



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



138th SESSION OF THE EXECUTIVE COMMITTEE

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

Provisional Agenda Item 4.1

CE138/INF/5 (Eng.)
20 June 2006
ORIGINAL: ENGLISH

REPORT OF THE AD-HOC CONSULTATIVE GROUP ON THE HEALTH AGENDA FOR THE AMERICAS

The Director is pleased to transmit to the Executive Committee the Report of the Ad-Hoc Consultative Group on the Health Agenda for the Americas.

**Report of the Ad-Hoc Consultative Group
on the Health Agenda for the Americas**
18 June 2006
Washington, D.C.

Introduction

This Report is submitted to the Executive Committee by the Ad-Hoc Consultative Group in order to advance the development of a Health Agenda for the Americas. Several recommendations and actions are included in this Report and its Annexes, which constitute a work plan to develop the Health Agenda for the Americas.

Meeting Participants

See Annex 1.

Background to the 18 June 2006 Meeting

This meeting of the Ad-Hoc Consultative Group on the Health Agenda for the Americas (HAA) was convened by the President of the Executive Committee (EC) in order to conclude the discussion regarding the establishment of a Steering Group to oversee the development of the Health Agenda for the Americas pending from the 40th Subcommittee on Planning and Programming (SPP, March 2006). The stated objectives of the 18 June meeting were to:

1. Determine the composition of the HAA Steering Group.
2. Approve a work plan for the development of the HAA.

Guidance on the Development of the Health Agenda

The Explanatory Document found in Annex 2 provides background information on the *what* and *why* of the Health Agenda, and its relation to WHO's planning instruments. The following observations were made regarding the nature of the Health Agenda and the process for its development:

- The countries making interventions endorsed the HAA concept and agreed to work to ensure its development and implementation through a participative process.

- The HAA must complement and contribute to existing global and regional health agendas and mandates, without duplicating them. It should be clear, concise, and measurable in its impact.
- The HAA must represent the collection of all relevant global mandates, specified and prioritized for the Region.
- The HAA should be an “umbrella document” under which priority health development activities in the Region can fit.
- As a part of the development process, the Secretariat needs to analyze and distill existing mandates (notably WHO’s Eleventh General Program of Work, 2006-2015, and the Millennium Declaration) and present suggestions to the Working Group for how these can be consolidated and expressed in goals for the Region. Where appropriate, key mandates should be explicitly linked in the Health Agenda.
- The HAA should be approved at the ministerial level. Countries should have a commitment to the outcomes (compromiso con los resultados) contained in the HAA. There are a series of regional and subregional meetings during the first half of 2007 that will provide suitable venues for this process.
- The development process must ensure maximum participation among all countries of the Region, as well as within countries among government and civil society organizations. The HAA should serve countries’ needs, and also drive the work of the PASB. The final product should enable health development across the Region.
- The Steering Group should instead be a small Working Group composed of seven Member States.
- The HAA will be developed in tandem with the PASB Strategic Plan, but the Health Agenda needs to be approved first. The PASB Strategic Plan will be a response to the HAA. Therefore, the HAA should be approved by August 2007 at the latest.

HAA Working Group Terms of Reference and Composition

The discussions regarding the terms of reference and work plan for the renamed Working Group are reflected in Annex 3. Note: The first meeting of the Working Group is proposed to be held during the Executive Committee meeting 19-23 June 2006 (time and location to be determined).

The discussion regarding the composition of the Working Group, based on Executive Committee membership and subregional representation, resulted in the following Members:

1. Antigua and Barbuda (subject to confirmation)
2. Argentina
3. Canada

4. Chile
5. Cuba
6. Panama (President)
7. United States of America

The Consultative Group also proposed establishing an Advisory Group composed of the Members of the SPP and the EC, as well as five “health stakeholders” from international organizations working in the Region (to be determined by the Working Group). This Advisory Group will be consulted at periodic intervals at the discretion of the Working Group.

LIST OF PARTICIPANTS

Antigua and Barbuda (not present)
Hon. John Maginley, Minister of Health

Argentina
Dr. Carlos Vizzotti, Subsecretario de Relaciones Sanitarias e Investigación en Salud,
Ministerio de Salud y Ambiente
Sra. Karina Chierzi, Jefa Gabinete Subsecretaría Relaciones Sanitarias

Barbados
Dr. Joy St. John, Chief Medical Officer

Brazil
Sr. Sergio Gaudencio, Chefe da Divisao de Temas Multilaterales

Canada
Ms. Kate Dickson, Advisor, International Health Policy and Commonwealth Division,
Health Canada

Chile
Dr. Osvaldo Salgado, Jefe de la Oficina de Cooperación y Asuntos Internacionales,
Ministerio de Salud
Sra. Natalia Meta, Coordinadora Proyectos Oficina Cooperación y Asuntos
Internacionales, Ministerio de Salud
Sr. Felipe Sáez, Representante Alterno, Misión de Chile ante la OEA
Sr. Pedro Oyarce, Embajador de Chile ante OEA

Costa Rica
Lic. Carlos Valerio Monge, Asesor del Ministerio de Salud

Cuba
Dr. Antonio Diosdado González Fernández, Jefe del Departamento de Organismos
Internacional

México
Lic. Alejandra González Morel, Directora para Asuntos Multilaterales, Secretaría de
Salud

LIST OF PARTICIPANTS *(cont.)*

Nicaragua

Dr. Israel Kontorovsky, Viceministro de Salud Pública

Panamá

Dr. Camillo Alleyne, Ministro de Salud

Sr. Marco Williams, Secretario Ejecutivo del Ministerio de Salud

Sra. Ilonka Elizabeth Pusztai, Directora de Asuntos Internacionales

Paraguay

Dr. Roberto E. Dullak Peña, Viceministro de Salud

United States of America

Dr. Mark A. Abdo, Special Assistant to the Director

Ms. Mary Lou Valdez, Deputy Director for Policy

Venezuela

Lic. Rosicar Mata, Directora General de la Oficina de Cooperación Técnica y Relaciones
Intenacionales

PASB Supporting Participants

Dr. Mirta Roses Periago, Director

Dr. Carissa Etienne, Assistant Director

Dr. Isaías Daniel Gutiérrez, Area Manager of Planning, Program Budget, and Project
Support (PPS)

Dr. Philippe Lamy, Manager, Area of Governance, Policy, and Partnerships (GPP)

Mr. Dean Chambliss, Planning Officer, PPS, Planning and Program Budget

Mr. Hernán Rosenberg, Unit Chief, PPS, Project Support

Dr. Mariela Licha Salomon, Coordinator, Country Support Unit (CSU)

Dr. Alfredo Calvo, CSU

Mrs. Cristina Puentes, Area of Strategic Health Development, Health Policies and
Systems

Explanatory Document

Health Agenda for the Americas 2008-2017

Introduction

This document explains the fundamental motivation and justification for the Health Agenda for the Americas 2008-2017 as endorsed by the March 2006 meeting of the Subcommittee on Planning and Programming (see SPP40/3 at <http://www.paho.org/english/gov/ce/spp/spp40index-e.htm>).

What is the Health Agenda for the Americas?

The Agenda belongs to Member States. It will:

- Be a concise expression of the shared vision of the countries of the Americas, considering expected trends and challenges in the decade, and focusing on concrete improvements in the health of the people of the Americas.
- Set out high-level goals for health development in the Americas for the period 2008-2017.
- Take into consideration agreed-upon international objectives and mandates.

What purposes does it serve?

The Agenda will present 10-year goals for the people of the Americas to achieve the highest possible level of health. It will address the following gaps:

1. The lack of a regional perspective; the Americas Region does not have a common agenda to address specific regional health problems.
2. The declared will of the countries of the Americas to work together and in solidarity needs to be translated into a concrete Agenda for the Region.
3. The many declarations and mandates of the Americas to improve public health have not been collated, analyzed, and synthesized into a concise agenda.
4. A clearer expression of collective intentionality and guidance, highlighting governments' steering role and Member States' commitment, is needed for achieving common health outcomes.
5. Health partners and institutions will benefit from a concise, high-level health agenda for use in advocacy, mobilizing resources, and influencing policy at the regional level.

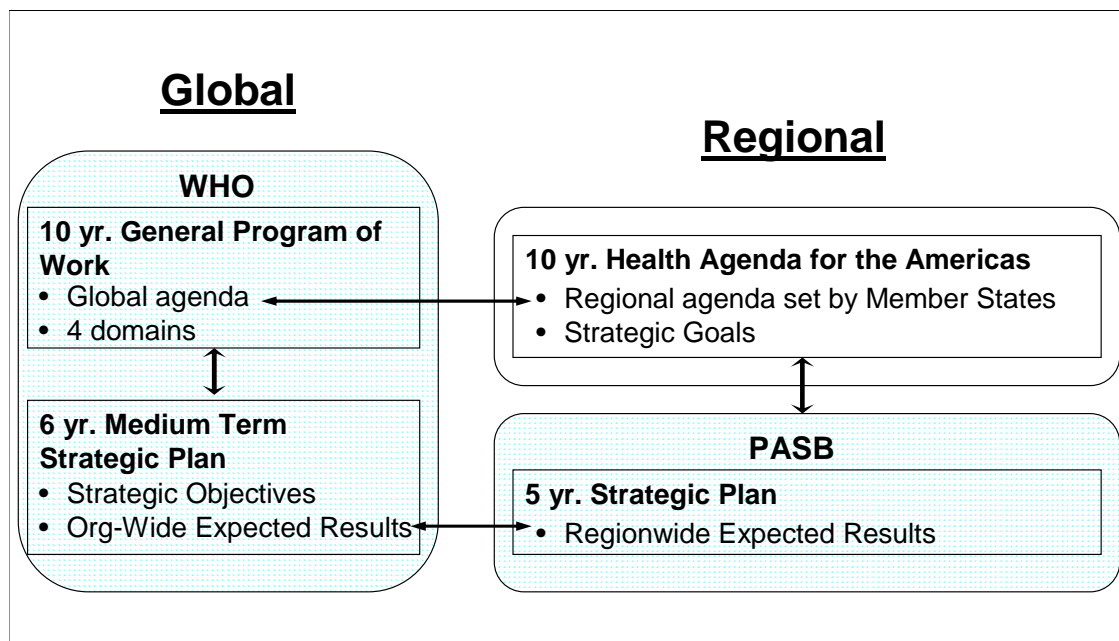
In addition, the Agenda will be a primary driver of the Pan American Sanitary Bureau's work:

- The Report of the UN Joint Inspection Unit (JIU) (Document CD46/23) specifies the need for a long-term planning mechanism containing strategic goals that would constitute the highest level of results for the Region toward which the Bureau's work will contribute. This is an essential condition for the full implementation of results-based management in the PASB.
- The PASB Strategic Plan, which will be elaborated later, will be the operational response of the Secretariat to the call of the countries in the Agenda. The Organization's expected results, as defined in the Strategic Plan, will contribute directly to the goals set by Member States in the Agenda.

How do WHO's General Program of Work (GPW) and the PASB's Strategic Plan relate to the Health Agenda?

The WHO General Program of Work sets out broad guidance for WHO's work during the period 2006-2015, but does not contain specific goals. The Agenda will take the global guidance provided by the GPW down to the regional level, and will establish specific regional public health goals. The Agenda thus complements and enlarges upon the GPW at the regional level, as determined by Member States.

The following diagram depicts the relationships among WHO's planning instruments, the Agenda, and the PASB Strategic Plan:



Thus the PASB Strategic Plan will respond to both the WHO Medium-term Strategic Plan (MTSP) and the Health Agenda for the Americas.

What are the precedents for the Agenda?

- Millennium Declaration (2000)
- PAHO's Ten-Year Health Plan for the Americas (1971-1980)
- Agenda for the Americas (Inter-American Dialogue) (2005)
- Health as Bridge for Peace (began in the mid-1980s)
- Health for All by the Year 2000 (1978)
- Health for All policy framework for the WHO European Region: 2005 update
- Subregional long-term plans, for example:
- Caribbean Cooperation in Health (CCH) phases I, II, and III (began in 1986, subsequently renewed)

What is the PASB's role with respect to the Agenda?

One of the Bureau's fundamental roles is to support Member States in defining the public health priorities in areas of mutual concern. This applies equally to the development of the Agenda, where the Bureau's role is expressly limited to supporting and facilitating the deliberations of Member States. The SPP endorsed the Secretariat's role in support of this process.

Working Group Health Agenda for the Americas 2008-2017

Objectives

1. The key initial objective for the Working Group is to produce a draft of the Health Agenda for the Americas (HAA) by the end of 21 July 2006, and include the suggestions of the Advisory Group by August 2006, in order that the draft may be considered at the 139th Session of the Executive Committee (EC) in September 2006.
2. After EC consideration of the draft Health Agenda, the Working Group's primary task will be to guide and facilitate a broad consultation process with governments and civil society throughout the Region to ensure the Health Agenda is truly a product developed and "owned" by all key players in the health arena.

Membership

The Working Group will be composed of senior officials or planners from seven Member States:

1. Antigua and Barbuda (subject to confirmation)
2. Argentina
3. Canada
4. Chile
5. Cuba
6. Panama (President)
7. United States of America

The Working Group will periodically consult with an Advisory Group composed of the Members of the SPP and the EC (including those in the Working Group), as well as five "health stakeholders" from international organizations working in the Region.

Support to the Working Group

The PASB Planning, Program Budget, and Project Support Area will serve as the day-to-day secretariat in support of the Working Group, with the entirety of the PASB staff available as needed.

Terms of Reference

1. Define the process for development of the Agenda.

2. Review stated mandates and declarations at the global, regional, and subregional level with a view to synthesizing them into 10-year strategic goals.
3. Draft the proposed content of the Health Agenda.
4. Review and comment on the draft Health Agenda, including coordination of the review by Member States and other parties not on the Working Group, as appropriate.
5. Identify opportunities and suggest strategies to ensure successful consultations with various clients and stakeholders (governments, international organizations, nongovernmental organizations, academic and research institutions, and civil society organizations).

Work plan and calendar

Working modality: The PASB Secretariat will endeavor to organize video- and/or teleconferences on a fortnightly basis beginning the week of 3-7 July 2006, in order to advance the work of the Working Group, and maximize participation and feedback. In order to advance as quickly as possible, electronic consultation (email and SharePoint) will be used in the interim between these meetings.

2006

June

- **21 June** - Opening meeting of the Working Group to consider:
 - Tentative outline of the Health Agenda
 - SharePoint catalog of mandates relevant to the HAA

July

- Development and refinement of the Health Agenda by the Working Group (with Secretariat support)
- **21 July** – Initial draft HAA circulated from Working Group to Advisory Group

August

- **11 August** – Comments on the initial draft received from the Advisory Group
- **31 August** – Draft Agenda to be submitted to the Executive Committee

September

- **29 September** – Executive Committee considers first draft of the Agenda
- Revisions made to the Health Agenda in accordance with EC input, circulated to HAA Working Group for review.

November 2006- April 2007

- Health Agenda refinement and consultation with stakeholders at national and regional levels.

Mid-2007

- Health Ministers' endorsement of the Health Agenda (venue and date to be determined).

- - -