This is a preliminary final report only, summarizing the actions taken by the 48th Directing Council. A more comprehensive final report will be issued at a later date.
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Opening of the Session

1. The 48th Directing Council, 60th 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 29 September to 3 October 2008. The agenda and list of participants are attached as Annexes A and C, respectively.

2. Dr. Leslie Ramsammy (Guyana, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Mirta Roses (Director, Pan American Sanitary Bureau), Dr. William Steiger (United States of America, Host Country), Mrs. Kei Kawabata (Inter-American Development Bank), Dr. José Miguel Insulza (Secretary General of the Organization of American States), and Dr. Margaret Chan (Director-General, World Health Organization). The text of their remarks may be found on the website of the 48th Directing Council (http://www.paho.org/english/gov/cd/cd48index-e.htm).

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Peru, and Saint Kitts and Nevis as members of the Committee on Credentials (Decision CD48(D1)).

Election of the President, Two Vice Presidents, and the Rapporteur

4. Pursuant to Rule 16 of the Rules of Procedure, the Council elected the following officers (Decision CD48(D2)):

   President: Brazil (Dr. José Gomes Temporão)

   Vice President: Panama (Dr. Dora Jara)

   Vice President: Saint Vincent and the Grenadines (Dr. Douglas Slater)

   Rapporteur: Mexico (Dr. Fernando Meneses González)
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.

**Adoption of the Agenda (Document CD48/1, Rev. 2)**

6. The Council adopted the provisional agenda contained in Document CD48/1, Rev. 2 without change (Decision CD48(D3)). The Council also adopted a program of meetings (Document CD48/WP/1, Rev. 3).

**Establishment of the General Committee**

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Chile, Colombia, and the United States of America as members of the General Committee (Decision CD48(D4)).

**Constitutional Matters**

**Annual Report of the President of the Executive Committee (Document CD48/2)**

8. Dr. María Julia Muñoz (Uruguay, Vice-President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2007 and September 2008.

9. The Council thanked the Members of the Committee for their work and took note of the report.

**Annual Report of the Director of the Pan American Sanitary Bureau (Document CD48/3, Rev. 1)**

10. Following the projection of a video, which provided an overview of PAHO’s work during the previous year, the Director presented her Annual Report, the theme of which was “strategic planning.” She highlighted some of the ways in which the PAHO Secretariat and PAHO Member States were using planning to strengthen health action, improve efficiency, and increase accountability, giving numerous examples of health planning activities in countries of the Region.

11. Member States applauded the achievements described in the report and underscored the importance of multilateralism and joint action among countries in achieving health objectives in the Region. The importance of addressing the social determinants of health and of promoting intersectoral action for that purpose was also emphasized.
12. Delegates of Argentina, Bahamas, Brazil, Canada, Chile, Cuba, Mexico, Puerto Rico, Peru, Trinidad and Tobago, and Venezuela spoke on this item.

13. The Council thanked the Director and took note of the report.

_Election of Three Member States to the Executive Committee (Document CD48/4)_

14. The Committee elected Argentina, Guatemala, and Haiti to the Executive Committee, replacing Antigua and Barbuda, Chile, and Panama, whose periods of office on the Committee had expired.

15. The Delegate of Colombia said that his Government had intended to seek a seat on the Executive Committee, but had decided to withdraw its candidacy in favor of Argentina. He said that Colombia had wished to serve on the Committee because it was concerned that PAHO’s policies and technical cooperation were not consonant with the policies of his country and other Member States. However, Colombia had come to an agreement with Argentina whereby the latter country would ensure that those concerns were reflected in the Executive Committee’s deliberations.

16. The delegates of Argentina, Guatemala, and Haiti expressed gratitude to the Council for electing their countries to serve on the Executive Committee.

17. The Committee adopted Resolution CD48.R3, declaring Argentina, Guatemala, and Haiti elected to membership on the Executive Committee for a period of three years and thanking Antigua and Barbuda, Chile, and Panama for their service.

_Program Policy Matters_

_Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity (Document CD48/5)_

18. Member States stressed the need for balance between individual and collective approaches to the prevention and management of diabetes and obesity, intersectoral coordination, wellness programs, a life-cycle approach, and attention to dietary factors, including marketing of appropriate foods for children and the elderly and labeling of foods to show content of sodium, sugar, and fat.

19. Statements were made by Argentina, Bahamas, Barbados, Bolivia, Brazil, Canada, Chile, Cuba, Dominica, France, Jamaica, Mexico, Saint Kitts and Nevis, Suriname, United States of America, Uruguay, and Venezuela.

21. The Council welcomed the regional strategy and plan of action and applauded the integrated approach to cervical cancer prevention and control proposed therein. Member States noted the high cost of the human papillomavirus (HPV) vaccine and underscored the need for research in order to assess the cost-effectiveness of its introduction. The importance of health education and communication and of continued screening—regardless of whether or not the HPV vaccine is introduced—was also emphasized.

22. Delegates of Argentina, Bahamas, Bolivia, Brazil, Canada, Colombia, Cuba, France, Guatemala, Honduras, Mexico, Paraguay, Peru, Saint Kitts and Nevis, Suriname, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, and Venezuela spoke on this item.


Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (Document CD48/7)

24. The Directing Council welcomed the report on the item, noting that its approach was in line both with the needs of the Region and with the Millennium Development Goals. Delegates emphasized the need for an intersectoral approach and for a renewed commitment to neonatal and maternal health. The emphasis in the report on the need for monitoring and evaluation was welcomed. Delegates noted that the success rate in reducing neonatal mortality varied sharply from country to country and highlighted the need for specific strategies to bring about further reductions in countries where the rate was already relatively low. The need for sensitivity to indigenous culture and practices was stressed.

25. Delegates of Argentina, Bahamas, Canada, Chile, Colombia, Cuba, Guatemala, Honduras, Jamaica, Paraguay, United States of America, and Venezuela spoke on this matter.


Regional Strategy for Improving Adolescent and Youth Health (Document CD48/8)

27. The Council voiced strong support for the proposed strategic lines of action, stressing in particular the need for involvement of youth in disease prevention and health promotion activities and the importance of making maximum use of modern communication media to transmit health messages to young people. Investment in
adolescent and youth health and development was considered critical to the future of health and social infrastructure and to the prevention of health problems in adulthood. The importance of attention to both the mental and physical health needs of adolescents and youths was underscored. The Regional Strategy was considered a sound basis for the development of a plan of action on adolescent and youth health.

28. Delegates of Argentina, Bahamas, Bolivia, Canada, Chile, France, Guatemala, Mexico, Panama, Paraguay, Saint Kitts and Nevis, United States of America, and Venezuela spoke on this item.


Regional Plan of Action for Strengthening Vital and Health Statistics (Document CD48/9)

30. Delegates reported on their national vital and health statistics programs, highlighting achievements and shortcomings, in particular, the need for resources and for technical training in the use of data-collection tools. They stressed the desirability of developing e-government and e-health systems and the need for effective monitoring and evaluation systems, standardized data-collection formats, and national regulatory frameworks. The importance of the Health Metrics Network assessment tool was also stressed.

31. Delegates of Argentina, Chile, Dominica, Dominican Republic, Nicaragua, Saint Kitts and Nevis, Suriname, United States of America, and Uruguay took part in the discussion.


Toward the Elimination of Onchocerciasis (River Blindness) in the Americas (Document CD48/10)

33. Delegates of Brazil, Colombia, Guatemala, Mexico, and Venezuela explained the status of their efforts to eliminate the remaining foci of onchocerciasis, with special emphasis on the difficulties encountered in remote areas of the border between Brazil and Venezuela.

34. The Council adopted Resolution CD48.R12, embracing the goal of achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012.
Improving Blood Availability and Transfusion Safety in the Americas (Document CD48/11)

35. Member States described their efforts to promote voluntary donation, improve screening of donated blood, and strengthen their national blood systems. While the need to strive for 100% voluntary donation was recognized, it was suggested that in limited circumstances of emergency medical necessity, paid or replacement donation might be acceptable.

36. Delegates of Haiti, Paraguay, and the United States of America took part in the discussion of this item.


WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas (Document CD48/12)

38. Delegates reported on tobacco control measures being taken in their countries and stressed the usefulness of the MPOWER policy package. Attention was drawn to issues such as the gender dimensions of tobacco use among youth, problems with advertisements in foreign magazines which hindered national efforts to restrict tobacco advertising, tobacco use in schools, and smuggling of cigarettes. Emphasis was placed on the need for educational programs and intersectoral partnerships to combat tobacco use.

39. Statements were made by delegates of Argentina, Brazil, Canada, Chile, Cuba, Guatemala, Honduras, Mexico, Panama, Paraguay, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.


Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases (Document CD48/13)

41. The Council noted that vector-borne diseases continued to be a threat to countries of the Region, but that the issue also had international implications, notably in countries with a significant tourism industry. Climate change and, in some cases, weak surveillance were cited as factors that were exacerbating the problem. It was generally agreed that an integrated approach to vector control was needed, and that control activities needed to rest on a solid scientific foundation and be based on a public-private partnership with a strong basis in local communities. It was suggested that PAHO might appoint a regional advisor on vector management.
42. Statements were made by delegates of Argentina, Barbados, Chile, Cuba, Dominican Republic, France, Honduras, Jamaica, Mexico, Paraguay, United States of America, and Uruguay.


**Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems (Documents CD48/14, Rev.1; CD48/14, Add. I; CD48/14, Add. I, Corrig.; CD48/14, Add. II; and CD48/14, Add. II, Corrig.)**

44. Sir Michael Marmot (Chair, Commission on Social Determinants of Health, WHO) gave a presentation on the Commission’s work, which focused on the pursuit of social justice, empowering people and communities, and creating conditions for people to live fulfilling lives. Dr. Wim Van Lerberghe (Health Systems and Services Cluster, WHO) spoke on the need for modifications to health systems and services to accommodate the growing demand for primary health care worldwide. Dr. Socorro Gross-Galiano (Assistant Director, PAHO) described the Region’s political framework for action regarding primary health care and the determinants of health. Dr. Hubert Alexander Minnis (Minister of Health, Bahamas) examined the links between health and equity, and Dr. José Guillermo Maza (Minister of Health, El Salvador) spoke of the difficulties that the health sector faces by comparison with other areas of government. The texts of their remarks can be found on the website of the 48th Directing Council.

45. A summary report on the panel presentations (Document CD48/14, Add. II) was given by Dr. Gross-Galiano.

46. In the ensuing discussion, delegates described the efforts being made in their countries to revitalize primary health care, in particular by relating it to health determinants. Several offered to share their experiences and best practices with other countries. Attention was also drawn to the synergy between primary health care and the Millennium Development Goals.

47. Comments were made by delegates of Bahamas, Barbados, Canada, Chile, Cuba, Guatemala, Honduras, Jamaica, Panama, Uruguay, and Venezuela.

48. The Council took note of the report and discussion.

**Health and International Relations: Linkage with National Health Development (Document CD48/15)**

49. Member States welcomed PAHO’s efforts to strengthen the institutional capacity of governments in health and international relations, stressing the need for increased
cooperation and solidarity among countries in order to tackle global health problems, achieve the Millennium Development Goals, and ensure global health security. The importance of health in foreign policy and international relations was underscored, as was the need to strengthen the capacity of health authorities to ensure that due attention is paid to health in the negotiation of bilateral and multilateral agreements.

50. PAHO’s role in facilitating analysis of the health dimension of policies considered, adopted, and implemented at the international level—the subject of paragraph 2(g) of the proposed resolution on this item (Resolution CE142.R14)—was discussed at length. Most delegates were of the view that PAHO, as a specialized health agency, certainly should facilitate such analysis. One delegate considered analysis of the public health impacts of international policies to be an inherent function of Member States, not PAHO.

51. Delegates of Argentina, Bahamas, Barbados, Bolivia, Brazil, Canada, Chile, Cuba, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela participated in the discussion of this item. A representative of the United Nations Children’s Fund (UNICEF) also made a statement.

52. The Council adopted, in a vote by show of hands, Resolution CD48.R16. The Delegate of the United States of America expressly wished the record to reflect that his delegation had voted against the inclusion of paragraph 2(g) in the resolution and that the United States did not consider the resolution to be a consensus resolution.

Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective (Documents CD48/16; CD48/16, Add. I, Rev. 2; and CD48/16, Add. II)

53. A roundtable discussion was convened to allow countries to share their views on climate change and its impact on public health. As an introduction to the topic, Dr. María Fernanda Espinoza (Ambassador of Ecuador to the United Nations) highlighted the main issues facing the region as it struggles to deal with the impact of climate change and its implications for public health. Dr. Espinosa’s remarks can be found on the website of the 48th Directing Council.

54. The combined report prepared by the rapporteurs of the three discussion groups (Document CD48/16, Add. II) highlighted the net global effect of projected climate change on human health and outlined the efforts being made by PAHO to address the challenge at the regional level as well as through assistance to Member States.

55. The Council took note of the report and discussion.
Regional Contribution to the Global Ministerial Forum on Research for Health (Documents CD48/17 and CD48/17, Add. I)

56. The Council welcomed the report on this topic, notably its emphasis on enhancing national research capabilities and closing the gap between what is known and what is done. A number of delegates described research activities under way in their countries.

57. Delegates of Argentina, Canada, Colombia, Cuba, Jamaica, Mexico, and United States of America spoke on this issue. A representative of the Alzheimer Association of Canada also made a statement on behalf of Alzheimer’s Disease International.

58. The Council took note of the report.

Public Health, Innovation, and Intellectual Property: A Regional Perspective (Document CD48/18)

59. The Council welcomed PAHO’s efforts to coordinate regional implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property and endorsed the proposal to create a regional platform as a mechanism for setting innovation priorities, facilitating implementation of the Strategy, sharing relevant information, and monitoring the process. Delegates called upon PAHO to initiate the implementation process by disseminating the Global Strategy and the agreed parts of the Plan of Action widely.

60. Delegates of Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Jamaica, Mexico, Suriname (on behalf of the Caribbean countries), United States of America, and Venezuela took part in the discussion on this item.


15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas” (Document CD48/19, Rev. 1)

62. The Directing Council took note of the report of RIMSA 15, welcoming its capacity to act as a forum for addressing issues of food safety and, in particular, of the dangers to human health of zoonotic diseases.

63. Delegates of Brazil, Canada, Mexico, United States of America, and Uruguay spoke on this item.
64. The Council adopted Resolution CD48.R13. The Delegate of the United States of America wished the record to reflect the position of his Government with respect to the Declaration of Rio de Janeiro, which was appended to the report of RIMSA 15. Paragraph 8 of the Declaration contained bracketed text which was unacceptable to the United States.

*Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (CD48/20)*

65. Delegates stressed the importance of the first Ministerial Meeting of the Americas on Violence and Injury Prevention, convened by Mexico and PAHO in Mérida, Mexico, on 14 March 2008, and of the Ministerial Declaration adopted at that meeting. They emphasized the need for a public health approach to the problem of violence and the need for coordinated national policies that would make it possible to identify and mobilize human, financial, and logistical resources. Specific aspects of the issue were highlighted, including the protection of children, use of seat belts, fire avoidance in schools, road safety, domestic violence, mental health, substance and alcohol abuse, and responsible journalism.

66. Delegates of Barbados, Colombia, Dominican Republic, Jamaica, Mexico, and Trinidad and Tobago participated in the discussion.


**Administrative and Financial Matters**


68. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) gave an update on the status of quota collections, noting that while the Organization’s total resources had increased 45% over the last biennium, to $1.16 billion, and the level of past arrears now paid off was the highest in over 10 years, the level of current-year assessments paid was the second-lowest in the same period. She reported that of the $65.3 million still outstanding, $59.1 million was accounted for by the quota assessment due from one Member State. As a result of the shortfall, in early September the Organization was forced to undertake internal borrowing.

69. The Delegate of Brazil spoke on this issue.

70. The Council took note of the update.

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

71. The representative of the Executive Committee reported on the consideration of this item by the Executive Committee at its 142nd meeting in June 2008.

72. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) gave a presentation on how PAHO managed the investments of the funds entrusted to it. She reported that PAHO’s investments currently amounted to $379 million and stressed that PAHO’s Financial Regulations stipulated a very prudent investment policy, with the triple objective of preserving capital, assuring adequate liquidity to meet ongoing obligations, and maximizing total yields.

73. The Council took note of the report.

Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget (Document CD48/22)

74. The representative of the Executive Committee reported on the consideration of this item by the Executive Committee at its 142nd meeting in June 2008.

75. The Directing Council adopted Resolution CD48/R.1, approving seven projects in their entirety and the initial phase of an additional six projects.

76. The Director noted that, as had been pointed out in the item on quota collections, PAHO had entered a period of internal borrowing, and consequently would temporarily make use of some of the surplus in order to fund activities until there was a secure cash flow from Member States’ quota assessments.

Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3 (Document CD48/23)

77. The Council adopted Resolution CD48.R14, setting the salary of the Director of the Pan American Sanitary Bureau as from 1 January 2008 and approving an amendment to Staff Regulation 4.3 with respect to the appointment and promotion of staff.

Awards

PAHO Award for Administration 2008 (Document CD48/24)

78. The PAHO Award for Administration 2008 was presented to Dr. Hugo Villar Teijeiro, of Uruguay.
79. Dr. María Julia Muñoz (Uruguay) received the award on behalf of Dr. Villar Teijeiro. Dr. Villar Teijeiro’s acceptance speech can be found on the website of the 48th Directing Council.

*Abraham Horwitz Award for Leadership in Inter-American Health 2008 (Document CD48/25)*

80. The Abraham Horwitz Award for Leadership in Inter-American Health 2008 was presented to Dr. Cesar Victora, of Brazil.

81. Dr. Victora’s acceptance speech can be found on the website of the 48th Directing Council.

**Matters for Information**


82. The representative of the Executive Committee reported on the Executive Committee’s discussion of this item during its 142nd Session in June 2008. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination) said that the suggestions made by the Executive Committee had been incorporated into Document CD48/INF/1, and that the model letter of agreement, about which the Committee had expressed concern, had been revised.

83. The Directing Council took note of the report.

*Fifth Summit of the Americas: Report on the Preparations (Document CD48/INF/2)*

84. The representative of the Executive Committee reported on the Executive Committee’s discussion of this item during its 142nd Session in June 2008. Dr. Hugo Prado (Acting Area Manager, External Relations, Resource Mobilization, and Partnerships, PAHO) reported on several preparatory meetings that had been held since June, including one in Barbados to discuss the first draft of the Declaration of Port of Spain, which will be the political outcome document of the Summit. He announced that additional meetings would be held in October in Antigua and Barbuda and in November in Washington, D.C., to continue discussions of the Declaration. He encouraged health authorities in Member States to work closely with the national coordinators of the Summit process in order to ensure that health issues are appropriately addressed during the Fifth Summit.

85. The Council took note of the report.
Avian Influenza and Influenza Pandemic Preparedness (Document CD48/INF/3)

86. Delegates of Brazil, Canada, and the United States of America described some of the activities being carried out in their countries to enhance avian influenza and influenza pandemic preparedness. Special mention was made of the need to ensure continuity of PAHO’s efforts in this regard and to develop antiviral drugs and vaccines, strengthen surveillance and rapid response systems, and enhance coordination of the efforts of ministries of health and of agriculture.

87. The Council took note of the report.

Report of the Advisory Committee on Health Research (Document CD48/INF/4)

88. Dr. Luis Gabriel Cuervo Amore (Chief, Research Promotion and Development, PAHO, and Secretary, Advisory Committee on Health Research) presented the Committee’s report, highlighting the advances that had been made since the previous report.

89. The Council took note of the report.

Revised Strategic Plan 2008-2012 (Document CD48/INF/5, Rev. 1)

90. Dr. Daniel Gutierrez (Area Manager, Planning, Budget, and Resource Coordination, PAHO) summarized the revisions made to the Strategic Plan 2008-2012 as a result of an operational planning exercise undertaken by the Organization and the addition of a new regionwide expected result on climate change to align the Strategic Plan of PASB with the new version of the World Health Organization’s Medium-term Strategic Plan 2008-2013.

91. The Council took note of the report.

Status Update on the Institutional Revision of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD48/INF/6)

92. The representative of the Executive Committee reported on the Executive Committee’s discussion of this item during its 142nd Session in June 2008.

93. The Delegate of Brazil highlighted the essential role of BIREME in disseminating health information throughout the Region and said that the institutional and administrative reforms under way were aimed at strengthening the Center’s role in sharing information among the peoples of the Americas.
94. The Council took note of the report.

Status Update on the Institutional Revision of the Institute of Nutrition of Central America and Panama (INCAP) (Document CD48/INF/7)

95. The representative of the Executive Committee reported on the Executive Committee’s discussion of this item during its 142nd Session in June 2008.

96. Delegates of Costa Rica, Dominican Republic, El Salvador, and Nicaragua underscored INCAP’s important role in improving nutrition and food security in the Central American subregion and expressed the hope that the current institutional transition process would further enhance the efficiency and effectiveness of its work.

97. The Council took note of the status update.

Draft Proposed Program Budget 2010-2011 of the World Health Organization

98. Dr. Namita Pradhan (Assistant Deputy-Director General, General Administration, WHO) gave a presentation on the WHO draft proposed Program Budget 2010-2011, outlining how it was intended to finance the activities of the forthcoming two years of the Medium-term Strategic Plan 2008-2013.

99. In the discussion that followed, it was suggested that WHO should set up a special fund to cover the cost of responding to unforeseen crises. Delegates of Brazil, Chile, Jamaica, United States of America, and Venezuela spoke on this issue. Dr. Margaret Chan (Director-General, WHO) also spoke.

100. The Council took note of the report.


101. Dr. Namita Pradhan (Assistant Deputy-Director General, General Administration, WHO) gave a presentation on the Performance Assessment Report on the WHO Program Budget 2006-2007, explaining that the assessment exercise was intended to contribute to the transparency to which WHO is committed. She reported that, of the 201 Organization-wide expected results, 111 had been fully achieved and 79 partially achieved.

102. The Delegate of the United States of America spoke on this matter. Dr. Margaret Chan (Director-General, WHO) also spoke.

103. The Council took note of the report.
104. Member States expressed strong support for PAHO’s procurement mechanisms, in particular the Revolving Fund for Vaccine Procurement, as means not only of enhancing access to vaccines and other health products, but also assuring the quality of such products. Many Members noted the Revolving Fund’s valuable contribution in enabling their countries to purchase existing vaccines and introduce new ones at affordable prices. The Fund’s contribution to the reduction and/or elimination of numerous diseases was also noted. It was suggested that the role and functions of the Revolving Fund should be reassessed in the light of the emergence of new international immunization initiatives such as the Global Alliance for Vaccines and Immunization (GAVI) since the Fund’s establishment in 1977. It was also pointed out that not all countries of the Region were eligible for GAVI funding, and it was therefore considered essential to maintain the PAHO Revolving Fund.

105. Delegates of Antigua and Barbuda, Barbados, Brazil, Chile, Honduras, Jamaica, Mexico, Suriname, United States of America, and Uruguay took part in the discussion on this item.

106. The Council took note of the report.

Other Matters

107. The Delegate of Brazil announced that his Government would host an international conference on monitoring of the health-related Millennium Development Goals from 18 to 20 November 2008 in Brasilia.

Closure of the Session

108. Following the customary exchange of courtesies, Dr. Douglas Slater (Saint Vincent and the Grenadines, Vice-President) in the absence of the President, declared the 48th Directing Council closed.

Resolutions and Decisions

109. The following are the resolutions and decisions adopted by the 48th Directing Council:
Resolutions

CD48.R1 Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007

THE 48th DIRECTING COUNCIL,

Having considered the report of the President of the 142nd Session of the Executive Committee; and

Noting the revised document on proposed uses of program budget income exceeding the authorized effective working regular budget for the financial period 2006-2007 (Document CD48/22),

RESOLVES:

1. To thank the Executive Committee for its review and report on this item.

2. To approve the criteria that guide the proposed projects to be funded from the Holding Account as contained in paragraph 15 of Document CD48/22, which states that:

   “Criteria that guide the proposed initiatives are as follows:

   -Initiatives that will strengthen the Organization, whether through direct support to priority public health activities in the countries, or through the strengthening of the Secretariat’s ability to support the needs of Member States;

   -Initiatives that strengthen a process and generate efficiencies;

   -Initiatives that create impact;

   -Initiatives that minimize added recurrent costs and are sustainable within normal operations;

   -Initiatives for which other funding sources are scarce or unavailable.”

3. To approve, with immediate effect, the following projects in their entirety:

   1.A: Regional Strategic Health Operation Center
1.B: National Strategic Health Operation Centers

4.A: Improvements to facilities: MOSS upgrades and security measures;

4.C: Improvements to facilities: plaza drainage system;

4.D: Improvements to facilities: security and sanitary measures;

4.E: Improvements to facilities: HQ office tower roof;


4. To approve, with respect to the initial phase, and with immediate effect, the following projects:

2.A: Strengthening PAHO public health information systems;

2.C: Strengthening communications through improvement of country office connectivity;

3.A: Modernizing the PASB Corporate Management System;

3.B: Modernizing the service model for the delivery of Knowledge Management and Information Technology services;

3.C: Strengthening the Organization’s capacity to be IPSAS compliant by the year 2010 (US$ 300,000);

4.B: Improvements to facilities: energy savings measures.

5. To approve, in principle, funding of the proposed projects contained in Document CD48/22 and as specified in numerals 3 and 4 above.

6. To delegate to the Executive Committee the authority for monitoring and approval of all future submissions and re-submissions of proposals for the use of these Holding Account funds.

7. To request the Bureau to submit to the Subcommittee on Program, Budget, and Administration, at the appropriate intervals, a status report for each of the approved projects listed in numerals 3 and 4 above, with an updated scope, budget and timetable for the remaining phases for review and approval by the Executive Committee.
8. To request the Bureau to re-formulate project 2.B (Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation), if appropriate, to include a clearer scope and purpose, for future consideration by the Executive Committee on the use of Holding Account funds.

9. To encourage Member States to submit additional project proposals for consideration for the use of Holding Account funds, to be channeled through the Secretariat for inclusion in the appropriate review and approval cycle of the Executive Committee.

(Third meeting, 30 September 2008)

CD48.R2 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas

THE 48TH DIRECTING COUNCIL,

Having studied the document presented by the Director, WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas (Document CD48/12);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned at the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control; and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties to keep striving to incorporate the measures of the Convention into their national legislation,
RESOLVES:

1. To urge Member States to:
   
   (a) Consider ratification of the WHO Framework Convention on Tobacco Control if they have not yet done so and implement, when appropriate, the WHO MPOWER package of six key measures contained therein;
   
   (b) Share successful experiences on tobacco control related to the ratification and States Parties’ implementation of the measures in the Convention through existing bodies such as the Convention Secretariat;
   
   (c) Where appropriate, create or strengthen a national coordinating unit responsible for the intra- and interministerial coordination necessary to implement the Convention, as outlined in Article 5, General Obligations of the WHO Framework Convention on Tobacco Control;
   
   (d) Promote the subregional integration agencies to put tobacco control on their agenda and actively participate in the Ibero-American Network for Tobacco Control and existing English-speaking networks;
   
   (e) Take advantage of new financing opportunities from private donors to support tobacco control initiatives in the Region.

2. To request the Director to support the coordination of intersectoral partnerships and the call to international financial partners to support implementation of the WHO Framework Convention on Tobacco Control and the WHO MPOWER package of six key measures, as appropriate, in all countries of the Region, regardless of their status as a Party or Non-party to the Convention.

(Fourth meeting, 30 September 2008)

CD48.R3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Chile, and Panama

THE 48th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization; and
Considering that Argentina, Guatemala, and Haiti were elected to serve on the Executive Committee upon the expiration of the periods of Antigua and Barbuda, Chile, and Panama,

RESOLVES:

1. To declare Argentina, Guatemala, and Haiti elected to membership on the Executive Committee for the period of three years.

2. To thank Antigua and Barbuda, Chile, and Panama for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 1 October 2008)

CD48.R4, Rev. 1 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (Document CD48/7);

Recognizing that maternal and neonatal mortality continues to have a high impact on infant mortality in the Region, and that it will be necessary to redouble efforts to achieve the goals of the Millennium Declaration related to the reduction of infant mortality for 2015;

Considering Resolution CD47.R19 (2006) on neonatal health, in the context of the health of the mother, newborn, and child, which recommends the development of a strategy and an action plan to support the achievement of the goals of the Millennium Declaration; and

Noting that the Regional Plan of Action addresses persistent inequities, focusing on marginalized groups while proposing differentiated technical cooperation strategies and approaches to respond to multiple situations in countries,
RESOLVES:

1. To urge Member States to:

   (a) support the reduction of maternal and neonatal mortality as a priority within health programs by expanding, strengthening or sustaining the implementation of the Strategy and Regional Plan of Action for neonatal health in the continuum of the mother, newborn, and child care;

   (b) consider the Regional Plan of Action for neonatal health within the continuum of care when formulating national plans, and include differentiated strategies that effectively respond to multiple situations among and within countries, to protect recent achievements and reach the objectives related to mortality reduction of children under five by 2015 included in the Millennium Declaration;

   (c) consider strengthening health systems based on primary health care to support the implementation of evidence-based strategies aimed at reducing maternal and neonatal mortality, and improving collaboration between programs and the different levels of care;

   (d) support strong community and civil society participation so that they include, within their activities, actions directed to mothers, newborns, and children, with an equity, gender and ethnicity approach;

   (e) consider undertaking, facilitating, and supporting national activities that promote universal access of health care for mothers, newborns, and children;

   (f) consider strengthening national frameworks that protect mothers, newborns, and children;

   (g) establish and maintain quality neonatal health monitoring and information systems, disaggregated by gender, socioeconomic status, ethnicity, and education of the mother;

   (h) forge partnerships and associations with nongovernmental, community and religious organizations, with the academic and research community, as well as with relevant government agencies, to strengthen and expand policies and programs on maternal, neonatal and child health.
2. To request the Director to:

(a) support Member States in developing national plans aimed at reducing maternal and neonatal mortality, within the continuum of mother, newborn, and child, taking into account the Strategy and Regional Action Plan, and addressing inequities and directed to vulnerable and marginalized groups;

(b) collaborate in country evaluations to ensure adequate and evidence-based corrective actions;

(c) facilitate the exchange of successful experiences and promote horizontal technical cooperation by Member States in the implementation of the Regional Plan of Action.

(Fifth meeting, 1 October 2008)

CD48.R5 Regional Strategy for Improving Adolescent and Youth Health

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, Regional Strategy for Improving Adolescent and Youth Health (Document CD48/8), based on the PASB Strategic Plan 2008-2012;

Noting the World Health Assembly resolution on the Strategy for Child and Adolescent Health and Development (WHA56.21, 2003), calling on governments to strengthen and expand efforts to strive for full coverage of services, and to promote access to a full range of health information for adolescents; and Resolution CD40.R16 of the PAHO Directing Council on adolescent health, in which governments formally recognized the differentiated needs of the youth population and approved a framework and action plan;

Recalling the right of adolescents and youth to the enjoyment to the highest attainable standard of health, as set forth in the Constitution of the World Health Organization, the UN Convention on the Rights of the Child and other international and regional human rights instruments;

Understanding that successful passage through adolescence and youth is essential for healthy, engaged and economically well-developed societies;
Recognizing that adolescent and youth health is a key aspect of economic and social development in the Americas; that their behaviors and health problems are an important part of the overall disease burden; that the cost associated with the treatment of chronic diseases is high; and that effective prevention and early intervention measures are available;

Considering that the outcomes for adolescent and youth health will be more effective if health promotion, primary health care, social protection, and social determinants are taken into consideration when addressing priority health topics for these populations;

Recognizing that PAHO has cooperated with the countries of the Region in establishing conceptual and technical bases and infrastructure for the development of national adolescent and youth health programs and policies; and

Concerned that the specific needs of adolescents and youth have not been adequately addressed and that the achievement of international goals will require additional efforts in adolescent and youth health,

RESOLVES:

1. To endorse the Regional Strategy for Improving Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, plans, programs, laws and services for adolescents and young people.

2. To urge Member States to:

   (a) promote the collection and use of data on adolescent and youth health disaggregated by age, sex and ethnicity and the use of a gender-based analysis, new technologies (e.g. geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws and interventions related to adolescent and youth health;

   (b) strengthen and expand efforts to meet international commitments for adolescent and youth health;

   (c) promote and establish enabling environments that foster adolescent and youth health and development;
(d) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;

(e) support capacity building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services addressing the health needs of adolescents and youth and their related determinants of health;

(f) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;

(g) improve coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing impact of limited resources;

(h) establish partnerships with the media to promote positive images of adolescents and youth which promote appropriate behaviors, social norms and commitment to health issues.

3. To request the Director to:

(a) maintain the Organization’s commitment to and support for achieving and sustaining high levels of coverage of evidence-based interventions through the integration of actions by PAHO programmatic areas;

(b) support the establishment and coordination of strategic alliances to improve the health and development of adolescents and youth;

(c) encourage technical cooperation among countries, subregions, international organizations, government entities, private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities, in activities that promote adolescent and youth health;

(d) establish a time limited technical advisory group for guidance on topics pertinent to adolescent and youth health and development.
(e) develop a plan of action (2010-2018) based on the Regional Strategy for Improving Adolescent and Youth Health;

(f) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age appropriate programs and interventions for adolescents and youth.

(Sixth meeting, 1 October 2008)

CD48.R6 Regional Plan of Action for Strengthening of Vital and Health Statistics

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, Regional Plan of Action for Strengthening Vital and Health Statistics (Document CD48/9);

Recognizing the need for valid, timely, reliable data with the greatest possible national, subregional, and regional disaggregation for the diagnosis and formulation of health policies and the monitoring of indicators such as those established in international commitments;

Acknowledging the importance of improving the coverage and quality of vital and health statistics as the building blocks of the countries’ health information systems (HIS), as recognized and endorsed in Resolution CSP27.R12 of the 27th Pan American Sanitary Conference in October 2007;

Having analyzed the report of the Director on the basic conceptual and operational guidelines for the formulation of a Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Region;

Considering that the Plan of Action promotes harmonized action within and among the countries and coordinates activities within the Organization and with other international technical cooperation and financing agencies to optimize all available resources in the Region; and

Recognizing that the PASB requires this Plan of Action to achieve the goal and objectives of strengthening country capacity to produce vital and health statistics within the framework of the development of their health information systems,
RESOLVES:

1. To urge the Member States to:
   
   (a) approve the Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere (PFEVS), which will enable them to have indicators with sufficient coverage and quality that can contribute to the design, monitoring, and evaluation of health policies;
   
   (b) promote the participation and coordination of national and sectoral statistics offices, epidemiology departments of the ministries of health, civil registries, and other public and private actors and users in the situational diagnosis and preparation of national plans of action;
   
   (c) consider the mobilization of human, technological, and financial resources for implementing the Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere;
   
   (d) encourage PAHO to collaborate with the countries in the implementation and monitoring of the Plan of Action.

2. To request the Director to:
   
   (a) work with the Member States to develop their national plans of action and to disseminate and use tools that will facilitate the production and strengthening of vital and health statistics within the framework of strategic plans for the development of health information systems;
   
   (b) improve coordination between the Plan of Action and initiatives of the same nature undertaken by other international technical cooperation and financing agencies, as well as global initiatives to strengthen health statistics in the countries;
   
   (c) report periodically to the Governing Bodies on the progress made and constraints to the implementation of the Plan of Action.

(Sixth meeting, 1 October 2008)
THE 48th DIRECTING COUNCIL,

Having considered the report of the Director on blood transfusion safety (Document CD48/11), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Aware of the central role that transfusions play in the appropriate medical care of patients and in the reduction of mortality among mothers, infants, victims of traffic accidents and other traumas, patients suffering from cancer or clotting disorders, and transplant patients;

Concerned that the current levels of availability and safety of blood for transfusion in the Region are unsatisfactory;

Recognizing that the current national organizational systems limit the efficacy of blood transfusions, have negative effects on morbidity and mortality, and result in major financial losses;

Considering that the concepts of Resolutions CD41.R15 (1999) and CD46.R5 (2005) still apply to the Region of the Americas, and that action is required by national authorities to implement the strategies of the Regional Plan of Action 2006-2010, approved by the 46th Directing Council; and

Recognizing that modifications in current national approaches are needed in order to achieve the regional goals set for transfusion safety by 2010,

RESOLVES:

1. To urge Member States to:

   (a) proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010 by:

   i. defining a specific entity within the normative level of their ministries of health as responsible for the planning, oversight and overall efficient operation of the national blood system;

   ii. estimating the annual national need for blood components, taking into consideration unforeseen emergencies, expected increases of the general and elderly population, social inclusion of currently excluded populations, road traffic injuries, and local adoption of medical technologies, such as
transplants and cancer treatment, and the financial resources necessary to cover those needs;

iii. establishing a network of volunteers to educate the community and to promote voluntary blood donation and service blood donors, with special attention to youth programs;

(b) except in limited circumstances of emergency medical necessity, terminate replacement and paid blood donation by the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation, using the information obtained from socio-anthropological surveys conducted in the countries, given that blood collection should not be solely the responsibility of hospital medical teams;

(c) terminate mandatory patient replacement of transfused blood by the end of 2010;

(d) share best practices in the recruitment and retention of voluntary blood donors.

2. To request the Director to:

(a) cooperate with the Member States in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010 using a multidisciplinary and coordinated approach for health promotion, public education, human and patient rights, quality assurance and financial efficiency;

(b) work with Member States and international organizations to assess the implementation of the Regional Plan of Action 2006-2010 and to identify country-specific interventions needed to assure sufficiency and acceptable quality and safety of blood for transfusions at the national level;

(c) prepare annual reports on the situation of blood transfusion safety in the Region.

(Seventh meeting, 2 October 2008)

CD48.R8 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases* (Document CD48/13), which proposes that Member States implement efforts to address common areas of work to
combat vector-borne diseases through strengthening national capacity to make optimal use of resources in order to improve the effectiveness and efficiency of the national vector control programs;

Taking into account the Global Strategic Framework for Integrated Vector Management developed by WHO in 2004 and the resolution adopted by the World Health Assembly to strengthen Member States’ capacity to implement effective vector control measures (WHA42.31, 1989); to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated vector management in accordance with WHO guidelines (WHA50.13, 1997); to tap the preventive power of vector control, given the serious risks of increasing transmission of vector-borne diseases related to climate change, population movement and environmental degradation; to avail themselves of the major opportunities for financial support (WHO/CDS/NTD/VEM/ 2007.1); and implement the WHO Global Plan to combat neglected tropical diseases, 2008-2015, which calls for the strengthening of integrated vector management and capacity building as one of the strategic areas for action (WHO/CDS/NTD/2007.3);

Considering that vector-borne diseases are responsible for a substantial burden of parasitic and infectious diseases in the Americas and result in avoidable ill health and death that disproportionately affect the poor and marginalized populations, causing suffering and further economic hardship, and are a serious impediment to development in many countries; and

Concerned that the potential effects of climate change and increased climate variability may include an increased risk of vector-borne disease epidemics,

RESOLVES:

1. To urge Member States to:

(a) strengthen and support national vector-borne disease control programs by establishing evidence-based national policies and operational plans to implement integrated vector management initiatives and to improve effectiveness and efficiency of current vector control programs;

(b) strengthen multi-disease control approaches in the prevention and control of vector-borne diseases, such as epidemiological and entomological surveillance, rational use of pesticides, social mobilization, and treatment of affected persons in order to increase synergies among different vector control programs;

(c) consider allocating domestic resources and mobilizing additional resources as appropriate, and effectively utilize them in the implementation of appropriate prevention and control interventions;
(d) assess the need for training in integrated vector management and take measures to promote recruitment, training, and retention of health personnel;

(e) assess and strengthen national legislative frameworks, regulatory mechanisms, and enforcement of these in relation to the promotion of integrated vector management legislation, where appropriate;

(f) improve collaboration within the health sector and with other sectors to take advantage of synergies and to promote a coordinated response to vector-borne diseases;

(g) develop cross-border activities to address common vector-borne diseases in the Region through sharing expertise and development of joint action plans and operational research.

2. To request the Director to:

(a) continue providing technical cooperation and coordinating efforts to reduce the burden of vector-borne diseases;

(b) promote integrated vector management as an integral part of vector-borne disease management among Member States;

(c) support countries in the planning, implementation, monitoring, and evaluation of integrated vector management activities and appropriate capacity building;

(d) provide Member States with the necessary evidence based technical guidance for integrated vector management;

(e) promote and consolidate research on integrated vector management based upon identified needs and gaps;

(f) contribute to the strengthening of countries’ legislative frameworks and regulatory mechanisms as appropriate, in relation to the promotion of integrated vector management.

(Seventh meeting, 2 October 2008)
CD48.R9 Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity, (Document CD48/5);

Noting Resolution CD47.R9 (2006), Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity and Health, which called for integrated action to prevent and reduce the burden of chronic diseases and related risk factors in the Americas; and Resolution CSP26.R15 (2002) on the public health response to chronic diseases, which recognizes the heavy economic and social burden of noncommunicable diseases and calls for increased and coordinated technical cooperation from the Pan American Health Organization;

Considering Resolution WHA57.17, Global Strategy on Diet, Physical Activity, and Health (2004), which emphasizes an integrated approach and intersectoral collaboration to improve diet and increase physical activity;

Taking into account United Nations General Assembly Resolution 61/225, World Diabetes Day (2006), which recognizes diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, Member States and the entire world and designates 14 November, the current World Diabetes Day, as a United Nations Day to be observed every year beginning in 2007;

Considering Resolution WHA61.23, Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy (2008), which urges Member States to strengthen national capacity and increase resources for the prevention and control of chronic diseases;

Noting the Declaration of Port of Spain of September 2007, which emanated from the special CARICOM Heads of Government’s Summit on Chronic Noncommunicable Diseases, and called on Caribbean states to act on the prevention and control of those diseases;

Cognizant that obesity and type 2 diabetes have reached epidemic proportions in the Region and are projected to continue to increase if drastic action is not taken;
Taking note that obesity and diabetes are largely preventable and that scientific evidence and cost-effective interventions are available that combine population-based and individual approaches; and

Recognizing the importance for governments, the private sector, civil society, and the international community of renewing their commitment to the prevention and control of obesity and diabetes,

RESOLVES:

1. To urge Member States to:

(a) improve surveillance and monitoring of obesity and diabetes at the population level, to develop the evidence base for policies and evaluation outcomes;

(b) prioritize the prevention and management of obesity and diabetes and their common risk factors by establishing and/or strengthening policies and programs, integrating them into public and private health systems, and working to ensure adequate allocation of resources to carry out such policies and programs;

(c) promote the adoption of public policies that address determinants that affect healthy lifestyle choices;

(d) create partnerships and engage with the private sector and civil society so that consumers are better informed, healthy choices are more available, and sustainable workplace wellness and school-health programs are implemented;

(e) create supportive environments that contribute to the prevention and management of obesity and diabetes through greater opportunities for physical activity and choices for healthier eating, in collaboration with sectors outside the public health sector that take into account the life cycle approach;

(f) implement the Global Strategy on Diet and Physical Activity and Health and the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity and Health, and, where applicable, the Framework Convention on Tobacco Control;

(g) to collaborate with other sectors to develop policies that favor the production and consumption of fruits and vegetables;

(h) improve food labeling and public information that facilitate the choice of healthy diet;
(i) develop guidelines and policies to promote the responsible marketing of food to children and adolescents;

(j) use the media (i.e. radio, television, print, internet) to implement public educational campaigns and disseminate information on prevention of obesity and diabetes;

(k) promote health services in the context of primary care to ensure the necessary resources for evidence-based interventions in (1) prevention strategies, including behavioral change, and (2) diagnostics and treatment for early detection of preventable or controllable diabetes complications with attention to foot care, ocular health, renal health, as well as glycemic, cholesterol, and blood pressure control;

(l) integrate appropriate mental health support services into chronic disease programs, such as those planned to address obesity and diabetes, to provide counseling that will empower persons to take responsibility for their own health, and cope with their mental health needs.

2. To request the Director to:

(a) support Member States in their efforts to strengthen their health information systems to monitor obesity and diabetes and to evaluate the results of related public health interventions;

(b) develop integrated and culturally appropriate, evidence-based interventions for the prevention and control of obesity and diabetes, including norms and protocols, focusing on the needs of low-income countries, and vulnerable populations and disseminate them through the CARMEN network or other mechanisms;

(c) support Member States to strengthen their capacity, including research, to make evidence based decisions on means of diagnosis and treatment, as well as the competencies of the health system, for integrated management of obesity and diabetes;

(d) develop new or strengthen existing partnerships for resource mobilization, advocacy, and collaborative research related to obesity and diabetes prevention.

(Eighth meeting, 2 October 2008)
CD48.R10 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CD48/6);

Noting the World Health Assembly resolution on cancer prevention and control (WHA58.22, 2005), which urges governments to develop comprehensive cancer control programs and recommends the prioritization of cervical cancer prevention and control programs;

Recalling Resolution CD47.R9 (2006) of the 47th Directing Council on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, which includes cancer as one of the priority chronic diseases;

Cognizant that there are an estimated 27,500 deaths in the Americas from cervical cancer, caused mainly by persistent infection with some genotypes of the human papilloma virus (HPV), and recognizing that although cervical cancer can be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment, and palliative care, it continues to cause premature mortality and disproportionately affects women in the lower economic strata, revealing the existing health inequities in the Region;

Recognizing that current efforts and investments are not resulting in significant declines in the cervical cancer burden in most countries of Latin America and the Caribbean;

Recognizing that cost-effective HPV vaccines can become a component of a comprehensive cervical cancer prevention and control program;

Recognizing that the Pan American Health Organization, together with the Global Alliance for Cervical Cancer Prevention, has been assessing innovative approaches for cervical cancer screening and treatment of precancer lesions, and has generated new evidence and new knowledge on cost-effective strategies that can greatly improve cervical cancer prevention programs, particularly in low resource settings, and that PAHO has been supporting evidence-based decision-making by countries regarding HPV vaccine introduction;
Aware that the prevention and control of cervical cancer could contribute to the attainment of international development goals; and

Aware that more effort needs to be made to make the HPV vaccine more accessible to the poorest populations,

**RESOLVES:**

1. To urge Member States to:

   (a) approve the framework of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control, designed to improve capacity for sustained implementation of comprehensive cervical cancer prevention and control programs, with the goal of reducing incidence and mortality;

   (b) actively support the implementation of the strategy and plan of action, linking them to the national public health agendas for cervical cancer prevention and control, and consider allocating sufficient resources for their implementation;

   (c) revitalize and upgrade cervical cancer prevention and control programs to effectively utilize new evidence-based technologies and approaches, particularly in settings where access is challenging and resources are constrained;

   (d) undertake age-appropriate social communications strategies to heighten awareness about risk factors for cervical cancer and its preventability among adolescents and women, and engage communities in cervical cancer prevention efforts, with a special focus on empowering women from disadvantaged and vulnerable groups, including indigenous women;

   (e) develop and implement the actions recommended in this Regional Strategy and Plan of Action which are appropriate to the circumstances in their respective country and that address primary prevention, screening and precancer treatment, diagnosis and treatment of invasive cervical cancer, and palliative care;

   (f) strengthen health systems based on primary health care so that effective cervical cancer prevention and control programs may be delivered in close proximity to communities and with an integrated approach to primary and secondary prevention;

   (g) consider the future results of studies on factors that, according to the current state of knowledge, would limit the effectiveness of HPV vaccines, and studies on the distribution of the predominant types of HPV in the countries, through local and
subregional research, for making evidence-based decisions for the introduction of these vaccines, taking into account the need for sustainability;

(h) whenever possible utilize the PAHO Revolving Fund for Vaccine Procurement, since it plays an instrumental role in the introduction of new vaccines in the Americas;

(i) establish and foster strategic partnerships with institutions in all appropriate sectors in order to mobilize financial, technical and other resources that will improve the effectiveness of cervical cancer prevention and control programs.

2. To request the Director to:

(a) provide technical assistance to Member States in an interprogrammatic manner in the revitalization of comprehensive cervical cancer prevention and control programs, incorporating new cost-effective technologies and approaches and to monitor the advancements and report periodically on achievements;

(b) raise awareness among policymakers and health professionals in order to increase political, financial and technical commitments to cervical cancer prevention and control programs;

(c) support access and equity in the use of new technologies (HPV screening tests, HPV vaccines) in the Americas;

(d) provide support for regional and subregional studies on the distribution of the predominant strains of HPV in the Region and promote broad dissemination of studies on factors related to the effectiveness of HPV vaccines;

(e) develop new partnerships or strengthen existing ones within the international community for resource mobilization, advocacy, and collaboration to improve cervical cancer prevention and control efforts in the Region.

(Eighth meeting, 2 October 2008)
CD48.R11 Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (Document CD48/20), which covers the First Meeting of Ministers of Health of the Americas, convened by the Minister of Health of Mexico and the Pan American Health Organization (Mérida, Yucatán, Mexico, 14 March 2008), to support the health sector’s role and intersectoral work for the prevention of intentional and unintentional injuries, defined as externally caused injuries (ECIs);

Recalling that the Directing Council, in its 37th session in 1993, 39th in 1996 and 44th in 2003, has clearly defined and ratified violence as a public health problem, requesting the Director to continue efforts and cooperation with Member States in the search for tools and solutions for these problems;

Noting that the United Nations, the World Health Organization, the Pan American Health Organization, the Inter-American Coalition for the Prevention of Violence, and the Latin American and Caribbean Forum on Road Safety have adopted resolutions and published documents on the subjects of preventing ECIs and promoting safety, clearly addressed, with recommendations for action;

Considering the timely meeting of the Ministers of Health of the Americas and the Ministerial Declaration on Violence and Injury Prevention in the Americas signed at the 14 March 2008 meeting, whose content is relevant for decision-making; and

Recognizing that although the Directing Council of PAHO has adopted resolutions on violence prevention, it is necessary to expand the framework of action to all externally caused injuries, not only because of the high burden of cases but also because of the availability of interventions that can have preventive effects on common risk factors in the occurrence of various forms of externally caused injuries,

RESOLVES:

1. To urge Member States to:

   (a) define ECI prevention and safety promotion actions and plans and give greater visibility to the programs and plans that are in progress or will be implemented in the near future with budget and predefined mandates by the ministries of health;
(b) take into account the recommendations of the Ministerial Declaration on Violence and Injury Prevention in the Americas (Mérida, March 2008) as an opportunity to advance their commitment to prevent all types of externally caused injuries and promote safety;

(c) promote responsibilities in the areas of government, civil society, private sector, justice, and the police so that existing laws, standards and regulations on violence, road safety, use of firearms, alcohol, and others that prevent the occurrence of ECIs or deaths, are effectively enforced in their countries;

(d) promote and spearhead the necessary processes, and promote partnerships with other sectors to help prevent violence and injuries and promote safety, given the multicausal nature of externally caused injuries.

2. To request the Director to:

(a) strengthen PAHO’s actions and initiatives in the areas or projects related to the prevention of externally caused injuries, such as human safety, road safety, urban health, and *Faces, Voices and Places*;

(b) help countries improve and customize their initiatives in areas such as information systems and observatories on violence, identify best preventive practices, and perform evaluations and cost studies, among others;

(c) support actions aimed at strengthening injury prevention programs and safety promotion at the ministries of health, and train key personnel, when necessary;

(d) spearhead interagency coordination processes and maintain a PAHO presence in the intersectoral cooperation entities, both national and international, which deal with prevention of externally caused injuries and safety promotion;

(e) promote studies on the causes and risk factors of externally caused injuries and safety according to the framework of the relevant social determinants in the Region.

*(Eighth meeting, 2 October 2008)*
CD48.R12 Towards the Elimination of Onchocerciasis (River Blindness) in the Americas

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, Towards the Elimination of Onchocerciasis (River Blindness) in the Americas (Document CD48/10);

Considering the human suffering and social costs associated with the loss of vision and deforming skin lesions attributable to onchocerciasis (river blindness), which poses a threat to approximately 500,000 at-risk people in the Americas;

Expressing appreciation for donor support to achieve global onchocerciasis control;

Noting that the 23rd Pan American Sanitary Conference, held in September 1990, issued a call to identify diseases that could be eliminated by the end of that century or the beginning of the next and that, in response, PAHO developed a regional strategy (Resolution CD35.R14, 1991) aimed at guaranteeing semiannual treatment to all communities that require it to eliminate onchocerciasis as a public health problem in the Americas by 2007;

Considering that in response to Resolution CD35.R14, an international initiative known as the Onchocerciasis Elimination Program in the Americas (OEPA) was launched in 1992 in cooperation with the governments, PAHO, nongovernmental organizations, donors, and other stakeholders;

Recognizing the significant progress made to date by the national authorities and the OEPA in onchocerciasis elimination in the Americas through the promotion and strengthening of programs in the six endemic countries of the Region (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela); and

Bearing in mind that the representatives of the six countries that attended the 17th Inter-American Conference on Onchocerciasis in 2007 and the OEPA Program Coordinating Committee (PCC) have made a commitment to achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012, followed immediately by a three-year epidemiological surveillance phase to certify elimination,
RESOLVES:

1. To urge the Member States to:

   (a) reaffirm their commitment to the goal originally proposed in 1991 by the 35th Directing Council of the Pan American Health Organization in Resolution CD35.R14, which calls for achieving the elimination of morbidity from onchocerciasis in the Americas;

   (b) complete the elimination of morbidity from onchocerciasis and interrupt transmission of the parasite within their borders by the year 2012, mobilizing all relevant sectors, affected communities, and NGOs through:

      • adequate financial support to ensure that national programs achieve treatment coverage of at least 85% of all eligible individuals;

      • effective utilization of donated treatments;

      • application of the WHO certification guidelines for the suspension of mass treatment.

   (c) invite other specialized agencies of the United Nations system, bilateral and multilateral development agencies, NGOs, foundations, and other stakeholders to:

      • increase the availability of resources for national onchocerciasis elimination programs and the OEPA to completely eliminate transmission of the disease in the Region;

      • support the activities of the OEPA and its Program Coordinating Committee, made up of representatives from PAHO, the CDC, the Carter Center, the Ministries of Health, and onchocerciasis experts;

      • support and attend the Annual Inter-American Conferences on Onchocerciasis (IACO) and endorse the initiatives developed by, or in coordination with the OEPA Program Coordinating Committee (PCC).

2. To request the Director to:

   (a) support implementation of the WHO criteria for certifying the elimination of morbidity and transmission in the affected countries;

   (b) strengthen collaboration with the six endemic countries, especially along the Brazil-Venezuela border, where onchocerciasis affects the indigenous Yanomami
population and that the Program be continued until the total elimination of the
disease can be certified;

(c) promote closer collaboration among onchocerciasis elimination programs in the
Americas, the specialized agencies and organizations of the United Nations
system, bilateral development agencies, and NGOs, as well as other stakeholders;

(d) periodically report on progress in the implementation of activities.

(Eighth meeting, 2 October 2008)

CD48.R13 15th Inter-American Meeting at Ministerial Level on Health and
Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and
Rural Development in the Americas”

THE 48th DIRECTING COUNCIL

Having considered the report of the Secretariat on the 15th Inter-American
Meeting at the Ministerial Level on Health and Agriculture (RIMSA 15) (Document
CD48/19, Rev. 1),

RESOLVES:

1. To take note of the report on RIMSA15 and the conclusions and recommendations
of the International Meeting on Trans Fat-free Americas; the 11th Meeting of the
Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 11);
the 5th Meeting of the Pan American Commission for Food Safety (COPAIA 5); and the
Agricultural-Health Forum of the Ministers of Agriculture and Health.

2. To urge Member States to establish or strengthen alliances and policies in order to
address the determinants of health in the area shared by the health and agriculture sectors
identified by RIMSA 15, particularly:

(a) To adopt the determinants of health approach, and identify and reduce the gaps and
disparities between population groups by applying convergent and synergistic
strategies;

(b) To advocate policies that favor improvement of the quality of life and integral
development of the most vulnerable groups, with indicators of social development
other than the unmet basic needs in rural and urban areas, in order to channel
development and reach the MDGs, adhering to regional initiatives such as Faces,
Voices, and Places; Healthy and Productive Municipalities and Communities;
Microcredits for Rural Women; and Agrotourism and Ecotourism rural enterprises,
preserving and promoting maintenance of biodiversity and the agricultural
practices of native peoples; protecting traditional, local, and indigenous
knowledge; and combining ancestral knowledge with the potential of new
practices;

(c) To promote actions within countries and between countries that seek to prevent
and reduce the presence of endemic, neglected, and emerging diseases with
behavior that has been or can be affected by social and environmental determinants
linked to climate change, modification of ecosystems, and conversion of
production systems;

(d) To establish or strengthen multisectoral agreements and effective regulations in
order to improve the nutritional quality of food, and reduce or eliminate the
substances that can have an adverse effect on health through regulatory and
voluntary measures to eliminate trans fats from human consumption and replace
them with healthy oils, within the framework of public policies that seek to
promote healthy lifestyles and reduce associated risks;

(e) To execute and maintain the actions required to eliminate dog-transmitted human
rabies from the hemisphere by 2012;

(f) To implement cooperation initiatives between countries in order to expedite the
elimination of foot-and-mouth disease from the hemisphere;

(g) To strengthen the national food safety systems;

(h) To strengthen the mechanisms of regional and global coordination for warning and
early response to the health risks associated with zoonoses, foodborne diseases,
and animal diseases, within the framework of the International Health Regulations
(2005) linked to the International Food Safety Authorities Network (INFOSAN)
for public health and the World Organization for Animal Health (OIE) standards
for animal health.

3. To request the Director, within the framework of the 2008-2012 Strategic Plan of
the Pan American Sanitary Bureau and in association with the IICA and other
international cooperation agencies, to undertake actions that favor integration and
collaboration between the health and agriculture sectors in order to ensure and follow up,
as appropriate, on the recommendations and conclusions of the meetings held within the framework of RIMSA 15.

(Eighth meeting, 2 October 2008)

**CD48.R14 Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3**

**THE 48th DIRECTING COUNCIL,**

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 January 2008 (Document CD48/23); and

Taking into account the decision of the Executive Committee at its 142nd Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau,

**RESOLVES:**

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau as from 1 January 2008 at US$ 189,929 before staff assessment, resulting in a modified net salary of $136,454 (dependency rate) or $122,802 (single rate).

2. To approve the amendment to Staff Regulation 4.3 with respect to the appointment and promotion of staff.

(Eighth meeting, 2 October 2008)

**CD48.R15 Public Health, Innovation and Intellectual Property: A Regional Perspective**

**THE 48th DIRECTING COUNCIL,**

Having considered the report *Public Health, Innovation, and Intellectual Property: A Regional Perspective* (Document CD48/18);
Noting the Region’s high level of participation in the negotiations leading to the World Health Assembly’s approval of Resolution WHA61.21 (2008) “Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property”;

Recalling the Global Strategy on Public Health, Innovation and Intellectual Property, paragraph 15 of which states: “The WHO Constitution states that ‘the objective of WHO shall be the attainment by all peoples of the highest possible level of health’. Accordingly, the WHO shall play a strategic and central role in the relationship between public health and innovation and intellectual property within its mandates (including those contained in relevant WHA resolutions), capacities and constitutional objectives, bearing in mind those of other relevant intergovernmental organizations. In this context, the WHO, including the regional and, when appropriate, country offices, need to strengthen its institutional competencies and relevant programs in order to play its role in implementing this global strategy with its plan of action.”;


Recalling likewise the Strategic Plan 2008-2012 for PASB, the Health Agenda for the Americas 2009-2017; and

Committing itself to an implementation at the national level of the global strategy and the agreed parts of the plan of action,

RESOLVE:

1. To urge Member States to:

(a) promote research and technological innovation in the pharmaceutical, scientific, and manufacturing sectors;

(b) strengthen relations and collaboration among key stakeholders, from different sectors (public, private, academic, industrial, and scientific), that can play a role in the implementation of the global strategy in accordance with the agreed parts of the plan of action;
2. Request the Director to:

(a) disseminate to society’s relevant stakeholders the global strategy and agreed parts of the plan of action;

(b) collaborate constructively with other international organizations working in the Region with responsibility for regional, subregional, and national implementation of the strategy;

(c) support the effective promotion and implementation of the global strategy and agreed parts of the plan of action;

(d) report periodically to the Directing Council, through the Executive Committee, on the implementation of the global strategy and the agreed parts of the plan of action.

(Ninth meeting, 3 October 2008)

CD48.R16 Health and International Relations: Linkages with National Health Development

THE 48th DIRECTING COUNCIL,

Having considered the document submitted by the Director, Health and International Relations: Linkages with National Health Development (Document CD48/15);

Recognizing the importance accorded to health in diverse international forums, owing to its growing linkage with dimensions of foreign policy;

Considering the recommendations of the Working Group on PAHO in the 21st Century;
Bearing in mind the many actors with different functions and responsibilities that impact on global health governance;

Considering the impact of these phenomena on the health authorities’ exercise of their leadership function and on national health development; and

Considering that in light of the foregoing, the international agenda of the health authorities is becoming increasingly important and intense,

RESOLVES:

1. To urge Member States to:
   (a) strengthen coordination and exchange between the health authorities and the authorities responsible for the governments’ foreign policy and international cooperation;
   (b) promote institutional mechanisms for consultation between the health and foreign affairs sectors to promote dialogue and negotiation on relevant global and regional health issues that are discussed in international forums;
   (c) strengthen the health authorities’ governance function to respond to the growing demands arising from international agreements and regulations linked to national health development;
   (d) strengthen the institutional capacity of governments for managing cooperation and international relations in health, providing the necessary resources for better performance of those functions, including an appropriate position within the organizational structure;
   (e) promote the inclusion of international health issues in the professional training of diplomats, and international relations issues in the professional training of public health specialists and leaders.

2. To request the Director to:
   (a) encourage dialogue and the sharing of experiences among the Member States on new international health dimensions and their importance for national health development;
(b) collaborate with governments and academia in the development of specific training programs in international health including, in particular, the national professionals responsible for international relations and cooperation;

(c) maintain the Organization’s presence in relevant political forums, advocating for the health of the Hemisphere and its positioning in the international scene;

(d) periodically update information on the experiences of the Pan American Health Organization and the countries in this field and disseminate it to the Member States;

(e) cooperate in strengthening the governments’ institutional capacities to address matters linked to international relations and cooperation in the field of health;

(f) continue and expand the Leaders’ Training Program in International Health and promote synergies and complementarity with the initiatives that the countries may develop to train specialists in the fields of health and international relations;

(g) facilitate the analysis of the health dimension when considering, adopting, and implementing policies at the international level that may or do have an impact on public health in the Member States;

(h) in consultation with the Member States, revisit the recommendations of the Working Group on PAHO in the 21st Century that can support implementation of this initiative;

(i) continue and intensify action for the mobilization of resources, in order to support the policies, programs, and initiatives of the developing countries that pursue the objectives of universal access and comprehensive health care.

(Ninth meeting, 3 October 2008)

Decisions

CD48(D1) Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Peru, and Saint Kitts and Nevis as members of the Committee on Credentials.

(First meeting, 29 September 2008)
CD48(D2)  Election of Officers

Pursuant to Rule 16 of the Rules of Procedure, the Directing Council elected Brazil as President, Panama and Saint Vincent and the Grenadines as Vice Presidents, and Mexico as Rapporteur for the 48th Directing Council.

(First meeting, 29 September 2008)

CD48(D3)  Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted, without modification, the agenda submitted by the Director (Document CD48/1, Rev. 2).

(First meeting, 29 September 2008)

CD48(D4)  Establishment of the General Committee

Pursuant to Rule 32 of its Rules of Procedure, the Directing Council appointed Chile, Colombia, and the United States of America as members of the General Committee.

(First meeting, 29 September 2008)
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4.4 Regional Strategy for Improving Adolescent and Youth Health

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4.11 Health and International Relations: Linkages with National Health Development

4.12 Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective

4.13 Regional Contribution to the Global Ministerial Forum on Research for Health

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4.15 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”

4.16 Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region
5. **Administrative and Financial Matters**

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5.4 Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3

6. **Awards**

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6.2 Abraham Horwitz Award for Leadership in Inter-American Health 2008

7. **Matters for Information**


7.2 Fifth Summit of the Americas: Report on the Preparations

7.3 Avian Influenza and Influenza Pandemic Preparedness

7.4 Report of the Advisory Committee on Health Research

7.5 Revised Strategic Plan 2008-2012

7.6 Status Update on the Institutional Revision of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

7.7 Status Update on the Institutional Revision of the Institute of Nutrition of Central America and Panama (INCAP)
7.8 Draft Proposed Programme Budget 2010-2011 of the World Health Organization


7.10 PAHO Procurement Mechanisms for Strategic Supplies, including Vaccines

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- - -