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## **FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

The 122nd Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization on 22-25 June 1998. The session was attended by delegates of the nine Members of the Executive Committee: Antigua and Barbuda, Bahamas, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, and Paraguay. The following Member States and Observer States were represented in an observer capacity: Bolivia, Canada, Cuba, France, Jamaica, United States of America, Uruguay, Venezuela, and Spain. In addition, five intergovernmental organizations and four nongovernmental organizations were represented.

Dr. Fernando Muñoz Porras (Chile, President of the Executive Committee) opened the session and welcomed the participants.

Dr. George Alleyne (Director, PASB) added his welcome to the participants. For the benefit of newcomers he reviewed the functions and responsibilities of the Executive Committee, noting that the 122nd Session of the Committee would be particularly important, inasmuch as it would be preparatory to the Pan American Sanitary Conference, the supreme governing authority of the Organization. By highlighting key issues and resolving any discrepancies with regard to the content and wording of the resolutions, the Executive Committee would help to avoid unnecessary discussion and greatly facilitate the work of the Conference.

### Officers

The Members elected to office at the Committee's 121st Session continued to serve in their respective capacities at the 122nd Session. The officers were therefore as listed below:

<i>President:</i>	Chile	(Dr. Fernando Muñoz Porras)
<i>Vice President:</i>	Bahamas	(Dr. Merceline Dahl-Regis)
<i>Rapporteur:</i>	Paraguay	(Dr. Andrés Vidovich Morales) (Dr. Mario Dullak Peña)

Because the Delegate of Paraguay was unavoidably delayed and was not present at the opening of the session, the Committee selected Mexico (represented by Dr. Miguel Ángel Lezana) to serve as Rapporteur pro tempore.

### **Adoption of the Agenda and Program of Meetings (Documents CE122/1, Rev. 3, and CE122/WP/1)**

The Committee adopted the provisional agenda and program of meetings prepared by the Secretariat (Decision CE122(D1)).

### **Committee and Subcommittee Reports**

#### ***Report of the Subcommittee on Planning and Programming (Document CE122/5)***

The report on the 29th and 30th Sessions of the Subcommittee on Planning and Programming was presented by Dr. Merceline Dahl-Regis, who had served as President of the Subcommittee in representation of the Bahamas at the 30th Session. At those two sessions the Subcommittee discussed nine items that were on the agenda of the Executive Committee at the 122nd Session, namely: Prevention and Control of Tobacco Use; Health of the Elderly; Hantavirus; Strategic and Programmatic Orientations for the Pan American Sanitary Bureau. 1999-2002; Technical Cooperation Among Countries: Pan Americanism in the 21st Century; Climate Change and Infections Diseases: the Implications of El Niño; Population and Reproductive Health; PAHO Publications Program; and the Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for 2000-2001. Some of the Subcommittee's comments on these items are summarized in this report under the respective agenda items.

The Subcommittee also considered the following items, which were not taken up by the Executive Committee: Surveillance and Prevention of Foodborne Diseases; Communication and Health; Health and Tourism; Disaster Mitigation in Health Facilities; and Bioethics. Summaries of the presentations and discussions on all the above-mentioned items may be found in the final reports of the Subcommittee's 29th and 30th Sessions (Documents SPP29/FR and SPP30/FR).

In the discussion that followed the report, the Executive Committee highlighted the linkages between several of the items examined by the Subcommittee, notably those that existed between health, communication, tourism, and foodborne diseases. Several delegates emphasized the value of the Organization's work in the area of health and tourism, especially given the economic significance of tourism for many countries in the Americas. The importance of continued attention to the challenges posed by aging of the Region's population was also stressed.

The Committee took note of the report of the Subcommittee (Decision CE122(D3)).

***Report of the Award Committee of the PAHO Award for Administration, 1998 (Documents CE122/6; CE122/6, Add. I; and CE122/6, Corrig. I)***

Dr. Melba Muñiz Martelón (Mexico) reported that the Award Committee of the PAHO Award for Administration, 1998, composed of the Delegates of Bahamas, Chile, and Mexico, had met on 23 June 1998 and, after a careful examination of the candidates' qualifications, had decided to confer the award on Dr. Christine Olive Moody, of Jamaica, for her contribution to the planning, administration, and leadership of health services in Jamaica and her continuous efforts toward the development of primary health care at the regional and global levels.

She also noted that one of the candidates had not been considered because the nomination had been received after the deadline. The Award Committee recommended that the candidacy be held in abeyance for consideration in 1999, subject to the endorsement of the candidate's government.

The Executive Committee welcomed the selection of Dr. Moody, emphasizing her pioneering work in the area of primary health care and her many contributions, not only to the scientific development of the health field, but to the training of health workers throughout the Caribbean region. The Observer for Jamaica pointed out that Dr. Moody had been a catalyst for change at the global level, as well. She had been active in the development of primary health care long before the International Conference on Primary Health Care took place in Alma-Ata and had been instrumental in shaping the declaration and the primary health care approach that had come out of that conference and that continued to guide the work of the Organization and public health professionals around the world. The representative thanked the Committee, on behalf of the people of Jamaica, for its decision to confer the award on Dr. Moody.

The Director, in response to a request from one of the delegates, said that future reports of the Award Committee would be accompanied by a brief biographical sketch of the award recipient in order to provide the Executive Committee with a better idea of the person's background and accomplishments.

The Committee adopted Resolution CE122.R7.

## **Program Policy Matters**

### ***Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for 2000-2001 (Document CE122/7)***

Mr. Michael Usnick (Chief of Budget, PAHO) reminded the Committee that the document under consideration contained only the WHO portion of the regular program budget for the Region of the Americas for 2000-2001. The WHO portion represented approximately 33% of PAHO's regular core program. The combined PAHO/WHO budget for that biennium would be presented to the Governing Bodies in 1999. The instructions from the Director-General of WHO had provided for no overall program growth and had called for regional budget proposals to be submitted without any cost increases with respect to the 1998-1999 program budget. Hence, the amount being requested for the Americas was \$82,686,000,\* which represented only a small increase over the 1996-1997 budget. In fact, the WHO portion of the PAHO budget would have increased only 3.6% in nominal terms during the period 1994-2001, which signified real reductions in programs.

Mr. Usnick recalled that at the 30th Session of the Subcommittee on Planning and Programming he had reported that the World Health Organization, in the context of constitutional reform, was considering a new budget allocation model that would drastically reduce the allocations to some regions while substantially increasing those of others. The aim was to utilize more objective, need-based criteria for establishing the allocations, which in the past had been set on the basis of history and previous practice. He reported that in May 1998 the World Health Assembly, after intense discussion and negotiation, had voted to adopt the new model. However, to help mitigate the impact on regions whose allocations would be reduced, it had limited the reductions to 3% annually over a period of six years, or three biennia. The model would then be reviewed at the Fifty-seventh World Health Assembly, to be held in May 2004.

Although WHO had not finalized the reallocations for the 2000-2001 biennium, the PAHO Secretariat expected that the Region's allocation would be reduced by approximately \$3.7 million from the 1998-1999 level of \$82,686,000. The reductions for the following two biennia (2002-2003 and 2004-2005) would be approximately \$8.4 million and \$12.7, respectively.

The Director noted that the members of the Subcommittee on Planning and Programming had expressed considerable opposition to the proposed reallocation scheme,

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\* Note: Unless otherwise indicated, all currency figures in this report are expressed in United States dollars.



although they had endorsed the concept of allocations based on more objective and equitable criteria. The Subcommittee had recommended that the countries of the Region adopt a common position with regard to the reallocation proposal. The regional position had been that, while reform was needed, the proposed reallocation model was flawed and every effort should be made to correct the flaws, which would have resulted in a lesser reduction for the Region of the Americas. Ultimately, however, the World Health Assembly had adopted the original proposal. He believed the countries of the Region had shown a great deal of solidarity in accepting the reduction, deeming it to be in the best interests of the World Health Organization as a whole. Nevertheless, that decision would signify an overall reduction of 20% in the WHO allocation to the Americas. It might be possible to make some adjustments in the PAHO regular budget so that the final combined budget would not be greatly affected, but the reduction would nevertheless have to be taken into account in developing the budget proposal for 2000-2001.

The Executive Committee reiterated a point made by the Subcommittee at its 30th Session, namely, that the reallocation model appeared to penalize regions that had made the most progress in improving health conditions and that had demonstrated sound financial management. The Committee emphasized that all WHO Regions, but especially those that would be receiving an increase in their allocations, should be expected to utilize their resources efficiently and manage them transparently.

The observer for the United States of America renewed his country's opposition to any increase in either the WHO budget or the PAHO budget. He said that the document presented to the Committee seemed to suggest that WHO would permit cost increases at a later stage in the budgeting process, which would not be acceptable to his government. The United States was very committed to both organizations, but it believed that it was essential to reduce their budgets in order to keep assessments at a level that countries could afford to pay. The budgets therefore needed to be better focused, with the largest proportion of resources going to the programs that were of highest priority to the Member States and reduced allocations to lower-priority areas.

Mr. Usnick reiterated that the instructions from the Director-General of WHO had called for regional budget proposals to be submitted without cost increases and said that the Secretariat was unaware of any plans by WHO to allow such increases. The Director said that he thought it was premature to discuss what the countries might decide on the budget for the 2000-2001 biennium before that budget had even been developed. He understood the position of the United States, but he did not believe that it should be taken as the position of all the Member States. Nevertheless, he agreed that it was important to set priorities and to recognize that the Organization could not respond to all requests for technical cooperation. PAHO applied three criteria in formulating its program and

budget: identification of national priorities, identification of the priorities that required international cooperation, and, most important, identification of which of those technical cooperation needs that PAHO was best in a position to meet.

The Executive Committee adopted Resolution CE122.R3.

***Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002 (Documents CE122/8 and CE122/8, Corrig. I)***

This item was introduced by Drs. Juan Manuel Sotelo and Germán Perdomo (Office of Analysis and Strategic Planning, PAHO), who outlined the proposed strategic and programmatic orientations (SPOs) and the regional goals for the 1999-2000 quadrennium, as well as some of the ways in which the Secretariat intended to apply the SPOs through its technical cooperation programs. Dr. Sotelo noted that the document had been prepared taking into account the comments of the Subcommittee on Planning and Programming and the results of national consultations carried out during the SPO development process. The Secretariat would also incorporate the comments of the Executive Committee and hoped to thus be able to present to the 25th Pan American Sanitary Conference a document that truly reflected the consensus of the Member States regarding the policy framework for strategic planning of the Secretariat's technical cooperation in the next quadrennium.

He explained that the SPOs had been derived from a comprehensive analysis of health conditions, needs, and priorities in the countries of the Americas. At the same time, they represented the Region's response to the global policies expressed in the new policy on health for all in the 21st century and the ninth and tenth general programs of work of WHO. The SPOs would be given concrete expression in the Organization's biennial programs and budgets. The instrument for articulating all the global and regional policy guidelines with budgetary resources was the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES). Dr. Sotelo distributed a publication which described some of the changes recently introduced into AMPES to facilitate the measurement of results, simplify managerial processes, streamline responses to the countries' needs, and ensure maximum transparency in programming and use of resources.

Turning to the SPOs themselves, he told the Committee that the consultation process had revealed that many problems and inequities persisted and that the goals and targets established for the 1995-1998 quadrennium had largely not been met. It had therefore been decided that the five strategic orientations adopted in the last quadrennium should be retained in order to allow the Secretariat to continue to work to overcome the challenges that had given rise to those orientations. An additional reason for maintaining the orientations was that a number of countries had formulated national policies based on

the current SPOs and were using them as a frame of reference. As in the previous quadrennium, the achievement of equity had been identified as the primary objective for the period 1999-2002. A set of regional goals had also been established in relation to health outputs, health determinants, and health policies and systems.

Dr. Perdomo then presented the specific goals for each of the three aforementioned areas and highlighted the principal programmatic orientations that would guide the Secretariat's technical cooperation under the five strategic orientations: (1) health in human development, (2) health promotion and protection, (3) environmental protection and development, (4) health systems and services development, and (5) disease prevention and control. With respect to the regional goals, he noted that they reflected not only the objectives that were considered achievable, but also the commitments accepted by the countries under the global policy on health for all in the 21st century. As for the programmatic orientations, they had been adjusted to reflect the need to address both long-standing public health problems and new, emerging, and re-emerging problems. In conclusion, Dr. Perdomo said that, while the strategic and programmatic orientations were mainly intended to guide the work of the Secretariat and enable it to contribute effectively to achievement of the regional goals, it was hoped that the countries would also bear them in mind in their own programming and policy-setting.

The Executive Committee found that the document accurately reflected the recommendations made by the Subcommittee at its 30th Session, as well as the major health concerns and issues that had emanated from the national consultations. In particular, the Committee welcomed the changes made to the programmatic orientations in order to eliminate duplications and prioritize activities. It was suggested that the slides presented by Drs. Sotelo and Perdomo be incorporated into the document, as they helped to elucidate the goals and priorities for the next quadrennium. The Committee also expressed strong support for the document's focus on equity.

In regard to specific aspects of the strategic and programmatic orientations, the Committee felt that one of the issues that should receive highest priority in the next quadrennium was health sector reform and monitoring of how the countries were adapting their health systems to overcome inequities and the challenges posed by changes in demographic and epidemiologic profiles. Technical cooperation among countries was also identified as a priority. As for the regional goals, the general consensus was that they were realistic and achievable. However, several delegates remarked that in some cases it would be preferable to set subnational goals, since there were significant differences within countries with respect to some indicators, such as immunization coverage. For the same reason, some delegates felt that subnational goals should be set in relation to health information systems and the production of health data, since data on the national situation might tend to mask problems that existed at the provincial/state or local level. With

specific regard to the goal concerning use of verified core health data, one delegate underscored the need to specify how and by whom the data had been verified or, preferably, to utilize a more objective measure of data quality. Another delegate pointed out the need to include a goal relating to oral health and fluoridation.

Responding to the Committee's comments, Dr. Sotelo emphasized that the Secretariat assigned high priority to support and promotion of technical cooperation among countries, as was evidenced by the fact that the subject had been included as a separate item on the agendas of the Governing Bodies in 1998. In relation to the regional goals, he pointed out that, although the goals in the document were stated in general terms, more specific goals had been established in areas such as immunization and control of vaccine-preventable diseases, taking into account the differences that existed within countries. Dr. Perdomo stressed that the Secretariat was fully cognizant of the need to register information at the lowest level possible in order to detect inequities. With regard to the core data, he explained that the word "verified" was intended to convey the idea that only information that was accurate and that reflected the true situation should be published. The Secretariat would try to find a more apt term.

At the request of the Director, Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development) commented on the activities of the Organization in regard to health sector reform. He recalled that at the Summit of the Americas, held in Miami in 1994, the heads of State and government of the Region had established a mandate for PAHO to monitor and evaluate health sector reform processes. Consequently, the Organization had been working with other international cooperation organizations to create a system for monitoring health sector reform, and it had entered into a collaborative project with the United States Agency for International Development (USAID), under which specific goals had been formulated. Those goals could easily be adapted and incorporated into the SPOs for the next quadrennium.

The Organization had also developed a framework for monitoring and evaluation of health sector reform, aimed at enabling the countries to assess the progress, content, and, above all, the impact of health reform efforts on health services in terms of equity, quality, effectiveness, efficiency, financial sustainability, and social participation. Those five principles had been identified as the criteria for evaluation of health reform initiatives by the Special Meeting on Health Sector Reform, held in conjunction with the Directing Council in 1995.

The Director was pleased that the Committee agreed that equity should continue to be the focus of the SPOs. He emphasized that equity implied not only access to curative care but also access to disease prevention, health promotion, and rehabilitation services. In addition, achieving equity also meant calling attention to and addressing the social and

economic determinants that led to poor health. In order to remedy inequities, it was crucial to have accurate information that revealed where those inequities lay, and for that reason the Secretariat was emphasizing the importance of core data. With regard to the Committee's comments on the goals listed in the document, as had been pointed out at the 30th Session of the Subcommittee and in many visits to the countries, the SPO document should not be viewed as a programming document and therefore should not contain specific targets or budget figures. Rather, it was intended to provide general orientations for the work of the Secretariat. Hence, while the goals could be refined and clarified, they should not be overly specific. Dr. Alleyne expressed his appreciation to the Member States for their valuable contributions, which had helped to produce a document that provided clear guidelines for the Organization's program of technical cooperation in the next four years.

The Executive Committee adopted Resolution CE122.R4.

***Population and Reproductive Health (Document CE122/11)***

The presentation on this item was given by Ms. Carol Collado (Acting Coordinator, Program on Family Health and Population, PAHO), who outlined PAHO's role and the approach advocated by the Organization in the area of reproductive health. As an essential part of health and human development, reproductive health was directly linked to PAHO's mission. The framework for the Organization's activities in this area was provided by the various policies and plans of action on population, reproductive health, family planning, and maternal mortality adopted in the past decade by the Governing Bodies. In addition, PAHO had a mandate to support and promote international decisions adopted at conferences such as the International Conference on Population and Development (ICPD), the Fourth World Conference on Women, and others. Moreover, the Organization's global view of the Region and its long relationship with the countries and their institutions positioned it as an ideal catalyst for helping countries work toward an integrated vision of reproductive health that would promote quality of life and sustainable development.

Over the 30 years that PAHO had been involved in reproductive health, a number of changes had occurred, both in practical and conceptual terms. One of the most significant changes had been the adoption of a new definition of reproductive health at the ICPD in 1994. In accordance with that definition, reproductive health was seen as a lifelong process and an integral part of human development. That conceptual shift, coupled with the emergence of new problems that were directly linked to poor reproductive health, called for new approaches on the part of PAHO and the Member States to promote and enhance the reproductive health of the Region's population.

The approach advocated in the document was holistic, multisectoral, and oriented toward human development and social responsibility. It incorporated a biopsychosocial focus, a life-cycle approach, and a gender perspective, and it took account of cultural factors that influenced reproductive health practices. The document proposed a number of strategies and priorities to guide the countries' activities and PAHO's activities with the countries, and it outlined the outcomes that the Secretariat believed would result from concerted effort to improve reproductive health in the Region. Those expected outcomes included a clear policy and legislative framework that would provide guarantees for reproductive health rights; health care models that offered quality, appropriate attention, access to the underserved, and user-friendly services; reduction in indices of prevalent health problems; and a healthier, better-informed, and empowered public.

The Executive Committee welcomed the incorporation into the document of several changes recommended by the Subcommittee on Planning and Programming, notably the inclusion of case studies and examples of best practice in the area of reproductive health. Like the Subcommittee, the Committee applauded the holistic, life-cycle approach advocated in the document and its emphasis on respect for human rights, especially the rights of women in relation to reproductive health. The Committee also commended the Secretariat for recognizing that resources were limited and attempting to set priorities for addressing the many challenges in the area of reproductive health.

The importance of ensuring continued attention to reproductive health in the context of health reform was stressed. It was suggested that one way of doing so was to demonstrate the cost-effectiveness of reproductive health interventions, as well as the social returns that they could yield. Several delegates pointed out that there was a need to disseminate the amplified concept of reproductive health more widely among health care providers and the population in the countries, as well as a need to promote greater awareness of the linkage between quality of reproductive health care and health status in the various stages of life. In that connection, the necessity of attention to the reproductive health needs of children and, especially, adolescents was underscored. It was also pointed out that, at the other end of the age spectrum, the reproductive health needs of older persons might change with the development of drugs such as sildenafil (Viagra), and it was suggested that the document should perhaps include some analysis of the potential impact of this class of pharmaceuticals on reproductive health. It was also suggested that the document should give greater attention to the issue of sexual violence.

Ms. Collado was pleased that the Committee agreed that the life-cycle approach was appropriate. She emphasized that reproductive health was not a concern only for persons of reproductive age and that reproductive health care should begin before birth and continue through old age. She agreed that it was important to show the cost-effectiveness of interventions in order to guarantee sustained support for reproductive

health services. She also acknowledged the importance of considering the potential impact of drugs such as Viagra, not only on reproductive health but also on relationships between the sexes.

The Director remarked that he had not considered the implications of Viagra and similar drugs for reproductive health; however, any drug that would affect sexual function and sexual practices obviously must be taken into account in planning reproductive health services. Certainly, the matter deserved further study. He pointed out that the life-cycle approach made reproductive health an extremely broad area, which made it difficult to establish specific lines of action. He thanked the Committee for its comments, which would help the Secretariat to focus its activities and translate the ideas presented in the document into concrete programs.

The Committee adopted Resolution CE122.R5.

***Technical Cooperation Among Countries: Pan Americanism in the 21st Century (Document CE122/9)***

Dr. Mirta Roses (Assistant Director of PAHO) summarized the content of the document, noting that it had been revised to incorporate the comments and suggestions of the Subcommittee on Planning and Programming. The document reviewed the evolution of technical cooperation among countries (TCC) in the Region, described various modalities for cooperation between countries, examined several recent trends in TCC in the Americas, and outlined some of the challenges and prospects for the 21st century. The document also described the role that PAHO had played in promoting and facilitating TCC and defined the principles that should be upheld in TCC proposals prepared with PAHO/WHO cooperation, namely: solidarity, sovereignty, dignity, equity, capacity development, and sustainability.

The modalities of TCC included reciprocity, which was cooperation between two or more countries for their mutual benefit; exchange or joint cooperation, in which two or more states cooperated on a project or program based on common goals or objectives; contributions, in which one country transferred technology to another; and triangular arrangements, in which a more-developed country finances cooperation between less-developed countries. Because the budgets of some countries were insufficient to ensure implementation of many bilateral and multilateral cooperation agreements, such triangular arrangements had become an important source of funding for TCC. Among the most prominent trends in TCC in the Region were cooperation between neighboring countries, cooperation between countries of the same subregion, cooperation between countries with areas of common interest in science and technology, and cooperation between countries

under bilateral agreements providing for long- and medium-term contributions of human and technology resources. Dr. Roses cited examples of TCC projects of each type, noting that a number of them had received catalytic support from PAHO.

In regard to the challenges in the 21st century, Dr. Roses said that, for the countries, the principal tasks would be to create national systems for the coordination of external cooperation, monitor TCC projects and document results, and develop TCC in the health field in the framework of bilateral/multilateral agreements. For cooperation agencies, the challenges would be to effectively utilize the capabilities existing in the Region in the technical cooperation they provided and to apply new TCC orientations, emphasizing the integration of technical and economic cooperation. Specific challenges for PAHO would be to maintain TCC as a major strategy in the SPOs for 1999-2002, maximize the use of collaborating centers for TCC, strengthen coordination between the United Nations and inter-American systems with regard to TCC in the health field, and develop procedures and training for the management and implementation of health-related TCC projects.

In the discussion that followed Dr. Roses' presentation, the Executive Committee underscored the growing importance of technical cooperation between countries, especially in light of reductions in funding for official development assistance (ODA) and the resource constraints faced by international cooperation agencies, which made it necessary to identify alternatives for meeting the technical cooperation needs of the countries. The Committee also voiced strong support for the concept of technical cooperation among countries (TCC) espoused by PAHO, as opposed to technical cooperation among developing countries (TCDC). It was emphasized that all countries, regardless of their level of development, could benefit from the knowledge and experience of other countries. Various delegates described TCC initiatives between their countries and other countries in the Region. The representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) summarized some of the ways in which his association had collaborated with PAHO in promoting horizontal cooperation in the area of environmental health and sanitation. He also extended an invitation to the 26th annual congress of AIDIS, to be held in Lima, Peru, during the first week of November.

The Committee identified several important trends for TCC in the future, including decentralization of cooperation and origination of TCC projects at the local level and the concept of shared services (e.g., cooperation between countries for the delivery of hospital services, with each country providing services in the areas in which it had a comparative advantage). Several delegates pointed to the need to formalize existing informal cooperation arrangements between countries, especially in the Caribbean, and to develop systems and training within countries to support such cooperation. The Committee welcomed the changes made to the document in response to the Subcommittee's



recommendations; however, it was suggested that it might be further improved through the inclusion of more information on the criteria used by PAHO for approval of TCC funds and perhaps a table showing some of the types of projects that had received those funds. The Committee expressed the hope that the amount allocated in the Organization's budget for support of TCC projects would not decline and that the funds available would be fully used.

The delegates considered that PAHO's chief role in TCC was to serve as a catalyst and facilitator for partnerships between the countries. In that connection, several questions were asked regarding the designation of PAHO/WHO collaborating centers and the role played by those centers in promoting technical cooperation among countries. It was pointed out that the collaborating centers could make an important contribution in the effort to focus PAHO's budget and have some technical cooperation needs met by other agencies. The key role of the PAHO/WHO Representatives in helping the countries identify opportunities for TCC was also stressed.

With regard to the role of the collaborating centers, Dr. Roses said that PAHO was attempting, through national meetings of collaborating centers and other mechanisms, to promote greater awareness of the potential and expertise of the various centers in order to encourage greater use of their resources for horizontal cooperation. She agreed on the importance of decentralizing cooperation and involving local or regional entities as partners in cooperation projects, noting that PAHO had learned a great deal about the potential of this type of cooperation from agreements it had established with regional agencies in Spain. As for the use of the TCC funds allocated in the PAHO budget, she felt that the relatively low percentage of use (60% in 1997) reflected the need for greater institutionalization of TCC mechanisms, as well as training in this area, as the Committee had pointed out. She also indicated that more information on the criteria for approval of TCC projects and a list of projects would be included in the revised version of the document.

The Director was pleased that the Committee endorsed the concept of TCC, as opposed to TCDC, which the Organization felt was outmoded and inappropriate in the current context of globalization. PAHO was working to promote the idea that countries at all levels of the development spectrum could benefit from exchange and cooperation and, through its regional programs and country representatives, the Organization would continue to encourage and seek opportunities for technical cooperation between the countries of the Region. In regard to the amount of funding available to support TCC projects, he noted that PAHO had increased the allocation for that purpose by 30% in the 1998-1999 biennium, despite the reduction in the overall budget, which was indicative of the importance the Organization attached to TCC.

He agreed on the need for formalization of cooperation agreements, emphasizing that it was essential to have a formal arrangement in order to permit evaluation of cooperation projects. In fact, the existence of a formal agreement or project was one of the criteria for approval of PAHO funding for TCC projects. As for the role of the collaborating centers, he pointed out that they could not really be viewed as an alternative for the provision of technical cooperation and therefore a means of reducing the Organization's budget. While the centers certainly enhanced technical cooperation in the Region, the development of effective networks of collaborating centers was a very costly undertaking.

The Executive Committee did not consider it necessary to adopt a resolution on this item, but took note of Dr. Roses' report (Decision CE122(D4)).

***Prevention and Control of Tobacco Use (Document CE122/12)***

Dr. Enrique Madrigal (Regional Advisor on Substance Abuse, PAHO) began his presentation on PAHO's proposed plan of action to combat tobacco use with a series of statistics illustrating the magnitude of the tobacco epidemic in the Region. He underscored the complexity of the problem, owing to the numerous interrelated determinants of tobacco use, which necessitated a comprehensive approach to tobacco control. Dr. Madrigal then described the premises and principles on which the proposed plan was based. The plan was oriented towards: (1) decreasing the prevalence of tobacco use, which was the leading preventable cause of mortality and morbidity and carried with it serious economic consequences; (2) preventing or postponing the onset of smoking and providing support for smoking cessation initiatives; (3) combining educational, legislative, regulatory and fiscal measures in a comprehensive approach to tobacco control; (4) regulating the accessibility of tobacco products; and (5) protecting nonsmokers, especially children, from tobacco smoke in the environment.

The Organization considered the following components essential elements of national tobacco control plans: (1) education, including health education in schools and efforts to reduce smoking among health professionals, teachers, and other role models; (2) anti-tobacco legislation and regulations, including those seeking to limit exposure of minors to highly visible print advertising and indirect advertising in the form of product endorsements and sponsorship of sports and cultural events, prohibition of smoking in all public, health, and educational facilities, and restrictions on sale of tobacco products, especially among minors; (3) fiscal policies, including systematic increases in taxes on tobacco products; and (4) a program of routine monitoring. PAHO believed that, in order to be successful, tobacco control plans should be based on public health approaches and therefore begin with the ministries of health, extending from there to other ministries and other sectors. At the same time, coalitions should be formed between governments and

NGOs to combat the well-organized and well-financed international tobacco industry. Cooperation between countries was also important to share best practices and minimize unintended consequences of control measures, such as the reported increases in smuggling of black market tobacco products when taxes were raised significantly.

The Executive Committee applauded the emphasis placed on educational initiatives in the context of a comprehensive, multisectoral approach to the problem, especially education targeting children and young people. The Committee also underscored the importance of efforts to promote healthy lifestyles in general, since measures aimed at controlling tobacco use and advertising had proven insufficient to address the widespread problem of tobacco use. Research on the nature of addiction and the difficulty of modifying addictive behaviors was also seen as a priority. The importance of measures aimed at discouraging smoking among physicians and other health professionals was stressed, as was the need to prohibit tobacco use in all health facilities and government buildings. The need to analyze both the successes and setbacks of countries that had implemented tobacco control measures was also emphasized.

It was pointed out that cultural and sports organizations—which had been successfully used by tobacco companies to lobby governments for exemptions to prohibitions against advertising and sponsorship—would need new strategies to assist them in securing other sponsors for their events. It was also suggested the issue of trade in tobacco be examined in the light of World Trade Organization (WTO) regulations that might be used to prevent tobacco companies from expanding their markets in the developing world. The need to disseminate information and institute measures to prevent and control the use of smokeless tobacco was highlighted by one delegate, who pointed out that such products were beginning to be promoted, especially among young people, with the false message that they were less harmful to health.

With regard to the document itself, Dr. Madrigal was asked to clarify one of the principles and premises listed in the document, which indicated that legislation should control tobacco products themselves. Clarification of the role of national tobacco control coordinators was also requested, as was more precise information on the cost of the plan and the resources needed to operationalize it. The Committee identified several key roles for PAHO, including facilitating cooperation among countries and sharing of experiences; production of technical and scientific documentation; building capacity at the national level, not only among health personnel but also among educators, parents, and others who had an influence on the behavior of young people; disseminating model legislation and providing technical cooperation to assist countries in regulating and restricting tobacco advertising; organizing meetings and fora at the national level to build

momentum and intersectoral support to tackle the challenge of reducing tobacco use; and advocating the principles and premises outlined in the document and promoting their inclusion in national policies and programs.

Dr. Madrigal agreed on the importance of education in helping to reinforce protective factors within the family, community, and school environment, starting at a very early age. He also acknowledged the need for research and evidence-based approaches to the problem of tobacco addiction, which could be a risk factor for addiction to other substances. Responding to the specific questions raised by the delegates, he said that strong, unified leadership of tobacco control efforts seemed to be lacking in many countries and it was therefore considered advisable to appoint a national coordinator, within the health ministry, to oversee tobacco control efforts and coordinate activities among the various sectors. With respect to legislation to control tobacco products, he explained that many countries had no controls regarding the nicotine content and toxic ingredients in cigarettes; hence, both regulations and mechanisms to enforce them were needed.

The Director was pleased that so many Member States supported PAHO's involvement in the issue of tobacco control. He pointed out that there was sometimes a tendency to play down the importance of tobacco as a public health threat, especially to children. Faced with such attitudes, organizations such as PAHO needed the kind of strong support voiced by the Committee in order to justify dedicating more time, effort, energy, and funding to the issue. He recalled that the Subcommittee on Planning and Programming had signaled the need to prioritize activities and had identified support for the development of anti-tobacco legislation and regulation of access to and advertising of tobacco products as top priorities. For that reason, the document focused heavily on the matter of legislation. In regard to the comments on the possibility of working with the WTO on tobacco control, he pointed out that PAHO, as a regional organization, had limited capacity to deal directly with WTO, although it would be very happy to participate in any joint initiatives between WHO and WTO in relation to tobacco control. Dr. Alleyne concluded by saying that, with the countries' support, PAHO was prepared to dedicate more resources to prevention and control of tobacco use. It was also prepared to be much more aggressive in looking for extrabudgetary resources to strengthen programs and initiatives, and it would make a greater effort to promote cooperation among countries in this area.

The Executive Committee adopted Resolution CE122.R6.

*Health of Older Persons (Document CE122/13)*

Dr. Marta Peláez (Regional Adviser on Aging and Health, PAHO) presented the proposed plan of action on aging and health, which was based on the holistic approach of the WHO Global Program on Aging. The plan sought to promote services and interventions for successful or active aging, which had become a demographic, economic, public health, and ethical imperative, given that the prospect of an extended old age was now becoming a reality for more people than ever in the Americas. Still, the needs of older adults and the development of infrastructure for an aging society were not being given the attention needed, since the majority of countries in the Region had not yet reached the point at which the impact of population aging was strongly felt. PAHO urged that policies be developed and that systems be created now to promote the health and minimize the dependency of older persons.

PAHO technical cooperation with the countries over the next four years would focus on two main objectives: improving the health of older persons and creating public spaces and opportunities for older persons to participate as agents of change. In those two areas, the emphasis would be on primary health care services, training for caregiving, community alternatives to institutional care, intergenerational programs, volunteer programs, and networks of retired people. The Organization's specific regional strategies, which were informed by a research agenda, would emphasize (1) dissemination of information through social communication, including specific strategies for communicating messages on health and active aging and regional workshops for health educators and the media to strengthen their capacity to convey promotional messages for healthy aging; (2) development of human resources with education and training; and (3) provision of appropriate tools for advocacy at all levels of decision-making.

The Aging and Health Program would also serve as a clearinghouse for information on aging and health through an Internet site, printed materials, and audio and video materials, and it would work to strengthen the network of centers of excellence that would be active in the areas of gerontology, geriatrics, primary health care, healthy aging, and lifelong learning among older adults. To implement the plan of action, the Program would seek to build linkages with other PAHO programs; mobilize national, regional, and international resources to supplement the funds allocated to the Program; develop a network of collaborative centers with expertise in health and aging; and develop partnerships with private and public foundations.

The Executive Committee endorsed the plan of action and the paradigm presented in the document. The Committee agreed that the health of older persons was a matter of concern for all countries and that the multifaceted nature of the issues involved required a holistic approach. The Committee also expressed strong support for the concept of

community- and family-based care for older persons. It was emphasized that older persons should be seen as resources, not problems or mere recipients of paternalistic programs. It was also pointed out that there was a natural synergy between the needs of children and those of older adults and that older persons could play a valuable role in helping to care for children and strengthening the family as the basic social unit.

While the Committee recognized the multifaceted nature of issues related to population aging, several delegates pointed out that the health sector should take the lead in coordinating the response to those issues. The need to integrate the efforts of community-based, nongovernmental, and private organizations with those of government programs was highlighted, as was the need to regulate the quality of services provided by private programs and facilities. Various delegates mentioned the growing trend away from institutional care and toward home-based care of the elderly, which pointed up the need for government policies to support such approaches. The importance of better training and education in the health sector to sensitize health care providers to the special needs of the older adult was also stressed.

The exchange of information was considered an important instrument for tackling the issue, as countries were at different stages in the development and implementation of their respective national frameworks. In that regard, PAHO's vital coordinating and leadership role in collecting and disseminating information on issues relating to aging and health was emphasized. The Committee identified several areas in which information on country experiences was especially needed, including best practices in providing care for the elderly, establishment of national councils on aging, and legislation to protect older persons. It was suggested that disseminating the new paradigm on healthy aging, which viewed the elderly as active and valued contributors to society, could help remove the stigmas that had often been associated with the aging process, in addition to promoting greater intergenerational solidarity. The power of social communication in changing attitudes related to the many aspects of the issue was also noted.

The Delegate of the Bahamas expressed her country's gratitude to PAHO for affording it the privilege of hosting the first Caribbean forum on aging and health, held in May 1998, and noted that the Caribbean Charter on Aging and Health, which had been drafted at the meeting, would be available soon.

Dr. Peláez acknowledged the consensus on making older adults actors and participants in society, which underscored the importance of maintaining health and other services that would allow for the active engagement of older adults in the community. She also noted the consensus as to the role of families, which benefited not only the elderly but also the family itself and society as a whole. She agreed with the emphasis on developing training and education programs in the primary health care sector, especially given that

health issues related to older adults were relatively new to some health care providers. She thanked the delegates for sharing some of the experiences under way in their countries and said that the Secretariat would endeavor to incorporate them in the document as illustrations of the proposed actions to enhance the health and well-being of older persons.

The Director stressed that PAHO's commitment to the issue of healthy aging was based on its concern for the family, and he pointed out that the Program on Aging and Health was located within the area of family health precisely because of PAHO's sensitivity to this connection. He agreed that health of the elderly was a pressing concern, given the increasing longevity of populations in many countries in the Region. In that regard, he noted that for all countries in the Region, rich or poor, when people reached the age of 60, they had the same life expectancy. The implications of that fact were remarkable and, in his view, merited further discussion. He also agreed that there was a natural synergy between the needs of children and older adults, which suggested opportunities for new paths of collaboration between UNICEF and PAHO.

The Committee adopted Resolution CE122.R9.

***Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Document CE122/15)***

Dr. Fernando Zacarías (Coordinator, Program on AIDS and Sexually Transmitted Diseases, PAHO) highlighted some of the points contained in the document. He began by presenting the most recent statistics compiled by the Joint United Nations Program on HIV/AIDS (UNAIDS) and by PAHO on rates of HIV infection, AIDS, and sexually transmitted diseases (STD) globally and in the Region of the Americas. He pointed out that the AIDS epidemic in the Region was quite heterogeneous and emphasized the need to take into account the differences in HIV/AIDS patterns in the countries in order to plan appropriate prevention and care strategies. For that reason a typology of HIV/AIDS epidemics had been developed.

The typology comprised three kinds of epidemics: (1) low-transmission epidemics, characterized by HIV prevalence below 5% in high-risk groups; (2) concentrated epidemics, with HIV prevalence of over 5% in one or more high-risk groups; and (3) generalized epidemics, in which HIV had spread to more than 5% of the general population, as measured by tests in pregnant women. In most Latin American and Caribbean countries, the epidemic could be classified as concentrated, which meant that there was a window of opportunity to take the necessary action to halt further spread of the infection. Currently, the national HIV/AIDS programs and PAHO were focusing their efforts in five main areas: surveillance, managerial and health policy issues,

behavioral interventions, development of HIV/AIDS care models, and STD prevention and control. Dr. Zacarías described some of the issues and the activities under way in each area.

Pursuant to a request from the 40th Directing Council (1997), Dr. Zacarías also updated the Committee on developments in relation to antiretroviral (ARV) therapies and use of zidovudine (AZT) to prevent perinatal transmission. He pointed out that the new combination ARV therapies had changed the epidemiology of the disease and created a need for different models of care. However, because of their high cost, they remained inaccessible to many people in the Region. PAHO was exploring options for reducing the cost and increasing the availability of these drugs. Dr. Zacarías cautioned that ARVs should not be considered a panacea but as one element in a comprehensive continuum of care for persons living with HIV/AIDS. As for use of AZT to prevent perinatal transmission, he reported that a recent study conducted in Thailand had shown that a simplified short-term AZT treatment regime was as effective as earlier long-term treatment schemes but much less costly.

Finally, Dr. Zacarías outlined the basic elements of the new WHO strategy for the prevention and care of sexually transmitted diseases (STD.PAC), which the PAHO Program on AIDS and STDs proposed that the Member States consider adopting. The strategy was designed to focus greater attention on prevention, treatment, and control of sexually transmitted diseases, which were associated with increased risk of HIV infection and were an important public health problem in their own right. In conclusion, he mentioned several possible mechanisms for strengthening HIV/AIDS/STD prevention and control in the future, including development of partnerships at the national level, decentralization of technical expertise, financing HIV/AIDS/STD control efforts through multilateral and bilateral funding for social development projects, formation of networks for cooperation between countries, and, most important, maintenance of the technical leadership role of the health sector within the multisectoral response promoted by UNAIDS.

In the Executive Committee's discussion of this item a number of concerns were raised with regard to the activities of UNAIDS and the role of ministries of health. It was reported that, in some countries, UNAIDS seemed to be shifting primary responsibility for HIV/AIDS control to the office of the prime minister and away from the ministry of health, which created management and communication difficulties for the ministry and was not in the best interests of the population. The Committee emphasized that, while the issues surrounding AIDS and HIV infection required a multisectoral response, AIDS was fundamentally a health problem and the health sector should therefore take the lead in combating it. Likewise, the importance of PAHO's coordinating role in the framework of UNAIDS efforts in the Region was underscored.



The Committee applauded PAHO's inclusion of HIV/AIDS within the broader area of STD control and voiced support for the proposed STD.PAC strategy. Several specific issues were broached in relation to the strategy. It was pointed out there was considerable opposition to condom use in some countries and that PAHO, given its prestige and position as an authoritative source of health information, could help to combat that resistance through the dissemination of messages highlighting the preventive benefits of condom use. In relation to the recommendations on screening and case-finding included in the strategy, one delegate emphasized the need to specify which STDs would be targeted by those measures, noting that, otherwise, it might appear that WHO and PAHO were advocating HIV-testing in the general population. Other delegates felt that the procedures for HIV-testing should be simplified and destigmatized in order to encourage more people to have the test and thus help reduce transmission of HIV by individuals who were unaware that they were infected. In that connection, several delegates stressed the importance of effective educational and behavioral interventions. The potential benefits of technical cooperation among countries and sharing of experiences in relation to prevention and control of HIV/AIDS were also emphasized.

With respect to the cost of treating cases of HIV infection, the need to also take into account the cost of treating tuberculosis was stressed. It was pointed out that the emergence of new drugs and therapies for HIV infection and AIDS created ethical issues and that the countries needed cooperation and guidance from PAHO to address those issues and formulate appropriate policies. Policies to protect those who might eventually participate in HIV vaccine trials were considered especially important.

The representative of the Latin American Union Against Sexually Transmitted Diseases (ULACETS) outlined some of the ways in which his organization had collaborated with PAHO, particularly in preventive and educational activities, and pledged the continued support of ULACETS in efforts to combat sexually transmitted diseases in Latin America.

Dr. Zacarías agreed that issues such as vaccine trials, testing, and access to drugs and treatments raised many difficult ethical issues. PAHO was aware of those issues and was studying them. The Organization certainly did not have all the answers, but it could help the countries to grapple with such ethical dilemmas through technical cooperation and specialized advisory services. With regard to the comments on the costs of treating HIV infection and tuberculosis, he pointed out that it made little sense to talk about increasing access to costly antiretroviral agents when in many places in the Region the population did not even have access to penicillin or other drugs to treat opportunistic infections such as tuberculosis. As for the promotion of safer sexual behaviors and use of condoms, he emphasized that PAHO, through its country offices and at the regional level, had been very concerned with providing accurate and objective technical information on

the benefits of condoms. It was well known that, when consistently and correctly used, condoms provided a high degree of protection against sexual transmission of HIV and other infectious agents. The Organization had stressed, and would continue to stress, that technical message. Finally, he thanked ULACETS for its support, noting that the joint action by PAHO and that organization exemplified effective partnership between the public health sector and the nongovernmental sector.

The Director urged the countries to bear in mind the document's recommendations concerning building of partnerships at the national level. It was important to take advantage of every opportunity to address the problem of AIDS. As an example, he pointed out that when funding was sought for projects in the education sector, an AIDS education component could be included. In regard to the ethical issues surrounding HIV vaccine trials, he noted that, at a recent meeting of the Caribbean Community (CARICOM) health ministers, the ethics of vaccine trials had been discussed, and the Organization had offered to provide technical expertise to assist countries in thinking through the problem.

With respect to the comments on UNAIDS, he said that PAHO, as an agency within the United Nations system, had agreed to collaborate with UNAIDS. However, the Organization had always maintained that, because AIDS was essentially a health problem, the health sector should have primary responsibility in coordinating AIDS prevention and control efforts. Moreover, it had been agreed that the UNAIDS would play a facilitating role, not an operational one. Hence, if there was evidence that UNAIDS was advocating that responsibility for management of AIDS programs should rest with the prime minister's office and not with the ministry of health, he would not hesitate to point out to the leadership of UNAIDS that, in PAHO's view, that was not the proper approach to take.

The Executive Committee adopted Resolution CE122.R10.

***El Niño and its Impact on Health (Document CE122/10)***

Dr. Roberto Chuit (Regional Adviser on Communicable Diseases, PAHO) introduced the document on this item, which examined the health effects of the climatological phenomenon known as El Niño and the Southern Oscillation (ENSO). He began by explaining that ENSO could have four possible effects on weather: (1) near normal conditions; (2) a weak El Niño with slightly higher-than-normal rainfall; (3) very heavy rainfall and flooding; and (4) cooler-than-normal waters offshore, with higher-than-normal chance of drought. The occurrence and duration of those effects varied in different parts of the Region, which meant that disease patterns might also vary within an area affected by El Niño. Predictions for 1997 had indicated that weather in the southern

United States and northern Mexico would be wetter and colder than usual, with flooding in many places; in the Amazon, dryer-than-normal conditions were predicted, while higher-than-usual rainfall was anticipated in the southern portion of South America. In the Andean Area, Peru and Ecuador were expected to be warmer and wetter than usual, which would make flooding likely. Based on those predictions and available data, the Organization had worked with the countries to mitigate the possible effects of El Niño.

Various studies had failed to find any conclusive evidence linking El Niño to increased transmission of several tracer diseases, including malaria, dengue, cholera, leptospirosis, and hantavirus. Nevertheless, there was ample evidence that the phenomenon had caused considerable environmental, economic, and infrastructure damage, which in turn had affected health conditions and mortality. Heavy rainfall and flooding associated with El Niño had claimed lives and destroyed or damaged homes, roads, drainage systems, sanitation and energy services, as well as the physical infrastructure of health services. On the other hand, places in which the El Niño phenomenon had led to drought had suffered crop losses and severe depletion of water supplies. Hence, while no direct correlation had been found between El Niño and increased transmission of infectious disease, the meteorological changes and environmental impacts of the phenomenon had definitely had consequences for health.

Dr. Chuit concluded by noting that, because natural phenomena such as El Niño were unpredictable and it was therefore impossible to plan exactly what to do when one occurred, it was of utmost importance to take preventive action and work to mitigate foreseeable damages.

The Executive Committee applauded the quality and sound scientific basis of the document. The consensus of the delegates was that, although few direct links had been found between El Niño and disease transmission rates and patterns, ENSO was part of the broader phenomenon of climate change, which had undeniable health implications. The Committee agreed on the need to put in place early warning and disaster preparedness measures in order to mitigate the effects of climate change. PAHO's efforts to identify and assist the countries in preparing for the possible consequences of El Niño were cited as excellent examples of effective technical cooperation. Various delegates described the contingency plans that their countries had developed—in most cases with support from PAHO—to strengthen infrastructure, prepare the population, and prevent disease in areas at risk. Clarification was requested regarding some aspects of the Organization's technical cooperation described in the document, in particular the provision of basic supplies for water storage and treatment. It was suggested that PAHO's cooperation should be oriented more toward strengthening of infrastructure than toward actual provision of equipment and supplies.

At the request of Dr. Chuit, Dr. Hugo Prado (Program on Emergency Preparedness and Disaster Relief, PAHO) outlined some of the actions taken by the Organization and the countries in the area of prevention and disaster mitigation and summed up the lessons that had been learned from the experience. He emphasized that the countries' prompt response to the 1997-1998 El Niño event had unquestionably yielded results, since both morbidity and mortality had been lower than in previous El Niño years. Nevertheless, although the Organization and health officials in the countries had received timely warning of the likely consequences of El Niño, it had become apparent that even more precise warning systems were needed in order to enable the countries to prepare appropriate contingency plans and take preventive action. In addition, because the effects of El Niño had lasted much longer than expected, the health sector and other sectors had been obliged to respond on an ongoing basis over an extended period. That situation had pointed up the need for interdisciplinary, multisectoral emergency systems capable of providing a sustained response, as well as continual revision of emergency preparedness and disaster mitigation plans. The Organization would continue to assist the countries in preparing and enhancing their disaster mitigation plans. PAHO was also compiling technical reports from the countries for a regional publication on the experience and knowledge gained from the 1997-1998 El Niño phenomenon.

Also at the request of Dr. Chuit, Dr. Robert Romano (Division of Health and Environment, PAHO) responded to the questions concerning PAHO technical cooperation in the area of environmental sanitation. He explained that the flooding associated with El Niño often affected the water treatment infrastructure of a country, creating the potential for transmission of waterborne diseases. The Organization's activities had been aimed at ensuring the availability of emergency stores of safe drinking water. To that end, PAHO had provided treatment supplies such as sodium hypochlorite tablets.

The Director added that, although the Organization's main focus was infrastructure-strengthening and disaster mitigation and preparation, in emergency situations it did occasionally arrange for the direct provision of needed supplies.

The Executive Committee adopted Resolution CE122.R11.

### ***Hantavirus (Document CE122/14)***

Dr. Gabriel Schmunis (Coordinator, Program on Communicable Diseases, PAHO) began his presentation by pointing out that although infectious diseases as a cause of illness or death were becoming less significant in the epidemiological profile of the

Region, the emergence of new diseases of uncertain etiology, such as AIDS, Lyme disease, and hantavirus pulmonary syndrome (HPS), was causing great concern among national health authorities.

Dr. Schmunis recalled that HPS had first been detected in 1993 in the southwestern United States and had been associated with high fatality rates. It had been presumed that most people were infected by inhaling aerosols of the dry or fresh remains of feces, urine, or saliva from infected rodents, through direct contact with the excretions or through bites from wild rodents. No specific treatment for the syndrome was available. Subsequent outbreaks had occurred in Canada in 1994 and in Argentina, Brazil, Chile, Paraguay, and Uruguay between 1995 and 1998. By March 1998, more than 400 cases had been confirmed in the Region. Based on retrospective studies, it had also been determined that hantavirus had been circulating in the Region before clinical cases were detected. Dr. Schmunis praised public health officials throughout the Region for their astute analysis in identifying and analyzing this syndrome, whose high case fatality rate (35%–60%) had caused widespread fear in affected communities.

In view of the seriousness of the situation, the 40th Directing Council had adopted a resolution (CD40.R14) in September 1997 calling on Member States to strengthen cooperation efforts and promote, through information, education, and communication activities in the community, the adoption of good environmental sanitation practices. The resolution had also requested that the Director of PAHO create a task force to issue recommendations on surveillance, diagnosis, treatment, and prevention of hantavirus infection. The task force had met in March 1998.

PAHO had provided technical assistance in various countries in response to outbreaks and had sponsored research to characterize the virus and identify the reservoir. It had also supported technical cooperation projects between countries in areas such as diagnosis, surveillance, study of rodents, production of reagents, and diagnostic training. In addition, the Organization had provided support for the production and distribution of a guide on handling hantavirus reservoir species (*Métodos para trampeo e muestreo de pequeños mamíferos para estudios virológicos*, jointly published by the United States (CDC), Argentina, and Chile), and it had published a technical guide to hantavirus in the Americas, prepared with the collaboration of experts from affected countries. These materials were distributed to the Executive Committee.

In order to continue responding to the countries' needs and fulfill its mandate under Resolution CD40.R14, the Secretariat had programmed various activities, including continued strengthening of cooperative surveillance mechanisms among countries, with a view to refining a rapid response to epidemics of emerging diseases in general; promotion of information, education, and communication activities focused on the community, health

care workers, and the media to promote cooperation especially at the outbreak of epidemics; and support for technology transfer and training in diagnosis and treatment of HPS. Dr. Schmunis also mentioned that support would be provided for the regional production of antigens needed for the diagnosis of hantavirus infections and for specific research in areas defined by the task force.

The Committee welcomed the emphasis on regional cooperation, given the hemisphere-wide nature of the problem. The delegates also praised PAHO's response as an excellent example of effective and appropriate technical cooperation. At the same time, it was stressed that constant vigilance, attention to prevention and environmental sanitation, and health education and information were key to avoiding public health problems such as hantavirus.

Dr. Schmunis emphasized that PAHO had received support from many individuals and agencies in the countries. In particular, the Organization wished to thank the Centers for Disease Control and Prevention (CDC) of the United States and the Instituto de Virosis Hemorrágicas of Argentina for their valuable assistance in activities relating to prevention, diagnosis, and treatment of HPS. He emphasized that the problem of hantavirus would be ongoing and that continued surveillance and cooperation among the countries would be essential in order to combat it.

The Executive Committee did not consider it necessary to adopt a resolution on this item, but took note of the report (Decision CE122(D5)).

### ***Vaccines and Immunization (Document CE122/16)***

Dr. Ciro de Quadros (Director, Special Program for Vaccines and Immunization, PAHO), reviewed the most recent statistics on vaccination coverage and updated the Committee on the status of the efforts to eradicate or eliminate various vaccine-preventable diseases in the Region. In regard to measles, he noted that, following an all-time low of 2,109 confirmed cases in 1996, there had been a resurgence of the disease in 1997, primarily in the state of São Paulo, Brazil. Dr. de Quadros stressed the importance of follow-up campaigns in order to eradicate the disease. With regard to surveillance of acute flaccid paralysis (AFP), indicators from 1994-1997 showed that most countries had been complying with the surveillance criteria. Data for 1998, however, showed some deterioration in AFP surveillance and a lack of adequate sampling for laboratory testing; both of these phenomena suggested that fewer cases were being detected and entered into the surveillance system, which had a negative impact on other surveillance criteria. He urged the countries to give special attention to surveillance, since wild poliovirus continued to exist in other parts of the world and could be imported into the Region.

Dr. de Quadros also reported that substantial progress had been made in including a wider range of vaccines in immunization programs. The vaccine against *Haemophilus influenzae* type B (Hib) had been introduced in Uruguay in 1994, in Chile in 1996, in Argentina in 1997, and in Peru and Colombia in 1998, and meningitis case rates had fallen sharply wherever the vaccine had been used. By 1999, it was expected that 90% of children in the Americas would be protected against the bacteria. Those efforts exemplified the priority accorded vaccination programs by governments throughout the Region.

An increasing number of countries in the Region were using the vaccine against measles, mumps, and rubella (MMR). PAHO encouraged all countries to incorporate rubella-containing vaccine into their childhood immunization programs with a view to eliminating rubella and congenital rubella syndrome (CRS) as public health problems in the Region. Similarly, the hepatitis B vaccine had been introduced in high-risk areas in a number of Latin American and Caribbean countries. As for yellow fever, cases had been reported mainly from countries in the Amazon basin, although other countries were at risk. The Organization was working with those countries to raise awareness of the importance of incorporating the yellow fever vaccine into routine immunization programs in high-risk areas.

In conclusion, Dr. de Quadros noted that a plethora of new vaccines was expected to become available in the relatively near future. He acknowledged that the new vaccines would certainly be expensive, but he urged health and political officials in the countries to consider the substantial benefits and cost-effectiveness of vaccination programs in making decisions about the financial resources to be devoted to this area.

The Executive Committee expressed satisfaction at the positive results of vaccination efforts in the Region and underscored the need for ongoing commitment to vaccination programs—particularly in the face of current trends toward decentralization and health reform—in order to sustain the good results achieved to date. Several delegates reported on vaccination programs and other primary health care interventions aimed at controlling vaccine-preventable diseases in their countries. With regard to financing for immunization programs, one delegate pointed out that PAHO's revolving fund was “a well-kept secret” that should be better known. Joint action between PAHO and multilateral agencies such as the World Bank was cited as another possible way of addressing gaps in funding. Cooperation among countries to produce low-cost vaccines was also suggested as a way of dealing with the rising costs associated with new and recombinant vaccines. Several delegates highlighted the transborder nature of infectious disease and stressed the need for regional cooperation, especially in surveillance, to detect and control imported cases.

Dr. de Quadros agreed that rapid action was essential to interrupt the transmission of diseases such as measles in the event that imported cases were detected and reiterated the need for follow-up campaigns to ensure immunization of all susceptibles. In regard to the comments on decentralization and health sector reform, he reported that in six countries surveyed a negative impact on epidemiological surveillance had been noted, mainly because of a lack of appropriate controls at the central government level. He also pointed out that it had been suggested that vaccination coverage and surveillance indicators be used to measure the impact of decentralization and health reform. He agreed that the question of financing for recombinant and other new vaccines was of great importance. Studies of the viability of local production would be needed to determine under what conditions local private and semi-private companies could be involved in partnerships with companies in the developed world to bring down the cost of vaccines. In regard to PAHO's revolving fund, he noted that when the idea of a such a fund had been introduced 20 years earlier, WHO had not initially supported it, but that over the years it had become clear how important the fund was to the Region's successes in the vaccination area. With respect to financing issues and the participation of other organizations, he noted that a working group was in the process of defining the coordination mechanisms that would be needed to further work in this area.

The Director drew the Committee's attention to the potential for importation of measles cases from Europe and encouraged health authorities in all countries of the Region to be especially vigilant after the 1998 World Cup soccer championship in France. He underscored the Region's value as a laboratory of positive experiences in the control of infectious disease and pointed out that the efforts to eradicate polio and measles from the Americas had global applications. In regard to the impact of health sector reform on vaccination coverage, he underscored the leadership role of the ministries of health in sustaining immunization programs. He also pointed out that financing was not the most important consideration with regard to those programs. The critical aspects were how the system was organized and the responsibility of the State to ensure that activities such as immunization were carried out at the peripheral level.

As for the issue of funding for vaccination budgets, the Director reported that PAHO had been working with the national legislatures in Latin America to promote the creation of a specific budget line item for vaccines, so that funding for immunization programs was no longer subject to changing political whims. In regard to the revolving fund, he related that, at a meeting on vaccine funding recently convened by the World Bank, it had been suggested that countries should be stratified into three groups and that vaccine producers should sell vaccine at three different prices, depending on the relative wealth of the purchasing country (very poor countries would receive donations and rich countries would pay full price). PAHO strongly opposed such a system because it would divide the countries and lend itself to exploitation by vaccine producers, who might be



inclined to charge exorbitant prices to countries that could afford to pay. The Organization's experience indicated that the revolving fund, on the other hand, promoted regional solidarity and helped reduce vaccine prices for everyone, which clearly benefited all countries. He urged the Member States to continue to support the revolving fund and oppose any attempt to institute a stratified system.

The Executive Committee adopted Resolution CE122.R12.

***PAHO Publications Program (Document CE122/17)***

Dr. Judith Navarro (Chief, Office of Publications and Editorial Services) noted that the report on the publications program was being presented to the Governing Bodies mainly to make the Member States aware of some of the activities that PAHO was carrying out in the area of information management and dissemination, in particular through its publications program. The Committee's consideration of this item was not expected to give rise to any major policy debate or resolution.

Dr. Navarro noted that information management had been a founding principle of the Organization and had remained one of its primary functions. The Strategic and Programmatic Orientations (SPOs) for 1995-1998 called for all parts of the Organization to make maximum use of information as a powerful instrument for bringing about change. In the framework of the SPOs, the Director had established four information areas in which the Bureau would work: (1) information about health status and health services in the countries and in the Region; (2) development of national health information systems; (3) corporate information; and (4) scientific, technical, and policy-related information. The publications program was concerned with the last-mentioned area.

The program comprised four major components: Editorial Service; Electronic Communications; Marketing, Distribution, and Sales; and Information and Documentation Service (the Headquarters library). The Editorial Service was responsible for publication of the Organization's multilingual, peer-reviewed monthly journal, *Revista Panamericana de Salud Pública/Pan American Journal of Public Health* (which replaced the *Boletín de la Oficina Sanitaria Panamericana* and the *Bulletin of the Pan American Health Organization* in 1997), books, and official documents of the Organization. In the area of Electronic Communications, the main activities were maintenance of the PAHO Web site and dissemination of PAHO publications and other information via the Internet and on CD-ROM. In Marketing, Distribution, and Sales, the program sought to promote PAHO publications among potential audiences worldwide, ensure access to them, and earn a return on the Organization's investment in publishing. Finally, the publications

program was responsible for the Headquarters library, which offered a full range of traditional library services and was developing a computerized institutional memory project that would eventually provide full-text versions of all PAHO documentation.

In conclusion, Dr. Navarro said that the Pan American Sanitary Bureau, through its publications program, sought to bolster the Organization's technical cooperation with the countries by producing quality health information that was relevant, validated, and timely; expanding the reach of that information; reducing the costs of information management; and earning a return on the investment in publishing, not only in monetary terms but also through the enhancement of health throughout the Americas.

Like the Subcommittee on Planning and Programming, the Executive Committee commended the program for its extensive and effective use of new communications technology. The crucial role of accurate information for decision- and policy-making, education of health workers, and development of horizontal cooperation projects was emphasized. Several delegates noted that their governments relied on the information produced by PAHO for those purposes. It was pointed out that access to the Internet and other technologies was limited in some countries, and the need to develop intra-country mechanisms to disseminate the information—especially to remote areas and to health workers at the local level—was underscored. The Committee identified this as an important area for PAHO technical cooperation. The Committee also acknowledged the Organization's support in helping the countries to gain access to key publications, such as the *International Classification of Diseases, 10th Revision*.

The Executive Committee recommended that the program increase its production and dissemination of materials in French, since increased availability of French-language information would benefit French-speakers not only in Canada and the Caribbean but also throughout the world. The Committee pointed out that some of the costs of translating materials into French might be recovered through expansion of the market for the Organization's publications. It was also suggested that the Organization consider updating the country profiles on the Internet more frequently in order to provide a more accurate picture of health conditions, which tended to change rapidly, as well as current information on the status of health reform efforts. However, some delegates felt that more frequent updates would place too onerous a burden on the health ministries of countries with limited resources and information management capabilities.

Dr. Navarro emphasized that the publications program worked in partnership with the Organization's other programs, which also deserved credit for the quality of the information disseminated. She said that the program would examine the possibility of producing its principal publications in French. In regard to the dissemination of materials within countries, she suggested that the PAHO/WHO Representative Offices might play a

greater role in facilitating access to information. As for the possibility of updating the country profiles more frequently, she noted that the publications program would soon be integrating data from the Program on Health Situation Analysis (HDA) into the country information available through the PAHO Web site.

The Director pointed out that the core data produced by HDA were regularly updated and that all the countries had access to those data through the PAHO/WHO Representative Offices. He also noted that some countries were producing their own core data, which was also being incorporated into the Organization's system. He was very pleased to know that the countries were making use of the information produced by PAHO and highlighted some of the ways in which the Organization was utilizing new technologies to make that information more readily accessible. One of the principal ways was the creation of a virtual library that would make a wide variety of health-related publications available to the Member States through the Internet. Another was the institutional memory project at the Headquarters library.

Dr. Alleyne was also pleased that the Committee had endorsed the Organization's marketing policy for its publications. He did not share the view of those who thought that agencies such as PAHO should not sell their products. Information was a valuable resource that was costly to produce and, while the Organization would never recover all its costs, it could recover some. As for increasing the availability of information in French, the Secretariat would consider the feasibility of translating more materials into both French and Portuguese. It would be necessary first to determine which publications would be of greatest use to speakers of those languages. He encouraged the delegates to advise the Secretariat if they knew of outlets through which PAHO publications in French and Portuguese might be offered.

The Committee did not consider it necessary to adopt a resolution on this item but took note of the report (Decision CE122(D6)).

## **Administrative and Financial Matters**

### ***Report on the Collection of Quota Contributions (Document CE122/18 and CE122/18, Add. I)***

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) reported that of the \$124 million in total contributions due on 1 January 1997, \$72 million had been received during 1997, resulting in a balance due as of 31 December 1997 of \$52 million. The pending contributions reflected \$44 million for 1997 assessments, \$6 million for 1996 assessments, and \$2 million for 1992-1995 assessments. Payments on those arrears received from 1 January to 12 June 1998 amounted to \$34 million, or 65%. The

corresponding amount of arrears as of June 1997 had been \$23 million. Mr. Matthews was pleased to report that since 12 June 1998, additional payments of \$1.3 million had been received from Mexico, \$60,000 from Cuba, and \$15,682 from Antigua and Barbuda.

Six Member States had paid their 1998 assessments in full; eight Member States had made partial payments for 1998; and 25 Member States had not made any payments at all toward the current year assessments. Together, the collection of arrears and current year assessments during 1998 totaled \$54 million, an increase of \$10 million over 1997.

As of June 1998, seven countries were potentially subject to the application of Article 6.B: Bolivia, Cuba, Dominican Republic, Ecuador, Grenada, Nicaragua, and Peru.

The Director was gratified that the countries were clearly taking their financial responsibilities to the Organization seriously and that six Member States had already made their full contribution for 1998. He acknowledged the commitment of the Member States in arrears to fulfill the terms of their payment plans and commended Cuba, in particular, for its efforts, despite the severe economic constraints that country faced. He emphasized that the Organization would continue to work with the countries with a view to ensuring that all would be able to vote at the Pan American Sanitary Conference, the most important meeting in the life of the Organization.

The Committee adopted Resolution CE122.R1.

***Financial Report of the Director and Report of the External Auditor for 1996-1997***  
**(Official Document 286)**

Mr. Matthews outlined the content of the *Financial Report of the Director and Report of the External Auditor for 1996-1997*, noting that the report reflected careful financial management and progress in strengthening the Organization's financial position in 1997. Income for 1997 had exceeded expenditures by \$8.5 million in the regular budget, which had increased the working capital fund balance to \$8.6 million. Cash in banks and investments had increased 55% between 31 December 1995 and 31 December 1997, to \$139.6 million. Total 1996-1997 expenditures had decreased \$24.2 million with respect to the 1994-1995 biennium. However, the percentage of current quota assessments collected during 1996-1997 was 69%, which was lower than the three previous biennia (73%, 80%, and 71%, respectively). With regard to extrabudgetary funds, \$103.2 million had been received on behalf of trust fund projects during the 1996-1997 biennium, an amount equivalent to 50% of the PAHO regular budget.

The report also contained financial statements for three Pan American centers, the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute

(CFNI), and the Institute of Nutrition of Central America and Panama (INCAP). In 1996-1997, CAREC's regular budget income had exceeded expenditures by \$658,000, and by the end of 1997, the Center's accumulated deficit of \$344,000 had been changed to a surplus of \$314,000. CFNI's income had also exceeded expenditures, by \$74,000, and its accumulated deficit had decreased from \$216,000 in the previous biennium to \$142,000 as of 31 December 1997. INCAP's income in the current biennium had fallen from \$1.6 million to \$1.1 million for its regular budget compared to the previous biennium, creating a \$175,000 shortfall on regular budget operations that was covered by the working capital fund. Overall, INCAP's financial position appeared sound, with a working capital fund balance at 31 December 1997 of \$1 million.

Mr. Richard Maggs, speaking on behalf of the External Auditor, Sir John Bourn, presented the results of the Report of the External Auditor. Based on his examination, which had been conducted in accordance with the Common Auditing Standards of the Panel of External Auditors of the United Nations, he had issued an unqualified opinion as to the accuracy, completeness, and validity of the financial statements of the Organization for the financial period ended 31 December 1997. He emphasized the strengthened financial position of the Organization as a whole, including the Pan American centers, which he attributed mainly to PAHO's success in collecting additional income and its efforts to contain and, in some cases, reduce expenditures in key areas such as communications, office supplies, and travel. He also commended the Organization for the excellent support provided at all levels during the preparation of his report and for effectively addressing issues raised in his previous report, particularly recommendations concerning compliance with the United Nations Common Accounting Standards, resolution of certain problems with the Organization's financial management system (FAMIS), and improvement of asset control in local offices.

In the Committee's discussion of this item, clarification of a number of details was requested. Questions were asked regarding the origin of the \$8.5 million surplus and regarding a statement in the report that indicated that the surplus would be used to cover part of the \$12.3 million deficit that had existed at the end of the previous biennium. It was pointed out that there was an apparent contradiction between Financial Regulations 6.4 and 103.4, which dealt with replenishment of the working capital fund and application of budget surpluses for that purpose. It was also pointed out that, while PAHO's financial position had improved compared with previous years, there was still a 30% shortfall in the collection of annual quota contributions from Member States, which suggested that assessments continued to exceed the capacity of many countries to meet their obligations. It was suggested that miscellaneous income, which had been substantially higher than forecast, could be used to reduce assessments.

With respect to the substantial increase in extrabudgetary funds during the 1996-1997 biennium, it was suggested that allowing extrabudgetary resources to play too large

a role in financing PAHO programs could distort the PAHO regular budget, raising the prospect of competition among PAHO programs for outside funding and a shift away from the Organization's strategic and programmatic priorities. Clarification of some of the contributions in the extrabudgetary account was requested. It was also noted that the Organization's cash-on-hand had increased by 50% over the last biennium, and the wisdom of having such a large amount on hand was questioned.

Several other concerns were raised in the discussion, including the persistence of problems with the FAMIS software and the year 2000 compliance problem. The use of regular budget financing to support the Pan American centers was also questioned. One delegate noted that at the meeting of the Caribbean Community (CARICOM) in April 1998, a decision had been made to undertake an independent review of all the centers in the Region and that, as a result, some of the trends noted by the External Auditor might be reversed, particularly at CFNI.

Responding to the questions concerning the \$8.5 million surplus for 1997 and the \$12.3 million deficit for the previous biennium, Mr. Matthews explained that the surplus was largely attributable to receipt of a payment by Venezuela, while the deficit was linked primarily to the costly termination agreement for the Pan American Zoonoses Center (CEPANZO). He stressed that the Secretariat had been very consistent in interpreting the financial regulations referred to in the discussion; any surpluses were used to replenish the working capital fund, and after the working capital fund had been fully replenished, any amounts left over were placed in a holding account, pursuant to Financial Rule 103.7. With regard to the origin of the contributions to the extrabudgetary funds, he pointed out that the report contained a detailed account of those contributions. As for the issue of cash-on-hand, he said that, in fact, all those funds were invested, and he assured the Committee that PAHO's money had been invested intelligently and securely. As for the shortcomings of the FAMIS system, on the whole, the system was now functioning well, although work remained to be done to upgrade it. In regard to the year 2000 problem, he stressed that all computer systems within the Organization would be fixed on time. Finally, Mr. Matthews pointed out that the centers were an integral part of PAHO's programs and that they were never intended to be financially independent.

The Director began by expressing his satisfaction with the external auditor's unqualified report, which confirmed the strong financial situation of the Organization. He commended the Member States for the important role they had played in achieving that result by paying their quotas on time and providing advice as to how funds should be used. He hoped that the delegates shared his satisfaction with such a positive report. He also noted that the goal of fiscal transparency had been wholly achieved by the Organization. Referring to the issue of the working capital fund, the Director pointed out that prudent management of the Organization's resources had made it possible to fund programs over

the course of the 1996-1997 biennium and still end the period with the surplus needed to restore the working capital fund. He explained that fund was used as a “cushion” to cover shortfalls in unforeseen circumstances, not as a mechanism for internal borrowing, as in WHO.

As for the use of extrabudgetary funds, the Director agreed wholeheartedly that the strategic and programmatic priorities should be upheld when such funds were used and pointed out that PAHO’s system for ensuring that extrabudgetary funds were used to support organizational priorities was considered a model to be emulated by the rest of WHO. He emphasized that PAHO never accepted extrabudgetary funding for projects that were not consistent with the priorities identified by the Member States. On the issue of the Pan American centers and their relationship to PAHO, the Director stressed that the centers were specialized mechanisms that had been created to serve as an extension of the normal technical cooperation program in specific fields and that it had never been envisioned that they should become self-sufficient or separate from the Organization in programmatic or financial terms. He also pointed out that the financial situation of individual centers had improved and that resources had been carefully managed, allowing the centers to continue to do the remarkable work they were doing.

The Executive Committee adopted Resolution CE122.R2.

***PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings  
(Document CE122/19)***

Mr. Eric Boswell (Chief of Administration, PAHO) reported to the Committee on the status of a three-stage project for maintenance and repair of PAHO’s field office building in Brasilia, Brazil, the initial phase of which had been approved in 1995 at the 116th Session of the Executive Committee. The Secretariat now proposed that the Committee approve the third and final stage, the total cost of which was estimated at \$350,000. In addition, it had become imperative to replace the caulking on all exterior wall windows of the PAHO Headquarters building in Washington, D.C., in order to remedy a persistent problem of water infiltration. For the same reason, the machine house roof also needed to be replaced in order to prevent water damage to the new heating and cooling systems that would be installed during 1998. The total cost of repairing the windows and the machine house roof was estimated at \$200,000, 25% of which would be requested as a reimbursement from the WHO Real Estate Fund. Hence, the Committee was requested to approve total funding in the amount of \$550,000 from the PAHO Building Fund.

Finally, Mr. Boswell informed the Committee that the Director had decided to allocate \$1.4 million from extrabudgetary income to cover the cost of replacing the steam and chilled water equipment in the Headquarters building.

In the Committee's discussion, it was pointed out that spending for real estate expenses reduced the amount available for health programs and that care should therefore be taken in contemplating large and costly projects. Questions were also asked regarding the operation of the Building Fund and the mechanism whereby money flowed into and out of the Fund. In addition, Mr. Boswell was asked to clarify the source of the funds for replacement of the heating and cooling systems in the Headquarters building, which the document said would come from miscellaneous funds but which Mr. Boswell had indicated would be allocated out of extrabudgetary funds.

Mr. Boswell emphasized that the Secretariat appreciated the need to be cautious about spending on large building-related projects. However, all the repairs described in the document were badly needed, and the Secretariat therefore considered the expenditures justified. Moreover, the resources would come not from the PAHO regular program budget but from the Building Fund, which had been established by the Directing Council specifically to cover the costs of maintaining and repairing PAHO-owned buildings. The moneys for the Building Fund were derived mainly from fees for the rental of office space and conference facilities in PAHO buildings. The Fund was replenished as income became available.

With regard to the source of the funds for the replacement of the heating and cooling systems in the Headquarters building, he explained that it was more appropriate to refer to those funds as extrabudgetary resources than as miscellaneous funds. They were resources that the Organization obtained from management fees and other sources. The Director had sole discretion over those funds and had decided to utilize them for the long-overdue replacement of the heating and cooling systems because the amount available in the Building Fund was insufficient to cover a project of such magnitude.

The Committee adopted Resolution CE122.R14.

***PAHO Field Office Buildings (Document CE122/20)***

Mr. Boswell reviewed the status of three previously approved projects for the construction of PAHO offices in Barbados, Honduras, and Mexico. The Office of the Caribbean Program Coordination, in Barbados, had been completed and opened in April 1997. No agreement had been reached regarding the construction sites for the offices in Honduras and Mexico, as a result of which those projects remained on inactive status. The Secretariat would report any new developments to the Executive Committee.



The Executive Committee took note of the progress report on PAHO field office buildings (Decision CE122(D8)).

## **Personnel Matters**

### ***Amendments to the PASB Staff Rules (Document CE122/21)***

Dr. Diana LaVertu (Chief of the Division of Personnel, PAHO) outlined the proposed changes to the Staff Rules of the Pan American Sanitary Bureau, which concerned revision of the base/floor salary scale for the professional and higher graded categories of personnel, salaries of ungraded posts (Director, Deputy Director, and Assistant Director of PASB), and salaries of staff in the general services category. She noted that, in addition to the aforementioned changes, several amendments to the staff rules were proposed in order to clarify the provisions regarding employment of spouses and close relatives of staff members and national professional officers. The text of the proposed changes and amendments were including in the document examined by the Committee.

In the ensuing discussion, Dr. LaVertu was asked to clarify the amendment regarding employment of close relatives of staff members. She explained that an amendment to Staff Rule 410.3, adopted in 1995 by the Executive Committee, provided that spouses would be allowed to compete for positions within the Organization while ensuring that they would not be given preference by virtue of their relationship to a staff member. However, that amendment had been interpreted as having removed the restrictions that still existed concerning the appointment of other close relatives. The amendment proposed in the annex to Document CE122/21 would eliminate that ambiguity.

The Committee adopted Resolution CE122.R8.

### ***Statement by the Representative of the PAHO/WHO Staff Association (Document CE122/22)***

Ms. Luz María Esparza (President, PAHO/WHO Staff Association) was pleased to report that the Director had decided to create an ombudsman post within PAHO. The Staff Association, which had been calling for the creation of such a post for 14 years, welcomed that decision and was certain that the ombudsman would have a positive impact on the life of the Organization. Nevertheless, the Staff Association remained concerned about several issues, which it had brought to the Committee's attention on various prior occasions and which were described in greater detail in the document prepared by the Association. Those issues included the existence of different contracting mechanisms,

which the Staff Association felt placed some staff at a disadvantage and violated the principle of equal pay for equal work; changes made by the International Civil Service Commission in the methodology used to determine salaries for staff in the general service category; deterioration of the salaries of staff in the professional category and failure to apply the Noblemaire Principle, which stated that salaries of professional staff were to be based on those of the best-paid national civil service; and possible problems created by the Organization's new staff performance and evaluation system.

She encouraged the Executive Committee to voice its support for solutions that were in the best interests of staff, since the staff worked for the Member States and were the Organization's principal asset.

The Executive Committee acknowledged the invaluable contribution of the staff to the work of PAHO. However, it reiterated the view that had been expressed at the 120th Session the previous year, namely, that it was not appropriate for the Committee to be directly involved or attempt to influence decisions regarding internal staff-management issues, although the Committee should be made aware of those issues. It was suggested that future Staff Association documents submitted to the Committee be accompanied by a document expressing the Director's views on the concerns raised by the Staff Association in order to give the Committee a better understanding of the issues.

Ms. Esparza emphasized that the Staff Association had an excellent relationship with the Director. Although there were sometimes differences in how the two sides thought problems should be resolved, there was always open communication between them and a willingness to dialogue.

The Director agreed with Ms. Esparza, stressing that he would not want anyone to perceive the Staff Association's presentation as evidence of a poor relationship between management and staff. Although he did not always agree with the Staff Association's positions, he would always defend the Association's right to express its views to the Executive Committee. In regard to the ombudsman position, he had indicated at the Committee's session in June 1997 that he had referred the matter to the Joint Advisory Committee (JAG) and would make a decision based on that body's recommendation. In accordance with those recommendations, he had decided to create the ombudsman position and would be working with the Staff Association to determine how to go about implementing that decision.

As for the matter of different hiring systems, he defended the practice of recruiting national staff. It was simply not possible, given budget constraints, for the Organization to meet all the demands for technical cooperation in the countries using only international staff. The local contracts were not only perfectly legal and in accord with the labor laws of

each country, they were, in his opinion, morally justifiable. Moreover, the Organization always tried to be a good employer and paid locally recruited staff the highest salaries and benefits possible in the national market. With regard to the Staff Association's concerns about the personnel evaluation system, he pointed out that the old system had been highly subjective and that the new system was intended to provide a more objective assessment of staff performance, linked to the Organization's overall planning and programming system. As with any new system, there were some problems that needed to be worked out. Nevertheless, he felt that the system being developed at PAHO was conceptually better than any other personnel evaluation method he had seen in the United Nations system.

The Executive Committee took note of the report of the Staff Association (Decision CE122(D7)).

### **General Information Matters**

#### ***Resolutions and Other Actions of the Fifty-first World Health Assembly of Interest to the PAHO Executive Committee (Document CE122/23)***

Dr. David Brandling-Bennett (Deputy Director, PAHO) outlined the resolutions of the Fifty-first World Health Assembly that the Secretariat considered to be of particular interest to the Region of the Americas. The Assembly had adopted 31 resolutions, of which 19 were summarized in the document. Under administrative and financial matters, the Executive Committee had already discussed Resolution WHA51.31, which concerned revision of the WHO Constitution and regional budget allocations. Several of the resolutions concerned program and policy matters discussed in recent years by the Governing Bodies of PAHO: health promotion, tuberculosis, elimination of the transmission of Chagas' disease, emerging and other communicable diseases, noncommunicable disease prevention and control, the International Decade of the World's Indigenous People, technical cooperation between countries, health sector reform, health of children and adolescents, and environmental matters, notably the protection of human health from threats related to climate change and stratospheric ozone depletion. In addition, the Region of the Americas had contributed significantly to the development of the new policy on health for all in the 21st century and PAHO was strongly committed to the principles and policies expressed in Resolution WHA51.7.

With regard to resolutions on matters not considered recently by the PAHO Governing Bodies, Dr. Brandling-Bennett noted that the Organization was working to address the public health consequences of anti-personnel land mines (the subject of Resolution WHA51.8) in Central America. In relation to Resolution WHA51.9, PAHO encouraged Member States and other interested parties to provide consumers with the means to judge the validity and credibility of health-related information and advertising on

the Internet. While trachoma was not a major public health problem in the Americas, in keeping with Resolution WHA51.11, PAHO would collaborate with affected countries to improve surveillance and eliminate foci of transmission. As for the elimination of leprosy as a public health problem (Resolution WHA51.15), he pointed out that every country in the Region, with the possible exception of Brazil, was expected to achieve the goal of elimination by 1999.

In addition to the World Health Assembly resolutions analyzed in Document CE122/23, the Secretariat wishes to bring to the attention of the Committee two matters discussed by the 102nd Session of the WHO Executive Board which were of direct relevance to the Governing Bodies of PAHO. The first was Executive Board Resolution EB102.R1, which requested the Regional Director for the Americas to discuss with the Governing Bodies the possibility of changing the rules for appointment of the Director of PASB. Second, because the World Health Assembly had been unable to arrive at an agreement on the proposed resolution concerning the Revised Drug Strategy of WHO, it referred the matter back to the Executive Board for study. The Board had also decided to establish an ad hoc working group to consider the Revised Drug Strategy of WHO. A subgroup would be formed, composed of two members from each Region, at least one of which should be a member of the Executive Board. Each Regional Committee was therefore asked to nominate its representatives to the subgroup. That task would fall to the Pan American Sanitary Conference in September.

The Director explained that the Executive Board decided that Regional Directors would serve for five years, as does the Director-General of WHO, and they could be re-elected only once. Currently, in the Region of the Americas, the Pan American Sanitary Conference elects the Director of PASB every four years, with no restrictions on re-election. Hence, accepting the change proposed in Resolution EB102.R1 would entail an amendment to the Constitution of PAHO to alter the frequency of Pan American Sanitary Conferences.

The consensus of the Committee was that the change was desirable in order to make Regional practices consistent with those of the other WHO Regions and WHO Headquarters. At the same time, however, it was felt that there was not sufficient time for all the Member States to be adequately informed about the nature and ramifications of the change prior to the Pan American Sanitary Conference in September 1998. Moreover, it was pointed out that if the date of the next Pan American Sanitary Conference were to be changed, it would no longer coincide with the observance of the Organization's 100th anniversary in 2002. The Committee therefore proposed that the matter be analyzed

and decided by the Governing Bodies after the 25th Pan American Sanitary Conference and that no change be made in the scheduled date for the 26th Pan American Sanitary Conference.

The Director said that he would ask the PAHO Office of Legal Affairs to prepare a brief paper on the issue for consideration by the Executive Committee.

In relation to the working group on the Revised Drug Strategy, the Director said that in order to gain a better understanding of the contentious points surrounding the proposed strategy and explain them to the Pan American Sanitary Conference, he had decided to convene a small group of four or five countries to analyze the issue. The Secretariat would prepare a document containing the conclusions of that group and try to send it to the delegates well in advance of the Conference, which would be asked to designate the Regional representatives to the Executive Board working group.

The Executive Committee took note of the Secretariat's report and agreed that consideration of the proposed modifications to the PAHO Constitution and changes in the procedure for election of the Director should be postponed until after the 25th Pan American Sanitary Conference (Decision CE122(D9)).

### **Procedural Matters**

#### ***Representation of the Executive Committee at the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas***

It was decided that the Executive Committee would be represented at the 25th Pan American Sanitary Conference by its President and Vice President (Chile and the Bahamas.) Their alternates would be Mexico and Antigua and Barbuda, respectively (Decision CE120(D2)).

#### ***Provisional Agenda of the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas (Document CE122/4)***

Dr. Brandling-Bennett presented the agenda prepared by the Director in accordance with Article 7.F of the PAHO Constitution and Rule 6 of the Rules of Procedure of the Conference. In relation to Item 2.6, "Modifications to the Rules of Procedure of the Pan American Sanitary Conference," he recalled that both the Executive Committee and the Directing Council had modified their rules of procedure during 1997 and it was now proposed that the Conference modify its own rules in order to ensure greater consistency in the rules of all the Governing Bodies. With regard to the program

policy matters, they were the same as those examined by the Executive Committee, with the exception of hantavirus, which the Secretariat felt did not need to go forward. However, the technical documents and guides on the subject would be available.

It was suggested that the agenda should also include an update on PAHO's activities in relation to health sector reform and on the Organization's progress in fulfilling the mandate it had received from the Summit of the Americas to monitor the implementation of health reform plans and programs in the Region. It was proposed that the topic of health reform might be considered in conjunction with the proposed strategic and programmatic orientations for 1999-2002. With regard to Item 3.3, "Reports of the Member States of the Organization on Public Health Conditions and Progress Achieved in the Interval between the 24th and 25th Pan American Sanitary Conferences," the Executive Committee proposed that delegates to the Conference be asked to limit their interventions in order to allow sufficient time for due consideration of all items on the Conference's agenda.

The Director pointed out that the document presented in connection with Item 3.3, the publication *Health in the Americas, 1998*, would contain a comprehensive report on health conditions in each country of the Region. Providing there were no legal impediments in the rules of procedure or prior resolutions adopted by the Governing Bodies, the Secretariat planned to suggest that those delegates who wished to add to or update the information in that publication present any additional information in writing (no more than 600 words). Any written statements submitted would be included in the record of the Conference. With regard to the suggestion that health sector reform be discussed in conjunction with the SPOs, he said that he considered the topic too important to append it to another item. He proposed instead that it be included as a separate item on the agendas of the Governing Bodies for 1999. He also noted that he would be addressing the subject of health sector reform in his quadrennial report to the Pan American Sanitary Conference.

The Committee adopted Resolution CE122.R13.

### **Closing of the Session**

The Director thanked all the delegates for their obvious attention to the documents prior to the session and for their valuable input during the discussion of the various items. He also expressed his appreciation for the work of the Subcommittee on Planning and Programming, which had greatly expedited the Committee's deliberations. Finally, he thanked the President for skillfully guiding the debate and allowing everyone to participate.

The President also thanked the delegates for their interventions, which had been succinct and to the point. He felt that the fact the session had ended a day earlier than scheduled reflected an emphasis on “quality over quantity.” On behalf of the entire Committee, he expressed gratitude to the Director and the staff of the Secretariat for their efficiency and attention to detail, which had ensured that the session ran smoothly. He then declared the 122nd Session of the Executive Committee closed.

### **Resolutions and Decisions**

The following are the resolutions adopted and decisions taken by the Executive Committee at its 122nd Session:

#### ***Resolutions***

##### ***CE122.R1 Collection of Quota Contributions***

##### ***THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director on the collection of quota contributions (Document CE122/18, and Add. I), and the report provided on Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting the provisions of Article 6.B of the PAHO Constitution relating to the suspension of voting privileges of Member States that fail to meet their financial obligations and the potential application of these provisions to seven Member States; and

Noting with concern that there are 25 Member States that have not made any payments towards their 1998 quota assessments and that the amount collected for 1998 assessments represents only 25% of total assessments,

#### ***RESOLVES:***

1. To take note of the report of the Director on the collection of quota contributions (Document CE122/18, and Add. I).
2. To thank the Member States that have already made payments for 1998 and to urge the other Member States to pay their outstanding contributions as soon as possible.

3. To recommend to the 25th Pan American Sanitary Conference that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that by the opening of that meeting have not made substantial payments towards their quota commitments or in accordance with their deferred payment plans.
4. To request the Director to continue to inform the Member States of any balances due and to report to the 25th Pan American Sanitary Conference on the status of the collection of quota contributions.

*(Adopted at the fourth meeting, 23 June 1998)*

***CE122.R2 Financial Report of the Director and Report of the External Auditor for 1996–1997***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having examined the Financial Report of the Director and Report of the External Auditor for 1996–1997 (*Official Document 286*),

***RESOLVES:***

1. To transmit the Financial Report of the Director and Report of the External Auditor for 1996–1997 (*Official Document 286*) to the 25th Pan American Sanitary Conference for its consideration.
2. To note that the financial statements for the 1996–1997 biennium are presented in accordance with the United Nations System Accounting Standards resulting in an improvement in the disclosure and clarity of the statements.
3. To note the efforts of the Organization to monitor and to seek additional sources of support to strengthen the financial positions of the Caribbean Epidemiology Center (CAREC), Caribbean Food and Nutrition Institute (CFNI), Institute of Nutrition of Central America and Panama (INCAP), Pan American Institute for Food Protection and Zoonoses (INPPAZ), and Pan American Foot-and-Mouth Disease Center (PANAFTOSA).
4. To congratulate the Director on his successful efforts to maintain a sound financial position for the Organization.

*(Adopted at the fourth meeting, 23 June 1998)*



***CE122.R3 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for 2000–2001***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having considered Document CE122/7, which contains a tentative request to the World Health Organization for US\$ 82,686,000 without cost increases for the Region of the Americas for 2000–2001; and

Noting that the Subcommittee on Planning and Programming has reviewed the program budget proposal in general terms,

*RESOLVES:*

1. To thank the Subcommittee on Planning and Programming for its review.
2. To recommend to the 25th Pan American Sanitary Conference, 50th Session of the Regional Committee of WHO for the Americas, that it approve the 2000–2001 proposal of US\$ 82,686,000 without cost increases by adopting a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Having considered Document CSP25/\_\_\_\_\_ and the tentative request to the World Health Organization for US\$ 82,686,000 without cost increases for the Region of the Americas for 2000–2001; and

Noting the recommendation of the 122nd Session of the Executive Committee,

*RESOLVES:*

To request the Director to transmit to the Director-General of WHO the request for US\$ 82,686,000 without cost increases for the Region of the Americas for 2000–2001, for consideration by the WHO Executive Board and the World Health Assembly in 1999.

*(Adopted at the fifth plenary session, 24 June 1998)*

***CE122.R4 Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999–2002***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having seen Document CE122/8, which proposes the strategic and programmatic orientations for the Pan American Sanitary Bureau corresponding to the quadrennium 1999–2002,

*RESOLVES:*

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Having seen Document CSP25/\_\_\_\_, “Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999–2002”;

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

Recognizing the need of the Member States and the Secretariat to channel their efforts and resources toward tasks that improve access to health services and help to ensure effective satisfaction of the health needs of the inhabitants of the Region,

*RESOLVES:*

1. To approve the “Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999–2002” as a basic frame of reference for the strategic planning of the technical cooperation of the Secretariat.
2. To urge the Member States, when formulating their national health policies, to take into account the strategic and programmatic orientations for the Bureau corresponding to the quadrennium 1999–2002.
3. To request the Director to:
  - (a) apply the strategic and programmatic orientations when preparing the biennial program budgets of the Organization during the quadrennium 1999–2002;

- (b) assess the impact of technical cooperation with the Member States, utilizing the "Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999–2002" as the basic frame of reference, and report the findings of this assessment to the Governing Bodies;
- (c) disseminate the document "Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999–2002" among the Member States and transmit it to the Director General of WHO for consideration;
- (d) transmit the aforementioned document to multilateral organizations and the technical cooperation agencies of donor countries that participate in health sector activities of the Member States.

*(Adopted at the fifth meeting, 24 June 1998)*

***CE122.R5    Population and Reproductive Health***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having read and analyzed the report of the Director on population and reproductive health (Document CE122/11),

***RESOLVES:***

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Reaffirming and updating the concepts and mandates contained in Resolutions CD30.R8, CD31.R18, CD32.R9, CD33.R13, CD35.R19, CSP23.R17, CD36.R18 and CD37.R18, and the discussion at the 116th Session of the Executive Committee in 1995 on the subjects of population, family planning, maternal and child health, prevention and reduction of maternal mortality, comprehensive health of adolescents, and population and reproductive health; and

Noting with satisfaction that concerted efforts in the past have been influential in improving reproductive health and that significant progress has been made, and observing that some major challenges remain to achieving reproductive health for all, especially the righting of inequities,

*RESOLVES:*

1. To urge Member States to:
  - (a) reaffirm commitments to implement plans of action developed within the context of international conferences and the PAHO Governing Bodies for action in the area of reproductive health, in the spirit of respect for the values and culture of each person, family, community, and nation;
  - (b) recognize the critical importance of reproductive health services, which demand an intersectoral approach, a basic policy and legal structure, good management, organizational support, and competent human resources;
  - (c) develop reliable information systems for decision-making and effective strategy design, including the development of process and impact indicators to be utilized in ongoing monitoring and evaluation;
  - (d) stimulate research on the cost-effectiveness of specific interventions and technology, motivation for attitudinal and behavioral change in reproductive health, the social costs of maternal morbidity and mortality, and utilization of communication methodologies to disseminate information in different sectors of the population;
  - (e) ensure, in the context of health sector reform, an adequate financial base for reproductive health activities.
2. To request the Director to:
  - (a) continue to support technical cooperation with the countries in reproductive health and population;
  - (b) encourage the development and testing of instruments and methodologies that facilitate the countries' implementation of an integral focus for reproductive health activities and encourage broad multidisciplinary/multisectoral and population-based consultation in the definition of priorities;
  - (c) intensify interagency cooperation and coordination in order to maximize the impact of activities;
  - (d) continue efforts to mobilize resources, which will permit, in an environment of respect for the rights, values, and culture of all persons involved, the development of reproductive health activities in the countries of the Region.

*(Adopted at the fifth meeting, 24 June 1998)*

***CE122.R6 Prevention and Control of Tobacco Use***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having seen the report of the Director on the prevention and control of tobacco use (Document CE122/12) and Resolution CD34.R12 (1989),

*RESOLVES:*

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Having seen the report of the Director on the prevention and control of tobacco use (Document CSP25/\_\_\_\_) and Resolution CD34.R12 (1989);

Recognizing the seriousness of the epidemic of tobacco use and dependency as a priority health problem in the Region, especially among children and adolescents; and

Mindful of the need for immediate adoption of effective measures aimed at the prevention and control of this epidemic,

*RESOLVES:*

1. To adopt the recommendations presented in Document CSP25/\_\_\_\_\_.
2. To request Member States to:
  - (a) take urgent steps to protect children and adolescents through the regulation of advertising, to enforce the laws and ordinances aimed at eliminating the sale of tobacco products to minors, and to establish effective prevention programs;
  - (b) officially designate a staff member or unit to be in charge of intra- and interministerial coordination of the national programs for the prevention and control of smoking;
  - (c) prepare and implement a plan of action, with educational, legislative, regulatory, and fiscal components, for the prevention and control of tobacco use.

3. To recommend that the Director step up the efforts of the Organization to mobilize the budgetary and extrabudgetary resources needed to support and strengthen the regional programs to control smoking.

*(Adopted at the fifth meeting, 24 June 1998)*

***CE122.R7 PAHO Award for Administration, 1998***

*THE 122nd MEETING OF THE EXECUTIVE COMMITTEE,*

Having examined the report of the Award Committee of the PAHO Award for Administration, 1998 (Document CE122/6, Add. I); and

Bearing in mind the provisions of the Procedure and Guidelines for conferring the PAHO Award for Administration as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994),

***RESOLVES:***

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 1998, on Dr. Christine Olive Moody, of Jamaica, for her contribution to the planning, administration, and leadership of the health services of Jamaica, and her continuous efforts towards the development of primary health care at the regional and global levels.
2. To transmit the report of the Award Committee of the PAHO Award for Administration, 1998 (Document CE122/6, Add. I), to the 25th Pan American Sanitary Conference.

*(Adopted at the sixth meeting, 24 June 1998)*

***CE122.R8 Amendments to the Staff Rules of the Pan American Sanitary Bureau***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE122/21;

Taking into account the actions of the Fifty-first World Health Assembly related to the remuneration of the Assistant Directors-General and Regional Directors, the Deputy Director-General, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau, and Resolution CD20.R20 of the 20th Directing Council; and

Recognizing the need for uniformity of conditions of employment of PASB and WHO staff,

*RESOLVES:*

1. To confirm the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the annex to Document CE122/21:
  - (a) with effect from 1 January 1998 concerning the staff assessment rates for the general service category;
  - (b) with effect from 1 January 1998 concerning the appointment of close relatives;
  - (c) with effect from 1 March 1998 concerning the salary scale applicable to staff in the professional and higher-graded categories and the rates of staff assessment for the professional and higher-graded staff without dependents;
  - (d) with effect from 1 March 1998, the editorial changes in the Spanish language version of Rules 1340, 1340.1, and 1340.2, concerning the National Professional Officer category of staff.
2. To establish, effective 1 March 1998:
  - (a) the annual net salary of the Deputy Director at \$93,671 at dependency rate and \$84,821 at single rate;
  - (b) the annual net salary of the Assistant Director at \$92,671 at dependency rate and \$83,821 at single rate.
3. To recommend to the 25th Pan American Sanitary Conference that it establish the annual net salary of the Director at \$102,130 at dependency rate and \$91,883 at single rate, effective 1 March 1998.

*(Adopted at the sixth meeting, 24 June 1998)*

***CE122.R9 Health of Older Persons***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having read and analyzed the report of the Director on the health of older persons (Document CE122/13),

*RESOLVES:*

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Considering that population aging will have a major impact on health care, on the kinds of institutions and informal arrangements that will be needed to support family care-giving, and on the distribution of resources along the life span;

Aware that the greatest challenge of the millennium will be to keep aging populations active and free of disabling diseases for as long as possible and that active and healthy aging depends to a large extent on a health promotion perspective; and

Recognizing that 1999, International Year of Older Persons, is an important opportunity for PAHO/WHO to strengthen its leadership role in aging and health issues,

*RESOLVES:*

1. To request Member States to:
  - (a) endorse the new conceptual framework for healthy aging developed within the contexts of WHO's Global Program on Aging and Health, international conferences, and PAHO's health promotion and family health and population framework;
  - (b) implement national and regional plans of action on health and aging;
  - (c) consider the need to address the following key concepts in the development of national plans, policies, and programs for aging and health:
    - recognition that the health of older adults has a significant impact on a number of dimensions in the development and the functioning of societies, requiring an



- intersectoral approach guided by policy and legislative instruments, informed by research, and supported by competent human resources and health services sensitive to the needs of older persons;
- strengthening of the capacity of the primary health care sector to provide a continuum of services along the life cycle;
  - strengthening of the capacity of older persons as a resource for the development of healthy environments, provision of infrastructures to support family caregivers, development of community alternatives to institutionalization, and promotion of intergenerational programs.
2. To request the Director to:
- (a) encourage the development and testing of instruments and methodologies, which facilitate the countries' implementation of an integral approach to the health of older persons;
  - (b) continue efforts to mobilize resources which will:
    - support population research on the health and well-being of elders;
    - strengthen the capacity of a regional public policy network;
    - provide geriatric education and training of the primary health care professional;
    - develop social communication and mass media education for promoting a new conceptual framework for aging societies.

*(Adopted at the seventh meeting, 25 June 1998)*

**CE122.R10 Acquired Immunodeficiency Syndrome**

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having seen and analyzed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE122/15),

*RESOLVES:*

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CSP25/\_\_\_\_\_);

Considering that the epidemic of HIV/AIDS is still concentrated in high-risk and vulnerable populations and that this situation provides a window of opportunity to avert the spread of the epidemic to the general population in most countries of the Americas;

Taking into account the experience and achievements of Member States in establishing and developing national AIDS programs, strengthening surveillance, ensuring the safety of the blood supply, and targeting behavioral interventions to the most vulnerable groups; and

Mindful of the fact that sexually transmitted diseases remain important co-factors in the sexual transmission of HIV, as well as of the need to prevent the perinatal transmission of HIV and other pathogens and to improve the quality, efficiency, and effectiveness of HIV/AIDS/STD care,

*RESOLVES:*

1. To urge Member States to:
  - (a) redouble their efforts to fight HIV/AIDS within the multisectoral approach promoted by the Joint United Nations Program on HIV/AIDS (UNAIDS);
  - (b) endorse and support the adoption of a Region-wide strategy for sexually transmitted disease prevention and control (STD.PAC), based on the WHO guidelines;
  - (c) establish national priorities to improve HIV/AIDS/STD prevention and care, including counseling and testing, treatment and prophylaxis of tuberculosis and other opportunistic infections, early detection and treatment of curable STDs, prevention of mother-to-child transmission of HIV, development of culturally appropriate models of HIV/AIDS care, and improved access to antiretroviral drugs for all those in need;

- (d) increase national efforts against HIV/AIDS and sexually transmitted diseases and promote the establishment of technical information and financial cooperation networks between countries.
2. To request the Director to:
- (a) develop mechanisms to strengthen the regional capacity for prevention and control of sexually transmitted diseases and to adapt WHO's strategy for STD prevention and control (STD.PAC) to the Americas;
  - (b) continue to explore strategies to improve patient HIV/AIDS care, including access to AZT and other antiretroviral drugs for the prevention of mother-to-child transmission of HIV, and the treatment of HIV infection and AIDS.

*(Adopted at the seventh meeting, 25 June 1998)*

***CE122.R11 El Niño and its Impact on Health***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having seen Document CE122/10 on El Niño and its impact on health, presented by the Director,

***RESOLVES:***

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Taking note of the grave impact of El Niño 1997-1998 on the health and economy of the entire Region of the Americas;

Having seen Document CSP25/\_\_\_\_ on El Niño and its impact on health, presented by the Director;

Concerned about the vulnerability of the health sector to events resulting from this phenomenon;

Recognizing the importance of the measures adopted by several countries to strengthen their systems for epidemiological surveillance, basic sanitation, and communicable disease control;

Convinced that the damage to the infrastructure of the sector, including health facilities, water and sanitation systems, and other vital services, can be minimized for future catastrophic events and that greater efforts should therefore be made by the Member States in this regard;

Recalling Resolutions CD24.R10 (1976), CD26.R36 (1979), CD27.R40 (1980), CD32.R10 (1987), and CD40.R13 (1997) of the Directing Council, mandating that PAHO provide technical cooperation on disaster preparedness in matters related to health and, specifically, that it continue this cooperation designed to prepare the sector to deal with the disasters caused by El Niño; and

Taking into account Resolution AG/RES.1584, "Special Program of Support to Countries affected by El Nino," adopted by the XXVIII regular session of the General Assembly of the Organization of American States, urging the member states and the organs and agencies of the inter-American system (in particular the Inter-American Development Bank, the Inter-American Institute for Cooperation in Agriculture, and the Pan American Health Organization), as well as the nongovernmental organizations that are pursuing similar aims, to intensify, within the framework of the International Decade for Natural Disaster Reduction, their cooperation with efforts aimed at preventing, reducing, and repairing the effects of El Niño,

*RESOLVES:*

1. To invite the Member States to review and update their emergency health plans, using as a foundation the lessons learned from the disasters caused by El Niño 1997-1998.
2. To urge the Member States that had developed disaster preparedness and mitigation programs prior to the disasters caused by El Niño to strengthen these programs, maintaining a comprehensive vision that encompasses all types of risks.
3. To request the Member States that still have not done so to:
  - (a) develop disaster mitigation programs that, in keeping with the recommendations of the International Conference on Disaster Mitigation in Health Facilities held in

- Mexico in 1996, include aspects of design and structural and nonstructural reinforcement and maintenance of health facilities, water and sanitation systems, and other vital services;
- (b) strengthen their programs for preparedness in any emergency, placing multidisciplinary emphasis on epidemiological surveillance, disease control, environmental quality, environmental sanitation, and vector control, as well as on disaster preparedness in hospitals and communities;
  - (c) support data collection and medium- and long-term research projects in order to determine with greater certainty the impact of El Niño on human health.
4. To request the Director to:
- (a) strengthen technical cooperation with the Member States for the development of policies and programs geared toward upgrading the sanitary structure for the prevention and mitigation of damages caused by disasters;
  - (b) promote regional and country efforts to ensure the creation of an institutional memory with respect to El Niño 1997-1998, as well as epidemiological surveillance and research studies that lead to a better understanding of the impact of this phenomenon.

*(Adopted at the seventh meeting, 25 June 1998)*

***CE122.R12 Vaccines and Immunization***

***THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director on vaccines and immunization (Document CE122/16),

***RESOLVES:***

To recommend to the 25th Pan American Sanitary Conference the adoption of a resolution along the following lines:

*THE 25th PAN AMERICAN SANITARY CONFERENCE,*

Having considered the progress report of the Director on vaccines and immunization (Document CSP25/\_\_\_\_\_);

Noting with satisfaction the progress being achieved in the control/eradication of some of the vaccine-preventable diseases, e.g., measles eradication by the year 2000, control of neonatal tetanus, and maintenance of polio free status;

Recognizing that several countries have already introduced or are considering the introduction of additional vaccines, e.g., measles-mumps-rubella (MMR) and *Haemophilus influenzae* type B (Hib) into their national immunization programs; and

Observing with preoccupation that surveillance for acute flaccid paralysis (AFP) has deteriorated in several countries, the number of individuals susceptible to measles has accumulated to dangerous levels in a few countries, and outbreaks of yellow fever have been observed in areas of the endemic countries,

*RESOLVES:*

1. To urge Member States to:
  - (a) strengthen their acute flaccid paralysis (AFP) surveillance system to ensure that the Region remains polio free;
  - (b) emphasize the critical need of implementation of follow up measles campaigns in those countries that have accumulated a considerable number of children susceptible to measles;
  - (c) introduce vaccines against rubella and *Haemophilus influenzae* type B into their national vaccination schedule, and against yellow fever in all the areas endemic for this disease;
  - (d) recognize the importance of guaranteeing the financing of their national immunization programs with funds from their national budgets;
  - (e) utilize vaccination coverage and epidemiological surveillance indicators for vaccine-preventable diseases at the district level, as indicators to measure the impact of the decentralization of the health services.

*(Adopted at the seventh meeting, 25 June 1998)*

***CE122.R13 Provisional Agenda of the 25th Pan American Sanitary Conference,  
50th Session of the Who Regional Committee for the Americas***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having examined the provisional agenda (Document CSP25/1) prepared by the Director for the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas, presented as an annex to Document CE122/4; and

Bearing in mind the provisions of Article 7.F of the PAHO Constitution and Rule 6 of the Rules of Procedure of the Conference,

***RESOLVES:***

To approve the provisional agenda (Document CSP25/1) prepared by the Director for the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas.

*(Adopted at the seventh meeting, 25 June 1998)*

***CE122.R14 PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings***

*THE 122nd SESSION OF THE EXECUTIVE COMMITTEE,*

Having reviewed Document CE122/19, which reports on actions taken by the Secretariat in relation to the approved projects financed by the PAHO Building Fund and describes additional project requirements,

***RESOLVES:***

1. To approve the additional maintenance projects for the Brasilia field office building for an estimated cost of US\$ 350,000.
2. To approve repairs to the curtain wall windows and machine house roof of the PAHO Headquarters building for an estimated cost of \$200,000.

*(Adopted at the seventh meeting, 25 June 1998)*

***Decisions***

***CE122(D1) Adoption of the Agenda***

Pursuant to Rule 9 of the Rules of Procedure, the agenda submitted by the Director (Document CE122/1, Rev. 1) was adopted.

*(First meeting, 22 June 1998)*

***CE122(D2) Representation of the Executive Committee at the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas***

Pursuant to Rule 54 of the Rules of Procedure, it was decided to designate the President (Chile) and the Vice President (Bahamas) of the Executive Committee to represent the Committee at the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas. As alternates to these representatives, the Committee designated Mexico and Antigua and Barbuda, respectively.

*(First meeting, 22 June 1998)*

***CE122(D3) Report of the Subcommittee on Planning and Programming***

The Executive Committee heard and discussed the report of the Subcommittee on Planning and Programming (Document CE122/5). The Secretariat took note of the debate that followed.

*(First meeting, 22 June 1998)*

***CE122(D4) Technical Cooperation Among Countries: Pan Americanism in the Twenty-first Century***

The Executive Committee examined and discussed the document “Technical Cooperation Among Countries: Pan Americanism in the Twenty-first Century” (Document CE122/9). The Secretariat took note of the debate that followed.

*(Third meeting, 23 June 1998)*



***CE122(D5) Hantavirus***

The Executive Committee examined and discussed the report on hantavirus (Document CE122/4). The Secretariat took note of the debate that followed.

*(Fifth meeting, 24 June 1998)*

***CE122(D6) PAHO Publications Program***

The Executive Committee heard and discussed the report on the PAHO publications program (Document CE122/16). The Secretariat took note of the debate that followed.

*(Sixth meeting, 24 June 1998)*

***CE122(D7) Statement by the Representative of the PAHO/WHO Staff Association***

The Executive Committee heard and discussed the statement by the representative of the PAHO/WHO Staff Association (Document CE122/22). The Secretariat took note of the debate that followed.

*(Sixth meeting, 24 June 1998)*

***CE122(D8) PAHO Field Office Buildings***

The Executive Committee took note of the progress report on PAHO field office buildings (Document CE122/20).

*(Seventh meeting, 25 June 1998)*

***CE122(D9) Resolutions and other Actions of the Fifty-first World Health Assembly of Interest to the PAHO Executive Committee***

The Executive Committee took note of the report on resolutions and other actions of the Fifty-first World Health Assembly of interest to the PAHO Executive Committee, as well as several actions of the 102nd Session of the WHO Executive Board of direct relevance to the Region of the Americas (Document CE122/23). In relation to the changes

proposed by Resolution EB102.R1 concerning the election of the Director of the Pan American Sanitary Bureau, the Committee recommended that consideration of the matter be postponed until after the 25th Pan American Sanitary Conference.

*(Seventh meeting, 25 June 1998)*

IN WITNESS WHEREOF, the President of the Executive Committee and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE in Washington, D.C., United States of America, on this twenty-fifth day of June, nineteen hundred and ninety-eight. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member States of the Organization.

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Fernando Muñoz Porras  
President of the 122nd Session  
of the Executive Committee  
Delegate of Chile

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George A. O. Alleyne  
Secretary ex officio of the 122nd Session  
of the Executive Committee  
Director of the  
Pan American Sanitary Bureau

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Adoption of the Agenda and Program of Meetings
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### Official Documents

*Official Document 286* Financial Report of the Director and Report of the External Auditor for 1996-1997

### Working Documents

- CE122/1, Rev. 3 Agenda
- CE122/2, Rev. 2 List of Participants
- CE122/3 Representation of the Executive Committee at the 25th Pan American Sanitary Conference, 50th Session of the WHO Regional Committee for the Americas
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LISTA DE PARTICIPANTES**

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