
- (e) Provide technical cooperation for the routine application of the decision instrument to assess events that may constitute a public health emergency of international concern;
- (f) Collaborate with States Parties insofar as possible in the mobilization of financial resources to support countries in building, strengthening and maintaining the capacities required under the IHR (2005);
- (g) Continue to promote and support the active participation of regional integration systems in developing and implementing subregional and regional plans for IHR-related activities.

(Eighth plenary meeting, 4 October 2007)

CSP27.R14 Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on *Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities* (Document CSP27/12) and aware of the benefit of joining forces to reduce health disaster risk;

Considering that the 45th Directing Council of the Pan American Health Organization (2004) approved Resolution CD45.R8 urging Member States to adopt “Hospitals Safe from Disasters” as a national risk reduction policy and that 168 countries adopted the same goal at the World Conference on Disaster Reduction as one of the priority actions to be implemented by 2015;

Aware that, according to data provided by PAHO/WHO Member States, 67% of their health facilities are located in disaster risk areas and that in the last decade nearly 24 million people in the Americas lost health care for months, and sometimes years, due to damage to health facilities directly related to disasters;

Taking into account that functional collapse is the main cause of hospitals being out of service after a disaster and that access to health services is a critical need in saving lives, especially during emergencies, and is a main responsibility of the health sector and also one of the Essential Public Health Functions;

Considering that the UN International Strategy for Disaster Reduction (ISDR) decided to organize, for 2008-2009, the global safe hospitals campaign as an example of a complex entity that requires the collaboration of all sectors, including financial institutions, in order to make hospitals resilient to disasters, and that the World Health Organization is the technical entity responsible for the campaign; and

In order to significantly contribute to reducing disaster risk in the Region and taking into account that the safe hospital campaign will make a major contribution to comprehensive hospital safety, including patient safety and health of workers,

RESOLVES:

1. To urge the Member States to:
 - (a) Ensure that a specific entity in each ministry of health has the responsibility to develop a disaster risk reduction program;
 - (b) Actively support the 2008-2009 ISDR safe hospitals campaign through:
 - Establishment of partnerships with stakeholders within and beyond the health sector, such as national disaster management organizations, planning, national and international financial institutions, universities, scientific and research centers, local authorities, communities, and other key contributors;
 - Sharing and implementing best practices in order to achieve practical and significant progress on the safe hospitals initiative at the country level;
 - Encouraging assessment of the existing health facilities and the potential vulnerabilities to disasters, in order to develop long-term plans to eliminate such vulnerabilities;
 - Ensuring that all new hospitals are built with a level of protection that better guarantees that they will remain functional in disaster situations, and

- implementing appropriate mitigation measures to reinforce existing health facilities;
- (c) Develop national policies on safe hospitals, adopt appropriate national and international norms and standards, and monitor the safety of the health facility network;
 - (d) To promote the inclusion of risk reduction as part of the accreditation process for health facilities.
2. To request the Director to:
- (a) Develop new tools to assess the likelihood that health facilities remain functional during and after a disaster and assist Member States in their implementation;
 - (b) Support countries in documenting and sharing best practices as well as achieving progress on the safe hospital initiative;
 - (c) Promote and strengthen coordination and cooperation with regional and subregional agencies related to the issue of disasters.

(Eighth plenary meeting, 4 October 2007)

CSP27.R15 Dengue Prevention and Control in the Americas

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having studied the document presented by the Director on dengue prevention and control in the Americas: Integrated approach and lessons learned (Document CSP27/15);

Considering efforts by the countries of the Region in dengue prevention and control and pursuant to Resolutions CD43.R4 and CD44.R9 of the Directing Council of PAHO for the preparation and implementation of the Integrated Management Strategy (IMS-dengue), which it presents as a model for reducing morbidity and mortality from dengue outbreaks and epidemics;

Recognizing that recent outbreaks of dengue and the complexity of the epidemiological situation have raised awareness about the macrodeterminants of transmission, such as poverty, climate change, migration, and uncontrolled or unplanned urbanization, with the consequent proliferation of breeding sites for the *Aedes aegypti* mosquito, the principal vector for transmission of the dengue virus; and

Bearing in mind that the encouraging progress and efforts of the countries to fight dengue in the Region are still insufficient and that the very process of implementing the IMS-dengue has made it possible to identify weaknesses and threats that call for the continued study of dengue in all its dimensions, magnitude, and complexity,

RESOLVES:

1. To urge the Member States to:
 - (a) Work to address the weaknesses and threats identified by each country in the preparation of the IMS-dengue to achieve the results expected from the implementation of the national strategies;
 - (b) Identify and mobilize financial resources to further implementation of the national strategies;
 - (c) Prevent deaths from dengue by giving priority to strengthening the health services network to offer timely, adequate care to patients with serious cases of dengue hemorrhagic fever and dengue shock syndrome;
 - (d) Promote intersectoral public policies to control the macrodeterminants of dengue transmission, with particular attention to strengthening urban planning, poverty reduction, and environmental sanitation (water, refuse) to permit sustainable prevention of dengue and other vector-borne diseases;
 - (e) Pursue systematic monitoring and evaluation of national and regional IMS-dengue implementation, which will make it possible to provide continuity for the activities and integrate new tools for dengue control;
 - (f) Assess the evidence on the magnitude of the problem of waste tires and dumps filled with discarded plastic that might pose a growing threat as potential breeding sites for the dengue mosquito vector, and encourage partnerships between government and private industry in the search for solutions;
 - (g) Allocate greater financial resources where appropriate, specifically to improve the technical skills of human resources and their training in neglected fields such as entomology and social communication for development;
 - (h) Promote scientific research on new technical tools and ongoing evaluation of existing tools to ensure the greatest impact on dengue prevention and control;

- (i) Take advantage of the implementation of the International Health Regulations (2005) for the timely detection and early diagnosis of cases.
2. To request the Director to:
- (a) Strengthen technical cooperation among the Member States to halt the spread of dengue in the Region and reduce the social, economic, and political burden that dengue represents;
 - (b) Support intersectoral strategic partnerships and the involvement of international financial partners to support implementation and evaluation of the Integrated Management Strategy for dengue prevention and control in all the countries and subregions of the Americas, with a view to reducing the determinants of transmission;
 - (c) Promote preparation of a regional plan for a timely response to dengue outbreaks and epidemics, which have increased over the years in the countries of the Americas.

(Eighth plenary meeting, 4 October 2007)

CSP27.R16 Appointment of the External Auditor

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP27/21 and being satisfied that the procedure established by the 47th Directing Council in 2006 (Document CD47/25) has been followed in seeking bids from qualified external auditors of international repute to be considered for appointment as External Auditor of the accounts of the Pan American Health Organization, and

Noting that the Secretariat received one valid nomination, from the Government of the United Kingdom of Great Britain and Northern Ireland,

RESOLVES:

To appoint the United Kingdom National Audit Office as External Auditor of the accounts of the Pan American Health Organization for the financial periods 2008-2009 and 2010-2011.

(Eighth plenary meeting, 4 October 2007)

CSP27.R17 Salary of the Director of the Pan American Sanitary Bureau

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 January 2007;

Taking into account the decision by the Executive Committee at its 140th Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau; and

Noting the recommendation of the Executive Committee with regard to the salary of the Director of the Pan American Sanitary Bureau,

RESOLVES:

To establish the annual salary of the Director of the Pan American Sanitary Bureau as from 1 January 2007 at US\$ 185,874 before staff assessment, resulting in a modified net salary of \$133,818 (dependency rate) or \$120,429 (single rate).

(Eighth plenary meeting, 4 October 2007)

CSP27.R18 International Public Sector Accounting Standards

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report on the introduction of the International Public Sector Accounting Standards (IPSAS) (Document CSP27/17) proposed by the Director,

RESOLVES:

1. To endorse the introduction of IPSAS into the Pan American Health Organization (PAHO);
2. To recognize that the implementation of IPSAS will contribute to transparency in results based management;

3. To note that the current United Nations System Accounting Standards (UNSAS) have been amended to permit the gradual introduction of individual standards for each agency, with IPSAS to be fully implemented by 2010;
4. To further note that the Director shall submit to the Governing Bodies, for consideration at future sessions, proposals to amend the Financial Regulations and Financial Rules resulting from the adoption of IPSAS;
5. To recognize that the implementation of IPSAS will require financial resources, which will be included in the PAHO biennial program budgets beginning with the 2008-2009 biennium.

(Ninth plenary meeting, 5 October 2007)

CSP27.R19 Master Capital Investment Fund

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having examined the report of the Director on the proposed creation of the Master Capital Investment Fund (Document CSP27/18) and aware of the need to plan adequately and to make provisions for funding for the maintenance and repair of the PAHO office buildings and the systematic replacement of computer and telecommunications equipment, software and systems to support the information technology infrastructure of the Organization,

RESOLVES:

1. To establish the Master Capital Investment Fund with two subfunds, Real Estate and Equipment, and Information Technology, in lieu of the current PAHO Building Fund and the Capital Equipment Fund, effective 1 January 2008;
2. To establish a ceiling of US\$ 2.0 million for the new Real Estate and Equipment subfund and \$6.0 million for the Information Technology subfund;
3. To fund the Master Capital Investment Fund as follows:
 - (a) Initial capitalization up to the \$8.0 million authorized ceiling from the following resources:
 - The respective balances as of 1 January 2008 in the existing PAHO Building Fund and the Capital Equipment Fund;

- Excess of income over expenditure from the Regular Program Budget funds at the conclusion of the 2006-2007 biennium.
- (b) Beginning with the conclusion of the 2008-2009 biennium, replenishment of the Master Capital Investment fund to derive from:
- Annual income from the rental of the Organization's premises and land, to be credited to the Real Estate and Equipment subfund;
 - Up to \$2.0 million of excess income over expenditure from the Regular Program Budget funds with notification to the Executive Committee;
 - Replenishment over \$2.0 million per biennium with the approval of the Executive Committee.
4. To adopt the following guidelines for the Master Capital Investment Fund:
- (a) Each subfund shall be distinct and separate with no transfers between them.
- (b) The Real Estate and Equipment subfund will fund building renovations/repairs for projects larger than \$15,000 at the locations provided by the Member States where PAHO bears the responsibility under the bilateral agreement for major repairs/renovations; the office spaces rented by PAHO; and the PAHO-owned office spaces or buildings.
- (c) The Information Technology subfund will provide funding for the systematic replacement of cabling and infrastructure-related items, telecommunications equipment, and computer hardware and software at locations provided by the Members States to PAHO, commercial office space rented by PAHO, and PAHO-owned office space or buildings.
- (d) The Secretariat will develop cost projections over the next 10-year period for the Master Capital Investment Fund, taking into account adequate maintenance, repair and replacement cycles.

(Ninth plenary meeting, 5 October 2007)

Decisions

CSP27(D1) Appointment of the Committee on Credentials

Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Guyana, Honduras, and Ecuador as members of the Committee on Credentials.

(First plenary meeting, 1 October 2007)

CSP27(D2) Election of Officers

Pursuant to Rule 17 of the Rules of Procedure, the Conference elected Chile as President, the Dominican Republic and Suriname as Vice Presidents, and the United States of America as Rapporteur for the 27th Pan American Sanitary Conference.

(First plenary meeting, 1 October 2007)

CSP27(D3) Adoption of the Agenda

212. The Conference adopted the provisional agenda contained in Document CSP27/1 without change. The Conference also adopted a program of meetings (Document CSP27/WP/1, Rev.1).

(First plenary meeting, 1 October 2007)

CSP27(D4) Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

Pursuant to Rule 35 of the Rules of Procedure, the Conference appointed Belize, Bolivia, and Canada as members of the Working Party to Study the Application of Article 6.B of the PAHO Constitution.

(First plenary meeting, 1 October 2007)

CSP27(D5) Establishment of the General Committee

Pursuant to Rule 33 of the Rules of Procedure, the Conference appointed Cuba, Guatemala, and Mexico as members of the General Committee.

(First plenary meeting, 1 October 2007)

CSP27(D6) Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropic Diseases

The Conference selected Costa Rica to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropic Diseases for a three-year term beginning 1 January 2008.

(Fifth plenary meeting, 3 October 2007)

IN WITNESS WHEREOF, the President of the Pan American Sanitary Conference 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., on this fifth day of October in the year two thousand seven. 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.

María Soledad Barría
Delegate of Chile
President of the 27th Pan American
Sanitary Conference

Mirta Roses Periago
Director of the Pan American Sanitary Bureau
Secretary *ex officio* of the 27th Pan American
Sanitary Conference

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
- 2.6 Amendments to the Rules of Procedure of the Pan American Sanitary Conference

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- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Reports of the Pan American Sanitary Bureau
 - (a) Quinquennial Report 2003-2007 of the Director of the Pan American Sanitary Bureau
 - (b) 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. CONSTITUTIONAL MATTERS *(cont.)*

- 3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Cuba, and Venezuela

4. Program Policy Matters

- 4.1 Proposed Strategic Plan 2008-2012
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- 4.3 Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report
- 4.4 Avian Flu and Pandemic Influenza: Progress Report
- 4.5 Malaria in the Americas: Progress Report
- 4.6 Regional Goals for Human Resources for Health 2007-2015
- 4.7 International Health Security Roundtable
- 4.8 Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities
- 4.9 Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas
- 4.10 Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.11 Dengue Prevention and Control in the Americas:
Integrated Approach and Lessons Learned
- 4.12 Regional Policy and Strategy for Ensuring Quality
of Health Care, Including Patient Safety

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 International Public Sector Accounting Standards
- 5.2 Master Capital Investment Fund
- 5.3 Report on the Collection of Quota Contributions
- 5.4 Interim Financial Report of the Director for 2006
- 5.5 Report on the Activities of the Internal Oversight
Services Unit
- 5.6 Appointment of the External Auditor
- 5.7 Salary of the Director of the Pan American Sanitary Bureau

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- 6.1 Selection of One Member State from the Region of
the Americas Entitled to Designate a Person to Serve on
the Joint Coordinating Board of the UNICEF/UNDP/World Bank/
WHO Special Program for Research and Training in Tropical
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7. AWARDS

- 7.1 PAHO Award for Administration 2007
- 7.2 Abraham Horwitz Award for Leadership in Inter-American Health 2007
- 7.3 Manuel Velasco-Suárez Award in Bioethics 2007

8. MATTERS FOR INFORMATION

- 8.1 Report of the Advisory Committee on Health Research
- 8.2 Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the Regional Committee

9. OTHER MATTERS

10. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

Official Document 326	Interim Financial Report of the Director for 2006
Official Document 327	Proposed Program Budget 2008-2009
Official Document 328	Proposed Strategic Plan 2008-2012
Official Document 329	Quinquennial Report 2003-2007 of the Director of the Pan American Sanitary Bureau
Scientific and Technical Publication 622	Health in the Americas

Final Report

CSP27/PFR	Preliminary Final Report
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Working Documents

CSP27/1, Rev. 2	Agenda
CSP27/2, Rev. 2	List of Participants
CSP27/3	Amendments to the Rules of Procedure of the Pan American Sanitary Conference
CSP27/4	Annual Report of the President of the Executive Committee
CSP27/5	Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

Working Documents (*cont.*)

CSP27/6, Rev. 1	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Cuba, and Venezuela
CSP27/7	Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report
CSP27/8	Avian Flu and Pandemic Influenza: Progress Report
CSP27/9	Malaria in the Americas: Progress Report
CSP27/10	Regional Goals for Human Resources for Health 2007-2015
CSP27/11	International Health Security
CSP27/11, Add. I	Provisional Agenda: International Health Security Roundtable
CSP27/11, Add. II	Final Report - International Health Security Roundtable: Implementing the International Health Regulations (IHR (2005))
CSP27/12	Safe Hospitals: A Regional Initiative on Disaster-resilient Health Facilities
CSP27/13	Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas
CSP27/14	Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals
CSP27/15	Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned

Working Documents (*cont.*)

CSP27/16	Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety
CSP27/16, Corrig.	Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety
CSP27/17	International Public Sector Accounting Standards
CSP27/18	Master Capital Investment Fund
CSP27/19	Report on the Collection of Quota Contributions
CSP27/19, Add. I	Report on the Collection of Quota Contributions
CSP27/19, Add. II	Report on the Collection of Quota Contributions
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CSP27/21	Appointment of the External Auditor
CSP27/22	Salary of the Director of the Pan American Sanitary Bureau
CSP27/23	Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR), on the Expiration of the Period of Office of Cuba
CSP27/24	PAHO Award for Administration 2007
CSP27/25	Abraham Horwitz Award for Leadership in Inter-American Health 2007

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CSP27/26 Manuel Velasco-Suárez Award in Bioethics 2007

Information Documents

CSP27/INF/1 Report of the Advisory Committee on Health Research

CSP27/INF/2 Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the Regional Committee

Diverse Documents

CSP27/DIV/1 Information for Delegates

CSP27/DIV/2 Welcoming Remarks by the Director of the Pan American Sanitary Bureau, Dr. Mirta Roses Periago

CSP27/DIV/3 Welcome on Behalf of the Host Country by the Secretary of Health and Human Services of the USA, Hon. Mike Leavitt

CSP27/DIV/4 Remarks by the National Coordinator and Special Envoy to the Americas, V Summit of the Americas, Ambassador Luis Alberto Rodríguez

CSP27/DIV/5 Remarks by the UNICEF Regional Director for Latin America and the Caribbean, Mr. Nils Kastberg (in Spanish)

CSP27/DIV/6 Address by the Assistant Secretary General of the Organization of American States, Ambassador Albert Ramdin

CSP27/DIV/7 Address by the Director-General of the World Health Organization, Dr. Margaret Chan

CSP27/DIV/8 Acceptance speech by Dr. Mirta Roses Periago

Working Documents (*cont.*)

- CSP27/DIV/9 Speech by the Winner of the PAHO Award for Administration 2007, Dr. Armando Mariano Reale (in Spanish)
- CSP27/DIV/10 Speech by the Winner of the Abraham Horwitz Award for Leadership in Inter-American Health 2007, Dr. María Cristina Escobar Fritzsche (in Spanish)
- CSP27/DIV/11 Speech by the Winner of the Manuel Velasco-Suárez Award in Bioethics, Dr. Jorge Alberto Álvarez Díaz (in Spanish)
- CSP27/DIV/12 Address of the First Lady of the Dominican Republic, Dr. Margarita Cedeño de Fernández, on the Elimination of Rubella and Congenital Rubella Syndrome in the Americas

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

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Delegates – Delegados

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Alternate Delegate, Permanent Mission of Grenada
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Ms. Yolanda Smith
Alternate Delegate, Permanent Mission of Grenada
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Member States (cont.)
Estados Miembros (cont.)

Guatemala

Chief Delegate – Jefe de Delegación

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Ministro de Salud Pública
y Asistencia Social
Ministerio de Salud Pública
y Asistencia Social
Ciudad de Guatemala

Delegates – Delegados

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Viceministra Técnica de Salud Pública
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Ministerio de Salud Pública
y Asistencia Social
Ciudad de Guatemala

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Alternates – Alternos

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Ministerio de Salud Pública
y Asistencia Social
Ciudad de Guatemala

Excelentísimo Sr. Francisco Villagrán
Embajador, Representante Permanente de Guatemala
ante la Organización de los Estados Americanos
Washington, D.C.

Member States (cont.)
Estados Miembros (cont.)

Guatemala (cont.)

Alternates – Alternos (*cont.*)

Lic. Rita Claverie de Sciolli
Ministro Consejero
Misión Permanente de Guatemala
ante la Organización de los Estados Americanos
Washington, D.C.

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Primer Secretario, Misión Permanente de Guatemala
ante la Organización de los Estados Americanos
Washington, D.C.

Guyana

Chief Delegate – Jefe de Delegación

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Minister of Health
Ministry of Health
Georgetown

Haiti

Haití

Chief Delegate – Jefe de Delegación

Dr Robert Auguste
Ministre de la Santé publique
et de la Population
Ministère de la Santé publique
et de la Population
Port-au-Prince

Member States (cont.)
Estados Miembros (cont.)

Haiti (cont.)

Haití (cont.)

Delegates – Delegados

Dr Gadner Michaud
Directeur général
Ministère de la Santé publique
et de la Population
Port-au-Prince

Dr Ariel Henry
Membre du Cabinet
Ministère de la Santé publique
et de la Population
Port-au-Prince

Alternate – Alterno

M. Duly Brutus
Ambassadeur, Représentant Permanent
Mission permanente d'Haïti près
l'Organisation des États Américains
Washington, D.C.

Honduras

Chief Delegate – Jefe de Delegación

Dr. Jenny Meza Paguada
Ministra de Salud
Secretaría de Estado en el Despacho de Salud
Tegucigalpa, D.C.

Member States (cont.)
Estados Miembros (cont.)

Honduras (cont.)

Delegates – Delegados

Sr. Carlos Sosa Coello
Embajador Extraordinario y Plenipotenciario
Misión Permanente de Honduras ante la
Organización de los Estados Americanos
Washington, D.C.

Sra. Leslie Martínez
Representante Alterna
Misión Permanente de Honduras ante la
Organización de los Estados Americanos
Washington, D.C.

Jamaica

Chief Delegate – Jefe de Delegación

Hon. Rudyard Spencer
Minister of Health
Ministry of Health
Kingston

Delegates – Delegados

Dr. Sheila Campbell-Forrester
Acting Chief Medical Officer
Ministry of Health
Kingston

Dr. Lella McWhinney-Dehaney
Chief Nursing Officer
Ministry of Health
Kingston

Member States (cont.)
Estados Miembros (cont.)

Mexico
México

Chief Delegate – Jefe de Delegación

Dr. José Ángel Córdova Villalobos
Secretario de Salud
Secretaría de Salud
México, D. F.

Delegates – Delegados

Dr. Mauricio Hernández
Subsecretario de Prevención y Promoción de la Salud
Secretaría de Salud
México, D. F.

Dra. María de los Ángeles Fromow
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Secretaría de Salud
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Alternates – Alternos

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Secretaría de Salud
México, D.F.

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Directora de Cooperación Bilateral y Regional
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México, D.F.

Member States (cont.)
Estados Miembros (cont.)

Mexico (cont.)

México (cont.)

Alternates – Alternos (cont.)

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Subsecretaría de Prevención y Promoción de la Salud
Secretaría de Salud
México, D.F.

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Director General de Relaciones Internacionales
Secretaría de Salud
México, D.F.

Lic. Andrés Torres Scott
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Secretaría de Salud
México, D.F.

Excelentísimo Sr. Gustavo Albin
Embajador, Representante Permanente de México ante la
Organización de los Estados Americanos
Washington, D.C.

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Primer Secretario, Misión Permanente de México
ante la Organización de los Estados Americanos
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Embajador Eleazar Ruiz Ávila
Secretario Ejecutivo
Comisión Fronteriza México-Estados Unidos
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Member States (cont.)
Estados Miembros (cont.)

Netherlands
Países Bajos

Chief Delegate – Jefe de Delegación

Mrs. Joan A. Berkel
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Ministry of Education, Public Health
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Delegate – Delegado

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Nicaragua

Chief Delegate – Jefe de Delegación

Sra. Dra. Maritza Cuan Machado
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Ministerio de Salud
Managua

Delegates – Delegados

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Member States (cont.)
Estados Miembros (cont.)

Nicaragua (cont.)

Delegates – Delegados (cont.)

Lic. Denis R. Moncada Colindres
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Alternates – Alternos

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Primer Secretario
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Organización de los Estados Americanos
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Panama
Panamá

Chief Delegate – Jefe de Delegación

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Ciudad de Panamá

Member States (cont.)
Estados Miembros (cont.)

Panama (cont.)

Panamá (cont.)

Delegates – Delegados

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Ministerio de Salud
Ciudad de Panamá

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Alternates – Alternos

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Sr. Samuel Tejada
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Member States (cont.)
Estados Miembros (cont.)

Paraguay

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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Peru
Perú

Chief Delegate – Jefe de Delegación

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Member States (cont.)
Estados Miembros (cont.)

Peru (cont.)
Perú (cont.)

Delegates – Delegados

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Organización de los Estados Americanos
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Saint Kitts and Nevis
Saint Kitts y Nevis

Chief Delegate – Jefe de Delegación

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Member States (cont.)
Estados Miembros (cont.)

Saint Lucia
Santa Lucía

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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Alternate – Alterno

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Member States (cont.)
Estados Miembros (cont.)

Saint Vincent and the Grenadines
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Chief Delegate – Jefe de Delegación

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Organization of American States
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Delegate – Delegado

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Organization of American States
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Suriname

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Delegates – Delegados

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Member States (cont.)
Estados Miembros (cont.)

Suriname (cont.)

Delegates – Delegados (cont.)

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Trinidad and Tobago
Trinidad y Tabago

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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Member States (cont.)
Estados Miembros (cont.)

Trinidad and Tobago (cont.)
Trinidad y Tabago (cont.)

Alternate – Alterno

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United Kingdom
Reino Unido

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Delegates – Delegados

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Cayman Islands

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Member States (cont.)
Estados Miembros (cont.)

United Kingdom (cont.)
Reino Unido (cont.)

Alternates – Alternos

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Montserrat

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Member States (*cont.*)
Estados Miembros (*cont.*)

United States of America
Estados Unidos de América

Chief Delegate – Jefe de Delegación

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Member States (*cont.*)
Estados Miembros (*cont.*)

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

Alternates – Alternos (*cont.*)

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Member States (cont.)
Estados Miembros (cont.)

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

Alternates – Alternos (*cont.*)

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Member States (*cont.*)
Estados Miembros (*cont.*)

Uruguay

Chief Delegate – Jefe de Delegación

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Ministerio de Salud Pública
Montevideo

Delegates – Delegados

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Embajadora del Uruguay ante
la Organización de los Estados Americanos
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Secretaria
Misión Permanente del Uruguay ante
la Organización de los Estados Americanos
Washington, D.C.

Venezuela

Chief Delegate – Jefe de Delegación

Sra. Dra. Nancy Pérez
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Ministerio del Poder Popular para la Salud
Caracas

Delegate – Delegado

Dra. July Cermeño
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Análisis Estratégico
Ministerio del Poder Popular para la Salud
Caracas

Member States (cont.)
Estados Miembros (cont.)

Venezuela (cont.)

Delegate – Delegado (cont.)

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Ministro Consejero
Misión Permanente de la República Bolivariana de Venezuela
ante la Organización de los Estados Americanos
Washington, D.C.

Associate Members
Miembros Asociados

Puerto Rico

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San Juan

Observer States
Estados Observadores

Spain
España

Sr. José M. de la Torre
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Observer States (cont.)
Estados Observadores (cont.)

Spain (cont.)
España (cont.)

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Subdirectora General Adjunta de
Relaciones Internacionales
Ministerio de Sanidad y Consumo
Madrid

Sra. Natividad Nalda
Jefa de Servicio de Relaciones
Internacionales
Ministerio de Sanidad y Consumo
Madrid

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Invitados Especiales

Excelentísima Dra. Margarita Cedeño de Fernández
Primera Dama
República Dominicana

Dr. Camilo Alleyne
Presidente del Grupo de Trabajo sobre
la Agenda de Salud
Panamá

Dr. Luis Alberto Rodriguez
National Coordinator and Special Envoy
to the Americas
V Summit of the Americas

**Representatives of the Executive Committee
Representantes del Comité Ejecutivo**

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Minister of Health, Sports, and Youth Affairs
Ministry of Health, Sports, and Youth Affairs
St. John's, Antigua and Barbuda

Sra. Dra. Nancy Pérez
Viceministra de Salud Colectiva
Ministerio del Poder Popular para la Salud
Caracas, Venezuela

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Ganadores de los Premios**

***PAHO Award for Administration 2007
Premio OPS en Administración 2007***

Dr. Armando Mariano Reale
Argentina

***Abraham Horwitz Award for Leadership in Inter-American Health 2007
Premio Abraham Horwitz al Liderazgo en la Salud Interamericana 2007***

Dr. María Cristina Escobar
Chile

***Manuel Velasco-Suárez Award in Bioethics 2007
Premio Manuel Velasco-Suárez en Bioética 2007***

Dr. Jorge Alberto Álvarez Díaz
Mexico

**United Nations and Specialized Agencies
Naciones Unidas y Agencias Especializadas**

***United Nations Children's Fund
Fondo de las Naciones Unidas para la Infancia***

Mr. Nils Kastberg
Ms. Jean Gough

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Representantes de Organizaciones Intergubernamentales**

***Andrés Bello Agreement
Convenio Andrés Bello***

Dr. Elmer Escobar

***Caribbean Community
Comunidad del Caribe***

Dr. Edward Greene
Dr. Rudolph O. Cummings

***Economic Commission for Latin America and the Caribbean
Comisión Económica para América Latina y el Caribe***

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Ms. Inés Bustillo

***Hipólito Unanue Agreement
Convenio Hipólito Unanue***

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Representatives of Intergovernmental Organizations (cont.)
Representantes de Organizaciones Intergubernamentales (cont.)

Inter-American Development Bank
Banco Interamericano de Desarrollo

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Dr. Wolfgang Munar

Inter-American Institute for Cooperation on Agriculture
Instituto Interamericano de Cooperación para la Agricultura

Dr. James Butler
Sr. Christopher Hansen

Organization of American States
Organización de Estados Americanos

Amb. Albert R. Ramdin

Representatives of Nongovernmental Organizations
Representantes de Organizaciones No Gubernamentales

American Society for Microbiology
Sociedad Interamericana de Microbiología

Ms. Lily Schuermann
Ms. Lynée M Galley

American Nurses Association
Asociación Americana de Enfermeras

Ms. Linda Stierle

Representatives of Nongovernmental Organizations (cont.)
Representantes de Organizaciones No Gubernamentales (cont.)

Global Health Council
Consejo Mundial de Salud

Ms. Nasima Hossain
Mr. Cosmin Florescu

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

Ing. Julio Suero Marranzini

International Catholic Committee of Nurses and Medical-Social Assistants
Comité Internacional Católico de Enfermeras y Asistentes Médico-Sociales

Ms. Joan Doherty

International Commission on Occupational Health
Comisión Internacional de Salud Ocupacional

Dr. Marilyn Fingerhut

International Council for Control of Iodine Deficiency Disorders
Consejo Internacional para la Lucha contra los Trastornos por Carencia de Yodo

Dr. Eduardo Pretell
Mr. David Haxton

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

Mr. Richard Kjeldgaard
Mr. Corry Jacobs
Ms. Amy Jackson
Mr. Paul Davies

Representatives of Nongovernmental Organizations (cont.)
Representantes de Organizaciones No Gubernamentales (cont.)

International Federation of Pharmaceutical Manufacturers Associations (cont.)
Federación Internacional de la Industria del Medicamento (cont.)

Mr. Henry Pistell
Ms. Susan Crowley
Ms. Tiffany Atwell
Ms. Evelyn Boyd Simmons

International Society of Radiographers and Radiological Technologists
Sociedad Internacional de Radiógrafos y Técnicos de Radiología

Mrs. Patricia Johnson

Latin American and Caribbean Association of Public Health Education
Asociación Latinoamericana y del Caribe de Educación en Salud Pública

Dr. Edgar C. Jarillo Soto

Latin American Association of Pharmaceutical Industries
Asociación Latinoamericana de Industrias Farmacéuticas

Dr. Rubén Abete

Latin American Federation of Hospitals
Federación Latinoamericana de Hospitales

Sr. Norberto Larroca

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

Dr. Jean L. Fourcroy

Representatives of Nongovernmental Organizations (cont.)
Representantes de Organizaciones No Gubernamentales (cont.)

National Institute for Occupational Safety and Health
Instituto Nacional de Seguridad y Salud Ocupacional

Ms. Jane Hingston

The International Federation of Medical Students' Associations
Federación Internacional de Asociaciones de Estudiantes de Medicina

Mr. Kiran Surage

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

Ms. Marcela Gaitán

US Pharmacopeia

Dr. Victor Pribluda

World Association for Sexual Health
Asociación Mundial para la Salud Sexual

Dr. Eusebio Rubio-Aurioles

Mr. Eli Coleman

Ms. Esther Corona

World Self-Medication Industry
Industria Mundial de la Automedicación Responsable

Lic. Héctor Bolaños

**World Health Organization
Organización Mundial de la Salud**

Dr. Margaret Chan
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Geneva

Dr. Bill Kean
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Geneva

**Pan American Health Organization
Organización Panamericana de la Salud**

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Directora y Secretaria ex officio de la Conferencia*

Dr. Mirta Roses Periago

*Advisers to the Director
Asesores de la Directora*

Dr. Cristina Beato
Deputy Director
Director Adjunto

Dr. Carissa Etienne
Assistant Director
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