



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



138th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 19-23 June 2006

CE138/FR (Eng.)
23 June 2006
ORIGINAL: ENGLISH

FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 138th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 19 to 23 June 2006. The session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Antigua and Barbuda, Argentina, Barbados, Canada, Chile, Costa Rica, Cuba, Panama, and Venezuela. Representatives of the following other Member States and Observer States attended in an observer capacity: Brazil, Mexico, Paraguay, Spain, Trinidad and Tobago, and United States of America. In addition, three intergovernmental organizations and six nongovernmental organizations were represented.

2. Dr. Carlos Vizzotti (Argentina, President of the Executive Committee) opened the session and welcomed the participants. Recalling with regret the recent death of Dr. Lee Jong-Wook, Director-General of the World Health Organization (WHO), he noted that it was traditional in such situations to observe a minute of silence. However, considering Dr. Lee's vibrant and jovial personality, he felt it would be more appropriate to have a minute of applause.

3. The Committee commemorated the life of Dr. Lee with a round of applause.

4. Dr. Mirta Roses (Director, Pan American Sanitary Bureau) added her welcome to the participants, extending a special welcome to the representatives of nongovernmental organizations, which she considered to be valuable partners in PAHO's work. She noted that the Committee would be discussing many items of great importance to the life of the Organization, and she looked forward to cordial and fruitful deliberations.

Procedural Matters

Officers

5. The following Members elected to office at the Committee's 137th Session continued to serve in their respective capacities at the 138th Session:

<i>President:</i>	Argentina	(Dr. Carlos Vizzotti)
<i>Vice President:</i>	Costa Rica	(Mr. Carlos Valerio Monge)
<i>Rapporteur:</i>	Canada	(Ms. Kate Dickinson) (Mr. Nick Previsich)

6. The Director served as Secretary ex officio, and Dr. Joxel García, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE138/1, Rev. 1, and CE138/WP/1, Rev. 2)

7. Introducing the provisional agenda prepared by the Secretariat in accordance with Rule 9 of the Rules of Procedure of the Executive Committee, Dr. Joxel García drew the Committee's attention to minor changes in the titles of several agenda items, noting that a revised version of the agenda (Document CE 138/1/Rev. 2) would be prepared to reflect those changes, and that corrigenda to the respective working documents would be issued.

8. The Committee adopted the revised provisional agenda. The Committee also adopted a program of meetings (Decision CE138(D1)).

Representation of the Executive Committee at the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas (Document CE138/3)

9. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Argentina and Costa Rica, its President and Vice President, respectively, to represent the Committee at the 47th Directing Council. Antigua and Barbuda was designated as alternate representative for Argentina and Chile was designated as alternate representative for Costa Rica (Decision CE138(D2)).

Provisional Agenda of the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas (Document CE138/4, Rev. 1)

10. The Technical Secretary presented the provisional agenda prepared by the Director in accordance with Article 14.B of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council, drawing the Committee's attention to several additions and to some editorial changes in the titles of several agenda items.

11. The Committee approved the provisional agenda with the changes and additions noted by the Technical Secretary (Resolution CE138.R17), although concern was expressed at its lengthiness.

Committee Matters

Report of the 40th Session of the Subcommittee on Planning and Programming (Document CE138/6)

12. Dr. Roberto Dullak Peña (Paraguay, Rapporteur of the Subcommittee on Planning and Programming) presented the report on the Subcommittee's 40th Session, noting that a number of the items discussed by the Subcommittee would also be discussed by the Executive Committee during the 138th Session and that he would report on those items at

the time they were taken up by the Committee. The following items examined by the Subcommittee were not on the Committee's agenda: Plan of Action for the Implementation of Results-based Management in the Pan American Sanitary Bureau, PAHO Framework for Resource Mobilization, and Framework and Process for Formulating Public Health Plans for the Americas. The Subcommittee's comments on those items could be found in the final report of its 40th Session (Document SPP40/FR, annexed to Document CE138/6).

13. Under "Other Matters," the Subcommittee had heard brief reports on recent activities of the Office of Internal Oversight Services and on the preparation of the 2007 edition of the publication *Health in the Americas*. The Subcommittee had also discussed the agenda for the 138th Session of the Executive Committee and the preparation and timeliness of documents for the Governing Bodies. In relation to the latter, the Subcommittee had urged the Secretariat to make all documents available as early as possible and to ensure that all working documents included information on human and financial resources and on impact on vulnerable populations, especially indigenous peoples, the elderly, and women and children.

14. Members of the Executive Committee commended the Subcommittee for its work, noting that most of the items examined had been directly linked to the original functions of the SPP: planning and programming. The importance of results-based management was highlighted, as was the importance of broad participation by Member States in the development of the Organization's long-term planning instrument, the 10-year Health Agenda for the Americas.

15. The Committee reiterated the need to make working documents for the Governing Bodies available as early as possible, and also underscored the need to curtail the length of documents in order to facilitate Member States' preparation for their discussion.

16. The Delegate of Canada, noting that he had raised the issue of voluntary contributions from WHO during the Subcommittee's deliberations, recommended that the Secretariat prepare and circulate a report each year on the proportion of such contributions coming to the Americas. He also suggested that perhaps a brief item on voluntary contributions should be added to the agenda of the Directing Council in order to make ministers of health, in particular, aware of the importance of lobbying for a larger share of WHO extrabudgetary resources for the Region.

17. The Committee took note of the report.

Report of the Working Group on Streamlining the Governance Mechanisms of PAHO (Documents CE138/5 and CE138/5, Add. I)

18. The report of the Working Group was presented by Mr. Nick Previsich (Canada, Chairman of the Working Group on Streamlining the Governance Mechanisms of

PAHO), who reviewed the Group's terms of reference and work methodology and summarized the deliberations and the recommendations that had emerged from its two meetings and one "virtual meeting" with regard to the following topics: reform and simplification of the Subcommittee on Planning and Programming and the creation of a new Subcommittee on Program, Budget, and Administration; the functioning of the Standing Committee on NGOs in Official Relations with PAHO; the abolishment of the Subcommittee on Women, Health, and Development; the procedure for election of the Director of the Pan American Sanitary Bureau; and amendments to the Rules of Procedure of the Governing Bodies.

19. Mr. Previsich expressed gratitude for the support that the Secretariat had provided for the activities of the Working Group, and highlighted several issues requiring further discussion by the Executive Committee, including the following: ensuring broad geographic representation in the composition of the proposed Subcommittee on Program, Budget, and Administration (SBPA); details of the procedures for the question-and-answer period during the proposed open forum for PASB Director candidates; modalities for an oversight mechanism for the use of discretionary funds during the six months prior to and the six months after elections; and job descriptions or terms of reference for the Deputy Director and the Assistant Director. He concluded by noting that additional documentation was available should any Member State wish more information on any of the issues considered by the Working Group.

20. The Executive Committee thanked the Working Group for its hard work and commended the Chairman for his skill in guiding the Group's deliberations. It was agreed that the various issues addressed by the Working Group and its recommendations on those issues, as expressed in the four proposed resolutions submitted to the Committee, would be discussed separately.

Establishment of the Subcommittee on Program, Budget, and Administration

21. The Executive Committee agreed with the Working Group's recommendation that the present Subcommittee on Planning and Programming (SPP) should be dissolved and that a new Subcommittee on Program, Budget, and Administration, with functions similar to those of the WHO Program, Budget, and Administration Committee (PBAC), should be created. The Committee also agreed with the proposed terms of reference for the new Subcommittee.

22. With regard to the composition of the Subcommittee, Members stressed the need to ensure a balanced and adequate geographic representation of Member States. The Committee discussed the advisability of putting in place a system that would guarantee a certain number of members from each subregion, but ultimately concluded that it would be possible to achieve fair geographic representation through the procedure proposed by the Working Group: election of four members by the Executive Committee for terms of

office running concurrently with those of their membership on the Executive Committee and designation of three members by the Director in consultation with the President of the Executive Committee before each session of the Subcommittee.

23. Concerning the frequency of the Subcommittee's meetings, it was agreed that the new SBPA should meet at least once a year on dates to be decided by the Executive Committee, with the first session to be held in March 2007. It was emphasized that, in setting the dates, the Committee should consider when the Subcommittee's input on program, budget, and administrative matters would be most useful to the Secretariat. It was also agreed that the Executive Committee should have the flexibility to convene additional sessions of the Subcommittee as needed, particularly in the years when the program budget of the Organization was being considered.

24. Finally, the Committee agreed with the Working Group's recommendation that the new Subcommittee should take over the functions currently performed by the Standing Committee on Nongovernmental Organizations in Official Relations with PAHO, as a means of strengthening PAHO's relations with NGOs and ensuring a more in-depth review of their contributions to the Organization's program priorities. Mr. Previsich clarified that it was not necessary to adopt a resolution dissolving the Standing Committee because it was not a formally established committee.

25. The Committee's decisions with regard to the abolishment of the Subcommittee on Planning and Programming and the establishment of the Subcommittee on Program, Budget, and Administration are reflected in Resolution CE138.R12.

Abolishment of the Subcommittee on Women, Health, and Development

26. The Executive Committee agreed with the Working Group's recommendation that the Subcommittee on Women, Health, and Development should be dissolved, but stressed that the issue of gender equality should continue to be discussed by the Governing Bodies and should be mainstreamed in all aspects of the Organization's work. The Committee also agreed that a technical advisory group composed of experts from the Region on women, health, and development should be formed to ensure that gender equality remained a policy and programmatic focus for the Organization.

27. The Committee adopted Resolution CE138.R13, dissolving the Subcommittee on Women, Health, and Development, and calling on the Director to set up the recommended advisory group and to ensure continued attention to gender issues in the work of the Organization and in the discussions of the Governing Bodies.

Procedure for the Election of the Director of the Pan American Sanitary Bureau

28. Regarding the proposed nominating criteria for candidates, Mr. Previsich clarified that they were strictly voluntary. Countries were not required to apply them in nominating a candidate; however the Working Group felt that they reflected the qualities

that candidates for the Directorship of the Bureau should have. The Committee agreed with the nominating criteria proposed by the Working Group.

29. With respect to the presentation of nominations, the Committee agreed that each Member State, Participating State, or Associate Member should be entitled to nominate only one candidate and that candidates must be nationals of a country in the Region; however, a candidate need not necessarily be a national of the nominating State.

30. Concerning the candidates' forum, the Committee agreed with the Working Group's view that the forum should be a discussion between representatives of Member States and individual candidates, not a debate between candidates, which had the potential to be very divisive. The Committee also agreed with the Working Group's other recommendations in regard to format, logistics, and financing of candidates' participation in the forum.

31. The Committee agreed with most of the Working Group's recommendations concerning internal candidates (i.e., an incumbent Director seeking reelection and candidates who are current staff members of PAHO or WHO); however, the Committee did not reach consensus with regard to the proposal that all internal candidates should be required to take a leave of absence prior to the election. The Delegates of Argentina, Chile, Costa Rica, Cuba, Panama, and Venezuela were of the view that the requirement of a leave of absence should not apply to an incumbent Director seeking reelection. They felt that a leave of absence, one of the purposes of which would be to give internal candidates the opportunity to campaign and make their positions known to Member States, was not necessary for an incumbent Director, who was already well known in the Region. Moreover, they considered that an incumbent Director should remain in office and continue to fulfill the duties and functions that he/she had been elected to perform. Those views were also supported by the Observers for Brazil and Paraguay.

32. The Delegates of Barbados, and Canada, supported by the Observers for Mexico and the United States of America, considered that to ensure transparency and fairness, it was essential that the requirement of a leave of absence apply to all internal candidates, including an incumbent Director seeking reelection. They noted that that had been the consensus reached within the Working Group, and they regretted that some Member States had now changed their position on the issue.¹ They also noted that the Working Group's recommendation on leave of absence for all internal candidates was consistent with the recently agreed-upon procedures for the election of the DG position for WHO through Resolution EB118.R2, dated 30 May 2006.

¹ The Delegate from Antigua and Barbuda had spoken in favor of leave of absence during the earlier discussion, but had not been able to attend the session at the time the final resolution was considered.

33. The Delegates of Barbados and Canada said that they would not stand in the way of the Executive Committee's adoption of the proposed resolution on this matter, but that they did wish their objection to the provision exempting an incumbent Director from a leave of absence to be noted in the record.

34. The Executive Committee agreed that internal candidates who took a leave of absence should first be placed on annual leave until such leave had been exhausted, and thereafter that they should be entitled to leave with pay.

35. With regard to post-election measures, the Executive Committee agreed with the recommendation that delegates from Member States, Participating States, or Associate Members who had participated in the election should not be employed or contracted by the Organization for a certain period following the election; however, the Committee felt that the period proposed by the Working Group—six months—was too short. It was agreed that the period would be extended to one year. The Committee also felt that an oversight mechanism should be put in place to enable the Executive Committee to monitor appointments of temporary staff following an election in order to ensure that no favoritism was being shown to individuals who might have helped the Director to get elected. It was agreed that the Secretariat would be required to submit a report on such appointments to the President of the Executive Committee every three months for a period of one year following the election of the Director. The Committee also considered that it should be kept apprised of the use of the Country Variable Allocation and the Regional Director's Development Fund during an election period, and agreed that the Secretariat would be required to submit a report on all funding authorizations from such funds to the President of the Executive Committee every three months for a period of six months prior to and one year following the election of the Director.

36. The Committee agreed with the proposals put forward by the Working Group with regard to rule 55 of the Rules of Procedure of the Directing Council and rule 56 of the Rules of Procedure of the Pan American Sanitary Conference. The Committee also agreed with the Working Group's recommendation concerning election of the Director by secret ballot, in conformity with the Constitution of PAHO and the Rules of Procedure of the Conference.

37. The Executive Committee adopted Resolution CE138.R20 on the process for the election of the Director of the Pan American Sanitary Bureau, noting the reservations of Barbados and Canada with respect to operative paragraph 4.5.

Improvement of the Rules of Procedure of the Directing Council

38. The Executive Committee endorsed the amendments to the Rules of Procedure of the Directing Council proposed by the Working Group. With regard to the length of documents submitted to the Governing Bodies, the Committee did not feel that it was appropriate to set a page limit, but emphasized that working documents should be concise

and that if the Secretariat considered that additional information should be presented, it should be attached as an annex to the working document.

39. The Committee adopted Resolution CE138.R22, recommending that the Directing Council approve the proposed amendments to its Rules of Procedure.

40. On the matter of post descriptions for the Deputy Director and the Assistant Director, the Director explained that unclassified posts did not have a post description because the functions associated with those posts often changed when there were changes in the rules and regulations governing the Organization or in its structure. She proposed that, in lieu of formal post descriptions, the Secretariat could draw up a list of the functions and the desired qualifications for those posts. The Executive Committee agreed with that proposal.

Report of the Award Committee of the PAHO Award for Administration, 2006 (Documents CE138/7 and CE138/7, Add. I)

41. Mr. Carlos Valerio Monge (Costa Rica) reported that the Award Committee of the PAHO Award for Administration, 2006, consisting of the representatives of Antigua and Barbuda, Chile, and Costa Rica, had met on 23 June 2006. After careful examination of the documentation on the candidates nominated by Member States, the Committee had decided to confer the award on Dr. Adolfo Horacio Chorny, of Brazil, for his contributions to development and innovation in the areas of planning, management, and financing of health systems and services at the national and international levels, including his contribution to the development of leadership in public health and health policies through several generations of managers and decision-makers.

42. He also reported that the Award Committee considered that the current version of the criteria for the selection of candidates needed to be adapted to the new conditions influencing the health field as well as the terminology currently utilized. The objective of the award should be to recognize excellence in the management of health systems and services at the national, regional, and international levels, with contributions in the academic and research fields, although relevant, being of secondary importance. The Award Committee therefore recommended that the Executive Committee request the Secretariat to prepare a new version of the conditions and procedures for evaluating the candidates' merits, with an explicit mention that there should be only one candidacy for each Member State.

43. The Executive Committee adopted Resolution CE138.R23, endorsing the decision of the Award Committee.

Report of the Standing Committee on Nongovernmental Organizations (Documents CE138/8 and CE138/8, Add. I)

44. Ms. Antoinette Williams (Barbados) reported that the Standing Committee on Nongovernmental Organizations (NGOs), composed of the representatives of Barbados, Costa Rica, and Panama, had not received any application submitted by the Director in accordance with the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations for admittance of an NGO into official relations with PAHO.

45. The Standing Committee had, however, examined documentation on two NGOs whose status as organizations in official relations with PAHO was due for review: Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and National Alliance for Hispanic Health.

46. 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 NGOs and PAHO, the Standing Committee had decided to recommend to the Executive Committee that it authorize continuation of official relations with the Latin American Confederation of Clinical Biochemistry and the National Alliance for Hispanic Health for a period of four years.

47. The Committee endorsed the recommendations of the Standing Committee, adopting Resolution CE138.R16.

Program Policy Matters

Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008–2017, and Proposed Health Agenda for the Americas, 2008-2017 (Documents CE138/9 and CE138/INF/5)

48. The President said that this item would be considered in two parts. The Committee would first discuss the proposed Health Agenda for the Americas, 2008-2017, which would form the basis for the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012. The Committee would then examine the proposed methodology for formulating the Strategic Plan.

Proposed Health Agenda for the Americas, 2008-2017

49. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that, as a follow-up to the discussions regarding the Health Agenda for the Americas during the 40th Session of the SPP, the President of the Executive Committee had called a special meeting of the Members of the Executive Committee, as well as Members of the SPP that were not part of the Executive Committee. Those Member States had met on Sunday, 18 June 2006, at PAHO

Headquarters. The full report on the outcome of that meeting (Report of the Ad Hoc Consultative Group on the Health Agenda for the Americas, Document CE138/INF/5) had been distributed to the Executive Committee and would be posted on the Organization's website.

50. The Ad Hoc Consultative Group had made the following recommendations, which the Executive Committee was asked to endorse:

- Recommendation #1: A Working Group should be established immediately to carry out development of an initial draft of the Health Agenda. The seven Member States proposed as members of the Working Group are: Antigua and Barbuda, Argentina, Canada, Chile, Cuba, Panama (as President of the Working Group), and United States of America. Details regarding the terms of reference and work plan for the Working Group appeared in Annex 3 of Document CE138/INF/5.
- Recommendation #2: At key points in the development of the draft Health Agenda, the Working Group should consult with an Advisory Group composed of all members of the SPP and the Executive Committee, plus five external organizations working in the area of health, to be selected in due course by the Working Group.
- Recommendation #3: The initial product of the Working Group, a draft Health Agenda for the Americas, 2008-2017, should be submitted for consideration by the 139th Session of the Executive Committee in September 2006.
- Recommendation #4: The Secretariat should be requested to provide all necessary support to the Working Group to ensure that it is able to carry out its work in a timely and complete manner.
- Recommendation #5: This information, including the Report of the Ad Hoc Consultative Group, should be provided to the 47th Directing Council in September 2006 on an informational basis, together with other relevant documents regarding the Health Agenda for the Americas.

51. In the discussion that followed, it was pointed out that the approach to planning and programming proposed in Document CE138/9 was consistent with the principles of results-based management (RBM) and that formulation of the Health Agenda for the Americas and the Strategic Plan would be an important step in the ongoing process of implementing RBM in the Organization.

52. The Executive Committee endorsed the recommendations of the Ad Hoc Consultative Group, adopting Resolution CE138.R19.

Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008–2012

53. Dr. Dullak Peña said that the SPP had endorsed the methodology for formulation of the Strategic Plan as it had been presented in March 2006 (in Document SPP40/3). He noted that, as had been clarified for the SPP, the PASB Strategic Plan would define the Secretariat's response to the goals defined by Member States in the Health Agenda for the Americas.

54. As further clarification to the information contained in Document CE138/9, he offered the following information:

- The Strategic Plan would lay out, specifically and exclusively, the work of the Pan American Sanitary Bureau.
- The development of the Strategic Plan was expected to commence only after an initial draft of the Health Agenda had been completed (in August 2006). The Strategic Plan would cover the five-year period from 2008 to 2012, which was one half the period covered by the Health Agenda.
- The Strategic Plan would be submitted for consideration by the SPP (or its replacement, the Subcommittee on Program, Budget, and Administration) early in 2007. It would then be examined by the Executive Committee in June, and would be submitted for final approval by the Pan American Sanitary Conference in September 2007.
- The Secretariat would submit a revised methodology for the formulation of the Strategic Plan to the 47th Directing Council in September 2006, including mechanisms to ensure broad input from and consultation with Member States.

55. The Executive Committee adopted Resolution CE138.R21, recommending that the Directing Council approve the methodology for development of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012.

Performance Assessment Report of the Biennial Program Budget of the Pan American Health Organization, 2004–2005 (Document CE138/10 and Corrig.)

56. Dr. Daniel Gutierrez (Area Manager, Planning, Program Budget, and Project Support, PAHO) introduced Document CE138/10, noting that it was the first such report ever to be submitted as a working document to the Governing Bodies. The document reported on the extent to which the objectives set out in the 2004-2005 PAHO/WHO Program Budget had been achieved. As such, it represented the final part of the Secretariat's commitment to Member States for the 2004-2005 biennium: a post-

implementation report on achievements. The report included an overall analysis and an analysis for each area of work.

57. Summarizing the findings presented in the report, he said that 66.8% of the 554 indicators identified in the 2004-2005 Program Budget had been fully achieved, 28.2% had been partially achieved, and 5.1% had not been achieved at all. As concerned the distribution of the 210 expected results by achievement level, 118 had been 75% to 100% achieved, 55 had been 50% to 74% achieved, and 37 had been achieved to a lesser extent. With regard to expenditures effected in comparison with budget allocations approved, for the regular budget the amounts were about the same. In the case of extrabudgetary funds, however, expenditures had substantially exceeded the budgeted allocations. That was because the 2004-2005 budget had reflected only assured extrabudgetary funds. However, the Organization had actually received \$134 million² in voluntary contributions, as against the budgeted amount of \$57 million. As a result, while the approved budget had been approximately \$317 million, expenditures had totaled about \$382.5 million.

58. The Executive Committee welcomed the report. Members thought that it provided a reasonably good overview of the expected results, achievements, and lessons learned from the 2004-2005 biennial program budget. It was recognized that the report represented an attempt to apply results-based budgeting and management, and the effort to link regular and extrabudgetary allocations with stated objectives in each area of work was applauded. Delegates noted that the report pointed up the need to clearly articulate expected results and indicators right from the start, as it was difficult to measure the achievement of results that were stated in an overly generalized or abstract manner. As had been pointed out during the 40th Session of the Subcommittee on Planning and Programming in March 2006, setting clear expected results was also the crucial first step in successful results-based management.

59. Delegates considered the lessons learned in the report to be particularly useful and were pleased to note that those lessons were already being applied in the current 2006-2007 biennium. It was suggested that it would also be useful, for purposes of future programming, to include an analysis of the obstacles that had impeded the achievement of expected results in some areas. The Secretariat was encouraged to involve countries in future end-of-biennium performance evaluations, as their perspectives could help to enrich the analysis of results, especially from the qualitative standpoint.

60. The Observer for the United States of America said that her delegation would be submitting some specific written comments on the report.

61. Dr. Gutierrez thanked the delegates for their comments and suggestions on the report, which the Secretariat would certainly bear in mind in revising the document for

² Unless otherwise indicated, all currency figures in this report are expressed in United States dollars.

the Directing Council. In particular, the Secretariat would endeavor to include a list of the factors and obstacles that had hindered achievement of objectives in some areas.

62. The Director wished to remind the Committee that the way in which voluntary contributions/extrabudgetary funds were presented in the budget had changed in 2006-2007. Whereas prior budgets had shown only guaranteed resources, the current budget included the entire amount needed for a particular activity, including any unfunded portions. That change in methodology had facilitated the mobilization of voluntary contributions. It would also make it easier for the Secretariat to show, at the end of the biennium, to what extent expected results had not been achieved owing to failure to mobilize the necessary resources.

63. The Executive Committee took note of the report, but did not consider it necessary to adopt a resolution on this item.

Regional Strategy for Sustaining National Immunization Programs in the Americas (Document CE138/11)

64. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO) introduced Document CE138/11, highlighting past achievements in relation to immunization and the control and elimination of vaccine-preventable diseases in the Region, the framework for PAHO technical cooperation with Member States in regard to immunization, current technical and programmatic challenges, and the strategic vision for future work in this area. The strategic vision included five components: elimination of rubella and congenital rubella syndrome; achievement of at least 95% immunization coverage for all routine vaccines in all districts; introduction of new vaccines, such as those against rotavirus, pneumococcus, seasonal influenza, and human papillomavirus; transition from childhood to family immunization; and broadening of country participation in the Revolving Fund for Vaccine Procurement in order to achieve greater equity and ensure the Fund's sustainability. She emphasized that PAHO's efforts were framed by the Millennium Development Goals relating to reduction of child mortality and the WHO Global Immunization Vision and Strategies (GIVS) guidelines.

65. Dr. Tambini concluded her remarks by describing a five-year initiative currently under way: Pro-Vac, the aim of which was to strengthen national capacity for evidence-based decision-making with regard to immunization. The initiative had three components: tools for economic analysis of the costs and benefits of introducing new vaccines, regional workshops for analyzing the economic information available and making recommendations concerning policy decisions, and ongoing support to countries through distance learning utilizing various technologies.

66. The Executive Committee was asked to endorse the five components of the strategic vision.

67. The Committee applauded the successes of the past and underscored the need to achieve and maintain high immunization coverage throughout the Region in order to protect those successes—particularly regional polio eradication and measles elimination—and to achieve new ones, such as the elimination of rubella and congenital rubella syndrome. PAHO was encouraged to continue to give its immunization program the priority and visibility it deserved. The Organization was also urged to take whatever steps were necessary to secure the long-term viability of the Revolving Fund, which was seen as crucial to ensuring the availability of affordable high-quality vaccines for all countries.

68. It was considered essential for Member States, especially the larger countries in the Region, to continue to support the Revolving Fund in order to ensure that poorer countries had access to vaccines. In that regard, it was felt that it would be useful if the Secretariat would provide more information on the use of the Revolving Fund and on the challenges of sustaining it, which would help Member States to understand more fully the issues involved. Such information would also help countries that were not currently participating in the Fund to appraise the relative advantages of doing so. It was also suggested that PAHO should make information on funding needs identified by the Technical Advisory Group (TAG) on Vaccine-preventable Diseases more widely available so that other Member States could determine how they might best be of assistance.

69. The Committee also stressed the need to maintain high-level political commitment, up-to-date immunization legislation, and adequate and sustainable financing for immunization programs at country level. Delegates described recent initiatives in their countries to strengthen and expand their national immunization programs and boost immunization coverage. Several mentioned their countries' participation in Vaccination Week in the Americas, for which strong support was expressed. The importance of partnerships between national immunization programs and organizations at the international, national, and local levels was highlighted. The need to maintain and strengthen epidemiological surveillance, in order to ensure prompt detection and investigation of vaccine-preventable disease outbreaks, was also emphasized.

70. The Committee endorsed the transition to family immunization and reaffirmed its support for the goal of eliminating rubella and congenital rubella syndrome by 2010. It was suggested that the Secretariat should present a report to the Executive Committee in 2007 on progress towards that goal, including information on any resource gaps. The Committee also welcomed PAHO's efforts to assist countries in utilizing economic analysis to make decisions about the introduction of new vaccines such as the human papillomavirus (HPV) vaccine, and several delegates indicated that they had already taken part in PAHO-sponsored workshops for that purpose.

71. The Delegate of Antigua and Barbuda and the Delegate of Barbados, noting that the Caribbean subregion would host the Cricket World Cup in 2007, sought PAHO's

support in protecting the Caribbean countries from the reintroduction of polio and other diseases as a result of the large influx of visitors from regions where those diseases remained a problem. It was suggested that a representative from PAHO should perhaps sit on the committee that had been formed by the Caribbean health ministers to oversee health and disaster management in connection with the cricket tournament.

72. As part of the revision of Document CE138/11 for the Directing Council, the Secretariat was asked to include information on the human and financial resources allocated to immunization activities under the current PAHO/WHO program budget, together with information on immunization coverage among indigenous populations and the challenges involved in raising that coverage.

73. Dr. Tambini emphasized that the successes of the previous 25 years had been the result of strengthening of national immunization programs, with support from the regional program and from various partners, which had demonstrated the effectiveness of that model of technical cooperation. The Committee's discussion had highlighted several important lessons learned from the regional immunization program. One was the importance of social participation and of creating a culture of vaccination, disease prevention, and health promotion. Another was the importance of immunization legislation. Achieving the enactment of such legislation in the countries of the Region had meant working with congressional health committees, which had given greater visibility to immunization programs and helped garner support for increased spending on public health in general. A third lesson was the need for strong political commitment, translated into national investment in immunization activities. The use of solid economic data in dialogues with ministers of finance had helped to make the case for increased investment in immunization. All of those lessons could be applied to good effect in other areas of public health.

74. The Technical Advisory Group on Vaccine-preventable Diseases, to which the Committee had alluded, was another success of the regional immunization program. For the past 25 years, the TAG had been supporting the program, assessing the development of national immunization programs; identifying opportunities, challenges, and needs; and making recommendations. She wished to thank the Member States whose national immunization experts had served on the TAG. The interagency coordination committees that existed at national and regional level had been another important source of support for the program. They made it possible to identify bottlenecks and resource gaps and to coordinate the efforts of the various partners in addressing them. In the case of Guatemala, which the Committee had also mentioned, the country interagency coordinating committee had met recently and identified a financial gap of \$2 million, which would hinder Guatemala from carry out its rubella vaccination campaign. An appeal had therefore been issued to the international community to mobilize the \$2 million, with which it would be possible to interrupt the circulation of rubella virus in all of Central America.

75. Concerning the Cricket World Cup, she assured the Committee that PAHO would work through its subregional offices to ensure very high immunization coverage in the Caribbean, especially for measles, given that outbreaks had occurred recently in Europe. The Organization would also work with the Caribbean countries to develop a specific strategy for addressing the potential threats posed by the presence of visitors from other regions. She pointed out that Vaccination Week in the Americas would afford a great opportunity to boost immunization coverage in preparation for the Cricket Cup.

76. She had taken note of the Committee's requests with regard to the document and would ensure that the revised version included information on resources being devoted to immunization activities and on immunization coverage in indigenous populations. Some very specific goals for vaccination of indigenous populations in Central America and the Andean Area had been set for Vaccination Week in the Americas in 2002, and the Secretariat would include information on the results obtained in the document to be prepared for the Directing Council.

77. Mr. John Fitzsimmons (Technical Officer, Family and Community Health, PAHO) responding to the comments on the Revolving Fund, said that to strengthen the Fund and ensure its sustainability, the Secretariat was pursuing three strategic lines of work. First, it was looking for ways to make the supply chain more efficient and realize additional cost savings for the countries that used the Fund. Second, it was forging strategic partnerships with countries that were not currently purchasing vaccines through the Revolving Fund in order to mobilize additional supplies of vaccine, particularly seasonal influenza vaccine. Third, the Secretariat was exploring options for increasing the Fund's capitalization, which was far below the current level of expenditure and was insufficient to cover purchases of even the vaccines currently in use. The introduction of costly new vaccines would further accentuate the problem.

78. The Director observed that the Revolving Fund had served as an important mechanism for dialogue with the pharmaceutical industry. The relationship had been of mutual benefit for the companies registered as suppliers for the Fund, which had been assured regular orders of large quantities of vaccine, and for Member States, which had been able to purchase vaccines at favorable prices. However, as Mr. Fitzsimmons had said, with the present volume of transactions, the Fund needed a larger capitalization. In her view, the time had come to look at the possibility of raising a one-time infusion of capital through voluntary contributions in order to increase the Fund's capitalization in preparation for the introduction of new vaccines and in order to enable the smaller and poorer countries of the Region to continue purchasing vaccines without being obliged to prepay.

79. She felt that one of the major successes of the immunization program, in addition to the prevention and elimination of diseases, was the reduction in the time required for the introduction of new vaccines. The majority of children in the Americas now had access to new vaccines within three or four years of their approval. That was a source of

great pride. Nevertheless, as the Region contemplated the introduction of new vaccines to protect children against infectious agents such as rotavirus and pneumococcus, there were some children who were still not being fully immunized against the basic childhood illnesses, as evidenced by the fact that cases of diphtheria continued to occur even in countries with well-developed immunization programs. It was therefore essential to address the unfinished agenda in the area of immunization.

80. Regarding the Cricket World Cup, she said that PAHO had a presence in the medical directorate for the tournament. In addition, through the Caribbean Coordination Office, the Caribbean Epidemiology Center (CAREC), and the Area of Emergency Preparedness and Disaster Relief within the Secretariat, the Organization was also assisting the countries of the Caribbean in preparing for the World Cup, particularly with regard to epidemiological surveillance, risk identification, and emergency response plans, not only in relation to vaccine-preventable diseases, but also avian influenza and food safety. PAHO teams were also helping governments with planning for disaster preparedness and management of mass emergencies or catastrophes that might occur in stadiums or in ports or airports, and they were working to ensure the availability of tertiary emergency services should they be needed.

81. The Executive Committee adopted Resolution CE138.R4 on this item.

Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration (Document CE138/12)

82. Dr. Yehuda Benguigui (Unit Chief, Child and Adolescent Health, PAHO) introduced Document CE138/12, the aim of which was to draw attention to the neglected problem of neonatal mortality and to the urgent need to address it. He pointed out that, while great strides had been made in reducing infant and under-5 child mortality, neonatal mortality rates had remained virtually unchanged since 1995.

83. PAHO believed that it was essential to take action in several priority areas in order to reduce neonatal deaths and achieve the Millennium Development Goal targets relating to child mortality. First and foremost, it was critical to raise the visibility of the problem. Doing so would mean prioritizing neonatal health, which would require strong political commitment at the highest levels. It was also essential to strengthen health systems, ensure universal access to care, and provide a continuum of care in the context of maternal, neonatal, and child health services, in order to avoid missed opportunities to prevent the death of newborns. Other priority areas of action were identified in the document.

84. The Executive Committee applauded PAHO's initiative to elevate the priority accorded to neonatal health on national health agendas and endorsed the proposed actions to address the problem. The Committee agreed that the majority of maternal and perinatal or neonatal deaths were preventable and that, consequently, it was fundamentally

important to provide appropriate protection during pregnancy and in the first months of life, through interventions of proven effectiveness, high impact, and low cost, such as regular prenatal checkups, skilled attention at delivery, and extended breastfeeding. Member States were encouraged to increase their commitment to implement those types of interventions in a flexible and innovative manner, with the involvement of key stakeholders, including donors and NGOs, at country level. Such a commitment was viewed as essential if the Region was to achieve the Millennium Development Goals, particularly goal 4.

85. Several delegates described initiatives in their countries to improve maternal, child, and newborn health and to increase access to services. The value of sharing experiences was highlighted—particularly between countries that had been successful in lowering neonatal death rates and countries whose rates remained relatively high—and several delegates expressed willingness to provide training materials and other information to assist other countries in improving newborn health. It was suggested that the Latin American Center for Perinatology might assist in coordinating such exchanges.

86. It was stressed, nevertheless, that countries needed to develop differentiated strategies, tailored to their respective epidemiological profiles and levels of neonatal and infant mortality. It was also emphasized that the neonatal component of the Integrated Management of Childhood Illness (IMCI) guidelines needed to be adapted to local realities.

87. The Committee agreed with the stress laid in the document on the importance of vital registration statistics and appropriate tracking systems. Implementation of birth registration alone could have a significant effect not only on improving monitoring and evaluation but also, over the longer term, on a number of other key children's issues such as violence, trafficking, abduction, and access to health services. It was suggested that gestational age should be included as an essential variable for understanding neonatal death. It was also suggested that monitoring and evaluation systems should be developed to track both the progress of countries in improving neonatal health outcomes and also the effectiveness of the PAHO Secretariat's neonatal health programs.

88. It was pointed out that traditional analysis of maternal and infant mortality was restricted to the quantitative analysis of cases. Such a "passive monitoring" approach was considered inadequate for developing strategies suitable for improving the performance of health services. Several delegates stressed the importance of "active" epidemiological monitoring of maternal and infant mortality, which would make it possible to undertake qualitative analysis of adverse events in real time, and thereby to identify and prioritize care-related problems, so as to improve the quality of care through knowledge of the determining factors.

89. It was also pointed out that morbidity and mortality related to reproduction constituted an indicator of the health of populations, the operation of health systems, the

social standing of women, and the degree of equity within the society of each country, as well as the degree of inequity between countries. Thus reduction of mortality associated with the reproductive process could be considered as an expression of a society's commitment to the protection of human life from its very beginnings. As reproduction-related morbidity and mortality tended to occur in the most disadvantaged sectors of society, such as rural, indigenous or poor populations, efforts to improve maternal and neonatal health should go hand in hand with efforts to reduce poverty and inequity.

90. A number of specific recommendations were made with regard to Document CE138/12. It was suggested that it might benefit from a summary of the available data on newborn death rates in Latin America and the Caribbean, and an estimate of the likely costs of ensuring an effective continuum of care. With regard to care, one delegate thought that the document should recognize the aspirational nature of the concept of universal access, as there were limited data to support the idea that truly universal care could be achieved. Also, it was felt that the document could be strengthened by including a more detailed accounting of the PAHO Secretariat's programs with regard to neonatal health. In addition, some delegates considered that the document should incorporate a stronger gender perspective, particularly as gender discrimination might contribute to higher rates of neonatal mortality among girls. It was pointed out that some societies placed lesser value on girls, which might increase the risk of female infanticide and the probability that baby girls would receive lesser levels of care. It was also suggested that family violence should be included among the key risk factors that might affect neonatal outcomes. One delegate, noting that his country received large numbers of migrants from neighboring countries, including women who crossed the border in order to give birth or seek health care for their babies, suggested that the document should mention the need for policies to address the issue of migrant women's and children's health.

91. Delegates noted that the document retained the traditional approach to maternal and child health care, which tended to attach greater priority to the health and well-being of the child than to the sexual and reproductive health and rights of the mother. Several delegates felt that both the document and the proposed resolution on this item should incorporate the latter dimension. One delegate, however, thought that, as Document CE138/12 was intended to deal specifically with neonatal health, and as the topic of maternal mortality had been dealt with by the PAHO Governing Bodies in 2002, there was no need for the proposed resolution to address issues such as sexual and reproductive health or sexual and reproductive rights.

92. Dr. Benguigui observed that in recent years the Governing Bodies of the Organization had adopted a series of resolutions relating to reproductive health, maternal mortality, and child health. However, there had been no resolution dealing specifically with neonatal health. The intention of the Secretariat had therefore been to submit an informational document that would raise awareness of the urgency of addressing the high neonatal mortality in the Region. At a later stage, a strategy could be drawn up in consultation with Member States, setting out concrete interventions and cost estimates.

Obviously, as the Committee had pointed out, such a strategy would need to envisage several different scenarios, depending on the epidemiological profile and the needs of different countries.

93. There were two principal factors leading to the high neonatal mortality. The first was the low visibility of neonatal health at all levels of the health system. The second factor related to inequalities in access to skilled care, particularly at the primary health care level. In the Region of the Americas, approximately 30% of the population had no access to health services, and therefore alternative mechanisms had to be sought, such as community-based care, in order to address the persistent deficiency in the availability of maternal and neonatal health care.

94. Agreeing with the delegates who had spoken of the impossibility of separating maternal health from neonatal health, he stressed that that was precisely why the document advocated a continuum of care. The idea was to call attention to the fact that mothers, newborns, and young child were inseparable in health policy terms.

95. He thanked the delegates for their suggestions regarding the document and undertook to incorporate them into the revised version. He also thanked those countries that had expressed willingness to share their experience with others.

96. The Director affirmed that the topic of neonatal health had to be seen in the context of at least two different scenarios. In one scenario, the fundamental issue was access to care. Various initiatives were in hand around the Region to extend protection and care to mothers and newborns, such as systems of insurance for the poorest populations, and other specific programs directed towards reducing the barriers to access, notably the financial barriers. Different countries and subregions within the Region had taken different approaches, but the common goal was to facilitate access to care during pregnancy, delivery, and the puerperium and neonatal stage. The main issue in the other scenario was quality of care. Even in countries where there was no problem of access to care, the quality of the care might be variable. Naturally, those two different scenarios would require different approaches.

97. The Executive Committee adopted Resolution CE138.R10, recommending that the 47th Directing Council request the Director to prepare a regional integrated strategy and plan of action on neonatal health.

Health of the Indigenous Population of the Americas (Document CE138/13, Rev. 1, and Document CE138/13, Corrig.)

98. Dr. Hernán Montenegro (Unit Chief, Health Services Organization, PAHO), gave a presentation supported by slides, complementing Document CE138/13, Rev. 1. He noted that an evaluation of the regional Health of Indigenous Peoples Initiative, launched in 1993, in which 19 countries of the Americas had participated, had shown that despite laudable efforts and some successes, there was still little national or subregional

coordination on indigenous health issues and initiatives. Living and health conditions for many of the Region's indigenous peoples remained extremely poor. In addition, indigenous populations suffered systemic poverty and high unemployment. They also suffered high rates of illiteracy, particularly among women, lack of land and territory and an epidemiological profile with high rates of illnesses and premature death where preventable causes are predominant..

99. The disadvantaged situation of indigenous populations became even more evident when considered in light of the Millennium Development Goals (MDGs). The lack of progress and the inequalities in meeting the MDGs could be clearly seen when indigenous populations were compared with non-indigenous populations. The strategies for the attainment of the MDGs did not necessarily coincide with, or were even in conflict with, the visions and cultural preferences of indigenous populations. Furthermore, there had been a lack of indigenous participation in formulating the MDGs, and indigenous populations generally knew very little about them.

100. Recognizing the urgent need to identify innovative and respectful ways of working with indigenous representatives, PAHO had undertaken an extensive consultative process with indigenous peoples, national governments, academic institutions, public health professionals, and others. That process had given rise to the four strategic lines of action for PAHO technical cooperation proposed in Document CE138/13, Rev.1, in the context of new challenge and commitments such as those expressed in the MDGs and the Second International Decade of the World's Indigenous Peoples.

101. The Executive Committee welcomed the four lines of action for improving indigenous health. Some delegates described what their Governments were doing to improve the situation of their indigenous peoples, and how those efforts related to the lines of action. Efforts were being made, in different ways in the various countries, to incorporate the intercultural approach to health, to provide training in interculturality to health personnel, and to reduce the exclusion of indigenous peoples.

102. While stressing that the primary responsibility for the health of indigenous peoples lay with the Governments of their respective countries, Members suggested that PAHO could play an important role in promoting cooperation between countries, facilitating the exchange of information and documentation on the provision of health services in an intercultural context; training health personnel to work in intercultural environments; mainstreaming an intercultural approach in health programs; and providing advisory services with regard to the legal position of indigenous medicine.

103. It was suggested that PAHO might organize a conference or forum involving all the Member States of the Region, for the purpose of exchanging experiences and knowledge on issues relating to the health of their indigenous populations. PAHO could also help Member States collect the data required to develop evidence-based policies to

improve the health of indigenous populations. It was pointed out that, in most countries, gathering data on race and ethnicity, especially for indigenous populations, was a formidable challenge, but without a reliable evidence base, cohesive lines of action would be difficult to develop.

104. It was also suggested that the second line of action, on improving knowledge and information, should make explicit reference to research into the health of indigenous peoples and the generation of health statistics. In addition, it was felt that the third line of action, on integrating an intercultural approach into the Region's national health systems, should make reference to developing and evaluating models of care that took account of countries' cultural diversity.

105. The Committee regretted that there was no reference in the document to gender as a factor relevant to the analysis of indigenous health, particularly as indigenous women, through their double condition of subordination, were much more disadvantaged than the rest of the indigenous population and than non-indigenous women. Delegates also considered that the document should address the important issue of family and gender violence, and the need to eliminate the idea of violence as a right of men over women, or of adults over children.

106. Several delegates drew attention to the issue of funding. The document made it clear that considerable additional resources would be required, and delegates sought information on how the Secretariat intended to raise them. The idea was put forward that some of the cross-cutting lines of action might draw from the budgets of parallel areas of work.

107. The Delegate of Cuba said that an essential first step in working with indigenous peoples was to gain their trust, which at present was largely absent. PAHO might act as an intermediary, helping to forge partnerships with indigenous leaders and peoples. It would then be possible to give the indigenous peoples the choice between traditional medicine or modern medicine, offering the advantages of both. At the same time, it could be beneficial to offer the benefits of traditional medicine to the non-indigenous population.

108. The Delegate of Costa Rica suggested that it would be quite a challenge to gain the trust of indigenous populations. While indigenous people did often have ideas and attitudes that were detrimental to their own health, trying to change those attitudes, rooted deep in the past, could in fact be infringing their right to self-determination, enshrined in the International Labor Organization Convention 169. A similar difficulty existed, although to a lesser extent, with regard to the recommendations of UNESCO on the protection of genetic material. It was important to bear in mind that these instruments granted indigenous peoples certain rights and protections.

109. The Observer for the United States of America questioned whether the PAHO Secretariat's comparative advantage in the development of an evidence-based strategy to address the health of indigenous peoples applied to human rights-related issues, which were mentioned several times in the lines of action. He felt that emphasis on such issues distracted from the focus on practical solutions to real health problems. He also suggested that a list of definitions, or a glossary of terminology, would be a helpful addition to the document.

110. Dr. Montenegro thanked all the delegates for their opinions and suggestions, as well as for their enthusiasm for and commitment to the issue of indigenous health. He said that the various suggestions made, such as those on gender, violence, and the inclusion of a glossary, would be incorporated into the next version of the document.

111. He welcome the idea of a forum or conclave, pointing out that PAHO might take the lead in organizing it, but other organizations would also wish to be involved, since the health of indigenous populations was a topic of wide-ranging interest in the Region. He also welcomed the reports that delegates had given of their progress and expressed the hope that Member States would continue to exchange experiences and information. Achieving greater visibility for the problems of indigenous health in the context of a regional plan was very important.

112. He certainly agreed that work on improving the health of the indigenous peoples had to be undertaken in cooperation with those peoples and their leaders. Gaining their trust, respecting their right to self-determination, and providing for their informed consent had been guiding principles for the development of the lines of action.

113. The Director drew attention to the central role that health played in several of the Millennium Development Goals. It had been said that the focus of the Millennium Declaration was the situation of the poorest people, and in the Americas the poorest tended to be the indigenous populations. Consequently, in order for the Region to be able to fulfill the essential requirements and the spirit of the Millennium Declaration, it was bound to work to improve the situation of its indigenous populations. It must not be forgotten, however, that the Region also had Afro-descendant populations, whose situation tended to be only marginally better than that of indigenous peoples. The two groups had the worst health indicators in the Americas, which, together with the other factors mentioned by Dr. Montenegro, placed them in a situation of cumulative exclusion.

114. The countries in the hemisphere had a wide range of differing experience in attempting to improve the health of their indigenous populations, and it would be very valuable to bring all that experience together, to exchange ideas on successful models of care and intervention, and to examine the lessons learned. Of overriding importance, however, was the cooperation of the indigenous peoples themselves. She welcomed the

emphasis placed on the need to work with community leaders, which had been PAHO's approach right from the start.

115. One difficulty was that the declaration of a person's ethnicity was voluntary, and indeed in several countries of the Region, census-takers were expressly prohibited from asking questions about ethnic origin. As a result, some indicators had to be guessed at, and in fact in several cases the indicator of poverty had been used as a proxy for the indicator of ethnicity.

116. On the issue of funding, she noted that it was difficult to raise funds for an initiative of this nature. The Organization generally found it easier to raise funds for vertical programs aimed at a very specific outcome, such as those to combat malaria, tuberculosis, and other diseases. Nevertheless, some donors, notably Canada, Germany, and Spain, had provided valuable assistance for PAHO's work in the area of indigenous health.

117. The Executive Committee adopted Resolution CE138.R18, recommending that the 47th Directing Council approve the proposed strategic lines of action for PAHO's technical cooperation on the health of indigenous peoples in the Americas.

Proposed 10-year Regional Plan on Oral Health (Document CE138/14)

118. Dr. Saskia Estupiñan (Regional Adviser for Oral Health, PAHO) summarized the content of Document CE138/14, highlighting the often-unrecognized importance of oral health to general health and the contribution that improvement of oral health could make to the achievement of the Millennium Development Goals. She noted that, since 1995, the Region of the Americas had seen a marked decline in the prevalence of dental caries, varying by country between 35% and 85%, but the burden of oral disease remained high by comparison with other Regions, especially among certain vulnerable population groups. That was all the more a matter for concern in that investment in dental public health programs was showing a downward trend.

119. The document outlined a strategy and plan of action to address the oral health problems in the Region. The strategy built on best-practice models that would improve access to oral health services and could significantly reduce the burden of oral disease by 2015, particularly through the use of atraumatic restorative treatment (ART). In order to achieve that objective, however, strong partnerships between private and public dental health communities would be needed.

120. The Executive Committee was requested to provide feedback on the proposed 10-year Regional Strategy and Plan of Action on Oral Health (2005-2015), as well as the operational plan and proposed budget contained in the annexes to Document CE138/14.

121. The Executive Committee expressed strong support for the proposed strategy and plan of action. Delegates noted that some countries in the Region had not made oral

health a priority, despite the persistent evidence of the relationship between oral health and general health. It was emphasized that greater investment in human and material resources was needed, particularly to improve the oral health of indigenous, poor, and disadvantaged populations. However, it was suggested that, since the services proposed in the document represented the minimum level of care, there might still be a long way to go before a significant improvement in the oral health of the Region would be observed.

122. Several delegates described the steps that had been taken to address oral health problems in their countries, and some delegates from countries that had been successful in improving the oral health of their population offered to share their experience with other interested countries. One delegate reported that in his country some medical professionals were opposed to fluoridation and had brought court cases against the Government in an attempt to stop it. Another delegate, noting that salt fluoridation was little used in his country, except in some indigenous communities, suggested that the document might benefit from some reference to indigenous populations and how they used fluoridation. It was also suggested, in relation to the risk of dental fluorosis, that the document should address the need for financial resources to enable defluoridation in areas with excessively high levels of fluoride in the public water supply.

123. The Committee welcomed the discussion in the document on the link between oral health and adverse pregnancy outcomes, but suggested that it should expand further on the link between oral health and general health, particularly with regard to diabetes and possibly also pneumonia. One delegate inquired what progress had been made in isolating the particular type of bacteria causing the linkage between oral infections and adverse pregnancy outcomes.

124. It was suggested that the document should make clear that atraumatic restorative treatment could be implemented by existing human resources in primary health care facilities, without need of special training for auxiliary personnel. It was also suggested that the document's reference to capacity-building with dental and medical institutions, government and nongovernmental agencies, and the private sector should be amplified to include academic entities that train oral health professionals, such as schools of dentistry.

125. Finally, Members sought clarification on the timeframe and associated budget for the proposed regional plan and inquired why Guatemala and Saint Lucia were not identified as being "key and priority countries," since both had a DMFT-12 (decayed/missing/filled teeth for 12-year-old children) score greater than five.

126. Dr. Estupiñan thanked the delegates for their comments and for the support expressed for the proposed regional plan. She emphasized that the best way to make progress was by integrating with and building on programs already in existence, rather than pursuing oral health in isolation. Noting that implementation of ART would not require additional human resources, she recalled that training in the technique took only 40 hours and could be given both in primary health care facilities and in schools of

dentistry. She emphasized that the training of dental professionals should place greater emphasis on prevention, stressing the more cost-effective methods.

127. Cost-effectiveness should not be confused with price, however. Some countries, for example, had opted for water fluoridation over salt fluoridation because it was less expensive. PAHO had tried to convey the message that water fluoridation was not necessarily the most cost-effective approach, particularly where water systems were not reaching the populations that most needed the benefits of fluoridation. Salt fluoridation was the ideal approach in such cases, since wherever there was a store selling salt, the vehicle for enhanced oral health would reach the population. PAHO was very ready to provide technical cooperation in that area.

128. It was to be expected that there would always be groups opposed to fluoridation, but they had never succeeded in shutting down a single fluoridation program in the Americas. The evidence for the benefits of fluoridation was simply too strong. PAHO was aware of the risks of dental fluorosis, however, and was looking into how defluoridation could be achieved in areas that had very high natural levels of fluoride in their water, possibly even with systems small enough for use in the home.

129. She thanked the delegates for their suggestions concerning the document and undertook to incorporate more information on the relationship of oral health to diabetes and pneumonia, as well as information on salt fluoridation and its effects in indigenous populations. Responding to the comments on training, she explained that PAHO was working in collaboration with dental institutions to incorporate the new technologies into the curriculum. Concerning the question on Guatemala and St. Lucia, she said that further investigation was needed into the DMFT figures given for Saint Lucia, as PAHO was not sure that they were accurate. As for the budget figures included in the document, she clarified that they referred to each of the two biennia in the period 2008-2011.

130. Replying to the query on the specific cause of adverse pregnancy outcomes, she said that while there were clinical studies on the effects of bacteria from oral infections on pregnancy, they had the drawback of having been carried out in very specific populations. What was lacking was a public health study of oral infections linked to a prenatal program. PAHO hoped to be able to organize such a study, but first a donor had to be found to provide the necessary funding.

131. The Director highlighted the importance attached in the regional plan to the existence of best practices, and to the need to expand their use. The document provided good examples of the effectiveness of the various interventions described, such as fluoridation and the suggested greater emphasis in the training of dentistry professionals. She also wished to highlight objective 2, goal 1 of the plan on the promotion of oral hygiene and oral health in schools, at both the primary and secondary levels. She stressed that the proposed 10-year Regional Plan on Oral Health supported the three health-related Millennium Development Goals.

132. The Executive Committee adopted Resolution CE138.R9, recommending that the 47th Directing Council approve the proposed 10-Year Plan on Oral Health for the Americas.

Disability: Prevention and Rehabilitation in the Context of the Enjoyment of the Highest Attainable Standard of Health and other Related Rights (Document CE138/15)

133. Dr. Camilo Alleyne (Minister of Health, Panama) was pleased to introduce the item, which the Government of Panama had proposed for inclusion on the Committee's agenda. He pointed out that the Constitution of WHO declared that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being. However, an analysis of the situation in the countries of the Region made it clear that many of the 60 million persons living with disabilities in the Americas were not fully enjoying that right. Document CE138/15 and the proposed resolution on this item recommended a series of measures aimed at preventing disabilities and improving access for persons with disabilities, including children, to health and rehabilitation services, transport and communications services, education, employment, and other elements needed to enable them to exercise their basic rights. Those recommendations reflected the keen interest of the Government of Panama—which he was certain that other Member States shared—in ensuring that persons with disabilities could attain the highest possible standard of health.

134. Dr. Armando Vásquez (Regional Adviser on Rehabilitation, PAHO) noted that the problem of disability in the Region affected more than the estimated 60 million people in the Region who were living with disabilities, because disability also had an impact on the family, friends, and others in the immediate environment of the individual concerned. Studies had shown that for every person with a disability, four to five other people were affected. Thus, as much as 25% of the total population of the Region might be affected, directly or indirectly, by disability.

135. Moreover, the figures on the prevalence of disability in the Region might not reveal the true magnitude of the problem because of inconsistencies between countries in the definition of disability and in data collection methods. Application of the recently adopted International Classification of Functioning, Disability, and Health (ICF) would make it easier to obtain comparable data and thus determine the true prevalence of disability in the Region. Indeed, as the document indicated, several studies utilizing the ICF had already been conducted in countries of the Americas. Notwithstanding the diversity of the data and methodologies used, however, it was clear that the prevalence of disability was rising.

136. PAHO, through the Regional Program on Disability Prevention and Rehabilitation, had been collaborating with Member States to prevent disability and

address the problems associated with it through various strategic approaches. Those approaches were summarized in paragraphs 38-47 of Document CE138/15.

137. Mr. Javier Vásquez (Regional Adviser on Human Rights, PAHO) outlined the various resolutions and international instruments that provided the basis for the human rights perspective presented in Document CE138/15. The two principal ones were Resolution WHA58.23, adopted by the World Health Assembly in 2005, which urged Member States to develop their knowledge base with a view to promoting and protecting the rights of persons with disabilities, and CD43.R10, adopted in 2001 by the PAHO Directing Council, which urged Member States to make efforts to develop and update legal provisions protecting the human rights of people with mental disabilities. In addition, persons with disabilities were protected by various international and regional treaties, guidelines, and standards on human rights. Those instruments were listed in the document, together with the States in the Region that had ratified them.

138. In keeping with Resolution WHA58.23, the Secretariat had considered it important to include a section in the document that would assist both Member States and the Secretariat itself in developing their knowledge of the most important sources that enshrined the basic civil, political, economic, social, and cultural rights and the fundamental freedoms of persons with disabilities. Those international instruments could provide useful guidance for the formulation and revision at national level of policies, legislation, plans, and services to benefit persons with disabilities. The information in the document was also intended to help the PAHO Secretariat and Member States to contribute more effectively to the efforts currently under way within the United Nations to draft an International Convention on the Protection and Promotion of the Rights and Dignities of Persons with Disabilities.

139. Since the year 2000, the PAHO Secretariat had been providing technical cooperation on the application of international human rights instruments in various health-related areas, and it stood ready to assist Member States in incorporating the provisions of those instruments into their national policies, programs, plans, and legislation on disability and in restructuring health and rehabilitation services for persons with disabilities.

140. The Executive Committee thanked the Government of Panama for taking the initiative to place the issue of disability on the agenda of the Governing Bodies and welcomed the document, which provided a sound conceptual framework for concrete action to improve the quality of life and uphold the rights of persons living with disabilities in the Region. Members also agreed that, as stated in the document, disability should be approached as a social responsibility, not as an individual one. In that connection, the importance of working with community organizations, particularly organizations representing persons with disabilities, and providing community-based services was highlighted. It was pointed out that organizations of persons with disabilities could be an important vehicle for political advocacy, enabling their members to stand up

for their own rights. One delegate described an initiative in his country which attempted to bring together all the various groups of persons with disabilities under a single umbrella organization in order to give them more political clout.

141. The Committee stressed that the response to disability must be a multisectoral one, extending beyond the health sector to encompass the education, labor, transport, and other sectors. At the same time, it was pointed out that the health sector had not played a particularly prominent role in addressing the issue in many countries and that the needs of persons with disabilities had not received the priority they deserved in discussions of health care delivery, insurance, and financing.

142. The Committee also emphasized that any legislation enacted to protect the rights of persons with disabilities should include strong enforcement clauses, without which it was unlikely that the laws would actually be applied. It was pointed out, for example, that while many countries in the Region had laws mandating wheelchair access to buildings, the government agencies responsible for approving building permits were not enforcing them. One delegate, noting that the various international instruments and standards concerning the rights of persons with disabilities were not at present legally binding, expressed the hope that they would soon come to be regarded as “soft law,” which would give them greater force. Another delegate pointed out that the International Convention on the Protection and Promotion of the Rights and Dignities of Persons with Disabilities, currently being negotiated at the United Nations, should ensure that disability issues had recognition in international law. She underlined that the articles of the draft convention, particularly those on health and on habilitation and rehabilitation, should inform PAHO’s strategic approaches in order to ensure continuity with that instrument. The importance of the Inter-American Convention on the Elimination of All Forms of Discrimination against People with Disabilities as a basis for national legislation was also highlighted.

143. Various delegates described legislative and other initiatives undertaken in their respective countries with a view to protecting the rights of persons with disabilities and enabling them to participate fully in education, employment, and other aspects of social and economic life. Several delegates also submitted written information.

144. The Committee made a number of specific suggestions and recommendations in regard to both the document and the proposed resolution on this item. It was suggested that the term “disability” should be more clearly defined in order to ensure a common understanding and facilitate the development of a shared regional approach. It was also pointed out that any definition of the term should recognize the evolving nature of the concept of disability, so that new or emerging disabilities would not be excluded. While the document’s emphasis on comprehensive rehabilitation was appreciated, prevention of disability was considered as important as rehabilitation, and perhaps even more so. It was therefore suggested that the proposed resolution should lay greater stress on prevention and on research to identify the causes of disability. It was also suggested that violence, especially gender-based violence, should be included among the causes mentioned in the

document and the proposed resolution. At the same time, it was pointed out that the document included longer life expectancy among the causes of disability, but while it was true that the number of disabilities might increase as the number of older persons increased, old age should not necessarily be equated with disability.

145. Regarding the strategic approaches outlined in the document, it was suggested that the first priority for PAHO should be epidemiological surveillance. In particular, PAHO should lead and coordinate the collection of data on the prevalence of disability in the Region in order to establish a baseline for the formulation of a regional approach or program. It was also considered essential to collect data on and evaluate policies, plans, programs, and legislation on disability currently in existence. To that end, it was suggested that a regional observatory on disability might be created. The Secretariat was encouraged, in a future report on the subject, to clarify the various areas in which it was currently providing technical expertise and to indicate how it planned to move forward in the future.

146. Finally, the Secretariat was asked to provide more information on the budget available for technical cooperation with regard to disability, including any resources that might be available from other areas of work, given that disability was a cross-cutting issue.

147. Dr. Armando Vásquez said that the definition of “disability” that appeared in Document CE138/15 was a generic, umbrella definition, based on the International Classification of Functioning, Disability, and Health. It encompassed three dimensions, which allowed flexibility for individual countries or organizations to establish their own definitions of the term. He agreed that it was important to avoid static definitions, which would undoubtedly have to be changed as the meaning of the term continued to evolve. In fact, he believed that the term “disability” would eventually fall into disuse and be replaced by reference to the functional status of persons.

148. He assured the Committee that the area of epidemiological surveillance was a priority for PAHO. Recently, the Organization had been working with countries to identify indicators that could be used to collect data on disability at the national level. Those indicators would also serve as input for the development of regional indicators that could be used to monitor programs and the implementation of international agreements relating to disability. That work would facilitate the Region’s contribution to the WHO global report on disability and rehabilitation, to be published in 2007, pursuant to Resolution WHA58.23.

149. Regarding the reference in the document to longer life expectancy as a cause of disability, he said that the Secretariat had not meant to imply that aging necessarily caused disability or that there was a direct correlation between old age and disability. However, it was undeniable that the loss of functionality that often accompanied the aging process could put a person at risk of suffering a disability. The Secretariat would

clarify what was meant in the revision of the document for the Directing Council. It would also provide information on technical cooperation activities carried out in recent years, including many successful examples of technical cooperation between countries.

150. Mr. Javier Vásquez, referring to the comments concerning the Inter-American Convention on the Elimination of All Forms of Discrimination against People with Disabilities and PAHO's role in its promotion, said that, at the request of the Permanent Council of the Organization of American States, PAHO was seeking to play a more active role in the Committee created by the Convention. Regarding the comments on soft law and the international recommendations and standards on disability, he said that PAHO was providing technical advisory services at Member States' request to assist them in incorporating those standards into national legislation, policies, and practices, especially in the area of mental disability. The Secretariat had also offered training workshops for health personnel to make them aware of the recommended standards for treatment of persons with mental disabilities. Concerning the draft International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, he said that the Secretariat would ensure that the next version of the document reflected the language of that instrument.

151. The Director, replying to the questions concerning the budget for disability-related activities, said that the area of disability prevention and rehabilitation services fell within the area of Health Services Delivery, as was reflected in the performance evaluation of the 2004-2005 budget (Document CE138/10). However, activities relating to disability prevention and rehabilitation were also carried out in other areas, such as ocular health and child health.

152. She noted that a growing area of work for PAHO was the provision of advice, from a public health standpoint, on issues relating to health and human rights. The OAS, for example, had recently sought the advice of the Organization, as a specialized public health agency, on cases being heard by the Inter-American Court of Human Rights that had to do with health, particularly the health of persons with physical or mental disabilities. PAHO had also assisted the United Nations Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health on several occasions.

153. Dr. Alleyne thanked the Committee for its comments and suggestions and expressed gratitude to the technical experts from the Secretariat for their recommendations. He was confident that it would be possible to arrive at a resolution that incorporated the concerns and recommendations of all Members and reflected a common vision with regard to the important issue of disability.

154. The Executive Committee adopted Resolution CE138.R11 on this item.

Health Promotion: Achievements and Lessons Learned from Ottawa to Bangkok and Future Perspectives (Documents CE138/16)

155. The President drew the attention of the Executive Committee to Document CE138/16, noting that Dr. María Teresa Cerqueira (Unit Chief, Sustainable Development and Environmental Health, PAHO) was available to respond to the Committee's comments and answer any questions on the report.

156. The Executive Committee welcomed the evaluation of the progress made and the lessons learned during the period between the Ottawa Charter in 1986 and the most recent conference on health promotion, held in Bangkok in 2005, and expressed firm support for PAHO's ongoing work in the area of health promotion. The Committee applauded the strong emphasis on social determinants of health in the report. Members agreed with PAHO's conclusion that more effort and investment were needed to address the underlying determinants and conditions that enabled people to adopt healthy behaviors or that stood in the way of their doing so. Growing inequality and inequity in health and socioeconomic conditions, both within and between countries, was seen as one of the chief barriers to better health and well-being.

157. It was suggested that PAHO should develop a strategy to support and carry on the work of the WHO Commission on Social Determinants of Health after the work of the Commission ceased in 2008. It was also suggested that countries should consider creating national commissions on social determinants of health, which would both reinforce the work of the global commission and help to strengthen countries' institutional capacity for health promotion.

158. Several delegates highlighted the importance of exchanges of experience and technical cooperation between countries. Facilitating such exchanges was seen as a valuable role for PAHO, which could assist in communication among Member States regarding successful health promotion models and ways to address difficult challenges, thus helping countries to develop national health promotion and disease prevention plans and avoid duplicating mistakes. The Organization was encouraged also to help countries develop their capacity to assess the impact and effectiveness of health promotion policies and initiatives.

159. It was suggested that PAHO might develop a database of best practices in health promotion. By increasing the availability of such data, the Organization would help to strengthen the evidence base, which would, in turn, help decision-makers to better understand the cost-effectiveness of health promotion interventions. A stronger evidence base would also provide a tool for advocacy to increase the allocation of additional resources for health promotion.

160. It was also suggested that regional and subregional events might be organized to disseminate successful experiences in the field of health promotion. One delegate suggested that such events might help to elucidate the difference between disease

prevention and health promotion mentioned in the document. Another delegate felt, however, that the dividing line would never be clear, since the two approaches had to be complementary to one another. She believed that, rather than focusing on the distinction between them, it would be more constructive to seek an integrated and holistic approach that encompassed both.

161. Several delegates described health promotion activities in their own countries, in some cases drawing attention to particular activities, programs, and initiatives that were not included among the examples cited in the document. The Delegate of Barbados mentioned a number of lessons learned from the work undertaken on health promotion in the Caribbean subregion, which might be applicable to other countries and to the work of PAHO. One was that having a written strategic plan greatly enhanced opportunities for bringing partners on board and facilitated subsequent work with them. Another was the importance of taking advantage of the wealth of community-based organizations that existed at the grassroots level in order to empower and involve individuals in improving their own health. A third was the value of capitalizing on growing media interest in health issues to expand collaboration for health promotion.

162. Another lesson mentioned by the Delegate of Barbados, which was echoed by several other delegates, was that there must be strong political leadership at the highest levels in order to facilitate the necessary intersectoral collaboration and ensure the commitment of the whole of government to health promotion. At the same time, while affirming the importance of intersectoral action, several delegates stressed the importance of acknowledging and strengthening the leadership role of ministries of health. The need to engage the private sector was also underscored. It was pointed out that businesses had a direct impact on people's health and on the factors that determined health, and they therefore had a concomitant responsibility to help safeguard health and well-being. It was felt that the document should give greater attention to the role of the private sector in promoting health.

163. It was suggested that the section of the document dealing with technical cooperation of international organizations should also mention the Ibero-American Federation of Ombudsmen (FIO) and the Inter-American Institute of Human Rights (IAIHR), both of which were working in the area of health promotion with Member States in Latin America.

164. The Delegate of Canada, noting that her country would host the 2007 World Conference on Health Promotion and Health Education of the International Union for Health Promotion and Education (IUHPE), suggested that Document CE138/16 should be examined at the conference or else should be incorporated into the background papers for it, to be published in a special edition of the IUHPE journal *Health Promotion International*.

165. The Executive Committee welcomed PAHO's intention to engage in a broader consultation to develop a future plan of action that would strengthen the institutional capacity of Member States in health promotion, mentioned in the section of the document entitled "PAHO Support and Monitoring of the Commitments in the Bangkok Charter." It was suggested, however, that PAHO might wish to wait for the release of the final report of the Commission on Social Determinants of Health in 2008 in order to incorporate its findings into the plan of action. One delegate expressed concern that the document seemed to suggest that the Bangkok Charter entailed commitments for countries, when, in fact, it did not because it had not been fully negotiated or approved by Member States.

166. It was suggested that a resolution should be prepared, proposing that the Directing Council should approve the preparation of a regional plan of action on health promotion, with a timetable for its development.

167. Dr. Cerqueira thanked the delegates for their comments, requesting that they submit their suggestions regarding the document and the work of PAHO in writing. She had been pleased and interested to hear about the health promotion action plans in the various countries. It would be important to take account of the experiences derived from those plans in the following stages of developing a regional plan. She agreed that development of a plan should take place in close parallel to the work of the WHO Commission on Social Determinants of Health. The health promotion conference in Canada might afford an opportunity for further consultation on a regional plan, as might the 11th World Congress on Public Health, to be held in August 2006 in Brazil.

168. PAHO intended to continue pursuing and deepening the training of human resources in the health sector, as well as others, in order to move forward with a wider concept of health promotion that extended beyond the areas of information, communication, and education. Those activities, while certainly important, were not sufficient to achieve the transformations that a health promotion strategy set out to achieve. Beyond informing and educating, countries needed to make the changes that were identified by their studies and evaluations.

169. With regard to the Bangkok Charter, she confirmed it did not impose commitments on Member States.

170. The Director pointed out that Document CE138/16 was a report on progress achieved and lessons learned in the implementation of the health promotion strategy. In her view, it would be difficult to draw up a resolution on the basis of a progress report. Instead, the Executive Committee might decide to take note of the report, express support for the ideas put forward in it, and recognize the necessity of establishing a process to formulate the action plan referred to in the document. The Committee might also wish to make specific recommendations regarding health promotion in the context of the Health Agenda for the Americas, 2008-2017, and the Strategic Plan for the Pan American

Sanitary Bureau, 2008-2012. A strategy for health promotion would be fundamentally important in both of those documents.

171. The Executive Committee took note of the report and endorsed the development of a regional plan of action to strengthen the institutional capacity of Member States to promote health.

Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health (Document CE138/17)

172. The President drew the Committee's attention to Documents CE138/17 and CE138/18, and announced that the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health, and the Regional Strategy and Plan of Action on Nutrition in Health and Development would be discussed consecutively, as the two were closely related. The Committee would focus first on the chronic diseases strategy.

173. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that the Subcommittee on Planning and Programming had voiced strong support for the two strategies and plans of action, applauding, in particular, their integrated and intersectoral approach. Members had felt that the two regional strategies would complement and contribute to the implementation of the WHO Global Strategy on Diet, Physical Activity, and Health and the WHO Global Strategy on the Prevention and Control of Noncommunicable Diseases, although some concern had been expressed as to whether the formulation of separate regional strategies might duplicate efforts and dilute scarce resources needed to implement the global strategies. The Subcommittee had noted the strong correlation between the two strategies and plans of action, and had stressed the need to integrate the two initiatives in order to avoid fragmentation and make the most efficient use of resources. The Subcommittee had also felt that the linkage between the two should be made more explicit in the respective documents.

174. In relation specifically to the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, the Subcommittee had highlighted the need for increased emphasis on health promotion and disease prevention and had stressed that health promotion aimed at preventing chronic diseases should begin in childhood. In relation to diabetes, it had been pointed out that the strategy should also focus on the identification and treatment of pre-diabetes, as evidence had shown that early intervention could prevent pre-diabetes from becoming diabetes. The Subcommittee had emphasized the importance of early detection and intervention for all chronic diseases.

175. The Subcommittee had also noted the need for attention to mental illness, which often coexisted with chronic conditions and which, if left untreated, might lead to unhealthy behaviors, noncompliance with medical instructions, and poor prognosis in

patients with chronic disease. It had recommended that PAHO should use the WHO Mental Health Global Action Program to enhance the regional strategy on chronic diseases.

176. Dr. Carissa Etienne (Assistant Director, PASB), introducing both Document CE138/17 and Document CE138/18, said that the two strategies currently before the Committee were the result of a consultative process with key stakeholders at country level and in the community of external partners. They responded to the specific characteristics and needs of the Member States in Latin America and the Caribbean. Both strategies sought to reduce inequities in access to disease prevention and health promotion strategies and to quality health services and essential medicines. Both stressed the key role played by determinants, including both biological and social determinants, and both called for the engagement of the private sector and civil society, with strong leadership by governments. In addition, both strategies were comprehensive and holistic, and both envisaged multisectoral and multidisciplinary responses.

177. The Secretariat was approaching the two strategies from a joint platform, seeking to maximize the opportunities for synergistic action. However, the two strategies could not be merged into one. There were significant differences between them, and they would require different responses from Member States and the Secretariat. There were also differences in their target populations. While the poor were disproportionately affected by the problems that the two strategies were designed to address, the poor populations targeted by each strategy had specific and distinct characteristics.

178. The countries of Latin America and the Caribbean faced a double burden, consisting of an unfinished agenda of suboptimal nutrition and micronutrient deficiencies coupled with a growing epidemic of chronic diseases, which were now the leading cause of mortality, morbidity, and disability in the majority of countries of the Region, particularly in the Caribbean. Nutritional problems were one of the etiological factors for chronic diseases, but there were others, including biological, behavioral, and environmental risk factors. Hence, diet, physical activity, and nutrition constituted only one component of an integrated public health approach to chronic diseases.

179. She believed that the challenge facing the countries of the Region today was how to adequately address the issues of nutritional deficiencies, food security, and chronic diseases in a manner which recognized the complementarities, but which fully responded to the specific differences in etiology and epidemiology and, therefore, in the requisite interventions.

180. The Executive Committee expressed solid support for the proposed strategy and plan of action, and several Members affirmed the commitment of their Governments to implement the strategy at national level. The Committee also welcomed the improvements made in the document since its presentation to the SPP, and thanked the Secretariat for its attentiveness in incorporating the Subcommittee's comments and

suggestions. Like the Subcommittee, the Executive Committee underscored the importance of prevention and emphasized that health promotion aimed at preventing chronic diseases should begin in early childhood, which was the best time to instill healthy habits that would help protect children from chronic diseases later in life.

181. Particular support was expressed for the third objective of the proposed plan of action: “to promote social and economic conditions that address the determinants of chronic diseases and empower people to increase control over their health and adopt healthy behaviors.” It was suggested that that objective should be cross-referenced with Document CE138/16 on health promotion, which contained valuable lessons learned that should be borne in mind in pursuing that objective. At the same time, members recognized that in addition to promoting healthy lifestyles, it was necessary to address risk factors in the social, economic, and cultural environment, such as living and working conditions, access to health services and regular preventive screening, gender, violence, and environmental health. The need to strengthen the evidence base for implementation, monitoring, and evaluation of policies and programs for the prevention of chronic noncommunicable diseases was also acknowledged. In that connection, it was stressed that any policies promoted by PAHO as part of its advocacy for policy change should be evidence-based.

182. The Delegate of Canada reported that her country was co-leading with PAHO the development of a chronic noncommunicable disease policy observatory as part of the CARMEN³ initiative. The purpose of the observatory was to provide a unified, systematic framework for the formulation of policies on chronic noncommunicable diseases. Each participating country was preparing case studies on policy development. The next step would be to expand the case studies to include policy implementation and evaluation. Currently, the CARMEN policy observatory involved Brazil, Canada, and Costa Rica, but a number of other countries, including Chile, Guatemala, and Mexico, had expressed interest in participating.

183. The Committee underscored the need for Member States to commit fully to the strategy and to provide the necessary programmatic and financial support for its implementation. Members stressed the importance of translating the strategy into concrete action that would have a real impact on the lives of people living with chronic diseases. The Delegate of Antigua and Barbuda mentioned the *Milagros* (Miracles) eye care program, a joint Cuban-Venezuelan initiative, as an example of such action. Through *Milagros*, numerous people in countries of the Region, including his own, had received free surgical care to correct conditions such as cataract.

³ CARMEN stands for *conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles* (set of actions for the multifactorial reduction of noncommunicable diseases). It is the counterpart in the Americas to the CINDI (countrywide integrated noncommunicable diseases intervention) initiative in Europe.

184. The Delegate of Panama called attention to the need for the more highly developed countries of the Region to assist other countries in providing treatments for chronic-disease-related problems that they were not equipped to handle on their own, particularly surgical interventions such as transplants. He suggested that a referral and counter-referral system might be set up for that purpose.

185. With regard to the document, the Committee appreciated the inclusion of information on the human and financial resources available to implement the strategy, but requested additional clarification from the Secretariat regarding how the substantial shortfall in financial resources would be addressed. It was suggested that the document and the strategy should give greater attention to older adults. It was also suggested that the section in the document entitled “Strengthen health services for the integrated prevention and management of chronic diseases” should refer to management of patients with chronic diseases, not to the diseases themselves, since the focus of action should be people, not diseases. One delegate, noting that Figure 1 in the document identified alcohol as one of the key determinants of chronic disease, pointed out that there was some evidence to suggest that moderate consumption of alcohol in some populations could be protective against some chronic diseases. Another delegate thought that the document should place more emphasis on encouraging ratification of the Framework Convention on Tobacco Control (FCTC). He pointed out that the plan of action called on Member States to adopt tobacco control legislation consistent with the FCTC; however, that was unlikely to occur until countries had ratified the Convention.

186. The Observer for the United States of America reiterated his Government’s concern, also expressed during the 40th Session of the Subcommittee on Planning and Programming, that the strategy would duplicate the WHO Global Strategy on Diet, Physical Activity, and Health and other strategies. He also pointed out that the resolution that was cited in Document CE138/17 as providing the mandate for the development of the strategy, in fact, requested the Secretariat to provide technical cooperation to Member States for the development of an integrated approach to noncommunicable diseases. He did not think that was really a call for the development of a full-scale strategy, particularly when there were significant resource shortfalls for its implementation.

187. Dr. Etienne recalled that the document had been presented to the SPP in a rather embryonic state. Since then, the Secretariat had sought to involve Member States, the private sector, civil society, and academia in the further development of the strategy and plan of action. Consultations had been held at the subregional and national levels, and the input received from those gatherings had informed the lines of action and strategic approaches included in the current version of the document. She appreciated the Committee’s suggestions for additional refinement of the strategy and plan of action, and said that the Secretariat would see that they were incorporated into the document that went forward to the Directing Council. In particular, the Secretariat would reexamine the document with an eye to ensuring that it reflected the strong emphasis on health

promotion and disease prevention that Member States clearly wished to see, and that it addressed the situation of older adults. It would also incorporate the suggestion regarding the Framework Convention on Tobacco Control.

188. The Secretariat certainly recognized that the provision of tertiary care for chronic diseases was a challenge, particularly for the low-resource countries of the Region. She noted that the Subcommittee on Planning and Programming had examined a document on strengthening of national organ donation and transplant programs (Document SPP39/6) the previous year, and said that the Secretariat was continuing its work in that area, notably through the development of technical cooperation among countries to address the need for such tertiary care services.

189. With regard to the resource shortfall, she said that the Organization planned to mount a resource mobilization campaign. In her view, no organization would ever have sufficient resources to address the far-reaching problem of chronic diseases. Nevertheless, the Secretariat hoped that through voluntary contributions and collaboration with countries, the Region could begin to respond in an efficient and cost-effective manner to the chronic disease epidemic it faced.

190. The Director, responding to the comments concerning the mandate for the strategy, said that noncommunicable diseases were now among the primary motives for requests from Member States for PAHO technical cooperation. As was evident from the Committee's discussion, countries were particularly interested in effective interventions for preventing chronic diseases. Over the years, Member States had adopted numerous health promotion and disease prevention strategies targeting specific areas, including tobacco control, infant and young child feeding, and others. A number of countries, particularly those in the Caribbean, had repeatedly highlighted the need for an integrated approach that brought together the components of those various strategies that had proved most effective in addressing common risk factors for chronic disease. The strategy and plan of action presented in Document CE138/17 sought to respond to that need.

191. An integrated strategy was also a necessity simply because the Organization did not have the resources to respond to noncommunicable diseases in isolation. It would never have a strategy and plan of action specifically to address cancer or diabetes, for example.

192. As Dr. Etienne had said, resource mobilization for the area of chronic diseases was a difficult problem. With the growing demand from Member States for technical cooperation to address chronic diseases, PAHO had shifted a larger portion of country program resources to that area. The assignment of PAHO advisers on chronic diseases to several countries in the Region, as noted in the document, had also resulted in an increase in regular budget allocations for chronic disease prevention and control.

193. However, mobilization of external resources remained a challenge. To date, there had been relatively little attention in the donor community to chronic diseases. PAHO was receiving some funding for integrated approaches to noncommunicable diseases from Canada, Spain, and the United States of America. It had also received significant support in the past five years from the Gates Foundation, but those funds had been specifically for prevention and control of cervical cancer. The Organization had learned many lessons from that experience, which were being applied to the integrated control of chronic diseases in general. To increase the availability of funding and remedy the shortfall in resources needed to implement the strategy and plan of action, PAHO would try to tap other sources of voluntary contributions, especially in the private sector. Insurance companies were seen as one promising source because they had an obvious interest in reducing the burden of chronic diseases.

194. The Executive Committee adopted Resolution CE138.R1 on this item.

***Regional Strategy and Plan of Action on Nutrition in Health and Development
(Document CE138/18)***

195. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that, after examining an earlier version of the document on this item, the Subcommittee had applauded the strategy's recognition of the impact of health and socioeconomic disparities on nutritional status, which was congruent with WHO's work on the social determinants of health. Poverty and the erosion of purchasing power in many countries had been identified as factors that limited the population's access to a healthy diet.

196. Several delegates had endorsed the concept of the right to adequate food as a basic human right, which had been mentioned in the document presented to the Subcommittee. Indeed, some delegates had thought that the human rights perspective should be given greater emphasis. One delegate, however, had said that PAHO was not an appropriate forum to discuss human rights and had asked that the reference to food and nutrition rights be removed from the document.

197. The Executive Committee found the document greatly improved in comparison to the version that had been presented to the Subcommittee in March, and voiced support for the proposed strategy and plan of action. Members particularly appreciated the effort to link the strategy more clearly with the strategy on chronic diseases. While acknowledging the need for strong health sector leadership, the Committee stressed that implementation of the strategy would require concerted action by all sectors of government and that the effort to improve nutrition must be embraced as a cross-cutting national policy. It was suggested that countries might wish to consider setting up a multisectoral task force at the national level to coordinate implementation of the strategy. The Committee also highlighted the need to involve the private sector, particularly the

food industry, in implementing the strategy and the need to establish public-private partnerships for that purpose. The importance of engaging both public agencies and civil society organizations at local levels was underscored as well.

198. Delegates applauded the idea of working in partnerships and networks, but sought further information regarding the availability of staff to coordinate such efforts, given the breadth of the alliances and partnerships with national and international centers, organizations of the United Nations system, and others envisaged in the document. It was suggested that religious groups could be valuable partners, in addition to those mentioned in the document.

199. The Secretariat was asked to provide information on the estimated cost of maintaining the three proposed lines of action. It was emphasized that allocation of resources both for the nutrition strategy and the chronic diseases strategy must match the needs of Member States. In the case of the Caribbean countries, it was considered essential to bear in mind the burden of disease that chronic diseases represented.

200. The Committee made a number of suggestions for enhancing the strategy and plan of action. One delegate felt that there should be greater stress on the interdependence of nutritional status, control of diseases, and social development. Another delegate thought that the section in the document entitled "Situation Analysis" should contain an explicit mention of the health and nutritional status of indigenous populations. The same delegate also proposed the addition of a line of action having to do specifically with health education and health promotion campaigns, utilizing the mass media, aimed at encouraging lifestyle changes. It was also suggested that the five strategic areas should place greater emphasis on relationships with the food industry, the impact of the mass media, relationships with other organizations in the United Nations system, the establishment of rigorous legal standards for transgenic foods, nutrition during pregnancy, the role of private medicine, partnerships with sports associations and the promotion of physical exercise, and, especially, the gender perspective.

201. Several delegates described initiatives being undertaken in their countries to improve nutritional status. The Delegate of Venezuela submitted written information on activities under way in her country. She also highlighted the need to mention in the strategy the creation of new ways of measuring nutritional status, noting that Venezuela had developed a new indicator, the social well-being index, because existing instruments had not been suitable for measuring the progress achieved under the country's various food and nutrition programs.

202. Dr. Hernán Delgado (Director, Institute of Nutrition of Central America and Panama-INCAP), responding to the Committee's comments on behalf of the Secretariat, noted that, like the strategy on chronic diseases, the strategy on nutrition and development had been revised to reflect the input received from the Subcommittee on Planning and Programming and from a series of consultations at national and subregional

level, including a meeting held at INCAP in Guatemala, involving representatives of Member States, other international cooperation agencies, academia, and the private sector. The comments and suggestions of the Executive Committee would further enrich the strategy.

203. Over the years, many initiatives had been carried out and substantial resources had been invested to address food and nutrition problems in the Americas, but, despite those efforts and despite the fact that food production in the Region was amply sufficient to cover the nutritional requirements of the entire population, several countries in the Region remained at risk of not meeting the nutrition-related targets of Millennium Development Goal 1: eradicate extreme poverty and hunger. That was partly because the initiatives of the past had been highly fragmented. PAHO's strategy sought to organize all those various activities in an integrated approach in order to solve a problem that the Region clearly had the capacity and resources to eliminate.

204. With regard to the Committee's questions about resources, he pointed out that, in addition to the human resources at PAHO Headquarters, there were the staff of the two subregional centers that focused on issues related to food and nutrition, INCAP and the Caribbean Food and Nutrition Institute (CFNI). In addition, PAHO made good use of the expertise available at national level.

205. The Director added that in addition to the two regional advisers on nutrition at PAHO Headquarters, staff in a number of other areas were contributing to the Organization's work on food and nutrition problems. Significant financial resources were also available for the area of nutrition, including not only regular budget funds, but also extrabudgetary funds received by the two centers, which had been quite successful in mobilizing voluntary contributions. In addition, both centers received quota contributions from their respective Member States. She noted that international financial institutions were very favorably disposed to providing support for nutrition-related activities at present, particularly in order to enable countries to meet Millennium Development Goal 1. There was also great interest among international organizations in collaborating and aligning their cooperation in the area of nutrition. It was thus an auspicious moment to be launching the regional strategy and plan of action.

206. The Executive Committee adopted Resolution CE138.R2 on this item.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Document CE138/19 and CE138/19, Add. I)

207. Ms. Linda Kintzios (Chief, Funds Management, Analysis, and Systems, PAHO) drew the Committee's attention to document CE138/19, including its Annexes A and B, which illustrated the status and detail of receipts of contributions as of 31 December 2005 and 15 May 2006, respectively. Document CE138/19, Add. I, provided updated

information concerning receipts as of 12 June 2006. Furthermore, since that date PAHO had received additional payments of \$18,188 from Costa Rica, \$44,729 from Colombia, and \$128,486 from Argentina. The combined collection of arrears and current year assessments thus totaled \$42.9 million, representing a slight improvement in overall collections as compared to \$42.8 million in 2005, \$37.8 million in 2004, and \$30.5 million in 2003. A total of 26 Member States had made quota payments in 2006.

208. However, the collection of contributions for current year assessments amounted to only \$6.9 million, or 7%, a significant decrease as compared to 13% in 2005, 23% in 2004, and 23% in 2003. To date, income received for the trust fund “Voluntary Contributions for the Priority Programs” totaled \$11,934, and PAHO wished to thank the Member States who had made those contributions.

209. The Delegate of Argentina said that her country was committed to continuing to make payments in accordance with its agreed payment plan. Stressing the importance of voluntary contributions, Argentina urged the Secretariat to continue trying to increase this resource to build up the trust funds.

210. The Delegate of Canada expressed regret that his country’s contribution had not yet been paid in full, owing to a change of government and new financial rules and regulations, but said that it would be paid soon. With regard to voluntary contributions for the priority areas, Canada had been working closely with PAHO to provide extrabudgetary resources through the Canadian International Development Agency for the four priority areas of HIV/AIDS, pandemic preparedness, health human resources strengthening, and institutional strengthening.

211. The Director noted that Colombia had also made a contribution for 2007, joining Guatemala and Barbados, which had also made advance contributions. She expressed thanks to the United States of America, Spain, and Sweden, which had made major contributions to the Organization, taking a programmatic and multi-year approach. In the preceding week, for the first time the Spanish Parliament’s Committee for International Cooperation and Development had visited PAHO, and even more recently PAHO had been mentioned in very positive terms during budget discussions in the United States Congress. Those events reflected a growing involvement of parliaments in many countries in discussions of health within the context of the budget, often resulting in an increase of the portion of the budget allocated for health. Paraguay and Ecuador were examples of countries whose health budget had recently been increased from a very low level. In the parliaments of donor countries, too, there seemed to be a greater understanding of the work done by the Organization and of the benefits of international cooperation in health. That greater understanding was bearing fruit in an increased payment level, both of regular budget quota contributions and voluntary contributions.

212. Finally, she wished to clarify that the amount of \$11,934 referred to as voluntary contributions related to the provision in the resolution approving the program budget for

2006-2007 (Resolution CD46.R8), urging Member States to make a voluntary increase in their contribution to meet the needs of the 2% increase scenario described in *Official Document 317*.

213. The Executive Committee adopted Resolution CE138.R15, thanking the Member States that had already made payments for 2006 and urging the other Member States to pay all their outstanding quota assessments as soon as possible.

Financial Report of the Director and Report of the External Auditor, 2004-2005 (Official Document 323)

214. Ms. Sharon Frahler (Director of Administration a.i., PAHO) presented Official Document 323, which contained the Director's report on the financial transactions of PAHO for the period 1 January 2004 – 31 December 2005, and the 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).

215. As the report indicated, the Organization's total income from all sources had been \$799 million, an increase of \$47 million, or 6%, by comparison with the 2002-2003 biennium. Total expenditures, after eliminations, had increased by \$68 million, totaling \$786 million for the biennium. The World Health Organization had provided \$72.5 million for regular budget activities of the Region of the Americas, \$710,000 less than in the preceding biennium. On the other hand, WHO had also significantly increased its funding for extrabudgetary projects, providing \$31 million, as compared to \$13 million in the preceding biennium. However, the Regional Office of the Americas had been able to implement only \$24 million of that amount as some of the project funds had not been received until very near the end of the biennium.

216. PAHO's financial position was sound, owing in large measure to the conservative financial management of the Organization throughout the biennium. With quota payments from all Member States and the \$11.5 million in miscellaneous income, resulting mainly from earned interest, the excess of income over expenditures for the regular budget had reached \$6 million. In order to fund the purchase of information technology equipment, telephone systems, and major software applications, the Organization had transferred \$3.4 million to the Capital Equipment Fund. Thus, \$2.6 million were transferred to the Working Capital Fund which increased its balance to \$14.2 million on 31 December 2005.

217. The financial positions of CAREC and INCAP also remained strong, although the level of funds received for program activities financed by extrabudgetary arrangements had decreased for both centers during the biennium. While the financial position of CFNI had improved slightly, a deficit of \$364,000 remained in its Working Capital Fund. Its trust fund projects funded by donors and partners had increased.

218. Mr. Graham Miller (Representative of the External Auditor) presented the Report of the External Auditor on behalf of the External Auditor, Sir John Bourn, of the National Audit Office of the United Kingdom. He noted that the intent of the wholly independent external audit process was to provide Member States and the Governing Bodies with high-quality and effective observations and advice. The process thus constituted an important governance mechanism. He was happy to confirm that, following a rigorous, independent, and objective scrutiny of the accounts and operations of the Organization, the auditors had found no weaknesses or errors which might materially impact the validity of the financial statements as a whole. Thus, the external auditors were pleased to place an unqualified audit opinion on the statements for the period 1 January 2004 to 31 December 2005, for both PAHO and INCAP.

219. The financial results for the biennium revealed the Organization to be in a relatively strong financial position, although the collection rate for assessed contributions had fallen to 73% as compared to 77% in each of the previous two biennia. On the other hand, collection of prior years' contributions had increased markedly.

220. Auditors had visited PAHO Headquarters and had also made audit visits to two subregional centers, six country offices, and three regional centers. Management letters reporting on those visits had been sent to PAHO management. The financial position of the subregional centers CAREC and CFNI had improved in 2004-2005. Detailed commentary could be found in the audit report. Although the standard of financial control exercised at field offices was generally high, the auditors had separately made a number of observations and recommendations in management letters.

221. The auditors had continued to focus attention on the importance of good governance arrangements, notably with regard to internal oversight, the potential benefits of an audit committee, arrangements for managing operational risk, expected ethical conduct, and financial reporting standards. Internal oversight and internal audit activity had been significantly under-resourced at PAHO in the biennium, causing cancellation of 20 of the 36 planned reviews and reports. At the present time, both internal audit posts at PAHO Headquarters were vacant. That was a matter of increasing concern to the auditors, who urged the reinstatement of an adequate and consistent level of internal oversight as a matter of priority.

222. Audit committees were a well-established element of good governance and support for internal control and the management of risk within an organization. The United Nations system was now taking steps to improve its governance arrangements through the establishment of an independent oversight advisory committee, which PAHO might use as a model.

223. Effective management of operational risk was an important element of good governance also. It supported the achievement of an organization's objectives at acceptable cost. While the staff might be managing risk intuitively, PAHO did not

presently have a framework for the systematic management of corporate risk at a strategic level. The auditors recommended the systematic recording of risk in a risk register. The auditors also recommended that PAHO adopt the International Public Sector Accounting Standards (IPSAS), in line with the rest of the United Nations system. The IPSAS were more stringent than the United Nations System Accounting Standards (UNSAS) currently in use and would provide more effective financial reporting.

224. The auditors had conducted a thorough audit of the transfer of PAHO's mainframe computer operations from Washington to the United Nations International Computing Center in Geneva, undertaken to ensure the integrity of financial and other data. The transfer had been successfully planned, validated, and tested, and appropriate follow-up action had been taken.

225. There had been significant progress in implementing recommendations made in the External Auditor's report for 2002-2003, the special report of 2004, and the follow-up report of 2005. The Organization had implemented a new code of ethical principles and conduct, had required all staff to make declarations of interest, had appointed an ombudsperson, and had made progress in developing an integrity and conflict management system to deal with complaints and allegations. A system to record accredited short-term consultants and professionals was being developed, and such staff were being appointed on the basis of open competition.

226. The Executive Committee expressed satisfaction that the PAHO accounts had once again received an unqualified audit opinion and welcomed the progress made in complying with earlier recommendations of the External Auditor, but expressed concern as to the continuing shortcomings in internal oversight. The External Auditor's recommendation for the establishment of an audit committee was considered an interesting idea, and something to be born in mind in the context of the creation of the Subcommittee on Program, Budget, and Administration (SPBA).

227. Concerning voluntary contributions, delegates regretted that only \$24 million of the \$31 million allocated from WHO could be used and wondered whether the matter should be brought to WHO's attention. Clarification was sought as to what had happened to the unused \$7 million.

228. With regard to the potential changeover to the IPSAS, it was pointed out that a final decision to adopt the new accounting standards had not yet been made at the United Nations General Assembly, and that PAHO should not proceed with their implementation until that occurred.

229. Ms. Frahler thanked the Committee for taking note of the unqualified auditor opinion. The Organization always strove to receive such approval on its accounts, but never intended to regard it as a foregone conclusion. With regard to the recommendation to form an audit committee, the Secretariat felt that it was up to the Member States and

the Governing Bodies to determine whether the SPBA would fill that role. She noted that the Director had recently negotiated the loan from WHO of three internal auditors for the summer, to fill the gaps in PAHO's own Internal Oversight Services.

230. The matter of voluntary contributions from WHO was of great concern to PAHO. The Organization constantly sought to identify projects for joint implementation with WHO, using extrabudgetary funds, but WHO tended to delay transmitting extrabudgetary funds to the Regional Office until late in the biennium. So far in the current biennium, \$13 million had already been received from WHO, and thus the rate of disbursement was faster than in the preceding biennium. However, there simply was not enough time to implement projects if the funds were received in the closing months of the second year of a biennium. Anything that Member States could do to encourage WHO to transfer the funds earlier would be greatly appreciated.

231. She explained that the unspent funds were returned to WHO. Normally, PAHO would receive the funds back again in the next biennium, but there was then a problem of double counting: if, for example, PAHO received those \$7 million again in 2006-2007, the accounting would make it appear that PAHO was receiving an additional \$7 million rather than money to which it had already been entitled in 2004-2005.

232. With regard to the IPSAS, she understood that the Fifth Committee of the United Nations General Assembly would be approving the move to the new standards within the following two weeks, for an anticipated implementation date of 1 January 2010. PAHO intended to wait for leadership from the United Nations before making the changeover.

233. The Director agreed that internal oversight was an ongoing difficulty. The loan of the three temporary auditors from WHO for the summer would at least allow some progress to be made in the internal audit program. It was important to point out, however, that the Organization had not been completely idle with regard to its review and reporting responsibilities, as was evidenced by the evaluation reports on the Guyana country office, the HIV/AIDS program, and travel practices, among others. Additionally, all of the positions that the External Auditor had previously recommended should be created had been not only created but also filled.

234. As concerned voluntary contributions, she pointed out that WHO had created an advisory committee on the management of both regular resources and voluntary contributions, and the allocation thereof to regional offices and country programs. She was the only Regional Director on that committee.

235. In closing, she wished to pay tribute to the capability of the staff of the Organization, particularly its managers, in keeping expenditures under control, leading to the successful outcome of a \$6 million excess of income over expenditure.

236. The Executive Committee adopted Resolution CE138.R14.

Report on the Activities of the Internal Oversight Services (Document CE138/20)

237. Ms. Frahler, introducing the item, said that Mr. Kenneth Langford, Director of the WHO Office of Internal Oversight Services, had been unable to attend the meeting. However, she would be pleased to respond to any questions that the Committee might have on the report contained in Document CE138/20.

238. In the discussion that followed, Ms. Frahler was asked to update the Committee on the review of the reporting lines between the Internal Oversight teams at PAHO and WHO, mentioned in Document CE138/20. She was also asked to provide the Committee with additional information on PAHO's plans and timeline for addressing the weaknesses in internal controls identified by the audits conducted by the Office of Internal Oversight Services.

239. The Delegate of Chile informed the Committee of a process being undertaken by the Chilean Ministry of Health in collaboration with the PAHO country office in Chile with a view to maximizing the impact of PAHO technical cooperation and ensuring transparency in the use of resources. The process comprised four main components: (1) establishment of a clear institutional relationship, with clearly identified lines of communication and responsibility; (2) technical work to identify the country's health priorities and determine how PAHO cooperation would contribute to their achievement; (3) development of specific projects with identifiable products, together with the human and financial resources needed to achieve the desired outcomes; and (4) development of methodologies for monitoring and evaluation of results. The Ministry of Health was continuing to work with the country office to refine the process, but already in 2005-2006 it had yielded a number of identifiable products.

240. Ms. Frahler, responding to the questions concerning reporting lines, explained that under the current reporting system, the Senior Auditor at PAHO, who occupied a WHO-funded P5 post, reported directly to the Director of the WHO Office of Internal Oversight Services at WHO. The second level of supervision for that post was shared between the Director of PAHO and the Director-General of WHO. For the other two auditor posts at PAHO, the second level of supervision was the Director of PAHO only. In order to avoid splitting the second level of supervision for the Senior Auditor post, the PAHO Secretariat had proposed that the first level of reporting for the P5 post at PAHO should be the newly reclassified P6 auditor post at WHO Headquarters and the second level should be the Director of PAHO. There would thus be consistency in the second level of supervision for all auditor posts at PAHO. The Secretariat expected that proposal to be formally approved within the following two weeks.

241. Regarding the action being taken to address weaknesses in internal controls, the Secretariat was working continually to ensure that the Organization's resources were managed in accordance with the applicable rules. In the area of procurement, for example, where the auditors had identified several weaknesses, the Secretariat had

organized a series of training seminars for the staff responsible for procurement in the country offices to refresh their knowledge of the rules and procedures for procurement. The Secretariat would also be offering refresher training session for all finance and budget staff of the Organization at PAHO Headquarters in October 2006.

242. To improve internal controls in the country offices and the Pan American centers, and to enable the PAHO/WHO representatives and the center directors to assume full financial responsibility for their respective offices or centers, the Secretariat was engaged in a multi-step process aimed at addressing weaknesses and providing any needed training to staff, which would culminate in the yearly signing by all representatives and center directors of letters of representation—similar to the letter of certification that appeared at the beginning of the Financial Report of the Director—stating that they knew of no reason why the Director should not sign the certification of their financial statements.

243. The Director said that, in addition to the activities mentioned by Ms. Frahler, the Secretariat was constantly monitoring and adapting its accounting procedures and controls in accordance with changes in national regulations and legislation that affected the financial aspects of PAHO technical cooperation at country level—for example, controls on the entry of foreign currency, fiscal and reporting requirements for salaries of consultants and other staff, and taxes or tax exemptions applicable to procurement by the Organization in a particular country. At the same time, PAHO was learning from the measures that Member States and their ministries of health were implementing to enhance accountability and transparency at the national level.

244. The Executive Committee took note of the report, but did not consider it necessary to adopt a resolution on this item.

Amendments to the Financial Regulations (Document CE138/21)

245. Ms. Frahler explained that the purpose of the amendments to the Financial Regulations proposed in Document CE138/21 was to better align PAHO's financial regulations and thus its financial expenditures with project implementation, thereby supporting results-based management. The Organization's current Financial Regulations, which complied with the United Nations System Accounting Standards (UNSAS), required that the Organization's expenditures at the end of a financial period not only include disbursements and accounts payable as of that date, but also all pending liabilities. Such liabilities were financial commitments for personnel services, procurement of supplies, contracts, and other items which were currently in process, but would not be completed until the following financial period.

246. The proposed amendments to the Financial Regulations required that the Organization's expenditures include only the financial resources required for activities which had already been completed, or were contractually required to be completed, by the last day of a given financial period. Expenditures would thus be directly aligned with

the level of project implementation. Furthermore, the proposed changes would better position the Organization for the transition to the International Public Sector Accounting Standards (IPSAS) in January 2010. Additionally, the proposed changes would reflect the new “best practices” in financial reporting.

247. The Executive Committee endorsed the proposed revisions, considering that if the changes would improve the quality of financial reporting, and would also support results-based management, then they should be put into effect. A Member also noted that the proposed changes were closely related to the Performance Assessment Report of the Biennial Program Budget.

248. Ms. Frahler expressed appreciation for the support of the Executive Committee as PAHO moved towards the transition to the IPSAS. The United Nations had strongly encouraged agencies to start making changes already with a view to a smooth subsequent implementation of the IPSAS, and the proposed revisions were an example of such changes.

249. The Executive Committee adopted Resolution CE138.R6, recommending that the 47th Directing Council approve the proposed revisions to the Financial Regulations.

Process for the Appointment of the External Auditor (CE138/22)

250. Ms. Linda Kintzios (Chief, Funds Management, Analysis, and Systems, PAHO) introducing Document CE138/22, noted that the appointment of PAHO’s current External Auditor would expire at the completion of the audit of the 2006-2007 financial period. In consequence, the Director was submitting for the Committee’s review a proposed procedure for the appointment of the External Auditor of the Pan American Health Organization for the 2008-2009 and 2010-2011 financial periods.

251. The Executive Committee agreed with the proposed procedure. It was suggested that the documentation to be submitted to the Directing Council should include information about former external auditors and an assessment by the Director of the work they had done.

252. Ms. Kintzios explained that, while she would be pleased to provide additional information on the audits of the past, the National Audit Office of the United Kingdom had been PAHO’s External Auditor for almost 30 years. This was thus the first time in recent history that the Organization had investigated what other audit services might be available.

253. The Director clarified that the appointment of the External Auditor in the past had not been on the basis of a competition. Rather, it had been a process of renewal of the existing appointment. The proposed competitive approach had been drawn up at the request of the Member States and also to align PAHO’s practice with that of WHO.

254. Following the explanations by Ms. Kintzios and the Director, the Executive Committee concluded that the information already provided was sufficient. The Committee adopted Resolution CE138.R5, recommending that the 47th Directing Council approve the proposed process for nomination and appointment of the External Auditor by the 27th Pan American Sanitary Conference.

Process of Implementing the New Scale of Quota Assessments Based on the New OAS Scale (CE138/23, Rev. 1)

255. Mr. Roman Sotela (Chief, Planning and Program Budget, PAHO) outlined the content of Document CE138/23, Rev.1, highlighting the two options for consideration by the Executive Committee in relation to the adoption of a new scale of quota assessments for PAHO, pursuant to the approval by the General Assembly of the Organization of American States (OAS) of a new transitional scale of assessments in January 2006. Those options were (1) to apply a revised assessment scale during the current biennium or (2) to defer application of the revised scale until the 2008-2009 biennium. He noted that, should the Committee recommend the first option, it would be necessary to adjust Member States' assessments for 2007.

256. In the discussion that followed, it was clarified that PAHO's Governing Bodies did not have the option of not accepting the new scale, as PAHO was bound, under the terms of the Pan American Sanitary Code, to adjust its scale of assessments whenever there was a revision in the OAS scale. The only choice open to PAHO Member States was that of when to implement the new scale.

257. The Committee felt that it would be premature and ill-advised for PAHO to implement a new scale of assessments in the middle of the current biennium, particularly as the scale approved by the OAS for 2007 was transitional. The consensus of Members was that application of a new scale should be deferred to 2008-2009, by which time the OAS would have completed its revision and adopted a definitive scale. Delegates expressed appreciation to the Secretariat for bringing the matter to the attention of Member States well in advance in order to give them time to make the necessary adjustments in their national budgets.

258. Responding to a question regarding the methodology used by the OAS to calculate the new quota assessments, Mr. Sotela said that he did not know exactly what method had been used to determine the relative increases or decreases in the percentages assessed to the various Member States under the transitional revised scale. However, he did know that the ultimate aim of the revision process was to arrive at a scale that was more equitable and that better reflected the ability of countries to pay, in accordance with the terms of Article 55 of the Charter of the OAS.

259. The Executive Committee adopted Resolution CE138.R3, recommending that the Directing Council postpone the adoption of the revised scale of assessments until the new OAS scale had been finalized.

Personnel Matters

Amendments to the PASB Staff Rules (Document CE138/24)

260. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO) explained that the changes to the PASB Staff Rules proposed in Document CE138/24 fell into three categories: changes made to align with amendments already adopted by the Executive Board of WHO at its 117th Session; changes in the interest of good personnel management; and minor editorial corrections. Revisions to the annual salary of the Director, Deputy Director, and Assistant Director were also proposed.

261. The views of the Staff Association had been sought on the proposed amendments, and it had expressed reservations on one provision concerning sick leave in Rule 740.2. Consequently, the Secretariat was withdrawing the proposal to insert the phrase “approved by the Staff Physician” until there had been further consultations within the Joint Advisory Committee.

262. Mr. Godfrey Xuereb (Representative of the PAHO/WHO Staff Association), confirmed the Association’s support for the proposed changes, with the exception of the provision in Rule 740.2, which the Staff Association felt would be administratively cumbersome, might lead to ethical and professional conflicts, and went against PAHO’s current trend to decentralize administrative matters. The Staff Association fully supported the proposed change to Rule 740.4, and felt that the change to Rule 740.2 should be undertaken in the same spirit, by giving the Staff Physician the authority to validate sick leave if suspicions of abuse were aroused. The Staff Association therefore supported the proposal that this specific change be referred back to the Joint Advisory Committee.

263. The Executive Committee adopted Resolution CE138.R7, confirming the proposed amendments to the Staff Rules and establishing the annual gross salary of the Deputy Director and of the Assistant Director with effect from 1 January 2006.

264. The Committee also adopted Resolution CE138.R8, recommending that the 47th Directing Council approve the proposed amendments to the Staff Regulations, take note of the amendments to the Staff Rules, and establish the annual gross salary of the Director with effect from 1 January 2006.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE138/25)

265. Ms. Olga Carolina Báscones (President, PAHO/WHO Staff Association) summarized the content of Document CE138/25, which presented the matters that the Staff Association wished to bring to the attention of the Executive Committee. She highlighted in particular the Staff Association’s concerns with regard to strengthening of managerial and leadership capacity, stressing the need to enhance managerial skills among PAHO managers, especially in the area of personnel management. She also

reiterated the Staff Association's view that PAHO should adopt a 360-degree approach to performance evaluation and noted the Staff Association's ongoing concern about the practice of hiring retirees to carry out regular staff duties.

266. Concluding her presentation, she drew the attention of the Executive Committee to a matter not covered in Document CE138/25. A number of PAHO staff of Cuban nationality had recently had their checking and savings accounts and their credit cards with the PAHO/WHO Federal Credit Union frozen, pursuant to a domestic law of the United States of America. The Staff Association considered the situation an affront to the rights of those individuals as international civil servants, who were universally recognized to have certain privileges and immunities and should not be subject to such laws unless they had committed a crime, which was not the case. The Staff Association appealed to the Executive Committee to do all in its power to have those accounts unfrozen.

267. The Delegate of Cuba supported the Staff Association's position that the Executive Committee should speak out concerning a national law which was infringing the privileges of international civil servants.

268. Ms. Báscones reiterated the commitment of the staff to continue working in furtherance of the Organization's aims. With respect to the matter of the Cuban colleagues whose accounts had been frozen, she repeated her view that the Executive Committee was the appropriate body, being composed of Government representatives, to give an expression of solidarity with the personnel affected and to speak out against such an unjustified action.

269. The President said that, having sought further clarification, he wished to inform the Committee that the matter was the exclusive responsibility of the Credit Union, to be resolved with such assistance as it was possible for the PAHO administration and the Staff Association to provide and with the collaboration of all, including the Delegation of the United States of America in so far as the responsibility of its Government was concerned. He trusted that the Credit Union would take the necessary action as quickly as possible, with the support of all concerned parties.

General Information Matters

Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau (Document CE138/26)

270. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that, in March, the Director had updated the Subcommittee on the most recent progress made in the institutional strengthening process currently under way within the Secretariat, highlighting in particular the steps that had been taken in fulfillment of Resolutions CD46.R2 and CD46.R8, adopted by the 46th Directing Council

in 2005. She had also reported on the progress achieved under the Roadmap for Organizational Change initiative.

271. The Subcommittee had expressed appreciation for the Secretariat's continued commitment to institutional strengthening, and Members had commended the progress made in the complex task of consolidating and implementing the numerous recommendations and proposals of the Working Group on PAHO in the 21st Century, the External Auditor, the Internal Oversight Services, and the United Nations Joint Inspection Unit. The Subcommittee had encouraged the Secretariat to continue its efforts to complete the proposed institutional changes by the end of 2007 in order to establish a solid platform from which to launch and carry out the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012.

272. At the request of the Director, Dr. Judith Navarro (Area Manager, Publications, PAHO) summarized the findings of a market research study conducted in the framework of the External Communication Initiative, one of the 11 Roadmap initiatives. The purpose of the study was to determine how PAHO was perceived among Member States, external stakeholders, and staff, and to identify the Organization's niche within the international development arena. The results had revealed what respondents considered to be PAHO's strengths and weaknesses and how they felt the Organization compared with other international and national agencies. A full report on the study could be found on the PAHO website at www.paho.org/publishing. The findings would be used to improve the Organization's technical cooperation with Member States, especially through greater decentralization of operations; sharpening of the focus on the most vulnerable groups; systematic communication of recommendations, implications, and follow-through of research and learning experiences; and forging of strategic partnerships.

273. The Director then reported on the latest progress in the process of institutional strengthening, supplementing the information in Document CE138/26 and focusing in particular on advances in the following areas: (1) positioning PAHO at the highest level, (2) improving financial sustainability, (3) reshaping the workforce, (4) achieving individual and corporate accountability, and (5) promoting strategic alignment of resources. In the first area, PAHO was engaged in a number of activities, including participation in the Regional Directors Group of United Nations agencies and the Regional Directors Group on HIV/AIDS, the OAS Summit Implementation and Review Group, and the meeting of Directors/Presidents of Inter-American Agencies. The Organization had been able to use its dual status to promote mutually beneficial collaboration between the United Nations and the Inter-American systems on several issues. In the second area, collection of quota contributions had improved, which had led to greater stability in the working capital fund. Total income had increased, thanks largely to significant growth in the transactions of the Revolving Fund for Vaccine Procurement. Voluntary contributions had reached an historic high of \$137 million in the 2004-2005 biennium.

274. With regard to the third area, in response to recommendations from the Working Group on PAHO in the 21st Century, 19 posts had been decentralized to the country level and another 19 regional, subregional, and inter-country posts had been created outside PAHO Headquarters in order to better respond to Member States' needs. Progress had also been made in increasing the number of women in professional posts and improving the gender balance in the PAHO workforce. In the fourth area, among other achievements, the posts of Ombudsman and Ethics Officer had been filled, and the Institutional Development Unit had been created and a Senior Adviser had been appointed to head the Unit, which was responsible for implementing results-based management, among other functions.

275. Finally, in the fifth area, several activities had been carried out with a view to channeling the Organization's resources so as to respond better to the priorities identified by Member States. One was a Strategic Assessment and Resource Alignment (SARA) exercise, the aim of which was to ensure that the objectives, functions, and resources of the various units within the Secretariat were well defined and clearly aligned with the Organization's strategic priorities.

276. The Executive Committee thanked the Director for her comprehensive report and commended the Secretariat for its progress in the process of institutional strengthening. Members emphasized that institutional strengthening must be an ongoing process and encouraged the Secretariat to continue working to address the weak points identified in Document CE138/26 and in the report of the market research study.

277. One delegate, noting that the SARA exercise seemed similar to the WHO Global Management System (GSM), asked for an update on PAHO's plans with regard to adoption of the GSM. Another delegate inquired whether, in light of the findings of the market research study, the Secretariat planned to take any steps, such as an information campaign, to improve public perceptions of the Organization and increase its visibility in countries where it was not well known.

278. The Director said that there were no plans at present to mount a specific campaign to raise the Organization's public visibility, although the Secretariat was conducting targeted media campaigns to reach specific audiences, notably young people, with health messages. It was also exploring ways of increasing awareness of the Organization and its work in Canada and the United States, where PAHO was not widely known. In the United States, for example, the Secretariat was partnering with the Washington Wizards basketball team in a health promotion initiative in the Washington, D.C., area. Through such activities, the Secretariat could improve the visibility of PAHO without needing to allocate specific resources for that purpose.

279. With regard to the SARA exercise, it more closely resembled the Strategic Direction and Competency Review undertaken at WHO Headquarters, although the objectives of the latter were slightly different. As for the WHO Global Management

System, which would be an integrated management information system, PAHO had been participating in its development for the past two years, but the Secretariat was still weighing the pros and cons of adopting the system. As had been reported to the SPP in March, the cost of doing so was estimated at between \$10 million and \$12 million. The Secretariat intended to present a briefing on the GSM under “Other Matters,” and would continue to keep Member States informed on the issue, as it would eventually fall to Member States to decide whether or not PAHO should adopt the system and, if so, to identify the source of the funding required.

280. The Executive Committee took note of the report.

Review of the Pan American Centers (Document CE138/INF/1)

281. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that an earlier version of the document on this item had been presented to the SPP at its 40th Session. The document complemented the information presented on the Centers during the Directing Council in September 2005. It provided an update on the current situation of five centers and on their legal, financial, and governance arrangements with the Organization. It also reported on progress in the process of aligning the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP) with the subregional allocation criteria set in the new Regional Program Budget Policy.

282. The Subcommittee had applauded the Secretariat’s reexamination of the organization and functioning of the centers, noting that it was in keeping with the whole effort at institutional strengthening and transformation. The paramount importance of oversight and accountability in the governance of the centers had been emphasized. Members had agreed that the Pan American centers were a matter of concern to all Member States – including those that were not recipients of their services – given the impact that they had on the PAHO/WHO regular budget. It had been suggested that, to make the work of the centers more meaningful to countries that did not directly use their services, the Secretariat might consider inviting one or two center directors each year to make a presentation on the work and challenges of running a center.

283. In the discussion that followed, the Delegate of Barbados noted that an agreement had recently been reached within the Council for Human and Social Development (COHSOD) of the Caribbean Community (CARICOM) for a new oversight and quasi-management arrangement, involving the ministers of health, for all the health-related centers in the Caribbean, including CAREC and CFNI. With regard to CAREC, she pointed out that the interim agreement on the center’s governance would expire in December 2007, and expressed the hope that PAHO would assist in crafting a new agreement that would suit the interests of the countries of CARICOM, the Organization, and the center itself.

284. The Observer for Brazil highlighted the important contribution of the Latin America and Caribbean Health Sciences Information Center (BIREME)—which was headquartered in his country—to the dissemination of information. The center played a crucial role in closing knowledge gaps that were an impediment to the improvement of health management and to the achievement of the Millennium Development Goals.

285. Dr. Carissa Etienne (Assistant Director, PAHO) emphasized that the Secretariat was continuing to work with Member States to ensure that the centers were contributing effectively to the Organization's technical cooperation and that they continued to provide countries with the highest level of service. With regard to BIREME, the Secretariat was working with the Government of Brazil to achieve greater autonomy for the center, as had been requested by its advisory committee. As it did so, it would continue the quest for optimal ways of disseminating knowledge, recognizing that knowledge management and information dissemination were important components of the technical cooperation provided by organizations such as PAHO.

286. The Secretariat was also working with the Member States in the Caribbean to respond to the decisions taken by the COHSOD in relation to the governance of the regional health institutions serving that subregion. As Document CE138/INF/1 indicated, in the previous year the Secretariat had provided significant levels of technical cooperation to help the Caribbean countries identify their priorities and respond to the need to clearly define the core mandates not only of the PAHO centers but of all five regional health institutions. With regard to CAREC, the Secretariat would indeed strive to ensure that the new multilateral agreement responded to the needs and dictates of both the Organization and Member States. The Secretariat had assured the Caribbean countries that it would work to improve the administrative and managerial functions of CAREC and also ensure that both CAREC and CFNI were well positioned and resourced to deliver technical cooperation that was truly in accordance with their core mandates.

287. The Director noted that PAHO had formed an external advisory committee to examine the whole area of veterinary public health, including the work of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), which now included food safety functions, following the closure of the Pan American Institute for Food Protection and Zoonoses (INPPAZ). The committee had completed its work in June 2006, and its report was currently being compiled. The Secretariat hoped that the report would be ready for inclusion in the document to be presented on this item to the Directing Council. Several Members of the Executive Committee had participated in the advisory committee, and she wished to thank them for their assistance.

288. The Executive Committee took note of the report.

Progress Report on National and Regional Health Disaster Preparedness and Response (Document CE138/27 and CE138/27/Add. I)

289. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PAHO) introduced Document CE138/27, which had been prepared by the Secretariat pursuant to Resolution CD46.R14. The progress report contained in the document was based in part on a survey conducted by the Area of Emergency Preparedness and Disaster Relief during 2006, the results of which were presented Document CE138/27, Add. I. While it was clear that considerable progress had been made in strengthening disaster preparedness and response capacity in the countries of the Region, the survey had revealed several important issues that needed to be addressed.

290. One such issue was the urgent need to strengthen political support for the Region's disaster programs, notably by establishing a direct link between national disaster programs and the highest decision-making levels in the ministries of health. As the survey had shown, that direct link existed in only 58% of the countries. Another important issue had to do with leadership of disaster programs. While all countries of the Region now had a group of professionals with experience in disasters, the person with the greatest experience was not always the one in the key position within the country's disaster program. A major effort needed to be made in the coming years to ensure that the most appropriate professionals were selected for those positions. A third issue was the need to improve coordination of the response to disasters by the multitude of internal and external institutions involved. To that end, PAHO was proposing the regional response mechanism described in Document CE138/27. The Organization also proposed to develop a set of indicators that countries could use to measure their progress with regard to disaster preparedness and response, as there was currently not a uniform way of assessing progress.

291. In conclusion, he noted that the aforementioned survey had covered only Latin America and the Caribbean, and he sought the views of the Executive Committee on whether future surveys should also include Canada and the United States.

292. The Executive Committee welcomed the progress made in the Region in preparing for disasters and reducing their health impact. Delegates reported on the measures put in place by their governments, in particular by their ministries of health, to achieve greater preparedness for disasters and more effective responses to them. Some delegates offered to share their experiences with other countries and to contribute their expertise to strengthen the PAHO/WHO regional response team, as called for in Document CE138/27.

293. The Delegate of Argentina noted that in various meetings there seemed to be a feeling among representatives from other countries that Argentina was immune from disasters, but, in fact, apart from hurricanes and tropical storms, Argentina was vulnerable to all types of disasters, including earthquakes, floods, and volcanoes, as well

as industrial and transport accidents, which could also result in complex disasters that claimed multiple victims. She also highlighted the difficulties of preparing for disasters in a large country in which both response capacity and the types of disasters that were likely to occur differed significantly from province to province.

294. The Delegate of Canada said that his country would definitely wish to be included in future surveys on disaster preparedness. Canada certainly was not immune from natural disasters, and was interested in learning from other countries about ways of dealing with catastrophes. Generally speaking, he felt it was essential to include data from Canada and the United States whenever information on the countries of the Region was presented in order to have a truly accurate and Pan American vision of the situation.

295. The Delegate of Barbados drew attention to the need to increase the capacity of hospitals to resist a natural catastrophe. Barbados' only public hospital, for example, was in a disaster-prone area, subject to flooding. Barbados thanked PAHO for its help in the past, and looked forward to continued collaboration in that area in the future.

296. Dr. Poncelet thanked the delegates for their comments and ongoing support, and expressed gratitude to the countries that had offered to share their expertise with PAHO and with other countries. He took note of the comment from the Delegate of Argentina on the different types of threat, noting that there was strong tendency in the Region to focus on the disasters that were the most frequent or most newsworthy. However, it was critical to prepare for any type of crisis that might occur. He encouraged delegates to convey that message to officials in their respective countries.

297. He said that henceforth Canada would be included in information-gathering on disaster preparedness and response, thanking the country for its considerable support to the Organization in both material resources and personnel. With regard to the comment by Barbados, he recalled that Member States had embraced the goal of ensuring that by 2015 all hospitals would be constructed in such a way that they would remain functional after a disaster. He assured the Committee that hospital disaster planning was a priority area of work for PAHO.

298. The Director felt that the Region could be very proud of its pioneering approach to disaster preparedness and mitigation. Indeed, to an increasing degree the Region of the Americas had been exporting its expertise to other Regions. Locating disaster experts from the Americas in the WHO Regional Office in India, for example, had greatly enhanced the Organization's response when the tsunami had struck Asia in December 2004. Another example of the Region's valuable contribution to knowledge about disaster management was PAHO's manual on the handling of dead bodies in disaster situations, which had been the Internet resource most widely consulted in the aftermath of the Asian tsunami. The practice of mass burial without identification had caused countries tremendous, but unnecessary, problems of identification, inheritance, and

unclear legal status of survivors. Thus, the proper management of dead bodies was not only a health issue but also a matter of human rights.

299. The Executive Committee took note of the report.

Influenza Pandemic: Progress Report (Document CE138/INF/2)

300. Dr. Roberto Dullak Peña (Representative of the Subcommittee on Planning and Programming) reported that the Subcommittee had discussed this item at its 40th Session, after hearing a progress report on PAHO's influenza preparedness activities. The Subcommittee had expressed appreciation for PAHO's efforts to prepare the Region for a potential influenza pandemic and had urged the Organization to continue to exercise strong leadership for that purpose. The Subcommittee had also voiced solid support for the creation of an Emergency Operations Center at PAHO Headquarters to serve as the hub for a coordinated institutional response to an eventual influenza pandemic and to other public health emergencies of international concern. The Subcommittee had also supported the organization of subregional workshops for the assessment of national influenza preparedness plans, and the recruitment of additional staff to enable PAHO to respond to the increased demand for technical cooperation to support both the development of national influenza preparedness plans and the implementation of the International Health Regulations.

301. The Subcommittee had stressed the importance of intersectoral action and had highlighted the need for collaboration with emergency response personnel and with the agricultural sector. Increasing the availability of seasonal influenza vaccine and assuring its quality, safety, and efficacy had also been considered essential. It had been suggested that PAHO should promote technology transfer and training of human resources to enable countries that had the necessary capacity to begin producing influenza vaccine, and that it should develop recommendations to assist countries in prioritizing groups to be vaccinated in the event of a vaccine shortage. The Subcommittee had also emphasized the importance of public information and risk communication, and had suggested that PAHO should develop guidelines for communicating effectively with the general public and with specific groups, such as politicians.

302. The Executive Committee applauded the progress made since the Subcommittee session in March 2006 in improving regional preparedness for an influenza pandemic. Several Members provided updates on influenza preparedness activities in their respective countries. The crucial importance of surveillance and early detection of influenza outbreaks, particularly avian influenza outbreaks, was highlighted. It was pointed out that geographic information systems could be an important tool for that purpose.

303. Like the Subcommittee on Planning and Programming, the Executive Committee emphasized the need to increase the availability of influenza vaccine and antiviral drugs. One delegate underscored the need to undertake such activities in an atmosphere

respectful of intellectual property rights and strong national regulatory requirements. Other delegates, however, stressed that intellectual property rights should not impede or delay the production of vaccines or antivirals needed to address an influenza pandemic in the Region. More information was requested on the tool being used by PAHO for the assessment of regional vaccine production capacity mentioned in paragraph 15 of Document CE138/INF/2. Delegates also sought additional information on the steps being taken to help countries address the shortcomings in national influenza preparedness plans noted in paragraph 10 of the document, particularly the legal and ethical aspects of such plans. The Delegate of Canada said that her country, through the Center for Bioethics at the University of Toronto, might be in a position to provide assistance in that area. In addition, the Secretariat was asked to provide an update on progress towards establishing the Emergency Operations Center.

304. Several delegates noted the adoption by the World Health Assembly in May 2006 of a resolution (WHA59.2) calling for voluntary implementation of the provisions of the International Health Regulations (IHRs) considered relevant to the risk posed by avian influenza and pandemic influenza, and emphasized the need for PAHO technical cooperation to assist countries both in implementing those provisions and in preparing for the full entry into force of the IHRs in 2007. In that connection, delegates welcomed PAHO's organization of several risk communication workshops in various subregions.

305. Dr. Otavio Oliva (Regional Adviser on Viral Diseases, PAHO) said that the Secretariat was currently examining the legal and operational implications of voluntary implementation of the IHR provisions directly related to the risk of pandemic influenza. Staff would then hold meetings with countries to discuss how they should go about implementing those provisions. The Organization was taking advantage of the effort to prepare for pandemic influenza to strengthen the basic public health capabilities that would be required to fully implement the International Health Regulations.

306. PAHO was also working with the nine countries that did not yet have a national influenza preparedness plan to assist them in developing their plans, and it was working with the other countries of the Region to identify weaknesses in their national plans, based on the WHO Checklist for Influenza Pandemic Preparedness Planning. Several workshops for that purpose would be held in the various subregions in the next few months. As the document noted, one of the weak areas that had been identified was that of ethical issues. Not much attention had been devoted to ethical concerns as yet because there were many other pressing issues that needed to be addressed first. He was grateful for Canada's offer of assistance in that area.

307. Regarding production of seasonal influenza vaccine, the Organization had held two meetings with international and national producers to promote technology transfer, and a third meeting would be held in August 2006.

308. Mr. John Fitzsimmons (Senior Technical Officer, Immunization Unit, PAHO) added that the Organization had 14 field officers in various countries who were working with national officials to assess the demand for seasonal influenza vaccine, as accurate estimates of demand were critical for ensuring adequate supply. Through the Pro-Vac initiative, PAHO was also strengthening national capacity to make evidence-based policy decisions about the introduction and use of seasonal influenza vaccine.

309. Dr. Jean Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PAHO), responding to the question concerning the status of the Emergency Operations Center, said that an engineer and a firm of architects had been recruited to explore options for setting up the center, probably on the ground floor of the PAHO Headquarters building. Canada had offered some support for the establishment of the center, but additional funding would be needed. He stressed that in order for the Emergency Operations Center at PAHO Headquarters to function effectively, there must be counterpart centers at country level. The Area of Emergency Preparedness and Disaster Relief was therefore working closely with countries to ensure that they had national emergency operations centers to coordinate the response not just to an eventual influenza pandemic but to all sorts of emergencies.

310. The Director noted that 19 countries in the northern hemisphere and 6 in the southern hemisphere had placed orders for seasonal influenza vaccine through the Revolving Fund for Vaccine Procurement. The value of those transactions amounted to approximately \$10 million.

311. The Executive Committee took note of the report.

Annual Report on PASB Human Resources (Document CE138/INF/3 and Document CE138/INF/3, Add. I)

312. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO) introduced Documents CE138/INF/3 and CE138/INF/3, Add. I, noting that in paragraph 6 of the addendum, the figure of “33%” should be “37%”. She also said that the reference in that same paragraph to Table 6, and also Table 6 itself, should be deleted, as all the relevant information was also contained in Table 5.

313. The Director explained that the documents constituted an information report, which would be repeated periodically, giving a profile of the staff by gender, age, distribution between the regional level and the countries, and other variables, which had been requested by the Governing Bodies. The information in the report was also being used by the Organization itself to determine how the actual profile of the staff compared with the desired profile laid down in the Strategic Plan for 2003-2007.

314. The Delegate of Canada, welcoming the report, said that it showed movement in the right direction with regard to institutional strengthening and to some of the governance recommendations from the Working Group on PAHO in the 21st Century.

She sought clarification of why the personnel numbers given in Table 1 seemed disproportionately high in certain countries such as Brazil and Peru.

315. Ms. Arnold clarified that Brazil had two Pan American centers as well as the country office, while Peru had one center in addition to the country office. That accounted for the larger contingent of staff in those countries.

316. The Director pointed out that some centers tended to have larger numbers of international staff than other centers, such as those in Trinidad and Jamaica. She also pointed out that the distribution of the personnel in offices and centers was in line with the strategy on technical cooperation among countries in the Region and also in line with the decisions made by the Governing Bodies under the new regional budget policy.

317. The Executive Committee took note of the report.

Resolutions and Other Actions of the Fifty-ninth World Health Assembly of Interest to the PAHO Executive Committee (Document CE138/INF/4)

318. Dr. Philippe Lamy (Area Manager, Governance and Policy, PAHO) summarized the work carried out by the Fifty-ninth World Health Assembly, which had taken place in Geneva, Switzerland, from 22 to 27 May 2006, with participation by delegates from 32 Member States in the Americas.

319. After debating an agenda covering 22 items, the Assembly had adopted 27 resolutions, 17 of them on technical topics. Of particular interest to the PAHO Executive Committee were resolutions WHA59.2 on application of the International Health Regulations; WHA59.12 on international coordination on HIV/AIDS, WHA59.22 on emergency preparedness and response; WHA59.24 on public health, innovation, essential health research, and intellectual property rights; and WHA59.26 on international trade and health.

320. In addition, the WHO Executive Board, which had met immediately following the Assembly, had adopted resolution EB118.R2 on acceleration of the procedure to elect the Director-General of WHO, the salient points of which were that Member States would be invited by 1 June to propose nominations for the post; that such proposals were to reach WHO by 5 September; that proposals, curricula vitae, and supporting information would be dispatched to Member States by 5 October; and that a session of the Executive Board would be held on 6-8 November and a special session of the World Health Assembly on 9 November 2006.

321. The Executive Committee took note of the report.

Other Matters

322. The Director wished to bring the following three additional items to the Committee's attention. A brief information document on each item was distributed to the Committee.

Master Capital Investment Plan

323. Ms. Sharon Frahler (Director of Administration a.i.) presented the briefing document on the Organization's Master Capital Investment Plan, which was being developed to address needed investments in physical infrastructure. She noted that the Secretariat had identified almost \$7 million of expenditures that would be needed for repairs and improvements, both for the Headquarters building and for the country offices. It had decided that rather than seeking funding on a piecemeal basis, it would group the capital needs into an overall plan, and start budgeting for such improvements in the regular program budget. The purpose of the presentation to the Committee was simply to announce that at the 47th Directing Council in September the Master Capital Investment Plan would be presented for review, and approval would then be sought for its inclusion in the regular program budget starting in 2008.

324. The Director reiterated that the briefing was for purposes of advance information only, noting that Member States would need sufficient time to consider the content of the Master Capital Investment Plan and the feasibility of establishing a fund specifically for the purpose of covering the cost of repairs and renovations. The aim of the plan was to prevent a repetition of past situations when the Organization had had to seek emergency funds to deal with some crisis that had caught it unawares. Furthermore, a plan along the lines of the Master Capital Investment Plan would be a requirement when the Organization changed over to the IPSAS.

325. In response to a request from a delegate, Ms. Frahler clarified that the abbreviation "MOSS," which appeared in the briefing document, stood for "Minimal Operating Security Standards," which were mandated by the United Nations system as the minimum security requirements for United Nations agencies and their country offices.

326. The Executive Committee took note of the briefing on the Master Capital Investment Plan.

Global Management System

327. Ms. Frahler also presented the briefing document on the Global Management System (GSM). She recalled that WHO had conceived the GSM in 2001 to replace the Organization's major administrative systems, including the program planning, budget, finance, procurement, human resources, payroll, inventory, and travel systems. Historically, PAHO, being a legal entity distinct from WHO, had maintained separate accounting and administrative systems; however, WHO had asked PAHO to adopt the

GSM. In light of the high cost of doing so—estimated at between \$10 million and \$12 million—the Director had decided that she should not proceed with the implementation of the GSM without the authorization of the Governing Bodies.

328. The Director had also decided to retain an independent consulting firm to (1) review the benefits to PAHO of implementing the GSM, (2) formulate a more accurate cost estimate, and (3) present a cost-benefit analysis. Terms of reference for the consulting firm were currently being drawn up. It was hoped that the report of the consulting firm would be ready for submission to the Executive Committee at its 139th Session in September 2006.

329. The Observer for the United States of America said that her Government felt that it was important in the long term for all Regions of WHO to be part of the GSM in order to ensure an integrated system throughout WHO. She encouraged PAHO to view that as the ultimate goal.

330. Ms. Frahler said that one of the issues of great concern to the Secretariat was that PAHO was a separate legal entity. As a result, Member States paid two quota assessments, one to PAHO and one to WHO. If it were decided that PAHO should join the global system, it would need to be ensured that data on the PAHO portion of the combined PAHO/WHO budget would not be absorbed into the WHO database and could be reported separately to Member States. The Secretariat was engaged in discussions with WHO about how the system might be constructed to enable PAHO to generate separate reports and maintain the independence that it needed as a separate legal entity.

331. The Director pointed out that, because PAHO's current system was highly sophisticated, the cost of implementing the GSM would far outweigh the benefits, at least initially. The amount needed to implement the GSM could not be accommodated in the current budget or in the projected budget for the next biennium. Hence, voluntary contributions amounting to some \$10 million would be needed. She had decided to commission the study by an independent consulting firm in order to provide Member States with objective information on the advantages and disadvantages of adopting the GSM, as it would be Member States that would have to provide the funding should they decide that PAHO should join the global system.

332. The Executive Committee took note of the information presented on the Global Management System.

Implementation in the Region of the Americas of WHO Resolution WHA59.12 on the Global Task Team on Improving AIDS Coordination

333. The Director explained that the briefing document on this item was being presented for the information of the Committee. The WHO resolution would be considered subsequently by the 47th Directing Council, which would decide how it should be implemented in the Americas. Her intention at the present time was to provide

some additional advance information, because the specific situation of the Region had not been covered in the discussions at the World Health Assembly.

334. She recalled that the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors had issued guidelines on streamlining cooperation, including a division of labor for United Nations technical support, presented in a matrix. Resolution WHA59.12 had endorsed the recommendations of the Global Task Team and requested the Director-General to implement them and to provide technical cooperation to the countries in conformity with the agreed division of labor.

335. However, in the Region of the Americas, the Directing Council had endorsed the Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, in September 2005, giving PAHO the mandate to work with countries in a comprehensive health sector response to the HIV epidemic. Unfortunately, the Regional Plan and the WHA resolution were not totally compatible with one another. Several of the technical areas that were key to the successful implementation of PAHO's Regional Plan were assigned to other United Nations agencies under the global division of labor. Significant examples included procurement of antiretroviral drugs and other HIV commodities, prevention, and some aspects of health services, such as reproductive health. PAHO had developed significant capacity and was already carrying out work in all those areas.

336. Accordingly, her recommendation was that under the relevant item on the agenda of the 47th Directing Council, Member States should adopt a decision requesting the Pan American Sanitary Bureau to adapt the matrix to the characteristics of the Region and to negotiate with regional United Nations partners, taking into account the mandates already established for PAHO.

337. In the discussion that followed, a delegate inquired whether the Secretariat had consulted with UNAIDS and WHO about the idea of adapting the matrix. It was suggested that it would be useful for Member States, before the Directing Council, to have a proposal as to how the matrix should be adapted.

338. The Director affirmed that she had consulted with UNAIDS and WHO, and said that a proposal regarding adaptation of the matrix would be distributed to Member States prior to the opening of the Council.

339. The Executive Committee took note of the presentation on the implementation of Resolution WHA59.12 in the Americas.

Closure of the Session

340. Following the customary exchange of courtesies, the President declared the 138th Session of the Executive Committee closed.

Resolutions and Decisions

341. The following are the resolutions and decisions adopted the Executive Committee at its 138th Session:

Resolutions

CE138.R1 Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet and Physical Activity

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on a Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Document CE138/17),

RESOLVES:

To recommend to the 47th Directing Council the adoption of a resolution along the following lines:

THE 47th DIRECTING COUNCIL,

Having considered the report of the Director on a Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases including Diet, Physical Activity, and Health (Document CD47/__);

Noting Resolution CSP26.R15 (2002) on the public health response to chronic diseases, which recognizes the large economic and social burden of noncommunicable diseases and calls for increased and coordinated technical cooperation from the Pan American Health Organization;

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

Cognizant that chronic diseases account for 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 diseases;

Taking note that chronic diseases are largely preventable and the availability of scientific evidence and cost-effective interventions;

Noting the importance of focusing on the achievement of the Millennium Development Goals, while at the same time addressing the growing burden of chronic diseases which also affect vulnerable population; and

Recognizing the urgency of governments, the private sector, civil society, and the international community to renew their commitment towards the prevention and control of noncommunicable diseases,

RESOLVES:

1. To urge Member States to:
 - (a) prioritize the integrated prevention and control of leading chronic diseases and their common risk factors, by establishing and/or strengthening national programs and ensuring resources commensurate to the burden of disease;
 - (b) develop and implement national plans and promote the implementation of public policies guided by the Regional Strategy and Plan of Action;
 - (c) implement the Plan of Action as appropriate, within an integrated health system approach, based on primary health care, emphasizing intersectoral action, monitoring and evaluating program effectiveness, and resource allocations.
2. To request the Director to:
 - (a) strengthen the development of an integrated approach to the prevention and control of chronic diseases, including diet and physical activity, focusing on the needs of low-income countries and vulnerable populations;
 - (b) support Member States in their efforts to strengthen their health information systems to monitor chronic diseases, their risk factors, and the impact of public health interventions;
 - (c) support Member States in terms of strengthening the capacity and competencies within the health system for the integrated management of chronic diseases and their risk factors;

- (d) develop new or strengthen existing partnerships within the international community for resource mobilization, advocacy, and collaborative research related to the implementation of the Regional Strategy and Plan of Action.

(Third meeting, 20 June 2006)

CE138.R2 Regional Strategy and Plan of Action on Nutrition in Health and Development

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the Director's report "Regional Strategy and Plan of Action on Nutrition in Health and Development" (Document CE138/18),

RESOLVES:

To recommend that the Directing Council adopt a resolution drafted as follows:

THE 47th DIRECTING COUNCIL,

Having seen the Director's report "Regional Strategy and Plan of Action on Nutrition in Health and Development" (Document CD47/__);

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolutions WHA55.23 and WHA56.23, as well as the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals;

Recognizing the persistence of problems related to nutritional deficiencies, as well as the growing problems associated with nutritional imbalances and excesses in Latin America and the Caribbean;

Underscoring that, with the current trends in the national indicators of undernourishment and low weight-for-age, several of the countries will not meet Target 2 of Millennium Development Goal 1 by the year 2015;

Reiterating that nutrition is a determinant of human development and, at the same time, is affected by a series of social and economic determinants, and

Recognizing the high degree of complementarity between this and other strategies such as: the Integrated Management of Childhood Illness (IMCI) strategy, the Global Strategy for Infant and Young Child Feeding, and the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet and Physical Activity,

RESOLVES:

1. To urge the Member States to:
 - a) consider the present Regional Strategy and Plan of Action on Nutrition in Health and Development in their development plans and programs, as well as their national budget proposals and discussions;
 - b) promote internal dialogue among institutions in the public sector and between the public and private sectors and civil society to build a national consensus on nutrition, health, and the national development process;
 - c) conduct an internal review and analysis of the present strategy's relevance and viability in the national context, based on national priorities, needs, and capacities.
2. To request the Director to:
 - a) provide support to the Member States, in collaboration with other international agencies, for an internal analysis of the applicability and appropriateness of the present strategy and take action leading to the adoption of the Regional Strategy on Nutrition in Health and Development.
 - b) engage negotiations with other international agencies, scientific and technical institutions, organized civil society, the private sector, and others on the establishment of a regional partnership to guide and monitor implementation of the Regional Strategy on Nutrition in Health and Development.

(Third meeting, 20 June 2006)

CE138.R3 Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the process for implementing the new scale of quota assessments based on the new OAS scale (Document CE138/23, Rev.1),

RESOLVES:

1. To recommend to the 47th Directing Council the adoption of a resolution along the following lines:

THE 47th DIRECTING COUNCIL,

Whereas, PAHO Member States appearing on the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, adjusted to PAHO membership, in compliance with Article 60 of the Pan American Sanitary Code;

Considering that adjustments are necessary taking into account the assessments of Cuba, the Participating Governments, and Associate Members;

Taking into consideration that the OAS revised scale of assessments for the year 2007 is not finalized and cannot be applied to the PAHO membership; and

Bearing in mind that the OAS revised scale of assessments for the year 2008 is not definitive, and that a definitive scale of assessments is scheduled to be presented for approval by the OAS membership at the 37th regular session of the OAS General Assembly in June 2007,

RESOLVES:

To postpone the adoption of a revised scale of assessments of the PAHO membership until the Organization of American States adopts a revised, definitive, scale of quota assessments.

(Fourth meeting, 20 June 2006)

CE138.R4 Regional Strategy for Sustaining National Immunization Programs in the Americas

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the Regional Strategy for Sustaining National Immunization Programs in the Americas (CE138/11),

RESOLVES:

To recommend to the 47th Directing Council the adoption of a resolution along the following lines:

THE 47th DIRECTING COUNCIL,

Having considered the report of the Director on the Regional Strategy for Sustaining National Immunization Programs in the Americas (CD47/__);

Acknowledging that achieving the elimination of rubella and congenital rubella syndrome (CRS) by 2010 will require sustained efforts by the Member States and their development partners;

Taking into account the challenges confronting the ministries of health and finance in the allocation and disbursement of scarce resources for competing high-priority public health interventions including immunization;

Considering the need to make evidence-based decisions, including economic analyses for the introduction of new and underutilized vaccines against epidemiologically important diseases;

Aware that the World Health Organization has endorsed the Global Immunization Vision and Strategies (GIVS) and has promoted achieving the Millennium Development Goals; and

Taking into account the pioneering role and sustained commitment of the Region of the Americas in immunization programs, including the celebration of Vaccination Week in the Americas, and acknowledging the progress achieved so far by Member States,

RESOLVES:

1. To urge the Member States to:
 - (a) implement policies and operational strategies to achieve greater than 95% coverage of all routine vaccines in all districts or equivalent administrative units and meet the rubella and CRS elimination target by 2010, as previously endorsed by the Directing Council;
 - (b) explore the potential for expanding legal and fiscal space and identifying new revenue sources to sustainably finance immunization program development, including the introduction of new vaccines against rotavirus, pneumococcus, and human papillomavirus;
 - (c) support the mortality reduction targets, consistent with GIVS and the Millennium Development Goals for rotavirus, pneumococcus, and human-papillomavirus-associated diseases;
 - (d) utilize the PAHO Revolving Fund for Vaccine Procurement to purchase new and underutilized vaccines, including seasonal influenza, yellow fever, rotavirus, pneumococcal and human papillomavirus vaccines;
 - (e) continue supporting the yearly celebration of Vaccination Week in the Americas.
2. To request the Director to:
 - (a) support country efforts to complete the unfinished immunization agenda of achieving greater than 95% coverage of all routine vaccines in all districts or equivalent administrative units, particularly the poorest districts and municipalities, and indigenous populations;
 - (b) assist transition in Member States from child to family immunization with an initial focus on rubella vaccination, supporting the elimination target, and on seasonal influenza vaccine introduction to support country pandemic preparedness;
 - (c) support country activities to integrate in-depth economic studies into the decision-making process for the introduction of new and underutilized vaccines;
 - (d) assist countries in their efforts to create legal and fiscal space and identify new sources of revenue for sustainable immunization program development;

- (e) promote expanded country participation in the PAHO Revolving Fund for all vaccines and encourage the mobilization of voluntary contributions to rapidly increase its capitalization.

(Fourth meeting, 20 June 2006)

CE138.R5 Process for the Appointment of the External Auditor

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the process for the appointment of the External Auditor (Document CE138/22); and

Noting the rules, regulations, and practices of the Pan American Health Organization and the practices of the World Health Organization,

RESOLVES:

1. To take note of the report of the Director on the process for the appointment of the External Auditor (Document CE138/22).
2. To recommend that Member States, Participating States, and Associate Members are invited to provide written comments on the proposed process directly to the Secretariat prior to the opening of the 47th Directing Council in September 2006.
3. To request the Secretariat to respond to any questions submitted by Member States, Participating States, and Associate Members to the 47th Directing Council.
4. To recommend that the 47th Directing Council approve the proposed process for the nomination and appointment of the External Auditor of the Organization at the 27th Pan American Sanitary Conference.

(Eighth meeting, 22 June 2006)

CE138.R6 Amendments to the Financial Regulations

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the Director's report on the revisions proposed to the Financial Regulations contained in Document CE138/21; and

Taking into consideration that the revisions reflect modern and best practices and are in line with the revisions made by the World Health Organization as approved by the World Health Assembly (Resolution WHA58.20),

RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having considered the recommendation of the Executive Committee and the proposed revisions to the Financial Regulations as they appear in Annex I of Document CD47/22; and

Taking into consideration that the revisions to the Regulations reflect modern and best practices in financial management, and are in line with the revisions approved by the 58th World Health Assembly (Resolution WHA58.20),

RESOLVES:

To approve the revisions to the Financial Regulations of the Pan American Health Organization as they appear in Annex I of Document CD47/22.

(Eighth meeting, 22 June 2006)

CE138.R7 Amendments to the PASB Staff Rules

THE 138th 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 the Annex to Document CE138/24;

Taking into account the actions of the Fifty-ninth World Health Assembly regarding a reduction in staff assessment in order to lower the Tax Equalization Fund;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the PASB; and

Recognizing the need for consistency regarding the conditions of employment of the PASB and World Health Organization staff,

RESOLVES:

1. To establish, effective 1 January 2006:
 - (a) The annual gross salary of the Deputy Director at US\$160,574.
 - (b) The annual gross salary of the Assistant Director at US\$159,035.

2. To confirm, in accordance with Staff Rule 020, the amendments to the Staff Rules that have been made by the Director with effect from 1 January 2006, and which appear in Annex 1 to Document CE138/24, as follows:
 - (a) Staff Rule 230 – classification review
 - (b) Staff Rule 240 – periodicity of review
 - (c) Staff Rule 310 – definitions
 - (d) Staff Rule 330 – salaries
 - (e) Staff Rule 350 – education grant
 - (f) Staff Rule 355 – special education grant for children with disabilities
 - (g) Staff Rule 360 – mobility and hardship allowance
 - (h) Staff Rule 365 – assignment grant
 - (i) Staff Rule 370 – repatriation grant
 - (j) Staff Rule 550 – within-grade increase
 - (k) Staff Rule 560 – promotion
 - (l) Staff Rule 570 – reduction in grade
 - (m) Staff Rule 640 – home leave
 - (n) Staff Rule 655 – leave without pay
 - (o) Staff Rule 750 – sick leave under insurance coverage
 - (p) Staff Rule 810 – travel of staff members
 - (q) Staff Rule 820 – travel of spouse and children
 - (r) Staff Rule 1130 – notification of charges and reply
 - (s) Staff Rule 1310 – staff in posts subject to local recruitment

3. To confirm, in accordance with Staff Rule 020, the amendments to the Staff Rules that have been made by the Director with effect from 1 July 2006, and which appear in Annex 2 to Document CE138/24, as follows:
 - (a) Staff rule 040 – effective date
 - (b) Staff Rule 110.6 – standards of conduct for staff members
 - (c) Staff Rule 240 (new) – periodicity of review
 - (d) Staff Rule 320 – salary determination
 - (e) Staff Rule 350 – education grant (with respect to children turning five
 - (f) during the scholastic year)
 - (g) Staff Rule 370 – repatriation grant

- (h) Staff Rule 410 – recruitment policies
- (i) Staff Rule 420 – appointment policies
- (j) Staff Rule 460 – recognized place of residence
- (k) Staff Rule 510 – assignment to duty
- (l) Staff Rule 560 – promotion
- (m) Staff Rule 565 – reassignment
- (n) Staff Rule 567 (new) – acting appointment
- (o) Staff Rule 625 – overtime and compensatory time
- (p) Staff Rule 630 – annual leave
- (q) Staff Rule 640 – home leave
- (r) Staff Rule 660 – leave for military training or service
- (s) Staff Rule 720 – accident and illness insurance
- (t) Staff Rule 740 – sick leave (with the exception of the language in the *first clause of Staff Rule 740.2 which reads “Approved by the Staff Physician”*)
- (u) Staff Rule 760 – maternity and paternity leave
- (v) Staff Rule 770 – grant in case of death
- (w) Staff Rule 810 – travel of staff members
- (x) Staff Rule 850 – transportation of personal effects
- (y) Staff Rule 870 – expenses on death
- (z) Staff Rule 1015 – separation by mutual agreement
- (aa) Staff Rule 1020 – retirement
- (bb) Staff Rule 1030 – termination for reasons of health
- (cc) Staff Rule 1040 – completion of appointment
- (dd) Staff Rule 1050 – abolition of post
- (ee) Staff Rule 1110 – disciplinary measures
- (ff) Staff Rule 1120 – suspension pending investigation
- (gg) Staff Rule 1310 – staff in posts subject to local recruitment
- (hh) Staff Rule N.010 – scope and purpose
- (ii) Staff Rule N.110 – classification of posts
- (jj) Staff Rule N.310 to N.350 – recruitment and appointment
- (kk) Staff Rule N.510 to 530 – social security
- (ll) Staff Rule N.610 to 630 – conduct and disciplinary measures
- (mm) Staff Rule N.810 – right of association
- (nn) Staff Rule N.910 – grievance procedure
- (oo) Staff Rule N.1000 and N1010 – general provision

(Eighth meeting, 22 June 2006)

CE138.R8 Amendments to the PASB Staff Rules

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Taking into account the actions of the Fifty-ninth World Health Assembly regarding remuneration of the Regional Directors, Assistant Director-General, and the Director-General,

RESOLVES:

To recommend to the 47th Directing Council the adoption of the following resolution regarding the gross annual salary of the Director:

THE 47th DIRECTING COUNCIL,

Considering the reduction in the staff assessment needed in order to lower the Tax Equalization Fund;

Taking into account the decision of the Executive Committee at its 138th Session to adjust the gross annual salaries of the Deputy Director and Assistant Director; and

Noting the recommendation of the Executive Committee with regard to the gross annual salary of the Director,

RESOLVES:

1. To establish, effective 1 January 2006, the gross salary of the Director at US\$176,877 per annum.
2. To approve the amendments to Staff Regulations 1.12 through 1.15 with respect to national employees.
3. To take note of the amendments to the Staff Rules made by the Director and confirmed by the Executive Committee at its 138th Session.

(Eighth meeting, 22 June 2006)

CE138.R9 Proposed 10-Year Regional Plan on Oral Health for the Americas

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report on the Proposed 10-Year Regional Plan on Oral Health for the people of the Americas (Document CE138/14),

RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having considered Document CD47/___ on the Proposed 10-Year Regional Plan on Oral Health for the people of the Americas;

Recognizing that oral health is a critical aspect of general health conditions throughout the Region of the Americas due to its weight in the overall burden of disease, its association with systemic diseases, its causal relationship to the success or failure to meet some of the Millennium Development Goals, and the costs associated with the treatment of oral health diseases and the ability to institute effective oral health promotion and disease prevention measures; and

Recognizing that PAHO has cooperated with the countries of the Region in laying the conceptual and technical foundations for the development of policies, infrastructure, and programmatic capacities related to the national oral health programs,

RESOLVES:

1. To approve the 10-Year Plan on Oral Health for the Americas, and especially support the integration of oral health into the primary care strategy, greater access to care, and the extension and consolidation of successful programs like fluoridation, improving the organization and delivery of services with the support of other actors working in oral health, such as the private sector, universities, and industry.
2. To urge the Member States to:
 - (a) make every possible effort to ensure a basic level of access to oral health care, with emphasis on vulnerable groups;

- (b) improve oral health programs, establishing public policies in oral health and promoting partnerships with other sectors and areas for the development of oral health programs;
- (c) design and implement effective interventions, as well as best practice models and successful programs used in other countries, introducing cost-effective technologies that will facilitate greater access to health services, with emphasis on vulnerable groups, implementing and/or consolidating fluoridation programs;
- (d) promote integration of oral health into the primary care strategy, family health, and perinatal health.

3. To request the Director to:

- (a) support the implementation of the regional oral health strategy;
- (b) promote technical cooperation among countries and strategic partnerships in activities to promote oral health;
- (c) promote and facilitate the search for voluntary contributions to strengthen oral health activities.

(Eighth meeting, 22 June 2006)

CE138.R10 Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director on neonatal health in the context of maternal, newborn, and child health for the attainment of the development goals of the United Nations Millennium Declaration (Document CE138/12),

RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having considered the report of the Director on neonatal health in the context of maternal, newborn, and child health for the attainment of the development goals of the United Nations Millennium Declaration (Document CD47/___);

Acknowledging that the Region still faces persistently high neonatal mortality rates and that the achievement of reduced neonatal mortality will require enhanced efforts by countries and their development partners;

Considering that the PAHO Governing Bodies have adopted resolutions CSP26.R13 Regional Strategy for Maternal Mortality and Morbidity Reduction, and CD45.R3 Millennium Development Goals and Health Targets;

Considering that Resolution WHA57.12 endorses the WHO Global Strategy on Reproductive Health; and

Aware that the World Health Organization hosts the Global Partnership on Maternal, Neonatal, and Child Health, which formulated the Delhi Declaration on Maternal, Newborn, and Child Health, demonstrating the world's commitment to achieving time-bound and quantifiable improvements in development and poverty reduction by 2015,

RESOLVES:

1. To urge Member States to:
 - (a) Review the current situation of neonatal health and carry out ongoing targeted advocacy to place newborn health as a policy priority within the context of maternal, newborn, and child health and care;
 - (b) Support sectorwide and service-delivery-level partnerships for defining innovative and integrated maternal, neonatal, and child health interventions.
 - (c) Participate in the formulation of the Regional Strategy and Plan of Action on Neonatal Health within the Continuum of Maternal, Newborn, and Child Care.
2. To request the Director to:

- (a) Prepare a regional integrated strategy and plan of action on neonatal health within the continuum of maternal, newborn, and child care, addressing inequities and targeting vulnerable and marginalized groups, including intermediate goals for 2010 and 2015.

(Eighth meeting, 22 June 2006)

CE138.R11 Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Health and Other Related Rights

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the report, “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Health and Other Related Rights” (Document CE138/15),

RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having seen the report, “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights,” (Document CD47/__) and Resolution WHA58.23 of the World Health Assembly of WHO (2005) on disability;

Bearing in mind that approximately 60 million people in the Region of the Americas are currently living with some type of disability;

Aware that disability may arise from perinatal risks and childbirth, chronic diseases, malnutrition, accidents of all types, violence (especially gender violence), armed conflicts, occupational risk factors, poverty, drug and substance abuse, and the aging of the population;

Underscoring that persons with disabilities often have limited physical and financial access to treatment, essential drugs, and good quality health products, services, and rehabilitation compared to other human beings;

Recalling the International Classification of Functioning, Disability, and Health, officially ratified during the 54th World Health Assembly in 2001, the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities, and Resolution CD43.R10 of the Directing Council of PAHO (2001), which urges the Member States to update the legal provisions protecting the human rights of persons with mental disabilities;

Considering the efforts under way in the United Nations to draft the “Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities;” and

Mindful of Declaration AG/DEC.50 (XXXVI-0/06) on the “Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016), approved by the OAS General Assembly during its Thirty-Sixth Regular Session in Santo Domingo, the Dominican Republic,

RESOLVES:

1. To urge the Member States to:
 - (a) consider ratifying or acceding to the Inter-American Convention on the Elimination of All Forms of Discrimination against People with Disabilities (OAS) and raise public awareness to promote and protect the human rights and fundamental freedoms of persons with disabilities;
 - (b) adopt national policies, strategies, plans, and programs on disability, its prevention, and rehabilitation that respect international standards on disability such as the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities;
 - (c) adopt a comprehensive rehabilitation model, whose primary objective is to prevent, minimize, or reverse the consequences of the loss or alteration of functions and influence the factors that impede full participation;
 - (d) adopt measures to facilitate the safe use and access by all people to shared infrastructure and spaces, public and private, urban and rural, including furnishings and other supportive equipment, transportation, communication, and information, especially the health and rehabilitation services necessary for maintaining functional capacity;
 - (e) promote the creation of community rehabilitation programs and strategies with the participation of the organizations for persons with disabilities linked with health care at different levels, and integrated into the health system;

- (f) promote the development of health policies and programs that include the prevention and detection of disabilities, and early intervention to address them, counseling for families and persons with disabilities; and the consideration of persons with disabilities in all health initiatives;
- (g) promote the delivery of appropriate, timely, and effective medical care for persons with disabilities, including access to diagnostic and rehabilitation services, as well as services that provide assistive technologies that facilitate the functional independence of persons with disabilities to achieve their integration into society;
- (h) consider guaranteeing to persons who cannot perform their activities of daily living on their own, and to their families and caretakers, access to the basic services that they require, based on their degree of dependency;
- (i) safeguard the human rights of persons with disabilities, including equal access to health care, education, housing, and employment;
- (j) foster respect for the rights and dignity of persons with disabilities and combat stereotypes, prejudices, and harmful practices relating to persons with disabilities;
- (k) strengthen and develop rehabilitation services for all persons, regardless of their disability, so that they can achieve and maintain an optimal level of function, autonomy, and well-being;
- (l) promote research on the causes of disabilities and effective measures to prevent them that includes the use of methodologies for recording and analyzing disability data;
- (m) amend their disability laws and adapt them to conform with the applicable international norms and standards, and
- (n) participate in and collaborate with the Ad Hoc Committee of the United Nations on the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities and the Committee of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities.

2. To request the Director to:
- (a) consolidate and strengthen PAHO's commitment to cooperate with the Member States to promote and protect the quality of life of persons with disabilities and their enjoyment of the highest attainable standard of physical and mental health and other rights, ensuring especially that all of their programs and initiatives make use of the necessary information and statistics in this area;
 - (b) promote disability incidence, prevalence, and cause studies as the basis for risk factor reduction and prevention, treatment, and rehabilitation strategies;
 - (c) facilitate Member States' collaboration with teaching institutions, the private sector, and nongovernmental organizations, especially organizations of persons with disabilities and those that promote the protection of and respect for persons with disabilities, in order to take steps to reduce the risk factors that lead to disabilities and protect enjoyment of the highest attainable standard of health and other rights of persons with disabilities; and
 - (d) consolidate and strengthen the technical collaboration of PAHO with the committees, organs, and rapporteurships of the United Nations and inter-American systems devoted to protecting the rights of persons with disabilities, such as the Ad Hoc Committee on the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities and the Committee of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities, among others.

(Eighth meeting, 22 June 2006)

CE138.R12 Report of The Working Group on Streamlining the Governance Mechanisms Of PAHO

Establishment of the Subcommittee on Program, Budget, and Administration

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the recommendation of the Working Group on Streamlining the Governance Mechanisms of PAHO, created by Decision CE137(D5) regarding the reform of the Subcommittee on Planning and Programming; and

Taking into account the need for the Subcommittee on Planning and Programming to evolve into a mechanism for the review and feedback on: planning and program budget, policy formulation, performance assessment, evaluations, and oversight activities,

RESOLVES:

1. To abolish the Subcommittee on Planning and Programming and establish a new subcommittee called the Subcommittee on Program, Budget, and Administration, with the terms of reference, periodicity of meetings and composition, as annexed.
2. That the Subcommittee on Program, Budget, and Administration will hold its first session on March 2007.

Annex

ANNEX

TERMS OF REFERENCE

1. Nature

The Subcommittee on Program, Budget and Administration is an auxiliary advisory body of the Executive Committee with responsibility for aspects of Program, Budget and Administration.

2. Functions

The Subcommittee has the following functions:

2.1 To review and, as appropriate, make recommendations to the Executive Committee on the following:

- the policies for the development and delivery of technical cooperation including the process and methodology of planning, programming, and budgeting;
- the strategic plans for the work of the Pan American Sanitary Bureau;
- the program budget and performance assessment reports;
- evaluation of programs and initiatives that strengthen oversight and ensure follow-up to internal and external plans and reports that have assessed productivity, quality of service, efficiency, and effectiveness, as well as measuring impact, outcome, and success of programs;
- the Interim Financial Report, the Financial Report, and audited financial statements, together with the report of the External Auditor;
- the audit plans and reports of the External and Internal Auditors, the United Nations Joint Inspection Unit, and any other relevant reports including those submitted by them to the Executive Committee;
- the Secretariat's responses to the matters referred to above;
- other financial and administrative matters on the proposed agenda for the next session of the Executive Committee;
- governance issues affecting staff regulations, rules, and tracking gender equity within the Organization;

- the process of admittance and assessment of NGOs in official relations with PAHO undertaken annually; and
- any other technical or administrative matters assigned to it by the Executive Committee, including any urgent development relating to the health situation in the Americas.

3. Membership and Meetings

3.1 *Members*

The Subcommittee shall consist of seven Members: four to be elected by the Executive Committee with terms of office running concurrently with those of their membership on the Executive Committee, and three designated by the Director of PASB in consultation with the President of the Executive Committee before each session or sessions of the Subcommittee within the same year, seeking to reflect a balanced and adequate geographical distribution.

The names of delegates shall be communicated to the Director of PASB no less than 15 days before the opening of the respective sessions.

The expenses of one delegate per Member to attend sessions of the Subcommittee shall be paid by PAHO in accordance with the rules and regulations governing such expenses.

3.2 *Observers*

Member States not represented on the Subcommittee and invited institutions may, at their own expense, send observers, who may participate in the proceedings of the Subcommittee.

3.3 *Sessions*

The Subcommittee shall hold at least one regular session a year on dates to be decided by the Executive Committee. Additional sessions of the Subcommittee may be convened in the years when the Program Budget of the Organization is being considered.

Unless the Subcommittee decides otherwise, the sessions shall be public.

(Eighth meeting, 22 June 2006)

CE138.R13 Report of the Working Group on Streamlining the Governance Mechanisms of PAHO

Abolishment of the Subcommittee On Women, Health, and Development

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the recommendations of the Working Group on Streamlining the Governance Mechanisms of PAHO, established by Decision CE137(D5), regarding the Subcommittee on Women, Health, and Development;

Recognizing that the Subcommittee, in existence since 1981, has played a decisive role in spearheading key policy changes towards the attainment of gender equality in health both within the Organization and in the Region;

Acknowledging that despite considerable progress, deeply entrenched gender inequalities remain in the Region regarding health status, access to health services, and participation in health development and decision-making;

Acknowledging that in order to address the unfinished agenda of gender inequality, protect the Organization's achievements in this area, and face up to its new challenges, a continued and systematic effort by the health sector at all levels is required;

Aware that the Organization has introduced institutional changes towards sustained effectiveness in this area;

Cognizant that the Pan American Health Organization, in consonance with the World Health Organization and other agencies of the United Nations and the inter-American system, has recently formulated a Gender Equality Policy, that was adopted by the Directing Council (Resolution CD46.R6); and

Noting that the aforementioned gender equality policy applies to all of PAHO's work, including technical cooperation, national policy frameworks, and human resources management; and that the implementation of this policy requires specific resourcing and monitoring in each of these three areas,

RESOLVES:

1. To dissolve the Subcommittee on Women, Health, and Development.

2. To request the Director to ensure that:
 - (a) gender equality issues of policy formulation and monitoring regularly be part of the agenda of the Executive Committee;
 - (b) gender equity and sensitivity be mainstreamed in all technical aspects including women's health in the overall public health reports to the Executive Committee through the formation of an advisory group that will also be responsible for guiding the reporting process;
 - (c) gender equality among men and women be treated as a crosscutting managerial issue in all of the functions of the Organization and in the budgeting discussions of the Subcommittee on Program, Budget, and Administration.

(Eighth meeting, 22 June 2006)

CE138.R14 Financial Report of the Director and Report of the External Auditor for 2004-2005

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Financial Report of the Director and Report of the External Auditor, 1 January 2004 - 31 December 2005 (Official Document 323)*,

RESOLVES:

1. To transmit the *Financial Report of the Director and Report of the External Auditor, 1 January 2004 - 31 December 2005 (Official Document 323)* to the 47th Directing Council.
2. To note that the financial statements for the 2004-2005 biennium are presented in accordance with the United Nations System Accounting Standards, with the resulting disclosure and clarity of the statements.
3. To commend the Director on her 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 urge the Director to give the highest priority to ensuring the effective operation of the internal oversight function through the expeditious staffing of vacant positions.
5. To congratulate the Director on her successful efforts to maintain a sound financial position for the Organization.

(Eighth meeting, 22 June 2006)

CE138.R15 Report on the Collection of Quota Contributions

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Document CE138/19 and Add. I), including a report on the status of the trust fund entitled Voluntary Contributions for the Priority Programs: Surveillance, Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction;

Noting the information 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 23 Member States that have not made any payments towards their 2006 quota assessments and that the amount collected for 2006 assessments represents only 7% of total current year assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions, including a report on the status of the trust fund entitled Voluntary Contributions for the Priority Programs: Surveillance, Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction (Document CE138/19 and Add. I).

2. To thank the Member States that have already made payments for 2006 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To thank those Member States that have contributed to the trust fund entitled Voluntary Contributions for the Priority Programs and to encourage all Member States to make a contribution in support of these programs.
4. To recommend to the 47th Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that by the opening of that session have not made substantial payments toward their quota commitments and to those that have failed to make the scheduled payments in accordance with their deferred payment plans.
5. To request the Director to continue to inform the Member States of any balances due and to report to the 47th Directing Council on the status of the collection of quota contributions.

(Eight meeting, 22 June 2006)

CE138.R16 Nongovernmental Organizations in Official Relations with PAHO

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report of the Standing Committee on Nongovernmental Organizations (Document CE138/8, and Add. I); and

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

RESOLVES:

1. To continue official relations between PAHO and the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and the National Alliance for Hispanic Health for a period of four years.
2. To request the Director to:
 - (a) inform 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.

(Ninth meeting, 23 June 2006)

***CE138.R17 Provisional Agenda of the 47th Directing Council Of PAHO,
58th Session of the Regional Committee of WHO for the Americas***

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD47/1) prepared by the Director for the 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas, presented as the Annex to Document CE138/4; and

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

RESOLVES:

To approve the provisional agenda (Document CD47/1) prepared by the Director for the 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas.

(Ninth meeting, 23 June 2006)

CE138.R18 Health of the Indigenous Peoples in the Americas

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report on the health of the indigenous peoples in the Americas (Document CE138/13),

RESOLVES:

To recommend to the 47th Directing Council the adoption of a resolution along the following lines:

THE 47th DIRECTING COUNCIL,

Recognizing the progress achieved by the Health of the Indigenous Peoples Initiative and cognizant of the findings of the evaluation of the International Decade of Indigenous People of the World;

Taking note of the existence of inequities in health and access to health care services that affect more than 45 million indigenous people living in the Region of the Americas; and

Considering that the attainment of the internationally agreed-upon health-related development goals, including those contained in the United Nations Millennium Declaration, cannot be reached unless the specific health needs of excluded populations, such as the indigenous peoples, are addressed,

RESOLVES:

1. To approve the proposed strategic lines of action for PAHO's technical cooperation on the health of the Indigenous Peoples in the Americas.
2. To urge Member States to:
 - (a) ensure the incorporation of indigenous peoples' perspectives into the attainment of the Millennium Development Goals and national health policies;
 - (b) improve information and knowledge management on indigenous health issues to strengthen evidence-based decision-making and monitoring capacities in the Region;
 - (c) integrate the intercultural approach into the national health systems of the Region as part of the primary health care strategy;
 - (d) develop, together with PAHO/WHO, strategic alliances with indigenous peoples and other stakeholders to further advance the health of the indigenous peoples.

3. To request the Director to:
- (a) support the development and implementation of the proposed strategic lines of action for PAHO's technical cooperation, including the opportunity for developing a Regional Plan for the Health of the Indigenous Peoples;
 - (b) advocate the mobilization of national and international resources to support efforts to improve the health of the indigenous peoples in the Region;
 - (c) ensure the inclusion of the proposed strategic lines of action into the Pan American Sanitary Bureau Strategic Plan 2008-2012 and promote their inclusion in the Ten-Year Health Agenda for the Americas.

(Ninth meeting, 23 June 2006)

CE138.R19 Health Agenda for the Americas 2008-2017

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the "Report of the Ad hoc Consultative Group on the Health Agenda for the Americas (18 June 2006, Washington, D.C.)," Document CE138/INF/5; and

Acknowledging the briefings provided by the Rapporteur of the Subcommittee on Planning and Programming (SPP) and the Rapporteur of the Ad hoc Consultative Group,
RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having reviewed Document CD47/___ regarding the development of a Health Agenda for the Americas 2008-2017;

Recognizing the value and the need for such an Agenda for Member States, as well as for other stakeholders working to improve public health in the Americas; and

Noting with satisfaction the progress to date on the elaboration of the Agenda,

RESOLVES:

1. To congratulate the Ad hoc Consultative Group and the Working Group on the Health Agenda for the Americas 2008-2017 on their accomplishments and progress, and recognize the exceptional commitment of time and resources of the Member States participating in these groups;
2. To endorse the recommendations contained in Document CD47__ regarding the development of a Health Agenda for the Americas;
3. To encourage all Member States in the Region of the Americas to engage in the Health Agenda for the Americas as it is further developed through a broad and participative series of consultations during the remainder of 2006 and 2007;
4. To request the Director to support the joint work of the Member States as they define and endorse the Health Agenda for the Americas 2008-2017;
5. To request the Director to ensure that the agreements reached in the Health Agenda for the Americas 2008-2017 are reflected in the development of the Strategic Plan of the Pan American Sanitary Bureau 2008-2012.

(Ninth meeting, 23 June 2006)

CE138.R20 Report of the Working Group on Streamlining the Governance Mechanisms of PAHO

Process for the Election of the Director of the Pan American Sanitary Bureau

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Working Group on Streamlining the Governance Mechanisms of PAHO, established by Decision CE137(D5);

Acknowledging that the current process for electing the Director of the Pan American Sanitary Bureau is defined by the Constitution of PAHO and the Rules of Procedure of the Pan American Sanitary Conference;

Aware of the need for a more formal and transparent process for selecting candidates for the top senior posts of the Organization as stated in the Report of the Working Group of PAHO in the 21st Century, included in Resolution CD46.R2; and

Acknowledging the need to take steps to render the election process of the Director of the Pan American Sanitary Bureau more explicit and equitable for internal and external candidates,

RESOLVES:

To recommend to the 47th Directing Council the following resolution:

THE 47th DIRECTING COUNCIL,

Having considered the recommendations contained in Document CD47/___,

RESOLVES:

1. To approve the following Rules governing the election process for the position of Director of the Pan American Sanitary Bureau:

**RULES GOVERNING THE ELECTION PROCESS FOR THE
POSITION OF DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU**

Article I
Nominating Criteria

- 1.1 Candidates nominated for the post of Director of the Pan American Sanitary Bureau should have:
 - (1) a strong technical and public health background, extensive experience in international health and understanding of the inter-American and United Nations systems;
 - (2) a proven history and evidence of public health leadership, and management skills appropriate for a complex health-related organization;
 - (3) sensitivity to and respect for the cultural, social, political, and economic diversity within and among the countries in the Region;
 - (4) knowledge of the regional health situation and of the wide range of health systems in the Region;
 - (5) a strong commitment to the work of PAHO;
 - (6) good physical condition, as required of all staff members of the Organization;

- (7) fluency in one of the official languages and a working knowledge of one of the others.
- 1.2 Candidates should be willing to sign the mandated PAHO and WHO Declaration of Conflict of Interest.

Article II Presentation of Nominations

- 2.1 The process for electing the Director shall begin at least six months prior to the date fixed for the opening session of the Pan American Sanitary Conference (the Conference) or by 1 March, which ever comes first, with a notification from the incumbent Director to the Member States, Participating States, and Associate Members inviting nominations for the post of Director to be submitted to the President of the Executive Committee. Such notification shall include a copy of these Rules.
- 2.2 Following the Nominating Criteria in Article I above, each Member State, Participating State, or Associate Member may submit the name of only one national from a country within the Region as a candidate for the post of Director, in a sealed, confidential envelope addressed to the President of the Executive Committee, c/o Legal Counsel, Pan American Health Organization, Washington, D.C., at least four months prior to the opening session of the Conference or by 1 May , which ever comes first, after which time the nomination period shall be closed. Nominations should include a curriculum vitae of the proposed candidate.
- 2.3 All nominations received shall be compiled by the Bureau, translated into the four official languages of the Organization, and forwarded by the President of the Executive Committee to the Member States, Participating States, and Associate Members at least three months prior to the opening session of the Conference or by 1 June, which ever comes first.

Article III Candidate's Forum

- 3.1 The President of the Executive Committee shall invite nominated candidates to make a presentation to all Member States, Participating States, and Associate Members wishing to attend a Candidate's Forum to be held on the margins of the Executive Committee session preceding the session of the Conference.
- 3.2 Information regarding the time, date, and logistics of the Candidate's Forum shall be sent by the President of the Executive Committee to the nominated candidates and to all Member States, Participating States, and Associate Members

- immediately after the closure of the presentation of candidatures as specified in Article 2.3 above.
- 3.3 Nominated candidates shall be responsible for all expenses related to their participation in the Candidate's Forum.
 - 3.4 Members States, Participating States, and Associate Members shall be responsible for all expenses related to their participation in the Candidate's Forum.
 - 3.5 Wherever possible, modern technology will be utilized to facilitate the widest possible participation of all of the Organization's membership, including video conferencing. Verbatim transcripts of the presentations and discussions at the Candidate's Forum will also be made available.
 - 3.6 The order of the presentations to be made by the candidates shall be determined by lot, and candidates will be called one at a time. Candidates shall be allowed no more than 30 minutes to make an oral presentation and one hour for questions and answers from Member States, Participating States, and Associate Members in attendance. The oral presentation shall include the candidate's platform outlining their vision, proposed policy priorities, and financial and programmatic direction for the Organization. The time limit should be strictly adhered to.

Article IV
Candidates Who Are PAHO or WHO Staff Members

- 4.1 For the purposes of these Rules, a Director seeking reelection, staff members of PAHO or WHO, and any other person in an employment relationship with the Organization who has been nominated for the post of Director shall be considered as "internal candidates."
- 4.2 In conformity with the international character of their functions, no internal candidate may make direct or indirect use of their positions to further their candidacies, and shall not use the resources of the Organization for campaign purposes.
- 4.3 In pursuing their candidacy, no internal candidate shall communicate restricted, confidential, or otherwise privileged information to anyone or use that information to their private advantage.
- 4.4 In consideration of Staff Regulation 1.8, Internal Candidates for the post of Director shall either resign or take leave from the Organization, as applicable, once the nominations are forwarded by the President of the Executive Committee to Member States, Participating States, and Associated Members pursuant to Article 2.3 of these Rules. The period of leave shall last until the election or until

such time as the staff member withdraws his or her candidacy. In the case of leave, the staff member shall first be placed on annual leave until such leave has been exhausted and then, as necessary, on leave with pay. During such time, the staff member shall not represent the Organization in any manner whatsoever. Except for the Director, Deputy Director and Assistant Director, a staff member whose candidacy was not successful, and who opted to take leave shall have the right to return to the position that he or she occupied previously in the Organization or, at the discretion of the Organization, to another position at a level equal to the grade held previously to taking such leave.

- 4.5 The foregoing Section 4.4 shall not apply to the Director in office. Nonetheless, the Director shall strictly conform to the requirements of Sections 4.2 and 4.3 of these Rules, for the entire period preceding the election.
- 4.6 For the purpose of conserving the independence and impartiality inherent in the international character of their function, and to assure that a level playing field is maintained in the election of the Director, staff members of PAHO or WHO and any other person in an employment relationship with the Organization, shall not engage in campaign activities for or otherwise support any candidate for the position of Director.
- 4.7 Failure to observe the provisions established in this Article constitutes serious misconduct and shall result in disciplinary action, which may include summary dismissal, under the applicable Staff Rules and Regulations, or breach of contract and grounds for termination, as applicable.
- 4.8 In the case of internal candidates who are staff members of WHO, the President of the Executive Committee shall request the Director-General of WHO to consider the application of Article IV of these Rules to such candidates.

Article V Election

- 5.1 The Conference shall elect the Director by secret ballot from among the nominated candidates, in conformity with Article 21, paragraph A, of the Constitution and the Rules of Procedure of the Conference.

Article VI
Post Election Measures

- 6.1 Delegates from Member States, Participating States, or Associate Members participating in the election may not be employed or contracted by the Organization for a period of one year thereafter.
- 6.2 In the case of Delegates from Member States, Participating States, or Associate Members participating in the election that are appointed as Temporary Advisers, the Secretariat shall present the President of the Executive Committee with an information paper listing all such appointments every three months for a period of one year after the election of the Director.
- 6.3 In order for the Executive Committee to be apprised of funding authorizations from the Country Variable Allocation and the Regional Director's Development Fund, a report on such activities shall be prepared by the Secretariat, reviewed by the Director of Administration, and sent to the President of the Executive Committee every three months for a period of six months prior to and a period of one year after the election of the Director.

- - -

2. To replace the existing Rules 55 of the Rules of Procedure of the Directing Council and 56 of the Rules of Procedure of the Pan American Sanitary Conference with the following texts:

Rule 55

“The Council shall elect an ad interim Director by secret ballot, when required, in conformity with Article 21, paragraph A, of the Constitution, Rule 56 of the Rules of Procedure of the Conference and the Rules Governing the Election Process for the Post of Director, as approved by the Directing Council. However, should there be insufficient time prior to the date fixed for the opening session of the Council to permit full compliance with the timeframes outlined in the election process, the President of the Executive Committee shall adjust such timeframes and inform the Members and Associate Members accordingly.”

Rule 56

“The Conference shall elect the Director by secret ballot, in conformity with Article 21, paragraph A, of the Constitution and the Rules Governing the Election Process for the Post of Director, as approved by the Directing Council. The election

process shall begin at least six months prior to the date fixed for the opening session of the Conference or by 1 March, which ever comes first, with a notification from the incumbent Director to the Members and Associate Members, inviting nominations for the post of Director to be submitted to the President of the Executive Committee. Such notification shall include a copy of the Rules Governing the Election Process for the Post of Director.

Each Member and Associate Member may submit the name of only one national from a country within the Region as a candidate for the post of Director in accordance with the referenced Rules Governing the Election Process for the Position of Director. The nomination will be sent in a sealed, confidential envelope addressed to the President of the Executive Committee, c/o Legal Counsel, Pan American Health Organization, Washington, D.C., at least four months prior to the opening session of the Conference or by 1 May, which ever comes first, after which time the nomination period shall be closed. All nominations received shall be compiled by the Bureau, translated into the four official languages of the Organization, and forwarded by the President of the Executive Committee to the Members and Associate Members at least three months prior to the opening session of the Conference or by 1 June, which ever comes first.

In accordance with the Rules Governing the Election Process for the Position of Director, the President of the Executive Committee shall invite nominated candidates to make a presentation to all Members and Associate Members wishing to attend a Candidate's Forum to be held on the margins of the Executive Committee session preceding the session of the Conference.

The Conference shall elect the Director from among the candidates nominated by the Members and Associate Members in accordance with the Rules Governing the Election Process for the Position of Director. If in the first two ballots no person receives the majority required, two further ballots restricted to the two candidates receiving the largest number of votes in the second of the unrestricted ballots shall then be taken. If no candidate receives the majority required, two unrestricted and two restricted ballots shall be taken alternatively until a candidate is elected.”

(Ninth meeting, 23 June 2006)

CE138.R21 Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE138/9 “Methodology for the Formulation of the PASB Strategic Plan for the Pan American Sanitary Bureau, 2008-2012”;

Acknowledging the briefings provided by the Rapporteur of the Subcommittee on Planning and Programming (SPP) and the Rapporteur of the 18 June 2006 special meeting regarding the Health Agenda for the Americas; and

Having arrived at a consensus among the Members of the Executive Committee regarding this matter,

RESOLVES:

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

THE 47th DIRECTING COUNCIL,

Having reviewed Document CD47/___ regarding the development of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012;

Recognizing that the Strategic Plan will be the Secretariat’s response to the goals set out in Health Agenda for the Americas;

RESOLVES:

6. To approve Document CD47/___ regarding the development of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012.

(Ninth meeting, 23 June 2006)

CE138.R22 Report of the Working Group on Streamlining the Governance Mechanisms of PAHO

Improvement of the Rules of Procedure of the Directing Council

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the recommendations of the Working Group on Streamlining the Governance Mechanisms of PAHO, established by Decision CE137(D5), regarding the improvement of the Rules of Procedure of the Directing Council;

Acknowledging the need to provide Member States and the Director more time to read, revise and present resolutions, while taking into consideration discussions before and during the meetings of the Governing Bodies; and

Acknowledging the need to provide Member States with more succinct, precise, and timely documents,

RESOLVES:

To recommend to the 47th Directing Council the adoption of the following resolution:

THE 47TH DIRECTING COUNCIL

Having considered the recommendations contained in Document CD47/__,

RESOLVES:

To amend its Rules of Procedure to read as follows:

Rule 2

Notices of convocation together with the provisional agenda shall be sent to all Members, Associate Members, and Observer States not less than 60 days before the date fixed for the opening of a session, except in extraordinary circumstances.

Rule 33

The General Committee shall:

- (a) decide the time and place of all meetings;
- (b) determine the order of the day of each meeting;
- (c) recommend measures to be taken regarding any proposed agenda item submitted after the provisional agenda has been dispatched pursuant to Rule 2, and prior to the adoption of the agenda pursuant to Rule 10;
- (d) propose the deferment of any agenda item to a future Council session;
- (e) fix the date of the adjournment;
- (f) otherwise facilitate the orderly dispatch of the business of the Council.

Rule 9

All working documents relating thereto shall be sent to the Members, Associate Members, and Observer States at least 6 weeks prior to the opening of the session. Such documents shall be concise; any additional information should be attached as an Annex.

Rule 10

The Council shall adopt its own agenda and, in so doing, may make such additions or modifications to the provisional agenda as it may wish, in accordance with these Rules and as recommended by the General Committee.

Rule 12

Except in extraordinary circumstances, a proposal for inclusion of an item in the provisional agenda or agenda shall be accompanied by a working document prepared by the proposer, to serve as a basis for discussion.

Rule 23

The Rapporteur shall be responsible for presenting and drafting, as necessary, proposed resolutions in light of the deliberations of the Council.

Rule 40

Members and Associate Members may propose and the Secretary ex officio may recommend resolutions, amendments, and motions.

Resolutions shall be introduced in writing and shall be handed to the Secretary ex officio, who shall circulate copies to the delegates within 12 hours. Amendments which introduce significant changes in a resolution shall also be submitted in writing. No resolution or significant amendment shall be discussed or put to the vote unless copies of it have been circulated to all delegates at least 24 hours prior to its discussion. Under special circumstances, the President may permit the discussion and consideration of such resolutions or amendments even though they have not been circulated previously.

Proposals shall be voted on in the order in which they are presented except when the Council decides to the contrary. Parts of a proposal or an amendment shall be voted on separately if any delegate so requests.

(Ninth meeting, 23 June 2006)

CE138.R23 PAHO Award for Administration, 2006

THE 138th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration, 2006 (Document CE138/7, Add. I); and

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), the 124th Session of the Executive Committee (1999), and the 135th Session of the Executive Committee (2004),

RESOLVES:

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 2006, on Dr. Adolfo Horacio Chorny for his contributions to development and innovation in the areas of planning, management, and financing of health systems and services at the national and international levels, including his contribution to the development of leadership in public health and health policies through several generations of managers and decision-makers.
2. To transmit the report of the Award Committee of the PAHO Award for Administration, 2006 (Document CE138/7, Add. I), to the 47th Directing Council.

(Ninth meeting, 23 June 2006)

Decisions

Decision CE138(D1) Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted, without modification, the agenda submitted by the Director (Document CE138/1, Rev. 2).

(First meeting, 19 June 2006)

Decision CE138(D2) Representation of the Executive Committee at the 47th Directing Council, 58th 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 (Argentina) and Vice President (Costa Rica) to represent the Committee at the 47th Directing Council, 58th Session of the Regional Committee of WHO for the Americas. The Committee designated Antigua and Barbuda as alternate representative for Argentina and Chile as alternate representative for Costa Rica.

(First meeting, 19 June 2006)

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., on this 23 day of June in the year two thousand six. 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.

Carlos Vizzotti
Delegate of Argentina
President of the 138th Session
of the Executive Committee

Mirta Roses Periago
Director of the Pan American Sanitary Bureau
Secretary ex officio of the 138th Session
of the Executive Committee

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 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas

COMMITTEE MATTERS

- 3.1 Report of the Working Group on Streamlining the Governance Mechanisms of PAHO
- 3.2 Report on the 40th Session of the Subcommittee on Planning and Programming
- 3.3 PAHO Award for Administration, 2006
- 3.4 Nongovernmental Organizations in Official Relations with PAHO
 - Periodic Review of Nongovernmental Organizations in Official Relations with PAHO
 - Consideration of Applications

4. PROGRAM POLICY MATTERS

- 4.1 Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012
Proposed Health Agenda for the Americas 2008-2017
- 4.2 Performance Assessment Report of the Biennial Program Budget of the Pan American Health Organization,

4. PROGRAM POLICY MATTERS *(cont.)*

- 4.3 Regional Strategy for Sustaining National Immunization Programs in the Americas
- 4.4 Neonatal Health in the Context of the maternal, Newborn and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration
- 4.5 Health of the Indigenous Population in the Americas
- 4.6 Proposed 10-Year Regional Plan on Oral Health
- 4.7 Disability: Prevention and Rehabilitation in the Context of the Enjoyment of the Highest Attainable Standard of Health and other Related Right
- 4.8 Health Promotion: Achievements and Lessons Learned from Ottawa to Bangkok and Future Perspectives
- 4.9 Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health
- 4.10 Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor 2004-2005
- 5.3 Report on the Activities of the Internal Oversight Services
- 5.4 Amendments to the Financial Regulations
- 5.5 Process for the Appointment of the External Auditor

5. ADMINISTRATIVE AND FINANCIAL MATTERS (*cont.*)

- 5.6 Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Rules
- 6.2 Statement by the Representative of the PASB Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau
- 7.2 Review of the Pan American Centers
- 7.3 Progress Report on National and Regional Health Disaster Preparedness and Response
- 7.4 Influenza Pandemic: Progress Report
- 7.5 Annual Report on PASB Human Resources
- 7.6 Resolutions and Other Actions of the Fifty-ninth World Health Assembly of Interest to the PAHO Executive Committee

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

Off. Doc. 323 Financial Report of the Director and Report of the External Auditor 2004-2005

Working Documents

CE138/1, Rev. 2 and
CE138/WP1, Rev. 2 Adoption of the Agenda and Program of Meetings

CE138/3 Representation of the Executive Committee at the 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas

CE138/4, Rev. 1 Provisional Agenda of the 47th Directing Council of PAHO, 58th Session of the Regional Committee of WHO for the Americas

CE138/5
and Add. I Report of the Working Group on Streamlining the Governance Mechanisms of PAHO

CE138/6 Report on the 40th Session of the Subcommittee on Planning and Programming

CE138/7
and Add. I PAHO Award for Administration, 2006

CE138/8
and Add. I Nongovernmental Organizations in Official Relations with PAHO

CE138/9 Methodology for the Formulation of the Strategic Plan for the Pan American Sanitary Bureau, 2008-2012

CE138/10
and Corrig. Performance Assessment Report of the Biennial Program Budget of the Pan American Health Organization, 2004-2005

Working Documents (cont.)

CE138/11	Regional Strategy for Sustaining National Immunization Programs in the Americas
CE138/12	Neonatal Health in the Context of the maternal, Newborn and Child Health for the Attainment of the Development Goals of the United Nations Millennium Declaration
CE138/13, Rev. 1 and Corrig.	Health of the Indigenous Population in the Americas
CE138/14	Proposed 10-Year Regional Plan on Oral Health
CE138/15	Disability: Prevention and Rehabilitation in the Context of the Enjoyment of the Highest Attainable Standard of Health and other Related Rights
CE138/16	Health Promotion: Achievements and Lessons Learned from Ottawa to Bangkok and Future Perspectives
CE138/17	Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health
CE138/18	Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015
CE138/19 and Add. I	Report on the Collection of Quota Contributions
CE138/20	Report on the Activities of the Internal Oversight Services
CE138/21	Amendments to the Financial Regulations
CE138/22	Process for the Appointment of the External Auditor
CE138/23, Rev. 1	Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale
CE138/24	Amendments to the PASB Staff Rules

Working Documents (cont.)

- CE138/25 Statement by the Representative of the PASB Staff Association
- CE138/26 Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau
- CE138/27 Progress Report on National and Regional Health Disaster Preparedness and Response

Information Documents

- CE138/INF/1 Review of the Pan American Centers
- CE138/INF/2 Influenza Pandemic: Progress Report
- CE138/INF/3 Annual Report on PASB Human Resources and Add. I
- CE138/INF/4 Resolutions and Other Actions of the Fifty-ninth World Health Assembly of Interest to the PAHO Executive Committee
- CE138/INF/5 Proposed Health Agenda for the Americas 2008-2017

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

**Members of the Committee
Miembros del Comité**

***Antigua and Barbuda
Antigua y Barbuda***

Hon. H. John Maginley
Minister of Health, Sports, and Youth Affairs
Ministry of Health, Sports, and Youth Affairs
St. John's

Ms. Anne-Marie Layne
First Secretary
Permanent Mission of Antigua and Barbuda
to the Organization of American States
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Dr. Carlos Vizzotti
Subsecretario de Regulaciones Sanitarias
e Investigación en Salud
Ministerio de Salud
Buenos Aires

Lic. Karina Chierzi
Jefa de Gabinete de la Subsecretaría de Relaciones
Sanitarias e Investigación en Salud
Ministerio de Salud y Ambiente de la Nación
Buenos Aires

Lic. Mariana Savino
Asesora de la Subsecretaría de Relaciones
Sanitarias e Investigación en Salud
Ministerio de Salud
Buenos Aires

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

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