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STUDY OF THE FUNCTIONS OF THE AREA OFFICES OF THE PAN AMERICAN SANITARY BUREAU

In compliance with Resolution XII of the XXVIII Meeting of the Directing Council and Resolution XVI of the XXI Pan American Sanitary Conference, the Director submits, for the consideration of the 90th Meeting of the Executive Committee, the study of the Functions of the Area Offices of the Pan American Sanitary Bureau.

This report contains background information on the discussions by the Governing Bodies, consultations with the Member Governments, the historical background of the PASB field office organization and structure, current organization and functional structure of PASB field offices, and resources available to the Area Offices. The report includes an analysis of the need for the Area Offices and an evaluation of alternative courses of action, based upon pertinent criteria and applicable recommendations.

The Executive Committee is invited to examine the report and its recommendations and consider a proposed resolution on this matter.

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STUDY OF THE FUNCTIONS OF THE AREA OFFICES OF
THE PAN AMERICAN SANITARY BUREAU

I. BACKGROUND

1. Governing Bodies Resolutions, Progress Report and Discussions of the Governing Bodies

In compliance with Resolution XII (Annex I) approved in the XXVIII Meeting of the Directing Council (1981), the Director initiated a study of the functions of the Area Offices of the Pan American Sanitary Bureau. Subsequently, a document (CE88/20) was presented to the 88th Meeting of the Executive Committee (June 1982) outlining the progress to date on the study. The 88th Executive Committee approved Resolution VIII (Annex II).

The Director submitted a progress report (Document CSP21/30) on the study to the XXI Pan American Sanitary Conference (September 1982) and the Conference approved Resolution XVI (Annex III), requesting the Director to:

- a) Continue the evaluation study initiated by Resolution XII of the XXVIII Meeting of the Directing Council;
- b) Ensure that the study includes, inter alia, attention to the functions of the Area Offices, to the appropriateness of the distribution of countries served by each office, and to the issue of need for the Area Offices in the effective operation of the Organization.

As indicated above, the study of the Area Offices was the subject of discussions in the XXVIII Meeting of the Directing Council (September 1981), the 88th Meeting of the Executive Committee (June 1982) and the XXI Pan American Sanitary Conference (September 1982). Some of the major points of the discussions and recommendations of the Governments' representatives were as follows:

- a) The analysis/study of the functions of the Area Offices should be made as a part of an overview of the overall structure of the Organization and should include examination of the evolution of Area Offices since 1951.
- b) Evaluation should be based upon context of the Strategies of Health for All by the Year 2000.
- c) Possibility of reorganizing with consideration to subregional groups or other geographical configurations should be considered.

- d) The need to have countries in each Area participate and be consulted in the study was emphasized.
- e) The study should be objective and not just based upon self-evaluations.
- f) Objective criteria should be developed for the evaluation.
- g) Usefulness, existence and need for the Areas was questioned; concern was expressed on the role of Area Offices, especially in view of existence of Country Representatives Offices and Centers; functions did not appear to be clearly defined.
- h) Existence of Areas was necessary; if strengthening, greater decentralization and delegation of responsibility were given without return to Zone concept; Areas seemed to present certain advantages, especially for the use of specialized human resources.
- i) Concern expressed over the amount of regular budget devoted to Areas.

2. Methodology

In compliance with the above mentioned resolutions of the Governing Bodies, the following actions were taken:

- a) A methodological guideline was prepared for evaluation of the effectiveness of the measures entrusted to the Area Offices (Annex IV).
- b) As part of this methodology, on 2 October 1981 Resolution CD28.R12 was transmitted to the Area Offices with a request for their initial comments.
- c) In December 1981 a meeting with the Area Representatives was held in Washington, D.C., in which the methodology was reviewed and the procedures established for implementing the resolution.
- d) In keeping with the agreed methodology, a plan of study and a self-audit outline were prepared and distributed to the Area Representatives on 8 January 1982. They were instructed to consult with the competent national authorities of their assigned countries and to prepare the evaluation in conjunction with those authorities.
- e) The Area Offices presented their self-audit reports and the comments of the national authorities.

- f) The documentation needed for the Director's formal consultations with the Ministries of Health was prepared, as established by the methodology.
- g) In July 1982, the Ministers of Health of the Latin American Member Countries were sent the reports of the self-audits carried out by the Area Offices servicing their respective countries. In his covering letter the Director asked each Minister:
- i) To examine the report and supply comments on the functions of the Area Office in relation to the self-audit;
 - ii) To make recommendations on the proper role and functions of the Area Offices in the context of the Regional Strategies and Plan of Action;
 - iii) To designate one ministerial representative to participate in a meeting to be convened by the Area Representative for the purpose of drawing up a joint report on the study carried out.
- h) Meetings were convened by the Area Representatives in conjunction with ministerial representatives of the Member Countries. Joint reports covering each Area Office were completed and submitted to the Director.

The information, reports and comments indicated above have been analyzed, and utilized in the final evaluation of the Area Offices. Within this document, the Director is pleased to present the completed study with appropriate recommendations for the consideration of the Executive Committee and Directing Council.

3. Consultations with Governments

In compliance with operative paragraph 2 of Resolution XII of the XXVIII Directing Council, working groups were set up in each Area in formal consultation with representatives of the Area countries. Meetings in all the areas have been conducted and reports of these meetings were submitted to the Director PASB for use in completing the evaluation of the Area Offices. The dates and places of the meetings and the participants from the governments were as follows:

<u>Area</u>	<u>Place and Dates of Meeting</u>	<u>Participants from Governments</u>
Area I	30 August 1982 (Caracas, Venezuela)	<u>Venezuela</u> - Dr. Mariano Fernández, Jefe de la División de Medicina General y Familiar <u>Netherlands Antilles</u> - Dr. Carol Elassaiss, Director General of Health
Area II	24-26 November 1982 (Mexico City, Mexico)	<u>Cuba</u> - Dr. Jorge Alderegüa, Director of Institute for Health Development, Ministry of Health <u>Mexico</u> - Dr. Ramón Alvarez Gutiérrez, Director of International Coordination <u>Dominican Republic</u> - Unable to attend <u>Haiti</u> - Unable to attend
Area III	23-25 February 1983 (Guatemala City, Guatemala)	<u>El Salvador</u> - Dr. Humberto Antonio Alvarez C., Director General of Health <u>Guatemala</u> - Dr. Francisco Zambroni, Director General of Health Services <u>Honduras</u> - Dr. Gustavo Corrales, Director General of Health <u>Nicaragua</u> - Dr. Roberto Zapata, Director of Medical Care, Ministry of Health <u>Panama</u> - Dr. Enrique García, General Secretary, Ministry of Health
Area IV	1-3 September 1982 (Lima, Peru)	<u>Bolivia</u> - Dra. Rosario André, Directora Nacional de Salud Pública, Ministerio de Previsión Social y Salud Pública <u>Colombia</u> - Unable to attend <u>Ecuador</u> - Dr. Fausto Andrade, Director de Planificación, Ministerio de Salud Pública <u>Peru</u> - Dr. Alejandro Sotelo Baselli, Director General de Administración, Ministerio de Salud
Area VI	6-7 September 1982 (Buenos Aires, Argentina)	<u>Argentina</u> - Dr. Victorio V. Olgún, Director of International Coordination, Ministry of Health <u>Chile</u> - Mr. James Sinclair, Secretary of the Embassy of Chile, Buenos Aires, Argentina <u>Paraguay</u> - Dr. Luis Santiago Codas, Chief, Planning Office, Ministry of Health <u>Uruguay</u> - Dr. Roberto Mariño, Chief, Planning Unit, Ministry of Public Health

In addition to the self-evaluation completed by each Area Office, the Working Groups were provided detailed information on the programs and operations of the Area Office and their role in the delivery of the Organization's programs to countries. A summary of the reports of these working groups is as follows:

- i) There was a general consensus that the Areas have fulfilled their functions in the past but were not entirely effective in their current status to provide the type of technical cooperation needed by the Member Countries.
- ii) There was general agreement with the self-evaluations--essentially that the operations of the Areas needed great improvement and a redefinition of their functions.
- iii) If the Area Offices were to remain, they should be strengthened and provided with larger resources in order to optimize support to countries.
- iv) Liaison and cooperation with subregional groups was emphasized.

4. Scope of Study

The Area V Office is located in Brasilia, Brazil. The responsibility of this office covers the country of Brazil. Therefore it is essentially a Country Office. The funds and staff for the operation of the Area V Office are included in the program and budget as Brazil country projects. For the purpose of this study, the Area V Office will not be included.

The Office of the Caribbean Program Coordinator (CPC) includes responsibilities for six Member Countries and other territories in the Caribbean area, which do not have PAHO Country Representatives' Offices. The CPC, in addition to being the Country Representative for Barbados, is also the Country Representative for Antigua and Barbuda, Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. The CPC's Office has not been designated as an Area Office. Due to the multiple responsibilities and unique status of this Office, the Office of the Caribbean Program Coordinator has not been included in this study. A separate study of the Caribbean area and the CPC Office was completed in 1982 and separate actions will be taken on the conclusions and recommendations of that study in cooperation with the Governments of the Caribbean area.

In summary, this study covers the Area Offices in Venezuela (Area I), Mexico (Area II), Guatemala (Area III), Peru (Area IV), and Argentina (Area VI).

It should also be noted that Resolution XII of the XXVIII Meeting of the PAHO Directing Council (Annex I) states that 8.4 per cent of the regular budget of the Organization is allocated every year to the Offices of Area Representatives. This 8.4 per cent is the 1982-1983 Proposed PAHO and WHO Regular Budgets included in OD-169 (page 450) for the Area Offices (excluding Brazil) and the Office of Caribbean Program Coordinator. The budget for the Area V Office is included under Brazil country projects (Brazil 5000, page 117, OD 169). Excluding the office of the Caribbean Program Coordinator and Area V (Brazil), the 1982-1983 PAHO/WHO Regular Budget in OD 169 for the five other Area Offices totaled \$8,686,800, or 6.47 per cent of the total Regular Budget.

II. HISTORICAL BACKGROUND OF PASB FIELD OFFICE ORGANIZATION AND FUNCTIONAL STRUCTURE

1. Zone Offices

One of the most important events of 1951 was the establishment of Zone Offices, by means of which the activities of the Bureau could be decentralized, close touch could be maintained with Member Governments, and the needs of each area could be accurately appraised.

In accordance with various resolutions and recommendations adopted by the Pan American Sanitary Conference, by the Directing Council, and by the Executive Committee, the continent was divided into six zones, and in October 1951 the Zone Offices were designated as follows:

I.	Washington, D.C.	Alaska, Canada, U.S.A., Non-Self-Governing Territories (except British Honduras)
II.	Mexico City (to be opened in 1952)	Cuba, Dominican Republic, Haiti, Mexico
III.	Guatemala City	Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, British Honduras
IV.	Lima	Bolivia, Colombia, Ecuador, Peru, Venezuela
V.	Rio de Janeiro	Brazil
VI.	Buenos Aires	Argentina, Chile, Paraguay, Uruguay

Zone I included the Field Office in El Paso, Texas, and the Field Office for the Caribbean located at Kingston, Jamaica.

Zone II was placed under supervision of Washington Office until the Mexico City Office was established in 1952.

The Annual Report of the Director for 1954 (page 159, OD-11) states: "The Zone Offices were made responsible for operational program activities, both in giving direct technical advice to health administrations and in field planning and operation of projects. This system has the advantage of making technical advice of Zone staff continuously available to governments. Further, it assures that projects will be planned in cooperation with the national health personnel and in a manner appropriate to local conditions."

From an operational standpoint, the new arrangement meant that henceforth direct responsibility for the planning and implementation of field programs would be placed upon the Zone Representatives. The Washington Office would appraise the projects for conformity with general policy and budgetary limitations, and would give advice and cooperation to the Zone Offices; but after approval from Washington, the working out of details with the Member Governments concerned and the execution of the programs would be the responsibility of the Zone Representatives. Each Zone Representative would make many decisions on details that formerly were made in Washington. He would also propose the program and budget for his zone, including the list of projects, and would recommend candidates for fellowships.

The staff of the Zone initially was mainly composed of technical advisory staff, but during the 1950's additional administrative staff, to include professional administrative officers (finance, supply, etc.), were assigned. These offices handled their own budget/allotment controls and finance/payment records. Their operations and staff provided field administrative support for the organization's activities in the countries within the Zone Office's area of responsibility. Under this arrangement, the Zone Chief was responsible for and supervised all technical and administrative activities of the Zone-wide operations of the Organization. There were no field offices in the individual countries. In each country there was a "Health Team" leader, who acted as coordinator of PASB operations under the supervision of the Zone Chief. The Zone Chief was responsible for day-to-day contacts through the coordination with the national authorities in each country.

The organizational chart of the Bureau as of December 1951 is included as Annex V(A).

At the X Meeting of the Directing Council held in September 1957, approval was given to the Director's proposal to move the Field Office,

Caribbean, from Kingston, Jamaica, to Caracas, Venezuela, where a new Zone I Office was established in 1958. This Zone embraced the Caribbean territories and the Republic of Venezuela, which was transferred from Zone IV to the new Zone.

2. Establishment of Country Representatives Offices

The increase in the programs, operations, and size of the Organization, together with the changing trends in the delivery of technical cooperation, provided the stimuli for an extensive reorganization of both the Headquarters and field activities.

In the 1962-1964 period, reorganization actions were implemented to provide more rapid and economical methods for handling administrative and financial services with increased use and dependence upon improved technology and communications and data processing. An integral part of these actions was increased emphasis on structure and staffing in the individual countries to provide an operational basis of the Organization's program which was closer to the Member Government's operations. The main reorganization actions involved:

- i) The incorporation into the Washington Headquarters of all administrative operations of the Zone and field activities. The concept was to provide centralized administrative support of all field activities from the Washington office, complemented by the establishment of a large data processing center and the existing international communications networks.
- ii) The decentralization of a significant amount of the technical program operational responsibilities from the Zone to the country level and the establishment of PAHO Country Representatives Offices in each country.

The staff of the Zone offices was reduced to a Zone Chief, an office manager, plus secretarial and clerical support for a small number of technical advisers. All professional administrative officer posts in the Zone offices were eliminated, as well as requirements to maintain financial records and make payments, except for costs of housekeeping operations for the Zone Office. The Quadrennial Report of the Director for the period 1962-1965 indicates that this reorganization program resulted in a savings of 68 administrative posts without an increase in Headquarters staffing. The Country Offices were established and each was staffed with a PAHO Country Representative, assisted by one secretary. The Country Representative became responsible for the full coordination of the PAHO/WHO program within his respective country of assignment. Additional administrative/clerical support personnel were to be provided by the Government per the Basic Agreement between PAHO/WHO and the Government. The type of staff provided by the Government was determined by discussions between the Government and the Country Representative.

The Zone Chief continued to have supervisory responsibility of the Country Office. The Country Representative reported directly to the Zone Chief. The organization chart depicting the structure of the Bureau after this reorganization and up to the time of Area Offices concept is shown in Annex V(B).

3. Area Offices

In 1976, the Zone Offices were redesignated Area Offices. The Zone Chiefs were redesignated as Area Representatives reporting directly to the Director. Country Representatives, who previously had reported to the Zone Chiefs, now reported directly to the Director. Area Representatives were designated to serve as Country Representatives in the Country of their duty station. Zone-wide (Zone/AMRO) advisers were designated Area Advisers under the supervision of the Area Representatives. Center Directors were placed under the supervision of the appropriate Headquarters Division Chief.

This reorganization in 1976 strengthened the Country Representatives' Offices and transferred supervisory and decision-making authority for country programs from the Zone Chief to the Country Representative. This reorganization was another change in the process towards the recognition that program delivery of technical cooperation was at the country level.

The reorganization of the field office structure effected in 1976 is essentially the current structure with the exception of the establishment of the Office of the Caribbean Program Coordinator (CPC) in 1979. The staffing of the new Area Offices remained essentially the same as the Zone Offices, with the exception of Area I where staff were reassigned to the CPC Office. An organizational chart depicting the field structure of the Secretariat in early 1983 is attached as Annex V(C).

III. AGREEMENTS WITH MEMBER GOVERNMENTS--ZONE OFFICES AND COUNTRIES

1. Zone Offices (Area Offices)

When the Zone Offices were established, agreements were concluded between PAHO and the Member Governments in whose countries the Zone Offices were located. Those Zone Office agreements were signed on the dates indicated below:

Zone I, Venezuela	2 July 1971 (Revised)
Zone II, Mexico	26 August 1952
Zone III, Guatemala	29 September 1958
Zone IV, Peru	13 August 1957
Zone V, Brazil	27 August 1951
Zone VI, Argentina	21 August 1951

Those Zone Office agreements are still in effect and are considered to cover the operations of the current Area Offices. These agreements are basically the same for all Area Offices. As an example, the Government of Peru/PAHO agreement on Zone IV (Lima, Peru) is attached as Annex VI.

The agreements do not provide for costs of the Zone Office to be provided by the Governments. Therefore, a large portion of the costs of the Zone/Area Offices have been the responsibility of PAHO.

2. Country Representatives Offices

Basic Agreements between each Member Government and PAHO/WHO have been concluded and are in effect. These agreements include, inter alia, that the Member Government will provide for operational expenses of the PAHO/WHO Country Offices, including office accommodations, utilities and secretarial/clerical staff. Many Governments have provided office accommodation plus government staff on detail to PAHO and covered other expenses of Country Representatives' Offices.

IV. CURRENT ORGANIZATION AND FUNCTIONAL RESPONSIBILITIES--FIELD OFFICES

1. Area Offices

- a) The functions of the Area Offices were initially established in 1976 when the Zone Offices were redesignated as Area Offices. These functional responsibilities were further refined the following years. The responsibilities approved in 1981 are reflected in identical duties for each Area Representative, as follows:
 - i) Serves as PAHO/WHO liaison and coordination officer with international organizations and subregional political, economic and technical groups in the countries of the Area, with respect to intercountry programs and more directly with those in the health sector;
 - ii) Collaborates in the promotion, formulation, coordination, execution, and evaluation of intercountry health programs, monitoring and reporting on their progress;
 - iii) Supervises and stimulates the effectiveness of PAHO/WHO staff and is responsible for the management of all other PAHO/WHO resources in the Area Office;
 - iv) Collaborates with the Government of the countries of the Area, identifying and securing extrabudgetary resources for the implementation of intercountry health and development programs;

- v) Ensures that resolutions of PAHO/WHO Governing Bodies related to intercountry health and development programs are noted and adequately implemented;
 - vi) Is aware of and stimulates the subregional groups, so that the resolutions they approve are consistent with the policies and strategies approved by the Governing Bodies of the Organization;
 - vii) Promotes, in coordination with other socioeconomic sectors, the inclusion of the health sector in subregional development plans;
 - viii) Serve as Country Representative in the country where the area office is located, fulfilling the functions assigned to this post;
 - ix) Fulfills other functions as assigned by the Director.
- b) These functions also include the responsibility for:
- i) The promotion of intercountry projects within the strategy of technical and economic cooperation among developing countries;
 - ii) Stimulating the cooperation between developed and developing countries;
 - iii) Fulfilling of all functions assigned to the Country Representative.
- c) Area advisers are assigned to each Area Office to provide advisory assistance to the countries of the Area. The number and technical expertise of Area Advisers assigned to each Area Office vary according to the program needs as requested by the countries of the Area and in accordance with the priorities established by the PAHO Governing Bodies.
- d) The Area Representative is under the direct supervision of the Director. The Area Advisers report directly to the Area Representative and receive technical guidance from the technical division of Washington Office. The advisory services provided by Area Advisers to the countries of the Area are programmed by coordination with the Country Representative based upon requests for such services by the individual country. Such advisory assistance is then provided with the approval of the Country Representative.

- e) Each Area Representative is responsible for liaison and coordination of PAHO activities with existing subregional groups. These subregional groups and the responsible Area Office for coordination are as follows:

Ministers of Health of Central America and Panama	Area III
Rio de la Plata Basin Conference of Ministers of Health	Area VI
Convenio Hipólito Unanue (Health Agreement of the Andean Countries)	Area IV
CARICOM (Caribbean Health Ministers)	CPC

A formal agreement was signed between PAHO and the Convenio Hipólito Unanue in November 1974. A formal agreement between PAHO and CARICOM (Health Desk) is being processed. Informal arrangements exist between PAHO and the secretariat of the Ministers of Health of Central America and Panama Conference and the Rio de la Plata Basin Conference of Ministers of Health.

- f) Each Area Office includes administrative support staff who provide required support for the Area Office activities, the Country Representative activity assigned to the Area Representative for the Host Country, and the Area Advisers. A specific delegation of authority is issued to the Area Representative, which covers authorities delegated for the operation of the Area Office. The authorities delegated cover financial matters (including financial controls), purchasing and contracting, travel and other operational requirements. The delegation of authority issued to each of the Area Offices is essentially the same.
- g) There are a small number of intercountry projects with PAHO technical staff assigned to the countries. These projects and assigned staff are under the supervision of a Headquarters technical division and may be located in the Area Offices.

2. Country Representative Offices

- a) The functions of the Country Representatives' Offices within the current organizational and functional structure of the Organization were also initially established in 1976 when the Zone Offices were redesignated as Area Offices. These functional responsibilities were further refined in 1981 by the issuance of new post descriptions for Country Representatives. The post descriptions contain identical duties for each Country Representative. The functional responsibilities of the Country Offices are summarized in the official duties assigned to the Country Representative, as follows:

Under the supervision of the Director, Pan American Sanitary Bureau, the incumbent exercises a technical, managerial and coordinating role and has exclusive responsibility for all aspects of the PAHO/WHO program of technical cooperation being carried out in the country. Specifically performs the following duties:

- i) Represents the Director of the Pan American Sanitary Bureau and serving as PAHO/WHO liaison and coordination officer with international, bilateral, and national organizations in the country of assignment;
- ii) Cooperates with health and other national authorities in health planning and programming within the context of social and economic development;
- iii) Collaborates with the Government in the promotion, formulation, coordination and execution of the PAHO/WHO technical cooperation program, its evaluation and adjustments, using methodologies and procedures in accordance with the economic and social situation of the country;
- iv) Cooperates with the national authorities in preparing the country program and budget estimates for the PAHO/WHO Proposed Program and Budget;
- v) Promotes the participation of the Government in global and Regional programs, approved by the Governing Bodies of PAHO/WHO, in which the country is interested;
- vi) Collaborates in the promotion, formulation, coordination, execution and evaluation of intercountry health programs;
- vii) Collaborates with the Government in identifying and securing extrabudgetary resources for the implementation of health programs;
- viii) Ensures that resolutions of PAHO/WHO Governing Bodies are noted by national authorities and stimulates their implementation;
- ix) Promotes, in coordination with other socioeconomic sectors, the inclusion of the health sector in national development plans;
- x) Identifies potential or actual national capabilities for technical cooperation among developing countries;
- xi) Supervises and stimulates the effectiveness of PAHO/WHO staff and is responsible for the management of all other PAHO/WHO resources in the country of assignment;
- xii) Ensures, with the cooperation of the United Nations' responsible officials, adequate security for PAHO/WHO staff and their dependents in the country;

- xiii) Acts as coordinator of WHO programs in the country;
 - xiv) Serves as exclusive channel of communications between other PAHO/WHO organizational units and the national authorities of the country of assignment;
 - xv) Fulfills other functions as assigned by the Director.
- b) The Country Representative is under the direct supervision of the Director. Technical staff who are assigned to individual country projects are under the supervision of the Country Representative. There are a small number of PAHO administrative support staff assigned to each country office. These PAHO staff are complemented in some offices by government staff provided and paid for by the government per the Basic Agreement between PAHO/WHO and the Government.
- c) The Country Representative is issued a Delegation of Authority by the Director covering authorization delegated for the operation of the Country Representative activities in the country. These authorities delegated cover financial matters (including financial controls), purchasing and contracting travel and other operational requirements. The delegation of authority to each Country Representative is substantially the same.

3. Pan American Centers

- a) The functions of the Pan American Centers are included in the PAHO/Government agreements regarding the establishment and operations of each Center. The Centers operate as an extension of PAHO/WHO programs and each Center has a specialized function. The Pan American Centers are as follows:

	<u>Center</u>	<u>Location</u>
PANAFTOSA	Pan American Foot-and-Mouth Disease Center	Rio de Janeiro, Brazil
BIREME	Regional Library of Medicine and the Health Sciences	São Paulo, Brazil
CAREC	Caribbean Epidemiology Center	Port-of-Spain, Trinidad
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences	Lima, Peru
CEPANZO	Pan American Zoonoses Center	Buenos Aires, Argentina

CFNI	Caribbean Food and Nutrition Institute	Kingston, Jamaica
CLAP	Latin American Center for Perinatology and Human Development	Montevideo, Uruguay
CLATES	Latin American Center of Educational Technology for Health	Rio de Janeiro, Brazil
ECO	Pan American Center for Human Ecology and Health	Toluca, Mexico
INCAP	Institute of Nutrition of Central America and Panama	Guatemala City, Guatemala

- b) The Director of each Center is under the supervision of the technical division at Headquarters, which has responsibility for the applicable technical program. The Centers provide advisory and operational assistance to the Governments through coordination with the appropriate Area and/or Country Representative.
- c) A formal delegation of authority is issued by the Director PASB to the Center Director outlining the authorities delegated to assist in the execution of assigned duties and responsibilities.

4. WHO Field Structure Outside of the Americas

The WHO Region of the Americas is the only WHO Region which has an intermediate organizational level between Country Offices and the Regional Office. WHO Country Offices are called "Offices of the Program Coordinator."

V. RESOURCES ALLOCATED TO AREA OFFICES (excluding CPC and Brazil)

1. 1984-1985 Proposed Budget (Initial Proposals)

The initial proposed 1984-1985 PAHO/WHO Regular Budget for the Area Offices based upon a continuance of the current organization and functional structure totals \$9,234,800. This proposed budget of \$9,234,800 is 6.31 per cent higher than the 1982-1983 budget (\$8,686,800) included in OD-169, as indicated below:

<u>Area</u>	<u>1982-1983 (OD-169)</u>	<u>1984-1985 Proposed</u>	<u>% of Increase (Decrease)</u>
I	\$ 873,700	\$1,109,100	+ 26.94%
II	1,754,900	1,824,000	+ 3.94%
III	2,332,400	2,809,700	+ 20.46%
IV	1,594,900	2,255,300	+ 41.41%
V	<u>2,130,900</u>	<u>1,236,700</u>	<u>(- 41.96%)</u>
Total	\$8,686,800	\$9,234,800	+ 6.31%

The decrease in Area VI is principally due to decreased costs of posts in Buenos Aires, e.g. a P.4 post in Area VI was \$229,300 in the 1982-1983 budget versus a projected cost of \$151,900 in the proposed 1984-1985 budget.

Since the Area Representative also is the Country Representative for the country where the Area Office is located, the Area Office provides operational and administrative support for the Country Representative's activities, including some support for the country projects in the country where the Area Office is located. Therefore, the initial 1984-1985 proposed Regular Budget for the Area Offices indicated above as well as previous budgets includes operational expenses for the Country Representatives' Office.

2. Staffing of Area Offices

The initial proposed 1984-1985 PAHO/WHO Regular Budget for the Area Offices includes 35 professional posts and 63 general service posts. Annex VII indicates the distribution of these posts by Area Office and by grade. These posts include five posts for the Area Representatives, 24 professional posts for Area Advisers, two professional posts for the Community Health Training Program for Central America and Panama (PASCCAP) located in Costa Rica, and four posts for Area Administrative Officers at grade levels P.3 (2) and P.1 (2).

3. Physical Facilities

The Area Offices (except Area II, Mexico) are housed in buildings which are owned by the Organization. The purchase date and cost of these buildings are as follows:

<u>Building</u>	<u>Purchase Date</u>	<u>Purchase Cost</u>
Area I, Caracas, Venezuela	1970	\$208,645
Area III, Guatemala City, Guatemala	1969	96,391
Area IV, Lima, Peru	1967	125,940
Area VI, Buenos Aires, Argentina	1954 and 1969	<u>116,561</u>
Total		\$547,537

It is estimated that the current value of these buildings is over \$1,500,000.

In Area II, the Organization rents office space and the current lease will expire at the end of February 1984.

Except for Country Representatives' Offices in Bolivia, Ecuador and Haiti, office space for the Country Representatives' Offices is provided by the Governments, either through the use of office space in government facilities or in commercial space paid for by the Government. In the case of Ecuador, the Ministry of Health is negotiating the acquisition of a building and the Country Representative has been offered space in that building as soon as current negotiations are approved by the Government. In Bolivia and Haiti, PAHO rents commercial space for the Country Representatives' Offices.

The Basic Agreement between PAHO/WHO and its Member Governments provides, *inter alia*, that office accommodations, utilities, local personnel costs, etc. be provided by the Government.

The Agreements between PAHO and the Governments on the Zone Offices do not provide that the expenses for the operations of the Zone Offices are the responsibility of the Governments. Therefore, the cost of office accommodations and other operational expenses are paid by PAHO. As a result of these agreements and the arrangement whereby the Area Representative is also the Country Representative, the Member Governments where the Area Offices are located have not been required to provide office accommodations and operational expenses for a PAHO/WHO Country Representatives' Office in the same manner as in other countries where PAHO/WHO Country Representatives Offices are located. It should be noted that the Government of Barbados does provide a building, local personnel, and other costs for the operation of the Office of the Caribbean Program Coordinator in Barbados.

If the PAHO-owned Area Office buildings continue to be used in the future to house intercountry projects and staff, recognition will need to be given to this situation in the development of budgetary costs of Country Offices/Area Offices.

VI. NEED FOR AREA OFFICES

1. Major Considerations Influencing Field Organizational Structure

a) Compatibility with the Plan of Action--HFA 2000

The Plan of Action for the Implementation of Regional Strategies for Health for All by the Year 2000 includes many

implications for the Organization within the context of the established objectives, goals and strategies. The Plan of Action requires the development of new mechanisms and modifications of existing ones in order to make the PAHO's internal administrative processes more flexible and to assure a more effective and efficient response to new demands for technical cooperation. The Plan of Action emphasises the need for change through the development of adequate support mechanisms for the strategies. The Plan's objectives include "Increase in the Operating Capacity of PASB to support National and Regional Processes." A major area of action states "Review and appropriately revise the functions and responsibilities of PAHO/WHO personnel in Headquarters and at each level in the field, for the purpose of maximizing their effectiveness and efficiency in the implementation of the Plan of Action." Another area of action cited in the Plan states: "Increase the Organization's capacity to cooperate with subregional organizations and thus support the efforts of the Governments to implement the strategies of subregional groups."

The study of the Area Offices as requested by the Governing Bodies is especially timely and is an integral part of the need to seek the best possible mechanisms to support the successful implementation of the Regional Strategies. The organizational structure at the field level must be compatible with the Plan of Action and be so designed as to facilitate the achievement of the regional goals and objectives. The PASB field organizational structure must be adapted to ensure optimum support to Member Governments and particularly to improve the effectiveness of the Organization's interaction with the Governments in their effort to implement effectively their strategies.

b) Budgetary Constraints

The support provided by the Organization to Member Governments must be conditioned upon the optimum use of the available resources. The limited budgetary resources of the Organization must provide the maximum benefits to the Member Governments. Simplification of administrative procedures, effective lines of communication and the decision-making processes require an organizational structure which will allow a gradual and careful reallocation of the available resources for the benefit of national cooperation programs.

Resolution XIV of the XXI Pan American Sanitary Conference (September 1982) requests the Director, inter alia:

- i) To increase the proportion of funds allocated to country programs to at least 35 per cent of the PAHO/WHO Regular budget, taking into account the proposed programs and budgets to be submitted by the Member Countries, in formulating the draft program and budget for 1984-1985;

- ii) To make appropriate reductions in other budgetary locations, taking into account the regional baseline target areas established in Chapter 6, Part II, of Official Document 173, and the ongoing studies related to the PAHO Centers and the Area Offices;
- iii) To make a study of the matter with a view to establishing a more equitable form of distributing PAHO resources, endeavoring to pay due attention to the most characteristic needs of the countries, and to report thereon to the 90th Meeting of the Executive Committee.

In compliance with the above resolution the available resources allocated to the Area Offices require close scrutiny since these resources are not directly allocated in the budget to country programs.

c) Improvement of Program Planning and Delivery at the Country Level

An essential ingredient of successful program delivery of technical cooperation is a well-coordinated program/planning effort between the Governments and PAHO. As the organization has grown, the Member Governments have become more exacting in their demands. The complexity of international cooperation has increased during the last decade. The need for a closer reconciliation of program planning and delivery, based upon the needs and capabilities of the countries themselves, has generated a need for a closer permanent dialogue between the Organization and national health authorities. The country level is the only level where the Organization delivers technical cooperation. It is there where the final product of the work of the Organization is seen. Increased planning capability within Member Governments has increased the need for a stronger PAHO/WHO presence at the country level in order to work more closely with government planning agencies and to identify individual programs to overall program needs. Even intercountry activities should be expressed, wherever possible, in relation to country level activities.

d) Coordination with Subregional Groups

The Regional Plan of Action includes the following area of action:

"Increase the Organization's capacity to cooperate with subregional organizations and thus to support the efforts of the Governments to implement the strategies of subregional groups."

An assigned function of the Area Representative is to serve as PAHO/WHO liaison and coordination officer with international organizations and subregional political, economic and technical groups in the countries of the Area of assignment, with respect to intercountry programs and more directly with those in the health sector.

Country Representatives serve as the PAHO/WHO liaison and coordination officers with international, bilateral and national organizations in the country of assignment. Close coordination is required between the Area Representative and the Country Representative to ensure that their individual responsibilities and efforts on these matters are compatible.

The PASB field organizational structure and assigned functions and responsibilities at the field office level should include consideration for the requirement to coordinate with subregional groups, international organizations and other groups, especially in the health field.

e) Cost Benefits/Savings

The limited budgetary resources available for the support of country programs is insufficient to meet all identified requirements to finance the Plan of Action for Health for All by the Year 2000. The Plan calls for the analysis, reorientation and control of sectoral and institutional financing to insure that financial allocations are consistent with national sectoral priorities. At the same time, it is the responsibility of the Secretariat to seek all possible ways to make optimum utilization of resources available to the Organization. Marginal effectiveness activities should be identified and eliminated, with savings redistributed toward the priority country programs. New mechanisms need to be found to improve support to the field offices, including organizational structure to facilitate program delivery.

The study of the Area Offices must give high priority to the costs of operation of these Offices in relation to the demands on the limited budgetary resources of the Organization.

f) Strengthening of the Country Offices capability/actions in support of the national programs/priorities, as strongly recommended by the Governing Bodies

Discussions of the Governing Bodies, not only on the issue of the study of the Area Offices, but on many previous occasions, have reiterated a strong position to strengthen the Country Offices capability for support of the national program and priorities. The regional plan of action emphasizes the

strengthening of Country Offices. This study of the Area Offices must seek a field organizational structure which will satisfy the strong recommendations of Governing Bodies on this issue.

g) Coordination between Country-Level Operations and the Washington Office

Currently, there are two final organizational levels (Area and Country Offices) coordinating country-level operations with the Washington Office. Close coordination is required between these two levels to ensure that the Organization's response to the program requirements of individual countries provide effective and efficient support to each country.

For the purpose of an effective coordination between the country level and the Washington Office, the need for the Area Offices must be viewed within the context of the overall organizational structure of the entire Organization.

h) Compatibility of PASB Field Office Structure with the Program Budgeting Process at the Country Level

Decision-making by the PAHO Governing Bodies in respect to the allocation and use of PAHO resources is carried out through the process of program-budgeting. This joint program budgeting process is initially the subject of negotiations between each individual country and the PAHO Country Representative, who negotiates with the Government on PAHO's cooperative program activities in the country. These negotiations are in accordance with the individual policies of the countries and with the policies adopted by the Member Governments collectively in the PAHO Governing Bodies, and are related to PAHO resources made available at country level in the individual country budget ceilings.

The negotiations with the countries outside the country of the Area Office on the use of PAHO resources available to the Area Offices must also be done by the Country Representative, who coordinates the program-budgeting of these resources with the Area Representative. The existence of this dual program-budgeting requirement raises the question for its need, especially if a Country Representative, given sufficient resources, could negotiate intercountry program budget requirements.

i) Agreements with Member Governments

The existing agreements concerning the establishment and operation of the Zone Offices have been in effect for many years. These agreements normally may be terminated by either party by notice given to the other party ranging from one year to two years. The Zone Offices, established under those agreements, were redesignated as Area Offices in 1976 without any amendments to those agreements.

Any change in the status of the Area Offices should give consideration to the pertinent provisions of these agreements. If the Area Offices are eliminated, negotiations will be required with each Government to rescind the applicable Zone Office agreement.

In the event that the elimination of the Area Offices is mandated by the Directing Council as a result of this study, the applicable resolution should give the Director the authority to eliminate these offices and negotiate termination of the applicable Zone Office agreements.

j) Compatibility of PASB Field Office Structure with other WHO Regions

The Area office concept in PASB is unique in relation to other WHO Regions. No other WHO Region has such an intermediate level in its field office organization. WHO Country Offices (Office of WHO Program Coordinator) in other regions report directly to the Regional Office and an intermediate level (such as an Area Office) has not been considered necessary.

k) Compatibility of PAHO Classified List of Programs with WHO Classified List of Programs

Resolution XIV of the XXI Pan American Sanitary Conference resolved, inter alia, as follows:

"1. To accept the PAHO Classified List of Programs set forth in Annex C of Document CSP21/24, with the addition of Classification 2.6, Disaster Preparedness, and with modifications in some of the classification descriptions to take into account recommendations of the Subcommittee on Long-Term Planning and Programming, as the structure to be used in the 1984-1985 program and budget document, while requesting the Director to continue to work with WHO to develop appropriate adjustments in either the WHO or PAHO classification systems to ensure that they are as identical as possible, and present the results of these discussions to the Executive Committee for its approval."

As indicated above, the Conference requests the Director to continue to work to develop appropriate adjustments in the classification systems to ensure that the PAHO and WHO systems are as identical as possible. The PAHO Classified List of Programs, which was approved by Resolution XIV, includes Offices of the Area Representatives. The WHO Classified List of Programs does not include Area Offices.

1) Reorganization Actions Already Taken by the Director PASB

On 6 March 1983 the Director of PASB announced a reorganization of Headquarters activities effective 1 April 1983 (see Annex VIII(A). In addition, the Director has delegated authority to the Assistant Director to supervise and coordinate the technical and administrative activities of PAHO in the Area and Country Offices, as well as the Caribbean Coordination Office, effective 1 April 1983 (see Annex VIII(B).) As has been indicated in consultations with the Governments on this study of the Area Offices, a field office organizational structure must be designed as an integral part of the overall organization of the Bureau. Consequently this study of the Area Offices will include the recent reorganization actions by the Director.

m) PASB Staffing Resources

The present study considers the development of a managerial framework for ensuring optimal use of PAHO's resources. However, any managerial system can only be as effective as the people who run it, and no managerial system alone can ensure the necessary attitudes and actions which are the key to optimal use of PAHO resources. The development of a new organizational framework should give high recognition to the impact on available and future staff resources and minimize or eliminate any adverse effect on the staff.

2. Criteria for Evaluation of Alternative Courses of Action

In the discussions on this topic by the Governing Bodies, it was emphasized that objective criteria for this evaluation be utilized and that the study of the functions of the Area Offices should be considered in the context of the overall structure of the Organization.

Any criteria to be applied in this evaluation, including a comparative analysis of alternative courses of action, must revolve around the objectives and goals contained in the Regional Plan of Action for the implementation of Regional Strategies for Health for All by the Year 2000. With consideration of these objectives and goals, the establishment of a set of definitive quantitative criteria, whose relative importance can be easily applied in the analysis of the alternatives, is not considered to be feasible. Cost savings is one quantifiable criterion, which can be applied. The evaluation of the delivery of technical cooperation has provided a continuing challenge to national authorities as well as to the Organization. Suggestions for indicators have been developed in the Plan of Action to measure or judge the results of the delivery of health programs. Sufficient experience has not yet been accumulated in the use of these indicators for the purpose of this evaluation. Consequently, the criteria have been developed for application to the viable alternatives mainly in qualitative terms, with consideration to the interdependency and interrelationship of the criteria to each other.

The criteria are based upon discussions of the mandates of the Governing Bodies in relation to the structure of the Organization to support the national programs. The criteria selected for the evaluation are based on all available information and data plus criteria included in the self-audits, the comments and recommendations provided through consultation with the Governments, and the information indicated in previous pages of this report.

The following criteria are considered to be relevant to the evaluation and to the selection of the optimum alternative course of action:

- i) Compatibility with the Regional Plan of Action--HFA 2000;
- ii) Budgetary constraints;
- iii) Improvement of program planning and delivery at the country level;
- iv) Coordination with subregional groups;
- v) Cost benefits/savings;
- vi) Strengthening of the country offices capability/actions in support of the national programs/priorities, as strongly recommended by the Governing Bodies;
- vii) Coordination between country-level operations and Washington offices;
- viii) Compatibility of PASB field office structure with the program-budgeting process at the country level;
- ix) Agreements with Member Governments;
- x) Compatibility of the PAHO field office structure with other regions;
- xi) Compatibility of PAHO Classified List of Programs with WHO Classified List of Programs;
- xii) Reorganization actions already taken by the Director;
- xiii) PASB staffing resources.

VII. ALTERNATIVE COURSES OF ACTION

1. After consideration of all available information and data plus recommendations and expressed views of the Governments and Governing Bodies, the following alternative courses of action are considered to be viable options on the future status of the Area Offices:

Alternative 1. Continue current operations of Area Offices.

Alternative 2. Reorganize Area Offices with consideration to subregional groups.

Alternative 3. Strengthen Area Offices and enlarge current authority and responsibilities.

Alternative 4. Eliminate Area Offices and define a new role for Country Representatives.

2. Utilizing the criteria developed in Section VI above plus all the available information and data indicated previously, an analysis of the four viable alternative courses of action is indicated below:

Alternative No. 1: Continue Current Operations of Area Offices

1) The Regional Plan of Action calls for an increase in the operating capacity of PASB to support national and regional processes. To seek this objective, the Plan indicates, inter alia, that an important area of action is to review and appropriately revise the functions and responsibilities of PAHO/WHO personnel at Headquarters and at each level in the field, for the purpose of maximizing their effectiveness and efficiency in the implementation of the Plan of Action.

The consultations with the Governments and this study indicated general agreement with the significance of the Area Offices for certain coordination activities but concern was expressed about the current operational capability of these offices and the need to strengthen the Area Offices to improve support to the country programs. Strengthening of the Area Offices would require the addition of considerable resources and would be contrary to the mandates of the Governing Bodies to increase budgetary allocations to the countries. There was not a consensus that the current operation of the Area Offices is compatible with the Plan of Action.

2) The amount of the budgetary allocations to the Area Offices was the subject of the initial discussions of the Governing Bodies, which led to this study of the functions of the Area Offices. Subsequently, the XXI Pan American Sanitary Conference requested the Director in Resolution XIV to increase the proportion of PAHO/WHO Regular Budget

funds to country programs. The continuation of the Area Offices in their current operations and current budgetary allocations is not compatible with the budgetary guidelines and constraints requested by the Governing Bodies.

3) A major activity of the Area Offices is to provide advisory services to Country Representatives and Governments. These services are provided through the use of Area Advisers who are under the direct supervision of the Area Representatives. The number and type of Area Advisers depends upon the program needs and requests of the individual countries of the area. These Area Advisers are, in essence, Country Advisers, who do not have sufficient program demands to justify one adviser for each country. The programming and use of the advisers' services are developed between the Area Representative and the Country Representative, based upon requests from the Governments. An Area Adviser provides advisory services to a Government only through and with the participation of the Country Representative. Technical guidance to the Area Adviser is provided by the applicable Headquarters program activity.

Since full utilization of the Area Adviser in technical cooperation programs is dependent upon requests from the individual Government through the Country Representative, the utilization of these services may vary considerably. There appears to be an underutilization of their services. Past experience has shown, that on an average, 70 per cent of an adviser's time is spent in the country of his/her duty station. This average will vary for the individual consultant and according to the use of consultants by the individual countries. A review of the utilization of the services of the Area Advisers in 1982 indicates that the actual days of service provided to the countries outside their duty station were approximately 54 per cent of the number of days programmed for those countries.

The managerial/supervisory relationship of the Area Advisers vis-à-vis the Country Representative present some difficulties in coordination for programming and use of their services. In essence, the Country Representative responsible for the country programs does not have a direct input in the use of the PAHO/WHO Area Consultant's resources utilized directly in those programs. As previously stated, this arrangement has led to some underutilization of these Area resources and at the same time restricts the flexibility of Country Representatives and countries on the use of the Organization's resources at the country level. Yet, on the other hand, the full time assignment of such advisers to each country would be wasteful, since the countries do not need a permanent adviser and because of the limited budgeted resources available to the

Organization. In addition, the programming, supervision and coordination of the services of field staff in intercountry projects (such as Area Advisers) provides somewhat of a managerial dilemma involving supervision and/or coordination by Area Representatives, Country Representatives and technical offices at Headquarters. The available information indicates that the current assignment and utilization of Area Advisers in the Area Representative's Offices is not completely satisfactory and improvement in the utilization of these specialized human resources is needed.

4) The functions of the Area Representatives include liaison and coordination with subregional groups and with international organizations, especially on intercountry projects. There does not appear to be any cogent reason why this function cannot be performed by a designated Country Representative, who already has responsibility for liaison and coordination with international, bilateral and national organizations in the country of assignment, with assistance from Headquarters units.

5) The continuation of the Area Offices under their current operations would not produce any identifiable cost-benefits and/or savings. The maintenance of the "status quo" would eliminate the Area Offices budget allocations as a possible source to increase the budgetary allocations to the country programs as requested by the Pan American Sanitary Conference (Resolution XIV).

6) The continuation of the current operations of the Area Offices does not provide any basis for strengthening of the Country Offices capability in support of national programs. On the contrary, the allocation of a significant portion of the Organization's budget to the Area Offices detracts from this objective by precluding allocation of these resources directly to country programs to provide the increased flexibility in utilization of country budget allocations.

7) The historical background on the PASB Field Office structure highlights an evolution of the PASB field offices from a structure with no representation in individual countries through the establishment of Country Offices to a further strengthening of the country offices under the Area Office concept. This process indicates the trend for the delivery of international cooperation at the country level. The existence of an intermediate level in the PASB field office structure does not recognize that the focal point for PAHO delivery of technical cooperation is at the country level. Under the current Area Office concept, both the Area Representative and the Country Representative report directly to the Washington Office. Yet, both levels are concerned with programming and delivery of technical cooperation for country programs. Coordination between these two field levels and the Washington Office on country level programs is complicated and requires simplification.

8) Under the current Area Office concept, a significant portion of the Organization's resources at the field level, which are allocated in support of country programs, are not under the control of the countries and the flexibility in use of resources at the country level is significantly reduced. The programming of Area resources in support of country programs requires close coordination between the Area Representative and Country Representative.

The elimination of the Area Offices will allow the reallocation of a major portion of the Area Offices resources to the countries. This reallocation will place more resources under the direct control of the countries and will contribute to the implementation of the mandates of the XXI Pan American Sanitary Conference to increase the proportion of funds to at least 35 per cent of the PAHO/WHO Regular Budget. The resultant increase in the country budget ceilings will not only increase the flexibility in use of the Organization's resources at the country level but will also improve the program-budgeting process at the country level.

9) The current agreements for the establishment and operation of the Zone Offices would be continued under Alternative 1, but would need to be updated. It should be noted that per these agreements, the Member Countries in which the Area Offices are located are not required to provide support for the operations of these offices in the same manner as the PAHO/WHO Basic Agreements require Member Countries to support Country Representatives' Offices.

10) The Area Office concept is unique in the Americas. No other WHO Region has an intermediate level between the countries and the Regional Office and the need for this level has not been demonstrated.

11) The WHO Classified List of Programs does not contain "Area Offices." The continuation of the Area Office concept will hinder the implementation of the PAHO Governing Bodies mandate to the Director to develop adjustments in the PAHO and/or WHO classification systems to ensure that they are as identical as possible (Resolution XIV, XXI Pan American Sanitary Conference).

12) As indicated previously, the Director has announced organizational changes of Headquarters activities effective 1 April 1983. The continuation of the current Area Office operations is possible under the new realignment of Headquarters activities. However, it is not compatible with the reorganization's objectives of improving coordination and communication in direct support of country program planning and delivery. The existence of the Area Offices necessitates coordination by this intermediate level of five offices with at least 15 other country offices at the field office level on country programs. The elimination of the Area Offices will reduce the number of field offices reporting to Headquarters and be compatible with the objective of streamlining operations.

13) The information collected from all sources indicates an under-utilization of the specialized human resources of the Areas (Area Advisers). The continuation of the current Area Office operations does not offer any significant improvements in this underutilization.

Alternative No. 2: Reorganize Area Offices with Consideration of Sub-regional Groups

The existence of subregional groups such as the Convenio Hipólito Unanue (Health Ministers of the Andean Countries), Ministers of Health of Central America and Panama, and the Rio de la Plata Basin Health Ministers Meeting provides a possible alternative to the current Area Offices structure. The agreement with the Convenio Hipólito Unanue was signed on 28 November 1974 by PAHO and the Government of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela. This agreement provides for cooperation between PAHO and this subregional group and for PAHO to designate a staff member to act as Coordinator between PAHO and the subregional group. The Area IV Representative provides the coordinating link, with additional support from individual Country Representatives and the Headquarters Office of External Relations Coordination. The Convenio Hipólito Unanue has a Health Unit which coordinates with PAHO on the individual countries.

The subregional groups of the Ministers of Health of Central America and Panama and the Rio de la Plata Basin Conference of Health Ministers do not have formal agreements with PAHO. But informal arrangements exist whereby liaison and coordination is effected between PAHO and these groups, with PAHO participation in their meetings. The countries of the Rio de la Plata Basin are Argentina, Brazil, Uruguay and Paraguay, with participation by Bolivia and Chile.

The four countries of Area II are not members of these subregional groups.

The Area Representatives and/or Country Representatives are currently responsible for liaison and coordination with these groups. Reorganization of the Area Offices along the same lines as the subregional groups is possible.

Although PAHO's liaison and coordination function with these subgroups is extremely important and should be accorded special attention, reorganization of the Area Offices in accordance with the geographic representation of these groups does not provide any significant improvement in PAHO operations in support of country programs. Liaison and coordination functions with these groups could be adequately carried out by PAHO at the country level, by a designated Country Representative with the assistance of the External Relations Coordination Office and other technical and administrative units at Headquarters.

Alternative No. 3: Strengthen the Area Offices and Enlarge Current Authority and Responsibilities

Consultations with the Member Governments on this study indicated that, if the Area Offices were to be retained, these Offices should be strengthened with an increase in authority and responsibilities.

Strengthening of the offices would entail increased allocation of resources and increased delegation of authority. Such actions could result in the diversion of resources from use at the country level. The mandates of the Governing Bodies have clearly stressed the need for strengthening of country-level operations in support of the national programs. Strengthening of the intermediate level which is not essential for field operations will dilute the Organization's efforts to comply with the mandates of the Governing Bodies. The efforts of the Director to comply with the XXI Pan American Sanitary Conference's request to increase the regular budgetary allocations to country programs would be placed in jeopardy by not only maintaining the current allocation of regular funds to the Area Offices but providing additional resources needed to strengthen the operations of those offices.

The coordination of program planning and delivery at the country level would become increasingly difficult due to the requirement for the planning, programming and use of the increased resources at the intermediate level.

The entire process required to strengthen the Area Office would be a reversal of the trend in the evolution of the PAHO field office structure towards strengthening of the country programs in support of national programs.

Alternative No. 4: Eliminate Area Offices and Define a new Role for the Country Representative

A review of the evolution of the PASB Field Office structure from 1951 to date highlights a trend which gives recognition to the need to extend the Organization's program planning and delivery activities closer to the recipients of the Organization's technical cooperation program. It is clear that the basic unit of cooperation with the Member Governments is at the country level. Other organization levels and activities within PASB exist only to provide the executive, administrative and logistical guidelines and support to country-level operations.

The Plan of Action for the Implementation of Regional Strategies for Health for All by the Year 2000 and the mandates of the Governing Bodies emphasize the need to strengthen the field structure for the purpose of maximizing effectiveness and efficiency in the implementation of the Plan of Action. The Pan American Sanitary Conference clearly expressed the Member Governments desires to strengthen the Organization's country-level operations by requesting that the proportion of the

Organization's 1984-1985 regular budget for country programs be increased to at least 35 per cent of the total regular budget and to make appropriate reductions in other budgetary locations, including consideration of the ongoing study of the Area Offices. The elimination of the Area Offices would free the funds allocated to those Offices for more direct utilization in country programs.

WHO in other regions has not found it necessary to maintain an intermediate level in its field office structure.

Current difficulties in coordination on programming and budgeting of Area Office resources would be substantially eliminated and the program-budgeting process at the country level would be improved.

The current Area advisers would be assigned either to a country project or in an intercountry project in the field, serving countries where the majority of the adviser's services would be utilized, and avoiding duplication with country consultants of the same discipline. Technical supervision and guidance would be provided by the Regional Program Coordinator at Headquarters. The Country Representative would provide administrative support and also supervision when the adviser works in his country. Coordination on the use of the intercountry advisers in the countries would be effected through continuing consultations between the Regional Program Coordinator at Headquarters and the Country Representative of the Country involved. The intercountry advisers would be, in essence, an extension of the regional program supervised by the Regional Program Coordinator, and would relate directly to Headquarters as per the new organizational structure. The arrangements would provide more flexibility in the use of their services, which would not be limited to the countries of the current Area Offices. The assignment of these advisers in this manner would serve to improve utilization of their scarce technical skills and improve the coordination and use of their services at the country level.

3. Summary

The evaluation of the selected alternative courses of action has included all available information and data, self-audits, consultations with governments, mandates and discussions of the Governing Bodies and the use of selected criteria to assist the analysis and evaluation. A matrix outlining the criteria and summarizing the application of these criteria to the several alternative courses of action has been developed and is presented as Annex IX.

As a result of the evaluation, the elimination of the Area Offices with a new definition of the role of the Country Representative is considered to be the optimum organizational and functional structure of the field activities of the Pan American Sanitary Bureau to complement the newly organized Headquarters structure and newly developed program responsibilities towards the goal of implementing the Regional Plan of Action for Health for All by the Year 2000.

VIII. RECOMMENDATIONS AND OTHER PERTINENT CONSIDERATIONS

1. Recommended Course of Action on Area Offices

This study of the Area Offices has included the analysis and evaluation of information, opinion and data from both within the Organization and from input provided by consultation with the Member Governments and the Governing Bodies. Criteria were developed to assist in this evaluation. Details on this analysis and evaluation have been presented in this report. The evaluation has given consideration to the organization and functions of field level activities within the context of the overall structure of the organization. When consideration is given to the many factors involved it is recommended that the Area Offices be eliminated.

2. Proposed 1984-1985 Budget

The initial proposed 1984-1985 Regular Budget for these five Area Offices to continue their current operations was \$9,234,800. The proposed elimination of the Area Offices requires the redistribution of these resources. The proposed redistribution is included in the Proposed Program and Budget for 1984-1985 (OD-187). A summary of this redistribution is as follows:

Initial Proposed 1984-1985 Regular Budget	\$9,234,800
Proposed Redistribution	
Country Projects	4,568,600
Intercountry Projects	<u>3,442,600</u>
Savings	1,223,600

The \$1,223,600 savings indicated above has been included in the Director's reduction of the 1984-1985 Proposed Budget contained in the earlier Official Document 169 (17.9 per cent increase over the 1982-1983 budget) to the 1984-1985 Proposed Budget contained in the current Official Document 187 (15.5 per cent increase over the 1982-1983 Budget).

The proposed redistribution includes the reallocation of posts as follows (see also Annex X):

	<u>Country Projects</u>	<u>Intercountry Projects</u>	<u>Posts Eliminated</u>	<u>Total</u>
Professional Staff	12	20	3	35
General Service Staff	<u>27</u>	<u>13</u>	<u>23</u>	<u>63</u>
Total	39	33	26	98

3. New Role of the Country Representative

The Regional Plan of Action, the current functions and responsibilities of the Area Representatives and Country Representatives plus the reorganization of Headquarters activities provide a basis for the development of a broader new role for the Country Representatives' Offices. The elimination of the Area Offices will generate enlarged responsibilities for the Country Representatives. Common operational goals for the country offices include technical excellence, a capacity for technical-scientific knowledge, a political capacity to deal with the political realities affecting the health field, and a capacity to coordinate the PAHO/WHO technical-scientific cooperation with the countries.

Functions to support the application of the above operational principles will be developed. The country offices must act as a unit for coordinating and executing PAHO/WHO health policy and activities at country level and as a unit for programming, coordination, execution and evaluation of PAHO/WHO technical-scientific cooperation in the country. Coordination of international cooperation is a vital function. The Country Representative must analyze, interpret and promote the application of PAHO/WHO and the Director's policies in the country and also analyze, interpret and inform the Director on the country's development of socio-economic and health realities and policies. Efforts are required to analyze jointly with the Government the national policies and strategies on health and to study the country's health projects and programs. The country office must assist the countries to detect the needs for cooperation in the technical-scientific and financing areas. The country's priorities on technical-scientific cooperation aimed at selective concentration of the activities must be jointly defined.

Certain conditions and requirements are considered necessary to place the Country Representative's (CR) Office in a position to effectively and efficiently perform its new role. The CR's Offices in each country have common objectives emanating from the mandates of the Governing Bodies, but day-to-day operations of each country office will vary according to the individual characteristics of national programs and national authorities. It is therefore considered essential that there be prepared a development program for the country offices taking into account each one's entity, historical evolution and special needs for growing and development.

Other essential conditions and requirements include the strengthening of operational management levels and a permanent systematized relationship with Headquarters. The Country Representative must possess managerial expertise for the administrative management of country office operations. The country offices must have active participation in the definition and the formulation of regional and subregional programs. Being the entrance door of the Organization for the needs and aspirations of the countries, the country offices should become a creative and integrated part of the activities at Headquarters.

Country Representatives' Offices should engage in a horizontal interchange of information and expertise and promote teamwork and a spirit of cooperation between these Offices, including the sharing of positive accomplishments to facilitate a common development of all Country Representative's Offices.

The establishment of study working groups within multidisciplinary groups at Headquarters should include participation of one or more field offices taking into account subregional facts or problems common to diverse countries.

The Country Representative will maintain a permanent communication with national authorities, other organizations of the UN system and other offices of Country Representatives, and will stimulate subregional relationships and greater horizontal contact between offices of Country Representatives.

The Country Representative must have the capacity to effect changes to meeting the dynamic requirements and needs of the health field.

It is envisioned that the new role of the Country Representative will be strengthened and supported by the proposed reorganization of the field structure of the Bureau and that this new role will continue to increase the Organization's capacity to support national programs and priorities.

The current functions of the Area Representative and Country Representative and the proposed expanded functions of the Country Representative with the elimination of the Area Offices are summarized in Annex XI.

4. Management and Control of Inter-country Projects

Under the recommended plan of assigning Area Advisers to inter-country projects in the country where the major need for their services exist, it is essential that management and control of these projects and assigned staff be clearly established. As indicated previously, it is envisioned that:

- a) Inter-country projects providing advisory services to two or more countries be placed under the management control of the appropriate Regional Program Coordinators at Headquarters.
- b) The applicable Program Coordinator will be responsible for the management of the inter-country project funds and for the supervision of the Adviser. However, the responsibility may be delegated, if operational efficiency warrants it.
- c) The responsible Program Coordinator will coordinate on a continuing basis with Country Representatives on the programming and use of the advisory services.

- d) Administrative support for the project will be provided by the Country Representative of the duty station of the Adviser as well as other Country Representatives when the Adviser works in their countries.

5. Other Considerations

- a) The dynamic and changing nature of the health sector in the Hemisphere will generate requirements to continually adjust and refine the distribution of the Organization's resources at the field level as well as at Headquarters. Recognition will need to be given in the 1984-1985 operating budget to any priority changes required by actions of the XXIX Meeting of the Directing Council and by requests from each Member Government.
- b) The operating expenses of the proposed new country offices to replace the Area Offices will be higher than other country offices due to the PAHO ownership of the Area Office buildings. Consideration should be given to seeking reduction of such operating expenses through negotiations with Governments in accordance with the PAHO/WHO Basic Agreements. The possibility of sale of these Area Office buildings should be explored, with consideration to the need to house staff of intercountry projects.
- c) The proposed reorganization will require orientation and briefing of staff at all levels on the new roles of the Country Representatives and the functional realignment of duties and responsibilities in the field offices. Orientation and training of staff at all levels will be scheduled to ensure the effective implementation of the proposed changes.
- d) Administrative policies, procedures, directives, manuals, etc. will have to be changed to reflect the new field organizational structure and new role of the Country Representatives.
- e) Consultations with Governments on the Zone Office Agreements and the Basic PAHO/WHO agreements will be initiated to align and update these agreements with approved reorganization actions.

IX. IMPLEMENTATION ACTIONS

1. Plan of Operations/Administrative Actions

a) General

If the XXIX Meeting of the Directing Council approves the elimination of the Area Offices immediately after the Meeting of the Council, the proposed implementation schedule will be initiated. A detailed plan of operations/administrative

actions will be developed and will be discussed prior to implementation within the organization at all levels. Actions will be taken in accordance with resolutions of the Governing Bodies, the Financial Regulations and Staff Rules. Consideration and consultations on actions which affect the staff will be effected to minimize the impact of required changes. Necessary adjustments and refinements will be made in the Plan of Operations to give full recognition to current and projected requirements and to effect the reorganizational change as of 1 January 1984.

b) Revision of Policies, Procedures, Directives, Manuals, etc.

The approval of a new field organizational structure will require extensive changes in current policies, procedures, directives and manuals of operation. These changes will be programmed to coincide with the effective date of the organizational changes.

c) Financial and Budgetary

The budgetary changes required by a new organizational structure effective 1 January 1984 have already been included in the Proposed Program and Budget for 1984-1985 and 1986-1987. Subsequent to the XXIX Meeting of the Directing Council and prior to 1 January 1984, the 1984-1985 operating budget will be prepared to include the budgetary changes approved by the Directing Council, plus changes requested by the individual countries within their new budget ceilings. The new 1984-1985 operating budget reflecting all approved changes will be effective on 1 January 1984.

d) Personnel

A new field organization structure will require personnel actions on reassignments, transfers, termination of surplus staff, and others. New post descriptions will be prepared in accordance with newly assigned duties and responsibilities. In order to reduce the impact on staff whose posts will be abolished and to provide for a smooth transition, the affected post has been budgeted in 1984-1985 through the expiration date of the individual's contract. The rights of staff affected by abolition of posts will be fully protected. Every effort will be made to reassign such staff to vacant posts for which they qualify.

e) Physical Facilities and Property

During the implementation of the new field organizational structure it is anticipated that the current status of PAHO-owned buildings will be continued. As stated previously, there are budgetary expenses in the current Area Office budget

for the operation of these buildings which will continue even if the Area Office is redesignated as a country office. These costs will increase the operating expense of the new country offices in relation to existing country offices. Therefore, the Directing Council may wish to consider the matter of these PAHO-owned office buildings and their operating expenses in the future and in light of the Basic Agreements with Member Countries.

2. Implementation Schedule

If the XXIX Meeting of the Directing Council approves the elimination of the Area Offices, a proposed implementation schedule is as follows:

<u>Action</u>	<u>Target Date for Completion</u>
a) Inform Ministries of Health of resolution of the XXIX Directing Council	October 1983
b) Orient PAHO Headquarters Staff and chiefs of field offices; inform WHO	October/November 1983
c) Hold briefing of Headquarters staff and chiefs of field offices (AR, CR and Center Directors) and develop detailed plan of operation for implementation	October-December 1983
d) Conduct orientation briefings for Area Office staffs	November/December 1983
e) Redesignate Area Offices as Country Offices	January 1984
f) Redesignate Area Representatives as Country Representatives	January 1984
g) Publish redefined functions and responsibilities on new role of Country Representatives; include new delegations of authority and post descriptions	January 1984
h) Adjust 1984-1985 operating budget and AMPES	January 1984
i) Effect transfers of Area Advisers, where required, to new duty stations	January/February 1984

- | | |
|--|----------------------------|
| j) Develop termination actions on surplus Area Office staff and provide termination notices to affected staff | January/February 1984 |
| k) Revise and publish pertinent policies, procedures, directives, etc. to implement approved reorganization actions | October 1983/February 1984 |
| l) Negotiate with Governments on Zone Office Agreements | November 1983/March 1984 |
| m) Negotiate with Governments on provision of logistical and administrative support in accordance with Basic Agreements for newly designated Country Offices | November 1983/March 1984 |
| n) Initiate study on future of Area Office buildings | February 1984 |

Note: All of the above actions will be coordinated with Member Governments and internal organizational elements within PASB and WHO, as well as with PASB staff.

3. Orientation/Briefing of Staff

Any reorganization ultimately affects the staff of the Bureau. It is essential that these staff be kept informed of the actions which affect them. Maximum staff participation in the implementation of changes is highly desirable and will be effected. Orientation, briefing and discussion sessions will be held immediately following the XXIX Meeting of the Directing Council to ensure maximum coordination and participation of staff in the implementation actions.

4. Consultations with Governments

- a) Consultations will be effected with individual governments to ensure the preparation of the 1984-1985 operating budget within the approved resolutions of the Directing Council and to adjust this budget to reflect the requests of the Member Governments. These consultations will also include the impact of these changes on delivery of their country programs.
- b) Negotiations will be initiated with the Governments of Venezuela, Mexico, Guatemala, Peru, Brazil and Argentina on the Zone Office agreements.

- c) The existing agreements between PAHO/WHO and the Member Governments may require amendment or updating as appropriate to reflect the common commitment, basic approach and new framework. WHO has already indicated that the existing "basic agreements" between WHO and Governments are largely obsolete. The basic agreements covering PAHO's activities in the countries include these WHO basic agreements. Pending any major changes in these agreements, it is contemplated that negotiations will be required with the Governments of Venezuela, Mexico, Guatemala, Peru, Brazil and Argentina concerning the Governments' obligations in these agreements in support of PAHO's activities in these countries under the proposed new field organizational structure.

Annexes

ANNEX I



DIRECTING COUNCIL

PAN AMERICAN
HEALTH
ORGANIZATION

REGIONAL COMMITTEE

WORLD
HEALTH
ORGANIZATION



XXVIII Meeting

XXXIII Meeting

CE90/11 (Eng.)
ANNEX I

RESOLUTION XII

STUDY OF THE FUNCTIONS OF THE AREA OFFICES OF THE
PAN AMERICAN SANITARY BUREAU

THE DIRECTING COUNCIL,

Considering that the administrative and technical strengthening of the Offices of Country Representatives is a policy approved by the Governing Bodies of PAHO;

Mindful that significant progress has been made in this direction in recent years;

Noting that the functions and responsibilities of some of the Offices of Area Representatives on both the technical and the administrative side have undergone contractions concurrent with the expansion of those of the Offices of Country Representatives;

Considering that about 8.4 per cent of the regular budget of the Organization is allocated every year to the Offices of Area Representatives; and

Concerned that the funds of the Organization be put to the best possible use,

RESOLVES:

To request the Director:

1. To draw up methodological guidelines for evaluation of the effectiveness of measures entrusted to the Areas that make up the Pan American Health Organization;
2. That in each Area a working group in formal consultation with representatives of its constituent countries be set up within the budgetary limits approved by the Directing Council to make this evaluation in accordance with the established guidelines;
3. To consolidate and integrate a report on the progress of that evaluation for the next Pan American Sanitary Conference.

(Approved at the eleventh plenary session,
29 September 1981)

CE90/11 (Eng.)

ANNEX II

EXECUTIVE COMMITTEE OF
THE DIRECTING COUNCIL

PAN AMERICAN
HEALTH
ORGANIZATION



88th Meeting

WORKING PARTY OF
THE REGIONAL COMMITTEE

WORLD
HEALTH
ORGANIZATION



88th Meeting

CE90/11 (Eng.)
ANNEX II

RESOLUTION VIII

STUDY OF THE FUNCTIONS OF THE AREA OFFICES OF THE
PAN AMERICAN SANITARY BUREAU

THE EXECUTIVE COMMITTEE,

Having examined the document presented by the Director on the study of the functions of the Area Offices of the Pan American Sanitary Bureau (Document CE88/20),

RESOLVES:

1. To thank the Director and to take note of his progress report.
2. To request the Director to take into consideration the comments made during the discussion of this topic at the 88th Meeting of the Executive Committee, in order to continue the process of studying the Area Offices.
3. To recognize that the results of the self-audits that have already been carried out provide important basic information for the continuation of the proposed study, with government participation, in accordance with operative paragraph 2 of Resolution XII of the XXVIII Meeting of the Directing Council.

(Approved at the sixth plenary session,
25 June 1982)

CE90/11 (Eng.)

ANNEX III



XXI PAN AMERICAN SANITARY CONFERENCE

XXXIV REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.

SEPTEMBER 1982

RESOLUTION XVI

CE90/11 (Eng.)
ANNEX IIISTUDY OF THE FUNCTIONS OF THE AREA OFFICES OF THE
PAN AMERICAN SANITARY BUREAU

THE XXI PAN AMERICAN SANITARY CONFERENCE,

Having seen the progress report submitted by the Director concerning the study of the functions of the Area Offices of the Pan American Sanitary Bureau, and the comments made by the Executive Committee (Document CSP21/30),

RESOLVES:

1. To note with thanks the progress report submitted by the Director (Document CSP21/30).
2. To request the Director to:
 - a) Continue the evaluation study initiated by Resolution XII of the XXVIII Meeting of the Directing Council;
 - b) Ensure that the study includes, inter alia, attention to the functions of the Area Offices, to the appropriateness of the distribution of countries served by each Office, and to the issue of the need for the Area Offices in the effective operation of the Organization;
 - c) Report on the results of this study to the 90th Meeting of the Executive Committee and to the XXIX Meeting of the Directing Council.
3. To thank the Executive Committee for its comments.

(Approved at the ninth plenary session,
27 September 1982)

CE90/11 (Eng.)

ANNEX IV

METHODOLOGY FOR THE STUDY OF THE AREA OFFICES

I. Background

Resolution XII of the XXVIII Meeting of the Directing Council requests the Director:

1. To draw up methodological guidelines for evaluation of the effectiveness of measures entrusted to the Areas that make up the Pan American Health Organization.
2. That in each Area a working group, in formal consultation with representatives of its constituent countries, be set up within the budgetary limits approved by the Directing Council to make this evaluation in accordance with the established guidelines.
3. To consolidate and integrate a report on the progress of that evaluation for the next Pan American Sanitary Conference.

II. Purpose

To evaluate the effectiveness of the tasks assigned to the Area Offices of the Pan American Health Organization.

III. Terms of Reference

The terms of reference for this study will be as follows:

1. Resolution XII of the XXVIII Meeting of the Directing Council.
2. The study must cover the operations of the Area Offices in 1980-1981.
3. The Plan of Action for the Implementation of Regional Strategies.

IV. Methodology

1. Transmittal of Resolution X of the XXVIII Meeting of the Directing Council to the Area Offices for comment by the Area Chiefs and their staffs.
2. Holding of a meeting to learn the views of the Area Chiefs and to consider standards, procedures and methods for implementing the resolution.
3. Preparation of self-evaluation form and its distribution to Area Office staff members.

4. Consultation by Area Representatives with national authorities.
5. Report to and formal consultation with the Ministers by the Director on the basis of the foregoing information.
6. Analysis of the information, formulation of conclusions and recommendations, and preparation of the report for the Pan American Sanitary Conference.

CE90/11 (Eng.)

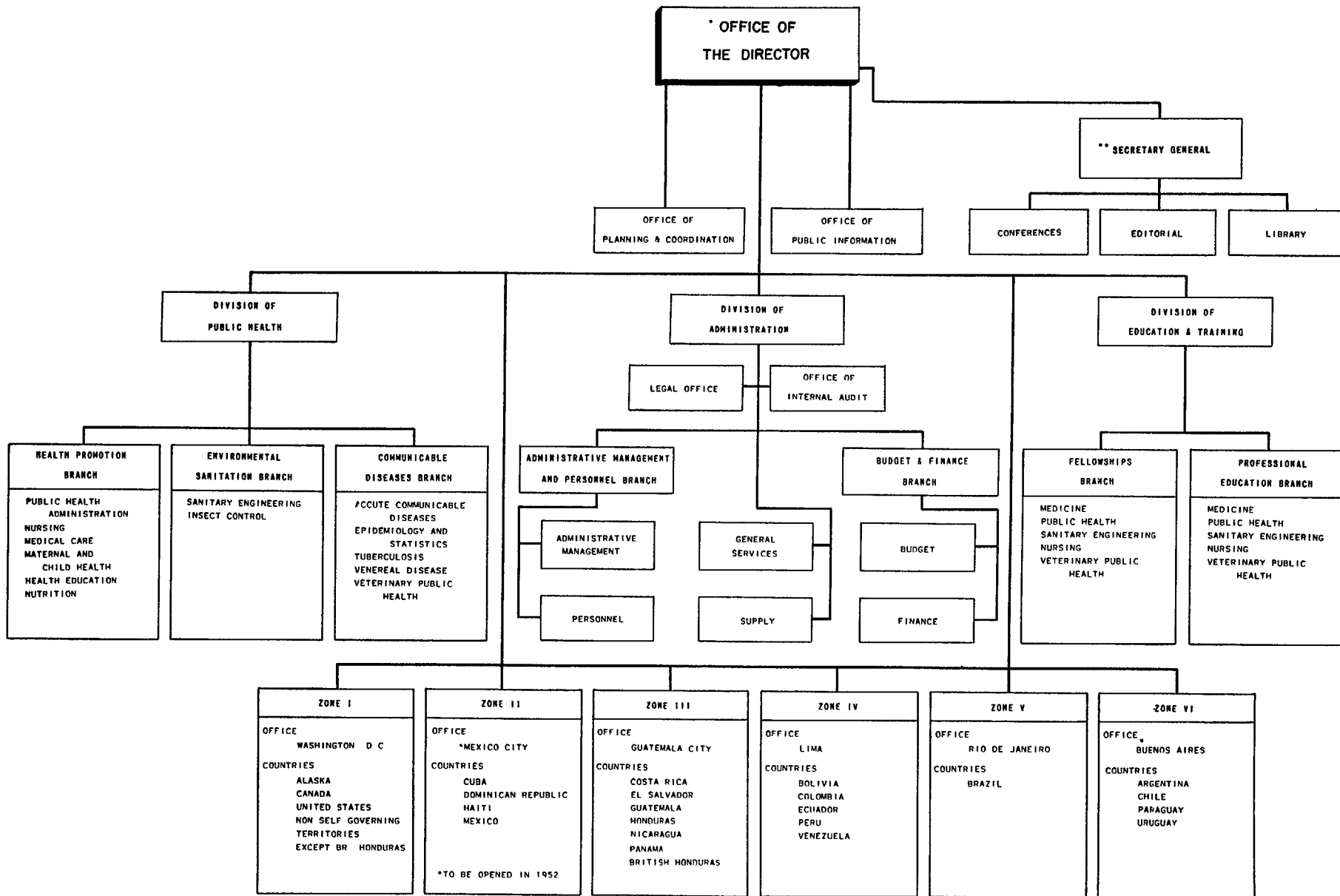
ANNEX V

PAN AMERICAN SANITARY BUREAU

REGIONAL OFFICE OF THE

WORLD HEALTH ORGANIZATION

ORGANIZATION CHART
(EFFECTIVE JANUARY 1, 1952)



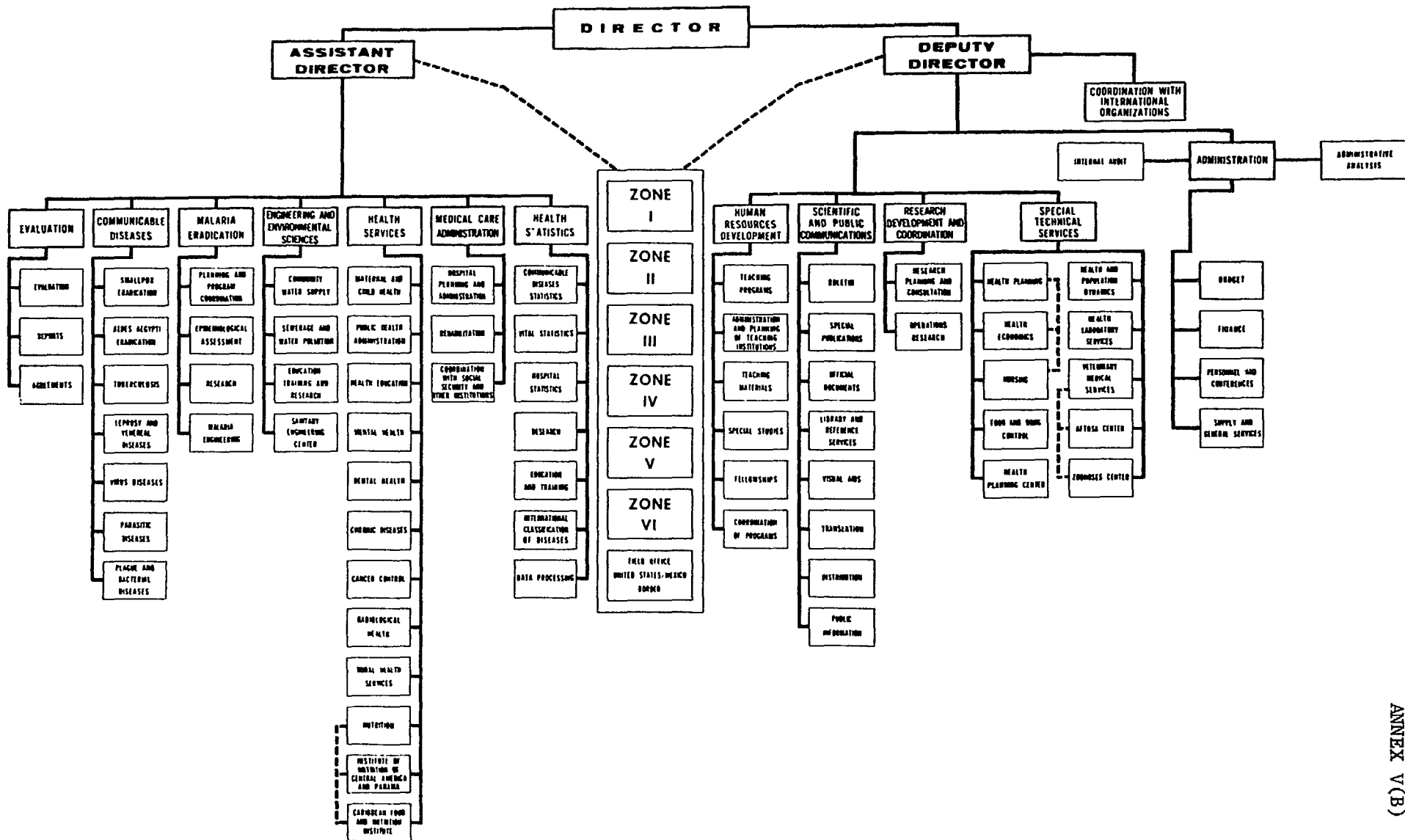
*THE OFFICE OF THE DIRECTOR INCLUDES THE DIRECTOR THE ASSISTANT DIRECTOR AND THE SECRETARY GENERAL
**THE SECRETARY GENERAL HAS THE ADDITIONAL RESPONSIBILITY OF SUPERVISION OF CONFERENCES EDITORIAL AND LIBRARY

APPROVED BY THE POLICY BOARD

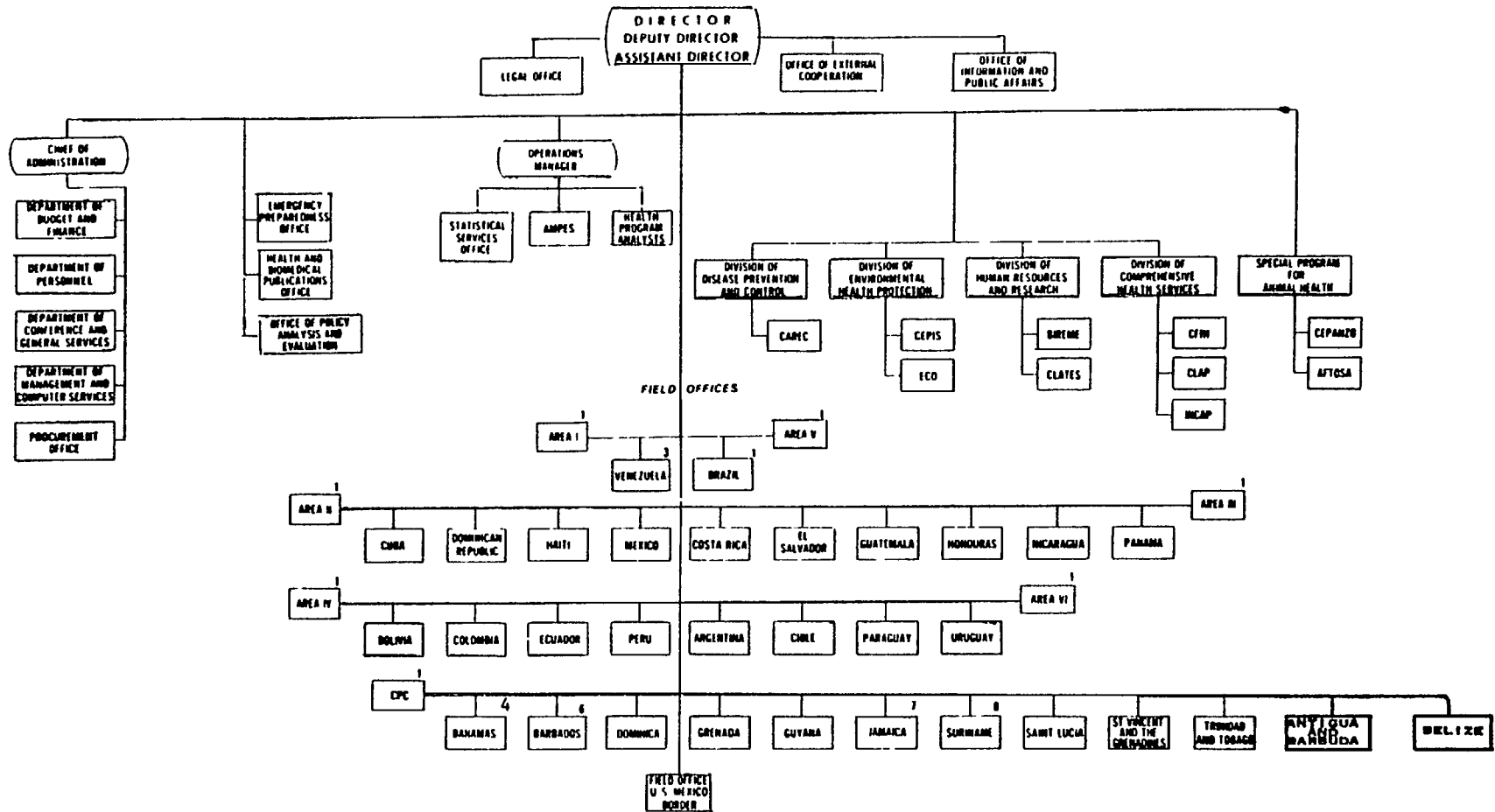
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CE90/11 (En8.)
ANNEX V(A)

**STRUCTURE OF THE PAN AMERICAN SANITARY BUREAU
REGIONAL OFFICE FOR THE AMERICAS OF THE
WORLD HEALTH ORGANIZATION**



PAN AMERICAN HEALTH ORGANIZATION



NOTES

- 1 AREA REPRESENTATIVES AND CARIBBEAN PROGRAM COORDINATOR (CPC) ARE ALSO COUNTRY REPRESENTATIVES IN COUNTRIES WHERE THEY ARE LOCATED
- 2 WASHINGTON OFFICE SERVES CANADA AND UNITED STATES OF AMERICA
- 3 ALSO SERVES NETHERLANDS ANTILLES
- 4 SERVED BY PANAM PROGRAM COORDINATOR
- 5. deleted

- 6 CB BARBADOS ALSO SERVES ANTIGUA, BRITISH VIRGIN ISLANDS, DOMINICA, MONTSERRAT, ST. KITTS, NEVIS, ANGUILLA, GRENADA, SAINT LUCIA AND ST. VINCENT AND THE GRENADINES
- 7 CB JAMAICA ALSO SERVES BERMUDA, CAYMANS, TURKS AND CAICOS AND BELIZE
- 8 CB SURINAME ALSO SERVES FRENCH ANTILLES AND FRENCH GUIANA

LEGEND - CENTERS

- | | | | |
|--------|---|---------|--|
| AFTOSA | PAN AMERICAN FOOT AND MOUTH DISEASE CENTER | CEPANZO | PAN AMERICAN ZOONOSIS CENTER |
| BIREME | REGIONAL LIBRARY OF MEDICINE AND THE HEALTH SCIENCES | CFM | CARIBBEAN FOOD AND NUTRITION INSTITUTE |
| CARC | CARIBBEAN EPIDEMIOLOGY CENTER | CLAP | LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT |
| CEPS | PAN AMERICAN CENTER FOR SANITARY ENGINEERING AND ENVIRONMENTAL SCIENCES | CLATES | LATIN AMERICAN CENTER OF EDUCATIONAL TECHNOLOGY FOR HEALTH |
| | | ECO | PAN AMERICAN CENTER FOR HUMAN ECOLOGY AND HEALTH |
| | | INCAP | INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA |

CE90/11 (Eng.)

ANNEX VI

Translation
Original: Spanish

AGREEMENT BETWEEN THE GOVERNMENT OF PERU AND THE
PAN AMERICAN SANITARY ORGANIZATION

THE GOVERNMENT OF THE REPUBLIC OF PERU, of the one part, and
THE PAN AMERICAN SANITARY ORGANIZATION, of the other,

Desiring to conclude an Agreement for the purpose of determining the privileges, immunities, and exemptions to be granted by the Government of the Republic of Peru to the Pan American Sanitary Organization, to the representatives of its Members, and to its experts and officials, in particular with regard to its arrangements and preparations in Zone IV, and of regulating other matters related to this Zone,

HAVE AGREED AS FOLLOWS:

Article I: Definitions

Section 1

In the present Agreement:

(i) The word "Organization" shall mean the Pan American Sanitary Organization, which serves also as the Regional Organization of the World Health Organization for the Americas;

(ii) For the purposes of Article IV, the words "property and assets", "funds, notes, coins, securities, gold or currency", or "assets, income, and other property" shall be deemed to include property, assets, and funds administered by the Organization under its Constitution and/or in furtherance of its constitutional functions;

(iii) The words "representatives of Members" shall be deemed to include all delegates to the Pan American Sanitary Conference; all persons designated by Members to serve on the Directing Council and the Executive Committee of the Pan American Sanitary Organization; as well as all delegates, alternates, advisers, technical experts who are members of delegations, and secretaries of delegations;

(iv) The word "Members" shall be deemed to include the States Members of the Pan American Sanitary Organization and any territory or group of territories which, without being a Member, is represented and participating in the Conference, in the Directing Council, or in the Executive Committee, in accordance with Article 2 of the Constitution;

(v) The words "principal or subsidiary organs" shall be deemed to include the Pan American Sanitary Conference, the Directing Council, the Executive Committee, the Pan American Sanitary Bureau, and any of the subdivisions of all these organs in Peru;

(vi) For the purposes of Sections 4, 6, 16, and 17, the words "freedom of meeting" or "meeting of the Organization" shall be deemed to include all meetings of the principal or subsidiary organs of the Organization as well as all conferences or meetings convened by, or under the authority or auspices of, the Organization in Peru.

Article II: Juridical Personality

Section 2

The Organization shall possess juridical personality and legal capacity and, in particular, capacity

- (a) to contract,
- (b) to acquire and dispose of immovable and movable property, and
- (c) to institute legal proceedings.

Article III: Freedom of Action

Section 3

The Organization and its principal or subsidiary organs shall have in Peru the independence and freedom of action belonging to an international organization.

Section 4

The Organization, its principal or subsidiary organs, as well as its members and the representatives of members in their relations with the Organization, shall enjoy in Peru absolute freedom of meeting, including freedom of discussion and decision; the Organization will notify the Government of Peru, in advance, of any meeting it will hold in Peru.

Article IV: Property, Funds, and Assets

Section 5

The Organization and its property and assets located in Peru shall enjoy immunity from every form of legal process except insofar as in any particular case this immunity is expressly waived by the Director of the Bureau. It is, however, understood that no waiver of immunity shall extend to any measure of execution.

Section 6

(1) The premises of the Organization in Peru or any premises in Peru occupied by the Organization in connection with a meeting of the Organization shall be inviolable.

(2) The premises and the property and assets of the Organization shall enjoy the immunities and privileges accorded to the property and assets of foreign States.

Section 7

The archives of the Organization and, in general, all documents belonging to it or held by it shall be inviolable, wherever located.

Section 8

(1) Without being restricted by financial controls, regulations, or moratoria of any kind, the Organization may:

- (a) receive and hold funds, notes, coins, gold, currency, and securities of any kind and operate accounts in any currency;
- (b) shall be free to transfer its funds, notes, coins, gold, currency, or securities to or from Peru or within Peru and to convert any currency held by it into any other currency.

(2) This section shall apply also to Members of the Organization in their relations with the Organization.

Section 9

The Organization shall, in exercising its rights under Section 6, pay due regard to any representations made by the Government, insofar as it is considered that effect can be given to such representations without detriment to the interests of the Organization.

Section 10

The Organization, its assets, income, and other property shall be:

- (a) exempt from the payment of all taxes; it is understood, however, that the Organization will not claim exemption from taxes or excise taxes which are, in fact, no more than charges for public utility services;
- (b) exempt from customs duties and prohibitions and restrictions on imports and exports in respect of medical supplies or any other goods or articles required by the Organization for official use. It is understood, however, that such medical supplies, goods, or articles imported by the Organization under such exemption will not be sold in Peruvian territory except under conditions mutually agreed with the Government of Peru;
- (c) exempt from customs duties and prohibitions and restrictions on imports and exports in respect of its publications.

Article V: Facilities in respect of Communications

Section 11

The Organization shall enjoy in Peru for its official communications treatment not less favorable than that accorded by the Government of Peru to any other government, including its diplomatic missions, in the matter of priorities, rates and taxes on mails, cables, telegrams, radiograms, telephotos, telephone, and other communications, and press rates for information to the press and radio, on the condition that such treatment is not incompatible with the terms of international conventions.

Section 12

- (1) No censorship shall be applied to the official correspondence and other official communications of the Organization.
- (2) The Organization shall have the right to use codes and to dispatch and receive correspondence by courier or in sealed bags, which shall have the same immunities and privileges as diplomatic couriers and bags.

Article VI: Representatives of Members

Section 13

Representatives of Members of the Organization on its principal or subsidiary organs and at conferences or meetings convened by the Organization shall, while exercising their functions and during their journeys to and from the place of meeting, enjoy the following privileges and immunities:

- (a) immunity from personal arrest or detention and from seizure of their personal baggage and, in respect of words spoken or written and all acts done by them in their official capacity; immunity from legal process of every kind;
- (b) inviolability for all papers and documents;
- (c) the right to use codes and to dispatch or receive papers and correspondence by courier or in sealed bags;
- (d) exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration or military service obligations in Peru;
- (e) the same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign governments on temporary official missions;
- (f) the same immunities and facilities in respect of their personal baggage as are accorded to members of comparable rank of diplomatic missions.

Section 14

In order to secure for the representatives of Members of the Organization complete freedom of speech at the Organization's meetings and independence in the discharge of their duties, the immunity from legal process in respect of words spoken or written and all acts done by them in the discharge of their duties shall continue to be accorded notwithstanding that the persons concerned are no longer engaged in the discharge of such duties.

Section 15

If the incidence of any form of taxation depends upon residence in Peru, periods during which the representatives of Members of the Organization are present at a meeting of the Organization in Peru for the discharge of their duties shall not be considered as periods of residence.

Section 16

Privileges and immunities are accorded to the representatives of Members of the Organization not for the personal benefit of the individual themselves, but in order to safeguard the independent exercise of their functions in connection with the Organization. Consequently, a Member not only has the right, but is under a duty, to waive the immunity of its representatives in any case where, in the opinion of the Member, the immunity would impede the course of justice, and it can be waived without prejudice to the purpose for which the immunity is accorded.

Article VII: Experts on Missions for the Organization

Section 17

Experts and consultants other than those who under Section 1 (iii) or as officials come within the scope of Articles VI and VIII, respectively, and who perform missions for the Organization shall be accorded such privileges and immunities as are necessary for the independent exercise of their functions during the period of their missions, including the time spent on journeys in connection with their missions. In particular, they shall be accorded:

- (a) immunity from personal arrest or detention and from seizure of their personal baggage and, in respect of words spoken or written and acts done by them in the course of the performance of their mission, immunity from legal process of every kind.

This immunity from legal process in respect of words spoken or written or acts done by them in the performance of their mission shall continue to be accorded notwithstanding that the persons concerned are no longer employed on missions for the Organization;

- (b) inviolability for all papers and documents;
- (c) for the purpose of their communications with the Organization, the right to use codes and to dispatch or receive papers or correspondence by courier or in sealed bags;
- (d) exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration, or military service obligations in Peru;
- (e) the same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign governments on temporary official missions;
- (f) the same immunities and facilities in respect of their personal baggage as are accorded to members of diplomatic missions.

Section 18

Privileges and immunities are granted to experts in the interests of the Organization and not for the personal benefit of the individuals themselves. The Director of the Bureau shall have the right and the duty to waive the immunity of any expert in any case where, in his opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the Organization.

Article VIII: Officials

Section 19

The Director of the Bureau or the Zone Representative, shall from time to time communicate to the Government of Peru the names of those officials to whom the provisions of this article and of Article IX shall apply.

Section 20

- (1) Officials of the Organization, irrespective of nationality, shall:
 - (a) be immune from legal process in respect of words spoken or written and all acts performed by them in their official capacity;
 - (b) be exempt from taxation in respect of the salaries and emoluments paid to them by the Organization.
- (2) Moreover, those who are not of Peruvian nationality shall:
 - (a) be immune, together with their spouses and relatives dependent on them, from immigration restrictions and aliens' registration;

- (b) be accorded the same privileges in respect of exchange facilities as are accorded to officials of comparable rank of diplomatic missions to Peru;
- (c) be given, together with their spouses and relatives dependent on them, the same repatriation facilities in time of international crises as officials of comparable rank of diplomatic missions;
- (d) be entitled to the customs exemptions granted under Title X, Supreme Decree No.69 of 15 February 1954, on privileges accorded by the Government of Peru, it being understood that the experts and officials of the Organization shall be entitled to the rights stipulated in Article 73.

Section 21

(1) The officials of the Organization shall be exempt from the military service obligations in force in Peru, with the express provision that such exemption shall not apply in the case of officials of Peruvian nationality.

(2) Should other officials of the Organization be called up for military service, the Government of Peru shall, at the request of the Director of the Bureau or the Zone Representative, grant such deferments in the call-up of such officials as may be necessary to avoid serious dislocation in the continuation of essential work.

Section 22

Local Peruvian officials recruited by the Organization to fill posts within the Organization shall be subject exclusively to the Organization's staff rules.

Section 23

Privileges and immunities are granted to officials in the interests of the Organization and not for the personal benefit of the individuals themselves. The Director of the Bureau shall have the right and the duty to waive the immunity of any official in any case where, in his opinion, the immunity would impede the course of justice and can be waived without prejudice to the interests of the Organization.

Section 24

The Organization shall cooperate at all times with the appropriate authorities of the Government of Peru to facilitate the proper administration of justice, secure the observance of police regulations, and prevent the occurrence of any abuses in connection with the privileges, immunities, and facilities mentioned in this article.

Article IX: Visas, Permits of Residence, and United Nations Laissez-passer

Section 25

(1) The Government of Peru shall take all measures required to facilitate the entry into, residence in, and departure from the country of all persons having official business with the Organization, i.e.:

- (a) representatives of Members, whatever may be the relations between Peru and the respective countries;
- (b) experts and consultants on missions for the Organization, irrespective of nationality;
- (c) officials of the Organization;
- (d) other persons, irrespective of nationality, summoned by the Organization.

(2) Any police regulation calculated to restrict the entry of aliens into Peru or to regulate the conditions of their residence shall not apply to the persons provided for in this section.

(3) The Government of Peru shall issue to its embassies, legations, and consulates abroad general instructions in advance to grant visas to any applicant on presentation of a valid identity and travel document and of a document establishing his official relationship to the Organization, without any delay or waiting period and without requiring his personal attendance or the payment of any charges.

(4) The provisions of this section shall apply to the spouse and dependants of the person concerned if they live with him and do not exercise an independent profession or calling.

Section 26

The Government of Peru shall recognize and accept as valid travel documents the United Nations Laissez-passer issued to the officials of the Organization.

Section 27

The Director, the Assistant Director, the Secretary, the Chiefs of Divisions, and the Zone IV Representative of the Organization, while traveling on its official business, shall be granted the same facilities as are accorded to diplomatic envoys.

Article X: Security of the Government of Peru

Section 28

Nothing in the present Agreement shall be construed to preclude the adoption of the security precautions which the Government of Peru may

deem it appropriate to take and which shall be determined by mutual agreement between the Government and the Director of the Bureau.

Article XI: Settlement of Disputes

Section 29

The Organization shall make provision for appropriate modes of settlement of:

- (a) disputes arising out of contracts or other disputes of a private law character to which the Organization is a party;
- (b) disputes involving any official of the Organization who, by reason of his official position, enjoys immunity, if immunity has not been waived by the Director of the Bureau in accordance with the provisions of Section 23.

Article XII: Final Provisions

Section 30

The present Agreement shall enter into force upon an exchange of notes between the Government of Peru and the Director of the Bureau stating respectively their approval thereof.

Section 31

This Agreement may be revised at the request of either of the parties hereto, after consultation between both parties concerning the modifications to be made in the provisions. If the negotiations do not result in an understanding within one year, the present Agreement may be denounced by either party giving two years' notice. Notice of denunciation to the Government of Peru may be given to the representative of that Government in the Organization, and notice to the Organization may be given to the Director of the Bureau.

IN WITNESS WHEREOF the undersigned, being duly authorized to that effect, have signed this Agreement in three copies at Lima on the thirteenth day of August, 1957.

FOR THE PAN AMERICAN SANITARY
ORGANIZATION

FOR THE GOVERNMENT OF THE
REPUBLIC OF PERU

(sgd) Fred L. Soper

(sgd) Manuel Cisneros Sánchez

Translation
Original: Spanish

D

18 March 1958

Dear Mr. Minister:

I acknowledge receipt of your letter Nº (M).-7-4-b/1 of 4 March 1958 informing me that the Government of Peru has approved the Agreement concluded with the Pan American Sanitary Organization on 13 August 1957, which it considers in effect beginning 4 March 1958.

The purpose of this letter is to express my conformity with the aforesaid date.

Very truly yours,

(sgd)

Fred L. Soper
Director

Doctor Victor Andrés Belaúnde
Minister of Foreign Affairs
Ministry of Foreign Affairs
Lima, Peru

MINISTRY OF FOREIGN AFFAIRS

Translation
Original: Spanish

Number: (M).-7-4-E/1

Lima, 4 March 1958

Sir:

I take pleasure in acknowledging receipt of your communication of 2 October of last year, in which you inform this Ministry of your Organization's approval of the Agreement concluded on 13 August 1957 between the Government of Peru and the Pan American Sanitary Bureau.

By means of this letter, I am pleased to inform you that the Government of Peru has also approved the aforesaid Agreement, which it will consider in effect as of this date.

Very truly yours,

(sgd)

Victor Andrés Belaúnde
Minister of Foreign Affairs

Dr. Fred L. Soper, Director
Pan American Sanitary Bureau
Washington, D. C.
U.S.A.

CE90/11 (Eng.)

ANNEX VII

AREA OFFICES
 1984-1985 INITIAL PROPOSED BUDGET
BUDGETED POSTS
PR/WR FUNDS

CE90/11 (Eng.)
 ANNEX VII

Title of Post	Grade	AR I	AR II	AR III	AR IV	AR VI	Total
<u>Professional Staff</u>							
Area Representative	D.1	1	1	1	1	1	5
Project Manager (PASCCAP)	P.5			1			1
Medical Officer (MCH)	P.5			1			1
Epidemiologist	P.4		1	1	1	1	4
Medical Officer	P.4		1		1		2
Nurse Administrator	P.4		1	1	1	1	4
Hospital Administrator	P.4		1	1			2
Veterinarian	P.4		1	1	1		3
Statistician	P.4		1	1			2
Dental Education Advisor	P.4			1			1
Nurse Educator	P.4			1	1		2
Nutrition Advisor	P.4				1		1
Statistician	P.3					1	1
Administrative Officer	P.3		1	1			2
Medical Records Officer	P.3			1			1
Sanitarian	P.2			1			1
Administrative Officer	P.1	—	—	—	1	1	2
Total Professional Staff		1	8	13	8	5	35
<u>General Service Staff</u>							
Office Manager	G.8	1					1
Administrative Assistant	G.7		1			1	2
Secretary	G.7			1			1
Secretary	G.6	3	1	5	1	1	11
Office Assistant	G.6		2				2
Accounts Assistant	G.6				1		1
Procurement Assistant	G.6				1		1
Personnel Assistant	G.6				1		1
Secretary	G.5		2	5		4	11
Office Assistant	G.5				3	2	5
Secretary	G.4		1		2		3
Office Assistant	G.4		2		1		3
Clerk-Receptionist	G.4			1			1
General Assistant	G.4				1		1
Office Clerk	G.3	1					1
Driver	G.3	1	2				3
Driver/Messenger	G.3			1			1
Printing Clerk	G.3				1		1
Receptionist	G.3				1		1
Messenger	G.2	1	1				2
Driver	G.2				2	2	4
Janitor	G.1			2			2
Guard/Janitor	G.1				1		1
Guard	G.1	—	—	—	3	—	3
Total General Service Staff		7	12	15	19	10	63

ANNEX VIII

PAN AMERICAN HEALTH ORGANIZATION

DIRECTIVE No.: 83-02

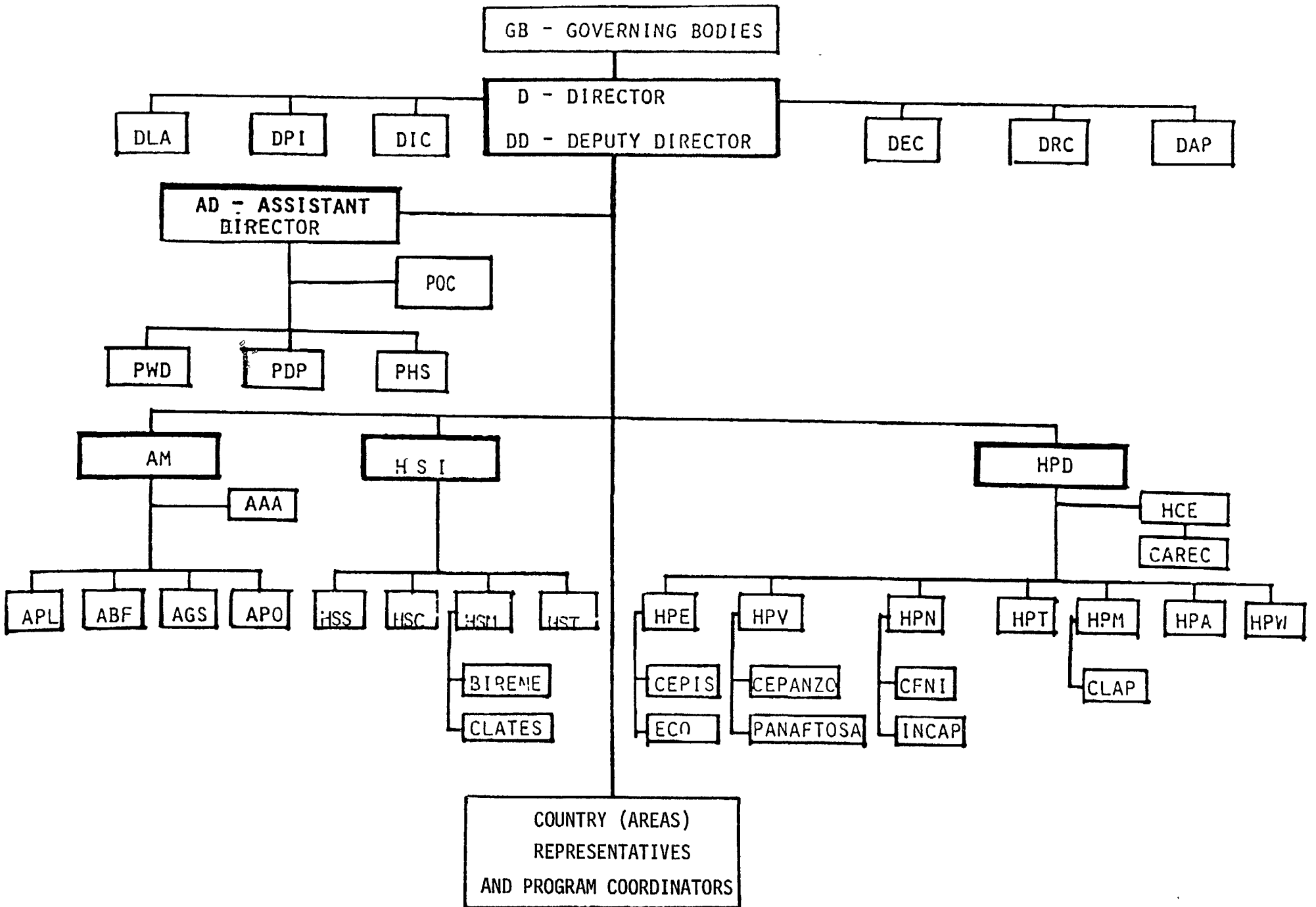
6 March 1983

DISTRIBUTION: B-01

SUBJECT: Structure of the Pan American Sanitary Bureau

Pursuant to the General Information Bulletin No. 83/14, the Director is pleased to inform that he has approved the enclosed structure for the Pan American Sanitary Bureau, effective 1 April 1983.

Enc.: Annexes 1 and 2



GB - GOVERNING BODIES

D - DIRECTOR

DD - DEPUTY DIRECTOR

DLA - Legal Advice

DPI - Publications and Public Information

DIC - Information Coordination

DEC - External Relations Coordination

DRC - Research Coordination

DAP - Analysis and Strategic Planning

AD - ASSISTANT DIRECTOR

POC - Program and Operation Coordination

PWD - Women in Health and Development

PDP - Emergency Preparedness and Disaster Relief

PHS - Health Statistics

AM - OFFICE OF ADMINISTRATION

AAA - Administrative Analysis

ABF - Budget and Finance

AGS - General Services

APL - Personnel

APD - Procurement

HSI - HEALTH SYSTEMS INFRASTRUCTURE

HSS - Health Systems Development

HSC - Health Services Delivery

HSM - Health Manpower

BIREME - Regional Library of Medicine and the Health Sciences

CLATES - Latin American Center for Educational Technology
in Health

HST - Health Technology Development

HPD - HEALTH PROGRAMS DEVELOPMENT

HPE - Environmental Health

CEPIS - Pan American Center for Sanitary Engineering &
Environmental Sciences

ECO - Pan American Center for Human Ecology and Health

HPV - Veterinary Public Health

CEPANZO - Pan American Zoonoses Center

PANAFTOSA - Pan American Foot-and-Mouth Disease Center

HPN - Food and Nutrition

CFNI - Caribbean Food and Nutrition Institute

INCAP - Institute of Nutrition of Central America and Panama

HPT - Tropical Diseases

HPM - Maternal and Child Health

CLAP - Latin American Center for Perinatology & Human Development

HPA - Health of Adults

HPW - Worker's Health

HCE - Epidemiology

CAREC - Caribbean Epidemiology Center

COUNTRY (AREAS) REPRESENTATIVES AND PROGRAM COORDINATORS

ANNEX 2

HSI - HEALTH SYSTEMS INFRASTRUCTURE

- HSS - HEALTH SYSTEMS DEVELOPMENT (Health Policies, Health Planning, Information Systems, Health Systems Organization and Administration, Financing, Project Development, Health Legislation).
- HSC - HEALTH SERVICES DELIVERY (Health Services Administration, Local Health Services, Community Participation, Health Education, Oral Health).
- HSM - HEALTH MANPOWER (Human Resources Development Policies, Planning, Training and Utilization). Coordination of Fellowships Program, Textbook Program, CLATES and BIREME.
- HST - HEALTH TECHNOLOGY DEVELOPMENT (Laboratories and other Diagnostic and Treatment Methods, Essential Drugs, Vaccines and Other Biological Products, Medical Devices and Technology Assessment).

HPD - HEALTH PROGRAMS DEVELOPMENT

- HPE - ENVIRONMENTAL HEALTH (Water Supplies, Basic Sanitation, Environment Contamination, Human Ecology, Sanitary Aspects of Housing Sanitation, Development of Operational Capacity of Water and Sanitation Institutions). Coordination of CEPIS and ECO.
- HPV - VETERINARY PUBLIC HEALTH (Zoonosis, Aftosa Fever, Food Protection). Coordination of CEPANZO and PANAFOTSA.
- HPN - FOOD AND NUTRITION (Food and Nutrition Policies, Food and Nutrition Surveillance Systems, Food and Nutrition in Primary Health Care, National and Regional Food Systems). Coordination of INCAP and CFNI.
- HPT - TROPICAL DISEASES (Malaria, Vector Control, Tropical Diseases).
- HPM - MATERNAL AND CHILD HEALTH (Mother Health, Child Health, and Teenagers' Health, Breastfeeding, Family Planning, Growth and Development, Immunizations, Diarrhea, TB and Acute Respiratory Diseases). Coordination of CLAP.
- HPA - HEALTH OF ADULTS (Cancer, Cardiovascular Diseases, Diabetes, Other Non-Infectious Diseases, Health Problems of Old Age, Rehabilitation, Mental Health).
- HPW - WORKERS' HEALTH (Workers' Health Programs Organization, Health Effects of Work, Technologies for Workers' Health Protection).
- HPC - EPIDEMIOLOGY (Coordination of Epidemiological Studies of PAHO Technical Programs, Epidemiological Surveillance, Analysis of Health Situation and Trends). Coordination of CAREC.

PAN AMERICAN HEALTH ORGANIZATION

1 April 1983

DIRECTIVE NO. 83-06
DISTRIBUTION: B-05
SUBJECT: Delegation of Authority

As indicated in Directive No. 83-02 of 6 March 1983 on the structure of the Pan American Sanitary Bureau, the Area Representatives, Country Representatives, Caribbean Program Coordinators (Bahamas and CPC) and El Paso Field Office (FO/USMB) report to the Office of the Director. To facilitate day-to-day operations, the Assistant Director (AD) is delegated authority to supervise and coordinate the technical and administrative activities of PAHO in the Area and Country Offices as well as in the Caribbean Coordination Office. This authority includes coordination of operational actions between the Headquarters Technical Programs and the PAHO's Field Offices (AR, CR, CPC and FO/USMB). The Director retains the prerogative of dealing directly with the Area, Country Representatives and Program Coordinators on policy matters.

The Office of Program and Operation Coordination (POC) under the Office of the Assistant Director, will be responsible for carrying out the orientation, supervision and technical assistance activities of the Organization, as well as for the evaluation of PAHO's technical cooperation at the field level. POC will use AMPES as its operational mechanism.

As regards to communications with Headquarters, the Field Offices (AR, CR, CPC and FO/USMB) will use the following procedure:

- a) Communications dealing with PAHO's policy matters: For the attention of the Office of the Director.
- b) Communications regarding operational, technical and administrative matters: For the attention of the Assistant Director (AD).
- c) Communications of technical nature: For the attention of the Area Director or the corresponding Program Coordinator.
- d) Communications of administrative, financial or accounting nature: For the attention of AM.

This delegation of authority to the Assistant Director is effective 1 April 1983.

CE90/11 (Eng.)

ANNEX IX

Summary of Comparative Analysis
Application of Evaluation Criteria on Alternatives

Evaluation Criteria	Alternative 1	Alternative 2	Alternative 3	Alternative 4	Most Feasible Alternative
1. Compatibility with the Regional Plan of Action - WPA 2000.	Plan of Action requirement to increase operating capacity of PASB would be difficult to attain.	Meets Plan of Action requirement to increase Organization's capacity to cooperate with sub-regional organizations; little change from current status.	Meets Plan of Action requirement to increase operating capacity of PASB but at the cost of additional allocation of resources to the Area Offices.	Meets Plan of Action requirement to increase operating capacity of PASB and maximizes effectiveness and efficiency in implementation of the Plan of Action.	Alternative 4 is most compatible with the Plan of Action to increase operating capacity of PASB, maximize effectiveness and efficiency and optimize use of Organization's resources.
2. Budgetary Constraints.	Precludes use of Area resources to increase budgetary allocation to country programs per Resolution XIV, Pan American Sanitary Conference.	Precludes use of Area resources to increase budgetary allocation to country programs per Resolution XIV, Pan American Sanitary Conference.	Precludes use of Area resources to increase budgetary allocation to country programs per Resolution XIV, Pan American Sanitary Conference; will require allocation of additional resources to Area Office.	Will allow reallocation of Area resources to country programs in compliance with Resolution XIV, Pan American Sanitary Conference.	Alternative 4 provides basis for increasing budgetary allocations to country programs in compliance with mandates of Governing Bodies.
3. Compatibility of the PAHO field office structure with other regions.	Not compatible with other WHO Regions.	Not compatible with other WHO Regions.	Not compatible with other WHO Regions.	Will provide similar field office structure as other WHO Regions.	Alternative 4 provides compatibility of PAHO country level field office structure with other WHO Regions.
4. Compatibility of PAHO Classified List of Programs with WHO Classified List of Program.	Area Office concept in PAHO Classified List of Programs is not compatible with WHO List of Programs.	Area Office concept in PAHO Classified List of Programs is not compatible with WHO Classified List of Programs.	Area Office concept in PAHO Classified List of Programs is not compatible with WHO Classified List of Programs.	Elimination of Area Offices in PAHO Classified List is in accordance with request of XXI Pan American Sanitary Conference to make PAHO and WHO Classified List of Programs as identical as possible.	Alternative 4 provides increased compatibility between PAHO and WHO Classified List of Programs in compliance with mandates of PAHO Governing Bodies.
5. Improvement of program planning and delivery at the country level.	Under current status program planning and delivery at country level involved both Area and Country Offices; coordination is difficult and responsibility is divided.	There would be some improvement but difficulties in coordination and divided responsibility would remain.	There would be some improvement but difficulties in coordination and divided responsibility would remain.	Elimination of dual responsibilities (Area and Country) for Country programs would serve to improve program planning and delivery.	Alternative 4 provides best alternative for improved coordination and responsibility for program planning and delivery at country level.
6. Coordination between country-level operations and Washington Offices.	Provides for country and intermediate field office levels for coordination with Washington Office; fails to recognize that basic cost of program delivery is at country level; increased difficulty for effective coordination of country programs.	Provides for country and intermediate field office levels for coordination with Washington Office; fails to recognize that basic cost of program delivery is at country level; increased difficulty for effective coordination of country programs.	Provides for country and intermediate field office levels for coordination with Washington Office; fails to recognize that basic cost of program delivery is at country level; increased difficulty for effective coordination of country programs.	Recognize the trend in delivery of international cooperation; emphasizes the country level as focal point of delivery of PAHO Program of Technical Cooperation.	Alternative 4 provides best field office structure for effective delivery of Organization's programs and coordination with national authorities.

Evaluation Criteria	Alternative 1	Alternative 2	Alternative 3	Alternative 4	Most Feasible
	Continue Current Status	Reorganize - Sub-regional Groups	Strengthen Area Offices	Eliminate Area Offices	Alternative
7. Liaison and coordination with Sub-Regional groups.	Coordination with sub-regional groups is effective under current status.	No substantial benefits are apparent over current status.	Improvement of coordination is possible but would be minimal.	Responsibility for liaison and coordination would be made assigned to Country Representative if Country where sub-regional group is located. No problems envisioned.	Reorganization action will not substantially affect capability of effective liaison and coordination with sub-regional groups.
8. Cost Benefits/Savings.	No substantial change in current operating costs.	No substantial change in current operating costs.	Would increase operating costs of Area Office.	Would result in: 1. Decrease in field office administrative operating costs. 2. Savings from reduced operating costs are available for redistribution to Country Programs. 3. Provides basis for future decrease in field office operating costs.	Alternative 4 provides optimum cost benefits/savings.
9. Agreements with Member Governments.	No substantive changes required in the Zone Office agreements; updating required.	Possible changes required in Zone Office agreements.	No substantive changes required in Zone Office agreements.	Negotiation on Zone Office agreements would be effected in accordance with the provisions of these agreements.	All alternatives are considered to be equally feasible.
10. Compatibility of PASB Field Office Structure with the Program-Budgeting Process at the Country Level.	Significant portion of resources in support of country programs are not under control of countries; flexibility in programming and budgeting of resources at country level is reduced.	Significant portion of resources in support of country programs are not under control of countries; flexibility in programming and budgeting of resources at country level is reduced.	Would increase resources allocated to intermediate level and reduce flexibility in programming and budgeting at country level.	Would significantly streamline and improve the program-budget process for country programs; improve coordination and execution of budget.	Alternative 4 provides significant improvement of Program-Budgetary process at country level.
11. Reorganization actions already taken by the Director.	Continuation of current status is operative under reorganization actions already taken by Director but is incompatible with objective of improving coordination and communications.	Reorganization of Area Offices with coordination to sub-regional groups is possible with reorganization action taken by Director but it is incompatible with objective of improving coordination and communications.	Additional resource requirements is not compatible with objectives of new reorganization action in Headquarters to optimize costs of program delivery.	Would eliminate five reporting activities to Director and improve management control; meets objectives of new Headquarters reorganization to strengthen Headquarters and country level coordination and to increase capacity of PASB to support national programs.	Alternative 4 is compatible with reorganization actions already taken by the Director and provides optimum field office/Headquarters structure to support country programs.
12. Utilization of PASB Staffing Resources.	Specialized technical staffing resources are underutilized in current Area Office concept; no change in current status would continue low productivity of staff.	Improvement of utilization of current staff is possible but would be small in relation to new organizational pattern.	Improvement of utilization of staff by additional allocation of resources is possible.	Assignment of specialized area resources to inter-country projects in country where their services are most needed will improve utilization of these staff.	Alternative 4 would serve to improve utilization of staff and increase operating capacity at field office level in support of national programs.

Evaluation	Alternative 1	Alternative 2	Alternative 3	Alternative 4	Most Desirable Alternative
Criteria	Continue Current Status	Reorganize - Sub-regional Groups	Strengthen Area Offices	Eliminate Area Offices	
<p>3. Strengthen Country Offices. Compatibility in support of national programs.</p>	<p>Continuation of current status does not provide basis for strengthening of Country Offices.</p>	<p>Reorganization by Sub-Regional Groups will not significantly contribute to strengthening of country offices; such reorganization does not materially change current status of Area Offices.</p>	<p>Strengthening of Area Office could possibly increase capacity of Area Offices to support Country Programs. However, requirements to provide additional resources could divert resources currently allocated to country program and offset advantage gained by strengthening of Area Office.</p>	<p>Allocation of additional resources to country programs, improvement of program-budget process at country level, increased flexibility on use of resources at country level; better utilization of staff in support of country programs and cost benefits/savings.</p>	<p>The elimination of Area Offices will serve to substantially increase the country office capability to support national programs, as strongly recommended by the PAHO Governing Bodies.</p>

CE90/11 (Eng.)

ANNEX X

AREA OFFICES
REDISTRIBUTION OF POSTS

Title of Post	Grade	Total	Country Projects	Inter-Country Projects	Terminated*
<u>Professional Staff</u>					
Area Representative	D.1	5	5		
Project Manager (PASCCAP)	P.5	1		1	
Medical Officer	P.5	1	1		
Epidemiologist	P.4	4	1	2	1
Medical Officer	P.4	2	2		
Nurse Administrator	P.4	4	2	2	
Hospital Administrator	P.4	2		2	
Veterinarian	P.4	3		3	
Statistician	P.4	2		2	
Dental Education Advisor	P.4	1		1	
Nurse Educator	P.4	2		2	
Nutrition Advisor	P.4	1		1	
Statistician	P.3	1		1	
Administrative Officer	P.3	2		1	1
Medical Records Officer	P.3	1		1	
Sanitarian	P.2	1		1	
Administrative Officer	P.1	2	1		1
Total Professional Staff		35	12	20	3
<u>General Service Staff</u>					
Office Manager	G.8	1	1		
Administrative Assistant	G.7	2	1		1
Secretary	G.7	1	1		
Secretary	G.6	11	4	2	5
Office Assistant	G.6	2		2	
Accounts Assistant	G.6	1	1		
Procurement Assistant	G.6	1			1
Personnel Assistant	G.6	1	1		
Secretary	G.5	11	3	4	4
Office Assistant	G.5	5	2	1	2
Secretary	G.4	3	1	1	1
Office Assistant	G.4	3		3	
Clerk-Receptionist	G.4	1			1
General Assistant	G.4	1			1
Office Clerk	G.3	1			1
Driver	G.3	3	3		
Driver/Messenger	G.3	1	1		
Printing Clerk	G.3	1			1
Receptionist	G.3	1			1
Messenger	G.2	2	2		
Driver	G.2	4	4		
Janitor	G.1	2	2		
Guard/Janitor	G.1	1			1
Guard	G.1	3			3
Total General Service Staff		63	27	13	23

*These posts will be phased out during the 1984-85 and 1986-87 bienniums.

ANNEX XI

SUMMARY OF ASSESSMENTS

AREA REPRESENTATIVES/COUNTRY REPRESENTATIVES

CURRENT FUNCTIONS OF AREA REPRESENTATIVES	CURRENT FUNCTIONS OF COUNTRY REPRESENTATIVES	EXPANDED FUNCTIONS OF COUNTRY REPRESENTATIVES
<p>1) Serves as PAHO/WHO liaison and coordination officer with international organizations, and subregional political, economic and technical groups in the countries of the Area, with respect to inter-country programs and more directly with those in the health sector;</p> <p>2) Collaborates in the promotion, formulation, coordination, execution, and evaluation of inter-country health programs. Monitoring and reporting on their progress;</p> <p>3) Supervises and stimulates the effectiveness of PAHO/WHO staff and to be responsible for the management of all other PAHO/WHO resources in the Area Office;</p> <p>4) Collaborates with the Government of the countries of the Area identifying and securing extrabudgetary resources for the implementation of inter-country health and development programs;</p> <p>5) Ensures that resolutions of PAHO/WHO Governing Bodies related to inter-country health and development programs are noted and adequately implemented;</p> <p>6) Be aware of and stimulates the subregional groups, so that the resolutions they approve would be consistent with the policies and strategies approved by the Governing Bodies of the Organization;</p> <p>7) Promote in coordination with other socio-economic sectors, the inclusion of the health sector in subregional development plans;</p> <p>8) Serve as Country Representative in the Country where the Area Office is located, fulfilling the functions assigned to this post;</p> <p>9) Fulfill other functions as assigned by the Director;</p> <p>10) The promotion of inter-country projects within the strategy of technical and economic cooperation among developing countries;</p> <p>11) Stimulating the cooperation between developed and developing countries.</p>	<p>1) Representing the Director of the Pan American Sanitary Bureau and serving as PAHO/WHO liaison and coordination officer with international, bilateral, and national organizations in the country of assignment;</p> <p>2) Cooperating with health and other national authorities in health planning and programming within the context of social and economic development;</p> <p>3) Collaborating with the Government in the promotion, formulation, coordination and execution of the PAHO/WHO technical cooperation program, its evaluation and adjustments, using methodologies and procedures in accordance with the economic and social situation of the country;</p> <p>4) Cooperating with the national authorities in preparing the country program and budget estimates for the PAHO/WHO Proposed Program and Budget;</p> <p>5) Promoting the participation of the Government in Global and Regional programs, approved by the Governing Bodies of PAHO/WHO, in which the country is interested;</p> <p>6) Collaborating in the promotion, formulation, coordination, execution and evaluation of inter-country health programs;</p> <p>7) Collaborating with the Government in identifying and securing extrabudgetary resources for the implementation of health programs;</p> <p>8) Ensuring that resolutions of PAHO/WHO Governing Bodies are noted by national authorities and stimulating their implementation;</p> <p>9) Promoting, in coordination with other socio-economic sectors, the inclusion of the health sector in national development plans;</p> <p>10) Identifying potential or actual national capabilities for technical cooperation among developing countries;</p> <p>11) Supervising and stimulating the effectiveness of PAHO/WHO staff and being responsible for the management of all other PAHO/WHO resources in the country of assignment;</p> <p>12) Ensuring, with the cooperation of the United Nations' responsible officials, adequate security for PAHO/WHO staff and their dependents in the country;</p> <p>13) Acting as Coordinator of WHO programs in the country;</p> <p>14) Serving as exclusive channel of communications between other PAHO/WHO organizational units and the national authorities of the country of assignment;</p> <p>15) Fulfilling other functions as assigned by the Director.</p>	<p>I. <u>COMMON OPERATIONAL GOALS</u></p> <p>1) To have a capacity for technical excellence;</p> <p>2) To have a political capacity for technical-scientific knowledge;</p> <p>3) To have a political capacity to deal with political realities affecting the health field;</p> <p>4) To have a capacity to coordinate the PAHO/WHO technical-scientific cooperation with the countries;</p> <p>5) To increase the organization's operating capacity to support national and regional processes (including sub-regional organizations).</p> <p>II. <u>FUNCTIONS AND ACTIVITIES IN SUPPORT OF OPERATIONAL GOALS</u></p> <p>1) To act as a unit for coordinating and executing PAHO/WHO health policy and activities at country level;</p> <p>2) To act as a unit for programming, coordination, execution, control and evaluation of PAHO/WHO technical-scientific cooperation in the country and as coordinator of international cooperation;</p> <p>3) To analyse, interpret and promote the application of PAHO/WHO policies in the country;</p> <p>4) To analyse, interpret and inform the Director on the country's development of socioeconomic and health realities and policies;</p> <p>5) To actively participate in the definition and formulation of regional and subregional programs;</p> <p>6) To analyse jointly with governments the national policies and strategies on health;</p> <p>7) To study the country's health projects and programs;</p> <p>8) To assist with the detection of the needs for cooperation in the technical-scientific and financing areas;</p> <p>9) To define jointly with the country the priorities on technical-scientific cooperation aimed at selective concentration of the activities;</p> <p>10) To improve the interchange of information and expertise between Country Representative's offices through greater horizontal contact with other Country Offices;</p> <p>11) To maintain a permanent communication with national authorities, other organizations of the UN system and other Offices of Country Representatives;</p> <p>12) To stimulate subregional relationships and greater horizontal contact between Offices of Country Representatives;</p> <p>13) To act as unit for the administrative management of PAHO country office operations.</p>

*executive committee of
the directing council*



PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



90th Meeting
Washington, D.C.
June-July 1983

Provisional Agenda Item 15

CE90/12 (Eng.)

25 April 1983

ORIGINAL: ENGLISH-SPANISH

PAHO AWARD FOR ADMINISTRATION, 1983

Background

The PAHO Award for Administration dates from 1969, when the 61st Meeting of the Executive Committee of PAHO accepted the generous gift of Dr. Stuart Portner, the former Chief of Administration of the Pan American Sanitary Bureau, for instituting an annual award for the purpose of "contributing to the improvement of the administrative systems of the health programs."

In 1970, the XVIII Pan American Sanitary Conference approved the procedure and the criteria governing the Award. The Chairman of the PAHO Executive Committee was made responsible each year for appointing a committee--composed of three members of the Executive Committee--who would decide on the Award during the sessions of the Committee.

The Award is granted for work done by a serving public health officer, as well as by the most qualified candidate as the author of studies, research or essays on administrative topics applicable to the health sector.

These then were the mechanisms for selecting the winner of the Award and it was up to the Governments to submit the names of candidates. One year the Award was made to a public health officer who had excelled in the administration of health services, and the next, on the basis of the quality of written works relating to administration as well as training in that sector.

Because of the growing importance of new administrative methods for health plans in the Region of the Americas, it clearly became necessary to revise these criteria in line with a sense of devotion to service to the communities and the social realities to each country. Therefore, in 1978 the Pan American Sanitary Conference decided to change the procedures and guidelines for the Award so that the candidacies of persons who had made an outstanding contribution in any health field, whether in administration or the execution of programs, could be considered.

Accordingly, the countries of the Americas extend an invitation to all citizens that have contributed to the improvement of the health of their people.

The guidelines and procedures for conferring the Award, as approved by the XVIII Pan American Sanitary Conference (1970) and amended by the XX Conference (1978) and the XXVII Meeting of the Directing Council (1980), are as follows:

Guidelines

1. Effect of the activity of the candidate in improving administration in the health sector. For example:
 - a) Contribution to the improvement of the organization and introduction of administrative methods and procedures required for the execution of a national, regional or provincial health plan;
 - b) Contribution to the coordination and strengthening of health service agencies;
 - c) Contribution to the establishment of a sense of devotion to duty and esprit de corps;
 - d) Incorporation of the teaching of administration into educational programs in the health sector;
 - e) Methods of applying and evaluating administrative methods;
 - f) Contribution to the establishment of an efficient personnel system;
 - g) Contribution to the establishment of the program budget;
 - h) Design and introduction of an accounting system;
 - i) Participation in teaching as a disseminator of knowledge and practical experience in problem areas or disciplines relating to health administration.

2. Value of a written work as judged by the feasibility of applying its contents to improve health administration, including training.
Example:

- a) A model program of administrative training in medical, health, or sanitary engineering schools, etc.;
- b) A model personnel system for the health sector;
- c) A program for the development of administrative manpower adapted to a health plan.

Procedures

1. To contribute to the improvement of the administration of health programs, the Pan American Health Organization has established the PAHO Award for Administration, which will be competed for annually and will consist of a diploma and the sum of US\$500.
2. The Award shall be made to a candidate who has done outstanding work in any health field, whether in administration or execution of programs.
3. The Chairman of the Executive Committee of PAHO shall appoint an Award Committee consisting of three representatives of the Countries Members of the Executive Committee, who will discharge their duties for the period of their term of office as representatives of their countries on the Executive Committee. The Chairman shall fill any vacancies that occur among the members of the Award Committee. When there are candidates from the countries represented by members of the Award Committee, those members shall be replaced by representatives of other Member Countries of the Executive Committee, who shall be designated by the Chairman of the Executive Committee to sit on the Award Committee for that occasion only.
4. The names of candidates shall be submitted by the Member Governments of PAHO, through their ministries of health.
5. The Director of the Pan American Sanitary Bureau shall, at the end of each meeting of the Directing Council or the Pan American Sanitary Conference, invite the Governments of Member Countries to submit nominations for the Award.
6. The names of proposed candidates shall be submitted to reach the Director of the Pan American Sanitary Bureau by 15 March, together with their curriculum vitae AND DOCUMENTATION SUPPORTING THE NATURE AND QUALITY OF THE WORK DONE, OR OF THE WRITTEN WORK SUBMITTED FOR THE AWARD,

as the case may be. This documentation shall include a brief narrative describing the impact which the candidate's work has had on health administration in the home country. All documentation shall be submitted in an original and three copies.

7. Nomination of candidates shall not necessarily be limited to officers serving at the ministerial level but may include those serving in other administrative units or institutions in/or related directly to the health sector.

8. The Director of the Pan American Sanitary Bureau shall forward copies of the documentation submitted to the members of the Award Committee 45 days before the date of the opening of the first annual meeting of the Executive Committee, so that they can meet and decide on the Award during the sessions of the Executive Committee, and report their decision to the Committee in order that it may be duly transmitted to the Directing Council or the Pan American Sanitary Conference.

9. Nominations received by the Director of the Pan American Sanitary Bureau after 15 March shall be held in abeyance for consideration by the PAHO Award Committee of the following year.

10. The Award Committee shall have the authority to declare the PAHO Award void in the event that no candidate meets the approved criteria.

11. When in any year only one nomination is received within the time limit prescribed, the Committee shall have the authority to refer the candidacy for consideration with others received in the ensuing year.

12. Unsuccessful candidates in any one year may be renominated for consideration once only and in the following year. For such renomination a simple communication incorporating any additional pertinent data shall suffice.

13. The announcement of the winner of the Award shall be made during the meeting of the Directing Council or the Pan American Sanitary Conference.

14. Whenever practicable, the Award shall be presented during the appropriate meeting of the Directing Council or the Pan American Sanitary Conference, the cost of the travel involved being borne by the Government concerned.

15. When such presentation is not practicable, alternatives shall include:

- a) Receipt of the Award at the meeting of the Directing Council or the Pan American Sanitary Conference by a member of the delegation of the recipient's country, on his behalf;

b) Presentation made in the home country by the Country Representative on behalf of the Director.

16. Whatever the method of presentation of the Award may be, it shall be accompanied by appropriate publicity issued for the news media, both by the Pan American Sanitary Bureau and the Government concerned.

17. Member Governments shall be requested by the Director of the Pan American Sanitary Bureau to give more active attention to making use of the purpose for which the Award was made to foster administrative improvement within the framework of national health services.

18. These general rules and the Award guidelines shall be reviewed at any time deemed appropriate in light of the experience gained. The amendments approved by the Executive Committee shall be submitted to the Directing Council or the Pan American Sanitary Conference.

Winners of the Award

The following persons have received the PAHO Award for Administration:

- 1972 Dr. Eduardo Zapata Salazar (Peru). Director of Personnel, Ministry of Health of Peru.
For his work on the preparation and implementation of a model of a personnel administration system for the health sector in his country.
- 1973 Mr. Guillermo Istúriz (Venezuela). Founder of the hospital administration program and of the courses in this discipline at the School of Public Health of Venezuela.
For work in the field of hospital management which is regarded as the basis for the doctrine and practice in this field and as having shaped the modern approach to hospital management in Venezuela.
- 1975 Mr. Dennis Sánchez Acuña (Costa Rica). Planning expert in the Sectoral Unit of the Ministry of Health of Costa Rica.
For his outstanding contribution to drawing up the National Health Program for 1975-1978, and particularly of the methods used to improve the development of administrative resources.
- 1976 Dr. Ernani Guilherme Fernandes da Motta (Brazil). Superintendent, Health Campaigns Superintendency, Ministry of Health of Brazil.
For his work in administrative management, especially in connection with the meningitis vaccination campaign in his country.

- 1977 Dr. Roberto Pereda Chávez (Cuba) (posthumous). Director of the Department of International Relations, Ministry of Public Health of Cuba.
For the exceedingly salutary effects of his work on the administration and consolidation of the National Health System of his country.
- 1978 Dr. Oswaldo Egas Cevallos (Ecuador). General Director for Health Planning in the Ministry of Public Health of Ecuador.
For his work in the administration of health services in his country.
- 1980 Dr. Jair de Oliveira Soares (Brazil). Minister of Social Security, Federal Government of Brazil.
For his contribution to the organization and management of health sector services of his country, at both the regional and national levels.
- 1981 Dr. Frederick Burns Roth (Canada). Professor of Health Administration, University of Toronto. President and Chairman of the Board, Home Care Program for Metropolitan Toronto.
For his work in improving the practice and teaching of health care administration, both nationally and internationally.
- 1982 Dr. Julio César Mérida de León (Guatemala), Chief, Tuberculosis Division, Ministry of Public Health and Social Welfare, Guatemala.
In recognition of his work in developing and executing programs for the prevention and control of communicable diseases and his influence in strengthening and modernizing comprehensive health services administration.

On the recommendation of the Committee, the Award was declared void in 1971, 1974, and 1979 because either the nominations did not meet the approved criteria or only one nomination had been submitted.

Candidates for the 1983 Award

At the beginning of this year, PASB prepared a pamphlet entitled "PAHO Award for Administration, 1983" (Spanish and English) and gave it wide distribution among the Member Governments to inform them of the background, guidelines, and procedures for the Award.

As a result of this action, the following names were received prior to the deadline of 15 March as candidates for the PAHO Award for Administration, 1983:

<u>Name</u>	<u>Country</u>
Dr. Rodrigo Bustamante Alvarez	Colombia
Dr. José R. Jordan	Cuba
Dr. Arnaldo Tejeiro Fernández	"
Dr. D. O. N. McIntyre	Dominica
Dr. Enrique García García	Panama
Dr. Vicente M. Bataglia Doldán	Paraguay
Rev. Padre Guido Coronel	"