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FINAL REPORT

Opening of the Session

The 124th Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization on 21-24 June 1999. The session was attended by delegates of the nine Members of the Executive Committee: Antigua and Barbuda, Colombia, Cuba, Ecuador, Mexico, Nicaragua, Panama, Paraguay, and United States of America. Present in an observer capacity were delegates of the following other Member States: Canada, France, Jamaica, Peru, and Uruguay. In addition, two intergovernmental organizations and five nongovernmental organizations were represented.

Dr. Edgar Rodas (Ecuador, President of the Executive Committee) opened the session and welcomed the participants.

Sir George Alleyne (Director, PASB) also welcomed the participants, in particular the observers, whose presence was an indication of their interest in the work of the Organization. The participation of so many Member States in the meetings of the Governing Bodies was especially gratifying to the staff of the Secretariat, for whom those meetings marked the high points of the year.

Officers

The Members elected to office at the Committee's 123rd Session continued to serve in their respective capacities at the 124th Session. The officers were therefore as listed below:

<i>President:</i>	Ecuador	(Dr. Edgar Rodas)
<i>Vice President:</i>	Colombia	(Dr. Carlos Paredes Gómez)
<i>Rapporteur:</i>	Antigua and Barbuda	(Dr. Carlos Mulraine)

Adoption of the Agenda and Program of Meetings (Documents CE124/1, Rev. 1, and CE124/WP/1)

Dr. David Brandling-Bennett (Deputy Director, PASB) noted that, because no applications had been received from nongovernmental organizations seeking to establish official relations with PAHO, there would be no report from the Standing Committee on Nongovernmental Organizations (Provisional Agenda Item 3.4). Accordingly, that item would not be included on the agenda. The Committee adopted the provisional agenda, as

amended, and the program of meetings prepared by the Secretariat (Decision CE124(D1)).

Committee and Subcommittee Reports

Report of the Subcommittee on Planning and Programming (Document CE124/5)

The report on the 31st and 32nd Sessions of the Subcommittee on Planning and Programming was presented by Dr. Edgar Rodas in representation of the Government of Ecuador, which was elected to the Presidency of the Subcommittee at the 31st Session. At those two sessions the Subcommittee discussed nine items that were also on the agenda of the Executive Committee at the 124th Session, namely: Provisional Draft of the Program Budget of the Pan American Health Organization for the Financial Period 2000-2001, Tobacco Control in the Americas, PAHO's Response to hurricane Mitch, Integrated Management of Childhood Illness, Persistent Organic Pollutants, Strengthening of Blood Banks in the Region of the Americas, Monitoring and Evaluation of Health Sector Reform Processes, Workers' Health in the Americas, and Antimicrobial Resistance and Emerging and Reemerging Diseases. The Subcommittee's comments and recommendations on these subjects were taken into account in revising the documents for the Executive Committee and are reflected in the presentations and discussion of the respective agenda items in this report.

The Subcommittee also considered the following items, which were not forwarded to the Executive Committee: Violence against Women in the Americas, Fellowships Program of the Pan American Health Organization, Evaluation of PAHO Technical Cooperation in Argentina, Development of Quality Assurance Programs in Health Care, Expanded Textbooks and Instructional Materials Program, Health in the Summit Processes, Health and its Contribution to Poverty Alleviation, and Geographic Information Systems in Health. Summaries of the presentations and discussions on all the above-mentioned items may be found in the final reports of the Subcommittee's 31st and 32nd Sessions (Documents SPP31/FR and SPP32/FR).

In the discussion that followed the report, the Committee's attention was drawn to the item on health and its contribution to poverty alleviation. Members who had been present at the Subcommittee sessions noted that the Subcommittee had emphasized the relationship between poverty and health not only in its discussion of that item but also in relation to the items on health sector reform and workers' health. The importance of investment in health as a means of reducing poverty was stressed. In that connection, PAHO's efforts to highlight the links between health and poverty and promote investment in health by the World Bank and other financial institutions were applauded, and the Organization was encouraged to continue with those efforts.

The Director responded that he was very committed to demonstrating the linkage between health, spending on health, and economic growth and development. In collaboration with various multilateral institutions, the Organization had compiled very convincing data that showed a strong correlation between investment in health and economic growth. PAHO and the Inter-American Development Bank were planning to co-sponsor a meeting of ministers of health and finance to present those data and show that investment in health was good not only for humanitarian and social reasons but also for solid economic reasons.

The Committee took note of the report, expressing its gratitude to the Subcommittee for its work and thanking the President for his comprehensive account of the Subcommittee's deliberations (Decision CE124(D3)).

Report of the Subcommittee on Women, Health, and Development (Document CE124/6)

Dr. Marijke Velzeboer Salcedo (Coordinator, Program on Women, Health, and Development) presented the report on the 18th Session of the Subcommittee on Women, Health, and Development, held in February 1999. She began by noting that the purpose of the Subcommittee was to advise the Executive Committee on issues relating to gender equity. Gender equity in health sector reform had been the overall theme of the 18th Session and had also been the major focus of the Program on Women, Health, and Development during the two years since the Subcommittee's 17th Session, held in 1997. At the 18th Session, in addition to the report of the Program, the Subcommittee had heard and discussed presentations from PAHO staff and from various members of the Subcommittee on efforts to address gender inequities, including gender-based violence, through health sector reform policies and initiatives in various countries of the Region.

The Subcommittee had identified a number of areas in which women faced inequities in the health sector, notably, in their access to and power over health services, in their contribution to and the benefits they derived from health development, in the amounts they paid for health care, and in their participation in decision-making about health sector reform. It had been pointed out that in some cases health reforms had actually exacerbated inequities. For example, budget cuts and decentralization had resulted in an increase in the amount of care being provided in the home, which had increased the burden on women. In some cases, reforms in health financing had translated into reduced access to health services and higher reproductive and preventive health care costs for women.

The Subcommittee had underscored the need for disaggregation of health data by sex, health situation analysis with a gender perspective and gender-sensitive health indicators in order to identify gender inequities and monitor the impact of health sector

reform measure on women. In addition, it had called for the development of indicators that would reveal the economic worth of women's unpaid work in the health sector and the incorporation of that information into national health accounts systems. It had also emphasized the need to involve women in decision-making and make them active participants in health care reform processes.

The Subcommittee had adopted a series of recommendations for the Member States and for PAHO aimed at ensuring that health sector reform measures would help to rectify, not exacerbate, gender inequities. Those recommendations, together with a more detailed account of the Subcommittee's deliberations, appear in the final report of the 18th Session (Document MSD18/FR). The Executive Committee was asked to consider and endorse the recommendations.

The Director said that the Secretariat would do everything possible to put in place the recommendations that pertained to the Organization. PAHO was already working to provide disaggregated data as a means of identifying inequities, which was crucial in order to remedy them. The Organization was also studying the complex problem of how non-formal transactions, such as unpaid health care provided by women, could be reflected in national health accounts.

He encouraged the delegates to promote discussion of the recommendations in their respective countries and to seek to incorporate them into their policies and practices, especially in relation to health sector reform. In particular, he hoped that countries that were seeking financing from multilateral institutions for health sector reform and poverty alleviation initiatives would make every effort to assure that the conditions under which such funding was granted and the way in which it was utilized was not discriminatory against women, who made up the majority of the poor. While there were some excellent examples of steps taken in the countries of Region to address the inequities faced by women in access to high-quality care—notably, Ecuador's recently enacted law on free reproductive health care for women—in general, he felt that not enough was being done at the national level. He intended to send letters to all ministers of health in the Region, informing them of the Subcommittee's recommendations and urging that they be applied.

The Executive Committee took note of the Subcommittee report and endorsed the recommendations (Decision CE124(D4)).

Report of the Award Committee of the PAHO Award for Administration, 1999 (Documents CE124/7 and CE124/7, Add. I)

Dr. Martha McCoy (Nicaragua) reported that the Award Committee of the PAHO Award for Administration, 1999, composed of Cuba, Nicaragua, and the United States of America, had met on 22 June 1999 and, after extensive debate, had decided to confer the

award on Dr. Ana Flisser Steinbruch, of Mexico, for her work to transform the network of public health laboratories in her country to support priority health programs.

The Award Committee had also reviewed the selection process and had recommended several changes aimed at facilitating the consideration of candidates' merits by future members of the Award Committee. Those changes were listed in the report of the Award Committee (Document CE124/7, Add. I).

The Delegate of Mexico thanked the Committee for selecting Dr. Flisser as the recipient of the Award for Administration, 1999. His delegation felt that she had made an outstanding contribution to public health and was well deserving of the award.

The Executive Committee endorsed the decision of the Award Committee and approved the proposed changes in the selection process (Resolution CE124.R10).

Program Policy Matters

Proposed Program Budget of the Pan American Health Organization for the Financial Period 2000-2001 (Official Document 290 and Document CE124/9)

The Director began the presentation of this item, emphasizing that the document before the Committee contained both the program that the Organization intended to carry out during the coming biennium and the budget it needed to execute the proposed activities. The program had been developed on the basis of the three basic rules that PAHO used to plan its technical cooperation: first, identification of national health priorities; second, identification of priorities for technical cooperation; and, last, identification of the priorities for technical cooperation that could be effectively addressed by the Organization.

For the period 2000-2001, the principles that would underpin the Organization's program would be those that formed the basis for the strategic and programmatic orientations (SPOs) approved in 1998 by the Pan American Sanitary Conference, in particular equity and Panamericanism. Obviously, PAHO's ability to carry out its technical cooperation program would be influenced by factors in the political, economic, social, and organizational context, some of which were discussed in the introduction to the document. With regard to the economic context, he was pleased that the economic meltdown that had been forecast had not come to pass. On the contrary, many countries in the Region had experienced economic growth. Moreover, the majority of PAHO Member States had increased their spending on health. Although there were vast differences in the level of that spending, the general trend toward growing emphasis on health was a welcome signal. In the political sphere, as well, the firm support expressed at the various hemispheric summits for increased attention to health issues was extremely

encouraging. The extent to which it would be possible to report positive results from the health initiatives approved by the presidents and heads of state would depend in large measure on the work carried out in the countries. The Organization hoped that the program it put in place and the budget approved by the Member States would make it possible to report substantial progress at the next Summit of the Americas in 2001.

The proposed program reflected the functional and structural changes that had been introduced in the Organization to address the changing demographic and health situation in the Region and the priorities identified by the countries and embodied in the SPOs. As in previous biennia, the document set out the results that the Organization expected to achieve, codifying the expected results under various headings. The Executive Committee was invited to comment on the suitability of that typology of results.

He was gratified to report that a change facilitator appointed by the Director-General of WHO had recently visited PAHO and had been quite pleased with the Organization's forward-looking approach to change and its administrative and fiscal transparency. The Secretariat would continue its efforts to increase operational efficiency and improve personnel management with a view to making more funds available for technical cooperation with the countries. Nevertheless, despite those efforts and despite numerous post reductions in recent years, it had been necessary to decrease the amount allocated to programs in the budget proposal for 2000-2001. Never before in his 18-year career with PAHO had an initial budget proposal called for program reductions, and it was painful for him to submit such a proposal now.

He encouraged the delegates to ask themselves, as they listened to the presentations on the technical cooperation program and considered the proposed budget, whether they were satisfied with the Organization's technical cooperation, with its efforts to be responsive to the countries, and with the measures it had taken to increase efficiency. If they were satisfied and if they approved of the program, then the logical next step would be to approve the budget required to execute that program.

The Executive Committee then heard presentations from Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization), Dr. Juan Antonio Casas (Director, Division of Health and Human Development), Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development), Dr. José Antonio Solís (Director, Division of Health Promotion and Protection), Mr. Horst Otterstetter (Director, Division of Health and Environment), Dr. Stephen Corber (Director, Division of Disease Prevention and Control), and Dr. Carlos Castillo Salgado (Chief, Special Program for Health Analysis). Utilizing slide presentations, each gave an overview of the work of his division or program, summarizing the principal objectives pursued and the results achieved during the 1998-1999 biennium and outlining the major challenges to be

addressed, the expected results, the technical cooperation strategies, and the proposed regular budget allocations, as well as anticipated extrabudgetary funding, for the 2000-2001 biennium.¹

Mr. Román Sotela (Chief, Budget Section) reviewed the main features of the proposed budget for the 2000-2001 biennium. The overall budget proposal was for \$256,245,000,² which reflected an increase of 2% over the 1998-1999 biennium, or an annual increase of 1%. The WHO portion of the proposal, which had been approved by the World Health Assembly in May 1999, was \$77,725,000. That figure was \$4.9 million, or 6%, less than the 1998-1999 level of \$82.6 million, owing to changes in the WHO methodology for allocating funds to the various regions. The World Health Assembly had also approved the use of \$15 million from casual income for high-priority programs; however, it was not known whether any of that amount might be allocated to the Region of the Americas.

The PAHO portion of the budget proposal was \$178,520,000, which reflected an increase of 5.9% for the biennium, or 2.95% annually. The PAHO portion would be funded by \$165,020,000 in quota contributions, an increase of 5.2% for the biennium or 2.6% annually, and \$13,500,000 in projected miscellaneous income, an increase of 15.4% over the level for 1998-1999. The 2% increase in the combined PAHO/WHO budget represented the net increase resulting from a mandatory 4.4% rise in post costs, coupled with a 2.4% reduction in programs. However, that total increase did not take account of inflationary and non-post costs, which were expected to amount to \$3.7 million. Those costs had been left out of the proposal in order to keep the overall increase within a reasonable range, but they would have to be absorbed by PAHO, which would signify a further program reduction of 1.4%.

Mr. Sotela concluded his presentation with a series of slides illustrating the trend in the PAHO/WHO regular budget over the last several years. He noted that 372 posts had been cut since the 1980-1981 biennium, which translated into a 30% reduction in the regular workforce. That reduction had been necessary in order to maintain a constant ratio between post and non-post costs in the face of steady decline, in real terms, in the budgets for the previous six biennia. Although the Organization had been able to maintain zero real growth in the 1988-1989 and 1990-1991 biennia, over the following four biennia it had experienced an estimated 16.6% program reduction in real terms.

¹ *Official Document 290* contains detailed information on the proposed program for 2000-2001. Copies of the slides presented by each speaker, which include more specific information on the technical cooperation in the various program areas, may be requested from the PAHO Secretariat.

² Unless otherwise noted, all monetary figures in this report are expressed in United States dollars.

The Committee's discussion of this item focused first on the proposed technical cooperation program and then on the amount of the proposed budget and the resolution to be adopted by the Committee. In regard to the program, it was pointed out that it was based on the SPOs, which had been arrived at through a consultative and consensual process involving all the countries. It was also noted that the overall structure and focus of the budget remained essentially the same as in the previous biennium because the challenges and priorities for technical cooperation also remained the same. Several delegates cited specific examples of how the program evidenced the Organization's efforts to be responsive to the individual and collective concerns of the countries.

Most delegates felt that the program was presented in a clear and transparent manner that showed the objectives that PAHO would pursue and the results it expected to achieve. Setting measurable objectives was considered essential for purposes of evaluation. It was also considered very important to have an institutionalized evaluation process to determine which programs were effective, identify and correct problems, and eliminate programs that were not succeeding. However, some delegates thought that the objectives and expected results, because of the way they were formulated, would not easily lend themselves to measurement at the end of the biennium. They pointed out that many of the objectives were stated in the form of expected results, while the expected results seemed to describe inputs—such as the establishment of networks, surveillance systems, plans, or guidelines—rather than concrete health gains or outputs.

Several questions were raised regarding the distribution of funds within the budget. It was pointed out that neither the budget document nor the various presenters had explained the rationale for increasing the allocation of funds to some areas and decreasing funding in others. In particular, the Secretariat was asked to clarify why the proposed allocation for administration and executive management would rise substantially, while funding for several important health programs would fall, albeit by relatively small amounts. The Secretariat was also asked to comment on whether it intended to revise the structure of the PAHO budget to bring it into line with the structure of the WHO budget, which had been reshaped to reflect the nine program clusters created by Director-General Brundtland. It was pointed out that other regional offices of WHO were planning to similarly modify their organizational structures and budgets and that the new structure at WHO had reportedly yielded substantial cost savings and led to increased efficiency.

With respect to the amount of the budget, an overwhelming majority of the Members of the Committee expressed support for the proposal submitted by the Director. Various delegates underscored the need to increase investment in health, both nationally and at the international level through international agencies such as PAHO.

The Delegate of Antigua and Barbuda said that his delegation believed that the countries of the Region were being well served by the Organization, which had been very responsive to the needs of its Member States. He commended the Director on the conservative and judicious manner in which he had managed the Organization's finances and voiced support for the proposed increase in the budget.

The Delegate of Colombia said that, although his delegation had initially been opposed to any increase in the PAHO budget because it would entail an increase in his country's assessment, a communiqué he had received from the Ministry of Foreign Affairs of Colombia stated that it would have no objection to the proposed increase and fervently hoped that a consensus would be reached on the budget proposal. The Ministry had also expressed concern about the large number of countries in arrears in the payment of their quota contributions and encouraged all Member States to fulfill their obligations to the Organization.

The Delegate of Cuba said that his government appreciated the care that had obviously been taken in preparing the budget proposal and the efficiency with which PAHO was accomplishing its work under the Director's leadership. His delegation felt that support for the proposed increase represented a vote of confidence for the Director and it was therefore pleased to endorse the budget proposal.

The Delegate of Ecuador noted that the importance of investing in health had been emphasized repeatedly during the session. In order to increase investment in health and—in the words of the Director-General of WHO—convince presidents, prime ministers, and finance ministers that they are health ministers, too, those in the health sector had to be convinced of the importance of increasing spending on health. As one means of demonstrating that conviction, and because zero nominal growth would mean a further reduction in crucial programs, his delegation believed the budget proposal submitted by the Director should be supported.

The Delegate of Mexico said that, despite internal economic difficulties, his government had increased funding for the health sector because it considered health a top priority. Mexico felt that health deserved special attention, and it therefore supported the proposed budget increase. While his delegation was sensitive to the existence of other points of view, it believed that the Director had sound reasons for requesting the increase and wished to join in the vote of confidence for Dr. Alleyne.

The Delegate of Nicaragua said that her delegation also wished to express its confidence in the Director and its support for the budget proposal. However, her government was concerned over the reduction in the amount allocated for technical cooperation with Nicaragua and asked that the distribution of funds in the budget be reexamined with an eye to increasing that allocation or at least maintaining the same

amount allocated under the 1998-1999 biennium. She noted that the country's already precarious health and economic situation had been exacerbated by hurricane Mitch, as a result of which it would have even greater need of support from the Organization.

The Delegate of Panama said that her delegation felt it was essential to support the proposed budget in order to enable PAHO to continue providing much-needed technical cooperation and strengthen the countries' capacity to improve the health conditions of their peoples. Panama considered that the proposed increase was quite modest; it did not represent a real increase, as it was not sufficient even to cover inflationary costs, and it certainly did not reflect the magnitude of the needs in the Region.

The Delegate of Paraguay said that his delegation believed that the budget proposal should be considered in a spirit of equity, Panamericanism, and brotherhood among all the countries of the Region. Like other countries, Paraguay felt that it was important to increase investment in health. His government also considered it crucial to ensure sufficient resources to maintain the health gains that had been achieved in the Americas, especially in light of the trend in the majority of international organizations toward channel more funding to less developed countries and regions. Bearing in mind those considerations, Paraguay supported the budget increase proposed by the Director.

The Delegate of the United States of America reiterated his government's opposition to any growth in the PAHO budget for 2000-2001 and its concern over the financial burden that a rise in assessments would impose on the countries, many of which were having trouble paying their assessments at the current level. The United States strongly supported the work of PAHO and would not want its views on the budget to be interpreted as criticism of the Organization or lack of respect for the Director. Nevertheless, his government's position was that zero nominal growth should be maintained in the budgets of all agencies of the United Nations system. The United States Department of State, through its the embassies, would be contacting the ministries of foreign affairs in the countries of the Region to seek their support for that position. He reminded the Committee that all the delegations present had supported zero nominal growth in the budgets of the World Health Organization and the Organization of American States and that the Committee itself had adopted a resolution expressing concern over the large number of Member States that had not made any payments toward their 1999 quota assessments. His delegation requested that the Director reexamine the budget with a view to identifying other sources of financing that might be utilized to allow the Organization to carry out its programs but avoid raising assessments and maintain zero nominal growth in the regular budget.

Responding to the Committee's comments regarding the distribution of funds in the budget, Mr. Sotela explained that the increase in the allocation for administration and

executive management was attributable to the fact that the entire proposed increase in the budget would be applied to cover mandatory increases in post costs. In areas such as administration and executive management, which were post-intensive due to the services they provided, the increases were particularly apparent. In other areas, it was possible to offset the increase in post-related costs by reducing non-post costs, so that the final allocation to those areas changed very little. The Director added that the increase should not be interpreted as a sign that the Organization was spending a greater proportion of its resources on administrative support; on the contrary, posts had been cut in that area, but post-related costs had continued to rise and those costs had to be absorbed.

In reply to the Delegate of Nicaragua, he said that the Secretariat was keenly aware of the hardships that her country had suffered as a result of hurricane Mitch and would try to adjust the budget to avoid decreasing the amount allocated for cooperation with Nicaragua.

With regard to the comments concerning objectives and expected results, he noted that the Organization's approach to program planning and evaluation through the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES)—the logical framework or "logframe" approach—was widely agreed to be the best approach currently available. Under that approach, the objectives represented the situation that the Organization wished to change, although it could not accept sole responsibility for bringing about that change, owing to factors outside its control. For that reason, the objectives were cast in terms of what should be done. The expected results, on the other hand, represented PAHO's "manageable interest," or the specific actions or outcomes for which the Organization could take responsibility. There might well be other goals to which the Organization was committed and other outcomes, which it hoped, would occur, but it would be accountable only for those expected results that were within its manageable interest. The rationale behind the approach was that if resources were applied appropriately, the expected results would be achieved and change would occur. While the approach was not perfect, it was continually being refined, and it had already greatly enhanced the Organization's planning and programming.

As for the questions regarding the structure of the Organization and its budget, he pointed out that Dr. Brundtland had said repeatedly that the regional offices need not necessarily follow the structure at WHO Headquarters. He believed that PAHO's internal structure was appropriate because it followed the logic of the SPOs. While PAHO did not intend to replicate the WHO program clusters, it had put in place "crosswalks" between its structure and that of WHO. Hence, all of the PAHO programs could be equated with programs within the WHO clusters. He felt it would be inappropriate for him to comment on whether any savings or improvements in efficiency had been realized at WHO as a result of the structural changes. Rather than comparing PAHO to other organizations, he asked the Member States to look at the functional and structural changes that PAHO had

introduced over the years and at the improvements in efficiency that had resulted from those changes, and then judge the Organization on its own merits.

With respect to the amount of the proposed budget, again, he felt that PAHO should be judged on its own merits. The fact that the Member States had decided on budgets with zero nominal growth for other organizations did not necessarily mean that the same policy should be applied to PAHO. As he had remarked on numerous occasions, the essence of inequity was to treat everyone equally. He believed that health and health organizations deserved special treatment, and he therefore made a special plea for the Pan American Health Organization. Moreover, he felt that it was his duty to the Member States that had elected him Director to do everything in his power to see that no harm was done to their organization. Continuous erosion of the PAHO budget over the years was harming the Organization and impairing its ability to carry out the functions which the countries had assigned to it. The time had come to say that the process of shrinking the Organization would not be allowed to go on indefinitely.

While it was true that the countries had agreed to zero nominal growth in the budget of WHO, they had also authorized the use of \$15 million from casual income to supplement that budget. Thus, in fact, the WHO budget had been increased by means of a mechanism to which PAHO did not have access. PAHO had already incorporated its projection of miscellaneous income—which was the only area where the Secretariat had some flexibility—into the budget, and it had stretched that projection to the utmost in order to keep the increase in assessments as low as possible. As Mr. Sotela had said, WHO had not yet decided how it would allocate the additional \$15 million; however, if the Americas received any portion of that sum, he would adjust the budget proposed and reduce the assessments accordingly.

He urged the Committee to act in the spirit of Panamericanism and recommend that the Directing Council adopt the program budget as proposed.

The resolution on this item elicited considerable debate. The original proposal called for the Committee to recommend that the 41st Directing Council approve a budget of \$178,520,000 for PAHO in the 2000-2001 biennium. The Delegation of the United States submitted an amendment that would have reduced that amount to \$168,578,000—the same level as in 1998-1999 biennium, or zero nominal growth—and would have asked the Director to explore other avenues of financing that might make additional funds available outside the regular budget proposal for the implementation of high-priority programs.

However, a large majority of the Members of the Executive Committee, as well as other Member States attending the session as observers, voiced support for the original proposed resolution. It was suggested that, in view of the lack of consensus regarding the

amount of the budget, perhaps the Committee should make no specific recommendation, but should ask the Director to study other financing options and present a revised budget proposal to the Directing Council. The Director pointed out that the Executive Committee had a constitutional responsibility to submit a recommendation to the Council on the proposed program budget. He asked the Committee to discharge that responsibility and again pledged that he would study other financing options, including the possible availability of some portion of the \$15 million in casual income from WHO. Should other options arise, he would modify the proposal accordingly.

The resolution ultimately adopted (CE124.R6) represents a compromise: it recommends that the 41st Directing Council consider the proposed program budget of PAHO as presented in *Official Document 290* in light of comments made by the Members of the Executive Committee, and it requests the Director to explore any possible revision in the financing of the Organization that might make available additional funds for the implementation of the proposed technical cooperation program.

Tobacco Control in the Americas (Document CE124/10)

Dr. Enrique Madrigal (Regional Advisor, Program on Substance Abuse Prevention and Control) reported on progress with regard to the implementation of Resolutions CSP25.R12 and CSP25.R15, adopted by the 25th Pan American Sanitary Conference in 1998. In the first resolution, the Conference approved the strategies and lines of action proposed under the Regional Program for Prevention and Control of Tobacco Use and made a series of recommendations to the Member States concerning measures to combat tobacco use at the national level. The Regional Program comprised nine lines of action: (1) mobilization of resources; (2) formulation and management of national of national programs and plans; (3) capacity-building; (4) health communication and advocacy; (5) needs assessment, monitoring, and evaluation; (6) evidence-based prevention models; (6) promotion of policy and legislation; (7) information dissemination; and (8) special activities and events. Dr. Madrigal reviewed the activities that PAHO had carried out in each area. With regard to action at the national level in response to the resolution, he noted that many of the countries had not yet implemented effective tobacco control measures or designated a focal point within the ministry of health to coordinate anti-tobacco activities with the health sector and with other sectors, PAHO/WHO, NGOs, and other partners.

Resolution CSP25.R15 requested the Director to study the feasibility of preparing a regional convention on tobacco control. Dr. Alleyne had undertaken a process of extensive consultation with officials at the Organization of American States (OAS) and WHO and with Member States. Despite the initial enthusiasm that had been expressed for the idea, it had been determined that there was insufficient support within the OAS for the development of a regional convention. Consequently, the proposal had been deemed

unfeasible, since the OAS was the only regional organization that had a constitutional mandate to prepare and adopt international conventions.

The Secretariat considered that the best way to implement the recommendations of the 25th Pan American Sanitary Conference was to put in place comprehensive national plans and programs to discourage tobacco use and promote smoking cessation and smoke-free environments. To that end, PAHO would continue mobilizing resources and providing technical cooperation to support the countries' efforts. Given the need for intersectoral and international action to address the problem, the Organization would also continue to promote alliances and linkages with other agencies and with NGOs.

The Executive Committee applauded the progress made to date in implementing the Regional Program for Prevention and Control of Tobacco Use. National capacity-building and support for the development of national policies, programs, and legislation were seen as crucial roles for the Organization, as was promotion of alliances with other agencies and organizations. In particular, PAHO was encouraged to pursue a partnership with the World Bank, since the Bank was also working on tobacco control and had recently produced a report that identified a number of specific measures that governments could take to reduce tobacco use. Those measures included imposing higher taxes on tobacco products, banning tobacco advertising and promotion, improving the availability of smoking cessation programs, and establishing and sustaining infrastructure at the country level, all of which had also been identified as effective strategies by the Organization. Other key activities for PAHO were dissemination of information, via the Internet and other means, and identification and sharing of best practices to assist the countries of the Region in improving their tobacco control activities.

Although a regional convention did not appear to be feasible, the Committee felt that PAHO could play a leading role in raising awareness and mobilizing support for a global convention that would reflect the Region's priorities. The convention was considered an effective instrument for tackling the tobacco epidemic globally, regionally, and nationally. It was pointed out that many countries in the Region had expressed support for a global convention at the World Health Assembly in May 1999.

Dr. Madrigal said that the Organization would certainly continue to promote the global convention through its capacity-building and other activities. It had recently had the opportunity to send one of the top legal experts on the subject of tobacco control to address a meeting of parliamentarians from the Region, held in Havana, Cuba, and she had been able to update the lawmakers on the progress of efforts to develop a convention. PAHO also planned to step up its cooperation with the countries in relation to fiscal and legal measures that could help stop tobacco use. One of its most important functions was to identify and disseminate information on laws and regulations that had proven effective

in countries around the world, since a strong legal framework was a fundamental ingredient for tobacco control efforts.

The Director emphasized that seeking best practices and helping the countries to learn from one another were central aspects of the Organization's technical cooperation in the area of tobacco control. With regard to the proposal to develop a regional convention, he explained that he had broached the idea to the Secretary-General of the OAS, who had expressed enthusiasm about the possibility of working with PAHO to pursue a regional convention. A number of national ambassadors to the OAS had also supported the idea. In response to concerns expressed by the Subcommittee on Planning and Programming, he had communicated with WHO officials to obtain written confirmation that the preparation of a convention for the Region of the Americas would not interfere with efforts to promote the adoption of a global convention. He had been assured that the development of a Regional convention would not interfere in any way—and probably would help advance—the global initiative. Accordingly, the Organization had proceeded with work aimed at drafting a resolution on the subject to be submitted to the OAS General Assembly. However, a working group of the OAS Permanent Council and some Member States had raised doubts about the appropriateness of the OAS becoming involved in tobacco control, which was perceived as strictly a public health issue. Because it had become clear that it would be difficult to achieve the decided support needed from the Member States to develop and adopt a regional convention, he had concluded that it was not advisable to continue pursuing the idea.

Nevertheless, the countries of the Region could still accomplish a great deal by working together for tobacco control. The Organization was very pleased with the strong support it had received from the Member States, including those that were tobacco producers. In particular, he wished to thank Canada, the United States, and Spain for their financial contributions to PAHO's efforts to enhance its tobacco control program. The Secretariat had increased the regular budget allocation for the program, which was evidence of the importance it attached to prevention of tobacco use and reduction of tobacco-related deaths.

The Executive Committee did not consider it necessary to adopt a resolution on this item, but took note of the report and reiterated its support for the Regional Program for Prevention and Control of Tobacco Use (Decision CE124(D8)).

Disaster Preparedness and Emergency Relief: PAHO's Response to Hurricanes Georges and Mitch (Document CE124/11)

Dr. Claude de Ville (Regional Advisor, Emergency Preparedness and Disaster Relief) reviewed the actions of PAHO in response to hurricanes Georges and Mitch, highlighting the lessons learned and the implications for future development of the

Organization's disaster response program. Some of the lessons were drawn from a February 1999 meeting held in Santo Domingo, Dominican Republic, which had been organized by PAHO and other UN agencies to evaluate preparedness and response to the hurricanes. A document reporting conclusions and recommendations from that meeting was made available to Committee Members.

Dr. de Ville briefly recounted the loss of life and damage to health infrastructure attributable to the two hurricanes. Noting that few health sector facilities in the Region had been designed according to specifications for disaster mitigation and damage prevention, he said that more such damage could be expected in future disasters until corrective measures were taken. On the positive side, the tremendous response by almost all the Region's countries had been much more organized and efficient than in prior emergencies, owing to close consultation with authorities in the affected countries and an effort to assess priority needs instead of merely rushing to deliver supplies. Nevertheless, PAHO's efforts to advocate the donation of cash rather than materials, especially among the general public, had met with limited success, which pointed to the need for a major education campaign aimed at potential donors.

For its part, PAHO had mobilized over 60 experts from throughout the Region and had focused its response on assessing health needs, providing information about those needs to the international community, conducting epidemiological surveillance, and implementing the SUMA (Supply Management) system. After Georges and Mitch, the performance of SUMA—a computer-aided inventory tool developed by PAHO to help countries manage information about disaster-relief supplies—had reconfirmed the system's technical worth, as well as its political value as an indicator of “good governance” and accountability in administering donations. In the immediate aftermath of hurricane Mitch, the generous response of the international community had enabled PAHO to mobilize over \$7 million in extrabudgetary funds. However, funding for longer-term emergency needs and for reconstruction, especially in Honduras and Nicaragua, was inadequate. Moreover, PAHO was concerned that the political will to include mitigation measures in reconstruction plans was decreasing as time passed.

The participants at the Santo Domingo meeting had pointed out that the Internet had changed the way disaster response was coordinated, since it allowed so much information to be made available so quickly via the World Wide Web. PAHO would try to add value to that information through analysis and would work to improve its Internet site by posting clear technical and administrative guidelines on disaster response. The Organization would also work to further strengthen SUMA, both politically and technically.

PAHO's response to hurricane Mitch marked the first time that the entire Organization, rather than just the Emergency Preparedness and Disaster Relief Program,

had responded to a disaster. The response had illustrated the benefits of decentralization and administrative flexibility and the need for rapid deployment of additional human resources, including support staff. Hurricanes Georges and Mitch had fundamentally changed PAHO's response to disasters, and Mitch in particular had raised awareness of the need for systematic approaches to mitigation and prevention as a condition for sustainable development.

Members of the Committee praised PAHO's role as a focal point for information and coordination of both the short- and long-term response to hurricanes Georges and Mitch. The Organization was urged to continue to make disaster response a multisectoral effort involving all PAHO programs. A question was raised as to whether PAHO had been unable to respond in some areas it had wished to address, and if it believed that there were aspects of the long-term response that were not being addressed by any agency.

With regard to Document CE124/11, clarification of an apparent contradiction was requested: Section 3.1 seemed to imply that unsolicited relief supplies and personnel were a problem, while Section 3.2 indicated that donor countries had successfully tailored their responses to the highest priority needs. It was also suggested that two more recommendations be added to Section 5: (1) that governments should develop multisectoral plans for disaster preparedness, prevention, and mitigation, and (2) that each health institution should have a plan for withstanding disasters, protecting and training its personnel, and guaranteeing continuity of services.

The representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) reviewed several pertinent recommendations that had been adopted at his organization's most recent inter-American congress (Lima, November 1998). The recommendations exhorted the national chapters of AIDIS to contribute their technical expertise and urged other institutions to provide special funding for rehabilitation of the most critical basic services in the countries affected by Georges and Mitch. AIDIS was cooperating with PAHO in a joint program whose primary goal was to foster the incorporation of disaster prevention and mitigation into the plans of the drinking water and sanitation sector.

The Delegate of Nicaragua noted that hurricane Mitch had demonstrated the importance of establishing a legal framework for disaster preparedness and response, both at the national and local levels. While the health sector had played a leading role in coordinating the response efforts in Nicaragua, a permanent structure for regulation and detailed planning was needed. It was also essential to develop disaster preparedness and mitigation training programs in both the health and the water and sanitation sectors, raise public awareness of emergency preparedness via mass communication campaigns, and continue to develop efficient coordination mechanisms among health sector institutions,

as well as strategic alliances with universities and NGOs. Coordination with the private sector, which had been achieved in an ad hoc manner following hurricane Mitch, should have been planned ahead of time.

In his reply, Dr. de Ville said that no sector had been completely neglected in the Organization's disaster response, but that resource limitations had reduced the extent to which a broad range of activities could be conducted. More external resources would have to be mobilized to improve PAHO's effectiveness. Moreover, lack of resources was limiting the Organization's ability to participate in initiatives and conferences being sponsored by a host of new actors in the disaster field. PAHO must be able to place more experts at the country level to assist the countries' health sector in disaster mitigation. For their part, the ministries of health needed to train personnel and develop a permanent internal counterpart to the PAHO program.

Regarding the apparent contradiction in the document, he said that two different types of aid were involved: unsolicited donations from the public had presented a problem, while organized donations from governments and humanitarian agencies had been well coordinated. As for the recommendation for development of multisectoral plans, he agreed that they were important, but plans were no substitute for an established disaster response program with trained personnel and institutional memory. The legal framework for such programs must take into account the differing actions, participants, and mechanisms of disaster prevention and mitigation, on the one hand, and disaster response, on the other. Putting those distinct functions under the same legal framework in the same institution had failed in the past.

The Committee adopted Resolution CE124.R2..

Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Document CE124/12 and Add. I)

Dr. Fernando Zacarías (Program on Acquired Immunodeficiency Syndrome/Sexually Transmitted Infections) summarized the current magnitude of the problem of human immunodeficiency virus (HIV) infections and sexually transmitted infections (STI) worldwide and in the Americas. He reported that the prevalence rates of HIV/AIDS in adults (persons aged 15-49 years) in the Americas varied from around 0.56% in North America and Latin America to 2% in the Caribbean. The most affected population groups were men who had sex with men; injection drug users; men who engaged in high-risk behavior, such as having multiple sex partners; and highly vulnerable women, including those whose partner's behavior put them at risk. While the characteristics of the HIV/AIDS/STI epidemic varied in different areas of a country, national transmission patterns generally could be classified into one of three categories: low-level (less than 1% of persons with high-risk behaviors were infected—e.g., Bolivia, Nicaragua, and

Paraguay); concentrated (transmission occurred mostly in the above-mentioned groups—the case in most of the countries); or generalized (prevalence rates greater than 1% based on surveys of prenatal patients in urban areas—e.g., Bahamas, Guyana, and Haiti).

Social and cultural obstacles to the prevention and care of HIV/AIDS persisted in the countries, as did many of the biological, social, and economic factors that made women vulnerable. Several trends were apparent: a shift in the epidemic to younger age groups, especially among women; increasing prevalence of STIs, including HIV, in marginalized populations; and more cases of mother-to-child transmission. In response to the current situation, there was a need for improved surveillance of AIDS cases, HIV infections, and the impact of educational efforts on behavior change; expanded provision of counseling and testing services; HIV/AIDS care models adapted to the resources and needs of the countries; more attention to the prevention and control of STIs, not only as risk factors for HIV transmission but as a public health problem in their own right; intensified efforts to reduce mother-to-child transmission; and maintenance of a safe blood supply. Technical knowledge about effective interventions already existed, but the countries must strive to create an environment that allowed it to be put to best use.

Challenges for the future included coordinating a true intersectoral response, which to date had not been as successful as anticipated, and ensuring wider application of the lessons learned in the fight against HIV/AIDS during the past 15 years. Among those lessons was knowledge of the components of a successful national response. They included strong national leadership, the ability to mobilize internal (public and private) as well as external resources, formation of multiple partnerships and alliances, broad-scale application of effective interventions, and respect for and enforcement of the human rights of persons living with AIDS and HIV infection to ensure them full access to prevention and care and encourage their participation in the national fight against the epidemic. AIDS was a disease that clearly revealed gender, social, and economic inequities. Thus, it was important for the countries to remember the principle of equity and work together against AIDS in the spirit of Panamericanism. Country-to-country assistance was an essential strategy.

In the Committee's discussion of this item, several delegates reemphasized the importance of Pan American cooperation in tackling the problem of HIV/AIDS/STI in the Region and of a multisectoral approach within each country. The countries were urged to keep AIDS on the political, social, and health agendas and to involve nontraditional partners in multisectoral programming. PAHO was requested to continue to promote the international guidelines on HIV/AIDS and human rights and to urge Member States to implement them.

The Delegate of the United States of America reported that the U.S. National Institutes of Health had established an International AIDS Research Collaborating

Committee to promote and develop a coordinated international AIDS research effort, including biomedical, behavioral, and social science studies. Noting that the availability of antiretroviral therapies was hindered by scarce resources, competing priorities, and inadequate health services delivery systems, she requested an update on mechanisms being explored by PAHO regionally and by UNAIDS globally to reduce the cost and improve access to antiretroviral drugs.

Invitations to two upcoming meetings were extended to all Member States: the next congress of the Latin American Union Against Sexually Transmitted Diseases (ULACETS), to be held in Brazil on 8-11 September 1999, and the Second Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants, to be held in Montreal, 1-5 September 1999. In announcing the latter meeting, the Delegate of Canada also urged greater attention to mother-to-child transmission in national HIV/AIDS programming.

Responding to the questions concerning mechanisms to improve access to antiretroviral drugs, Dr. Zacarías said that at a recent meeting several countries had expressed an interest in participating in a revolving fund for the purchase of anti-AIDS drugs, a program to be initiated with Brazil. PAHO was trying to resolve some technical issues concerning the classes of drugs that would be made available through that fund. Currently, the highest-priority need in most of the countries was provision of AZT (zidovudine) to prevent mother-to-child transmission of HIV. Other antiretroviral drugs were available, but their use required the countries to have the technical resources to ensure proper administration and patient follow-up in order to avoid the development of drug resistance. At a recent meeting, national AIDS program directors from the Caribbean had identified interruption or reduction of mother-to-child HIV transmission and maintenance of activities directed at young people as priorities. Dr. Zacarías reiterated the importance of keeping AIDS high on the national agenda and urged low-prevalence countries to mobilize now to prepare for increased transmission rates in two to five years.

The Director said that he would comment further on the possibility of a revolving fund for large-scale purchases of antiretroviral drugs later in the session, under Item 9, "Other Matters."

The Committee adopted Resolution CE124.R3.

Vaccines and Immunization (Document CE124/13)

The item was introduced by Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization), who reported that, even though vaccination coverage levels remained above 80% throughout the Region, increased efforts were needed to reach persons in

remote areas and underserved groups in urban zones. In-depth analysis of vaccination coverage at the district or municipal level was also needed to identify pockets of low coverage. Studies indicated that in some countries the decentralization processes in the health sector had had a negative effect on the delivery of immunization services and on disease surveillance activities. In view of those findings, a meeting was planned to compare the impact of decentralization on immunization programs in different regions of the world in order to share experiences and extract lessons.

Great progress had been made toward the goal of eradicating measles in the Americas by 2000, although the measles virus continued to circulate in a few countries. A factor contributing to the resurgence of measles in some countries had been failure to fully implement the measles eradication strategy. An aggressive emergency plan had been developed to help the countries that were most affected by outbreaks. Fulfillment of the goal of eradicating indigenous transmission of measles by 2000 was still feasible if the recommended strategy was followed. The Caribbean Community had set the goal of also eliminating rubella by 2000. PAHO was working to expand surveillance of that disease and congenital rubella syndrome to other countries in the Region.

The Region of the Americas had been polio-free for over seven years, but there was still the possibility of importation of polio from another region. For that reason, it was imperative that the surveillance system for acute flaccid paralysis (AFP) continue to operate effectively. In some countries, however, indicators showed that it had deteriorated for two consecutive years.

The Organization had collaborated with Member States to facilitate the introduction of additional vaccines into national immunization programs, including combined measles-mumps-rubella (MMR), hepatitis B, *Haemophilus influenzae* type B (Hib), and yellow fever vaccines. The introduction of Hib vaccine had been remarkably successful. In many countries, presidential decrees or specific vaccine laws mandating the vaccine's use had accelerated the process. Other factors that had favored its rapid introduction were mechanisms of Panamericanism, such as the Revolving Fund for Vaccine Procurement, and PAHO's work to encourage governments to give priority to vaccines and immunization.

The Organization was supporting national regulatory authorities' compliance with six key functions in vaccine quality assurance: licensing, clinical evaluation, good manufacturing practices (GMP) inspections, lot release, laboratory testing, and post-marketing surveillance. A Regional Program for Certification of Vaccine Producers had been initiated in DPT-producing facilities in several countries, but its full implementation would require both strong political commitment to ensure the availability of resources and changes to improve production processes. With regard to research, development, and production of conjugated vaccines, institutions in several countries that had been working

independently had strengthened their partnerships and moved closer to collaboration at a meeting on conjugated vaccines held in November 1998.

Dr. de Quadros ended his presentation with a brief summary of current funding for vaccine and immunization initiatives in the Americas. Expenditures of PAHO's Division of Vaccines and Immunization had risen to \$12.4 million in the 1998-1999 biennium after having fallen in the previous four biennia, following the eradication of polio. For 2000-2001, that amount was projected to increase to \$14 million. Meanwhile, the level of national investment had remained virtually unchanged in the period 1997-2001 compared to the previous five-year period (\$657 million and \$654 million, respectively), which could limit the expansion of immunization and the introduction of new vaccines. Mobilization of international resources had fallen from \$113.8 million in 1987-1991 to a projected \$53 million in 1997-2000. To date, however, sources had been identified for only \$40 million of the latter amount, leaving a shortfall of \$13 million.

In the subsequent discussion of the item, several delegates expressed concern about the impact of decentralization on immunization programs in their countries. They emphasized that the provision of additional technical and administrative training for personnel at all levels, as well as better definition of their functions, should be given high priority. It was suggested that such preparation be carried out during a transition period prior to the decentralization of normal immunization program activities.

A number of other suggestions were made on topics addressed in Document CE124/13. With regard to emerging partners, the participation of NGOs in immunization activities should be encouraged, but they should not be expected to take responsibility for what was fundamentally a government function. Concerning measles eradication, countries should be urged to improve their registry of vaccine doses delivered and to implement coverage surveys in order to obtain better documentation of vaccination coverage rates. It was also recommended that section 4.1 of the document specify the age group (under 1 year or under 5 years) to which the quoted coverage rates applied.

The Committee endorsed the Secretariat's recommendation that intensive AFP surveillance be maintained to avoid the reintroduction of polio. It also emphasized the need to increase vaccination against yellow fever, improve surveillance of that disease, and control the *Aedes aegypti* mosquito. More information on steps being taken to increase the availability of yellow fever vaccine was requested.

Several of the delegates reported on aspects of their countries' vaccine and immunization programs and offered to share their experience in applying proven strategies. It was pointed out that the Americas had made great strides against vaccine-preventable diseases and could serve as a model for the rest of the world. However, progress could be impeded by some remaining challenges, namely, the need for more

effective surveillance, the problem of sustaining political will, and shortages of financial resources. Dr. de Quadros was asked to comment on what strategies were proposed for dealing with the \$13 million shortfall in anticipated international funding.

Dr. de Quadros replied that discussions were taking place with the countries about ways to fill the funding gap. In addition, the Organization was continuing to enlist the aid of its traditional partners, as well as identifying new partners. He thanked the Committee for its suggestions and indicated that many similar recommendations had been made at the most recent meeting of the Technical Advisory Group on Vaccine-Preventable Diseases (TAG), held in April 1999 in Canada. Those recommendations had been communicated to the countries, which would soon start to implement them. He reiterated the importance of adequate training of local-level personnel to counteract the potential negative effects of decentralization on immunization programs and hoped that the proposed meeting would allow the countries to learn from one another's experiences, both positive and negative. Regarding yellow fever vaccine, efforts were under way to ensure greater availability by improving its production in the Region, but more funding was needed. The Gates Foundation was one of the sources that had been approached to provide funds for yellow fever vaccine production. Finally, Dr. de Quadros informed the Committee that the TAG had recommended to the Director that the head of Cuba's immunization program be awarded the PAHO Award for Immunization, 1999.

The Committee adopted Resolution CE124.R12.

Integrated Management of Childhood Illness (IMCI) (Document CE124/14)

Dr. Yehuda Benguigui (Regional Advisor, Integrated Management of Childhood Illness) described the main features of the strategy for integrated management of childhood illness (IMCI), reviewed the progress thus far in implementing the strategy in the Americas, and listed some of the challenges to achieving the goals proposed under the strategy. The IMCI strategy was developed by WHO and the United Nations Children's Fund (UNICEF) to reduce mortality and morbidity from acute respiratory infections (ARI), diarrhea, and nutritional deficiencies, which, together with several other infectious diseases, accounted for some 150,000 deaths per year of children under the age of 5 in the Americas. Implementation of the strategy throughout the Region was expected to reduce deaths in that age group by 100,000 between 1999 and the year 2002.

The strategy sought to improve the quality of care in health services and reduce missed opportunities for detection of health problems and application of preventive measures such as vaccination and treatment of nutritional problems. It provided a basic set of assessment, classification, and treatment guidelines, which enabled health care workers to assess the child's overall health status and rapidly detect and treat prevalent childhood illnesses and other health problems. Another key component of the IMCI

strategy was education of parents and other caregivers about proper care for children in the home and detection of warning signs that should prompt a visit to a health care provider.

As of 1999, 15 countries in the Region had adopted the strategy. Initially, implementation efforts had focused on the countries with the highest infant mortality rates, where the strategy could have the greatest immediate impact in terms of reducing child mortality and morbidity. However, IMCI had also proved beneficial in countries that had relatively low infant mortality rates. In many of those countries, the IMCI strategy was being adapted to address child health problems other than those it was originally designed to target, such as asthma and injuries caused by accidents or violence.

In order to achieve the proposed goals, the implementation process must be accelerated. To that end, several challenges must be addressed, among them: effective incorporation of the IMCI strategy into health reform processes, continued commitment of the countries to support the implementation effort, introduction of the IMCI strategy into training programs for health workers, increased involvement of NGOs in the implementation of the strategy, and adaptation of the strategy to different epidemiological situations. Another major challenge would be mobilization of resources. Meeting the goal of reducing child deaths by 100,000 over the next four years would require an estimated \$3 million, which represented an increase of approximately 70% in the combined resources available to the IMCI unit from the regular budget, over-the-ceiling funds, and extrabudgetary resources.

The Executive Committee expressed strong support for the IMCI strategy and its integrated and holistic approach to improving the health of children and preventing childhood deaths. The Committee also welcomed the modifications that had been made in the document in response to the suggestions of the Subcommittee on Planning and Programming. Several additional improvements were recommended to highlight certain aspects of the strategy or make some points more explicit. For example, it was suggested that the document should give greater emphasis to the need for community involvement and intersectoral participation and to the need to incorporate the IMCI strategy into health sector reform efforts. In connection with the latter suggestion, it was pointed out that in order to fully implement the IMCI strategy, it would be necessary to address the barriers to access, which largely accounted for problems of underutilization and low demand for health services. The importance of ensuring the availability of essential drugs and other supplies was underscored, as well.

It was also suggested that the document should include information on the health of aboriginal children and how the strategy might be adapted to meet their specific needs. In addition, it was felt that it should more clearly show the linkages between the IMCI strategy and other aspects of the Organization's work, in particular the efforts to promote

greater equity and access to quality health care throughout the life cycle. The importance of attention to maternal health and good prenatal care should also be highlighted, since better pregnancy outcomes would lead to healthier babies and improved chances of child survival. Several delegates pointed to the need to define a research agenda and develop impact indicators to determine the strategy's effectiveness and monitor the results that were being achieved through its application.

The Committee identified several important roles for PAHO, in particular building partnerships with other agencies and with NGOs and community organizations in the implementation of the strategy and providing training and promoting IMCI among health care personnel in the countries. The Organization was also encouraged to continue the efforts to incorporate additional components such as injury and accident prevention in order to enhance the strategy and better address the needs of countries with lower infant mortality rates.

Two opportunities for promoting the strategy were mentioned: the meeting of the Directing Council of the Inter-American Children's Institute (IACI), to be held in September 1999, and the Ninth Conference of First Spouses of the Americas, also to be held in September 1999. The Delegate of Canada said that his government would be pleased to propose the inclusion of an item on IMCI on the agendas of those two meetings, as Canada was currently serving as President of the IACI Directing Council and the meeting of first spouses would take place in Canada.

Responding to the comments on community involvement and intersectoral participation in application of the IMCI strategy, Dr. Benguigui noted that those areas were being emphasized by a global interagency group, of which PAHO was a member. He agreed on the need to promote alliances with NGOs and informed the Committee that, in February 1999, the Organization had sponsored a meeting of a core group of 32 NGOs to discuss how those organizations might support implementation of the strategy at the country level. The next version of the document would place greater emphasis on those two aspects of PAHO's work in relation to the strategy and would also attempt to better highlight the linkages between IMCI and other initiatives of the Organization, especially health sector reform and reduction of inequities.

With regard to research, he reported that research protocols were being developed and research projects were to be implemented in Bolivia and Brazil with a view to answering many of the questions raised at the first global review meeting on the IMCI strategy, held in Santo Domingo, Dominican Republic, in 1997. As for the incorporation of new components into the strategy, the IMCI unit was working with experts in the countries to develop guidelines on accident prevention, attention to child abuse, management of asthma, and other prevalent problems. It was also working with the regional advisor on indigenous health and others within the Organization to develop a

profile of the health of indigenous children and adapt the IMCI materials for use with indigenous populations.

The Director stressed that attaining the goal of reducing under-5 child deaths by 100,000 over the next four years would require firm political support. The Organization was striving to ensure that child health occupied a prominent place on regional political agendas. PAHO therefore welcomed Canada's offer to promote discussion of the IMCI strategy at the IACI Directing Council and the meeting of first spouses. In conjunction with that meeting, the Organization hoped to organize an event that would galvanize the NGO community and grassroots groups to support implementation of the strategy. He acknowledged the tremendous support that PAHO had received from WHO, in particular from Dr. Jim Tulloch, Director of the Division of Child Health and Development, to move the IMCI initiative forward in the Americas.

The Committee adopted Resolution CE124.R4.

Persistent Organic Pollutants (Document CE124/15)

The presentation on this item was given by Dr. Luiz Augusto Cassanha Galvão (Regional Advisor, Environmental Quality Program), who described the problems posed by persistent organic pollutants (POPs) and efforts to address them at the international, regional, subregional, and country levels. POPs were highly stable toxic organic compounds released in industrial pollution or used as insecticides. They were easily transported far from their original source and persisted for years in the environment, contaminating air, food, water, and soil. Among the many human health effects linked to exposure to POPs were reproductive health abnormalities, cancer, and possible harm to the immune system. Despite efforts since the 1970s to control or eliminate POPs, some, such as DDT, were still in use, while others were environmental contaminants that required long-term remediation.

Following the United Nations International Conference on Environment and Development in 1992, and in keeping with the mandates contained in Chapter 19 of Agenda 21, a number of actions had been taken at the international level in response to the problem of toxic chemicals, including POPs. Among the most noteworthy from the Organization's standpoint was the adoption by the Fiftieth World Health Assembly of Resolution WHA50.13, "Promotion of Chemical Safety, with Special Attention to Persistent Organic Pollutants." It called upon the Member States of WHO to implement international decisions regarding POPs, requested the Director-General to provide technical cooperation to Member States for the exchange of information and other activities for the sound management of chemicals, and urged health officials to strengthen surveillance of the health effects of chemicals.

In the Americas, resources available to help the countries implement the resolution included the Pan American Network for Environmental Waste Management (REPAMAR) and the information center of the United Nations Environment Program (UNEP). A project sponsored jointly by PAHO and the United States Environmental Protection Agency had supported two subregional workshops of the Inter-Organization Program on the Sound Management of Chemicals (IOMC) about POPs and had provided strategic, technical, and financial support for case studies in seven countries. In addition, the Governments of Canada, Mexico, and the United States had developed the North American Regional Action Plan on DDT, which was aimed at reducing human exposure to DDT and levels of the chemical in the environment in those three countries.

The document contained proposals for several technical cooperation activities through which PAHO could assist the countries in addressing problems associated with POPs and in implementing Resolution WHA50.13. One group of activities was oriented toward promoting safer use and storage of DDT and other pesticides employed in public health campaigns and strengthening surveillance of pesticide-related illnesses. A second group was directed toward eventual elimination of the use of POPs. It included research into the development of alternative methods to control disease vectors and other pests and support for disposing of unwanted stockpiles of pesticides, especially DDT. In addition, PAHO would continue to support the regional activities carried out by WHO, the IOMC, and the Intergovernmental Forum on Chemical Safety (IFCS), and would keep the Governing Bodies informed of progress made in the application of Resolution WHA50.13. In the 1998-1999 biennium, the Organization had invested \$60,000 from the regular budget in activities related to the item and had mobilized approximately \$3 million in extrabudgetary funds. In the next biennium, those figures would rise to \$95,000 and \$4 million, respectively.

The Committee welcomed the attention of PAHO to chemical contaminants such as POPs and expressed concern over their associated health risks. Several delegates called attention to the dilemma posed by the use of substances such as DDT in public health campaigns against disease vectors. They urged that more attention be given to the search for effective and economical alternative methods of vector control, and recommended that greater emphasis be given to that subject in the document. Until such alternatives had been thoroughly evaluated for safety and made widely available, PAHO was requested to work with the countries where DDT was still in use in order to safeguard human health and the environment.

It was recognized that the effects of POPs transcended national and even regional boundaries owing to international trade in food products, which could be contaminated. Approaches proposed in the document could serve as a model for the rest of the world in addressing POPs both regionally and nationally. A key role for PAHO would be to promote information-sharing about the countries' various approaches. Another important

function for the Organization was compiling useful data on releases of and exposure to both pesticide and non-pesticide POPs in the Region as a step in addressing POPs-related health risks. It was pointed out that some population groups faced disproportionate risk from pesticide residues in food—for example, indigenous populations in northern Canada with a diet high in marine life and children everywhere because of their small body size and developing biological systems. In addition, PCBs and other contaminants showed up in high concentrations in breast milk in some groups, although it was believed that the benefits of breastfeeding outweighed the risks posed by those residues.

Several delegates presented information about the use of pesticides in their countries and actions being taken to regulate them and protect health and the environment. They emphasized the importance of technical cooperation from PAHO, especially in the area of training. The need for intersectoral activities and information exchange was highlighted. One delegate pointed out that, while the health sector in her country was well aware of the risks posed by POPs, the agricultural sector, which was the national focal point on the subject, was less sensitized to the problem. It was suggested that countries consider establishing intersectoral networks of focal points from the health, agriculture, environment, and labor sectors. Promotion of increased public awareness about the safe use of pesticides in the home should also be a priority. Recent statistical data from Central America were available, and it was suggested that they be included in the document.

Regarding the use of substances such as DDT in public health campaigns, Dr. Galvão underscored the importance of seeking a balance between the need to use those substances to control disease and the need to eliminate them to protect health. Workers must be trained to handle and use pesticides safely and effectively. At the same time, it was imperative to develop safer alternatives for pest control. Through its comments, the Committee had provided valuable support for the search for alternatives. The work of Canada, Mexico, and the United States of America in that regard could serve as a regional, and perhaps a global, model. Mexico was also cooperating with the seven Central American countries in a subregional project aimed at phasing out the use of DDT. The IFCS conference scheduled for 2000 in Brazil would provide an excellent opportunity for the countries to share their experiences on chemical safety.

The Committee adopted Resolution CE124.R5.

Strengthening of Blood Banks in the Region of the Americas (Document CE124/16)

Dr. José Ramiro Cruz (Regional Advisor, Laboratory and Blood Services) outlined the activities that the Organization had carried out with a view to achieving the objective established by the 25th Pan American Sanitary Conference and contained in the strategic and programmatic orientations, namely, that all blood intended for transfusion

would be screened for the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), the hepatitis C virus (HCV), syphilis, and, in areas where Chagas' disease was a problem, *Trypanosoma cruzi*. He began by presenting general information on the nature of transfusion medicine and the role of blood banks in collecting, processing, storing, releasing, and assuring the quality of blood products. He also presented statistics on the numbers of blood banks and blood donations in the Region of the Americas, as well as the numbers of countries that screened 100% of donated blood for transfusion-transmitted infections (TTI) and the percentages of paid, volunteer, and replacement blood donors.

Guaranteeing the safety and quality of blood products depended primarily on the use of unpaid volunteer donors who donated blood repeatedly, coupled with universal screening of donated blood. However, except in a few countries, the largest proportion of blood donors were replacement donors (i.e., donors who gave blood for a particular patient) or paid donors, whose blood was much more likely to be infected. Moreover, only 16 countries in the Region screened 100% of donated blood for HIV, HBV, and HCV, and in many cases the quality of the serological testing was not optimum, which led to false negative results. As a result, infected blood might be released for use in transfusions.

PAHO's activities were aimed at ensuring that 100% of donated blood in the Region was accurately screened for the aforementioned infections and that at least 50% of donors were unpaid volunteers. Those activities had been concentrated mainly in the following five areas: (1) promotion of the establishment of a legal framework to regulate blood bank operations and prohibit payment of donors; (2) external serology performance evaluations to improve the quality of serological screening; (3) promotion of national quality assurance programs; (4) development of a set of regional standards for the work of blood banks; and (5) promotion of distance learning programs for in-service training of blood bank workers. PAHO's efforts had already yielded positive results in terms of formulation and enactment of legislation, increases in the number of units of blood screened, and improvements in the quality of testing, which in turn had reduced the number of transfusion-transmitted infections. The Organization would continue to pursue those lines of action in the future and would also seek to form strategic partnerships with other institutions to enhance quality assurance activities, provide training, and promote voluntary donation.

The Executive Committee found that the document accurately reflected the situation of blood banks in the Region and identified the problems that needed to be addressed in order to achieve a safe blood supply. The Committee also considered PAHO's technical cooperation strategies and activities appropriate. The delegates emphasized the vital role that blood banks played in national health systems. Their importance to the success of regional efforts to eliminate congenital syphilis as a public health problem was also noted. Several delegates described efforts in their countries to

assure the safety of the blood supply and promote voluntary donation, and several also offered to share the benefit of their experiences with other countries and with the Organization.

Like the Subcommittee on Planning and Programming, the Committee underscored the importance of the role of the ministries of health in regulating the collection, screening, and processing of blood, as well as the appropriate use of blood and blood products. The Organization was encouraged to continue providing support for the formulation of legislation and regulatory frameworks and for the development of standards for donor selection and blood collection and screening. It was also felt that PAHO should promote regional harmonization of standards. Dissemination of current information on transmission of infectious diseases and new technologies was seen as a central function of PAHO, as was health education and communication, especially in relation to promotion of voluntary blood donation. Mobilization and promotion at the community level were considered the most effective means of stimulating voluntary donation.

In response to the comments concerning legislation and regulation, Dr. Cruz noted that all the countries in Latin America, with the exception of El Salvador and Nicaragua, had laws regulating the use of blood, and those two countries had drafted legislation to be submitted to their national legislative assemblies. The Organization had played an active role in helping the countries to revise their national legislation. With regard to the development of national standards and the regional harmonization of standards, PAHO, in collaboration with the American Association of Blood Banks and an ad hoc committee, had developed guidelines for the establishment of standards for blood banks in Latin America, and it was working on a similar set of guidelines for the countries of the Caribbean. A meeting would be held at PAHO Headquarters in July 1999 to finalize the standards for the English-speaking Caribbean countries. In relation to promotion of voluntary blood donation, the Organization was preparing a methodological guide for conducting research on knowledge, attitudes, and practices, as well as behaviors and sociocultural beliefs relating to blood donation, both among the public and among health care practitioners. The information derived from that research would help PAHO and the countries design appropriate programs and strategies to reach specific population groups.

The Director emphasized the interprogrammatic nature of PAHO's work in this area, which involved the regional programs on laboratory and blood services, communicable diseases, AIDS/sexually transmitted infections, and public policy and health. He also underscored the importance of intercountry collaboration and thanked the countries that had offered to share their expertise with the Organization and with other countries in the Region.

The Committee adopted Resolution CE124.R7.

Monitoring and Evaluation of the Health Sector Reform Processes (Document CE124/17)

Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development) called the attention of the Committee to the document “Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean,”³ which provided the conceptual framework on the subject. That publication was the product of an effort that had begun with the first Summit of the Americas, held in Miami in 1994, at which the Region’s governments charged PAHO with monitoring and evaluating plans and programs for health sector reform in the countries of the Americas. Following the Summit, the Organization had cosponsored the Special Meeting on Health Sector Reform, held at PAHO Headquarters in September 1995, at which reform activities and the bases for monitoring had been better defined. It had also established a baseline to allow for comparative analysis of the results of monitoring and evaluation of health sector reform in different countries, and it had developed guidelines for the preparation of profiles of the health services systems, which had been used by over 20 countries so far. Since 1997 PAHO had also been involved in the Health Sector Reform Initiative for Latin America and the Caribbean, a five-year project with the United States Agency for International Development (USAID) and other partners. Part of the purpose of that project was development of a monitoring and evaluation methodology.

Health sector reform was a complex process involving changes in the organization and financing of health sector operations and institutions. The process was specific to each country, but it was guided by a common set of principles: the search for greater equity in health status and access to services, increased social participation, financial sustainability of the sector, more efficient use of resources, and greater effectiveness and quality of care. Measuring the impact of reform was difficult, as it was hard to establish causality between reforms, the performance of the health services system, and health status of the population. However, data on the effects of health sector reform were essential to help countries refine their sectoral reform policies and to facilitate the sharing of successful strategies. The methodology that had been developed focused both on monitoring the dynamics and content of the processes of health sector reform and on evaluating the outcomes of reform with regard to the above-mentioned principles. The methodology document contained a detailed list of the indicators used to evaluate results in all those areas.

³ Copies of this document and other publications of the Regional Health Sector Reform Initiative for Latin America and the Caribbean may be obtained from the Division of Health Systems and Services Development at PAHO Headquarters or from the Initiative’s Web site: www.americas.health-sector-reform.org.

In its discussion, the Executive Committee expressed appreciation to the Organization for its central role in developing the methodology for monitoring and evaluating health sector reform processes and promoting harmonization of the data. PAHO was encouraged to continue its support of those initiatives. One Member pointed out that evaluation should be incorporated into the social participation component of the methodology, as the perceptions of the supposed beneficiaries of health sector reform regarding their health status and health services could shed light on the effectiveness of reform processes. It was important to remember that the purpose of monitoring was to guide further actions, not merely to record the current situation.

The Committee found the methodology a valuable tool for assessing health sector reform and encouraged its application in all countries. Nevertheless, some Members had questions and concerns about certain aspects of the methodology. For example, were the indicators outlined in the document sensitive enough to short-term changes, and over what intervals should they be assessed? Was the methodology meant for evaluation of the first stages of reform only, or would it be reapplied over and over? How would the methodology be adapted to respond to changing reform processes in the countries and to facilitate interchange of ideas and lessons on successes and failures in health sector reform? Because it was so comprehensive, the methodology could present difficulties for small countries with limited staff available to apply it. Moreover, it called for recompilation of information that was already available in other reports. It was noted that the methodology was still fairly new and, although it seemed well-designed, more experience in using it would be required to determine if it met the countries' needs.

Regarding health sector reform itself, it was noted that strong government leadership and clear goals were needed if reform processes were to achieve the objective of improving the health situation of the population—which was the only justification for reform. It was clear from several experiences cited during the session that health sector reform could be a double-edged sword. For example, decentralization had had some unintended consequences, such as placing a disproportionate burden on women as health care providers and leading to a drop in vaccination coverage rates. Countries needed to carefully weigh both the positive and negative effects of decentralization and health sector reform measures, especially with regard to the health needs of marginalized groups. It should also be remembered that health services must continue to function optimally in the midst of reform processes, which should be broad-based and not limited to changes in financing and the organization of services.

Several delegates described the health sector reform processes under way in their respective countries and offered to share their experiences and lessons learned. Both Canada and Antigua and Barbuda indicated that they would be completing a country profile within the next few months.

Dr. López Acuña agreed on the need for sensitive indicators to measure not only the impact of reform processes on health status but also the extent to which reforms improved the performance of the health system. Application of the evaluation tool had revealed a serious deficit of information on the latter question, and the monitoring and evaluation process should be rectified to provide such data. To that end, PAHO was collaborating with the United States Centers for Disease Control and Prevention to develop a framework for measuring performance of essential public health functions at all levels in relation to the delegation of responsibilities for public health activities. A simplified index of quality of care was also being developed to indicate where interventions should be concentrated to improve quality.

A major challenge was to ensure that monitoring and evaluation became an integral part of health sector reform processes. The methodology was not meant to be used the same way by all countries. Instead, it should be a baseline from which countries might decide to go deeper into the analysis of certain key processes or results as their situation dictated. Some countries had already asked for assistance in applying the methodology in that way. Thus, the next phase in the institutionalization of monitoring and evaluation was to move from a general process to specific designs that suited the needs of each country and could better identify corrective actions that were needed in reform processes.

The Director said he was pleased that so many delegates appreciated the need for evaluation of both the processes and outcomes of health sector reform. Looking at outcomes was particularly important for assessing whether the goal of enhancing equity was being met. However, the effects of reform on equity were difficult to demonstrate since limited expertise was available regarding the determinants of health status and the way that changes in personal care systems affected health outcomes. Increased equity and improved health conditions might not be visible for a long time, and if results were not seen, the resolve needed to sustain reform processes tended to weaken. He hoped that the Organization's fruitful collaboration with various countries, and particularly the United States through USAID, would continue.

PAHO wished to stress that the steering role of the ministry of health was just as important as other aspects of reform. It made a fundamental difference in whether or not health sector reform achieved its objectives. Modification of reform processes was a crucial function of the steering role. To ensure the durability of reform, the ministry of health had to be able to guide it and modify it as needed.

The Executive Committee adopted Resolution CE124.R8.

Workers' Health in the Americas (Document CD124/18 and the Document "Regional Plan on Workers' Health")

Dr. Maritza Tennessee (Regional Advisor on Workers' Health) outlined the main components of the Regional Plan on Worker's Health, which was prepared in response to the mandates provided by Resolution CSP23.R14, adopted by the Pan American Sanitary Conference in 1990, and the strategic and programmatic orientations for PAHO in the period 1999-2002, as well as other resolutions adopted by the Governing Bodies of PAHO and WHO in recent years. The Plan was conceived as part of the larger effort to promote sustainable human development, recognizing that workers' health was crucial to productivity, economic growth, and the well-being of the population. It provided a comprehensive approach that was multisectoral, participatory, and, above all, preventive, in nature. A preliminary version had been presented to the Subcommittee on Planning and Programming, which had endorsed the preventive approach and the Plan's orientation toward reducing the economic, social, health, and environmental inequities that affected the health of workers.

The Plan was aimed at improving the working environment, living conditions, health status and general well-being of workers in order to advance towards sustainable human development with equity and social justice. It set out objectives, strategies, lines of action, and activities in four program areas: quality of work environments, policies and legislation, promotion of workers' health, and comprehensive workers' health services. To improve working conditions and the quality of work environments, the Plan emphasized primary prevention through strengthening of countries' capacity to anticipate, identify, evaluate, and control risks. In the area of policies and legislation, activities were directed toward the development and application of legal and policy instruments to protect workers and raise awareness of the importance of workers' health for social and economic development. The aim in the area of promotion of workers' health was to foster a new culture of work and encourage the creation of healthy workplaces. As for the fourth area, comprehensive workers' health services, the objective was to strengthen the countries' capacity to expand health care coverage and access for workers, including preventive services, health promotion, and physical and social care and rehabilitation.

The Plan's success would depend on commitment, cooperation, and coordination among the various institutions and actors involved. At the national level, it would depend on the leadership of the national governments—especially the ministries of health—and civil society. International organizations also had an important role to play. PAHO would continue to collaborate with the countries in implementing the Plan at the national level through the mobilization of human, financial, and material resources; development of information systems for the generation of reliable data; and dissemination of information to aid in the control of occupational risks. In the international sphere, it would continue to

forge strategic alliances with other organizations and agencies concerned with workers' health. Regional activities would be funded by \$595,000 in regular budget funds, to be complemented by an estimated \$5 million in extrabudgetary resources, not including the resources that would be mobilized through strategic alliances. A separate annex to the document, distributed during Dr. Tennessee's presentation, summarized some of the activities carried out in recent years by the countries, PAHO, and other organizations, and outlined the principal areas of collaboration with other organizations and actors.

The Executive Committee expressed support for the Regional Plan as a framework for the necessary action to collect data and disseminate information on the situation of workers; improve surveillance of occupational risks, illnesses, and injuries; strengthen policies and legislation to protect workers; and expand health care coverage for workers. Like the Subcommittee on Planning and Programming, the Committee applauded the Plan's preventive orientation and emphasized the importance of an intersectoral approach to worker's health, although the difficulty of harmonizing the priorities of the various sectors involved was noted. It also underscored the need for special attention to the situation of workers in the informal sector, workers who were self-employed, and small producers and business owners, given the lack of protection for those workers and the higher risk of illness and injury, disability, and death they generally faced.

Training of human resources was considered fundamental to improving the countries' capacity to assure better health care for workers, since there was a shortage of professionals trained in occupational health and safety. Nevertheless, it was pointed out that, in many cases, the greatest obstacle to the development of effective workers' health programs at the national level was not lack of occupational health specialists but lack of strong leadership. PAHO could play a vital role in motivating those specialists to take the lead in advocating for workers' health in the technical, legal, and financial spheres.

Several delegates called attention to the serious issue of job-related stress caused, inter alia, by repetitive or boring work, unhealthy working conditions, and abusive treatment by superiors. One delegate noted that stress and consequent absenteeism were a problem in the health sector in his country, particularly among nurses. Violence in the workplace, a growing phenomenon in some countries, was cited as another source of stress among workers. The need for research on these issues and for programs to address the emotional and mental health needs of workers was highlighted. Promotion of an occupational health research agenda was viewed as another priority activity for PAHO.

Several specific suggestions were made for enhancing the Plan. One was greater emphasis on promotion of workers' mental health, as noted above. In regard to the program area aimed at strengthening legislation and policies, it was pointed out that it was also important to promote measures to ensure that the laws and policies adopted

would be enforced and monitor compliance with international conventions relating to workers' health. The proposed activities for expanding health care coverage for workers were considered technically feasible but somewhat overly ambitious, given economic and political realities in the countries. The need to emphasize differential analysis of the impact of unhealthy working conditions on various population groups—notably women and children—was also underscored.

The Representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) said that AIDIS had recently created a special division devoted to workers' health and expressed the Association's willingness to collaborate with PAHO in implementing the Regional Plan.

Dr. Tennessee observed that the Committee's comments clearly reflected the magnitude and range of problems that needed to be addressed in order to improve the health, working, and living conditions of the Region's workers. The Plan was intended to provide a framework for establishing the interinstitutional, international, and intercountry alliances necessary to do that, since no single country, institution, or discipline had sufficient human and financial resources to respond effectively on its own. She agreed that more research on occupational stress was needed in order to design appropriate interventions. She also noted that occupational stress was another issue that required a multisectoral approach, given that instability of the labor market and lack of job security were among the primary causes of such stress. Finally, she thanked the delegates for their suggestions and expressed her appreciation to AIDIS for its support.

The Committee adopted Resolution CE124.R9.

***Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance
(Document CE124/19)***

Dr. Marlo Libel (Advisor in Communicable Diseases) described the global threat posed by emerging and reemerging infectious diseases, which was compounded by the growing problem of antimicrobial resistance. In the Americas, the emergence of hantavirus pulmonary syndrome, the threat of reurbanization of yellow fever, and the resurgence of classical dengue and dengue hemorrhagic fever had shown that the battle against infectious diseases was far from won. Disease emergence was associated with a variety of environmental, social, and economic factors, including growth in international trade and an increase in foreign travel. Likewise, it had social and economic repercussions in addition to health impacts.

To respond to the threat, PAHO was promoting a three-pronged approach consisting of the following components: surveillance of emerging diseases and syndromes, outbreak detection and response, and surveillance and prevention of

antimicrobial resistance. A fourth component that supported the other three was the development of public health laboratory capacity. Under the surveillance component, two subregional laboratory networks, one in the Amazon region and the other in the Southern Cone, had been put into operation with support from the United States Centers for Disease Control and Prevention. To supplement laboratory-based surveillance activities, syndrome notification at sentinel sites was being introduced.

Another essential aspect of the surveillance component was ensuring the rapid availability of up-to-date information. Use of the Internet for information exchange presented both an opportunity and a challenge, for while it allowed rapid dissemination of information nationally and internationally by a variety of actors (NGOs, the private sector, and the press, in addition to public health services), the accuracy of that information could not be easily regulated. PAHO was developing an electronic platform that would allow national epidemiological surveillance systems to input data directly and view the data that were input by other countries. The database would be searchable by several parameters and would integrate with a geographic information system (GIS) when disaggregated data were available. Once validated, the data would be presented to a wider audience through the PAHO Web Page.

In relation to outbreak detection and response, the Organization was working with the countries to strengthen subregional and national capacity to deal with infectious disease outbreaks through the training of multidisciplinary outbreak response teams. Training materials for journalists were also being prepared in order to help improve the reliability of media coverage of an outbreak situation. Attention would also be given to the capacity of surveillance systems and laboratories to detect an outbreak and identify the pathogen involved.

With regard to antimicrobial resistance, PAHO's technical cooperation was geared toward determination of the magnitude of the problem in the Region, revision of prescription policies, promotion of the rational use of antibiotics, and improvement of laboratory capacity to perform antibiotic susceptibility testing. Networks had been established for monitoring antimicrobial resistance of chloroquine-resistant *Plasmodium falciparum*, *Mycobacterium tuberculosis*, and enteric pathogens; the latter network had been developed in collaboration with the Laboratory Center for Disease Control of Canada. It was essential to monitor resistance and implement control programs while less-expensive first- and second-line drugs were still effective, since many countries could not afford the higher-cost replacement drugs.

The Organization's vision for the 21st century was to ensure the existence of strong national diseases surveillance systems, regional networks to monitor diseases, rapid information exchange, and effective national and international preparedness and

response. Collaboration among PAHO, the Member States, and many national and international partners would be essential to achieve that vision.

The Committee expressed its support for the strategies that had been outlined. The importance of strengthening public health laboratories to support surveillance and enable rapid detection of and response to outbreaks was emphasized. The introduction of enhanced laboratory techniques would be required, especially to aid in isolation and characterization of emerging pathogens such as *Escherichia coli* O157:H7. Significant resources were needed to achieve and maintain enhanced laboratory capacity, suggesting that a phased approach to implementing that strategy would be most appropriate. It was also pointed out that strengthening the diagnostic infrastructure implied not only better laboratories but also better training of medical personnel in clinical diagnosis of emerging diseases. National capacity in epidemiological surveillance had to be strengthened at all levels. It must incorporate continuous surveillance of antimicrobial resistance of agents of prevalent diseases, most notably tuberculosis, *P. falciparum* malaria, and common enteric infections. Excessive use of antiretrovirals also had raised concerns over possible development of resistance to those drugs. More studies were needed to determine inter- and intracountry variations in antimicrobial resistance. PAHO was urged to play a leadership role in promoting the collection of reliable data.

There was consensus on the importance of information management during outbreaks to avoid the negative impacts on health and the economy of inaccurate press coverage and uncontrolled rumors. Other points brought out in the discussion were that all aspects of information systems—from disease notification to data compilation to analysis—needed to be strengthened; that unified standards for case definitions and reporting should be adopted by all the countries; and that regional outbreak response teams should be created so that trained personnel would be available promptly in the event of an outbreak. One delegate noted that the regular budget proposal for the 2000-2001 biennium included only a very small increase in the Disease Prevention and Control Program's funding of activities against tropical diseases, while extrabudgetary funding showed a decrease of almost 50%.

A topic of major concern to some countries was the threat of reurbanization of yellow fever. Improved surveillance was needed to provide timely information to aid decision-making. However, lack of availability of the vaccine might hinder outbreak prevention and control activities, even if surveillance were adequate.

In response to the last comment, Dr. Libel said that problems with the availability of yellow fever vaccines could be resolved if countries made the political commitment to carry out universal vaccination programs and gave vaccine producers inside and outside the Region a lead time of at least six months to supply the required quantity of vaccine. Regarding surveillance of yellow fever, it was worrisome that only 20% of sylvatic cases

were laboratory confirmed, while the rest were diagnosed only on the basis of clinical features. In fact, laboratory confirmation and identification of many pathogens was still not a common practice, owing to lack of infrastructure and supplies. At the same time, there was a recognized need to improve clinical as well as laboratory diagnosis. The use of standardized case definitions throughout the Region was highly desirable, and he was glad to hear interest in it from the Committee.

The countries were finding ways to meet the challenges of emerging and reemerging diseases through individual and joint efforts. Several countries had taken out large loans to restructure their surveillance systems in order to be better prepared to respond to infectious disease emergencies. The laboratory networks were an excellent example of intercountry technical cooperation. The Southern Cone network could assist other countries concerned about *E. coli* O157:H7, which it had identified as a priority. The response teams envisioned by PAHO would be international groups of experts, possibly including personnel from outside the Region, that could be mobilized early to assist in all aspects of outbreak response, from field studies to press management. Regarding the latter activity, he emphasized that working constructively with the media during an infectious disease outbreak gave health ministries the opportunity to correct inaccurate information from other sources and to communicate the actions that were being taken to protect the public. With regard to antimicrobial resistance, as the Committee had noted it was often found in some of the most prevalent pathogens. Thus it could have a profound effect on the population and deserved increased priority.

The Director explained that the apparent decrease in extrabudgetary funds for control of infectious diseases shown in the budget document reflected resources guaranteed to date. Throughout the 2000-2001 biennium there would no doubt be a significant increase in available external funding for the initiatives that had been described.

The Committee adopted Resolution CE124.R13.

Report on the XI Inter-American Meeting, at the Ministerial Level, on Animal Health (Document CE124/20)

Dr. Primo Arámbulo III (Coordinator, Veterinary Public Health Program) reported on the 11th Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA11), which had been held at PAHO Headquarters from 13 to 15 April 1999. The objective of the Meeting had been to strengthen areas of common interest to the health and agriculture sectors. It had been attended by delegations from 34 Member States, 30 of which had been headed by the minister or vice-minister of agriculture or health. Representatives from technical and financial cooperation agencies and the private sector (including associations of livestock producers, the food industry, nongovernmental

organizations, and universities) had also attended, as had representatives from 11 countries outside the Region of the Americas.

The topics addressed at the Meeting were described in Document CE124/20. The participants had made informative contributions related to political and technical aspects of those subjects and had adopted 13 resolutions. The majority of the resolutions requested continued technical cooperation from PAHO and urged the health and agriculture sectors to work together to tackle such common problems as food safety and zoonosis control. The Meeting had recommended that the Governing Bodies of PAHO approve the proposed programs of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) for the next biennium and allocate to them economic resources consistent with the needs of their technical cooperation programs and with the available resources of the Organization (Resolutions RIMSA11.R5 and RIMSA11.R8). The participants had also congratulated PAHO for its support over the years to the development of veterinary public health in the Americas and had recognized the 50th anniversary of the Veterinary Public Health Program (Resolution RIMSA11.R2).

RIMSA11 endorsed the need to broaden the vision and analysis of problems common to agriculture and health. The areas of common interest included traditional joint concerns, such as food protection, zoonoses, foot-and-mouth disease, and animal health, as well as a host of other subjects, such as the impact of rural endemic diseases on the agricultural work force and the economy, the health and environmental risks associated with agricultural chemicals, and the new epidemic cycles to which populations were exposed as the agricultural frontier expanded. To better evoke the close ties between the sectors, a new name, the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, was adopted for the next meeting in 2001, but the acronym RIMSA was retained (Resolution RIMSA11.R3).

Dr. Arámbulo called the attention of the Committee to several documents that had been distributed for their information: the RIMSA10 report on food safety, a pamphlet from WHO on food protection policy for the next millennium, and a pamphlet describing the work of the Veterinary Public Health Program and its specialized centers.

The Committee agreed that there must be a close working relationship between ministries of health and ministries of agriculture to confront common problems, and it felt that the change in the meeting name highlighted that relationship. The strengthening of linkages and better coordination between the sectors with regard to the topics addressed at RIMSA11 would be reflected in improved health among the Region's population. Support was expressed for the Veterinary Public Health Program, PANAFTOSA, and INPPAZ. One delegate requested more information on the initiative to form a network of laboratories for food analysis, which was mentioned in Resolution RIMSA11.R9.

Dr. Arámbulo replied that the basis of that initiative was the critical role that laboratories played in epidemiological surveillance of foodborne diseases. For assistance, better quantitative information was needed to strengthen PAHO's technical cooperation and to guide the setting of priorities. The laboratory network was under development. Financial support was being sought from the Inter-American Development Bank to fully implement the initiative, but support from the countries was also crucial. Currently, nine countries were reporting foodborne disease outbreaks to INPPAZ. Those reports allowed analysis of the location where most outbreaks were occurring (40% occurred in homes), the etiological agents causing outbreaks, and the foods involved. Both PAHO and the countries needed that kind of information in order to prevent foodborne-diseases, so he urged all countries to join the epidemiological surveillance program.

The Committee did not consider it necessary to adopt a resolution on the item but took note of the report and of the resolutions adopted by RIMS11 (Decision CE124(D9)).

Special Presentation on the Year 2000 Problem in the Health Sector

Mr. Antonio Hernández, Regional Advisor in Health Services and Maintenance, presented information on the possible impact of the year 2000 (Y2K) problem on the health sector and the actions that PAHO had taken to address it. He began by describing the nature of the problem, which stemmed from the practice of using only the last two digits of a year to record dates in older computer systems, many of which remained in use in the countries of the Region. In such systems, when the year changed from 1999 to 2000, it would register as "00," which could lead to malfunction of computers and computerized equipment used in the health sector. The consequences could range from minor annoyances to fatalities, if critical diagnostic or therapeutic equipment failed. In addition, Y2K problems with computer systems outside the health sector, notably those used by utilities, telecommunications systems, and transportation firms, might also affect the operations of health care facilities.

The Organization had been working to address the Y2K problem since 1996, both within the Secretariat and in the member countries. While all PAHO internal systems were now Y2K compliant, the health sector as a whole was lagging behind other sectors in preparing for the year 2000. The sector must therefore act immediately to identify systems and equipment susceptible to the problem and fix them before the deadline.

PAHO encouraged health authorities in the Member States to develop a plan of action comprising four phases: the preparation phase (June 1999–November 1999), the crisis phase (December 1999–March 2000), the critical period (31 December–1 January), and the post-crisis phase (March 2000 onwards). The actions that should be taken in each phase were described in the document "Brief on the Year 2000 Problem (Y2K) in the

Health Services,” which was distributed to all participants at the Executive Committee session.⁴

Constitutional Matters

Proposed Amendments to the Constitution of the Pan American Health Organization (Document CE124/8)

Dr. Heidi Jiménez (Chief, Office of Legal Affairs) reviewed the events that had led to the proposal to amend the Constitution of PAHO in order to bring the Organization’s practices with regard to election of the Director into line with those of WHO Headquarters and the other regional offices. Resolution EB102.R1, adopted by the Executive Board of WHO at its 102nd Session, provided that regional directors would be appointed for five-year terms and would be eligible for reappointment only once. The resolution had asked the Director of PAHO to discuss with the Governing Bodies the possibility of amending the PAHO Constitution so as to establish the same rules for the appointment of the Director of PAHO. That change would also bring PAHO practice into line with the provisions of the Charter of the Organization of American States (OAS) relating to election of the Secretary-General.

The matter had been examined by the Governing Bodies on various occasions since 1998. Among other considerations, it had been pointed out that changing the term of the Director would require amending the Constitution to change the frequency of the Pan American Sanitary Conferences, which elected the Director. The consensus of the Member States had been that the change was desirable and, accordingly, at its 123rd Session, the Executive Committee had recommended that the 41st Directing Council amend the Constitution of PAHO so that the Conference would meet every five years and the Director would be elected for a period of five years and could not be reelected more than once. The Committee had also recommended that the change take effect as of the opening date of the 26th Pan American Sanitary Conference, which would be held as scheduled in 2002, to coincide with the 100th anniversary of the Organization. Finally, the Committee had requested the Director, in keeping with the provisions of Article 28 of the PAHO Constitution, to advise the Member States of the proposed amendments at least three months prior to the 41st Directing Council. Document CE124/8, which contained the text of the proposed amendment, responded to that request.

⁴ Copies of the document, which also identifies a number of additional sources of information on the Y2K problem, may be obtained from the Secretariat. Information is also available on the PAHO Web site at www.paho.org./spanish/hsp/hsphse.htm. (The latter information is currently available only in Spanish.)

The Executive Committee reiterated its support for the proposed changes and thanked the Director for making the information available well in advance of the Directing Council (Decision CE124(D5)).

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Document CE124/21 and CE124/21, Add. I)

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) reported that as of 1 January 1999 total arrears in the payment of contributions for years prior to 1999 amounted to \$44.8 million. PAHO had received \$23.9 million in payments between 1 January and 11 June 1999, bringing the total amount to \$20.9 million. The corresponding amount of arrears as of June 1998 had been \$18 million, while in June 1997 it had been \$23 million. Since 11 June, an additional payment of \$24,168 had been received from Ecuador.

The collection of contributions for 1999 assessments as of 18 June totaled \$20.6 million. Five Member States had paid their 1999 assessments in full, seven had made partial payments, and 27 had made no payments toward their 1999 assessments. Those collections represented 25% of the current-year assessments. The corresponding percentage had been 25% in June 1998, 30% in 1997, and 14% in 1996. Together, the collection of arrears and current-year assessments during 1999 totaled \$45 million, as compared to \$54 million in 1998 and \$44 million in 1997. A significant factor in the decrease of collections during 1999 had been the delay in payment of assessments by several of the Organization's larger Member States.

As of the opening of the 124th Session of the Executive Committee, three countries were potentially subject to the application of Article 6.B of the PAHO Constitution and might therefore have their voting privileges suspended at the 41st Directing Council: Dominican Republic, Ecuador, and Peru. However, during the 124th Session, a substantial payment was received from Peru, as a result of which it was no longer subject to Article 6.B.

In the Committee's discussion of this item, concern was expressed over the proposed 5.9% increase in the PAHO portion of the budget for 2000-2001, given the large number of countries that had made no payment toward their 1999 assessments. It was pointed out that the countries would have even more difficulty in meeting their obligations to the Organization if the Governing Bodies approved a budget that would cause assessments to rise.

The Director said that he would comment on the proposed budget when that item was taken up by the Committee.

The Committee adopted Resolution CE124.R1.

Interim Financial Report of the Director for 1998 (Official Document 292)

Mr. Matthews also presented the Interim Financial Report of the Director for 1998, which contained information on the Organization's financial transactions during the period 1 January 1998–31 December 1998 and its financial position as of the latter date. Also included were financial statements for the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI) and the Institute of Nutrition of Central America and Panama (INCAP).

Thanks to conservative financial management, the Organization's overall financial position was solid. An increase in the collection of outstanding assessments for years prior to 1998, coupled with a decrease in total expenditures, had resulted in an excess of income over expenditures of \$24 million in the regular budget. Receipts of prior years' quota assessments had amounted to \$38 million, or 72% of the outstanding balance as of 1 January 1998, compared to \$13 million received in 1997 and \$34 million in 1996. Receipts of current-year quota payments in 1998 amounted to \$51.3 million, which was 62% of total assessments for that year. Miscellaneous income during 1998 had totaled approximately \$8 million.

Total 1998 expenditures had amounted to \$265.7 million, which was an increase of \$78.8 million over 1996, the first year of the previous biennium. The increase was largely attributable to increases in sales for the Revolving Fund for the Expanded Program on Immunization and expenditures for the trust funds, natural disaster relief, and WHO projects.

In accordance with Article 103.4 of the Financial Rules of PAHO, any surplus at the end of a financial period was to be used to replenish any drawings from the Working Capital Fund. Hence, any excess income that remained at the end of the 1998-1999 biennium would be used to restore the Fund to its authorized level of \$15 million. However, financial obligations incurred as of 31 December 1998 would decrease the current regular budget fund balance of \$24 million significantly by the end of the biennium.

The three Pan American centers, CAREC, CFNI, and INCAP, had experienced a combined net deficit of \$236,000 during 1998. CAREC's expenditures during the year had exceeded income by \$227,000. As of 31 December 1998, Members owed a total of \$4.9 million in quota contributions. CFNI's expenditures had also exceeded income, by

\$90,000, and its accumulated deficit had increased from \$142,000 in 1997 to \$232,000 as of 31 December 1998. Arrears in the payment of quota contributions had decreased to \$786,000 by the end of 1998, compared to \$910,000 at the close of 1997, but only \$92,000 had been paid on current-year assessments of \$317,000 for 1998. INCAP's income in 1998 had fallen to \$4.5 million, compared to \$5.6 million in 1997; however, a proportional decrease in expenditures had resulted in a \$56,000 increase in the Institute's fund balance, which totaled \$4.45 million at year's end. The collection of quota contributions had improved dramatically, with outstanding balances decreasing from \$843,000 in 1997 to \$444,000 in 1998.

In the Committee's discussion of this item, concern was again expressed about the amount of arrears in the payment of quota contributions and the exacerbation of that problem that would occur if the regular budget for the 2000-2001 biennium were increased. One delegate expressed the view that any additional funds which the countries wished to make available to the Organization for health projects should be contributed in the form of extrabudgetary resources in order to avoid increasing the regular budget and thus raising assessments. Concern was also expressed about the financial situation of the three Pan American centers and the use of PAHO regular budget funds to support them when their quota contributions were not collected to the extent expected.

The Secretariat was asked to update the Committee on its progress in addressing the problems noted by the External Auditor in 1998 with regard to the FAMIS accounting software and the year 2000 problem. A question was also asked about the replenishment of the Working Capital Fund and whether the Secretariat expected to have a budget surplus at the end of the 1998-1999 biennium.

Responding to the questions concerning the Working Capital Fund, Mr. Matthews said that the goal was to restore the Fund to its full authorized level of \$15 million, but that it was not yet clear whether sufficient funds would be available to achieve that goal. As for the FAMIS system, he reported that the majority of the problems identified by the External Auditor had been resolved and that there had been considerable progress toward making the system more user-friendly. With regard to the year 2000 problem, the Organization had a comprehensive and detailed testing plan, which was being implemented on schedule, and all PAHO systems would be Y2K compliant by 1 January 2000.

In reply to the comments regarding the arrears in payment of assessments, the Director said that he found cause for optimism in the Interim Financial Report. The situation of quota collections in 1998 had improved with respect to 1997, which reflected the tremendous effort the Member States had made to pay their assessments. He noted that, in his 18 years at PAHO, there had always been delays in the payment of quota contributions, but he did not see that as any indication that countries were unwilling to

support the Organization. PAHO was very grateful to those countries that had made their quota contributions in a timely manner, especially the largest contributors, since those resources made it possible to carry on the work of the Organization. He was also optimistic about the improvement in the payment of quota contributions to INCAP and believed that there would soon be a similar turnaround at CAREC. Nevertheless, as he had pointed out on previous occasions, the Pan American centers were an integral part of PAHO technical cooperation and were never meant to be financially self-sufficient.

With regard to extrabudgetary funding for the work of PAHO, he was very pleased that the countries were willing to entrust such resources to the Organization for appropriate projects, but the efforts to increase extrabudgetary funding in no way reduced the importance of the regular budget. Ensuring sufficient regular budget funding was critical to PAHO's ability to carry out the programs approved by the Member States. As for the Y2K problem, PAHO had been working with officials in the countries, and would continue to do so, with a view to ensuring that all health services and systems were Y2K compliant.

The Executive Committee did not consider it necessary to adopt a resolution on this item, but took note of the report (Decision CE124(D6)).

PAHO Buildings and Facilities (Document CE124/22)

Mr. Eric Boswell (Chief of Administration, PAHO) reported to the Committee on the status of several projects financed from the PAHO Building Fund and extrabudgetary resources. One was a three-stage project for maintenance and repair of PAHO's field office building in Brasilia, Brazil. The project had begun in 1995 and it was expected that all work would be completed within budget by the end of 1999. The total cost of that project was \$766,000. A second project to repair the exterior wall windows of the PAHO Headquarters building had been completed at a total cost of \$200,000, 25% of which would be requested as a reimbursement from the WHO Real Estate Fund.

The replacement of the heating and cooling units at the PAHO Headquarters Building had also been completed. That project, which was financed by \$1.1 million in extrabudgetary funds, was finished one month ahead of schedule and cost 20% less than anticipated. However, while the work was being carried out, serious problems had been detected in other components of the heating and air-conditioning systems. An engineering consultant was evaluating the situation and would be submitting recommendations shortly. The Secretariat anticipated that repair and replacement costs could total over a million dollars.

Finally, Mr. Boswell informed the Committee that modifications would be carried out in the PAHO building in Caracas, Venezuela, during 1999 to improve the building's

appearance and improve the working conditions for staff. The total cost of that project was estimated at \$200,000, and funding would come from extrabudgetary sources.

In the Committee's discussion, Mr. Boswell was asked to clarify the source of the funds for repair of the heating and air-conditioning systems in the Headquarters building. He explained that repair was funded from the 13% overhead fee that PAHO received for managing extrabudgetary funds. He also pointed out that the PAHO Headquarters building was 40 years old and many of the original systems installed when it was constructed were approaching, or had already reached, the end of their expected useful life. It was therefore to be anticipated that major repairs would be needed over the next few years.

The Director expressed his gratitude to Mr. Richard Marks (Chief, Department of General Services) and the staff of the Building Services Unit for their excellent and efficient work on the replacement of the heating and cooling units.

The Committee did not consider it necessary to adopt a resolution on this item, but took note of the report (Decision CE124(D7)).

Personnel Matters

Amendments to the PASB Staff Rules (Document CE124/23)

Dr. Diana LaVertu (Chief, Department of Personnel) summarized for the Committee the proposed changes to the Staff Rules. She noted that the revisions were in line with those adopted by the Executive Board of the World Health Organization at its 103rd Session (Resolutions EB103.R15 and EB103.R16) and that they resulted from decisions taken by the United Nations General Assembly at its fifty-third session on the basis of recommendations made by the International Civil Service Commission (ICSC).

Staff Rules 330.1 and 330.2 had been modified to reflect the revised base/floor salary scale for professional and higher-graded categories and the resultant modifications required in the schedule of staff assessments for those categories. The revision to the base/floor salary scale had been approved by the UN General Assembly, with effect from 1 March 1999. As another consequence of that revision, the Committee must consider modifications to the salaries of the posts of Deputy Director, Assistant Director, and Director. The policy of the Governing Bodies of PAHO on that matter was summarized on Page 3 of Document CE124/23.

Staff Rules 340.1, 340.2, and 340.3 had been amended to reflect an increase in the allowances for dependents of professional and higher-graded categories of staff. Amended Staff Rules 350.1 and 350.2.2 reflected a change in the method of computing

reimbursement of the education grant. The budgetary implications of all the changes outlined in the document would be absorbed within the regular budget from the allocations established for the 1998-1999 biennium.

The Committee adopted Resolution CE124.R11.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE124/24)

Ms. Luz María Esparza (President, PAHO/WHO Staff Association) addressed the Committee on behalf of the staff of the Organization. She noted that, while the reforms introduced in the United Nations system in recent years had yielded some positive results, they had also had negative impacts on staff members, whose responsibilities had increased as the size of the staff had decreased. That situation had created considerable stress among personnel. The staff were firmly committed to the Organization and to its mission, especially the quest for equity. However, they felt that the pursuit of equity should begin at home, which meant establishing a partnership between staff and administration in which the staff's views were taken into account and their contribution to the Organization was duly recognized through fair treatment and compensation.

A number of positive developments had taken place in staff-management relations since Dr. Alleyne became Director, notably the creation of the Office of the Ombudsman. Nevertheless, the Staff Association still had several serious concerns, which it wished to bring to the attention of the Executive Committee. One was professional staff salaries, which had declined steadily in purchasing power over the years. Professional staff at PAHO were further disadvantaged by the fact that the International Civil Service Commission set the post adjustment for Washington substantially lower than for New York.

Another concern was the staff's lack of representation on post classification committees. The Staff Association felt that staff input in the classification process was important and, for a number of years, it had been calling for the creation of a joint staff/administration classification committee, which would bring PAHO practice into line with that of WHO. In addition, the Staff Association had concerns relating to the physical and psychological working environment. A perception existed that rates of breast cancer among female staff were unusually high, and the Association considered that a study should be conducted to determine whether that was indeed the case. The Association also felt that strong measures should be taken to address the serious problem of harassment that existed throughout the United Nations common system, including PAHO.

The Executive Committee was asked to consider and support the staff positions on the points raised in Ms. Esparza's remarks and in the document.

The Director said that he was very pleased with the evolution of relations between the Staff Association and the Administration and with the responsible approach the Association had taken to the problems of the Organization. He, too, was concerned about the issue of professional staff salaries and agreed that the manner in which the post adjustment was calculated was grossly unfair. He also agreed that harassment in the workplace should not be tolerated, and said that measures aimed at eliminating it would be put in place. The Staff Association had recently submitted several excellent suggestions for making PAHO a healthier working environment, which he was considering. On the issue of post classifications, however, he could not agree with the Staff Association. He felt the WHO policy of including staff on post classification committees was bad policy. PAHO had consulted various human resources experts and had looked at practices in the countries, and it had concluded that determination of post classifications was a management tool and not something in which staff should participate. As for the Staff Association's concerns regarding the incidence of breast cancer, the Secretariat would look at the data to see whether a real problem existed.

The Executive Committee took note of the report of the Staff Association (Decision CE124(D10)).

General Information Matters

Resolutions and other Actions of the Fifty-second World Health Assembly of Interest to the PAHO Executive Committee (Documents CE124/25 and CE124/25, Corrig.)

Dr. David Brandling-Bennett (Deputy Director, PAHO) outlined the resolutions of the Fifty-second World Health Assembly that the Secretariat considered to be of particular interest to the Region of the Americas. The Assembly had adopted 24 resolutions, 16 of which were summarized in the document.

Four of the resolutions on program policy matters dealt with issues related to items on the agenda of the Executive Committee at its 124th Session. Those resolutions concerned support to Central American countries affected by hurricane Mitch (WHA52.12), a framework convention on tobacco control (WHA52.18), poliomyelitis eradication (WHA52.22), and strengthening of health systems in developing countries (WHA52.23). Resolution WHA52.7 dealt with active aging, a topic relevant to the discussion of PAHO's program for the health of older persons that had taken place at the 122nd Session of the Executive Committee in 1998. The resolution was also noteworthy because 1999 was the International Year of Older Persons and healthy aging had been the World Health Day theme. The Roll Back Malaria initiative, supported in Resolution WHA52.11, had received expressions of interest from 16 of the 21 malaria-endemic countries in the Americas. PAHO Member States would also be interested in Resolution WHA52.24 on the prevention and control of iodine deficiency disorders, as the Region

was well advanced toward elimination of those diseases. A resolution on the revised drug strategy (WHA52.19), originally proposed in 1998, had been approved following careful revision.

Resolutions on administrative and financial matters included WHA52.13, on salary of staff in ungraded posts, which was relevant to the recommendations that the Committee had been asked to make under Item 7.1 with regard to the salaries of the Deputy Director, Assistant Director, and Director. Resolution WHA52.19, on reimbursement of travel expenses for attendance at regional committee meetings, applied only to Member States or Associate Members classified as least-developed countries; in the Americas, only Haiti was eligible. Resolution WHA52.17 established the scale of assessments to be paid by Member States to WHO for the years 2000 and 2001. Quota assessments would increase for five Member States in the Americas and would decrease for four, giving a total increase for the Region of \$519,252. The budgetary implications of the appropriations resolution for the period 2000-2001 (WHA52.20) had been considered by the Committee in its discussion of the proposed budget for PAHO, but the ultimate impact remained unknown.

PAHO would cooperate with the Universal Postal Union to promote adherence to its agreement with WHO, approved in Resolution WHA52.6, regarding the safe shipment of infectious and diagnostic materials. The Committee was requested to take note of Resolution WHA52.10, which authorized a temporary delay in the destruction of variola virus stocks until research needs could be reevaluated and further research conducted. The PAHO Secretariat would support preparations for the ministerial roundtables and other high-level discussions at World Health Assemblies recommended in Resolution WHA52.21, as long as documentation was provided sufficiently in advance.

Dr. Brandling-Bennett also informed the Committee that the Assembly had elected Guatemala to designate a person to serve on the WHO Executive Board, replacing Honduras, whose term had expired. The representative designated by Guatemala, Dr. Carlos Andrade, had joined representatives from Canada, Chile, Peru, Trinidad and Tobago, and the United States of America at the 104th Session of the Executive Board immediately after the close of the Assembly.

The Executive Committee did not consider it necessary to adopt a resolution on this item, but took note of the Secretariat's report (Decision CE124(D11)).

Procedural Matters

Representation of the Executive Committee at the 41st Directing Council, 51st Session of the Regional Committee of WHO for the Americas (Document CE124/3)

It was decided that the Executive Committee would be represented at the 41st Directing Council by its President and Vice President (Ecuador and Colombia) and that their alternates would be Mexico and Nicaragua, respectively (Decision CE124(D2)).

Provisional Agenda of the 41st Directing Council, 51st Session of the Regional Committee of WHO for the Americas (Document CE124/4)

Dr. Brandling-Bennett presented the agenda prepared by the Director in accordance with Article 12.C of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council. With regard to the program policy matters, he proposed that an item on the Y2K problem in the health sector be added.

The Committee agreed to that proposal and adopted Resolution CE124.R14.

Other Matters

The Director reported that the Secretariat had explored the possibility of setting up a revolving fund for the procurement of essential public health drugs and had determined that it was feasible to do so. A trial experience would be carried out for Brazil. Brazilian authorities and the Organization's legal counsel were currently working out the legal arrangements. If the experience proved successful, the opportunity to participate in the fund would be extended to other countries.

He also announced that, as part of the effort to widen the scope of contributions to the Organization, the Secretariat planned to establish a development office to establish contacts with private philanthropic organizations, especially in the United States, and seek to generate more funds for PAHO programs in the countries.

In response to a question from one of the delegates, he said that the Secretariat would look into the possibility of organizing special presentations or panel discussions on specific topics, to be held outside the regular meeting hours, during the 41st Directing Council.

The Delegate of Canada said that Canada wished to formally put forward its candidacy for election to a term on the Executive Committee. The country's Minister of Health, Mr. Allan Rock, would be writing to the ministers in the other Member States to seek their support for Canada's election during the 41st Directing Council.

Closing of the Session

The Director expressed his appreciation to the President for the skillful and expeditious manner in which he had conducted the session. He thought the discussions had been excellent, and he was deeply grateful for the delegates' input on the work of the Organization. Working together as a Pan American organization, the countries had done great things in first 98 years of PAHO's existence, and he was confident that they could accomplish even greater things in the next 98 years if everyone pulled together and kept the interests of the Organization as a whole at heart.

The President added his thanks to the delegates for their timely attendance at all the meetings and their commitment to the work of the Organization. He also expressed his gratitude to his fellow officers and to the PAHO staff members for their excellent presentations on the items discussed by the Committee. He then declared the 124th Session of the Executive Committee closed.

Resolutions and Decisions

The following are the resolutions adopted and decisions taken by the Executive Committee at its 124th Session:

Resolutions

CE124.R1: Collection of Quota Contributions

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Document CE124/21 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 two Member States; and

Noting with concern that there are 27 Member States that have not made any payments towards their 1999 quota assessments and that the amount collected for 1999 assessments represents only 25% of total current year assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Document CE124/21 and Add. I).
2. To thank the Member States that have already made payments for 1999 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To recommend to the 41st Directing Council 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 session have not made substantial payments towards their quota commitments, and to those that have failed to make the scheduled payments 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 41st Directing Council on the status of the collection of quota contributions.

(Fifth meeting, 23 June 1999)

CE124.R2: Hurricanes Georges and Mitch

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the report presented to the Director on the damages caused by hurricanes Georges and Mitch (Document CE124/11),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having seen the report presented by the Director on the damages caused by hurricanes Georges and Mitch (Document CD41/___);

Noting with deepest regret the damages caused by hurricanes Georges and Mitch in the countries of the Caribbean and Central America;

Aware of the efforts undertaken by the affected countries and the support given by the international community and by the Pan American Health Organization;

Convinced of the need for transparency in humanitarian supply management, using methods that help manage these resources;

Interested in including the necessary preparedness and mitigation measures in the post-hurricane reconstruction phase to guarantee a reduction in the health sector's vulnerability in the future; and

Noting the recommendations that emanated from the Meeting to Evaluate the Preparedness and Response to Hurricanes Georges and Mitch held in the Dominican Republic (16-19 February 1999),

RESOLVES:

1. To express its deepest regret for the thousands of lives lost and damage caused by hurricanes Georges and Mitch in the countries of the Caribbean and Central America.
2. To request the health ministers from the Member States to include disaster prevention, mitigation and preparedness issues in their policies on social development and health sector reform and, in the countries where they do not already exist, that offices be organized dedicated to this field.
3. To recognize the SUMA system (supply management) as the regional standard to be used in emergencies and to request the highest level of training for personnel in this methodology.
4. To request the international donor community to increase its financial assistance to strengthen the countries' disaster prevention, mitigation, and preparedness programs, especially in the post-hurricane reconstruction phase, thus decreasing the health sector's vulnerability, and to include these practices in the sector's reform.
5. To adopt the document on lessons learned, prepared at the evaluation meeting on hurricanes Georges and Mitch, as official PAHO/WHO guidelines, and to suggest that each Member State adopt these in the development of disaster prevention, mitigation and preparedness policies.

(Fifth meeting, 23 June 1999)

CE124.R3: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE124/12 and Add. I),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD41/___);

Taking into account the characteristics and trends of the HIV/AIDS epidemic in the Americas, which is affecting larger numbers of vulnerable young men, women, and children;

Cognizant of the well-known and important association of HIV transmission and the presence of other sexually transmitted infections;

Recognizing the efforts, expertise, and experience developed throughout the last 15 years by the national AIDS/STD programs in preventing the sexual, bloodborne, and perinatal transmission of HIV in the Region,

RESOLVES:

1. To urge Member States to:
 - (a) further expand the national response against HIV/AIDS by actively engaging non-governmental organizations, the private sector, persons living with HIV/AIDS, religious organizations, and other community groups;
 - (b) continue to strengthen the Regional capacity for the prevention and control of sexually transmitted infections and HIV, especially in the areas of laboratory diagnosis, drug procurement, epidemiological surveillance, and patient care and management;
 - (c) put special emphasis on the sexual and perinatal transmission of HIV and the prevention and control of other sexually transmitted infections through the adoption and/or adaptation of global and regional guidelines and protocols;
 - (d) maintain the gains obtained in the last decade in the prevention of the bloodborne transmission of HIV and other pathogens through ongoing training of health personnel, broader public information and education, and implementation of quality assurance in laboratories and blood banks;

- (e) develop and implement national protocols for providing comprehensive care to people living with HIV/AIDS, taking into consideration standards of quality, efficiency and equity that ensure improvement in the quality of life of those affected by the epidemic.
2. To request that the Director:
- (a) keep Member States informed about developments in regional mechanisms for antiretroviral drug procurement to ensure equitable, appropriate and effective medical care of people with HIV/AIDS, and to prevent mother-to-child transmission;
 - (b) continue to strengthen the technical capacity of the health sector by forming alliances with national and regional professional associations, academic and research institutions and relevant nongovernmental organizations, while preserving and increasing the national expertise available in the ministries of health, social security institutions and other health-providing agencies.

(Fifth meeting, 23 June 1999)

CE124.R4: Integrated Management of Childhood Illness (IMCI)

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen Document CE124/14, which proposes to accelerate implementation of the strategy for integrated management of childhood illness (IMCI) in the Region of the Americas;

Taking into account that the Subcommittee on Planning and Programming reviewed the IMCI strategy and agreed on its importance for reducing infant mortality; and

Considering that the Director of the Pan American Sanitary Bureau has proposed that the Organization adopt the IMCI strategy as one of its principal interventions during the next four years to achieve the goal of preventing 100,000 deaths in children under 5 in the Region of the Americas by the year 2002,

RESOLVES:

To recommend that the Directing Council adopt a resolution in the following terms:

THE 41st DIRECTING COUNCIL,

Having seen Document CD41/_____ and its request to accelerate implementation of the strategy for integrated management of childhood illness (IMCI) in the Region of the Americas;

Taking into account that this strategy is considered the principal contribution for reducing mortality from infectious diseases in children under 5;

Bearing in mind that universal access to the IMCI strategy by the population of the Region of the Americas, particularly the most vulnerable groups, will help to achieve the goal of preventing 100,000 deaths in children under 5 by the year 2002,

RESOLVES:

1. To recommend that the Member States:
 - (a) adopt the IMCI strategy as the basic intervention for accelerating the reduction of infant mortality and achieving the goal of reducing the number of deaths in children under 5 by 100,000 between 1999 and 2002;
 - (b) explicitly include the IMCI strategy among the basic health interventions to which the entire population should have access through the network of health services and health personnel, including the public sector, social security, and health sector reform projects;
 - (c) draft national and subnational plans and goals aimed at securing progressive access by the entire population to the operational elements of the IMCI strategy through the health services and health workers, and in communities, and promote utilization of these services and personnel by families and communities;
 - (d) take the necessary steps to guarantee economic support and mobilize all possible resources in support of effective implementation of the IMCI strategy;
 - (e) introduce teaching of the IMCI strategy into the training of health workers, other professionals, auxiliaries, technical personnel, and community health agents who work with children under 5 and can contribute to health promotion and disease prevention in the health services and the community.
2. To request the Director:
 - (a) to increase efforts to obtain extrabudgetary financing for activities connected with the implementation of the IMCI strategy in the countries of the Region and to support the countries in their national and local implementation processes;

- (b) to promote execution of the necessary activities for adapting the IMCI strategy to the different epidemiological and operational realities of the countries, expanding its components and interventions to enhance its role in promoting the integrated management of childhood illness;
- (b) to invite other multilateral international, bilateral, and nongovernmental organizations to offer support for implementing the IMCI strategy at the regional, subregional, and country level.

(Sixth meeting, 23 June 1999)

CE124.R5: Persistent Organic Pollutants

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on persistent organic pollutants (Document CE124/15),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having considered the report of the Director on persistent organic pollutants (Document CD41/____), including the proposal to assist Member States in their efforts towards their safe management, decrease, and elimination; and

Recalling Resolution WHA50.13 of the World Health Assembly (May 1997) on the promotion of chemical safety, with special attention to persistent organic pollutants, in which participation of national health agencies is encouraged for their safe management, as well as Resolution CSP23.R11 of the 23rd Pan American Sanitary Conference concerning the establishment of the Regional Program on Chemical Safety,

RESOLVES:

1. To endorse the initiative to assist Member States to deal with the problems associated with persistent organic pollutants in the environment, especially in relation to the negative effects on health and the environment.
2. To call upon Member States to:

- (a) ensure that the use of DDT is authorized by governments for public health purposes only, and that, in those instances, such use is limited to government-authorized programs that take an integrated approach, and that strong steps are taken to ensure that there is no diversion of DDT to entities in the private sector;
 - (b) take steps to reduce reliance on insecticides for the control of vectorborne diseases through promotion of integrated pest management approaches;
 - (c) identify existing uses and stockpiles of persistent organic pollutants, particularly of DDT, determine essential needs for the control of disease vectors, and elaborate a plan for their safe use in the protection of human health and the environment;
 - (d) develop and apply appropriate alternatives, in accord with the particular epidemiological situation in their respective countries, to control vector-transmitted diseases, including cost effectiveness studies and following published WHO guidelines;
 - (e) support PAHO efforts—especially those Member States with experience and appropriate technology—with technical and financial resources to promote and conduct evaluations of the long-term effects of persistent organic pollutants on human health, especially of the most affected population groups in Latin American and the Caribbean.
3. To recommend that the Director:
- (a) incorporate in the REPIDISCA information system of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), technical and scientific information on persistent organic pollutants, giving special attention to the effects on human health, and to disseminate such information to Member States;
 - (b) take the necessary steps to reinforce PAHO's capacity to develop a regional safe management strategy for persistent organic pollutants based on the assessment of risk of these substances, giving particular attention to DDT, and including application of the WHO guidelines for the control of disease vectors;
 - (c) cooperate with ministries of health and environment in their efforts to identify, characterize, evaluate, monitor, control and gradually eliminate persistent organic pollutants that may have adverse effects on human health;
 - (d) organize and maintain a Regional database of indicators of health and environment related to persistent organic pollutants, with the cooperation of

- Member States which have already made significant progress in the field, and to expand it to incorporate other Member States;
- (e) stimulate intercountry cooperation, particularly for the tackling of problems of health and environment associated with persistent organic pollutants.

(Sixth meeting, 23 June 1999)

CE124.R6: Proposed Program Budget of the Pan American Health Organization for the Financial Period 2000-2001

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Planning and Programming (Document CE124/5);

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2000-2001 contained in *Official Document 290*;

Noting with satisfaction the efforts of the Director to prepare this proposed program budget in a climate of continuing fiscal difficulty;

Further noting with satisfaction the transparency of the budget document and its continued emphasis on programs and expected results; and

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

RESOLVES:

1. To thank the Subcommittee on Planning and Programming for its preliminary review of and report on the proposed program budget.
2. To express appreciation to the Director for the attention given to cost savings and the strengthening of programs in his development of the program budget.
3. To request the Director to explore, in advance of the 41st Directing Council, any possible revision in the financing of the Organization that could make available additional funds that could be used for implementation of the proposed program budget.
4. To recommend to the 41st Directing Council that it consider the proposed program budget of the Pan American Health Organization for the financial period 2000-2001 as

presented in *Official Document 290*, in light of comments made by Members of the Executive Committee, and to adopt the required appropriation and assessment resolutions.

(Seventh meeting, 24 June 1999)

CE124.R7: Strengthening Blood Banks in the Region of the Americas

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the document CE124/16 on strengthening blood banks in the Region of the Americas, which discusses the technical elements for ensuring the safety of the blood products used for transfusions; and

Taking into account the goals of the Strategic and Programmatic Orientations, 1999-2002,

To recommend that the Directing Council adopt a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Considering that the transfusion of blood products is a medical procedure performed for the treatment of patients with serious illness or emergencies that cannot be treated by other means;

Affirming that is the inescapable responsibility of the health systems and services to guarantee the efficient processing, adequate supply, and timely delivery of blood products that pose the minimum possible risk to the patients who receive them; and

Taking into account that the risk of transfusion-transmitted infections is higher when blood products come from remunerated or replacement donors, rather than volunteer, nonremunerated, and repeat donors,

RESOLVES:

1. To urge Member States to:
 - (a) give higher priority in their national health policies to the safety of blood for transfusion;
 - (b) promote the development of national blood programs and transfusion services, based on the voluntary, nonremunerated, and repeated donation of blood and on quality assurance;

- (c) strengthen the national blood bank infrastructure in order to implement the national blood programs;
 - (d) ensure the appropriate allocation and efficient use of resources for the acquisition of safe blood products and their use in the population that needs them.
2. To request that the Director:
- (a) cooperate with the Member States in strengthening the national blood programs and transfusion services, with the collaboration of international institutions, especially in the mobilization of financial resources;
 - (b) assist in the strengthening of national programs for voluntary, nonremunerated, repeated blood donation;
 - (c) establish regional standards for the quality of blood banks and transfusion services, as well as for the blood products used in transfusions;
 - (d) promote universal, accurate, and efficient screening of the units of blood donated in the Region;
 - (d) document the progress of the national blood programs.

(Seventh meeting, 24 June 1999)

CE124.R8: Monitoring and Evaluation of the Health Sector Reform Processes

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the document on monitoring and evaluation of the health sector reform processes submitted by the Director (Document CE124/17),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having seen the document on monitoring and evaluation of the health sector reform processes (Document CD41/___); and

Taking into account that, at the Summit of the Americas in 1994 and the Special Meeting on Health Sector Reform in 1995, with the participation of an interagency committee of the United Nations and multilateral and bilateral cooperation agencies, the governments of the Region identified the need to develop a process for monitoring health sector reform in the Americas,

RESOLVES:

1. To recognize the efforts of the Member States and PAHO to design and implement the *Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean*.
2. To urge Member States to:
 - (a) adopt and utilize the *Methodology* and continue to collaborate in its improvement;
 - (b) institutionalize the monitoring and evaluation of their health sector reform processes and apply policies that take into account the results of those processes.
3. To request that the Director:
 - (a) continue the process for improving the *Methodology for Monitoring and Evaluation of Health Sector Reform in Latin America and the Caribbean*;
 - (b) continue cooperation activities that support application of the methodology and implementation of the health sector reform processes;
 - (c) prepare periodic reports on the progress made and the problems encountered in the sectoral reform processes of the Region;
 - (c) promote the establishment of networks for communication and the sharing of experiences on sectoral reform among governments, the private sector, institutions, and other interested actors.

(Seventh meeting, 24 June 1999)

CE124.R9: Workers' Health

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the report on workers' health in the Region of the Americas (Document CE124/18),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having seen the Director's report on workers' health in the Region of the Americas (Document CD41/__);

Recalling the specific mandates of the Governing Bodies of PAHO on workers' health, especially Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), in which the Conference urges the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage;

Considering that Resolution WHA49.12 of the World Health Assembly endorses the WHO Global Strategy on Occupational Health for All, clearly defines the principal objectives of action, and requests the Director-General of WHO to invite the organizations of the United Nations system, particularly the International Labor Organization, and nongovernmental and national organizations, to cooperate with WHO in this area;

Aware of the existence of major social, economic, and sanitary inequities that affect workers' health, especially in the informal sector; and

Recognizing that workers' health and healthy work environments are essential for attaining the individual and community health and well-being fundamental to the sustainable development of the Member States,

RESOLVES:

1. To urge Member States to include in their national health plans, as appropriate, the Regional Plan on Workers' Health contained in Document CD41/__, which proposes specific programmatic lines for the action of the Member States and international cooperation.
2. To urge the ministers of health to take the initiative to promote cooperation among the national actors involved in the field of workers' health and related areas in order to define and act together in the pursuit of common objectives that will be incorporated into national workers' health plans, national health plans, and development plans, and that will orient international cooperation.

3. To urge the international organizations and bilateral agencies, as well as nongovernmental organizations, to provide technical and financial support to the Member States and cooperate in the execution of activities, adopting the integrated approach proposed in the Regional Plan.
4. To request that the Director:
 - (a) promote and support the dissemination and implementation of the integrated approach to action proposed in the Regional Plan on Workers' Health;
 - (b) pay special attention to forging institutional partnerships at the national and international level, including the mobilization of extrabudgetary resources to carry out intersectoral activities that will facilitate the development and consolidation of prevention activities, within the framework of an integrated preventive approach;
 - (c) continue to support the ministers of health in their efforts to improve workers' health;
 - (d) continue to promote and support the development of the network of PAHO/WHO Collaborating Centers and scientific institutions, so that they contribute to the development of technical, scientific, and administrative capacity in the institutions and programs operating in the field of workers' health;
 - (e) promote and support cooperation among countries in the field of workers' health, particularly operations research on human resources development.

(Seventh meeting, 24 June 1999)

CE124.R10: PAHO Award for Administration, 1999

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration, 1999 (Document CE124/7, Add. I); and

Bearing in mind the provisions of the Procedures 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, 1999, on Dr. Ana Flisser Steinbruch, of Mexico, for her work to transform

the network of public health laboratories in her country to support priority health programs, including administration, teaching, and research.

2. To approve the proposed modifications to the Procedures and Guidelines for conferring the Award and to transmit the report of the Award Committee of the PAHO Award for Administration, 1999 (Document CE124/7, Add. I), to the 41st Directing Council for consideration.

(Seventh meeting, 24 June 1999)

CE124.R11: Amendments to the PASB Staff Rules

THE 124th 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 CE124/23;

Taking into account the actions of the Fifty-second World Health Assembly related to the remuneration of the Regional Directors and Senior Advisors 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 CE124/23:
 - (a) with effect from 1 January 1999 concerning the dependent's allowances for the professional and higher-graded categories of staff;
 - (b) with effect from the school year in force on 1 January 1999 concerning the education grant;
 - (c) with effect from 1 March 1999 concerning the salary scale and the rates of staff assessment for use in conjunction with gross base salaries applicable to staff in the professional and higher-graded categories.
2. To establish, effective 1 March 1999:

- (a) the annual net salary of the Deputy Director at \$95,995 at dependency rate and \$86,926 at single rate;
 - (b) the annual net salary of the Assistant Director at \$94,995 at dependency rate and \$85,926 at single rate.
3. To recommend to the 41st Directing Council that it establish the annual net salary of the Director at \$104,662 at dependency rate and \$94,190 at single rate, effective 1 March 1999.

(Seventh meeting, 24 June 1999)

CE124.R12: Vaccines and Immunization

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report by the Director on vaccines and immunization (Document CE124/13),

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having considered the progress report by the Director on vaccines and immunization (Document CD41/____);

Taking into account that countries' immunization programs have had a tremendous impact on disease control and eradication throughout the Americas and that transmission of measles is on the verge of being interrupted;

Noting with satisfaction that new vaccines are being introduced in national programs and cognizant that the advent of new and improved vaccines will give the health sector new tools for improving the health of the population of the Americas;

Realizing that the sustainability of immunization programs and the introduction of new vaccines will require the continued availability of significant financial resources;

Aware that the process of health sector reform has to be conducted in a way that strengthens the delivery of all health interventions; and

Recognizing that maintaining the Region of the Americas polio free and achieving the target of measles eradication by the year 2000 will require extraordinary efforts,

RESOLVES:

1. To commend all countries for the priority that has been accorded to immunization programs and to the introduction of new vaccines into routine use.
2. To thank all partner agencies that are collaborating with the program at the regional and country level, including the United States Agency for International Development, the Canadian International Development Agency, and Agencia Española de Cooperación Internacional, and to welcome the support received recently from the March of Dimes and the United States Centers for Disease Control and Prevention (CDC) for the eradication of measles.
3. To urge Member States to:
 - (a) emphasize that the quality and effectiveness of national immunization programs and disease surveillance be maintained in the process of health sector reform;
 - (b) ensure that immunization strategies and surveillance activities outlined for measles eradication are fully implemented;
 - (c) ensure that resources are made available for sustaining immunization programs, including the maintenance of polio eradication and the use of quality vaccines and the introduction of new ones, whenever warranted by the disease burden.
4. To request that the Director:
 - (a) continue his efforts to secure the human and financial resources needed to achieve the objectives of the vaccine and immunization program and the eradication of measles by the year 2000;
 - (b) share with other regions of the world the practices and experiences gained in the Region of the Americas in the delivery of technical cooperation for the control and eradication of vaccine-preventable diseases.

(Seventh meeting, 24 June 1999)

CE124.R13: Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the progress report on the regional surveillance system for emerging and reemerging infectious diseases and antimicrobial resistance (Document CE124/19); and

Considering that the Subcommittee on Planning and Programming has reviewed the progress report and is in agreement with the approaches employed to respond to the threat posed by emerging and reemerging diseases and antimicrobial resistance,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 41st DIRECTING COUNCIL,

Having seen the progress report on the regional surveillance system for emerging and reemerging infectious diseases and antimicrobial resistance (Document CD41/___) and recognizing the need to adopt urgent measures at the regional and national level for implementing mechanisms that detect, investigate, and respond to new infectious diseases or to the reemergence of others formerly considered under control;

Taking into account that the opportunity to intervene with prevention and control measures is limited by the speed with which goods, food, and people are mobilized and by the emergence of pathogens resistant to the available antimicrobial arsenal; and

Considering that technologies exist for conducting surveillance and limiting the harm caused by outbreaks of emerging and reemerging diseases,

RESOLVES:

1. To urge the Member States to:
 - (a) strengthen the infrastructure that will permit the efficient performance of epidemiological surveillance networks for communicable diseases, with special attention to early warning and rapid response systems;
 - (b) increase regional information exchange on outbreaks of emerging and reemerging diseases of importance to regional and global health through the mechanisms proposed in Document CD41/___ for this purpose;

- (c) review the policies and legal mechanisms governing the rational use of antimicrobials, with a view to introducing changes aimed at controlling the growth of resistance to these drugs.
2. To request that the Director:
- (a) foster ties with multilateral, bilateral, and private cooperation and development agencies so that they will act synergistically in the financing and support of the proposed approaches;
 - (b) promote the maintenance and expansion of the subregional surveillance networks for emerging and reemerging infectious diseases and antimicrobial resistance;
 - (c) continue to coordinate the regional response to the emergencies caused by outbreaks of emerging and reemerging diseases.

(Seventh meeting, 24 June 1999)

CE124.R14: Provisional Agenda of the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas

THE 124th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD41/1) prepared by the Director for the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE124/4, with the addition suggested by the Director; and

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Council,

RESOLVES:

To approve the provisional agenda (Document CD41/1) prepared by the Director for the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas.

(Seventh meeting, 24 June 1999)

Decisions

CE124(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the agenda submitted by the Director (Document CE124/1, Rev. 1) was adopted.

(First meeting, 21 June 1999)

CE124(D2): Representation of the Executive Committee at the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate the President (Ecuador) and Vice President (Colombia) of the Executive Committee to represent it at the 41st Directing Council, 51st Session of the Regional Committee of WHO for the Americas. As alternates to those representatives, the Committee designated the delegates of Mexico and Nicaragua, respectively.

(First meeting, 21 June 1999)

CE124(D3): Report of the Subcommittee on Planning and Programming.

The Executive Committee took note of the report on the 31st and 32nd sessions of the Subcommittee on Planning and Programming (Document CE124/5), expressing its gratitude to the Subcommittee for its work and thanking the President for his comprehensive account of the Subcommittee's deliberations.

(First meeting, 21 June 1999)

CE124(D4): Report of the Subcommittee on Women, Health, and Development

The Executive Committee took note of the report of the Subcommittee on Women, Health, and Development (Document CE124/6), and endorsed the recommendations adopted by the Subcommittee at its 18th Session.

(First meeting, 21 June 1999)

CE124(D5): Proposed Amendments to the Constitution of the Pan American Health Organization

The Executive Committee took note of the proposed amendments to the Constitution of the Pan American Health Organization presented in Document CE124/8 and thanked the Director for communicating the text of the amendments to the Member

States at least three months in advance of the 41st Directing Council, in accordance with the constitutional requirement and the request of the Executive Committee.

(First meeting, 21 June 1999)

CE124(D6): Interim Financial Report of the Director for 1998

The Executive Committee took note of the Interim Financial Report of the Director for 1998 (*Official Document 292*).

(First meeting, 21 June 1999)

CE124(D7): PAHO Buildings and Facilities

The Executive Committee took note of the report on PAHO Buildings and Facilities (Document CE124/22).

(First meeting, 21 June 1999)

CE124(D8): Tobacco Control in the Americas

The Executive Committee took note of the progress report on implementation of the Regional Program on Prevention and Control of Tobacco Use and on the feasibility of developing a regional convention on tobacco control (Document CE124/10) and reiterated its support for the Regional Program.

(Second meeting, 21 June 1999)

CE124(D9): Report of the XI Inter-American Meeting, at the Ministerial Level, on Animal Health

The Executive Committee took note of the report on the XI Inter-American Meeting, at the Ministerial Level, on Animal Health (Document CE124/20) and of the resolutions adopted at that meeting.

(Seventh meeting, 24 June 1999)

CE124(D10): Statement by the Representative of the PAHO/WHO Staff Association

The Executive Committee took note of the statement by the representative of the PAHO/WHO Staff Association (Document CE124/24).

(Seventh meeting, 24 June 1999)

CE124(D11): Resolutions and other Actions of the Fifty-second 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-second World Health Assembly of interest to the PAHO Executive Committee (Document CE124/25).

(Seventh meeting, 24 June 1999)

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-fourth day of June, nineteen hundred and ninety-nine. 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.

Edgar Rodas
President of the 124th Session
of the Executive Committee
Delegate of Ecuador

George A. O. Alleyne
Secretary ex officio of the
124th 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
- 2.2 Representation of the Executive Committee at the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report of the Subcommittee on Planning and Programming
- 3.2 Report of the Subcommittee on Women, Health, and Development
- 3.3 Report of the Award Committee of the PAHO Award for Administration, 1999

4. CONSTITUTIONAL MATTERS

- 4.1 Proposed Amendments to the Constitution of the Pan American Health Organization

5. PROGRAM POLICY MATTERS

- 5.1 Proposed Program Budget of the Pan American Health Organization for the Financial Period 2000-2001
- 5.2 Tobacco Control in the Americas
- 5.3 Disaster Preparedness and Emergency Relief: PAHO's Response to Hurricanes Georges and Mitch
- 5.4 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- 5.5 Vaccines and Immunization

5. PROGRAM POLICY MATTERS (*cont.*)

- 5.6 Integrated Management of Childhood Illness (IMCI)
- 5.7 Persistent Organic Pollutants
- 5.8 Strengthening Blood Banks in the Region of the Americas
- 5.9 Monitoring and Evaluation of the Health Sector Reform Processes
- 5.10 Workers' Health in the Region of the Americas
- 5.11 Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance
- 5.12 Report on the XI Inter-American Meeting, at the Ministerial Level, on Animal Health

6. ADMINISTRATIVE AND FINANCIAL MATTERS

- 6.1 Report on the Collection of Quota Contributions
- 6.2 Interim Financial Report of the Director for 1998
- 6.3 PAHO Buildings and Facilities

7. PERSONNEL MATTERS

- 7.1 Amendments to the PASB Staff Rules
- 7.2 Statement by the Representative of the PASB Staff Association

8. GENERAL INFORMATION MATTERS

- 8.1 Resolutions and Other Actions of the Fifty-second World Health Assembly of Interest to the PAHO Executive Committee

9. OTHER MATTERS

LIST OF DOCUMENTS

Official Documents

- Off. Doc. 290* Proposed Program Budget of the Pan American Health Organization for the Financial Period 2000-2001
- Off. Doc. 292* Interim Financial Report of the Director for 1998

Working Documents

- CE124/1, Rev. 2 Agenda
- CE124/2, Rev. 3 List of Participants
- CE124/3 Representation of the Executive Committee at the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas
- CE124/4 Provisional Agenda of the 41st Directing Council of PAHO, 51st Session of the Regional Committee of WHO for the Americas
- CE124/5 Report of the Subcommittee on Planning and Programming
- CE124/6 Report of the Subcommittee on Women, Health, and Development
- CE124/7, Rev. 1 and Add. I Report of the Award Committee of the PAHO Award for Administration, 1999
- CE124/8 Proposed Amendments to the Constitution of the Pan American Health Organization
- CE124/9 Proposed Program Budget of the Pan American Health Organization for the Financial Period 2000-2001
- CE124/10 Tobacco Control in the Americas

Working Documents (*cont.*)

CE124/11	Disaster Preparedness and Emergency Relief: PAHO's Response to Hurricanes Georges and Mitch
CE124/12 and Add. I	Acquired Immunodeficiency Syndrome (AIDS) in the Americas
CE124/13	Vaccines and Immunization
CE124/14	Integrated Management of Childhood Illness (IMCI)
CE124/15	Persistent Organic Pollutants
CE124/16	Strengthening Blood Banks in the Region of the Americas
CE124/17	Monitoring and Evaluation of the Health Sector Reform Processes
CE124/18 and Corrig.	Workers' Health in the Region of the Americas
CE124/19	Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance
CE124/20	Report on the XI Inter-American Meeting, at the Ministerial Level, on Animal Health
CE124/21 and Add. I	Report on the Collection of Quota Contributions
CE124/22	PAHO Buildings and Facilities
CE124/23	Amendments to the PASB Staff Rules
CE124/24	Statement by the Representative of the PASB Staff Association
CE124/25 and Corrig.	Resolutions and Other Actions of the Fifty-second World Health Assembly of Interest to the PAHO Executive Committee

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

**Members of the Committee
Miembros del Comité**

**Antigua and Barbuda
Antigua y Barbuda**

Dr. Carlos Mulraine

Colombia

Dr. Carlos Paredes Gómez
Sra. Ana María Villareal
Sr. Augusto Posada

Cuba

Lic. Enrique Comendeiro Hernández
Dr. Antonio González Fernández
Sr. Marcos Gabriel Yuch

Ecuador

Dr. Edgar Rodas
Dr. Xavier Mármol

**Mexico
México**

Lic. Eduardo Jaramillo Navarrete
Dra. Melba Muñiz Martelón
Lic. Guillermo Reyes Castro

Nicaragua

Dra. Martha McCoy Sánchez
Lic. Annamaría Cerulli

Members of the Committee (*cont.*)
Miembros del Comité (*cont.*)

Panama
Panamá

Dra. Enelka de Samudio

Paraguay

Dr. Roberto Melgarejo Palacios
Dr. Víctor Duarte Pistilli
Dr. Roberto Dullak
Sr. Christian Maidana

United States of America
Estados Unidos de América

Mr. Richard S. Walling
Mr. Neil A. Boyer
Dr. Thomas Novotny
Ms. Mary Lou Valdez

Observers
Observadores

Other Member States
Otros Estados Miembros

Canada

Mr. Nick Previsich
Ms. Sophia Craig

France
Francia

Dr Michel Lavollay

Jamaica

Ms. Vilma K. McNish

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

Peru
Perú

Dr. Alejandro Mesarina
Dr. Pablo Augusto Meloni

Uruguay

Sra. Susana Rosa

Intergovernmental Organizations
Organizaciones Intergubernamentales

Inter-American Development Bank
Banco Interamericano De Desarrollo

Dra. Daniela Trucco

Nongovernmental Organizations
Organizaciones No Gubernamentales

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

Ing. Luiz Augusto de Lima Pontes

Latin American Union against Sexually-Transmitted Diseases (Ulaacts)
Unión Latinoamericana contra las Enfermedades de Transmisión Sexual (Ulaacts)

Dr. Paulo Naud

United States Pharmacopeial Convention, Inc.

Ms. Rosaly Correa de Araujo
Dr. Amy S. Neal
Ms. Jennifer A. Devine

**Pan American Sanitary Bureau
Oficina Sanitaria Panamericana**

***Director and Secretary ex officio of the Session
Director y Secretario ex officio de la Sesión***

Dr. George A. O. Alleyne

***Advisers to the Director
Asesores del Director***

Dr. David Brandling-Bennett
Deputy Director

Dr. Mirta Roses
Assistant Director

Mr. Eric Boswell
Chief of Administration

Dr. Juan Antonio Casas
Director, Division of Health Promotion and Protection

Dr. Stephen Corber
Director, Division of Disease Prevention and Control

Dr. Ciro de Quadros
Director, Division of Vaccines and Immunization

Dr. Daniel López Acuña
Director, Division of Health Systems and Services Development

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