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FINAL REPORT

Opening of the Session

The 130th Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization (PAHO) on 24-27 June 2002. The session was attended by delegates of all nine Members of the Executive Committee: Bolivia, Canada, Dominican Republic, El Salvador, Guyana, Honduras, Jamaica, Peru, and Uruguay. Taking part in an observer capacity were delegates of the following Member States of the Organization: Argentina, Costa Rica, Cuba, France, Mexico, and United States of America. In addition, five intergovernmental organizations and eight nongovernmental organizations were represented.

The Honorable Dr. Leslie Ramsammy (Guyana, President of the Executive Committee) opened the session and welcomed the participants. Sir George A. O. Alleyne (Director, Pan American Sanitary Bureau) added his words of welcome. He was especially pleased to see so many ministers of health in attendance. Their presence was evidence of the importance the countries attached to the work of the Organization and the meetings of its Governing Bodies. The Committee's 130th Session would be particularly important as the Secretariat and the Member States prepared for the Pan American Sanitary Conference in September 2002.

Procedural Matters

Officers

The following Members elected to office at the Committee's 129th Session continued to serve in their respective capacities at the 130th Session:

<i>President:</i>	Guyana	(Hon. Dr. Leslie Ramsammy)
<i>Vice President:</i>	Uruguay	(Dr. Julio Vignolo Ballesteros)
<i>Rapporteur:</i>	Bolivia	(Dr. Enrique Paz Argandoña)

The Director served as Secretary ex officio, and Dr. David Brandling-Bennett, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE130/1, Rev. 1, and CE130/WP/1)

In accordance with Rule 9 of its Rules of Procedure, the Committee adopted the provisional agenda prepared by the Secretariat. The Committee also adopted a program of meetings (Decision CE130(D1)).

Representation of the Executive Committee at the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas (Document CE130/3)

In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Guyana and Uruguay, its President and Vice President, respectively, to represent the Committee at the 26th Pan American Sanitary Conference. Canada and Bolivia were designated as alternate representatives for Guyana and Uruguay, respectively (Decision CE130(D2)).

Provisional Agenda of the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas (Document CE130/4, Rev. 2)

Dr. David Brandling-Bennett (Deputy Director, PASB) presented the provisional agenda prepared by the Director in accordance with Article 7.F of the PAHO Constitution and Rule 8 of the Rules of Procedure of the Pan American Sanitary Conference. He pointed out that item 4.8, Health and Aging; had been added at the request of the Executive Committee. He also drew attention to two new items concerning awards: the Manuel Velasco Suárez Bioethics Award (item 7.3), a new annual award being presented for the first time at the 26th Pan American Sanitary Conference, and the PAHO Centennial Health Journalism Award (item 7.4), which would be presented only in 2002, the centennial year.

Noting that the agenda was a rather full one, the Executive Committee made two suggestions that might lighten the workload: first, that delegations might circulate written reports on the progress and achievements of their countries in the various program areas, rather than speaking about them, and, second, that subregional groupings such as the Caribbean Community (CARICOM) or the Southern Cone Common Market (MERCOSUR) might consider developing regional positions and choosing one spokesperson to make a statement on behalf of all their member countries.

In response to a suggestion that an item dealing with the Centennial events and celebrations be added, the Director said that he would ensure that his own report included thorough information on the subject.

The Committee adopted Resolution CE130.R18, approving the provisional agenda, as revised.

Committee and Subcommittee Matters

Report of the Subcommittee on Planning and Programming (Document CE130/5)

The report on the 36th Session of the Subcommittee on Planning and Programming (SPP) was presented by Dr. Francisco López Beltrán, in representation of the Government of El Salvador, which was elected President of the Subcommittee at the 36th Session. That session was held at PAHO Headquarters on 25 and 26 March 2002. The Subcommittee discussed the following items which were also on the agenda of the Executive Committee at the 130th Session: Evaluation of the Strategic and Programmatic Orientations, 1999-2002; Strategic Plan for the Pan American Sanitary Bureau, 2003-2007; Integrated Management of Childhood Illness; Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization; Health and Aging; Regional Strategy for Maternal Mortality and Morbidity Reduction; Women, Health, and Development; and Public Health Response to Chronic Diseases. The Subcommittee's comments and recommendations on those items 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 the present report.

The Subcommittee also discussed an item concerning the Pan American Centers; however, rather than forward that item to the Executive Committee, the Subcommittee recommended that the Committee focus on the evaluation of a single center—the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS).

Summaries of the presentations and discussions on all the above-mentioned items may be found in the final report of the Subcommittee's 36th Session (Document SPP36/FR).

In the discussion that followed Dr. López Beltrán's report, the need to clarify the role of the Pan American centers vis-à-vis the countries—especially in the area of research—was highlighted. It was emphasized that the regional centers should not duplicate the efforts of national research centers but should complement and help enhance their research capacity.

The Director thanked Dr. López Beltrán for his service as President of the SPP and expressed his appreciation to the Members of the Subcommittee for their

contributions, which had been very useful to the Secretariat in preparing the documents for the Executive Committee.

The Committee took note of the report and thanked the Subcommittee for its work (Decision CE130(D3)).

Report of the Award Committee of the PAHO Award for Administration, 2002 (Documents CE130/6 and CE130/6, Add. I)

Dr. Manuel Sandoval Lupiae (Honduras) reported that representatives of Canada, Honduras, and Uruguay, the Members of the Award Committee of the PAHO Award for Administration, 2002, had met on Wednesday, 26 June 2002. After examining the documentation on the candidates nominated by the Member States, the Committee had decided to confer the award on Dr. Hugo Mendoza, of the Dominican Republic, for his pioneering efforts in public health research and his valuable contribution to the improvement of maternal and child health in his country through the introduction of the public health approach in pediatric care and teaching.

The Delegate of the Dominican Republic expressed his country's appreciation for the award to Dr. Mendoza, a great professional who had dedicated his life to health services and a distinguished university professor with many published works to his credit.

The Committee adopted Resolution CE130.R16.

Report of the Standing Committee on Nongovernmental Organizations in Official Relations with PAHO (Documents CE130/7 and CE130/7, Add. I)

Mr. Luis Canales Cárdenas (Peru) presented the report of the Standing Committee on Nongovernmental Organizations. The Standing Committee, composed of the representatives of Bolivia, Jamaica, and Peru, had met on Tuesday, 25 June 2002, to consider a background paper prepared by the PAHO Secretariat containing the application of the InterAmerican Heart Foundation (IAHF) for entry into official relations with PAHO, including a profile of the applicant and a history of its collaborative activities with PAHO. After carefully reviewing the background documentation, the Standing Committee recommended to the Executive Committee that it admit the IAHF into official relations with PAHO.

At the same meeting, the Standing Committee had considered applications for continued official relations from four nongovernmental organizations: International Organization of Consumers Unions (CI-ROLAC); Latin American Confederation of Clinical Biochemistry (COLABIOCLI); Latin American Union Against Sexually Transmitted Diseases (ULACETS); and National Coalition of Hispanic Health and

Human Services Organizations (renamed the National Alliance for Hispanic Health). After a brief presentation by the respective NGOs and comments from the PAHO Secretariat, and in light of the written information provided on collaborative activities between each of the following NGOs and PAHO, the Standing Committee recommended to the Executive Committee that it authorize continuation of official relations with the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and the National Alliance for Hispanic Health for a period of four years.

Concerning the International Organization of Consumers Unions (CI-ROLAC) and the Latin American Union Against Sexually Transmitted Diseases (ULACETS), the Standing Committee recommended to the Executive Committee that it review the status of official relations between PAHO and CI-ROLAC and ULACETS again the following year in order to give them the opportunity to implement the collaborative work plans and clearly identify the technical areas that would best benefit from a collaborative effort.

The Representative of the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) expressed her appreciation for the continuation of official relations, describing it as a vote of confidence by the Executive Committee in her organization's commitment and professionalism. She also expressed appreciation for the support offered to COLABIOCLI by PAHO, both at Headquarters and in the Dominican Republic.

The Committee adopted Resolution CE130.R17 on this item.

Program Policy Matters

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004–2005 (Document CE130/8)

Mr. Román Sotela (Chief of Budget, PAHO) presented the provisional draft of the program budget. He explained that the present year, the first year of the biennium, was the time when the Executive Committee was asked to consider the WHO portion of the PAHO regular budget. The planning allocations for the 2004-2005 biennium had been given by the Director-General in March/April 2002, and at the present time the different Regions were requested to inform WHO Headquarters as to how they planned to allocate the funds.

The provisional draft of the program budget was thus a partial funding picture, representing only 29% of the PAHO/WHO regular budget. Consequently, the figures in document CE130/8 were not necessarily indicative of PAHO's level of commitment in any given technical area. The whole picture would become evident only when the PAHO

portion of the budget was added, and when the budget as a whole was considered in June 2003.

The planning allocation issued by the Director-General to PAHO for 2004-2005 was US\$72,491,000,* representing a reduction of \$2,191,000, or 2.9%, relative to the 2002–2003 allocation of \$74,682,000. The reduction had been applied evenly in the two main portions of the budget, the Regional Office and Inter-country Programs and the Country Programs, in accordance with the instructions from WHO.

The 2004–2005 period was the third consecutive biennium in which the Region of the Americas had seen a reduction in its planning allocation from WHO. Cumulatively, the reduction amounted to \$10,195,000. The progressive reductions arose from Resolution WHA51.31 approved by the World Health Assembly in May 1998. An evaluation of the effects of the reductions was scheduled for the Fifty-seventh World Health Assembly in May 2004.

Annex 1 of document CE130/8 showed how the amount of \$72,491,000 was divided up over the program classifications of WHO. The distribution complied with WHO instructions to make an overall shift equivalent to 2% to 3% of the budget to the WHO priority areas of work for 2004–2005.

In the discussion that followed, delegates raised a number of questions, in particular as to the criteria by which the funds were allocated to the various areas. It was pointed out that the document did not seem to show a shift of 2% to 3% for all eleven priority areas of work identified by WHO for the period 2004–2005. Noting that the draft program budget showed reductions in some programs and increases in others and that perhaps the changes were not always consistent with the priorities for the Region (e.g., an increase to 11.5% in “Evidence and information for policy,” or a decrease to 8.5% in “Communicable diseases”), several delegates asked the Secretariat to comment on that distribution.

It was suggested that there was a need to analyze how the reductions relative to the previous biennium’s budget had been distributed, and also how the deficit resulting from the reductions would be resolved. Some delegates felt that it would not be appropriate to approve an increase in country quotas to cover that deficit. One delegate proposed that PAHO might appeal to WHO, emphasizing that the regional allocation was not sufficient to enable it to carry out its programs.

The Delegate of the United States of America said that her country had supported the WHO regional reallocation and noted that the Americas had been the only one of the

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

four regions with decreased allocations that had been able to soften the blow by increasing its own budget. As PAHO began the process of making decisions for the next budget cycle, she trusted that the collective concerns of all its Member States would be taken into consideration. The policy of the United States had not changed; it continued to advocate zero nominal growth in the budget. Her delegation therefore hoped that PAHO would make the necessary adjustments, continue to seek increased efficiencies, and give active consideration to the availability of extrabudgetary resources.

In reply, Mr. Sotela stressed that it was misleading to look only at a part of the picture and try to deduce from it the priorities of PAHO. The provisional draft of the program budget, representing only 29% of PAHO's total budget, could not be used to conclude that any particular item was more or less of a priority for PAHO. Soon, PAHO would start planning for the whole period 2004-2005, and by December it would have received all of the proposals prepared by the PAHO representatives in the countries in consultation with the governments. At that time, the priorities of the Organization and its Member States would become evident.

Regarding the distribution of funds to the priority areas of work, he explained that the 2%-3% shift would not necessarily be seen in every individual category. The instructions from WHO were that a shift of 2%-3% in aggregate was to be made. PAHO had done its best to implement the shift and to cover as many areas as possible, but the WHO priority areas would not necessarily all go up by the same amount.

The Director reiterated that the provisional draft program budget showed only a part of the picture. PAHO made its best effort to follow the instructions from WHO as to where the shifts were to take place. However, as the Director-General herself often pointed out, it was not possible to do that in a simple, mechanical way. For example, the problem of malaria was graver in Africa than in the Americas, and consequently the shift in that area would no doubt be greater in that Region. Once the whole picture was put together, then the extent to which PAHO had tried to follow the WHO priorities—most of which had been accepted by PAHO's Governing Bodies as being relevant to PAHO as well—would become evident.

The reduced allocations were a reality with which PAHO had to come to terms, as nothing could be done to change them for the present. What was important was for PAHO to be very vigilant when the whole question of the distribution of resources was reexamined in 2004 and to ensure that the result of those deliberations was equitable in terms of the world as a whole.

He acknowledged that the Region of the Americas had so far been very fortunate in mobilizing extrabudgetary resources. If the representatives of the Member States

continued knocking on the appropriate doors, it was to be hoped that ultimately there would be a budget sufficient to carry out the programs of the Organization.

The Committee adopted Resolution CE130.R2 on this item.

Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Documents CE130/9 and CE130/9, Add. I)

Dr. Fernando Zacarías (Coordinator, Program on Acquired Immunodeficiency Syndrome/Sexually Transmitted Infections, PAHO) summarized the current figures on HIV/AIDS in the Americas and elsewhere. The epidemic was now present in all countries on all continents. Worldwide, an estimated 40 million adults and children were living with HIV/AIDS at the end of 2001. In the Americas, the figure was 2.8 million. The situation was especially serious in the Caribbean, where in some countries and population groups the prevalence of HIV infection was as high as 8%. The number of reported AIDS cases in the Region stood at 1.2 million. In addition, an estimated 40 million cases of other sexually transmitted infections (STIs) occurred each year.

Document CE130/9 presented a brief overview of the progress to date in the Region with regard to promotion of sexual health, communication, blood safety, interventions targeting injection drug users, reduction of mother-to-child transmission, and application of the Organization's "Building Blocks" model of comprehensive care for people living with HIV/AIDS and their families and caregivers. Accelerating Access to Antiretroviral (ARV) Drugs, a recently launched initiative of WHO/PAHO and the Joint United Nations Program on AIDS (UNAIDS), sought to increase the availability of ARV drugs at affordable prices. To date, 26 countries in the Americas had indicated a desire to participate in the initiative. Eleven evaluation and planning missions had been organized, and negotiations for the reduction of drug prices had been finalized or were under way in seven countries. Additionally, the possibility of a subregional pricing agreement for the CARICOM countries was being discussed.

Several recent events had afforded the opportunity to step up the response to the epidemic. One was the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, held in June 2001, which had been discussed by the Committee at its 128th Session. Others events were the establishment of the new Global Fund to Fight AIDS, Tuberculosis, and Malaria, which had already approved funding proposals from a number of countries in the Region, and the signing of the Shared Agenda for Health, an agreement between PAHO, the Inter-American Development Bank, and the World Bank for collaboration on a range of health issues, including HIV/AIDS. Countries were also joining forces in subregional partnerships. At the international level, in addition to the Accelerating Access to ARV initiative, WHO had developed a global health-sector strategy for addressing HIV/AIDS and other STIs. The 14th International AIDS

Conference, which would take place in July 2002 in Barcelona, would provide further opportunities for confronting the myriad challenges created by the HIV/AIDS pandemic.

Dr. Zacarías concluded by emphasizing that the experience of the past had shown what worked and what needed to be done to halt the spread of HIV. Sufficient knowledge existed to dramatically improve the HIV/AIDS situation by 2010. The action taken by the countries of the world over the next few years would determine whether or not that occurred.

The Executive Committee applauded PAHO's comprehensive regional response to HIV/AIDS and endorsed the "Building Blocks" approach, which highlighted the need to strengthen health systems and viewed prevention and care not as competing priorities, but as part of the health care continuum. Delegates underscored the need to improve the accessibility and affordability of antiretroviral drugs, since it was essential to provide treatment to the millions of people in the Region who were already infected with the virus. Support was voiced for the public health approach to antiretroviral therapy advocated by WHO. In addition, it was felt that assuring treatment and care for HIV-infected persons would help reduce the stigma and discrimination to which they were often subjected. Moreover, treatment and care could be key strategies for preventing transmission. In that connection, Dr. Zacarías was asked to update the Committee on PAHO's efforts to negotiate price agreements and facilitate access to ARV drugs through the Revolving Fund for Strategic Public Health Supplies.

The Committee also commended PAHO on its efforts to promote and implement the UNGASS declaration and stressed the need for ongoing monitoring and reporting on the achievement of the goals established by the countries at the special session. With regard to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, delegates expressed the hope that the secretariat being created to manage the Fund would be kept as small as possible so that the funds mobilized would not be eaten up by administrative costs. The Committee acknowledged the need for a coordinated international response to the HIV/AIDS epidemic because, as the document rightly pointed out, it was a global problem with far-reaching effects. Various Member States described cooperative initiatives between their governments and other countries in the Region to combat the spread of HIV and other sexually transmitted infections. One delegate observed that the problem of HIV/AIDS had a "silver lining" in the sense that it had given rise to unprecedented levels of international and intersectoral collaboration, which would translate into gains in other areas, such as poverty alleviation and improvement in overall health conditions.

Several possible improvements to the document were proposed. It was suggested that the section on comprehensive care might be enhanced if it placed greater emphasis on the role that communities and community-based organizations could play in reducing

the spread of HIV and providing support for infected individuals and their families. It was also pointed out that comprehensive care should include voluntary and confidential testing and counseling, so that people would know their HIV status and could deal with it appropriately, together with psycho-social support for infected individuals and their families and communities. Various delegates noted that the document did not address the role of research and its importance in providing the basis for development of policies and interventions.

Delegates also underscored the need for health promotion and education that focused on cultural attitudes and practices that were at the root of individual behaviors. While the document correctly stressed the need for behavioral change, interventions aimed at individuals had had mixed success thus far. It was therefore necessary to broaden health promotion efforts and endeavor to change cultural patterns that encouraged or discouraged certain behaviors. The Delegate of Uruguay called attention to an error in the document, which stated that intravenous drug use was the principal mode of HIV transmission in his country; in fact, the largest proportion of HIV-positive individuals in Uruguay had become infected through sexual relations.

The representative of ULACETS welcomed the document's recognition of the importance of sexually transmitted infections other than HIV/AIDS. She announced that the World Congress on Sexually Transmitted Infections and AIDS would take place in Uruguay in 2003—the first time that event had ever been held in the hemisphere. A main topic of discussion at the Congress would be interventions on HIV/AIDS and other STIs that could be applied in resource-poor settings.

Dr. Zacarías agreed with the delegates' comments on the importance of research, noting that the PAHO Program on HIV/AIDS had initially had a strong research orientation, and it continued to promote research. Another ingredient that was crucial in the fight against HIV/AIDS—in addition to the commitment of financial resources—was leadership. Governments in a number of countries were showing how effective political leadership could foster the kind of intersectoral action needed to address the many facets of the HIV/AIDS epidemic. Regarding the comments on the importance of involving the community in the response to HIV/AIDS, he emphasized that the comprehensive approach advocated under the “Building Blocks” model sought to go beyond the health services system and work with the entire community.

It was true that changing behaviors and their underlying cultural roots was a long-term undertaking. Still, changes in attitude were occurring, as evidenced, for example, by the increase in condom use in some countries. To bring about lasting change, it was essential to focus health education and communication efforts on young people. For that reason, the HIV/AIDS program was working with the adolescent health program to

identify effective behavior change interventions. The program was also conducting a study to assess the impact of health education campaigns in 13 countries.

As for the Organization's negotiations on ARV drug pricing, he reported that the results had been mixed thus far. The pharmaceutical companies continued to impose conditions that limited countries' ability to obtain ARV drugs at reduced prices. However, the PAHO/WHO Representatives and health officials in some countries had succeeded in negotiating satisfactory price agreements. PAHO would continue to support Member States' efforts to negotiate affordable prices.

The Director thanked the Member States that were assisting PAHO and their sister countries in the Region in the fight against HIV/AIDS in the Americas, especially the Caribbean. He concurred fully with those delegates who had pointed out that the resources of the Global Fund should not be expended unnecessarily on administrative costs, which would defeat the Fund's purpose. PAHO was committed to working with UNAIDS to facilitate access to the Fund without creating additional layers of bureaucracy. He also agreed with the Committee's observations on the importance of health education that targeted the roots of individual behaviors. To date, most behavioral change initiatives had been directed at individuals. Rather than that approach, which tended to blame the victim, there must be greater emphasis on creating environments that allowed and encouraged individuals to change their behaviors. PAHO's technical cooperation in this area was now directed largely towards fostering such change.

The Committee adopted Resolution CE130.R6 on this item.

Vaccines and Immunization (Document CE130/10)

Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization, PAHO) reported that DTP3 vaccination coverage among children (i.e., three doses of the vaccine against diphtheria, tetanus, and pertussis) had remained at around 80% for the Americas as a whole in recent years. Coverage in a large number of districts continued to fall below the regional goal of 95%, however, and there were sizable disparities in coverage between countries and between regions within countries. Hence, much remained to be done to achieve full equity with regard to immunization.

Substantial progress had been made towards the goal of eradicating measles in the Americas. A recent outbreak in Venezuela, which had spread to Colombia, was expected to be under control by the time the Pan American Sanitary Conference convened in September, and it was anticipated that indigenous transmission would have been interrupted throughout the Region by the end of 2002. As for poliomyelitis, the only cases reported in the Region in the past decade had been vaccine-derived cases on the island of Hispaniola, the last of which had occurred in Haiti in July 2001. At present, the

disease was completely under control. Neonatal tetanus remained a problem in less than 1% of districts in the Americas. With concerted effort, it could be eliminated very soon. Rubella, too, could be eliminated through accelerated control strategies that emphasized vaccination of susceptible adults as well as routine immunization of children. Yellow fever had shown a sharp downward trend since 1998 as a result of vaccination campaigns. The vaccine shortages of the previous year had been largely overcome, so it would now be possible to intensify vaccination in high-risk areas.

Evaluations conducted in various countries between 1996 and 2001 had shown that to ensure the sustainability of national immunization programs and maintain the progress achieved thus far, attention to three problems was needed: (1) weakened regulatory and control capacity of central government institutions as a result of health sector reform and decentralization, (2) lack of clearly defined financial responsibility for immunization programs, and (3) lack of accountability for specific immunization goals. Action was also needed to close the equity gap between industrialized and developing countries with respect to the introduction of new and combination vaccines, although that gap was relatively small in the Americas compared to other regions, thanks to the countries' strong commitment to immunization.

An important component of PAHO's technical cooperation was the development of tools and strategies to generate information that would enable decision-makers to prioritize the introduction of newly developed vaccines and measure their impact. The Organization was also working to develop and enhance vaccine production capacity in the countries as a means of ensuring the availability of high-quality vaccines and alleviating the vaccine shortages that had affected all countries in the Region in recent years.

Finally, in regard to the threat of a reemergence of smallpox as a result of bioterrorism, Dr. de Quadros said that two technical meetings convened by the Director had examined the issue and assessed the possibilities for smallpox vaccine production in the Region. The principal conclusion of the meetings was that PAHO should continue collaborating with the countries to strengthen epidemiological surveillance systems and improve the infrastructure for identifying cases, including the regional network of laboratories for diagnosis of febrile rash illnesses. Meeting participants had also stressed that an attack of smallpox on one country should be viewed as an attack on all the countries of the Region and that, in the spirit of Pan Americanism, countries that had stocks of vaccine should make them available to the affected country to prevent the disease from spreading.

The Executive Committee commended PAHO for its continued work in strengthening capacity for surveillance of vaccine-preventable diseases, increasing immunization coverage, and facilitating countries' access to vaccines through the

Revolving Fund for Vaccine Procurement. The Committee also expressed support for the Organization's efforts to increase vaccine production throughout the region, as increased supply would help reduce vaccine prices, even in non-producing countries. Maintaining national immunization programs—with guaranteed funding for those programs—was considered a priority responsibility of governments. The Delegate of Peru reported that his country had enacted legislation to protect the budget for immunization activities. Those funds could not be used for any other purpose, irrespective of any financial exigencies that might arise. As a result, Peru had been able to introduce the rubella vaccine, despite its adverse economic situation.

Delegates expressed concern that the economic problems currently afflicting most countries in the Region might make it difficult to maintain the successes of the past and attain regional goals, such as the eradication of measles. One delegate proposed the idea of creating an alternative mechanism, such as an emergency or compensation fund, to assist countries when financial constraints prevented them from purchasing vaccines through the PAHO Revolving Fund. The vaccine shortages of recent years were also seen as a threat to the Region's achievements in the control of vaccine-preventable diseases. Dr. de Quadros was asked to expound on the reasons for the shortages and whether they were likely to reach crisis proportions.

The representatives of the Inter-American Development Bank (IDB) and the World Bank assured the Committee of their respective institutions' willingness to work with the countries to overcome the problems created by decentralization and health sector reform and maintain strong national immunization programs. Both representatives emphasized the need to make ministers of finance and other economic authorities aware of the cost-effectiveness of immunization and involve them in discussions regarding financing for vaccination programs. The representative of the IDB felt that there was merit in the idea of a compensation fund or other mechanism to enable the countries to continue purchasing vaccines during difficult economic times. The representative of the World Bank suggested that, as a means of promoting discussion of vaccine financing issues among national authorities, the Secretariat might include in the revised version of the document a section addressing some of the concerns raised by the Executive Committee, in particular the idea of a financing mechanism to complement the Revolving Fund; the financial and logistic challenges facing immunization programs, given the need to introduce new vaccines while maintaining and increasing the coverage of existing ones; and the protection of national immunization budgets.

In light of the interest expressed by the representatives of the World Bank and the IDB, the Executive Committee requested the Director to explore with the Banks and other partners the possibility of establishing a financing mechanism to complement the PAHO Revolving Fund that would enable countries to assure an uninterrupted supply of vaccines for their national immunization programs.

Dr. de Quadros welcomed the comments of the IDB and World Bank representatives, which augured well for increased collaboration in the area of vaccines and immunization under the PAHO/IDB/World Bank Shared Agenda. The World Bank representative's suggestions regarding the document were excellent, and he would see that they were incorporated into the revised version. He emphasized the need for countries to prioritize the issue of financing for vaccines and immunization in their negotiations with the Banks. Ministries of health had a key role to play in that regard by ensuring that immunization had a prominent place on national agendas.

Regarding the question of whether lack of funding and vaccine shortages might hinder the achievement of goals such as eradication of measles, he pointed out that financing was often not the main problem. In the case of measles, non-implementation of vaccination and control strategies and lack of clarity about which strategies to employ had been the largest impediments to eradication of the disease. As for the vaccine shortage, the main causes were the introduction of more stringent quality requirements and limited capacity for vaccine lyophilization. Concern over vaccine safety had prompted regulatory authorities to impose increasingly strict quality control procedures, which slowed the production process. Another issue was use of installed capacity. The major vaccine manufacturers had made a commercial decision to utilize their production facilities mainly to make the newer, more expensive vaccines, leading to a temporary shortage of the less costly ones. However, the problem was expected to be resolved within the next 18 to 24 months. In the Americas, PAHO was working to meet vaccine needs by helping countries boost their national production capacity and obtain certification as vaccine suppliers for the United Nations system. For example, laboratories in Brazil and Cuba were now certified as suppliers of yellow fever vaccine and hepatitis B vaccine, respectively.

The Director said he would be pleased to explore with the IDB and World Bank the feasibility of creating a financing mechanism to facilitate vaccine procurement. He pointed out that the Banks could be eloquent allies with PAHO in making the case with governments for assuring sufficient funding for vaccination programs, since, apart from the obvious health reasons, there were forceful economic arguments for investing in vaccines. Vaccination should be seen as an essential public good and, by definition, public goods should be financed by governments. Peru had set an excellent example by enacting legislation to protect the budget for vaccines, and he hoped that other countries might draw on its experience to put in place similar protections.

The Banks might also help in discussions with drug companies by arguing for stabilization of prices for vaccines and other essential pharmaceuticals. Vaccine pricing was one of the few areas in which the Organization had succeeded in negotiating common pricing with producers. In the case of other drugs, notably ARVs, they had

insisted on applying different prices to different categories of countries. In his opinion, there was no valid argument for that practice.

The health workers of the Region deserved great praise for their success in bringing vaccine-preventable diseases under control. To get an idea of the magnitude of their efforts and accomplishments, it sufficed to recall that in the Americas only 537 cases of measles had been confirmed in 2001, whereas worldwide there had been 800,000 deaths from the disease and many more cases. Thanks to the hard work and commitment of the many health workers across the Americas, there was every reason to believe that by the end of the year, the Region could add elimination of indigenous transmission of measles to its list of accomplishments.

The Committee adopted Resolution CE130.R7 on vaccines and immunization.

***Evaluation of the Strategic and Programmatic Orientations, 1999-2002
(Documents CE130/11 and CE130/INF/1)***

Dr. Germán Perdomo (Senior Policy Advisor, Office of Analysis and Strategic Planning, PAHO) summarized the results of the evaluation of the Strategic and Programmatic Orientations (SPOs), 1999-2002, which was presented to the Executive Committee pursuant to a resolution of the 25th Pan American Sanitary Conference in 1998. The SPOs had guided the programming of technical cooperation by PAHO's Secretariat, the Pan American Sanitary Bureau, with the countries during the period in question. When the Conference had approved the SPOs in 1998, it had also urged the countries to take them into account when formulating their national health policies, and the 36th Session of the Subcommittee on Planning and Programming had specifically requested that the Secretariat examine the extent to which that had occurred. Hence, the evaluation had looked both at the progress made in achieving the regional goals and applying the programmatic orientations and at whether the SPOs had been reflected in national health plans and policies for 1999-2002.

Information from 32 countries indicated that 5 countries had draft policies and 27 had already adopted national policies or plans. The Bureau had been involved in national policy-making processes in 22 of those countries. The SPOs had been used as frame of reference for policy development in 15 of the 22 countries.

Regarding the Bureau's implementation of the SPOs, a survey of professional staff had shown that 87% were familiar with the SPOs, and all those staff were applying them not only in the programming of technical cooperation but in other activities, such as negotiating cooperation projects and briefing national officials. Only staff who had recently joined the Bureau and those not directly involved in technical cooperation (e.g., administrative staff) were unfamiliar with the SPOs. In the last two biennia, the vast

majority (around 90%) of technical cooperation projects programmed had been specifically related to the programmatic orientations. Those that had not were projects related to managerial development or projects that addressed specific national needs that fell outside the framework of the SPOs.

Evaluation of the impact of the technical cooperation provided under the SPOs had been hindered by several methodological difficulties, notably the fact that PAHO was not the only organization providing technical cooperation in the countries, which made it difficult to pinpoint the precise effects of its activities. In addition, the necessary information and indicators had not always been available. Of the 29 regional goals adopted under the SPOs, the evaluation had found that 5 were fully achieved and 13 were partially achieved. Little or no progress had been made in the case of 2 goals, and for the remaining 9 goals, the information available was insufficient, unavailable, out of date, or not comparable across countries. Document CD130/INF/1 contained a detailed description of the cooperation provided and the outcomes achieved.

The evaluation had yielded a number of lessons, which had been extremely useful in the development of the Strategic Plan for 2003–2007. In particular, it had pointed up the need for broad internal and external participation in the strategic planning process, greater clarity and precision in the description of expected results and how to achieve them, a manageable number of goals and objectives for technical cooperation and organizational development, goals and objectives that represented a challenge but were achievable, clear definition of goals and objectives so as to facilitate monitoring and evaluation, continued effort to enhance national information systems in order to produce the data necessary for monitoring and evaluation, and wide dissemination of the Strategic Plan, both internally and externally.

The Executive Committee acknowledged the difficulty of undertaking an evaluation of such large magnitude and commended the Secretariat for its efforts to measure the impact of the SPOs. Several delegates suggested that the evaluation could be strengthened through greater analysis of the goals that were not met and the reasons for the lack of progress in those areas. Such an analysis would be helpful in setting goals and planning how to achieve them in the period 2003–2007. Delegates also cautioned against setting too many goals for the next period, as the large number of goals may have added to the difficulty of evaluating the SPOs for 1999–2002.

The Committee felt that the evaluation's greatest value was perhaps the lessons learned, which would help improve planning for the next period and avoid some of the problems that had hindered monitoring and evaluation in 1999–2002. One of those problems was overly broad goals and objectives. In order to assess progress, it was necessary to state the goals in precise and specific terms. Another problem that had complicated evaluation of the SPOs was lack of baseline information to provide a point

of reference from which to measure change in indicators. Several delegates observed that the goals established for individual countries or groups of countries would vary, depending on the baseline. In the case of maternal mortality, for example, in countries that already had low rates, it would be difficult to achieve large additional reductions, so the goal must be set lower than in the case of countries with relatively high rates. In addition, in formulating goals and objectives, it was necessary to allow for unforeseen circumstances, both external and internal, that might affect their achievement and to recognize that the attainment of many health goals required the participation of other sectors. It was also necessary to improve national information systems and standardize the data being produced in order to permit comparisons and remedy the information deficits mentioned in the evaluation report.

The Committee was pleased that the recommendations of the SPP had been taken into account in carrying out the final evaluation, in particular the assessment of the countries' incorporation of the SPOs into their national planning and policy-making. The findings were indicative of the extent to which regional strategic planning had influenced the planning and work of the health sector in the countries. At the same time, however, the Organization's planning should be informed by national strategic planning in order to ensure that its technical cooperation responded to the priorities and needs identified by the countries. In that regard, delegates commended the Secretariat for its efforts to make the planning and evaluation processes as participatory as possible and, especially, for seeking to involve Member States from the outset in strategic planning for the next period.

The Representative of the Inter-American Development Bank (IDB) called attention to the need to take account of global and regional development goals in the Organization's strategic planning. He agreed that measuring the impact of technical cooperation was extremely difficult. To do so, it was essential to put in place a methodology for evaluation from the start of the strategic planning process. It was also necessary to allocate resources (human and financial) specifically for evaluation. The IDB would be pleased to collaborate with PAHO in carrying out joint technical cooperation evaluations with a view to overcoming some of the difficulties encountered in the evaluation of the SPOs.

Dr. Perdomo thanked the delegates for their suggestions, which would help the Secretariat improve the evaluation report to be presented to the Pan American Sanitary Conference. He pointed out that another issue that complicated the planning and evaluation process was that of accountability for the goals established. On various occasions in recent years the Governing Bodies had discussed whether the SPOs were the exclusive responsibility of the Secretariat or whether the countries also had a responsibility for achieving some of the goals. For many of the objectives established by the Organization and then incorporated into the Secretariat's strategic planning and

programming, governments had an undeniable responsibility, as they were responsible for health at the national level.

Analyzing the health situation at the country level and assessing the effects of technical cooperation required a comprehensive evaluation model, supported by reliable information systems. Another challenge, as the Committee had noted, was finding methodologies that would enable the Secretariat to explain the results and identify the factors that had impeded or facilitated achievement of objectives, including both external factors and structural and institutional factors within the Organization. The Secretariat would continue working to address those challenges and improve the evaluation process.

The Director was pleased that the delegates had considered the evaluation process worthwhile. Despite its shortcomings, he believed the exercise had been useful, especially because it had pointed up the pitfalls that the Secretariat should take care to avoid in the next planning cycle. Moreover, he believed it was healthy for an organization to look at whether it had accomplished the objectives it had set for itself. As the Committee had pointed out, one of challenges with evaluation was to ensure that the process was evaluable from the beginning. It was also necessary to have good information to determine whether goals had been realized or not. PAHO had been working to improve information production in the Region, and the countries had made tremendous strides in strengthening their information systems and increasing the availability of data. They had also made progress in disaggregating information so as to reveal inequalities between geographic areas and population groups. As a result, much better information would be available for future evaluations.

He agreed that, to ensure evaluability, it was essential to state goals as precisely as possible. Nevertheless, some goals were inherently more difficult to measure than others. Process goals, for example, were especially difficult to measure. He also agreed that differences between and within countries must be taken into account in setting goals. It was important to avoid the “tyranny of statistical means,” which did not reflect such differences. If it was accepted that part of the Organization’s mission was to enhance equity, then goals must be cast as equity goals. That meant setting goals not only in terms of specific percentages or levels, but also in terms of reducing the gaps between and within countries.

The Committee took note of the report on the evaluation, but did not consider it necessary to adopt a resolution on this item (Decision CE130(D4)).

***Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007
(Document CE130/12)***

Dr. Karen Sealey (Chief, Office of Analysis and Strategic Planning, PAHO) presented the Strategic Plan for the period 2003–2007. She began by pointing out that, as the Organization celebrated its centennial, it was appropriate that it should begin to prepare for the next 100 years of health in the Region. The Strategic Plan for 2003–2007 would mark the first step in that direction. She then outlined the key features of the planning process, emphasizing that the plan's formulation had been guided by the principles of equity and Pan Americanism, ideals to which PAHO had been committed throughout its 100-year history. The planning process had sought to define the technical cooperation priorities the Bureau would focus on to support the health development needs of the countries and determine how it could enhance its own performance in order to better meet those needs.

The process had differed from the previous planning process in several important ways. For the first time, the Strategic Plan would span five years, not four, as in the case of previous planning frameworks. In addition, the mission of the Secretariat had been redefined and its values and vision had been clarified, and those definitions had been used to drive the process of strategic planning. The planning process had been guided not only by the traditional analysis of the external environment, but by an internal assessment, which sought to identify the Secretariat's strengths and weaknesses and establish a baseline for monitoring its performance. In developing the plan, the Secretariat had also been very mindful of the lessons learned from the evaluation of the SPOs. The process had identified not only technical areas for action but organization-wide critical issues. For each of those areas and issues, the Secretariat had developed objectives and strategies, which would be implemented through technical cooperation projects and organizational development initiatives. Finally, monitoring and evaluation had been built into the planning process.

The values that would guide the Bureau's work were equity, excellence, solidarity, respect, and integrity. Its vision was to be the major catalyst for ensuring that all the peoples of the Americas enjoyed optimal health and contributed to the well-being of their families and communities. Its mission was to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas.

The plan set out in Document CE130/12 represented the Bureau's response to the situation revealed by the internal and external analyses, the findings of which were summarized in the document. The plan identified three major priorities for technical cooperation: special population groups (low-income or poor populations; ethnic and racial groups, especially indigenous populations; and women and children); key countries

(highly indebted poor countries (HIPC) and/or countries which had an intolerable state of health, in particular Haiti, Bolivia, Honduras, Guyana, and Nicaragua); and priority technical areas. The plan included eight such areas: (1) prevention, control, and reduction of communicable diseases; (2) prevention, control, and reduction of noncommunicable diseases; (3) promotion of healthy lifestyles and social environments; (4) healthy growth and development; (5) promotion of safe physical environments; (6) disaster preparedness, management, and response; (7) ensuring universal access to integrated, equitable, and sustainable health systems; and (8) promotion of effective health input into social, economic, cultural, and development policies. In each area, the key issues and challenges were described, as were the objectives for the Bureau's technical cooperation and its strengths and weaknesses and opportunities for action.

The plan also identified six critical organizational issues for enhancing the Bureau's effectiveness and efficiency: (1) bridging the information and communication gap and maximizing information and communication technology; (2) better foresight; (3) harnessing science and technology to address the problems of inequity in the Region; (4) positioning the Bureau to influence transnational and global issues; (5) attracting and retaining a creative, competent, and committed workforce; and (6) making the Bureau a high-performance organization.

The Secretariat recognized that the plan needed further refining and that, once it was approved, a communication strategy would be needed to keep the staff informed and provide feedback on its implementation. In addition, monitoring and evaluation must be an integral part of the process. Recognizing that it was working in an arena in which there were many other actors, the Secretariat had endeavored to formulate objectives that were as specific as possible so as to facilitate the evaluation of its contribution to health development in the Region and avoid the problems that had hindered evaluation of the impact of technical cooperation in the previous period.

The Executive Committee congratulated Dr. Sealey and her team for having produced a clear and comprehensive document, which represented a great improvement over previous planning documents and a good start to strategic planning for the new millennium. Delegates commented that the plan presented a vision for the work of the Organization in the long term as well as a framework for the technical cooperation of the Secretariat in the next five years. Delegates also commended the Secretariat for its efforts to seek maximum input from Member States and other stakeholders in the process of formulating the plan.

The Committee welcomed the changes made since the SPP had considered the Strategic Plan in March 2002, in particular the addition of specific mentions of indigenous groups and children among the special groups to be targeted. However, it was pointed out that some of the recommendations made during the SPP session had not been

incorporated, notably those concerning the section on globalization and the vision of the Pan American Sanitary Bureau. In relation to the former, the Secretariat was asked to try to present a more balanced view, acknowledging some of the potential opportunities that globalization might afford for health development as well as its adverse effects. As for the vision statement, the Secretariat was again asked to consider changing the wording to “PASB will be a major catalyst for ensuring that all peoples of the Americas enjoy optimal health,” recognizing that numerous other agencies and organizations were working to improve health in the Americas. In that connection, it was suggested that there should be greater recognition of the role of other multilateral agencies, especially the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA), and NGOs working in the area of health. It was also pointed out that the document did not mention PAHO’s collaboration with the IDB and the World Bank in the framework of the Shared Agenda for Health.

Some concern was expressed as to whether the document correctly portrayed PAHO’s role vis-à-vis the countries. One delegate felt that some of the language in the document needed to be adjusted to make it clear that PAHO was not a supranational organization, but an organization that reflected the interests of its Member States and collaborated with them to foster health development in the Americas. Other delegates pointed out that the document was intended to guide the technical cooperation of the Secretariat with the countries and that it clearly stated that PASB helped the countries to help themselves and that it carried out its functions in collaboration with the Member States. Moreover, the priorities for 2003–2007 had been identified in consultation with the countries and reflected the priorities they had established for improving the health of their populations. However, one delegate suggested that a clearer statement of how the Secretariat would help the countries achieve their goals was needed. The same delegate pointed out that meeting certain goals was often a condition for obtaining financing and other forms of international cooperation, and that PASB, as the countries’ primary partner in the area of health, should make a measurable commitment to work with the countries to achieve those goals.

Delegates felt that the eight priority technical areas accurately reflected the major regional priorities for health development in the Region; however, some cautioned that the plan might identify too many priorities. The Representative of the IDB pointed out that priorities, by definition, should be few in number and suggested that the Secretariat might wish to clarify which of the priorities would be the focus of work in the period 2003–2007 and which represented longer-term strategic objectives. Some delegates thought that the objectives defined under each priority should be stated in more precise and measurable terms in order to facilitate monitoring and evaluation. One objective, for example, was to “reduce morbidity due to TB, malaria, and dengue,” but it did not set any specific goal, which would make it difficult to measure progress. The need to clearly link

the regional priorities with global priorities established by WHO and with international goals and mandates was also emphasized.

One delegate noted that the classification of the countries of the Region according to their stage of demographic transition differed from the classification systems used by other agencies and pointed out such classifications could have potentially detrimental consequences. For example, a country's classification in a certain income category might affect its eligibility for credit and technical cooperation. The Representative of the IDB commented that the plan's focus on a very limited number of countries might raise questions of fairness and equity, especially since other countries in the Region had conditions and problems similar to those of the key countries.

Delegates made a number of other suggestions for further refining the document, and some also submitted additional proposed changes in writing. One delegate thought that the document would be strengthened if there were a discussion of the assumptions on which the Strategic Plan was based, the risks that might affect its implementation, and strategies for dealing with those risks. The same delegate called attention to the need to ensure sufficient financial and human resources to carry out the plan. Another delegate suggested that references in the document to "reproductive health services" be changed to "reproductive health care," as that term was more inclusive and more closely aligned with the terminology currently in use in other international forums. It was pointed out that the document set no objective with regard to cardiovascular disease, and it was suggested that a goal for reduction of hypertension be included. In relation to the section on disaster management, it was emphasized that addressing the threat of bioterrorism should be a priority for every country and for the Organization, which had long been a leader in the hemisphere in emergency preparedness and mitigation.

Dr. Sealey thanked the delegates for their constructive suggestions, which would help the Secretariat to continue improving the plan. She wished to allay any concerns about the Bureau's functions: the Bureau existed to serve and cooperate with the countries, and the plan was intended to guide it in carrying out those functions. The Bureau was well aware that it did not operate in a vacuum and that it must take account of both the other actors working in the health sector and the priorities, mandates, and commitments from the various international summits and other sources. In fact, in drawing up the plan, the Secretariat had created a whole matrix that showed the relationship between PAHO's priorities and the priorities of WHO, the United Nations millennium development goals, and the goals and objectives arising from the Summits of the Americas and other forums. The next version of the document would show those linkages more clearly.

In light of the Committee's comments, it might be advisable to rethink the classification of the countries and the identification of key countries, bearing in mind that

it might become necessary to shift the focus to other countries. However, it was clear that the Governing Bodies had agreed that identifying key countries, key groups, and priorities for technical cooperation was desirable. Many of the other concerns raised by the Committee would be addressed as the Secretariat began to implement the plan. The allocation of resources, for example, would be examined when the Governing Bodies reviewed the Organization's budget policy, as recommended by the SPP in 2000. As for testing of assumptions and risk assessment, that would occur when the biennial program budget was formulated. She concluded by emphasizing the importance of two-way planning that reconciled national health priorities with the regional objectives to which the countries had agreed.

The Director said that, in his 21 years with the Organization, he had never seen a planning process that had been so participatory and iterative. The Secretariat had taken to heart the lessons learned from the previous planning cycle, one of which had been that it needed to involve a broad range of stakeholders in planning for 2003–2007. The Strategic Plan represented a sea change in several respects. Earlier planning documents had established joint responsibilities for the Bureau and the countries. Later, they had reflected what the Bureau would do in collaboration with the countries. Never before had a strategic planning document identified organizational issues that needed to be addressed in order to achieve the objectives established. The Secretariat was committing itself to make the internal modifications needed to collaborate effectively with the member countries in the eight priority areas described in the plan. He emphasized that those eight areas had not been chosen with the current structure of the Secretariat in mind. He believed that structure must follow function, not vice versa. After the plan was approved, the structure of the Secretariat would be adjusted as needed.

As Dr. Sealey had said, the Secretariat was at the service of the countries. He assured the Committee that PAHO would never attempt to adopt any supranational posture. In regard to the vision statement, he urged the delegates to allow the Secretariat to retain the wording that appeared in the document. PASB truly did aspire to be the major catalyst for health development in the Region. It did not want to be one among many; it wanted to be the best.

With respect to the identification of priority countries, he hoped it was clear that that approach was reflective of the values that guided PAHO, especially equity and Pan Americanism. If the Organization really believed in those values, it should collectively assume some responsibility for improving the situation of countries that were at a disadvantage with respect to other countries. That was why individual countries had been selected as a point of focus. He agreed that other criteria might be applied to identify those countries, and if it became clear that it was necessary to shift the focus, the Secretariat would do so. But he believed that, at least initially, it was appropriate to give special consideration to the four HIPC countries plus Haiti.

Regarding the lack of precision and measurable objectives, he pointed out that the objectives set forth in the document were strategic objectives for technical cooperation, not specific goals with established timeframes for achievement. Specific goals and expected results would be defined in the biennial program budget, as would indicators for monitoring progress. Concerning monitoring and evaluation, by the time the SPP met in March 2003, the Secretariat should be in a position to provide more specific information on the methodology that would be used for that purpose.

Achievement of the objectives set under the plan would depend on the Secretariat's capacity for execution, which was somewhat limited. Nevertheless, the Secretariat would make the best possible use of the human and financial resources which the Member States had generously put at its disposal in order to fully execute the plan.

The Executive Committee adopted Resolution CE130.R1, endorsing the Strategic Plan.

Integrated Management of Childhood Illness (Document CE130/13)

Dr. Yehuda Benguigui (Regional Advisor on Integrated Management of Childhood Illness, PAHO) reviewed the background and content of the strategy for integrated management of childhood illness (IMCI) and the progress achieved as a result of its application. He also described the challenges to expanding the strategy.

In the Region of the Americas, approximately half a million children continued to die from preventable causes and, of those deaths, close to 200,000 could be easily avoided with existing technologies. WHO and the United Nations Children's Fund (UNICEF) had developed IMCI in the early 1990s as a strategy for preventing deaths, reducing illness, and improving health conditions and care for children in the first five years of life. The defining characteristic of the IMCI strategy was that it focused on the health and well-being of the whole child, not on specific disease processes. It incorporated prevention and health promotion as part of care, avoiding missed opportunities for early detection and treatment of diseases, prevention of illness, and health promotion for the child and the entire family. Moreover, IMCI was a tool for promoting equity in health because it could be made available to the population through health services at the first level of care.

PAHO had officially introduced the strategy in 1996. In 1999, the Directing Council of PAHO had adopted Resolution CD41.R5, urging the Member States to adopt and expand implementation of the IMCI strategy and requesting the Director to actively support the process. Healthy Children: Goal 2002, an initiative launched by the Director that same year, aimed to prevent 100,000 deaths of under-5 children during the period 1999–2002 and ensure access to the IMCI strategy, especially for the most vulnerable

groups. By late 2001, 17 of the Region's countries had adopted the strategy and all had embraced the Healthy Children initiative. The results had been highly positive. During the first year of Healthy Children, for example, more than 33,000 child deaths had been averted. Evaluations revealed significant improvements, as well, in various indicators of quality of care, such as misuse of antibiotics and other drugs to treat acute respiratory infections and diarrheal diseases.

Nevertheless, a number of challenges remained. To extend the strategy's benefits, it was necessary to ensure its effective use by all health workers, including community health workers; prioritize vulnerable population groups; and incorporate IMCI into training and mandatory social service programs for health professionals. It was also necessary to tailor the strategy to the epidemiological profiles of the countries by adapting it to address asthma, violence and child abuse, diabetes, and overweight, and other child health problems prevalent in the Region. Other challenges included encouraging the use of the 16 key family practices identified by WHO and UNICEF for ensuring healthy growth and development of children and mobilizing resources for expanding the application of IMCI.

The Executive Committee expressed firm support for the IMCI approach. Along with immunization, the strategy was seen as a pillar for improving child health and reducing health inequalities between population groups. The Committee also endorsed expansion of the strategy to include other components, especially activities to address perinatal causes of death, which would also help reduce maternal mortality. However, it was emphasized that funds invested in expanding the strategy should include resources for surveillance and evaluation to track the strategy's progress and impact. One delegate suggested that the document should include a specific section on evaluation and monitoring of the IMCI strategy and the actions required of the countries and the Organization to improve IMCI coverage and effectiveness. It was also considered necessary to rigorously evaluate the 16 key practices to ensure that future interventions remained relevant and were based on sound evidence and experience.

Members voiced concern that the human resources needed to expand IMCI were insufficient. The strategy should focus on health workers that had maximum contact with vulnerable families and communities, which meant that more nursing and auxiliary personnel were required, especially at the primary care level. The Region currently had a doctor-nurse ratio of 6:1, which represented a significant obstacle to the strategy's expansion. It was therefore recommended that the resolution on this item call for strengthening of the number and diversity of human resources to deal effectively with ill children and the causes of illness.

Dr. Benguigui agreed that development of human resources and ongoing monitoring and evaluation were crucial to successful implementation of the strategy. In

regard to the former, PAHO was working with schools that trained pediatricians, nurses, nutritionists, and other health professionals, with a view to introducing more instruction on primary health care and application of the IMCI strategy to complement the current training programs, which remained focused largely on hospital-based care for complex syndromes. The Organization was concentrating, in particular, on the thousands of medical school graduates in the Region who were required to perform social service for 10 to 12 months in remote areas, as those young professionals offered an excellent opportunity for extending the strategy's benefits to underserved populations.

With regard to monitoring and evaluation, countries in the Region of the Americas had been chosen to take part in a multi-country evaluation of the effectiveness, cost, and impact of the IMCI strategy, coordinated by WHO Headquarters in Geneva. The evaluation was designed to assess the strategy's cost effectiveness and determine whether it had a significant impact on improving child health, mortality, nutritional status, and family behaviors. In addition, WHO had developed guidelines for follow-up after training as a means of reinforcing health workers' skills in the application of IMCI and gathering information on their performance in order to improve implementation of the strategy. As for evaluation of the 16 key family practices, protocols were being developed to measure their impact.

The Committee adopted Resolution CE130.R8 on this item.

Extension of Social Protection in Health: Joint Initiative of the Pan American health Organization and the International Labour Organization (Document CE130/14)

Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development, PAHO) gave an update on a joint initiative being undertaken by PAHO and the International Labour Organization (ILO) to promote equitable access to health services in Latin America and the Caribbean, in particular for persons working in the informal segment of the economy and others who currently lacked adequate health care coverage. The fundamental challenge faced by the health systems of countries in the Region was that of ascertaining how to guarantee all citizens a basic level of social protection in health that would contribute to the elimination of disparities in access to quality basic services and also provide excluded social groups the opportunity to obtain essential health care services that met their needs and demands, regardless of their ability to pay. The rationale for the initiative included the persistence of economic, ethnic and cultural exclusion; the inadequacy of existing mechanisms of social protection for responding to new problems; and the dictate that reforms should lead to societies that were inclusive of all citizens and not to greater exclusion, marginalization, and lack of social protection.

“Social protection in health” was defined not as the actual provision of health services, physical construction of health facilities, etc., but as society’s guarantee, through the different public authorities, that individuals or groups of individuals would be able to meet their health needs through adequate access to health services, whether by way of a national health system or some other system, regardless of ability to pay. Three conditions had to be met to guarantee social protection in health: access to health services, financial security of the family, and dignity in the provision of care. Document CE130/14 identified factors that led to exclusion in health—notably poverty—and the main obstacles to extending social protection. It also discussed the scale of exclusion in health and explained the difficulty of measuring it. It identified several strategies for extending social protection in health, based on interventions that had proven effective in the past in Latin American and Caribbean countries. These included establishment of special social security regimes without beneficiary contribution requirements; voluntary, government-subsidized insurance schemes; limited expansion of the supply of services; community-based systems of social protection; and gradual development of unified health systems, combining public and private subsystems.

The document proposed four lines of action relating to the steering role, financing of social protection, health insurance, and service delivery. As relevant stakeholders frequently belonged to sectors other than health—such as finance, social policy, labor and employment, education, industry, etc.—it was important to develop a participatory process at the national level, involving all such key stakeholders. That process would lead to the formulation of a national strategy and a national plan of action for extending social protection in health. At the regional level, PAHO and the ILO would support the countries through a variety of activities, including promotion and publicizing of the initiative, identification of the causes and magnitude of exclusion and ways to combat it, establishment of a clearinghouse of information on best practices and knowledge, and mobilization of resources.

The Executive Committee welcomed the update on the joint initiative, which was described as a valuable tool in support of the efforts of many countries to improve access to health services for all members of their populations, particularly the poor, the marginalized, and the vulnerable. Delegates applauded the multisectoral approach laid out in the document and its recognition that the issue of social protection related not only to health but also to housing, education, the environment, and many other factors. The Committee was pleased, too, to see the emphasis placed on cultural sensitivity and dignity in medical care.

Delegates made a number of suggestions for enhancing the document. One was the incorporation of case studies of programs and initiatives that had been successful in improving delivery of health services to unprotected population groups, both within and outside the Region. One delegate asked for clarification of the methodologies used to

reach the figures cited on exclusion from social protection and cautioned against the use of indicators that attempted to measure exclusion only in terms of demand for health services, since the latter was influenced by multiple factors, including cultural perceptions about health and illness and economic and social issues. Clarification of the respective roles and contributions of PAHO and the ILO in the initiative was also requested.

The Committee sought more detailed information on how certain insurance systems described had worked, and in which countries they had been successful. There was a call for further discussion on the precise actions by countries and the Organization that were being recommended, as well as on the counterpart contribution expected from the countries. The document was thought to be unclear on whether extension of social protection was being portrayed as a goal of the health system or as a means of achieving better health outcomes. Further clarification was also sought on whether and how the social protection approach related to WHO's work in terms of health systems performance and the development of indicators of financial fairness and responsiveness.

Some delegates felt that the document did not clearly articulate the relationship between current reforms in the health sector—which many countries in the Americas had undertaken as a way of extending coverage—and the concept and the components of social protection. Further conceptual work was needed to define, measure, and evaluate the current status of social protection and exclusion in the Region. A series of pilot initiatives might be advisable before a full-scale initiative was launched based on predetermined mechanisms. A further suggestion was to add some discussion of the implications of the various models presented on the labor market, and on competitiveness in particular, in the context of globalization and international competition. There was also a call for a discussion on the sustainability of the various models, in particular in relation to any potential conflict with other components of social security, such as pensions.

One delegate felt that the statement “service delivery is where the population's health needs are met” might not be completely accurate, as a population's health needs could be met through a variety of approaches, including community-based approaches, safe water, and sanitation, other public health programs, and improved individual behaviors or healthier habits. Additionally, the document's assertion that social protection was to be understood as a guarantee by the State of a right that its citizens could exercise might not necessarily apply in all cases. While many countries' constitutions enshrined the right of citizens to health and the responsibility of the government to ensure that right, access to health services was not viewed as a fundamental right by all legal systems. While the cooperation between PAHO and the ILO might be useful in undertaking actions of technical cooperation for the countries, in carrying out studies or research, or in making recommendations, the fact remained that every country had its own situation, its

own rules and its own philosophy, and had to seek its own solutions to the issues of access to, or exclusion from, health care.

It was pointed out that migration of health care professionals was having a devastating effect on some countries' ability to provide care. Since the problem related directly to both access to health care and labor, it might be appropriate to address it in the framework of the joint PAHO/ILO initiative. It was also suggested that the Governing Bodies might wish to examine the issue of health workforce migration as a separate agenda item at some future time.

Several delegates described initiatives that were being pursued in their own countries in the broad area of the extension of social protection in health. Most laid stress on the need for close cooperation between ministries of health and of labor, with some also mentioning the need for involvement by the ministry of the environment. Several delegates also described related conferences, meetings, and seminars on the topic that had taken place in their countries.

Dr. López Acuña expressed his thanks for the suggested enrichments to the document. He explained that extension of social protection in health was both a part of a target—namely the improvement of universal access to health care—and a very important instrument for achieving improved results, by facilitating access to care and enhancing its effectiveness and appropriateness. In response to the calls for case studies and greater detail, he noted that PAHO and the ILO were working on a background paper that would be much more detailed than Document CE130/14. He agreed with the suggestion that the methodology to study exclusion could not be designed using just one indicator, as exclusion was influenced by geographic, cultural, linguistic, and many other factors.

With regard to the questions on the roles of the two organizations, he explained that PAHO worked with the ILO in many areas, such as occupational health and the management and planning of human resources. The joint work on extension of social protection in health was one more such area. Both PAHO and the ILO had been allocating resources for three years from their respective regular budgets. In addition, resources had been donated by Belgium, France, Sweden, and the European Union. He reported that outside funding, notably from Sweden, had been used to conduct pilot studies with a view to characterizing exclusion from the point of view of various indicators. That work would continue, along with some initial steps towards social dialogue to identify strategies to cover populations with inadequate access to health services, particularly those in the informal economy. There had also been a very thorough analysis, taking more than a year, of comparative assessments of micro-insurance schemes, comparative analysis of premiums, and the behavior of out-of-pocket expenditure.

He stressed that convergence had been sought with health sector reform initiatives. It was to be hoped that, with the paradigm of synergy that PAHO and the ILO sought to promote, resources could be mobilized and added to the relatively modest levels utilized so far.

The Director said that PAHO was very sensitive to the need for basing requirements on demand. Much of the discussion with the ILO had been on that very point. Studies had shown clearly that any metric of demand was really a bottomless pit, and that it would never be possible fully to satisfy the demands of the population for health services. The comments from delegates had pointed out very clearly that one should look at some measure of need, which raised a very difficult question, namely, how to estimate need in terms of the persons who were socially excluded. However difficult, it would be essential to find methodologies to do that.

In regard to the issue of whether or not social protection was a right, he noted that the right to health had long been recognized in the Region. In the American Declaration of the Rights and Duties of Man, all the countries of the Americas had affirmed that every person had the right to those sanitary and social measures necessary to preserve health. At the same time, PAHO certainly recognized that there were fundamentally different systems in different countries and that allowance had to be made for the particular flavor of the local social and economic reality. The Secretariat would try to make the document clearer in that regard.

He wished to reassure the Committee that there was no contradiction between the work of PAHO as described in the document and what was happening at WHO. There might possibly be some conceptual differences in relation to health systems, but fundamentally it was agreed that the essential purpose of health systems was to improve health outcomes. PAHO could collaborate with the ILO in three basic ways: it could provide an analysis of the situation; it could facilitate technical cooperation and the sharing of experiences among countries; and it could undertake aggressive advocacy for consideration of the topic of social exclusion.

One of the key problems in the issue of social exclusion was economic instability. Three basic reasons had led to economic instability and increased the degree of social exclusion in the countries of the Region: the slump of the 1980s, which had gravely affected the middle class and seriously diminished the State's capacity to gather contributions towards social security; the countries' high macro-economic volatility; and the inadequate response by social and political institutions.

On the question of migration of health care professionals, PAHO was aware of what the Commonwealth Secretariat was doing and also of the activities of the CARICOM countries, which had agreed to launch a process of managing migration.

There was a growing feeling in some circles that it was time to look at the migration of health personnel in a different light, recognizing that it could have positive returns. In Jamaica, for example, remittances from Jamaicans who had left their homeland accounted for 8%-9% of GDP. One way of addressing the personnel shortages created by migration might be to expand the scale of medical training so that it was sufficient both to meet the country's own needs and also to provide for the "export" of trained medical personnel. In any case, it was no longer heretical to think of a positive return from migration.

The Committee adopted Resolution CE130.R9 on this item.

Health and Aging (Document CE130/15)

Dr. Martha Peláez (Regional Advisor on Aging and Health, PAHO) presented an analysis of priorities to advance health and well-being into old age and proposals for the implementation of necessary actions to ensure equity in health for older persons, as outlined in Document CE130/15. The document also discussed the demographic situation of the Americas, in which all countries were experiencing population aging. By the year 2025, it was estimated that the population aged 60 and over would number around 200 million, and that about half of that population would reside in Latin America and the Caribbean. The growth in the number of older adults threatened to result in economic insecurity and health inequities. There was a danger that family and social supports would prove inadequate to the situation, entailing risks of age discrimination and other violations of basic human rights. However, such a crisis could be averted by taking action now and investing in the health of older persons to promote active and healthy aging. PAHO's technical cooperation in the area of aging and health was aimed at enabling countries to prepare and respond to the challenges and opportunities created by an aging population and at supporting their efforts to implement the International Plan of Action on Aging which had been adopted by the Second World Assembly on Aging, held in Madrid earlier in the year.

The International Plan of Action established three priority areas for action: encouraging participation of older persons in development, enhancing their health and well-being, and ensuring enabling and supportive environments for them. Document CE130/15 proposed a comprehensive and coordinated system of care, laid down six principles that should underlie such a system, and set out several strategies for creating it, including the establishment of health promotion targets for older persons; the reorienting of primary care for the prevention and management of aging-dependent diseases and conditions; integrating social and health care services to promote a continuum of support for older persons in danger of losing autonomy; and developing partnerships for information sharing, technical collaboration, and support. It also considered the financial resources needed, and put forward some key issues for deliberation. The Committee was

asked to discuss ways in which the policy and action framework of the regional strategy for technical collaboration on aging and health could be enhanced, and examine future approaches to health promotion and aging; discuss and endorse necessary strategies for closing the equity gap in aging and health; and provide support for mobilizing international resources that would allow for appropriate implementation of the Madrid International Plan of Action on Aging.

The Executive Committee considered the document a good framework for addressing the health needs of a rapidly aging population in the Region. Conceptually, it embraced a model of health and aging that was comprehensive and coordinated, both within the health sector and across other sectors that contributed to good health status and sustainable health services. The Second World Assembly on Aging had provided an opportunity for countries to reexamine aging at the national and international levels and to reaffirm their commitment to improving the lives of older persons, and the Committee was pleased to see that PAHO was working on applying the outcome of that Assembly to the Region. Some delegates cautioned, however, against drafting a further lengthy document on the topic. Instead, PAHO should work with countries towards the development of a list of common priorities for the Region and specific measurable steps that could be taken to improve the health and well-being of the older population.

The Delegate of Canada welcomed the extent to which the document had drawn upon “A Guide for the Development of a Comprehensive System of Support to Promote Active Ageing,” which had been produced jointly by Mexico and Canada.

It was suggested that the section in the document on “Access to Appropriate Health and Long Term Care Services” should give greater attention to the development of community-based supportive housing or assisted independent living options, which had been found in some countries to be a cost-effective alternative to institutionalization. It was also suggested that injury prevention and control should be included among the health promotion targets in the section on strategies, as research indicated that unintentional injuries, especially falls, were the single most important preventable cause of hospitalization and long-term disability among older adults.

Under section 3.3.1 “Establish Health Promotion Targets for Older Persons,” it was suggested that anxiety and depression should be considered as mental health outcomes rather than as risk factors. Among the major risk factors for anxiety and depression were social isolation, poverty and disabling physical conditions. It was felt that dementia should not be included under the heading of “What can be done,” since dementia was not amenable to prevention or treatment in the same way as anxiety and depression.

Several delegates stressed the importance of taking a broad view of the direct impact that an improvement or deterioration in the health status of a particular population might have upon the health outcomes of another population. The linkages between health and aging and issues such as chronic diseases and health care reform were also highlighted. A number of delegates described the work that was being done in their countries on the topic of health and aging.

It was pointed out that the impact of the issues of health and aging varied across the Region, since the various countries had different rates of mortality and life expectancies, different proportions of older people in the population as a whole, and so on. At the same time, the topic was not just a question of reducing mortality or increasing life expectancy, it was also, and essentially, a question of the quality of life that could be offered to the populations of older adults. The issue had two major aspects: on the one hand, that relating to health promotion and specific types of health protection for older people, and, on the other hand, that relating to monitoring and regulating residential and other facilities for them. Without such regulation and supervision, there was a risk of serious violations of older persons' human rights, particularly where such persons did not have the support of a family environment. There was a need for an overall, integrated approach, but at the same time, countries needed to be able to select those features which were appropriate to their individual demographic situation.

Monitoring and evaluating research was seen as an important role for PAHO. Ministries of health in the countries needed to have adequate evidence of the impacts of national health promotion initiatives, programs, and policies, and PAHO's technical cooperation could help them collect the necessary data to determine those impacts.

Dr. Peláez thanked the delegates for their comments and for their vote of confidence in the program. She was particularly grateful for the specific suggestions of particular areas in which the content of the document could be improved, notably in the areas of mental health and community care.

Noting that current development of initiatives on aging was largely in the hands of the private sector, she referred to the need to determine the form that collaboration between the public and the private sectors would take. That was relevant in particular to the issues of monitoring and regulation of facilities for older people. She agreed that there was a need for close coordination on the ground between the programs on aging and those on chronic diseases, as well as between health and aging and health care reform, and that the overall issue was not only increased longevity but also the human rights of older people.

Recalling that research into the issues had taken the form of the four-year multicenter Study on Aging, Well-being, and Health (SABE) of older adults, she said that

the results from SABE had enabled PAHO to focus its technical cooperation more effectively. PAHO was fully prepared to provide those results to the various countries, continuing to provide support to them as they carried out their own research.

The Committee adopted Resolution CE130.R19 on this item.

***Regional Strategy for Maternal Mortality and Morbidity Reduction
(Document CE130/16)***

Dr. Virginia Camacho (Regional Advisor, Maternal Mortality Reduction Initiative, PAHO) presented an overview of PAHO's approach for reducing maternal mortality and morbidity. Maternal mortality continued to be an area of public health in which little progress was being achieved, although there was ample knowledge of the causes of maternal death and appropriate, evidence-based interventions for resource-poor settings existed. It was known, for example, that vast majority of maternal deaths were due to direct obstetric causes, even in countries with low maternal mortality rates; 80% of all post-partum deaths occurred in the first week after childbirth; 15% of birthing women had a serious complication; and 1%-2% of birthing women needed a major obstetrical intervention to survive. Other lessons learned were that a long-term political commitment was essential to reduce maternal mortality; that every pregnancy faced risk and therefore every pregnancy required skilled attendance at delivery; that the quality and coverage of care had to be improved; that contraceptive options had to be increased, ensuring their availability and use; and that it was advantageous to delay the first birth.

History had shown that the key to reducing maternal mortality lay not solely in general social and economic development, but also in making effective treatment available and accessible. A WHO study, for example, had demonstrated a strong correlation between low maternal mortality rates and skilled attendance at birth. Therefore, PAHO was currently promoting a more focused approach, concentrating on such cost-effective interventions as essential obstetric care (EOC) and improved access to quality maternal health care services.

The regional strategy for maternal mortality and morbidity reduction was designed to translate the lessons learned into action. The strategy sought to promote effective public policies and guidelines at the national and municipal levels; promote best practices and evidence-based interventions, notably essential obstetric care and skilled attendance at birth; increase community interventions and participation; build partnerships and coalitions; strengthen maternal mortality and morbidity surveillance systems; finance maternal and perinatal health services within health sector reform; and increase investment in maternal and perinatal health promotion interventions.

The interventions advocated under the strategy had already been shown to work. In one district in Ecuador, for example, skilled attendance at birth had increased 80% in three years, and in Honduras had succeeded in reducing its maternal mortality rate 40% in the past seven years. With concerted effort, it would surely be possible to achieve the goal of reducing maternal death rates to below 100 per 100,000 live births in all countries of the Region and close the maternal mortality gap between and within countries.

The Executive Committee applauded the document and welcomed the changes made following the SPP's discussion of an earlier draft. The document now focused more on deciding interventions on an individual basis, taking into consideration past evidence and best practices, as well as risk assessment specific to each individual pregnancy. The disproportionately high maternal death rates among poor and underprivileged women were considered one of the most egregious manifestations of inequity in health, especially since the vast majority of such deaths were preventable. The Committee stressed that improving the situation should be a major public health priority of all governments.

It was pointed out that the maternal mortality rate was not only a health indicator, but also an important development indicator. The problems that contributed to high maternal death rates had to be tackled by the community as a whole. One delegate reported that a community-based initiative designed to identify pregnant women and ensure that they received adequate prenatal care had proved extremely effective in reducing maternal mortality in his country. Another argument for community involvement was that a significant proportion of pregnant women were without the support of their male partners during or after pregnancy. Male partners should also be the targets of education and health promotion campaigns aimed at fostering safe motherhood.

Various delegates highlighted the need for training, adequate interinstitutional cooperation, and, above all, a multisectoral approach. Such an approach should address socioeconomic factors, employment, and the educational challenges that women faced in addition to their health and nutritional needs. It was emphasized that poverty reduction and education were crucial strategies, as the majority of maternal deaths occurred among the poorest women with the least schooling. Attention to the health and nutritional status of girls well before they reached childbearing age was also critical for reducing risks and improving pregnancy outcomes.

Improving the quality of care was also considered critical in order to eliminate inequalities, such as those that often existed between urban centers and remote rural areas, which tended to show higher rates of mortality. In regard to quality of care and access to services, delegates noted that those most at risk for complications were often from the disadvantaged socioeconomic strata. Consequently, even where services were ultimately reimbursed, many women would be less likely to access them because they

were unable to afford the initial out-of-pocket expenses. The issue of financing posed perhaps the greatest challenge to the provision of universal access to health care for the poor and marginalized women in the Americas. There should be a continuing focus on developing innovative strategies for sustainable financing and improved access.

Several suggestions were made for improving the document. Concern was expressed about the phrase “every pregnancy faced risk,” which was perhaps overly broad and might exaggerate the degree of risk. It was suggested that Section 2.1, “Current Situation of Maternal Morbidity and Mortality,” should focus more on other causes of maternal death, as only adolescent pregnancy was discussed in depth. It would be useful to have a similarly detailed discussion of the other factors and how they could be prevented. Several delegates sought clarification on some of the figures presented in the document and offered to supply more recent data and methodological information on surveillance of maternal mortality.

One delegate expressed the view that the phrase “reproductive health services” in the international context now had the connotation of abortion services and recommended that it should be changed to “reproductive health care,” so as not to give the impression that the document was in any way promoting abortion in the Region. As the document pointed out that unsafe abortions were contributors to maternal mortality in a number of countries, it should also reflect an emphasis on preventing abortion, especially by reducing unplanned pregnancies. Other delegates felt that the document focused excessively on EOC to the exclusion of other strategies such as prevention, education, and antenatal care, particularly addressing sexually transmitted infections, HIV/AIDS, and recourse to unsafe abortion.

It was pointed out that much of the document referred only to maternal mortality, with little attention to morbidity. Women’s high burden of illness and disability due to complications of pregnancy and childbirth or unsafe abortions needed to be an explicit part of all maternal health programs and policies.

Dr. Camacho expressed her appreciation for the Committee’s useful comments and suggestions, which would be reflected in the revised version of the document. She welcomed the delegates’ expressions of commitment to the issue and thanked those who had offered to provide more up-to-date or detailed data.

The Director said that the high levels of maternal mortality in the Region were one of his greatest concerns. When one looked at the advances made in reducing child mortality, one had to ask why similar progress had not been made on maternal mortality, especially since many of the issues that needed to be addressed were the same: poverty, development, education. Perhaps part of the problem was a reluctance in the countries of

the Region to acknowledge that the problem really existed. If so, it had to be brought out into the open.

As the document made clear, the necessary technologies were available; the question was how to galvanize the countries into applying them. He clarified that the emphasis on EOC did not mean that other activities were not equally important. A multifactorial approach was essential. In the countries where maternal mortality rates were highest, specific interventions should be applied, while recognizing that in the countries with lower rates a wider spectrum of activities would be required to bring about an improvement.

The Committee adopted Resolution CE130.R10 on this item.

Public Health Response to Chronic Diseases (Document CE130/17)

Dr. Sylvia Robles (Coordinator, Program on Noncommunicable Diseases, PAHO) described the public health approach developed by PAHO to address the growing burden of chronic noncommunicable diseases (NCDs) in the Region. That approach combined population-based risk management to prevent NCDs with primary care models for responding to both acute and chronic health needs. Although they continued to be perceived as diseases of affluence, chronic noncommunicable diseases, especially cardiovascular diseases, were now leading causes of premature death and disability in all countries of the Americas. They also exacted a tremendous social and economic toll, as they tended to affect adults during their most productive years, thereby depriving families of their principal wage-earners. Their impact on the poor in developing countries was especially severe. Moreover, chronic diseases themselves could lead to poverty, as the cost of treatment was often exorbitant. It was therefore imperative to find sustainable, cost-effective strategies for preventing these diseases.

A key component of the regional approach was Actions for the Multifactorial Reduction of Noncommunicable Diseases, a network of community-based programs, known by its Spanish-language acronym, CARMEN. A related initiative in the Caribbean was the Caribbean Lifestyle Intervention Program (CARLI). CARMEN was based on the concept of integrated action aimed at reducing a set of risk factors common to many noncommunicable diseases. CARMEN and CARLI shared three elements common to all successful programs for NCD disease prevention and control: (1) policy-building to address macro-level determinants of NCDs, (2) community-based action; and (3) responsive health services. CARMEN was one of the six regional networks operating in each of the WHO regions. Those networks offered opportunities for evaluating the effectiveness of interventions, exchanging experiences between countries, and training. Other components of the PAHO strategy were surveillance of NCDs and risk factors, innovative models for delivering care for chronic conditions, and advocacy for policy

change. The document provided information on the activities envisaged in each of those areas.

The Executive Committee was asked to comment on how PAHO might strengthen its public health approach to chronic NCDs, especially through the CARMEN initiative, and assist Member States in grappling with the double burden of communicable diseases and noncommunicable diseases.

The Committee endorsed the public health approach presented in the document and applauded PAHO's efforts to help the countries deal with chronic noncommunicable diseases, which were an increasingly burdensome problem for both developed and developing countries in the Region. The Committee stressed the need for prevention to reduce the occurrence of chronic NCDs and thus also reduce their staggering economic and social costs. To prevent these diseases it was essential to address the risk factors that contributed to their occurrence. To do that, however, it was necessary to determine what the risk factors were, which pointed up the need for research and increased investment in research. Studies should look at the whole range of behavioral, environmental, dietary, and other factors that might play a role in the development of chronic NCDs. Health promotion and education were also crucial in order to convince people to change potentially harmful behaviors and equip them with the knowledge they needed to take greater responsibility for their own health. Research was also needed in the area of health promotion and education to identify the most effective interventions. The Committee saw such research as a key technical cooperation role for PAHO.

CARMEN was considered a highly effective vehicle for preventing disease and promoting health, as it offered an integrated approach for addressing chronic NCDs and their common risk factors. Another advantage of CARMEN was its emphasis on community participation and multisectoral action, which were essential components of any successful program to prevent chronic NCDs. It was suggested that the document should provide more detailed information on the CARMEN initiative and on strategies for reducing common risk factors.

The Committee pointed out that, as in the case of HIV/AIDS and other diseases linked to risk, health promotion efforts must target not only individuals but also their families and society as a whole, so as to bring about a cultural change and foster environments that discouraged unhealthy and risky behaviors. The Representative of the Inter-American Development Bank reported that a joint initiative of PAHO and the IDB had borne out the need to heighten public awareness of the risk factors for chronic NCDs and create a culture of prevention in which people accepted the need to take certain measures to prevent chronic noncommunicable diseases, just as they accepted the need to get immunized to protect themselves from vaccine-preventable diseases.

Several delegates again noted the linkage between chronic NCDs and the subject of health and aging and felt that it should be highlighted more prominently in the documents on both items. One delegate pointed out that this item was also linked to the item on IMCI, since action taken to prevent health problems in childhood would also help prevent health problems later in life. Through health education, children must be prevented from taking up smoking and other unhealthy habits that could lead to chronic NCDs and they must be encouraged to exercise and adopt healthy lifestyles.

Noting that the document did not mention the global strategy currently being formulated by WHO on diet, physical activity, and health for the prevention and control of noncommunicable diseases, one delegate urged PAHO to become actively involved in the strategy's development. PAHO had provided a valuable forum for discussion and input by Member States on other major global strategic initiatives, such as those on health system performance and infant and young child feeding. It was important for the Organization to play that role again in the case of the global strategy on NCDs. The delegate also urged Member States to submit their comments on the draft report of the expert consultation organized by WHO and the Food and Agriculture Organization (FAO) of the United Nations on diet, nutrition, and prevention of chronic diseases, as the recommendations contained in that report would form the basis for the global strategy.

Dr. Robles emphasized that PAHO's strategy employed an integrated approach that took account of both the chronic noncommunicable diseases and their associated risk factors. As the delegates had observed, CARMEN offered the opportunity to integrate actions and ensure the sustainability of NCD prevention and control initiatives. It also provided a framework for international collaboration and for evaluating the effectiveness and impact of interventions. She agreed on the importance of risk prevention that targeted the family and the community because risk factors had a component that was socially constructed. Moreover, families could facilitate prevention starting in childhood and throughout the life cycle. For that reason, family and community action were a key component of PAHO's public health approach, along with public policy-building and responsive health services.

The Director agreed on the need to address NCDs throughout lifecycle. Disease prevention and health promotion should start in childhood and even before birth, since there was strong evidence that intrauterine conditions influenced a person's proclivity towards chronic diseases later in life. Hence, promoting maternal health could be a preventive measure for reducing the prevalence of chronic diseases.

He also agreed that health promotion strategies should target society as a whole. However, while population-based interventions were imperative in some cases, interventions directed towards individuals were also necessary. He hoped that the document made it clear that the two approaches were in no way antagonistic. In some

instances, the state must take action to reduce or eliminate factors that posed a risk for the population—e.g., measures to reduce the risk of tobacco use. But it was also important to focus on changing individual behaviors.

Regarding the draft report of the WHO/FAO expert consultation, he had not had the opportunity to read the document in depth. After he had done so, he would be in a position to confer with the Member States as to whether a consultation at the regional level would be appropriate and useful to help further work in regard to development of the global strategy on noncommunicable diseases.

He was pleased that the Committee had brought up the subject of research, which was an important aspect of PAHO's approach to NCDs. At present, the Organization was sponsoring a multicenter research project aimed at determining how groups and individuals could best be persuaded to change their behavior and at what stage they would be most receptive to health promotion messages. Information on the project had not been included in Document CE130/17 because the working documents submitted to the Governing Bodies were intentionally kept brief. However, in revising the document for the Conference, the Secretariat would try to incorporate more information about research and about CARMEN, an initiative of which the Organization was very proud.

The Committee adopted Resolution CE130.R13.

Women, Health, and Development (Document CE130/18)

Dr. Marijke Velzeboer-Salcedo (Coordinator, Program on Women, Health, and Development, PAHO) described her program's work to bridge the health and gender gap in the Americas. In keeping with PAHO's definition of inequity, gender inequities were defined as those inequalities between men and women that were unnecessary, preventable, and unjust. Gender equity in health did not necessarily mean that men and women would have the same mortality and morbidity rates, but it did mean that they had equal opportunity to enjoy health and to avoid becoming ill or disabled or dying prematurely from preventable causes. It also meant that health resources were allocated according to the differential needs of men and women, irrespective of their ability to pay, and that men and women contributed to health care financing according to their economic capacity, not their health and reproductive health risks.

There was increasing evidence that gender inequities affected health status, access to health services, and the quality of care received. The impact of gender inequities on women's health status was evident, for example, in the Region's unacceptably high maternal mortality rates and in the gender-based violence that affected more than 1 in 3 women. Gender inequities also interacted with and were exacerbated by poverty, education, and ethnicity. Excess female mortality was much higher among poor women.

Throughout their lifetime, women tended to use health services more than men as a result of their reproductive role and longer life span. However, poor women used services less than men and spent more out-of-pocket for health care. Gender inequities also affected the provision of health care. While women made up 80% of the health care workforce, they worked mainly in low-income, low-prestige jobs. Furthermore, much of women's contribution to health in their families and communities was unremunerated.

PAHO's Program on Women, Health, and Development had been established to assist Member States in achieving gender equity in health. Based on that mandate and the needs of Member States, the Program had identified five strategic areas for action: (1) including a gender perspective in health situation analysis to target policies and programs more effectively; (2) monitoring the effect of health policies and reform processes related to gender equity in health; (3) developing and implementing models that addressed gender inequities in health in an integrated manner; (4) supporting outreach activities with information, education, and communication strategies and materials for advocacy and training; and (5) mainstreaming the gender perspective in the policies and programs of PAHO and Member States.

The document outlined the principal activities of the Program in each of those areas and presented a series of actions which the Program recommended Member States take to bridge the gender gap. Those recommendations were based on the commitments assumed by the countries under the various global and regional conventions on women's rights and women's health, as well as the recommendations of PAHO's Subcommittee on Women, Health, and Development.

In the discussion that followed Dr. Velzeboer's presentation, Members of the Committee welcomed the revisions made to the document since the SPP's consideration of an earlier version, especially those that clarified the meaning of "gender equity" and related terminology. It was suggested, however, that the statement that "payment for health services is made according to economic ability" somewhat contradicted the assertion that gender equity meant that men and women received health services according to their differential needs and irrespective of their ability to pay. It was also suggested that the document should focus more on the Program's concrete achievements to date, its ongoing work, and its future priorities. The document's attention to the mental health needs of women was applauded, but it was felt that the issue should not be mentioned only in the context of violence against women.

The Delegate of Canada offered her country's expertise to assist the Program in compiling and analyzing sex-disaggregated data.

Dr. Velzeboer-Salcedo thanked the Canadian Delegate for her offer. She reported that, since the last session of the Subcommittee on Women, Health, and Development,

the Program had recruited a staff member with expertise in gender analysis, which had enhanced its capacity to collaborate with the countries in that area. Regarding the suggestions on the document, she said it been intended to provide a broad picture of what the Program had achieved and where it planned to go in the future, emphasizing how the Program could assist the countries. It had therefore not included much detail about concrete achievements, but the Program would try to include more concrete information in the next version. As for future priorities, the strategic areas identified in the document represented the priority areas in which the Program would be concentrating its efforts in the coming years.

In response to the comments concerning mental health, she explained that it was mentioned explicitly in the section on gender-based violence because sometimes the Program's work in that area was incorporated into the mental health department of the health ministries in the ten countries in which the model for addressing gender-based violence had been implemented. The aim was to utilize the community-based networks established under the model to also address mental health and other primary health care needs of women. In El Salvador, for example, several community-based networks were already working on mental health problems in addition to their work with regard to gender-based violence.

The Committee adopted Resolution CE130.R14 on this item.

Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) (Document CE130/19)

Mr. Roberto Rivero (Office of Analysis and Strategic Planning, PAHO) reported that the Director of the Pan American Sanitary Bureau had requested PAHO's Office of Analysis and Strategic Planning, to conduct a broad-based evaluation of the relevance, effectiveness, and efficiency of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS). It was hoped that in the process, an evaluation model would be developed that could be applied to other Centers of the Organization. The Director had asked the evaluation team to address four main issues: whether the original rationale for PAHO's operating the Center was still valid; the nature of the working relations among CEPIS and PAHO's country offices, and whether those relations resulted in actual synergies; the medium and long-term financial outlook for CEPIS and suggestions on how it could be improved; and whether the merger of resources from the former Pan American Center for Human Ecology and Health (ECO) into CEPIS had been effective.

The key issues identified by the Director coalesced around three evaluation questions: whether CEPIS was delivering effective, relevant, useful, high-quality, technical cooperation which contributed to improving environmental health in the

Americas; whether CEPIS was well managed; and whether the merger of some resources from the former ECO with CEPIS had created the intended synergies. Those questions had been addressed through a detailed analysis of material and Center data; an analysis of a sample of CEPIS project files, and interviews with CEPIS staff, key stakeholders in Peru, PAHO Headquarters staff and other Regional experts, and surveys.

The evaluation had produced four main conclusions. Firstly, CEPIS was perceived as a valuable source of technical cooperation. However, it should adapt its present role and functions so as to be more proactive and work more through networks of institutions, which would have a multiplier effect on its technical cooperation. Secondly, CEPIS should seek to transform itself into a catalyst organization, as had been recommended by the 1998 Special Advisory Group. This would mean that the CEPIS planning, programming, and budgeting process would have to find a better way to distribute available regular budget resources. Thirdly, CEPIS should develop an appropriate resource mobilization strategy, as well as a permanent internal capacity for resource mobilization. That would require additional funding, to be achieved either by a redirection of CEPIS resources or by additional funding approved by the Director of PAHO. Fourthly, the merger of two different technological cultures—CEPIS and the former ECO—as well as the construction of a "new" CEPIS was still a work in progress which deserved the support of an external advisory body. In addition, the evaluation had produced 19 recommendations in the areas of effectiveness and the CEPIS-ECO merger.

The Executive Committee commended the Secretariat on the quality of both the summary document and the full evaluation report. The Committee felt that the information contained in the report was very valuable in making the Member States more cognizant of the important role played by the Centers. It also considered the involvement of the external auditor to have been highly beneficial. It was suggested that one or two such evaluations per year should be carried out and their results communicated to the Governing Bodies. It was pointed out that the fundamental question to be addressed in an evaluation of such a center was whether and to what extent it was contributing to the achievement of the plans and programs of the Organization and its Member States. Any recommendations for changes should be seen in the same light.

Delegates cautioned that as the report itself pointed out, the report was subject to some internal bias due to the heavy reliance on stakeholder surveys and interviews. Additionally, the evaluation methodology could have been improved by the addition of quantitative measures. Nevertheless, the results were useful as a tool to enhance the accountability and responsiveness of the Center, and full implementation of the evaluation team's recommendations would bring improvements in the Center's capacity. Support was expressed, in particular, for the recommendation that CEPIS should play a more proactive and forecasting role and should guide Member States in the utilization of environmental health assessments.

While the degree of dislocation that had occurred following the merger with ECO was relatively normal and would probably be resolved in due course, it had to be asked whether it was realistic to expect CEPIS to accommodate all the needs of all the countries of the Region. Perhaps there should be alliances with, for example, the Caribbean Environmental Health Institute in Saint Lucia, thus permitting greater involvement by countries located far away from CEPIS. The Delegate of Jamaica reported that CARICOM, with the assistance of PAHO, was currently undertaking a review of the regional institutions operating within the CARICOM area, including the Caribbean Environmental Health Institute. He would not rule out some form of merger of functions or alliance with CEPIS, but that that was a matter to be considered when the evaluations were completed.

It was suggested that, since the report did acknowledge some significant weaknesses in the Center, before the topic was presented to the Pan American Sanitary Conference, an addendum to the report might be produced to address the recommendations made, thus giving the full picture not only of the evaluation but also of how the Secretariat viewed the recommendations. Delegates identified five areas in which such additional information might be useful: the merger with ECO and its failure to bring the desired synergies; the current lack of a financial plan; the lack of a senior management team; the lack of a medium-term strategic plan; and the need for greater outreach to the English-speaking countries of the Region.

Mr. Rivero thanked the Executive Committee for its comments. He pointed out that this was essentially an internal evaluation that had been designed on the basis of questions defined by the Director. The methodology developed could probably also be used for evaluating other centers in the future, but he cautioned that no two Centers are alike, and that if different questions were posed, then the evaluation methodology might have to be changed accordingly.

He agreed that it did appear that CEPIS' current structure and resource allocation needed to be reorganized. Given the current financing and internal resource allocation, the Center had almost reached its maximum potential for performance, and to advance and develop that potential it would be necessary to implement at least some of the major recommendations. He also concurred with the suggestion of alliances with other centers such that, in the future, CEPIS functioned more as a hub of collaborating centers and institutions.

The Director said that the results of an evaluation depended on the questions asked, as well as on the suitability of the institution for evaluation, plus the capacity of the available data to answer those particular questions. But with that caveat, then a general methodology could be developed, for use in future such evaluations.

It should be remembered that while CEPIS had been evaluated as an individual center, in program terms it was a part of the environmental health program as a whole, which also consisted of persons at Headquarters and of environmental health specialists in the countries. When the possibilities for delivering technical cooperation in environmental health were considered, it was not right to expect that CEPIS alone would perform that function. The reason for the merger of ECO and CEPIS had been to eliminate a divide between identification of risks in one place and determination of the response to those risks in another. In large measure, CEPIS had been successful in combining those two functions, which was what he understood by a “new” CEPIS. However, once the responses to the risks were defined, the technical cooperation necessary to supply the answers at the country level did not devolve on CEPIS alone, but on the environmental health program as a whole.

CEPIS’ main responsibility was to fulfill a regional mandate. It would never be able to respond to all of the individual requests for technical cooperation that might come from individual countries. Doing so was in part the responsibility of the environmental health specialists in those countries.

While it had been suggested in the report that CEPIS should place more emphasis on mobilizing external resources, he noted that at present half of the Center’s funds already came from external resources. He did not think it a good idea for a center to be so dependent on external resources that those resources dictated what the center was doing. The correct approach was for the center to ascertain what the Governing Bodies had declared should be done and then seek the resources to do it.

The deadlines for preparation of documents meant that a detailed addendum responding to the recommendations could not be created, but he could certainly indicate how the Secretariat would respond to some of the managerial issues raised. For example, he would be setting up an Advisory Committee as suggested to provide guidance on technical and policy aspects. He cautioned, however, that it was not possible to structure a financial plan or a medium-term strategic plan for CEPIS that would be separate from those of the Division of Health and Environment. CEPIS was not an independent entity; it was a part of the environmental health program as a whole.

He noted the suggestion that CEPIS needed to reach out to the Caribbean. That would occur when risks in environmental health pertaining to the Caribbean needed identification from CEPIS and when the solution to those risks fell within the competence of CEPIS. When that was not the case, then response to environmental needs in the Caribbean had to be the responsibility of the Organization as a whole, including the Division of Health and Environment.

The evaluation had been a useful exercise and one that would contribute to strengthening environmental health in the Region as a whole. However, before undertaking other such evaluations, it was necessary to be sure that the benefits to be gained would justify the resources utilized.

The Committee adopted Resolution CE130.R15 on this item.

Report on the Meeting of the Health and Environment Ministers of the Americas (HEMA) (Document CE 130/20)

Dr. Mauricio Pardón (Director, Division of Health and Environment) reported that the Meeting of the Health and Environment Ministers of the Americas (HEMA) had been held in Ottawa, Canada, on 4 and 5 March 2002.

He explained that the meeting, which had grown out of the Quebec Summit in April 2001, and before that out of the Pan American Charter and Plan of Action signed at the Pan American Conference on Health and Environment in Sustainable Human Development in Washington in October 1995, had been organized by the Government of Canada in collaboration with PAHO and the United Nations Environment Program (UNEP). The technical documents for the meeting had been drafted after a review of the existing knowledge and a broad-based consultation with countries and institutions, including the Inter-American Development Bank, the World Bank, the Organization of American States, and the European Center for Environment and Health/WHO. The meeting had been attended by representatives of 31 countries, whose delegations had included 14 ministers of health and 15 ministers of environment. Its objectives had been to build bridges between the health and environment sectors, reach agreement on cooperative activities and contribute to the World Summit on Sustainable Development to be held in Johannesburg to be held in August 2002.

He gave two examples of the benefits of holding such hemispheric meetings. Firstly, drinking water coverage in the Region had improved from 33%, or 69 million people, in the early 1960s, to 85%, or 420 million, at the present time. Secondly, the use of lead in gasoline had dropped from 27,000 tons in 1990 to an estimated 5,000 tons in 2000, 15 countries in the Region had eliminated lead in gasoline, and the remainder had plans to phase it out. In both cases, the improvements had come about as a result of hemispheric meetings such as HEMA.

The HEMA meeting had noted that diarrheal diseases and respiratory ailments continued to represent the principal burden of disease linked with the environment. While recognizing that there were differences among countries, it had identified the common priority environmental health issues in the Region: first, water pollution, sanitation, and hygiene; second, indoor and outdoor air pollution; and third, the chronic and acute effects

of exposure to chemical substances, pesticides in particular. There was agreement at the meeting, moreover, to consider ways of working towards meeting the Millennium Summit's goals with respect to water and sanitation and the reduction of water pollution, as outlined in the Declaration of Montreal 2001; solid waste management and the phasing out of lead in gasoline; implementing the Stockholm Convention; control of exposure to chemical substances; and reducing vulnerability to natural disasters.

The participating countries had agreed on the need to move forward in the national arena with a broad-based strategic partnership between the health and environment sectors and on the importance of capacity-building in the areas of surveillance, the use of indicators, information exchange, institutional strengthening, and public information and education. Renewed emphasis was placed on the Pan American Charter on Health and Environment in Sustainable Human Development, recognizing the preeminence of action in each country. The Ministerial Communiqué that emerged from the meeting affirmed the ministers' agreement to meet periodically prior to the Summits of the Americas. It also called for the creation of a follow-up mechanism that would not duplicate but, rather, take advantage of existing regional and subregional capacities.

Canada, PAHO, and UNEP would convene a Task Force to design that follow-up mechanism. It would work in the period 2002-2003 to define the type of actions that were required to implement the recommendations and conclusions of the HEMA meeting. It was suggested that the membership should comprise ten senior officials from the ministries of health and environment of perhaps five countries, regionally distributed. There would be two Co-Chairs, one from each ministry. The role of PAHO would be to work closely with the Co-Chairs to develop strategic materials and papers. Canada had generously offered to fund the first year of the Task Force's work.

The Delegate of Canada thanked the Secretariat for an excellent summary of the meeting, including the analysis of the outcomes and the resulting proposals for action. He expressed Canada's gratitude to PAHO for the technical advice and support in planning for the meeting. He also thanked the ministers and officials who had contributed to its success. The meeting had made progress in forging strategic partnerships between the health and environmental sectors. It had succeeded in identifying priorities and initial goals to consider. The follow-up process needed to be developed in order to maintain momentum. Canada looked forward to continued collaboration with PAHO in the formation and the work of the Task Force and in facilitating consultations internationally once the Task Force had fulfilled its mandate and the action phase had begun. Canada endorsed the proposal that the Governing Bodies of PAHO should be informed annually about progress made toward compliance with the commitments made at the HEMA meeting.

The Director thanked Canada for hosting the meeting, which had been useful and productive. It had been encouraging to see that the ministers of health and environment had focused on such primary problems as water and sanitation. PAHO looked forward to playing a part in the next phase.

The Committee adopted Resolution CE130.R20 on this item.

Centennial of the Pan American Health Organization (Document CE130/21)

Mrs. Bryna Brennan, (Chief, Office of Public Information, PAHO) reported on the activities to mark the Centennial of PAHO. She described some of the events that had already taken place, and gave an overview of those still to come. She explained that after several years of planning and input from the entire Organization, the commemorative events were being held not just to celebrate past achievements and future promise, but also to foster existing relationships, create new partnerships, and promote the work and mission of the Organization. The celebrations were reaching a wide variety of audiences—the health sector, the scientific and academic communities, PAHO staff and the general public—with the message of PAHO achievements and contributions to the health of the peoples of the Americas. The focus was on the work that the Organization had done with the countries of the Americas. Centennial materials and events were highlighting PAHO's work and mission and were designed to stir the spirit of PAHO staff to recommit to the Organization's goals and mission.

Events were taking place at the organizational, national and regional levels, in an extremely wide variety of forms: fairs and exhibitions, symposia, postage stamps, contests and awards, media items, sporting events, creation of quilts, and so on. PAHO itself had created a special Centennial Web page, and had produced videos, public service announcements, celebratory merchandise, and more.

A number of delegates reported on what their countries were doing to mark the Centennial.

The Delegate of Canada offered his congratulations on the success of the events so far and his best wishes for those still to come. Canada had had a tree-planting ceremony to mark the Centennial. Alongside the tree was a commemorative granite plaque in the four languages of the Region. In gratitude for the Director's service to the Organization and in recognition of his interest in gardening, Canada wished to present him with the special shovel made for the occasion.

The Director expressed his appreciation for the gift, remarking that it would be very useful in his retirement years. Noting that Organization was halfway through the

celebratory year, he thanked everyone who had contributed to the success of the Centennial, which was a celebration of all that the Member States had achieved.

The Executive Committee took note of the presentation and the subsequent discussion, but did not consider it necessary to adopt a resolution on this item (Decision CE130(D6)).

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Documents CE130/22 and CE130/22, Add. I)

Mr. Mark Mathews (Chief, Department of Budget and Finance, PAHO) reported that, as of 31 December 2001, collection of quota assessments had totaled \$92.9 million, of which \$54.5 million represented payment of 2001 assessments and \$38.4 million pertained to prior years. Detailed information on receipts of quota payments by Member States and payment dates was included in Annex A of the document. On 1 January 2002, total arrears for years prior to 2002 stood at \$49.2 million. Payments received between 1 January and 17 June 2002 had amounted to \$18.6 million, or 38% of that total, reducing those arrears to \$30.6 million, as compared to \$22.2 million and \$22 million in arrears at the corresponding times in 2001 and 2000, respectively.

The collection of contributions for 2002 assessments amounted to \$29.7 million as of 17 June 2002. Ten Member States had paid their 2002 assessments in full, 5 had made partial payments, and 24 had not made any payments. The collections represented 33% of the current year's assessments; the corresponding figures were 32% in 2001, 27% in 2000, and 25% in 1999. Together, the collection of arrears and current year's assessments during 2002 totaled \$48.3 million, as compared to \$61.5 million in 2001, \$47 million in 2000 and \$45 million in 1999. Detailed information on payments received and the application of those payments could be found in Annex B of the document.

Article 6.B of the PAHO Constitution provided for the suspension of voting privileges if a country was in arrears by an amount in excess of two full years' quota payments. The 43rd Directing Council, in Resolution CD43.R2, had requested the Director to continue to monitor the implementation of special payment arrangements by Member States in arrears with prior years' quota assessments; to advise the Executive Committee of Member States' compliance with their quota payment commitments; and to report to the 26th Pan American Sanitary Conference on the status of the collection of quota contributions for 2002 and prior years.

The Member States subject to Article 6.B at the present time were Argentina, Cuba, the Dominican Republic, and Ecuador. Argentina owed a total of \$21.8 million, of which \$9.7 million related to the years 1997 through 1999. It had submitted a deferred payment plan that had been accepted by the 42nd Directing Council in 2000; by the opening of the 42nd Directing Council it had not made sufficient payments to be considered in compliance with the plan, but in resolution CD43.R2 the Directing Council had maintained Argentina's right to vote, noting, however, that no further extensions would be granted. Argentina was required to make payments totaling \$7,725,967 prior to the opening of the 26th Pan American Sanitary Conference. To date, it had made payments totaling \$178,655.

Cuba owed \$2.0 million, of which approximately \$197,000 related to 1999. It was in compliance with its deferred payment plan, which had been accepted by the Directing Council in 1996. The Dominican Republic owed approximately \$550,000, of which about \$103,000 was attributable to 1999. It had submitted a deferred payment plan which had been approved in 2001, under which it needed to pay an additional amount of \$188,060 prior to the end of 2002. Ecuador owed approximately \$529,000, of which about \$82,000 related to 1999. It was in compliance with the deferred payment plan approved by the Directing Council, and needed to make payments totaling \$220,000 during 2002.

Peru was not currently subject to Article 6.B but under its 1999 deferred payment plan was required to pay \$200,000 for 2001 and \$652,980 for 2002, by the end of 2002.

The Delegate of Canada noted that the issue of quota contributions continued to cause financial problems to the Organization. The deferred payment process helped countries to catch up their arrears, without placing them under undue stress. Every Member State had to do its part, and Canada urged Member States to pay their quota contributions on time and in full.

The Delegate of Argentina recalled that his country had been a very active participant in and contributor to the activities of PAHO since its foundation. Currently, his country was passing through a critical economic situation which was impacting all aspects of national life, including health. Argentina was determined to meet its commitment to PAHO and was remaining in close contact with the relevant departments in order to resolve the situation.

The Director congratulated those countries that were adhering to their deferred payment plans. The fact that countries kept up their payments, though doing so represented a major sacrifice in many cases, indicated the value they placed on the Organization.

The Committee adopted Resolution CE130.R3 on this item.

PAHO Financial Regulations (Document CE130/23)

This item was also introduced by Mr. Mathews, who explained that PAHO's current Financial Regulations, which had not been changed since 1991, were in need of revision since they were no longer consistent with WHO Regulations and did not fully reflect current accounting reporting standards and modern business practices. During the past few months a comprehensive review of the existing regulations had been completed. Changes made by WHO had been analyzed, and the PAHO Regulations redrafted based on that review and analysis. Annex 1 of document CE130/23 compared and summarized each of the changes proposed and Annex 2 contained the proposed Financial Regulations.

The proposed revisions to the regulations conformed, to the extent practical and possible, to those adopted by WHO during May 2000 and reflected PAHO's compliance with the United Nations System Accounting Standards. In addition, the proposed changes included reorganization of material to reflect the financial cycle, reclassification of some regulations as rules, correction of erroneous materials, and substantial editing which included elimination of extraneous and duplicated materials along with appropriate use of gender-neutral terms.

While drawing attention to the explanations for all of the changes, set forth in Annex 1, he highlighted certain specific changes which were indicative of the types of revision being proposed.

PAHO believed that the proposed regulations represented a considerable improvement over the existing ones, in that they were presented in a clear and orderly manner and reflected currently accepted financial practices and controls. Although the proposed changes were rather extensive, the basic requirements of the existing regulations had not been substantially changed, and to the extent possible they had been made consistent with the WHO Financial Regulations.

The Committee adopted Resolution CE130.R4, endorsing the proposed revisions.

Financial Report of the Director and Report of the External Auditor for 2000-2001 (Official Document 305) and Report on the Working Capital Fund (Document CE130/24)

Financial Report of the Director and Report of the External Auditor for 2000-2001

Mr. Mathews summarized *Official Document 305*, which contained the Director's report on the financial operations of PAHO for the period 1 January 2000–31 December

2001, the financial position of the Organization as of 31 December 2001 and 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). As was customary for a biennial report, the document was accompanied by an opinion from the External Auditor.

The Statement of Assets, Liabilities, and Reserves and Fund Balances as of 31 December 2001 and 31 December 1999 reflected the prudent management of the Organization's financial assets during the biennium.

A substantial increase in the collection of current biennium assessments had resulted in an excess of income over expenditures of \$4.9 million in the Regular Budget for the biennium, prior to transfers. Receipts of current biennium quota assessments had reached \$132.1 million, an increase of \$7.6 million over the preceding biennium. Receipts of quota payments for prior biennia amounted to \$36.1 million, or 77% of the outstanding balance as of 1 January 2000. Four Member States were potentially subject to Article 6.B on 1 January 2002, as compared to seven Member States on 1 January 2000. Of the \$4.9 million excess of income, \$2.8 million had been transferred to the Capital Equipment Fund, and \$2.1 million to the Building Fund. The Working Capital Fund was fully capitalized at \$15 million, of which the unencumbered portion amounted to \$12.1 million. The three centers (CAREC, CFNI, and INCAP) had experienced a combined excess of income over expenditures of \$2.4 million for the biennium.

Miscellaneous income earned during the biennium plus savings on, or cancellation of, prior periods' obligations amounted to \$18 million, which was an increase of \$1 million over the previous biennium, and \$3.9 million greater than the budgeted amount.

Total 2000-2001 expenditures of \$683 million reflected an increase of \$50 million over the 1998-1999 biennium. That increase was attributable to an increase of \$9 million in the Organization's Regular Budget expenditures; an increase of \$28 million in the Revolving Fund for the Expanded Program on Immunization, and an increase of \$9 million in the Building Fund. The major expenditures for WHO were \$77 million for the Regular Budget, \$8 million for the Voluntary Fund for Health Promotion, \$3 million for the Real Estate fund and \$8 million for other projects.

The Statement of Regular Budget Appropriations for the Financial Period 2000-2001 showed that the Organization had had an approved and appropriated budget of \$195 million, less staff assessments of \$18 million, for an Effective Working Budget of \$177 million.

The Emergency Procurement Revolving Fund ended 2001 fully funded at \$125,000. The Revolving Fund for the Expanded Program on Immunization had ended the year with a positive cash balance of \$13 million, after expenditures totaling approximately \$214 million during the biennium. For the Trust Fund projects, \$106 million had been received during the biennium. Projects funded by donated trust funds and implemented during the biennium amounted to \$104 million.

CAREC's Regular Budget income had exceeded expenditures by \$1 million, as a result of a \$1.6 million increase in the collection of assessed contributions. At the end of the biennium, CAREC's prior accumulated deficit of \$257,000 had changed to an accumulated Working Capital Fund balance of \$737,000. Expenditures by CAREC against all funds had totaled over \$9.1 million. The Statement of Quota Contributions from members showed balances due as of 31 December 2001 of \$4.2 million, as compared to \$5.2 million at the end of 1999. The Statement of Trust Funds for CAREC reflected an increase of \$1.2 million in receipts and an increase of \$675,000 in expenditures. Amounts due from donors totaled \$279,000, advanced funds totaled \$794,000, and there was thus a cash balance of \$515,000 in the Trust Fund.

CFNI had had an excess of income over expenditures of \$48,000. The \$310,000 increase in the collection of assessed quota contributions had resulted in an improvement of \$297,000 in CFNI's biennial performance, as compared to the 1998-1999 biennial deficit of \$249,000. CFNI's Regular Budget and Working Capital Fund's accumulated deficit had decreased to \$344,000 as of 31 December 2001. The Statement of Quota Contributions showed that arrears had decreased to \$723,000, and the Statement of Trust Funds reflected expenditures of \$204,000, which was an increase of \$170,000 over the preceding biennium.

INCAP had received income of \$1.2 million for its Regular Budget, similar to the amount received in the preceding biennium. Due to careful oversight of expenditures, the Center had experienced a net excess of income over expenditure of \$35,000. Because the Working Capital Fund was fully funded at \$1 million, which excess had been transferred to the Provision for Fixed Assets Replacements Fund. The INCAP Endowment Fund had earned \$9,000 in interest during the biennium, contributing to the Fund's \$348,000 balance. The statement of INCAP Trust Funds showed project income reaching \$2.1 million with expenditures totaling \$1.6 million in the biennium. The Trust Fund balances had increased from \$250,000 on 1 January 2000 to \$800,000 on 31 December 2001.

The Report of the External Auditor was presented by Mr. Graham Miller on behalf of Sir John Bourn (External Auditor, National Audit Office of the United Kingdom). Mr. Miller said that the audit had revealed no weaknesses or errors which the auditors had considered materially to impact the validity of the financial statements as a

whole. The external auditors were pleased to place an unqualified audit opinion on the statements for the period 1 January 2000 to 31 December 2001. The external audit was an informed and independent scrutiny, conducted according to rigorous standards and best practices. It might be said that in light of recent events the objectivity and integrity of the audit process was now of greater importance than ever before, particularly in organizations responsible for stewardship of public or Member State funds.

As part of the work of auditing, the auditors had visited PAHO Headquarters and had also made audit visits to 10 field offices. Management letters reporting on those visits had been sent to PAHO management.

For PAHO, the 2000-2001 audit report confirmed a net excess of income over expenditure amounting to \$4.9 million. The financial results for the biennium showed the Organization to be in a relatively strong position, although there had been some reduction in collection of prior years' assessed contributions.

The financial position of CAREC had improved, in particular with the improved payments into its Trust Fund. However, arrears of assessments were continuing to affect the Center's financial position. The external auditors encouraged Member States to adhere to the due times for the payment of their contributions. A number of observations had been made in management letters concerning potential improvements in financial management and controls. At CFNI, the rate of collection of contributions was lower overall than at PAHO, despite the Institute's efforts to encourage Member States to pay their assessments, and this was having a detrimental effect on CFNI's financial viability.

The audit report noted that the auditors had previously carried out a high-level review of PAHO's strategic planning, monitoring and evaluation framework, which had been presented to the Executive Committee in June 2000. Following the auditors' recommendation of a system of cyclical reviews, at the request of the Director of the Pan American Sanitary Bureau an evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) had been undertaken in 2000-2001 with external audit participation. The work had addressed four main objectives concerning the effectiveness and management of the Center and also aimed to test a model which could be used for evaluating the other centers generally. A report on the evaluation had been submitted to the Director.

There was a separate audit report on INCAP, which noted the small net excess of income over expenditure. There had been a further increase in the proportion of quota contributions collected, and the systems of financial control remained sound and effective.

The Delegate of Jamaica noted that CARICOM had some years previously requested an evaluation of the role of the various institutions such as CFNI, CAREC and so on, with a view to determining whether their work could be carried out more effectively. It appeared that the non-performance of such an evaluation was coloring the attitudes of governments to the contribution process, and it was essential to ensure that the evaluation should be completed as early as possible.

The Delegate of Canada expressed his pleasure at the favorable audit opinion and the overall conclusion that the Organization was on a good financial basis. Noting the pressure that was placed on an organization when dues were not paid in full and on time, he called on all Member States to make a serious attempt to do so. He asked whether excess income over expenditure could be used in the future to lower Member States' quota contributions.

The Director said that few things were more important to the standing of an organization than the report on how its finances were conducted. If a public organization were to be detected in malfeasance or fraud, it could be very seriously damaged. PAHO's resources came from the countries that were its members, which went to extreme lengths and underwent great hardship to pay their contributions. An unqualified audit opinion was not something that was issued lightly, and it represented a clear seal of approval on the way the Organization's finances were managed. PAHO, he said, was fanatical in its sense of responsibility for the appropriate expenditure of public funds. Additionally, when PAHO received a management letter from the auditors, the Organization took it very seriously as something to be worked upon immediately. He hoped that the Executive Committee shared in his satisfaction at the positive report of the auditors on the way that the Organization's funds were being spent.

It was a source of satisfaction that at least the deficit in the Working Capital Funds of CAREC and CFNI had been eliminated. At the recommendation of the auditors, certain funds which had been inactive for some years would be closed.

He expressed concern at the non-payment by some Member States of their quotas. Knowing that non-payment was usually a matter of inability rather than unwillingness, PAHO was sympathetic to their difficulty, but it also had difficulties of its own. Noting that fewer countries than in previous biennia were potentially subject to Article 6.B of the Constitution, he looked forward to the time when the figure would be zero.

The possibility of using excess income to reduce quota contributions was perhaps something that could be studied, but he had found in his years as Director that the spirit in the Member States was not one of seeking to have lower contributions. Countries wished to be sure that their contributions were being appropriately managed, and producing the desired outcomes, but did not seem concerned to pare down their contributions.

The Committee adopted Resolution CE130.R5 on this item.

Working Capital Fund

Mr. Mark Mathews (Chief, Department of Budget and Finance, PAHO) drew the attention of the meeting to Document CE130/24, on the status of the Working Capital Fund. The Working Capital Fund had been established pursuant to Resolution II of the third Meeting of the Directing Council, to be funded from surplus funds as of 31 December 1949. The primary purpose of the Working Capital Fund was to provide funds as required to finance the Regular Budget pending receipt of assessed contributions from Member States. Furthermore the Fund was also available to meet the requirements of the Organization's Centers pending receipt of their assessed contributions.

In 1979, the Inter-American Development Bank had agreed to loan the Pan American Health and Education Foundation (PAHEF) \$5.0 million for the Textbook and Instructional Materials Program. PAHO had agreed to guarantee the loan and maintain as a reserve a portion of the unencumbered balance of the Working Capital Fund. The reserve, which represented the outstanding balance of the loan, was \$2.9 million as of 31 December 2001.

In 1993, the 37th Directing Council had authorized the Director to increase the Working Capital Fund from \$11.0 million to \$15.0 million, to reflect the increase in the biennial budget. Since that time, the Organization's activities had continued to expand and the budget had increased by 17%. Total PAHO expenditure, including procurement and other extrabudgetary activities, was expected to reach \$600 million in the current biennium, representing an increase of over 80%.

During the past three biennia, PAHO had drawn on the resources of the Working Capital Fund to fund Regular Budget deficits, extraordinary expenses arising from the renovation of the Headquarters building, unforeseen requirements of the Revolving Fund for the Expanded Program on Immunization, as well as temporary deficits in two of the Centers administered by the Organization. During the 1994–1995 biennium, the Working Capital Fund had been fully depleted as the result of an unfavorable judgment by the ILO Tribunal.

The biennial budget was funded both by assessed contributions and by miscellaneous income. Miscellaneous income, including investment income, had been projected to contribute \$16.5 million to the 2002-2003 biennial budget. However, interest rates had fallen dramatically since those projections had been made and continued to be at a 40-year low in the United States. Therefore, current estimates for miscellaneous income projected a shortfall of the budgeted amount by as much as \$6.0 million.

Although the Working Capital Fund was fully funded at \$15 million, the unencumbered balance was \$12.1 million, or less than two months' expenditure, after taking into account the reserve for the PAHEF loan. Given the financial risks inherent in the current economic and political environment, an increase of \$8.0 million in the maximum capitalization of the Working Capital Fund was requested. At \$23.0 million, the Working Capital Fund would equal about three months' current expenditure. The increase could be funded from the collection of arrears of contributions during the current and future biennia.

The Delegate of Canada asked whether prompt payment of quota contributions would lessen the requirement for an increase in the Working Capital Fund. The Delegate of the United States requested more information on the balance of the Working Capital Fund over the years since 1994–1995. She pointed out that PAHO had other specialized funds to deal with unforeseen or extraordinary expenditures, such as the Building Fund. It was the position of the United States that international organizations' working capital funds should be no more than 8.3% of their annual budgets, equivalent to one month's operating expenditures. The 8.3% target had been endorsed by the United Nations Joint Inspection Unit for United Nations system agencies. As PAHO's Working Capital Fund was already close to twice that level, the United States could not support the proposal to increase it. She suggested that the issue might be reexamined in one year's time, as it seemed that no really large expenditures were anticipated within the coming year.

Mr. Mathews responded that prompt payment of quota contributions would lessen the requirement for an increase in Working Capital Fund, but would not eliminate it. As of June 2002, arrears to the Organization totaled \$91 million. He recalled that the balance of the Working Capital Fund had been \$156,000 at the end of the 1994–1995 biennium, \$6.8 million at the end of 1996–1997, and \$15 million at the end both of 1998–1999 and of 2000–2001. The target of one month's operating expenditures as a level for a working capital fund had been proposed by one inspector in a Joint Inspection Unit report dated 1989. That report had also stated that evaluation of the desirable levels of a working capital fund should take account of several factors, including the objective of the fund, other types of reserves such as special funds for currency fluctuations, and authority to borrow. PAHO had no such other reserves, nor did it have the capacity for internal borrowing. A Working Capital Fund of \$23 million would represent 12% of the PAHO Regular Budget but only 8% of the combined PAHO/WHO budget. Other United Nations organizations had working capital levels of 9% to 13% of their budgets.

Dr. Alleyne recalled that in the 1994–1995 biennium, when he had become Director, the unfavorable judgment by the ILO Tribunal, coupled with other unforeseen expenditures, had forced PAHO to cut staff and programs. The Organization had just squeaked by, almost emptying the Working Capital Fund. He had vowed to the Executive Committee that such a situation would never occur again. Thanks to careful management

over the years, the Working Capital Fund had been restored, but a larger buffer was needed.

While it was true that some other organizations had smaller working capital funds, those organizations differed from PAHO in that they had the capacity for internal borrowing, which he did not consider a good management practice. A fund equivalent to three months' operating expenses was not a huge amount; it was a reasonable cushion against uncertainty. Having an adequate Working Capital Fund was a matter of prudence, since no one could predict the future in terms of financial stability. In the past year, for example, interest rates had plummeted, having a devastating effect on the Organization's projected income. By the time the Executive Committee met in June 2003, the reasons for having a larger buffer would no doubt be even more cogent. In the interim, the Secretariat would provide Member States with more information on what had happened when the Organization had been close to the financial brink.

The Executive Committee decided to reexamine the issue of the Working Capital Fund at its 132nd Session in 2003 (Decision CE130(D5)).

PAHO Buildings and Facilities (Document CE130/25, Rev. 1)

Dr. Richard Marks (Chief, Department of General Services, PAHO) reported that the PAHO Headquarters building renovation project had been completed essentially on schedule and slightly under the allotted budget of \$13 million. The building had been thoroughly modernized, virtually all asbestos-containing materials had been removed, and a number of modifications had been made to bring the building into compliance with United States laws on access for persons with disabilities. New ergonomically designed work stations and amenities, such as coffee-break areas and conference rooms, had improved working conditions for staff. With the project's completion, the Building Fund ceiling would return to its normal level of \$500,000.

The Secretariat was now requesting the Committee's approval for a new project to be financed from the Building Fund. That project would repair and replace sections of the concrete floors in the basement and sub-basement, which had been damaged by water and were showing signs of severe wear and tear. The amount requested for the project was \$220,000.

The Committee adopted Resolution CE130.R11, approving the proposed project.

Personnel Matters

Amendments to the PASB Staff Rules (Document CE130/26)

Mr. Philip MacMillan (Chief, Department of Personnel, PAHO) summarized the amendments that had been made to the Staff Rules and Regulations of the Pan American Sanitary Bureau since the Committee's 128th Session in 2001. Those amendments were consistent with the revisions already adopted by the WHO Executive Board at its 108th and 109th sessions. Resolution CE59.R19, adopted by the Executive Committee at its 59th Session in 1968, requested the Director to introduce any necessary changes to maintain close similarity between the Staff Rules of PASB and those of WHO.

Staff Rule 330.2 amended the salary scale for staff in the professional and higher-graded categories, on a no-gain, no-loss basis, in accordance with the adjustments approved by the United Nations General Assembly. As a result of that change, the salaries of the Assistant Director, Deputy Director, and Director also had to be modified. The Executive Committee was asked to approve the resulting salary changes for the posts of Assistant Director and Deputy Director and to recommend that the 26th Pan American Sanitary Conference approve the applicable revision to the Director's salary.

Staff Rule 110.7 clarified the requirements regarding staff disclosure of interests that might conflict with those of the Organization. Staff Rules 350.1 and 350.2.2 related to boarding costs for eligible children of internationally recruited staff who were entitled to an education grant. Staff Rule 530 dealt with staff supervision and performance evaluation and had been amended to reflect the introduction of PAHO's new performance appraisal system.

The remaining amendments to the Staff Rules and Regulations were related to changes in contractual arrangements approved by the WHO Executive Board in January 2002. Those changes could be divided into three general categories. One category pertained to the discontinuation of career service appointments and the establishment of three types of contracts: temporary appointments (11 months or less), fixed-term appointments (1–5 years), and service appointments (no fixed time limit, but the appointment would continue only as long as the functions were required and the staff member's performance was satisfactory). A second category included changes in the duration of temporary appointments and benefits for staff hired under a term-limited appointment. The third category had to do with separation procedures for staff whose posts were abolished.

Document CE130/26 contained the text of the amendments to the Staff Rules and Regulations, together with a more detailed explanation of each change. The Executive Committee was asked to confirm those amendments.

The Delegate of the United States of America noted that, while some of the changes were constructive because they placed higher priority on merit and performance, some would have cost implications. Her delegation was aware that it was PAHO's policy to amend its Staff Rules to bring them into conformity with changes approved by the WHO Executive Board; however, at the Director's discretion, PAHO might opt not to implement some of the changes. In any case, the United States hoped that the Secretariat would apply the amendments very carefully to ensure that they did not add a significant new financial burden.

Mr. MacMillan assured the Committee that the Secretariat would see that the Staff Rules were interpreted and applied properly, taking care to avoid any major cost increases. Overall, he believed that the changes were positive, precisely because they did place more emphasis on performance and on assuring that staff performed at the high level expected by the Organization's Member States.

The Committee adopted Resolution CE130.R12, confirming the amendments to the Staff Rules and Regulations, establishing the salaries of the Assistant Director and Deputy Director, and recommending that the 26th Pan American Sanitary Conference confirm the change in the Director's salary.

Statement by the Representative of the PASB Staff Association (Document CE130/27)

Mrs. Brenda Simons Gilliam (President, PASB Staff Association) thanked the Committee for allowing the Staff Association the opportunity to present some of its concerns in relation to the changes in the Staff Rules and other matters affecting working conditions for the Organization's personnel. Some of the Staff Rules changes were good. The extension of health care coverage to temporary staff, in particular was welcome. Indeed, there could be no justification for a health organization not to provide health insurance for all its employees.

However, the Staff Association objected strenuously to other changes. For example, the change in the procedure for abolishment of posts and reduction in force (RIF) would greatly diminish staff job security. To protect the acquired rights of current staff, the Association felt that the procedure should not be changed or, if the amendments approved by WHO were adopted, the new procedure should apply only to staff hired after the effective date of the change. In addition, the Association was concerned that tasks performed by staff whose posts were abolished might be reassigned to current staff who were already overburdened. It wished to emphasize that posts should be abolished only if the functions associated with that post were no longer necessary.

The Staff Association was also troubled by the impact that the changes in Staff Rule 530 might have on PAHO's performance appraisal system, which had been

designed with staff input and was tailored specifically to the requirements of PAHO. The Association urged the Secretariat to adopt only those aspects of the WHO performance evaluation system that responded to the needs of PAHO and its staff.

The Staff Association continued to maintain that any human resource reforms introduced within WHO and PAHO should be the product of a collective bargaining process that provided for good faith negotiation by staff and management. The Association therefore proposed that a joint staff-management committee be designated within PAHO to study the issue and formulate a proposal to be submitted at the next meeting of the WHO Global Staff-Management Council.

Additionally, the Staff Association was concerned about the problem of harassment, which existed at PAHO to varying degrees. A policy like the one implemented at WHO was needed, as was training for both supervisory and non-supervisory staff on what constituted harassment and how to deal with it. Security for field staff was another matter requiring attention. The Staff Association felt that, when field offices were moved, staff safety should be a paramount consideration, since human resources were the Organization's most important resource. The Association also requested the development of a security plan to protect nationally recruited staff and their families in the event of natural disasters, political upheaval, or other dangerous conditions.

Other issues of concern included career development opportunities for staff and the erosion of pensions for general services staff due to currency devaluation. The Staff Association enjoyed an amicable and courteous relationship with the Administration and looked forward to continued dialogue to address those and other issues raised in Document CE130/27.

In the discussion that ensued, various delegates pointed out that, ideally, the Committee would have heard the statement by the Staff Association representative before it was asked to consider the amendments to the Staff Rules. As the resolution confirming those amendments had already been adopted, there was little the Committee could do with respect to the issues broached in the presentation. The Committee also pointed out that some of the problems cited by Ms. Simons Gilliam—notably that of harassment—had not been discussed in the document and suggested that future documents should include all the matters which the Staff Association wished the Committee to consider.

The Delegate of Jamaica noted that her country had been mentioned as one of the countries in which the PAHO field office had been relocated. The office now occupied the same building as the Ministry of Health. Since the building had 24-hour security services and access was tightly controlled, she felt certain that the PAHO staff were being adequately protected.

In response, Ms. Simons Gilliam said that it was customary to have the Staff Association representative address the Committee after the Chief of Personnel. She had been unaware, however, that the Committee would have already adopted a resolution on the Staff Rules prior to her presentation. As for the issue of harassment, it had not been included in Document CE130/27 because the Staff Association had requested that she mention it in her statement after the document had gone to press.

The Director said that it simply had not occurred to him to reverse the traditional order of the items on the Committee's agenda and have the Staff Association representative precede the Chief of Personnel. However, even if she had spoken first, it would have been impossible to accede to some of the Association's requests. The changes to the Staff Rules had already been approved by the WHO Executive Board, and PAHO had no choice but to implement them, since some PAHO posts were funded by WHO. It was just not managerially feasible to apply different rules to staff in PAHO-funded posts. With respect to the Staff Association's concerns about abolishment of posts, he pledged that posts would be eliminated only if the functions were no longer necessary. Post abolishment would never be used as a means of dealing with unsatisfactory staff performance, which was a separate issue entirely.

As concerned the evaluation of staff performance, PAHO would not automatically adopt all aspects of the WHO system. In many respects, PAHO's performance appraisal system was more advanced, and, in fact, WHO had copied many of the good points of the PAHO system. That system was based on agreement between supervisors and those they supervised on the tasks to be carried out. The evaluation was not judgmental, nor was it intended to be a mechanism for castigating staff. Rather, it was designed to reveal whether a person had performed as agreed.

With regard to staff security, he assured the Committee that PAHO was very attentive to the safety of its field staff, and almost every move to new premises had been made precisely to enhance security and working conditions for staff. As for the security of national staff, PAHO was obliged to follow the United Nations field security handbook. Nevertheless, because the Organization was deeply concerned about the safety and well-being of all its staff, in some cases it had put in place procedures that went beyond the United Nations regulations, such as transportation for nationally recruited staff. He truly did not believe that national staff were at any disadvantage with respect to other staff in terms of security protection.

As for the issue of harassment, he would not want the Committee to be left with the impression that harassment was a major problem at PAHO. Still, a policy on the subject was under discussion with the Staff Association, and a policy on sexual harassment had already been adopted several years earlier. In regard to career development, while PAHO did not have a "career ladder," per se, it had provided career

development opportunities that had enabled a number of staff members to advance within the Organization. He was a strong proponent of PAHO's staff development program, even though some staff who benefited from the program might later leave the Organization because the possibilities for career advancement were necessarily limited.

Because of the conditions of service in the United Nations system, PAHO could not consider adopting the kind of collective bargaining system normal utilized in the private sector. However, he would be happy to set up a committee to look at the ILO's experience with collective bargaining and assess whether it would be advantageous for PAHO to develop a similar system. He had long said that he would always defend the staff's right to free association and their right to express their views, as long as the relationship between himself and the Staff Association was characterized by mutual respect and understanding. He was pleased that that had been the case for all eight years of his directorship.

The Executive Committee thanked the staff of the Organization for their hard work and dedication and expressed the conviction that the good will that existed on both sides would enable the Staff Association and the Administration to arrive at a satisfactory resolution of the issues raised in the presentation. The Committee took note of the report, but did not consider it necessary to adopt a resolution on this item (Decision CE130(D7)).

General Information Matters

Resolutions and other Actions of the Fifty-fifth World Health Assembly of Interest to the PAHO Executive Committee (Document CE130/28)

The Deputy Director summarized key aspects of 19 resolutions adopted by the Fifty-fifth World Health Assembly (May 2002) that the Secretariat considered to be of particular relevance to the Region of the Americas.

The first resolution adopted by the Assembly congratulated PAHO on its centennial. Dr. Brandling-Bennett drew the Committee's attention to the resolutions that dealt with mental health (responding to the call for action); health and sustainable development; the contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS; protection of medical missions during armed conflict; ensuring access to essential medicines; smallpox eradication (destruction of *Variola* virus stocks); global public health response to natural occurrence, accidental release, or deliberate use of biological and chemical agents or radionuclear material that affect health; dengue fever and dengue hemorrhagic fever prevention and control; quality of care (patient safety); WHO's contribution to the achievement of the development goals of the United Nations Millennium Declaration; diet, physical activity, and health; infant

and young child nutrition; financial report on the accounts of WHO for 2000-2001; members in arrears to an extent which would justify invoking Article 7 of the Constitution; arrears in payment of contributions (Dominican Republic); salaries of staff in ungraded posts and of the Director-General; amendments to the Staff Regulations; and the need for increased representation of developing countries in the Secretariat and in Expert Panels and Advisory Committees.

In addition, he reported that Chile's National Program of Integrated Dental Care for Poor Working Women had been awarded the Sasakawa Health Prize. He extended PAHO's congratulations to that program. The United States of America had been elected to designate a member to the Executive Board, which had held its 110th Session immediately after the Assembly. Dr. Clarice Modeste-Curwen, Minister of Health of Grenada, had been elected Vice-President of the Executive Board.

The Committee took note of the report but did not consider it necessary to adopt a resolution on this item (Decision CD130(D8)).

Other Matters

The Delegate of El Salvador called attention to the growing seriousness of the dengue situation in his country. Some 7,400 cases had been diagnosed and 7 children had died from the disease. He requested continued support from PAHO and urged the countries of the Central American subregion to join forces in combating the disease, in keeping with Resolution CD43.R4, adopted the previous year by the Directing Council, which called for a coordinated response.

The Director said that PAHO would do everything possible to encourage a regional approach to dengue, which was unquestionably a problem that transcended national borders. The Organization advocated an intersectoral approach that emphasized health promotion, health education and communication, and community participation aimed at controlling the vector, *Aedes aegypti*, in order to prevent epidemics from occurring, rather than reacting to them after they occurred. To that end, the Secretariat had recently added a staff member with expertise in communications and, following the Directing Council in 2001, he had written to the ministers of health of all the Member States, encouraging them to make common cause with ministers of education in the fight against dengue.

Award Presentation by the World Veterinary Epidemiology Society

The President introduced Dr. James H. Steele, who presented an award to Dr. George Alleyne on behalf of the World Veterinary Epidemiology Society. Dr. Steele was a Doctor of Veterinary Medicine who also held a Master of Public Health degree. He had enjoyed a long and distinguished career in veterinary public health. Among his many accomplishments, he had established the Veterinary Public Health Division of the Centers for Disease Control and Prevention of the United States and been instrumental in launching veterinary public health activities within WHO and FAO. Dr. Steele continued to serve as a consultant to numerous national and international agencies, including PAHO and WHO. At present, he was professor emeritus at the University of Texas School of Public Health and served as a consultant to the Institute of Food Science and Engineering at Texas A & M University, where his work focused on food industry hygiene and control of foodborne diseases.

Dr. Steele recalled that his first introduction to PAHO had come in 1945, when he had been asked to evaluate some veterinary public health problems in the Caribbean. At that time, he had recommended that the Organization establish a veterinary public health program, and it was indeed gratifying to see that, almost 50 years later, that program was thriving. Carrying on the tradition begun by Dr. Fred Soper, Sir George Alleyne had helped make PAHO's program a model for the world in international collaboration between agriculture and public health and between veterinary and human medicine. The World Veterinary Epidemiology Society had honored him by creating the James H. Steele Award, and he was immensely pleased to present the award to Dr. Alleyne for his distinguished service and contribution to the progress of veterinary public health.

The Director was deeply honored to receive the award personally from Dr. Steele, who was an icon of public health and a true legend in his time and for all time. He accepted the award not only in his own name but on behalf of all those dedicated professionals at PAHO and elsewhere in the Region who had labored long and hard in the field of veterinary public health. Dr. Steele represented the very soul of intersectoral work. If those who followed in his footsteps accomplished a fraction of what he had done to ensure the indivisibility of veterinary and human medicine, they could feel very proud indeed. On behalf of the entire Pan American Health Organization, he wished to thank Dr. Steele for the invaluable contribution he had made to the peoples of the Americas through his devotion to veterinary public health.

Closing of the Session

The Director expressed his appreciation to the Members and Observers for their active participation and keen attention to the work of the Committee. He also thanked the President for the skillful manner in which he had conducted the session.

Dr. Ramsammy's efficiency had enabled the Committee to accomplish a great deal in only a few days. The Committee could feel proud of the resolutions it had crafted. Its attention to detail and the consensus achieved in regard to the content of those resolutions would greatly facilitate the work of the Pan American Sanitary Conference in September.

The President said that Guyana had been honored and privileged to serve as President of the Executive Committee. He felt the session had been very productive, and he thanked the participants for their constructive contributions to the Committee's deliberations. He expressed his gratitude to the Director, the Deputy Director, and all PAHO staff who had provided support for the meetings and then declared the 130th Session of the Executive Committee closed.

Resolutions and Decisions

The following are the resolutions adopted and decisions taken by the Executive Committee at its 130th Session:

Resolutions

CE130.R1: Strategic Plan for the Pan American Sanitary Bureau, 2003-2007

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007 (Document CE130/12);

Noting with satisfaction the changes in the planning process and as a result the new emphasis on addressing critical organization wide issues in order to achieve the priorities of technical cooperation, and

Anticipating that the Secretariat will take into consideration the comments of the Executive Committee in the finalization of the Plan,

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007 (Document CSP26/10);

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

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

RESOLVES:

1. To approve the Strategic Plan for the Pan American Sanitary Bureau, 2003-2007.
2. To request the Director to:
 - (a) take into consideration the Strategic Plan and the human resource requirements for its execution in the development of the biennial program budgets during the period 2003-2007;
 - (b) monitor and evaluate the extent to which the objectives of the Strategic Plan are achieved;
 - (c) widely disseminate the document "Strategic Plan for the Pan American Sanitary Bureau, 2003-2007".

(Fifth meeting, 26 June 2002)

CE130.R2: Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004-2005

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE130/8, which contains a tentative request to the World Health Organization for \$72,491,000, without cost increases, for the Region of the Americas for the financial period 2004-2005,

RESOLVES:

To recommend to the 26th Pan American Sanitary Conference, 54th Meeting of the Regional Committee of WHO for the Americas, the adoption of a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/6 and the tentative request to the World Health Organization for \$72,491,000, without cost increases, for the Region of the Americas for the financial period 2004-2005; and

Noting the recommendation of the Executive Committee,

RESOLVES:

To request the Director to transmit to the Director-General of WHO the request for \$72,491,000, without cost increases, for the Region of the Americas for the financial period 2004-2005, for consideration by the WHO Executive Board and the World Health Assembly in 2003.

(Fifth meeting, 26 June 2002)

CE130.R3: Collection of Quota Contributions

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Document CE130/22 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 those Member States that are not in compliance with their approved deferred payment plan; and

Noting with concern that there are 24 Member States that have not made any payments towards their 2002 quota assessments and that the amount collected for 2002 assessments represents only 33% of the total current year assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Document CE130/22 and Add. I).
2. To thank the Member States that have already made payments for 2002 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To recommend to the 26th Pan American Sanitary Conference that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that have not made sufficient payments toward their quota commitments by the opening session 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 26th Pan American Sanitary Conference on the status of the collection of quota contributions.

(Fifth meeting, 26 June 2002)

CE130.R4: PAHO Financial Regulations Proposed Revision to the Financial Regulations

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Director's presentation on the revisions proposed to the Financial Regulations in Document CE130/23; and

Taking into consideration that the revisions will provide greater conformity with the Financial Regulations of the World Health Organization as approved by the World Health Assembly (Resolution WHA53.6) and will bring the PAHO Financial Regulations into compliance with the United Nations system accounting standards,

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the recommendation of the Executive Committee and the proposed revisions to the Financial Regulations as they appear in Annex 2 of Document CSP26/19; and

Taking into consideration that the revisions to the Regulations will, to the extent practical and possible, provide conformity between the Financial Regulations of the World Health Organization and the Pan American Health Organization, and bring the PAHO Financial Regulations into compliance with the United Nations system accounting standards,

RESOLVES:

To approve the revisions to the Financial Regulations of the Pan American Health Organization as they appear in Annex 2 of Document CSP26/19.

(Fifth meeting, 26 June 2002)

CE130.R5: Financial Report of the Director and Report of the External Auditor for 2000-2001

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the Financial Report of the Director and Report of the External Auditor for 2000-2001 (*Official Document 305*),

RESOLVES:

1. To transmit the Financial Report of the Director and Report of the External Auditor for 2000-2001 (*Official Document 305*) to the 26th Pan American Sanitary Conference.
2. To note that the financial statements for the 2000-2001 biennium are presented in accordance with the United Nations System Accounting Standards, with resulting improvement in the disclosure and clarity of the statements.
3. To commend the Organization on its efforts to monitor and strengthen the financial positions of the Caribbean Epidemiology Center, the Caribbean Food and Nutrition Institute, and the Institute of Nutrition of Central America and Panama,

including additional sources of support, and encouraging further joint efforts to develop and implement strategies for improving their financial positions.

4. To congratulate the Director on his successful efforts to maintain a sound financial position for the Organization.

(Fifth meeting, 26 June 2002)

CE130.R6: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen Document CE130/9 "Acquired Immunodeficiency Syndrome (AIDS) in the Americas,"

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Recalling Resolution CD32.R12, which requested the Director to provide annual reports on the situation of HIV/AIDS in the Region;

Having seen Document CSP26/7 "Acquired Immunodeficiency Syndrome (AIDS) in the Americas";

Recognizing that the HIV/AIDS epidemic constitutes a global and regional emergency with far-reaching effects, whose impact on the countries of the Americas can and should be reduced through heightened political, technical, and financial efforts; and

Aware of the opportunities for strengthening national responses to the epidemic offered by the goals of the Declaration of the 26th United Nations General Assembly Special Session on HIV/AIDS (June 2001); the creation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the shared agenda of the Pan American Health Organization, the Inter-American Development Bank, and the World Bank; the advances made in developing subregional and intercountry strategic plans and partnerships, and the rapid progress of the WHO and UNAIDS initiative on accelerated access to antiretroviral drugs in the countries of the Region, as well as WHO's Global Health-Sector Strategy,

RESOLVES:

1. To urge the Member States to:
 - (a) make the greatest effort to meet the goals of the United Nations Declaration on HIV/AIDS, especially those aimed at preventing HIV infection; providing care, support, and treatment to people living with HIV/AIDS; and reducing the stigma and social exclusion associated with the epidemic;
 - (b) continue to promote and facilitate subregional and intercountry cooperation, forging strategic partnerships that utilize technical and financing agencies and appropriate economic and political forums that can broaden the national and regional response to the HIV/AIDS/STI epidemic in the Americas;
 - (c) explore national and regional options to lower the cost of antiretroviral drugs and other public health supplies linked with the fight against HIV/AIDS.
2. To request the Director to:
 - (a) strengthen institutional capacity and response to meet the challenges posed by the HIV/AIDS epidemic in the Americas, specifically in regard to the prevention of HIV infection and STIs and the care and treatment of people living with HIV/AIDS;
 - (b) develop a regional strategic framework that supports and strengthens technical cooperation with the Member States and promotes better utilization of new global and regional opportunities, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the initiative for accelerated access to antiretroviral drugs; the Global Health-Sector Strategy; and subregional cooperation among countries, within the framework of the interagency collaboration promoted by the United Nations.
3. To thank the Director for the comprehensive annual reports he has presented in compliance with Resolution CD32.R12 adopted by the Directing Council in 1987, and request that he report to the Governing Bodies in the future only when he considers there are significant developments in HIV/AIDS in the Region or in approaches to prevention or control of HIV/AIDS.

(Fifth meeting, 26 June 2002)

CE130.R7: Vaccines and Immunization

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the progress report of the Director on vaccines and immunization (Document CE130/10),

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on vaccines and immunization (Document CSP26/8) and taking note of the Region's leadership in the area of vaccines and immunization, and the critical contribution of immunization to the progress of child survival initiatives;

Recognizing the progress being made in the Americas towards the interruption of indigenous transmission of measles, but cognizant of the fact that the Region is under constant threat of importations, which can lead to extensive measles outbreaks if coverage levels are inadequate;

Taking note of the remarkable commitment of health and government authorities of the island of Hispaniola to control successfully the Sabin type 1 vaccine-derived poliomyelitis and measles outbreaks in 2001;

Acknowledging the need to achieve uniform vaccination coverage in all municipalities and to improve the quality of vaccination and surveillance data;

Considering the important advances being made by Member States in accelerating the control of rubella and the prevention of congenital rubella syndrome (CRS), to achieve a more rapid decrease of rubella cases and infants born with CRS;

Noting that while yellow fever transmission in enzootic areas has recently decreased as a result of intensive vaccination, there is evidence of its circulation in non-enzootic areas and widespread distribution of *Aedes aegypti*, the urban vector of the disease; and

Aware of the potential use of smallpox virus as a bioterrorism weapon,

RESOLVES:

1. To urge Member States to:
 - (a) allocate adequate resources to finance all aspects of national immunization programs, to ensure the sustainable achievement of at least 95% vaccination coverage with all antigens in all municipalities, the realization of the goal of interruption of indigenous measles transmission, the maintenance of poliomyelitis eradication, and the inclusion of new vaccines and initiatives of public health importance;
 - (b) undertake accelerated control of rubella and congenital rubella syndrome prevention initiatives and continue improving epidemiological surveillance of rubella and CRS, as well as laboratory diagnosis and investigation procedures;
 - (c) remain vigilant of the yellow fever situation using sensitive surveillance systems, particularly in enzootic areas and areas infested with *Aedes aegypti*, and to sustain high vaccination coverage in high-risk areas to prevent the occurrence of jungle cases and urbanization of the disease;
 - (d) strengthen national regulatory authorities and national control laboratories to ensure that vaccines of quality, either imported or locally produced and approved by competent authorities, are used in national immunization programs and the private sector;
 - (e) consider that any outbreak of smallpox is a threat to the Region and to the world, promptly report any suspect cases that may occur, and be prepared to provide the necessary emergency assistance, including vaccines, to contain the outbreak as rapidly as possible.
2. To request the Director to:
 - (a) advocate for the active mobilization of national and international resources to reach the goal of interruption of indigenous measles transmission;
 - (b) encourage the collaboration among vaccine-producing countries in the Americas to support the joint development of vaccines;
 - (c) explore, together with The World Bank, the Inter-American Development Bank, and other partners, financing mechanisms that complement the PAHO Revolving Fund for Vaccine Procurement, with a view to ensuring the uninterrupted supply of vaccines to the Member States.

(Seventh meeting, 27 June 2002)

CE130.R8: Integrated Management of Childhood Illness (IMCI)

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed Document CE130/13, "Integrated Management of Childhood Illness (IMCI),"

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/11 and the findings presented on the progress made in the implementation of the Integrated Management of Childhood Illness (IMCI) strategy in the Region of the Americas; and

Bearing in mind the progress made in the Healthy Children: Goal 2002 Initiative, which has helped to sustain and accelerate the reduction in child mortality, particularly from the causes targeted by the IMCI strategy,

RESOLVES:

1. To adopt the approach and operationalization contained in Document CSP26/11 for the implementation of the IMCI strategy.
2. To underscore the importance of expanding the IMCI strategy by incorporating new components that will make it possible to improve the problem-solving capability of health workers at the first level of care.
3. To urge the Member States to:
 - (a) continue to strengthen support for the IMCI strategy and its expansion and coordination with other programs and actors in health, with a view to sustaining and accelerating the reduction in child mortality, and to advance toward universal access by the population to the basic quality of care standard offered by the strategy;
 - (b) hasten effective integration of the IMCI strategy into undergraduate and graduate programs in the health disciplines and its application by graduates;

- (c) strengthen and promote effective mechanisms for the collection, consolidation, and analysis of data that will permit the monitoring and evaluation of health actions targeting infants and children;
 - (d) strengthen the number and diversity of human health resources to deal effectively with ill children and the causes of illness.
4. To request the Director to continue supporting implementation of the IMCI strategy in terms of expanding it to other countries and increasing coverage in the countries that have already adopted it.

(Seventh meeting, 27 June 2002)

CE130.R9: Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen Document CE130/14, Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization,

RESOLVES:

To recommend the adoption of a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CSP26/12, Extension of Social Protection in Health: Joint Initiative of the Pan American Health Organization and the International Labour Organization;

Mindful that the Pan American Health Organization and the International Labour Organization have launched a joint initiative aimed at reducing exclusion in health through the extension of social protection in health;

Having noted the respective Memorandum of Understanding signed between the two organizations;

Having noted the different activities carried out under these arrangements to extend social protection in health in the Region;

Considering that the levels of exclusion in health remain high in the Hemisphere, notwithstanding the efforts and resources invested to improve the situation, which is deteriorating with the growth of the informal economy and the rising levels of poverty, and that innovative criteria must be used in addressing this problem; and

Bearing in mind the importance of redoubling national and hemispheric efforts to guarantee equitable access to health services within the framework of the goal of Health for All, regardless of the ability to pay,

RESOLVES:

1. To urge the Member States to:
 - (a) extend social protection in health;
 - (b) promote processes of social dialogue that will permit the definition of national objectives and strategies in this field;
 - (c) include the extension of social protection in health as a guiding element in their sectoral reform processes.
2. To request the Directors of the PASB and ILO to:
 - (a) widely disseminate in the countries of the Region the conceptual and methodological documentation characterizing exclusion in health and how to combat it through the extension of social protection in health;
 - (b) work with the Member States to promote a social dialogue on this issue, analysis and discussion of how to address it in the countries, and regional cooperation mechanisms in support of these processes;
 - (c) help the countries design models for developing strategies to extend social protection in health;
 - (d) continue to promote the extension of social protection in health as a line of work in their cooperation activities in the Region.

(Seventh meeting, 27 June 2002)

CE130.R10: Regional Strategy for Maternal Mortality and Morbidity Reduction

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE130/16, "Regional Strategy for Maternal Mortality and Morbidity Reduction,"

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/14, "Regional Strategy for Maternal Mortality and Morbidity Reduction";

Being aware of the unnecessarily high death rate of women as a result of complications from pregnancy and childbirth; and

Taking into account that research results and practical experience have demonstrated that specific interventions, such as Essential Obstetric Care (EOC) and Skilled Attendance at Birth, can reduce the incidence and severity of major complications associated with pregnancy, childbirth, and the postpartum period for mothers and their newborns,

RESOLVES:

1. To urge the Member States to:
 - (a) adopt the Millennium Summit Declaration goal of reduction of maternal mortality ratios by 75%, from 1990 levels, by the year 2015 as well as improving the intracountry ratios, especially urban-rural disparities;
 - (b) endorse and support evidence-based interventions, such as Essential Obstetric Care and Skilled Attendance at Birth, to reduce maternal mortality;
 - (c) adhere to guidelines issued jointly in 1997 by the World Health Organization, the United Nations Children's Fund, and the United Nations Fund for Population Activities, recommending that for every 500,000 people there be four facilities offering basic EOC and one facility offering comprehensive EOC;

- (d) endorse and support evidence-based health promotion interventions so that women, families, and communities can plan for obstetric complications, identify problems early, and respond appropriately;
 - (e) develop key partnerships between local and national governments, health services, professional associations, women's organizations, and other nongovernmental organizations, in order to enhance efforts to reduce maternal mortality, in addition to ensuring interagency collaboration when promoting and implementing maternal mortality reduction strategies.
2. To request the Director to:
- (a) support in establishing and implementing mechanisms to strengthen information and surveillance systems for monitoring progress in the reduction of maternal mortality;
 - (b) develop mechanisms to assist Member States to make a long-term commitment, both political and programmatic, including financial support within available resources, to implement updated safe motherhood interventions and maternal mortality reduction strategies.

(Seventh meeting, 27 June 2002)

CE130.R11: PAHO Buildings and Facilities

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE130/25, which reports on actions taken by the Secretariat in relation to an approved project financed by the PAHO Building Fund and describes an additional project requirement,

RESOLVES:

To approve the project for repair of concrete slabs in the headquarters building garage for an estimated cost of \$220,000.

(Seventh meeting, 27 June 2002)

CE130.R12: Amendments to the Pan American Sanitary Bureau Staff Rules

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau (PASB) submitted by the Director in Annex to Document CE130/26;

Taking into account the actions of the Fifty-fifth World Health Assembly relating to the remuneration of the Regional Directors, Senior Advisors, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the PASB 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, in accordance with Staff Rule 020, the amendments to Staff Rule 330.2 that have been made by the Director, with effect from 1 March 2002, concerning the salary scale applicable to staff in the professional and higher categories.
2. To establish, effective 1 March 2002:
 - (a) The net salary of the Deputy Director at \$108,379 per annum at dependency rate and \$98,141 per annum at single rate;
 - (b) The net salary of the Assistant Director at \$107,379 per annum at dependency rate and \$97,141 per annum at single rate.
3. To confirm, in accordance with Staff Rule 020, the amendments to the Staff Rules, which have been made by the Director, as follows:
 - (a) to Staff Rule 110.7, with effect from 1 June 2001, in respect of standards of conduct;
 - (b) to Staff Rules 350.1 and 350.2.2, with effect from the school year in progress on 1 January 2001, in respect of education grant entitlements;
 - (c) to Staff Rule 530, with effect from 1 January 2002, in respect of the Supervision and Performance Evaluation System;

- (d) to the applicable Staff Rules, with effect from 1 July 2002, in respect of contractual reform.
4. To recommend to the 26th Pan American Sanitary Conference to:
- (a) note the amendments to the Staff Rules made by the Director and confirmed by the Executive Committee at its 130th Session concerning, inter alia, standards of conduct, education grant entitlements, performance management, and contractual reform;
 - (b) confirm the annual salary of the Director at \$118,165 per annum at dependency rate and \$106,342 per annum at single rate, effective 1 March 2002;
 - (c) approve the amendment to Staff Regulation 4.5 to reflect the implementation of new contractual mechanisms, effective 1 July 2002.

(Seventh meeting, 27 June 2002)

CE130.R13: Public Health Response to Chronic Diseases

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on public health response to chronic diseases (Document CE130/17),

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on public health response to chronic diseases (Document CSP26/15);

Recalling Resolution CD42.R9 on cardiovascular diseases, with an emphasis on hypertension, which endorses an integrated approach to the prevention of cardiovascular diseases through the Actions for the Multifactorial Reduction of Noncommunicable Diseases (CARMEN) initiative; and noting that CARMEN represents an avenue for integrating risk factors and diseases;

Noting that chronic noncommunicable diseases contribute to 70% of deaths in the Region of the Americas, and that more than half of premature mortality under the age of 70 years is attributed to chronic noncommunicable diseases; and

Alarmed by the increasing cost of noncommunicable diseases to society as a consequence of rapid demographic and epidemiological changes,

RESOLVES:

1. To urge the Member States to:
 - (a) make efforts to document the burden of chronic diseases and their risk factors;
 - (b) endorse the CARMEN initiative as one of the main strategies for integrated prevention of chronic diseases;
 - (c) incorporate models of care for chronic conditions in order to improve quality of care and to increase the capacity of primary care to respond to the needs of the population.
2. To request the Director to:
 - (a) provide technical cooperation to Member States in developing an integrated approach to noncommunicable diseases, based on the CARMEN initiative;
 - (b) support Member States to develop and improve surveillance of noncommunicable diseases and their risk factors;
 - (c) support and encourage operational research on the effective implementation of programs to prevent noncommunicable diseases and reduce their impact;
 - (d) coordinate with other organizations of the United Nations system, country-based institutions, and nongovernmental organizations to support the prevention and control of chronic diseases.

(Seventh meeting, 27 June 2002)

CE130.R14: Women, Health, and Development

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director on women, health, and development (Document CE130/18),

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director on women, health, and development (Document CSP26/16);

Taking into account the inadequacies of current information and surveillance systems for documenting the health situation and trends in women's health and the existing gender inequities in health;

Being aware that policies for reducing gender inequities require information for their formulation and evaluation; and

Bearing in mind the ongoing initiatives of other agencies of the United Nations system,

RESOLVES:

1. To urge Member States to:
 - (a) assign a high priority to establishing and financing information systems on gender differences in health and development; and to the collection, processing, and presentation of health information disaggregated by sex;
 - (b) promote the participation of users and producers, from both government and civil society, in gender and health issues.
2. To request the Director to:
 - (a) stimulate and support the production, dissemination, and analysis of data disaggregated by sex;

- (b) support the periodic production of statistical bulletins and health profiles on gender, health, and development;
- (c) stimulate and support technical cooperation among countries in the development, analysis, and use of information on gender and health;
- (d) continue efforts to integrate gender into the work of the Organization, in particular in the strategic planning process and its follow-up.

(Seventh meeting, 27 June 2002)

CE130.R15: Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen Document CE130/19, Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS),

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CSP26/17, Evaluation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS);

Aware of the full internal evaluation report submitted by the evaluation team to the Director contained in Technical Report OPS/DAP/02.5.44;

Bearing in mind Resolution CSP20.R31 of the 20th Pan American Sanitary Conference, requesting the Director to carry out a regular evaluation of each of the Pan American Centers;

Noting with satisfaction that this process has entered a new and expanded stage with the evaluation of CEPIS;

Aware of the recommendations that the internal evaluation team has presented to the Director;

Recalling the discussions on the topic of the Centers at recent sessions of the Subcommittee on Planning and Programming and of the Executive Committee; and

Noting the need to strengthen program evaluation throughout the Bureau,

RESOLVES:

1. To commend the Director for having carried out this comprehensive evaluation and for having reenergized the process of evaluation in general, and that of the Pan American Centers requested by the Conference in 1978.
2. To request the Director to:
 - (a) implement the pertinent recommendations of the evaluation team to ensure the evolution of a strengthened CEPIS, able to serve better the current and emerging needs of Member States in the field of health and environment;
 - (b) conduct a periodic comprehensive evaluation of one of the Pan American Centers each year;
 - (c) strengthen the Bureau's capacity for program evaluation;
 - (d) promote the development of cooperation networks among CEPIS, the Collaborating Centers, and other institutions linked with health and the environment in the countries;
 - (e) present a written management response to the recommendations of the evaluation of CEPIS and of other other Pan American Centers as they are evaluated.

(Seventh meeting, 27 June 2002)

CE130.R16: Report of the Award Committee of the PAHO Award for Administration, 2002

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration, 2002 (Document CE130/6, 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) and the 124th Session of the Executive Committee (1999),

RESOLVES:

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 2002, on Dr. Hugo Mendoza, of the Dominican Republic, for his valuable contribution to the improvement of the maternal and child health situation in his country, through the introduction of the public health approach in pediatric care and teaching, and his pioneering efforts in public health research.
2. To transmit the report of the Award Committee of the PAHO Award for Administration, 2002 (Document CE130/6, Add. I), for the consideration of the 26th Pan American Sanitary Conference.

(Seventh meeting, 27 June 2002)

CE130.R17 Nongovernmental Organizations in Official Relations with PAHO

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report of the Standing Committee on Nongovernmental Organizations (Document CE130/7, Add. I); and

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* (1995, revised 2000),

RESOLVES:

1. To admit the InterAmerican Heart Foundation (IAHF) into official relations with PAHO.
2. To continue official relations with the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and the National Alliance for Hispanic Health for a period of four years.
3. To continue official relations between PAHO and the Latin American Union against Sexually Transmitted Diseases (ULACETS) and the International Organization of Consumers Unions (CI-ROLAC) for a period of one year, on the understanding that the status of their activities and performance in accordance with an agreed-upon

collaborative work plan will be reviewed again by the Standing Committee at its meeting in 2003.

4. To request the Director to:
 - (a) advise the respective NGOs of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas which fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) continue fostering relationships between Member States and NGOs working in the field of health.

(Seventh meeting, 27 June 2002)

CE130.R18: Provisional Agenda of the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CSP26/1) prepared by the Director for the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas, presented as the annex to Document CE130/4, Rev. 2; and

Bearing in mind the provisions of Article 7.F of the Constitution of the Pan American Health Organization and Rule 8 of the Rules of Procedure of the Conference,

RESOLVES:

To approve the provisional agenda (Document CSP26/1) prepared by the Director for the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 27 June 2002)

CE130.R19: Health and Aging

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined Document CE130/15, Health and Aging,

RESOLVES:

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

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Taking into account the importance of the Madrid International Plan of Action on Aging, to address the health problems of the older population of the Americas;

Acknowledging the shift of paradigm to healthy and active aging and the efforts made towards reducing the negative stereotypes and misunderstandings about aging since the 25th Pan American Sanitary Conference and its adoption of Resolution CSP25.R6;

Understanding the immense implications of population aging to many of the health priorities of the Americas; and

Considering the need to promote, in collaboration with other partners, a comprehensive system to support active healthy aging,

RESOLVES:

1. To urge Member States to:
 - (a) build on the momentum created by the 2nd World Assembly on Aging, adopt national policies and plans for the implementation of the International Plan of Action on Aging, and provide adequate support for the implementation of priority areas;
 - (b) advocate for the promotion and protection of human rights and fundamental freedoms of older persons;
 - (c) adopt appropriate health promotion priorities for older persons and develop gender-specific targets and monitoring strategies in the areas of nutritional health, physical activity, unintentional injury and fall prevention, and mental health;

- (d) commit to increase the access of older persons, especially those that are resource poor, to aging appropriate health care and essential medications;
 - (e) promote initiatives for the development of community-based long-term care options (including supportive housing and assisted living) and regulate the provision of care to vulnerable populations;
 - (f) promote research for the monitoring and evaluation of program effectiveness;
 - (g) develop a plan for the training of primary health workers and other health professionals in the basics of health promotion for older persons and geriatric medicine.
2. To request the Director to:
- (a) support the regional implementation of the International Plan of Action on Aging in coordination with other collaborating partners;
 - (b) assist Member States to develop healthy aging targets and indicators;
 - (c) encourage Member States to develop coordinated community-based strategies to support active aging and to disseminate information on these experiences;
 - (d) assist Member States to work toward the development of enabling and supportive environments for older persons, including regulated long-term care facilities.

(Eighth meeting, 27 June 2002)

CE130.R20: Report on the Meeting of the Health and Environment Ministers of the Americas (HEMA)

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed Document CE130/20, Meeting of the Health and Environment Ministers of the Americas (HEMA),

RESOLVES:

To recommend to the Pan American Sanitary Conference the adoption of a resolution along the following terms:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Recalling Resolution CD43.R15, which instructed the Pan American Sanitary Bureau to work with the Government of Canada and the United Nations Environment Program (UNEP) to convene the Meeting of the Health and Environment Ministers of the Americas (HEMA);

Having considered the report of the HEMA, which took place in Ottawa, 4-5 March 2002; and

Recognizing the link between health and the environment; noting the impact on health of environmental factors such as water and sanitation, outdoor and indoor air pollution, and exposure to agro-industrial chemicals and wastes; and particularly aware of the relationship between environmental conditions and diseases such as diarrhea and respiratory infections,

RESOLVES:

1. To urge the Member States to:
 - (c) work along the lines agreed to in the Ministerial Communiqué in its three defined areas: setting future directions for health and environment in the Americas, issues of common concern and shared goals, and building and sharing capacities to respond to threats;
 - (d) build bridges at the national and local levels between the health and environmental sectors in an inclusive alliance which will call upon actors in the relevant public sector, private sector, and civil society;
 - (e) participate and support the work of the Task Force defined in the Ministerial Communiqué and being convened by the Government of Canada with the collaboration of PAHO and UNEP.
2. To request the Director to:
 - (d) collaborate with the Government of Canada and UNEP in the Task Force which will make proposals for the follow-up on the conclusions of HEMA as registered in the Ministerial Communiqué;
 - (e) integrate the proposals of the Task Force and the work under way in 2002-2003 into PAHO's ongoing technical cooperation work, with special emphasis on the

collaboration with countries in capacity-building and the work in hygiene, water and sanitation, air pollution, and chemical safety.

3. To recognize and praise the leadership role of the Government of Canada in promoting collaborative actions between the health and environmental sectors in the construction of sustainable human development.

(Eighth meeting, 27 June 2002)

Decisions

CE130(D1) Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE130/1, Rev. 1).

(First meeting, 24 June 2002)

CE130(D2) Representation of the Executive Committee at the 26th Pan American Sanitary Conference, 54th 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 its President (Guyana) and Vice President (Uruguay) to represent the Committee at the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas. As alternates to those representatives, the Committee designated the delegates of Canada and Bolivia, respectively.

(First meeting, 24 June 2002)

CE130(D3) Report of the Subcommittee on Planning and Programming

The Executive Committee took note of the report on the 36th Session of the Subcommittee on Planning and Programming (Document CE130/5), thanking the President for his report and expressing its gratitude to the Subcommittee for its work.

(First meeting, 24 June 2002)

CE130(D4) Evaluation of the Strategic and Programmatic Orientations, 1999–2002

The Executive Committee took note of the report on the evaluation of the Strategic and Programmatic Orientations, 1999–2002 (Documents CE130/11 and CE130/INF/1), and encouraged the Secretariat to apply the lessons learned from that exercise in implementing and evaluating the Strategic Plan for the period 2003–2007.

(First meeting, 24 June 2002)

CE130(D5) Working Capital Fund

The Executive Committee decided to postpone any action with regard to the level of the Working Capital Fund and take up the matter again at its 132nd Session in June 2003.

(Second meeting, 24 June 2002)

CE130(D6) Centennial of the Pan American Health Organization

The Executive Committee took note of the report prepared by the Secretariat on the celebration of the Organization's 100th anniversary (Document CE130/21) and expressed its satisfaction with the activities planned and under way.

(Sixth meeting, 26 June 2002)

CE130(D7) Statement by the Representative of the PASB Staff Association

The Executive Committee took note of the statement by the Representative of the Staff Association (Document CE130/27) and expressed its support for the staff of the Organization and its satisfaction with the cordial working relations that exist between the PAHO staff and administration.

(Seventh meeting, 27 June 2002)

***CE130(D8) Resolutions and other actions of the Fifty-fifth 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-fifth World Health Assembly of interest to the PAHO Executive Committee (Document CE130/28).

(Seventh meeting, 27 June 2002)

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-seventh day of June in the year two thousand two. 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.

Leslie Ramsammy
Delegate of Guyana
President of the 130th Session
of the Executive Committee

George A. O. Alleyne
Secretary ex officio of the 130th 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 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas
 - 2.3 Provisional Agenda of the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas
- 3. CONSTITUTIONAL MATTERS**
 - 3.1 Report on the 36th Session of the Subcommittee on Planning and Programming
 - 3.2 PAHO Award for Administration, 2002
 - 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 4. PROGRAM POLICY MATTERS**
 - 4.1 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004-2005
 - 4.2 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
 - 4.3 Vaccines and Immunization
 - 4.4 Evaluation of the Strategic and Programmatic Orientations 1999-2002
 - 4.5 Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007
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Official Documents

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Working Documents

CE130/1, Rev. 2 and
CE130/WP/1, Rev. 1 Adoption of the Agenda and Program of Meetings

CE130/3 Representation of the Executive Committee at the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas

CE130/4, Rev. 1 Provisional Agenda of the 26th Pan American Sanitary Conference, 54th Session of the Regional Committee of WHO for the Americas

CE130/5 Report on the 36th Session of the Subcommittee on Planning and Programming

CE130/6 PAHO Award for Administration, 2002

CE130/7 Nongovernmental Organizations in Official Relations with PAHO

CE130/8 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2004-2005

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and Add. I Acquired Immunodeficiency Syndrome (AIDS) in the Americas

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| CE130/27 | Statement by the Representative of the PASB Staff Association |
| CE130/28 | Resolutions and Other Actions of the Fifty-fifth World Health Assembly of Interest to the PAHO Executive Committee |

Information Documents

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| CE130/INF/1 | Evaluation of the Strategic and Programmatic Orientations |
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