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FINAL REPORT

Opening of the Session

1. The 142nd 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 23 to 27 June 2008. The Committee also held a special virtual meeting on 31 July 2008 in order to conclude its deliberations on one item (see paragraphs 86 to 105 below).
2. The 142nd Session was attended by delegates of the following nine members of the Executive Committee elected by the Directing Council or the Pan American Sanitary Conference: Antigua and Barbuda, Bolivia, Chile, Mexico, Panama, Suriname, Trinidad and Tobago, United States of America, and Uruguay. Representatives of the following other Member States and Participating States attended in an observer capacity: Argentina, Brazil, Canada, France, Paraguay, and Venezuela. In addition, three nongovernmental organizations were represented.
3. All nine Committee members also took part in the virtual meeting on 31 July. Representatives of Canada, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay participated as observers.
4. Hon. H. John Maginley (Antigua and Barbuda, President of the Executive Committee) opened the 142nd Session and welcomed members, observers, and PAHO staff.
5. Dr. Mirta Roses (Director, Pan American Sanitary Bureau) also welcomed participants, noting that the Committee had before it a very full agenda and that its work would be essential in refining the documents and resolutions to be sent forward to the 48th Directing Council.

Procedural Matters

Officers

6. The following Members elected to office at the Committee's 141st Session continued to serve in their respective capacities at the 142nd Session:

<i>President:</i>	Antigua and Barbuda	(Hon. H. John Maginley)
<i>Vice President:</i>	Uruguay	(Dr. Jorge Otto Basso Garrido)
<i>Rapporteur:</i>	Panama	(Dr. Nadja Porcell)

7. The Director served as Secretary *ex officio*, and Dr. Cristina Beato, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE142/1, Rev. 2 and CE142/DIV/2)

8. Concern was expressed about the length of the agenda and the number of items that might be sent forward to the Directing Council. It was suggested that it might be preferable to defer consideration of some items until the 143rd Session of the Executive Committee in October 2008 in order to allow sufficient time for a thorough discussion of all items and reduce the workload of the Directing Council. It was also suggested that any item not requiring action by the Council should not be included on its agenda.

9. The Director noted that the Committee had the option of choosing not to forward some items to the Directing Council. She undertook to circulate a revised provisional agenda for the Directing Council (Document CE142/3, Rev. 3, see paragraphs 12 to 15 below), indicating items which might be eliminated from the agenda because their consideration was not mandated by a resolution.

10. The Committee agreed to adopt the provisional agenda without change, with the understanding that an attempt would be made to limit the number of items sent forward to the Directing Council (Decision CE142(D1)). The Committee also adopted a program of meetings. Owing to time constraints, it was subsequently decided to remove item 7.8, "Pan American Sanitary Bureau Human Resources: Staff Profile," from the agenda as it was an information item requiring no action by the Committee.

Representation of the Executive Committee at the 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas (Document CE142/2)

11. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Antigua and Barbuda and Uruguay, its President and Vice President, respectively, to represent the Committee at the 48th Directing Council. Chile and Panama were designated as alternate representatives (Decision CE142(D2)).

Provisional Agenda of the 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas (Document CE142/3, Rev. 3)

12. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a preliminary timetable for the 48th Directing Council and had recommended that, as a general principle, items of a strategic or political nature should be taken up at the beginning of the week, when ministers of health were most likely to be present. The same recommendation applied to the various awards ceremonies. The Subcommittee had also made recommendations concerning the treatment of several agenda items, notably the report of the Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property.

13. The Executive Committee then considered the revised provisional agenda prepared by the Director (Document CE142/3, Rev. 3), which highlighted items that might be removed in the interests of shortening the agenda. It was suggested that the progress reports on the International Health Regulations and on avian influenza and influenza pandemic preparedness (items 4.14 and 4.12, respectively) should be retained, given their current importance and relevance, although it was proposed that they might be moved to Section 8 of the agenda, "Matters for Information." It was also considered important to retain the report on resolutions and other actions of the Sixty-first World Health Assembly of interest to the Regional Committee. The Committee noted that, pursuant to its discussions during the 142nd Session, two items would be added under "Program Policy Matters" (one on implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property in the Region, and the other on violence and injury prevention in the Americas, see paragraphs 304 to 310 and 311 to 316 below), and one would be removed (item 4.7, on health of older persons, see paragraphs 106 to 114 below).

14. The Director pointed out that, with the addition of two substantive items to the Council's agenda, it would be all the more important to reduce the number of progress reports and other items not requiring any action by the Council. Progress reports on the International Health Regulations and other topics could be given in informal briefings outside the agenda. She also noted that a resolution on the status of the Institute of Nutrition of Central America and Panama (INCAP) might be needed, depending on what actions were taken by the Institute's Directing Council with regard to the transition to self-management (see paragraphs 356 to 365 below). In that event, the item would be included among the Program Policy Matters on the Council's agenda.

15. The Committee approved the provisional agenda, as amended (Resolution CE142.R15).

Committee Matters

Report of the Second Session and the Special Session of the Subcommittee on Program, Budget, and Administration (Document CE142/4 and Add. I)

16. Dr. Osvaldo Salgado (Chile, President of the Subcommittee on Program, Budget, and Administration) presented the report of the Subcommittee on Program, Budget, and Administration (SPBA), noting that almost all of the 15 items discussed by the Subcommittee would also be discussed by the Executive Committee during the 142nd Session and that he would report on those items at the time they were taken up by the Committee. The Subcommittee had held two sessions, its Second Session, on 10 and 11 March 2008, and a Special Session via teleconference, on 30 April 2008, which had been necessary in order to conclude its deliberations on several items left pending during its Second Session owing to lack of sufficient information and to the length and richness of the discussions. The Subcommittee's comments on all of those items could be found in the final reports of the Second Session and the Special Session (Documents SPBA2/FR and SPBA/SS/FR, annexed to Documents CE142/4 and Add. I).

17. The Director said that it was important to note that the Organization had successfully established virtual consultations, which allowed more active participation by Member States in its work and a more continuous relationship between them and the Secretariat. She suggested that the Executive Committee might wish to consider holding a virtual meeting if members felt that more information was needed in order to enable them to take action on some items during the 142nd Session.

18. The Committee thanked the Subcommittee for its work and took note of the report.

Nongovernmental Organizations in Official Relations with PAHO (Document CE142/6, Rev. 1)

19. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) informed the Committee that the March 2008 session of the Subcommittee on Program, Budget, and Administration had reviewed the status of seven nongovernmental organizations (NGOs) in official relations with PAHO. The organizations in question were: Inter-American College of Radiology (ICR), Latin American Association of Pharmaceutical Industries (ALIFAR), Pan American Federation of Nursing Professionals (FEPPEN), Pan American Federation of Associations of Faculties and Schools of Medicine (FEPAFEM), Latin American Federation of Hospitals (FLH), Latin American and Caribbean Women's Health Network (RSMLAC), and the International Organization of Consumers Unions Regional Office for Latin America and the Caribbean (CI-ROLAC). However, because the Subcommittee had felt that it did not

have adequate information on the activities of those organizations, it had decided to convene a special virtual session in April to reexamine the matter.

20. During the virtual session, after examining updated information prepared by the Secretariat, the Subcommittee had agreed to recommend that official relations should be continued with all of the NGOs except CI-ROLAC, from which no information had been received. The Delegation of Chile had expressed reservations about continuing official relations with the Latin American Federation of Hospitals, but the rest of the Subcommittee had been satisfied with the information received on that organization. Nevertheless, the Subcommittee had indicated that, in general, more information was needed on the activities of the various NGOs and on how they supported the work of PAHO.

21. Mr. Luiz Augusto de Lima Pontes (Inter-American Association of Sanitary and Environmental Engineering, AIDIS) said that his organization remained committed to working closely with PAHO in areas of shared interest. He informed the Committee that AIDIS would hold its 31st Inter-American Congress from 2 to 15 October 2008 in Santiago, Chile.

22. Dr. Rubén Abete (ALIFAR) said that his organization looked forward to continued collaboration with PAHO aimed at ensuring that all people of the Region had access to safe and effective medicines.

23. The Director noted that the AIDIS Congress would provide an opportunity to highlight the importance of basic sanitation and its relationship to a number of communicable diseases, notably dengue. Water quality, another important public health concern, would also be a focus of discussion at the Congress.

24. With regard to CI-ROLAC, she said that she had recently been informed that the NGO was undergoing a process of reorganization and had moved its secretariat. The Secretariat would contact the new secretariat with a view to eventually reestablishing official relations between PAHO and CI-ROLAC on the basis of a work plan that would ensure that the NGO was truly contributing to the achievement of the Organization's objectives. The same applied to the Latin American Federation of Hospitals and to all NGOs with which PAHO maintained official relations: the PAHO technical areas with which they worked most directly must ensure that the NGOs had work plans that were fully aligned with the objectives of the Organization's Strategic Plan.

25. The Committee adopted Resolution CE142.R1, deciding to continue official relations between PAHO and ICR, ALIFAR, FEPPEN, FEPAFEM, FLH, and RSMLAC, and to discontinue relations with CI-ROLAC.

PAHO Award for Administration, 2008 (Documents CE142/5 and Add. I)

26. Dr. Nadja Porcell (Panama) said that the Committee of the PAHO Award for Administration 2008, consisting of Mexico, Panama, and Trinidad and Tobago, had met on 25 June 2008. After reviewing the information on the award candidates nominated by Member States, the Committee had decided to confer the award on Dr. Hugo Villar Teijeiro, of Uruguay, for his contribution to the improvement of health conditions in several countries of the Americas, the decentralization and development of hospital administration as part of health administration, and the development of human resources for health services administration. Nominees had been assessed by the Award Committee on the basis of their professionalism, leadership, and accomplishments in public health service to their respective countries and to the Region.

27. The Executive Committee extended congratulations to Dr. Teijeiro and to all candidates for the 2008 PAHO Award for Administration.

28. The Delegate of Uruguay elaborated on the contributions made by Dr. Villar, noting that he had developed the University Hospital of Uruguay, identified and imported a variety of health technologies to Uruguay, and created and implemented innovative hospital administration methodologies and practices.

29. The Executive Committee adopted Resolution CE142.R12, noting the decision of the Award Committee and transmitting its report, together with the procedures and guidelines for conferring the award, to the 48th Directing Council.

Annual Report of the Ethics Office (Document CE142/7)

30. Mr. Philip MacMillan (Ethics Program Manager, PAHO) presented the report of the Ethics Office, noting that the Office had just completed its second year of operation. Unlike similar offices in other international organizations, PAHO's Ethics Office had both an advisory function and an investigative function. In addition to investigating allegations of unethical behavior or failure to comply with the PASB Code of Ethical Principles and Conduct, it provided guidance and training to staff on ethical issues. The Ethics Office was also responsible for overseeing PAHO's new integrity and conflict management system.

31. He then summarized the activities of the Ethics Office in the areas of guidance and advice on ethics issues, staff training on the Code of Ethical Principles and Conduct, investigations of ethical concerns and allegations of misconduct, and implementation and coordination of the Integrity and Conflict Management System. Regarding future activities, he said that the Office's immediate priorities would be the development of a manual of investigative procedures and of policies on whistleblower protection, outside

employment, participation on advisory boards and committees, classification of confidential information, and declarations of interests. In addition, in conjunction with the Office of the Legal Counsel, the Ethics Office would shortly undertake an Organization-wide review of the administration of justice in PASB with the aim of ensuring that all staff had access to a sound dispute-resolution process that would enable them to have their cases and concerns heard in timely and objective manner.

32. The Committee was pleased with the efforts of the Ethics Office to promote a culture of ethics and accountability throughout the Organization. The Secretariat was encouraged to continue raising staff awareness of the resources and assistance available through the Ethics Office. The Committee lauded the creation of the mandatory online training course on the PASB Code of Ethical Principles and Conduct. The Committee also welcomed the establishment of an effective integrity and conflict resolution system. It was suggested that integrity and conflict resolution training should be included in local training programs offered at country level. The Secretariat was asked to develop specific training materials on the subject, including case histories, that could be incorporated into training initiatives for national public health professionals. One delegate expressed the view that integrity and ethical conduct should be included among the essential public health functions.

33. The Committee voiced support for the future plans of the Ethics Office, in particular the development a whistleblower policy. It was emphasized that the policy should provide protection against retaliation for staff who reported ethics violations and that information on the policy, once it had been finalized, should be posted on the Integrity and Conflict Management System website so that staff would have ready access to it. It was suggested that the United Nations whistleblower policy might provide a good model for PAHO's policy. The Secretariat was also encouraged to bear in mind, in its work on the administration of justice in PASB, the ongoing discussions within the United Nations on that subject.

34. Mr. MacMillan observed that a critical aspect of the work of the Ethics Office was visibility. He was pleased to be able to report that the Office, though small, had been given a great deal of visibility. For example, a prominent link to the PAHO Ethics Help Line was available on the PAHO intranet, which also provided access to the Integrity and Conflict Management System. Through the help line, staff could ask questions and seek advice on ethics issues, and through the Integrity and Conflict Management System they could receive guidance on the interrelationships and the specific roles and responsibilities of the various resources involved in integrity and conflict resolution within the Organization. Answering questions and providing guidance on ethical concerns was a key component of the Office's work. Unlike most such offices in other organizations, it did not focus exclusively on taking punitive action in response to reports of ethics violations.

Rather, it took a preventive approach, encouraging staff to ask questions in order to avoid potential conflicts of interest or unethical behavior.

35. In response to a question from a delegate, Mr. MacMillan clarified that the Ethics Office received reports and questions from staff throughout the Region, not just from Headquarters staff.

36. The Director, responding to the suggestion regarding the incorporation of an ethics component into public health training programs, noted that the recent 15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA) (also discussed by the Committee during the 142nd Session, see paragraphs 296 to 303 below), had also highlighted the need for training in ethics and integrity, particularly for personnel involved in inspection of foods and drugs and in environmental assessments, areas in which there could potentially be competing or conflicting interests. It had also been suggested that ethics training should be included in master of public health degree programs and other leadership training for public health professionals.

37. The Executive Committee noted the Annual Report of the Ethics Office.

Program Policy Matters

Update on Implementation of the Regional Program Budget Policy (Document CE142/8)

38. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had discussed an earlier version of the report on implementation of the Regional Program Budget Policy at its Second Session and had endorsed the proposal to add a fourth criterion for use of the country variable allocation (CVA), enabling countries to use those funds for technical cooperation among countries (TCC) projects. The Subcommittee had urged the Secretariat to take a more proactive role in making countries aware of the availability of the variable funds and encouraging their use.

39. In the ensuing discussion, a delegate inquired about the procedure for accessing CVA funds. Mr. Román Sotela (Senior Advisor, Program Budget, PAHO) explained that the country variable allocation was an internal mechanism built into the Regional Program Budget Policy adopted in 2004. The mechanism was communicated to the PAHO/WHO representatives and it was their responsibility to request funding under the country variable allocation in accordance with the approved criteria. All CVA funds were allotted, tracked, and monitored separately so that the Secretariat could report accurately on their use.

40. The Director noted that the Regional Program Budget Policy would continue to evolve. Changes and improvements would be introduced as needed into the methodology for allocating resources to countries and determining their regular budget ceilings.

41. The Executive Committee took note of the new set of criteria for the use of CVA funding endorsed by the Subcommittee on Program, Budget, and Administration.

Population and Individual Approaches to the Prevention and Management of Diabetes and Obesity (Document CE142/9)

42. Dr. Jarbas Barbosa da Silva (Area Manager Health Surveillance Disease Management, PAHO) summarized the content of Document CE142/9, noting that it was being presented in response to requests made by several Member States at previous sessions of the Executive Committee. He began by presenting statistics showing the high prevalence of both diabetes and obesity in the Americas. He then reviewed the actions that had been taken at the global and regional levels to address the growing obesity epidemic and the associated rise in the prevalence of chronic diseases such as diabetes, including the WHO Global Strategy for the Prevention and Control of Chronic Diseases; the Global Strategy on Diet, Physical Activity, and Health; and the Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health.

43. Numerous opportunities for intervention were being missed in the early stages of the natural history of obesity and diabetes. Consequently, many patients were not being diagnosed until they had clinical manifestations of diabetes and its complications, a situation which was increasing costs for health systems and placing an increasingly heavy burden on individuals, families, and communities.

44. PAHO was proposing both individual and population approaches to the prevention and management of obesity and diabetes. They were proven, evidence-based approaches which had been shown to be effective in reducing the prevalence of obesity and thus preventing type 2 diabetes. Both approaches comprised primary and secondary prevention. Document CE142/9 listed some suggested preventive strategies and activities for addressing the twin epidemics of obesity and diabetes. The Executive Committee was invited to analyze the proposed approaches and to adopt a proposed resolution for consideration by the 48th Directing Council.

45. The Executive Committee applauded the quality of the document, which delegates found to be comprehensive and well-researched, although one delegate said that he would have preferred to see less situation analysis and more focus on the role of the Secretariat in helping countries to combat obesity and diabetes. The Committee also expressed support for the proposed individual and population approaches and agreed that

the two types of approaches should be undertaken concurrently and in a balanced manner. Delegates stressed the need for intersectoral action in order to address environmental factors that were contributing to the rising tide of both obesity and diabetes. It was suggested that professionals from other sectors, especially social sectors, should be included in primary health care teams in order to facilitate an integrated intersectoral approach. Delegates also highlighted the need for culturally appropriate health promotion and education in order to address obesity and diabetes among specific population groups, such as indigenous peoples.

46. Delegates identified several important roles for PAHO. One was evaluating the effectiveness and impact of existing primary and secondary prevention programs and interventions in order to identify those that worked best and were most cost-effective. Dissemination of information on best practices among countries was identified as another role for PAHO. In that connection, several delegates described initiatives under way in their countries and offered to share the knowledge gained from those experiences with the Organization and with other countries. Another key role for PAHO was mobilization of financing for initiatives to prevent and control not only obesity and diabetes, but all chronic noncommunicable diseases. One delegate observed that, although such diseases placed an enormous burden on health systems and had high costs for society, there was still relatively little support from international organizations and donors for chronic disease programs.

47. One delegate questioned the need for a resolution on this item, given that Member States had already adopted several resolutions on noncommunicable diseases and related topics, at both the regional and the global levels. The same delegate noted that, while Document CE142/9 mentioned the WHO Global Strategy on Diet, Physical Activity, and Health and the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, it failed to mention the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, adopted at the Sixty-first World Health Assembly in May 2008 (Resolution WHA61.14).

48. Dr. Barbosa da Silva said that the document and resolution had been prepared in response to requests from several Member States, which were concerned about the growing cost of diabetes for their countries. They had asked PAHO to develop a regional approach focusing specifically on diabetes and obesity. He agreed that an intersectoral approach was very important in order to address all the risk factors for obesity and diabetes. He also acknowledged the lack of funding for noncommunicable disease initiatives. In his view, that problem was largely due to lack of understanding that a great deal of mortality and morbidity from noncommunicable diseases could be prevented through the application of relatively low-cost evidence-based interventions. It was to be hoped that the adoption of the global strategy and action plan on noncommunicable diseases would lead to increased understanding of that fact.

49. Dr. James Hospedales (Unit Chief, Non Communicable Diseases, PAHO) said that the approaches proposed in Document CE142/9 represented a fleshing out of the diabetes component of the regional strategy on chronic diseases. With regard to the Secretariat's roles, they included research to create an evidence base and to measure the true magnitude of the obesity and diabetes epidemics, training and capacity-building on diabetes management, and quality of care studies to provide feedback to countries on the coverage and quality of care of their health services with respect to prevention and management of obesity and diabetes. The Secretariat was also engaged in broader intersectoral efforts to address risk factors for diabetes and obesity. For example, in 2007 it had hosted a meeting with major food producers aimed at eliminating trans fats from the diets of the peoples of the Americas. He said that the Secretariat would include further information on its roles and activities in the next version of the document.

50. The Director reemphasized that the document had been prepared pursuant to repeated requests from several Member States, which had wanted PAHO to address diabetes specifically, notwithstanding the existence of broader strategies that dealt with chronic diseases in general. The Secretariat had worked with those Member States in identifying the approach to be taken to the topic. It had been agreed that the document would first review the "state of the art" with respect to diabetes and its prevention and management. That was the reason for the detailed situation analysis and the many footnotes in the document. The Secretariat had taken great care to provide the Committee with evidence to support all the assertions made therein. The document to be prepared for the Directing Council need not contain such a detailed situation analysis if that was the Committee's preference.

51. Responding to the comments on the need for intersectoral action—particularly partnerships with the private sector—she pointed out that, in addition to working with the food industry to change the characteristics of the food supply, it was necessary to work with consumer groups in order to boost demand for healthful foods. Otherwise, producers would have little incentive for producing them.

52. The Committee adopted Resolution CE142.R6 on this item.

Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CE142/10 and Add. I)

53. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO), introducing the Strategy and Plan of Action for Cervical Cancer Prevention and Control and the related proposed resolution, recalled that the topic had been discussed by the Executive Committee in 2007, and that the Committee had decided to ask the Secretariat to revise the proposed approach and resubmit the matter for discussion in 2008. In the interim, the strategy and plan of action had been extensively

discussed with Member States in various forums around the Region and in meetings of groups of experts. The approach to cervical cancer prevention and control laid out in Document CE142/10 was a comprehensive one, comprising information and education, screening, diagnosis and treatment, and palliative care. The approach complemented traditional prevention methods with new tools and methods, in particular visual inspection screening, human papillomavirus (HPV) DNA testing, and vaccination against HPV, a major cause of cervical cancer.

54. Two HPV vaccines were currently available in the Region. Both had been found to be safe and highly effective against the strains of the virus most often associated with cervical cancer. The main obstacle to their widespread use was cost. The PAHO Revolving Fund for Vaccine Procurement might serve as a means of making the vaccine available at more affordable prices.

55. The proposed strategy and plan called for action in seven areas: situation assessment; intensification of health education; improvement of screening coverage, follow-up and quality; improvement of access and quality of cancer treatment; strengthening of information systems and cancer registries; generation of evidence to facilitate decision-making on HPV vaccine introduction; and advocacy for equitable access and affordable HPV vaccines. The activities to be carried out in each of those areas were described in the strategy (Document CE142/10) and plan of action (Document CE142/10, Add. I).

56. The Executive Committee welcomed the opportunity to reexamine the issue of cervical cancer and thanked the Secretariat for revising the strategy and preparing a plan of action, as requested by the Committee the previous year. Delegates found the document much improved, noting that it addressed many of the questions raised during both the 140th Session of the Executive Committee and the 27th Pan American Sanitary Conference. Nevertheless, several suggestions for further improvement were made. It was pointed out, for example, that the document seemed to suggest that all cases of cervical cancer were due to HPV infection, which was not true. In addition, the risk factors for HPV infection should be distinguished from the cofactors related to development of cervical cancer. It was felt that the statement concerning the duration of immunity conferred by the HPV vaccine, particularly the part that read “and maybe much longer” (Document CE142/10, paragraph 10), was too subjective and that any information on the duration of protection should be supported by evidence. The section regarding inclusion of the HPV vaccine in immunization programs should be clarified, bearing in mind that it was one thing to approve or license the vaccine for use, but another to approve it as part of a routine immunization program.

57. With respect to the strategy and plan of action themselves, it was felt that they would benefit from a stronger description of the proposed activities and of how they

would be operationalized. One delegate, noting that there was no evidence that visual inspection with acetic acid (VIA) had led to any significant reductions in cervical cancer mortality, said that the strategy should emphasize that VIA screening should be used only when Pap screening was not feasible. Training and continuing education for the personnel who would be performing VIA screening and carrying out other aspects of the strategy, including HPV vaccination, were seen as critical to its success. PAHO was encouraged to explore opportunities for setting up training networks in collaboration with other organizations. The International Atomic Energy Agency's Program of Action for Cancer Therapy (PACT) was mentioned as one possible partner. It was considered important to develop and disseminate training materials both for cancer professionals and for other health workers not directly involved in cancer control.

58. Concerning situation assessment, the first component of the strategy, it was suggested that local, national, and regional cancer registries could be a valuable source of information. The database of the International Agency for Research on Cancer was cited as another source. Under the fourth component, "establish or strengthen information systems and cancer registries," it was suggested that research should be conducted to ascertain the effectiveness of the HPV vaccine if the full three-dose series was not completed, a scenario that was likely to occur in some populations.

59. Some members were of the view that the main focus of the strategy should be ensuring access to the HPV vaccine as the most cost-effective means of preventing cervical cancer. Others pointed out that the vaccine would not prevent all cases of cervical cancer, even if 100% vaccination coverage was achieved. They cautioned that the vaccine should not be portrayed as a panacea because people might then be tempted to cease taking preventive measures, which would lead to a rise in HIV/AIDS and other sexually transmitted infections. The Organization was encouraged to support countries in developing local and national cervical cancer prevention and control plans that applied a comprehensive approach, of which HPV vaccination was one facet. Such plans should include a strong sexual and reproductive health education component.

60. Delegates welcomed the potential use of the Revolving Fund for Vaccine Procurement as a means of increasing access to the HPV vaccine, but stressed that its addition should not raise the cost of other vaccines procured through the Fund. One delegate objected to the references to affordable vaccine prices in the strategy and proposed resolution, pointing out that "affordable" was a relative, comparative term and that the basis for comparison was not specified.

61. Dr. Barbosa da Silva thanked the Committee for its suggestions regarding the document and strategy. The Secretariat would make the recommended changes to the document, seeking in particular to clarify the section concerning the causality and epidemiology of cervical cancer, which was a complex issue involving social factors as

well as individual and genetic ones. The Secretariat would also make it clear that visual inspection screening was an alternative methodology, intended for use among populations that did not have ready access to traditional screening methods. He emphasized that PAHO was certainly not proposing that Pap screening should be replaced by VIA screening.

62. With regard to the HPV vaccine, he observed that at current prices it was not, in fact, cost-effective, at least not from a strictly economic standpoint. Studies undertaken to assess the feasibility of its introduction in countries of the Region had indicated that it would have to cost 24 times less than it currently did (\$5 vs. \$120 per dose¹) in order to be considered cost-effective. He emphasized that it was important, particularly in communicating with the public, not to give the impression that the vaccine provided absolute protection against cervical cancer. Women who had been vaccinated would still need to continue screening and other preventive practices.

63. The Director agreed that it was essential to avoid transmitting erroneous messages about the vaccine's effectiveness, and it was equally important to ensure that information on the potential benefits of vaccination reached the populations at highest risk for cervical cancer. The experience with screening had shown that it was generally women in the lowest-risk groups who were aware of and heeded screening recommendations, whereas many women in high-risk groups never underwent screening. A similar situation might well occur with the vaccine. Prevalence studies must be carried out in order to identify and target the populations that could most benefit from HPV vaccination. In any case, screening, coupled with regular medical checkups, remained the most effective method of preventing cervical cancer deaths.

64. The Committee adopted Resolution CE142.R13, recommending that the 48th Directing Council approve the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control.

Young Child Malnutrition in the Americas: Achieving the Millennium Development Goals (Document CE142/11)

65. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO) summarized the content of Document CE142/11, emphasizing that the elimination of maternal and child malnutrition was essential to achieving not only Millennium Development Goal (MDG) No. 4 (Reduce child mortality), but also most of the other MDGs. Improved young child nutrition was also crucial for achieving other global commitments, such as those emanating from the United Nations General Assembly Special Session on Children (2002) and the Convention on the Rights of the Child

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

(United Nations General Assembly Resolution 44/25). Moreover, as malnutrition in childhood was a risk factor for nutrition-related chronic diseases, improving child nutrition was important for improving adult health. The first 24 months after birth were a critical window of opportunity for preventing height-for-age deficits, or stunting, which was the best measure of malnutrition because it reflected the cumulative and irreversible effects of inadequate nutrition in early childhood and because it made it easier to identify intra-country disparities in nutritional status.

66. There were cost-effective, evidence-based interventions that would prevent malnutrition and lead to improved physical growth, cognitive development, educational performance, and economic productivity. Those interventions should be integrated into primary health care so that all health care providers shared responsibility for improving child nutrition. To enhance their impact, health-related interventions should be complemented by action by other sectors in order to address the socioeconomic determinants underlying malnutrition.

67. Dr. Tambini concluded by informing the Committee that in July 2008 the Director would host a meeting of regional directors of United Nations agencies, one of the objectives of which would be to form a Pan American partnership for nutrition and development in order to coordinate and promote an integrated, intersectoral effort to fight malnutrition, particularly among vulnerable groups, and thereby help to ensure the achievement of the MDGs for all peoples of the Region.

68. In the discussion that followed, delegates highlighted the link between malnutrition and inequality, noting that it was a major cause of disparities and that it hindered the development of not only of children, but also of their countries. The need for intersectoral action was also stressed. It was pointed out that lack of intersectoral coordination was one the main obstacles hindering progress towards the elimination of malnutrition in the Americas. Effective strategies and interventions existed, but they were not being applied effectively because national and international agencies were not coordinating their efforts sufficiently. PAHO was urged to continue its efforts to promote coordination of the activities of national and international actors with regard to malnutrition. The Organization was also encouraged to develop strategies to help countries to address escalating food prices.

69. One delegate said that it was not clear from the document what action the Secretariat was proposing in order to address the problem of malnutrition, and that without a real knowledge of what the Secretariat's activities were going to be, it would be impossible to see whether they could be implemented and how progress made by the Secretariat and by Member States could be measured. The same delegate questioned a statement in the document which indicated that nutrient-rich foods were often animal foods and were therefore expensive relative to staple foods. He pointed out that beans and

rice, a staple of the diets of various populations in the Region, were very rich in nutrients and not particularly costly. Referring to paragraph 24 of the document, he said that PAHO should not be involved in analysis of international agendas and trade agreements.

70. Dr. Tambini explained that this item had been brought before the Committee because of the importance of nutrition as a determinant of health and general well-being, as well as its critical importance for the achievement of the Millennium Development Goals by 2015. Another reason for presenting the topic had been to draw attention to the need for consensus on and coordination of approaches for tackling the problem of malnutrition—a need which had also been highlighted by the Committee. The upcoming meeting of regional directors was intended to facilitate joint work among the United Nations agencies so that they could support countries effectively in reducing malnutrition.

71. The Director added that the document had been prepared at the request of several countries in the Region which were extremely concerned about the impact of the current global food crisis on their populations. She noted that the Organization had a long history of work in the area of nutrition, including the work of its two specialized centers: the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Center (CFNI). The Secretariat's main aim in presenting the document was to determine whether the Executive Committee felt that the role that the Secretariat was playing in the current context was the role that Member States wished it to play.

72. Responding to the Director's comments, delegates reiterated the need for intersectoral and interagency coordination and applauded PAHO's efforts to foster such coordination. The Organization was also asked to support countries in strengthening their nutritional surveillance systems in order to enable them to assess the impact of policies and initiatives aimed at improving nutrition. Another role for PAHO was assisting countries in training human resources in the area of nutrition and in developing specific guidelines on diet and nutrition for children of various ages and for adolescents. A potential area of work for the future would be identifying evidence-based methods for managing overnutrition, which was a growing problem in many countries of the Region. The Secretariat was encouraged to link its work on young child malnutrition closely with the work to be undertaken in the framework of the Regional Strategy and Plan of Action on Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (also discussed by the Committee during the 142nd Session, see paragraphs 74 to 85 below).

73. The Committee took note of the report.

Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action (Document CE142/12)

74. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO) summarized Document CE142/12, pointing out that although mortality in infants and children under 5 had been drastically reduced in Latin America and the Caribbean in the past ten years, neonatal mortality had not decreased at the same pace. Each year more than 190,000 babies in the Region died during the first 28 days of life, the majority from preventable causes. The average regional neonatal mortality rate was 14.3 per 1,000 live births, with enormous disparities between and within countries. Neonatal mortality accounted for 60% of infant mortality and nearly 40% of mortality in children under 5.

75. The Plan of Action covered four interdependent strategic areas: creating an enabling environment for the promotion of neonatal health; strengthening health systems to improve access to maternal, newborn, and child health services; promoting community-based interventions; and developing and strengthening monitoring and evaluation systems. The Executive Committee was requested to give its views on the proposed Strategy and Plan of Action.

76. The Committee welcomed the strategy, which one member described as an excellent companion to the Regional Strategy for Maternal Mortality and Morbidity Reduction. It was suggested that the strategy should also be closely linked to the Regional Strategy for Adolescent and Youth Health (also discussed by the Committee during the 142nd Session, see paragraphs 86 to 105 below). Treating neonatal health as part of a continuum of care was considered an excellent approach. Delegates felt that improving neonatal health would be a major step towards reducing major inequities in many areas of health, as well as towards achievement of the relevant Millennium Development Goal.

77. It was noted that many effective interventions for preventing neonatal mortality and morbidity existed. For example, research indicated that if all newborns were seen by a skilled attendant within 48 hours of birth, neonatal mortality could be reduced by as much as 30%. The problem was not a lack of knowledge about what to do, but rather a lack of implementation.

78. The Committee considered the four strategic areas of the plan of action to be well selected. In particular, it commended the focus on community-based interventions, which was essential if the access of poor and vulnerable groups to health services was to be improved. One delegate highlighted the need to take into account indigenous culture and practices as they related to neonatal health. In relation to Strategic Area 2, another delegate observed that while the concept of universal access to equitable, good-quality maternal and child health services was praiseworthy, it was also a difficult matter to

measure. There was thus a need to develop better ways of measuring access to and quality of care for newborns in the Region.

79. The Committee welcomed the emphasis on strengthening health systems in addition to concentrating on specific interventions, in order to ensure sustainability. The importance of monitoring and evaluation systems was emphasized, as a means of determining the main causes of neonatal mortality and identifying weaknesses in the health care system.

80. Delegates agreed that differentiated approaches tailored to countries' differing levels of neonatal mortality were needed. It was suggested that the plan of action should incorporate specific recommendations for bringing about further reductions in neonatal mortality and morbidity in countries that already had fairly low rates. Potential actions included development of strategies for preventing premature births, regionalization of antenatal care, and development of adequate systems of neonatal transport.

81. Several delegates noted that improving neonatal care would require resources, notably human resources. The Delegate of Antigua and Barbuda pointed out that the migration of health workers was a major problem affecting the issue of neonatal mortality and other health problems. It was difficult to mount successful community-based interventions without enough health care professionals. His country was seeking to have every birth attended by at least a midwife, but as soon as health professionals completed their training they were lured away by wealthier countries, some of which were even closing their own nursing schools, which meant that domestic capacity was not being increased. There was a need for all countries, rich and poor alike, to work together in order to increase the availability of health care professionals. The issue of migration of health workers should be addressed in the document and should be taken into account in planning the response to all health problems.

82. Dr. Tambini thanked the delegates for their contributions, noting that the plan of action had been constructed on the basis of the experience of countries and subregions in addressing neonatal health. While Document CE142/9 gave a brief summary of the plan of action, a much more detailed plan had been drafted and would be ready for consideration by the 48th Directing Council. She noted that the issue of shortages of human resources fell under Strategic Area 2, since strengthening health systems entailed not only improving the quality of care but also ensuring the availability of health workers. PAHO would be working in collaboration with the countries of the Region to attempt to increase the supply of human resources.

83. Several delegates said that the more detailed plan of action needed to be examined by the Executive Committee before it went to the Directing Council.

84. The Director agreed, adding that there was some urgency, since the strategy approved at the 47th Directing Council in 2006 had been intended to cover the period 2008-2012. She proposed that the draft plan of action should be distributed to the Executive Committee for its consideration during the 142nd Session.

85. After examining the draft plan of action, the Executive Committee adopted Resolution CE142.R10.

Regional Strategy for Adolescent and Youth Health (Document CE142/13, Rev. 1 and Rev. 2)

86. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO), introducing Document CE142/13, Rev.1, said that the Regional Strategy for Adolescent and Youth Health was being introduced at a strategic moment. Several key events were taking place which offered the opportunity for incorporating the topic of youth, health, and development into political agendas, including the 38th regular session of the General Assembly of the Organization of American States (OAS) in May 2008, the theme of which had been “Youth and Democratic Values,” and the Ibero-American Summit of Heads of State and Government, scheduled for October 2008, which would focus on “Youth and Development.” The choice of youth-related themes for those events represented an acknowledgement of the importance of investing in young people as a means of advancing the health and development of nations in the future.

87. The youth of today faced new social, economic, political, cultural and environmental challenges, which called for new responses and cooperation strategies. The strategy proposed in Document CE142/13, Rev.1 responded to needs that had been identified in a regional evaluation of the implementation of adolescent health programs pursuant to Resolution CD40.R16, adopted in 1997. The strategy had been developed by a working group within PAHO involving all technical areas, with the support of experts from academic institutions and various United Nations agencies and other international organizations. Member States had participated through technical consultations held at country level. The strategy was integrated with the strategic objectives of the PASB Strategic Plan 2008-2012 and with the regional strategies and initiatives for mental health, violence prevention, sexual and reproductive health, social protection, injury prevention, diet and physical activity, road safety, and health-promoting schools. It rested on four pillars: primary health care, health promotion, social protection, and social determinants of health. The strategy sought to support Member States in building capacity for the formulation of national policies aimed at enhancing the health of adolescents and young people. It applied an intercultural and a gender- and rights-based approach and was expected to contribute to promotion of the health and development of the youth population in the Americas.

88. The Executive Committee was asked to comment on the strategy, which would form the basis for a plan of action to be submitted to the 49th Directing Council in 2009.

89. In the discussion that followed, delegates underscored the importance of adolescent and youth health for their respective countries, pointing out that the young people of today were the leaders of tomorrow, and that investment in the adolescent and youth populations was critical to the future of the Region's health and social infrastructure. Delegates also emphasized the need to involve adolescents and young people in addressing the issues that affected them, recognizing their growing independence, their capacity to make their own decisions, and the validity of their opinions. At the same time, delegates highlighted the importance of the family as a guiding and protective influence for adolescents and the role that parents and religious communities could play in enabling adolescents to make healthy choices. The proposed strategy's acknowledgement of those roles was applauded. The need for cross-cutting approaches to address the multiple health issues that affected young people was also stressed.

90. The Committee expressed general support for the proposed strategy, although some delegates felt that, in order to be considered a real strategy, it should include concrete objectives and should clearly delineate PAHO's role in achieving those objectives. It was pointed out that the strategy should indicate how problems such as smoking and alcohol abuse, unplanned pregnancy, and sedentarism and obesity among youth were to be addressed. It was suggested that one of PAHO's roles should be helping Member States to build accurate and reliable information systems in order to enable them to develop evidence-based solutions. The Secretariat was encouraged to link its work in this area with the work to be undertaken in the framework of the Regional Strategy and Plan of Action for Strengthening Vital and Health Statistics (also discussed by the Committee at the 142nd Session, see paragraphs 115 to 123 below).

91. The Delegate of the United States of America, noting that Document CE142/13, Rev. 1 did not mention the WHO Strategy for Child and Adolescent Health and Development, said that, rather than developing its own strategy, PAHO should focus on implementing the global strategy in the Region. Otherwise, he pointed out, there was a risk that PAHO would simply be duplicating WHO's efforts, which had the potential to dilute the effect of the Organization's work and create confusion. He also questioned the value added of the rights-based approach advocated in the document and requested that a reference in the proposed resolution to the United Nations Convention on the Rights of the Child should be deleted, as the United States was not a party to that Convention.

92. Dr. Tambini said that a regional strategy and plan of action were considered necessary in order to establish specific regional goals, based on an analysis of the current

situation in the countries of the Americas. She pointed out that, without such regional goals, it would be difficult to establish indicators and monitor progress.

93. Mr. Javier Vásquez (Human Rights Specialist, PAHO) said that the proposed human-rights approach was rooted in the PASB Strategic Plan 2008-2012, Strategic Objective 7 of which stated that human rights conventions and standards offered a unifying conceptual and legal framework for strategies to promote health gains for vulnerable groups, as well as measures by which to evaluate success and clarify the accountability and responsibilities of the different stakeholders involved.²

94. Dr. Matilde Maddaleno (Regional Advisor, Adolescent Health, PAHO) said that the Secretariat would add a reference to the WHO Strategy for Child and Adolescent Health and Development to the document. She pointed out, however, that the proposed regional strategy put forward a comprehensive approach involving the entire Organization in a shared collaborative effort, which distinguished it from the WHO strategy. In fact, WHO staff had been involved in the development of the regional strategy and would be following its implementation and observing its outcomes carefully. Regarding the enhancement of information systems, she said that PAHO intended to establish a regional database with 30 indicators which would serve to monitor both the progress in each country with respect to adolescent and youth health and the Secretariat's contribution to that progress.

95. The Director said that PAHO did not wish to duplicate WHO strategies; however, it was always necessary to adapt global strategies to the regional context. In this case, PAHO's proposed strategy differed somewhat from the WHO strategy in that it focused specifically on adolescents and young people, a group which, in PAHO's view, required special attention because of the particular challenges and risks they faced. Moreover, as Dr. Maddaleno had said, the proposed strategy took a more comprehensive and integrated approach than the WHO strategy, seeking to link a strategy focusing on a specific age group with numerous other strategies approved by PAHO's Governing Bodies which did not target any particular group.

96. Dr. Heidi Jiménez (Legal Counsel, PAHO) pointed out the reference to the Convention on the Rights of the Child occurred in a preambular paragraph, which merely recognized the rights of adolescents and young people enshrined in that and other international human rights instruments. That paragraph did not imply that countries of the Americas had necessarily ratified or were bound by those instruments.

² Strategic Plan 2008-2012. *Official Document* 328. (<http://www.paho.org/English/GOV/CE/ce142-div3-e.pdf>).

97. In the discussion of the proposed resolution on this item, the Delegate of the United States of America said that his Government was not prepared to adopt a resolution endorsing the proposed strategy because, without the inclusion of specific objectives, lines of action, and roles for PAHO, it did not constitute a real strategy.

98. After further discussion, it was agreed that the Committee would postpone action on this item until 31 July 2008, when a virtual meeting would be held. In the interim, the Secretariat would revise the proposed strategy and resolution, bearing in mind the views expressed by Member States. Committee members and other Member States were invited to continue submitting comments until 21 July 2008.

99. The virtual meeting was held as planned on 31 July. Representatives of Chile, Panama, and the United States of America participated in person at PAHO Headquarters, and representatives of Antigua and Barbuda, Bolivia, Mexico, Trinidad and Tobago, Suriname, and Uruguay participated via teleconference. Representatives of Canada, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay participated as observers, also via teleconference.

100. Dr. Tambini introduced the revised strategy (Document CE142/13, Rev. 2), noting that it incorporated comments and suggestions from seven members of the Executive Committee and one observer. All comments received as of 29 July had been included. She then highlighted the main changes made to the document, which included the addition of data to the analysis section, clear identification of the priority issues to be addressed, and further elaboration of the objectives and addition of indicators for each strategic line of action, all aligned with the Strategic Plan 2008-2012 and its expected results. The strategy's overall purpose was to contribute to the improvement of the health of young people through the development and strengthening of an integrated health-sector response and the implementation of adolescent and youth health promotion, prevention, and care programs.

101. Seven priority health issues affecting youth and requiring immediate action had been identified: violence; communicable diseases such as HIV/AIDS; complications of pregnancy, childbirth, and the puerperium; sexually transmitted infections; obesity; mental health; and tobacco and psychotropic substance use. The strategy proposed the following strategic lines of action for addressing those issues: strategic information and innovation; enabling environments and evidence-based policies; integrated and comprehensive health systems and services; human resource capacity-building; family-, community-, and school-based interventions; strategic alliances and collaboration with other sectors; and social communication and media involvement.

102. The Executive Committee welcomed the revised strategy, which it found to be greatly improved with respect to the earlier version, and thanked the Secretariat for its

hard work in editing and amending the document. Both Committee members and observers voiced strong support for the strategy, although several further improvements were suggested. Delegates were pleased to note the reference in the strategy to youth participation, which was considered essential if the strategy was to remain relevant to adolescents and young people. However, it was pointed out that participation of adolescents and youth was mentioned explicitly only under “Family-, community-, and school-based interventions” and it was felt that provision should be made for the involvement of youth under all the strategic lines of action. The importance of participation by youth in policy-making on issues that concerned them and in making health services more responsive to their needs was highlighted. The importance of monitoring and evaluating the effectiveness of interventions was also emphasized. Members suggested a number of editorial changes and several indicated that their governments would submit additional comments in writing.

103. Dr. Tambini said that the Secretariat would incorporate all the changes suggested by the Committee during the virtual meeting and looked forward to receiving any additional written comments. She noted that more explicit information on the priority areas of action and the goals and targets to be pursued would be included in the plan of action to be submitted to the Governing Bodies in 2009.

104. Dr. Cristina Beato (Deputy Director, PASB) said that all comments received in writing during and after the virtual meeting would be posted on the Organization’s SharePoint site, together with an updated version of the document.

105. The Committee adopted Resolution CE142.R16, endorsing the Regional Strategy for Improving Adolescent and Youth Health as presented in Document CE142/13, Rev. 2.

Health of Older Persons, including Active and Healthy Aging: Regional Strategy (Document CE142/14)

106. Dr. José Luis Di Fabio (Area Manager, Technology, Health Care, and Research, PAHO) introduced Document CE142/14, which outlined the proposed regional strategy on health of older persons. He began by presenting statistics showing the steady growth in the populations over the age of 60 and over the age of 80 in Latin America and the Caribbean, noting that the growth in those populations had not been accompanied by improvements in their health, well-being, and quality of life. Meanwhile, population aging was placing increasing pressure on the Region’s health and social security systems. If immediate action were not taken, those systems could find themselves in a crisis situation.

107. The document laid out seven strategic lines of action which had been discussed and developed at meetings held in various parts of the Region in the past year. The Executive Committee was asked to evaluate the proposed strategy with a view to the development and adoption in 2009 of a plan of action based on the strategy.

108. The Executive Committee expressed strong support for PAHO's work with regard to the health of older persons and agreed on the need for immediate attention to the issue in order to ensure that health and social support systems were prepared to meet the needs of present and future cohorts of older adults. Members emphasized the importance of raising public awareness of the challenges associated with population aging, and of promoting scientific research and policy dialogue aimed at addressing those challenges. The need for appropriately trained human resources to deal with the health needs of older populations was also highlighted, and PAHO's support for human resource development was requested.

109. With regard to the proposed strategy, opinions were divided. Some delegates found it to be a sound basis for the development of plans of action, both at regional and at national levels, while others were of the view that a strategy should include clear targets and objectives, as well as indicators for measuring progress. It was also felt that the strategy should clearly delineate the Secretariat's role in implementing the strategic lines of action and in achieving the strategy's objectives. The need for an integrated, evidence-based approach was stressed.

110. The Delegate of the United States of America, referring to paragraph 20 of the document, objected to the inclusion of General Comments No. 6 and 14 on the implementation of the International Covenant on Economic, Social, and Cultural Rights (United Nations Economic and Social Council Documents E/C.12/1995/Rev. 1 and E/C.12/2000/4, respectively) under the heading "General human rights instruments applicable to the health of older persons..." He pointed out that general comments were the opinions of independent experts, not the result of deliberation among Member States. They were not human rights instruments and they had no legally binding effect. His Government did not see the value added of a focus on human rights in this strategy or, generally, in any of PAHO's strategies. The focus should be, instead, on concrete actions that the Secretariat and Member States could take to address the needs of older persons.

111. Dr. Enrique Vega (Regional Advisor on Healthy Aging, PAHO) explained that the strategic lines of action had been developed as part of the process of evaluating the commitments arising from the Madrid International Plan of Action on Aging and the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid Plan, adopted in Santiago in 2003. The Secretariat was seeking the Governing Bodies' approval of those lines of action as the basis for formulating a plan of action to operationalize them. The plan of action would include specific objectives, targets, and

indicators for monitoring and evaluation. The strategic lines of action described in broad terms the actions envisaged and the roles that the Secretariat intended to play. One of those roles would certainly be support for the training of human resources, which was addressed under the third strategic line of action. Promotion of research and development and dissemination of evidence-based approaches was covered under the fourth line of action.

112. The Director said that, as the Secretariat set about developing the plan of action, it would be important to continue receiving input from countries on the strategic lines of action. She encouraged all Member States to submit their views and suggestions for improvement. Consultations to be held at the country and subregional levels would afford additional opportunities for Member States to provide guidance on the approach to be taken.

113. After discussing the desirability of adopting a proposed resolution on this item, the Committee agreed that the best course of action would be to endorse the strategy, but to postpone adopting a resolution until the regional plan of action had been formulated. Both the strategy and the plan of action could then be formally adopted by the Directing Council in 2009.

114. Accordingly, the Committee endorsed the strategy and asked the Secretariat to draw up a plan of action for consideration by the Governing Bodies in 2009.

Plan of Action for Strengthening of Vital and Health Statistics (Documents CE142/15)

115. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) presented the proposed plan of action, recalling that it had been formulated pursuant to Resolution CSP27.R12. The plan of action would operationalize the Strategy for Strengthening Vital and Health Statistics, adopted by the Pan American Sanitary Conference in 2007. The plan had been developed on the basis of an assessment of the current situation of vital and health statistics systems in the countries of the Region. It envisaged interventions at four levels: country, intercountry or groups of countries, corporate, and multilateral. The nature of the activities to be carried out at each level and the objectives of the Plan were described in Document CE142/15. The Plan itself was annexed to the document.

116. The overall aim of the plan was to ensure that all countries of the Region had vital statistics systems that provided good coverage and produced data of good quality. There would be particular emphasis on the seven countries with the weakest systems, but the plan would target all countries because even in those that had systems with relatively good coverage, the quality of the data could be improved.

117. The Executive Committee expressed solid support for the proposed plan of action and endorsed its objectives. Members underlined the need for complete, reliable, and timely data as a basis for the formulation and monitoring of health policies and the functioning of health systems, as well as the response to emergency situations. They also highlighted some of the major problems that needed to be addressed in current vital and health statistics systems, notably the difficulty of collecting data from indigenous communities, especially those located in remote areas, and lack of integration among the information systems overseen by various government agencies. Several delegates described measures being taken to improve data coverage and quality in their respective countries.

118. A number of suggestions were made with a view to enhancing the plan of action. It was felt that more detailed information on how the Secretariat planned to implement the plan should be included, and that the plan should be more outcome-oriented. It was also pointed out that some of the indicators included in the plan were, in fact, targets. The need for an effective monitoring system to measure progress under the plan and make mid-course corrections was emphasized, as was the need for adequate budgetary resources in order to achieve the objectives of the strategy and the plan of action. The importance of aligning the plan with the principles of the Health Metrics Network and other global initiatives aimed at strengthening health information systems was also stressed. Ideally, in one delegate's view, the plan should help Member States remedy weaknesses in health information systems through the standardization of methodologies for addressing problems identified in countries, for example, by facilitating early detection of infectious disease outbreaks and enabling management and tracking of chronic diseases.

119. The Delegate of Mexico noted that his country's Ministry of Health had recently been designated a WHO Collaborating Center for the Family of International Classifications and offered to share expertise and best practices with regard to coding of causes of death and other aspects of vital statistics recording, both with PAHO and with other countries in the Region. Other delegates also noted their governments' willingness to provide guidance to PAHO in refining the plan of action and support to other countries in strengthening their vital and health statistics systems.

120. Dr. Barbosa da Silva noted that the Strategy and Plan of Action for Strengthening of Vital and Health Statistics were part of a larger effort to strengthen health information systems in the Region. However, they focused on improving data on births and deaths, which had been identified as fundamental, not only for strengthening other aspects of health information systems, but also for enabling people to exercise their rights and privileges as citizens. With regard to the role of the Secretariat in carrying out the plan, he drew attention to the requests made of the Director in paragraph 2 of the proposed resolution (subsequently adopted as Resolution CE142.R4) and said that the Secretariat

would welcome other suggestions regarding the functions that Member States wished it to perform.

121. PAHO was indeed coordinating its efforts with those of other institutions and initiatives, including the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the Health Metrics Network, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund provided funding for the strengthening of health information systems as part of disease-specific projects. It was important to seize those and other opportunities currently available for collaboration and resource mobilization. There was every reason to believe that it would thus be possible to bring about a rapid improvement in the situation of vital and health statistics in the Region.

122. The Director added that the Organization was working with the Organization of American States, the Inter-American Development Bank, and the United Nations Children's Fund to improve birth and death data, which was a broader development issue of concern to sectors beyond the health sector. She also noted that the effort to strengthen vital and health statistics was closely related to one of the projects that the Committee identified as a priority for use of the 2006-2007 budget surplus: Strengthening of public health information systems (see paragraphs 257 to 268 below).

123. The Executive Committee adopted Resolution CE142.R4, recommending that the 48th Directing Council approve the Plan of Action for Strengthening Vital and Health Statistics.

Malaria: Progress Report (Document CE142/16)

124. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) summarized the content of the progress report, which contained detailed information on the epidemiological status of malaria and on the technical cooperation activities carried out by PAHO since the adoption of Resolution CD46.R13 by the 46th Directing Council in 2005. He presented statistics on the evolution of the malaria situation in the Region since 2000, noting that while malaria cases and deaths had declined significantly in many countries of the Region, six countries had experienced increases in total cases, ranging from 0.4% to over 100% between 2000 and 2007. Nevertheless, elimination of malaria was now a feasible goal for some countries. He then reviewed the five components of the Regional Strategic Plan for Malaria in the Americas 2006-2010, emphasizing the importance of the second component, integrated vector control, a topic also discussed by the Committee during the 142nd Session (see paragraphs 200 to 209 below).

125. He mentioned the three major external international partners working on malaria in the Region: the Amazon Network for the Surveillance of Anti-malarial Drug Resistance/Amazon Malaria Initiative (RAVREDA/AM), the Regional Action and Demonstration Program on Sustainable Alternatives for Malaria Vector Control without Using DDT in Mexico and Central America (DDT-GEF), and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, all of which had made valuable contributions towards the reduction of malaria morbidity and mortality in the Americas. He concluded by outlining the challenges in the ongoing battle against malaria (see Document CE142/16, paragraph 13). The Executive Committee was invited to note the report and to provide guidance and suggestions for enhancing the Secretariat's work.

126. The Executive Committee welcomed the progress made in reducing malaria rates in the Region, although concern was expressed about the rise in cases in six countries. Members inquired what might account for those increases and what adjustments might need to be made in PAHO's technical cooperation in order to reverse them. Members also sought information on how PAHO proposed to address the challenges listed in paragraph 13 of the document. The Delegate of Suriname reported that the incidence of malaria in his country had fallen by 85% since 2000, which had had a positive effect on economic growth, ecotourism, and the health status of the population. He highlighted the need to focus malaria prevention and control efforts on mobile populations, which were at greatest risk of contracting and spreading the disease. Suriname was focusing in particular on miners who migrated to and from French Guiana.

127. One delegate inquired whether the goal of reducing the malaria burden by 75% by 2015 could be achieved in an environment of declining global funding for malaria control. He also questioned the feasibility of targeting the island of Hispaniola for malaria elimination, given that Haiti and the Dominican Republic were among the six countries that had seen a rise in their malaria case loads since 2000.

128. Dr. Barbosa said that the increases in malaria cases in six countries had been the result of various factors, but mainly they had been due to problems in ensuring sustained application of a combination of interventions, including integrated vector control. Those six countries would be a priority for PAHO in the coming years. It would be possible to reduce the malaria burden, but more intense work and greater financial support were needed.

129. Malaria elimination on Hispaniola was considered feasible because the vast majority of cases of the disease on the island were caused by *Plasmodium falciparum*. With early detection of outbreaks and universal access to treatment for those infected, rates of falciparum malaria could be reduced relatively quickly and elimination of the disease could be envisaged within four or five years. PAHO was working with Haiti and

the Dominican Republic to that end, and the two countries had embarked upon a joint plan to combat malaria.

130. Regarding the strategies for addressing the challenges listed in the document, the Organization planned to continue applying the strategies and interventions contained in the Regional Strategic Plan for Malaria in the Americas 2006-2010.

131. Dr. Keith Carter (Regional Advisor on Malaria, PAHO) observed that, although effective interventions were available, without good health system coverage people could not access them. He agreed on the need to target mobile populations, which had contributed to the rise in number of cases in almost all of the six countries that had experienced increases since 2000. In French Guiana, which was one of the six, the situation was complicated by two additional factors. First, because it was a territory of France, funds from United States Agency for International Development, which was providing financing for the RAVREDA/AM project, could not be used there. Second, unlike the other Amazon countries, which had adopted artemisinin-based combination therapy, French Guiana continued to use halofantrine. However, because there was a great deal of population movement among the Amazon countries, some French Guianese were benefiting from treatment in Suriname.

132. The Director said that there was a good probability that the Americas could achieve the malaria-related United Nations Millennium Development Goals, provided that countries had the political will to work together. Joint action was required because most malaria cases were concentrated in border regions at present. In addition, the disease was spreading to non-endemic areas in the Caribbean as a result of travel and migration, threatening not only local populations but also tourists and the entire tourism industry. Hence, concerted action among countries was needed, in combination with the application of proven strategies and interventions, in order to achieve international malaria reduction goals. PAHO was therefore promoting multicountry malaria projects and was assisting countries in preparing proposals for such projects to be submitted to the Global Fund. Approval of those projects would substantially increase funding for malaria control efforts in the Region.

133. The Committee noted the report.

Dengue: Progress Report (Document CE142/17)

134. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO), introducing the progress report, recalled that the Integrated Management Strategy for Dengue Prevention and Control (IMS-dengue) had been approved in 2003 (Resolution CD44.R9). In 2007, the 27th Pan American Sanitary Conference had adopted Resolution CSP27.R15 with a view to stepping up the

implementation of the strategy. Document CE142/17 reported on progress in implementing those two resolutions, described the successes and setbacks in dengue prevention and control in the Region, and highlighted the challenges for the future.

135. Dengue remained a significant public health problem in the Region. The *Aedes aegypti* mosquito was present throughout the Americas, from the southern United States to the Southern Cone of South America, and all four serotypes of the dengue virus were circulating in most of the affected countries. The disease had shown a rising trend since the 1980s, including a sharp increase in recent years in hemorrhagic dengue and dengue shock syndrome. Nevertheless, despite several major outbreaks and the increase in cases of the most serious form of the disease, case-fatality rates had declined.

136. Since 2004, 14 countries had developed and implemented national IMS-dengue plans. In addition, PAHO had implemented IMS-dengue plans in the Central American and Southern Cone subregions. In 2008 and 2009, six more countries would either implement national plans or incorporate IMS-dengue into their existing plans, and subregional plans would be prepared for the Andean and Caribbean subregions. Pursuant to Resolution CSP27.R15, the Secretariat had mobilized an international multidisciplinary working group to carry out evaluations of national dengue programs. Two such evaluations had been carried out thus far in 2008 and 11 more were planned for the remainder of 2008 and for 2009. Resolution CSP27.R15 had also called for the development of contingency plans within the framework of the integrated management strategy in order to ensure a rapid and coordinated intersectoral response to dengue outbreaks and epidemics. Five countries had already established contingency plans and the rest would do so in 2008-2009. Those lines of action would be complemented and reinforced by integrated vector management (also discussed by the Committee during the 142nd Session, see paragraphs 200 to 209 below).

137. Future actions would include strengthening the implementation and evaluation of national IMS-dengue plans; promoting the adoption of laws and the introduction of technologies to address the serious environmental sanitation problems that were contributing to the proliferation of the *Aedes aegypti* mosquito; strengthening primary health care systems in order to provide timely care and prevent deaths, with emphasis on the pediatric population; and applying the International Health Regulations (2005) for early detection and an integrated response to dengue outbreaks.

138. In the discussion that followed, delegates commended PAHO for its efforts to control dengue and related experiences from their respective countries. The Delegate of Mexico noted that his country's national dengue program, which incorporated all the components of the integrated management strategy, had recently been evaluated by the international working group, and that Mexico was now working on applying the group's recommendations. Support was expressed for the development of a regional contingency

plan that would be aligned with the guidelines set forth in the International Health Regulations (2005), as proposed in paragraph 17 of Document CE142/17.

139. The Committee thanked Dr. Barbosa da Silva and took note of the progress report.

Onchocerciasis: Progress Report (Document CE142/18)

140. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) reported on progress towards eliminating onchocerciasis since the adoption in 1991 of Resolution CD35.R14, which called for the elimination of several diseases in the Region by 2007, including onchocerciasis-related eye disease. He noted that onchocerciasis was found in 13 foci in six countries in the Americas; however, no new cases of blindness attributable to onchocerciasis had been reported since 1995, and by 2007 transmission of *Onchocerca volvulus* had been interrupted and onchocerciasis-related eye disease had been eliminated in nine of the 13 foci. Thus, while the Region had not achieved the goal set in 2007, it was very close to doing so.

141. The 17th Inter-American Conference on Onchocerciasis, held in November 2007, had recommended that a new target date of 2012 be set in order to complete the elimination of onchocerciasis-related eye disease and permanently interrupt the transmission of *Onchocerca volvulus* in the remaining four foci. The Executive Committee was asked to consider adopting a resolution endorsing that recommendation.

142. Dr. Barbosa da Silva emphasized that the goal of elimination was within reach and pointed out that the opportunity to completely eliminate a disease from the Region did not arise very often. He therefore encouraged the Committee to adopt the proposed resolution.

143. In the ensuing discussion, support was expressed for the ongoing work of the Onchocerciasis Elimination Program for the Americas and for the goal of eliminating onchocerciasis-related eye disease and interrupting transmission by 2012. It was suggested that geo-referencing might be used to pinpoint the remaining onchocerciasis foci. One delegate, however, questioned the appropriateness of adopting a resolution on a progress report. He also requested clarification of paragraph 1(b) of the proposed resolution, which called on Member States to adapt the WHO certification guidelines for the suspension of mass treatment.

144. Dr. Barbosa da Silva said that the Secretariat believed that a resolution on this item was justified because the onchocerciasis elimination initiative launched pursuant to Resolution CD35.R14 had ended in 2007, and there was concern that momentum towards the goal of elimination would be lost without a new mandate. Regarding the reference in

the proposed resolution to adaptation of the WHO certification guidelines, he explained that the global guidelines developed by WHO would need to be adapted to the situation in the Region, which was very different from the situation in Africa, where most cases of onchocerciasis occurred.

145. Dr. Mauricio Sauerbrey (Director, Onchocerciasis Elimination Program for the Americas) pointed out that the WHO certification guidelines had never actually been applied in practice, the Americas being the first region to come close to eliminating onchocerciasis. The experience thus far in the Region had shown that some of the indicators included in the guidelines would have to be modified slightly. That was what was meant by “adaptation” of the guidelines. Reinforcing Dr. Barbosa da Silva’s comments regarding the need for the proposed resolution, he pointed out that it was impossible to predict how long the drug ivermectin would remain effective against onchocerciasis. It was therefore vital to act with dispatch.

146. The Director said that, in fact, it was the Secretariat’s responsibility to adapt the guidelines, based on the specific epidemiological situation of the Region and on the experience gained in the field. Therefore, the resolution should not call on countries to adapt the guidelines, but rather to apply the adapted guidelines. She agreed that resolutions should not normally be adopted on progress reports, but there were situations in which a new resolution was warranted, notably when a previous decision taken by the Directing Council needed to be modified in some way—for example by changing the target date for an initiative, as in this case.

147. The Executive Committee agreed that the word “adaptation” would be replaced by “application” in paragraph 1(b) of the proposed resolution, which it then adopted (Resolution CE142.R3).

Avian Flu and Pandemic Influenza Preparedness: Progress Report (Document CE142/19)

148. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) introduced Document CE142/19. He noted that the present WHO level of pandemic influenza alert remained at phase 3, meaning that a novel influenza virus was causing sporadic human cases but was still poorly adapted to humans. Nevertheless, the risk of a pandemic remained high owing to frequent and unpredictable changes in the H5N1 virus.

149. Technical cooperation on pandemic influenza preparedness had been a key driving force in the implementation of the International Health Regulations (2005). That cooperation had been guided by Strategic and Operational Plans for 2005-2007 and 2008-2009. The primary objectives of the cooperation were that every Member State

should have a national influenza pandemic preparedness plan (NIPPP) that met the requirements of the PAHO-adapted WHO checklist; that all NIPPPs should be implemented at national, subnational, and local levels; and that all NIPPPs should be validated by simulation exercises and drills.

150. The technical cooperation strategy on avian influenza and pandemic influenza preparedness covered three main areas: preparedness and communication; surveillance and detection; and response and containment. With regard to the first area, he reported that all countries were now engaged in preparedness activities; subregional workshops had been organized both to support development of NIPPPs and to promote comprehensive communication strategies; and risk communication training had been provided for public officials. Two major evaluations based on the checklist had shown that the average level of preparedness in Latin America and the Caribbean had increased from 43% in 2006 to 50% in 2007.

151. In the area of surveillance and detection, a generic protocol for influenza surveillance had been developed by PAHO and the United States Centers for Disease Control and Prevention, and every country in Latin America and the Caribbean had received training on the protocol and was moving forward to an implementation phase; 17 countries had received on-site training in laboratory diagnostic methods; and laboratory equipment and supplies had been purchased for 22 countries. In the area of response and containment, regional and national rapid response teams had been trained and essential medications and equipment purchased for them; a stock of Tamiflu vaccine had been purchased for distribution when necessary to staff at PAHO Headquarters and country offices, and an Emergency Operations Center had been established at Headquarters.

152. PAHO's approach had been tested recently by outbreaks of low-pathogenicity H5N2 avian influenza in the Dominican Republic and Haiti. Those incidents had demonstrated that the necessary integration and coordination between health and agricultural authorities existed. However, they had also highlighted the need for more sensitive surveillance systems, as it was not yet known if the H5N2 strain could be transmitted to humans.

153. The Committee welcomed the progress report. Delegates emphasized that, as pandemic influenza represented a grave threat to global health security, all Member States of the Region should be urged to increase their preparedness by evaluating their NIPPPs, with the assistance, as appropriate, of the PAHO Secretariat. The Committee strongly encouraged PAHO to support enhanced coordination between ministries of health and of agriculture to improve the integration of animal and human disease surveillance, detection, and response. Delegates applauded PAHO's continued efforts to improve surveillance capacity and to increase the number of designated national

influenza centers, stressing that the aim should be to have a center in every Member State.

154. The Delegate of Canada drew attention to the disparities in the level of preparedness between subregions, noting that only moderate progress had been observed in the Caribbean and Andean subregions. Canada had recently co-hosted a subregional workshop for the Caribbean on the International Health Regulations (2005) and would be pleased to provide further technical support to that subregion if requested. Noting also the need for more research and evaluation activities, she reported that Canada had developed a multi-year influenza research initiative, and would be pleased to share its results with Member States as the research was completed.

155. Several delegates inquired about the availability of seasonal influenza vaccine and antiviral drugs in the Region. In particular, they wished to know whether the 29 countries referred to in paragraph 10 of the report had sufficient quantities of vaccine and whether any provision had been made to help countries with the purchase of antivirals, as the document seemed to refer only to the purchase of Tamiflu for personnel in the PAHO offices.

156. Some delegates questioned the use in the document of the phrase “public health threats,” suggesting that a more standard term would be “public health risks,” which did not imply any intentionality. Also, it was suggested that the document should include a reference to the issue of fair and equitable sharing of the benefits that arose out of the sharing of influenza viruses, which had been the subject of World Health Assembly Resolution WHA60.28.

157. Several delegates described their countries’ efforts in the area of influenza preparedness, and encouraged other Member States to share information on successful experiences and best practices. It was suggested that PAHO could facilitate such exchanges.

158. Dr. Barbosa da Silva said that the word “threat” would be replaced by “risk” and that the next version of the document would include a reference to the issue of sharing of influenza viruses among countries, and specifically to the work of the Interdisciplinary Working Group on Pandemic Influenza Preparedness convened pursuant to Resolution WHA60.28. He agreed that the aim should be to have one national influenza center in every country, recalling that in the recent outbreak in the Dominican Republic, the absence of such a center had made it necessary to send specimens to a laboratory in another country. He said that he would welcome the results of Canada’s research, and expressed appreciation for Canada’s offer of further support for the Caribbean subregion.

159. With regard to the availability of influenza vaccines and antivirals in the Region, he said that PAHO had stockpiled sufficient doses of Tamiflu for staff at Headquarters and in the country offices, as part of its plan to continue operating in the event of a pandemic. Additionally, there was a strategic stock of 200,000 doses of Tamiflu, currently held at PAHO's Subregional Disaster Office in Panama, which could be used in any country where an outbreak occurred. Member States also had the option of purchasing vaccines or other necessities through the Regional Revolving Fund for Strategic Public Health Supplies, commonly known as the Strategic Fund.

160. Ms. Alba María Roperó (Epidemiologist, Family and Community Health, PAHO) added that there had been a large increase since 2004 in seasonal vaccination in the Region, which led to a noticeable decline in the disease burden due to influenza. At the present time, 32 countries of the Region were using seasonal vaccination in their influenza preparedness programs. PAHO was working with Member States to establish a reliable forecast of future vaccine needs, and loans had been made to countries from the Revolving Fund for Vaccine Procurement to enable them to meet their needs in line with that forecast. She noted with appreciation that the United States Centers for Disease Control and Prevention had also donated vaccines.

161. The Committee took note of the progress report.

Blood Transfusion Safety: Progress Report (Document CE142/20)

162. Dr. José Luis Di Fabio (Area Manager, Technology, Health Care, and Research, PAHO) reviewed the headway made under the Regional Plan of Action for Transfusion Safety 2006-2010 since its adoption by the 46th Directing Council in 2005, noting that the Secretariat had encountered numerous difficulties in measuring progress because not all countries had submitted reports. He recalled that the plan comprised four strategic lines of action and nine progress indicators, which were listed in Document CE142/20, together with information on the progress made in each area.

163. The available data indicated that blood screening rates not only had not risen since 2005, they had shown a downward trend, thereby increasing the risk of transfusion-transmitted infections. The risk for transmission of Chagas' disease, in particular, was extremely high. Although participation by national blood systems in external performance evaluation programs and rates of voluntary blood donation had both increased, those increases were averages across the Region; at the country level, there were enormous disparities. With regard to the efficiency of blood collection in the countries of Latin America and the Caribbean, the data indicated that small blood processing centers were less efficient than centers that handled a larger volume of blood, as was evidenced by the larger centers' higher rates of voluntary donation and lower donor deferral rates. Larger centers also tended to have better screening and quality

control, and were more efficient from a financial standpoint, as measured by number of units of blood discarded each year because the blood was found to be infectious or had exceeded its expiration date. There was thus a need to consolidate blood processing in a smaller number of centers in order to enhance efficiency, reduce the prevalence of transmission-transmitted infections, and lower costs.

164. In the remaining two years of the plan of action, PAHO would focus on working with health authorities in Member States to improve planning and management of national blood systems, produce accurate estimates of the need for blood and blood components, establish a social network of volunteers to help educate blood donors and promote voluntary donation, and eliminate paid and replacement donation. The Secretariat considered that the strategies and progress indicators established under the plan of action remained valid, but much work would be required in order to achieve the plan's objectives by 2010. There was also an urgent need to improve information systems and data collection in order to be able to assess progress.

165. The Executive Committee was asked to review the report and to adopt a resolution, conveying to the Directing Council the need to support blood transfusion safety as a means of improving patient care and reducing the burden of HIV and other infections in the general population.

166. The Committee expressed concern about the lack of progress towards ensuring a safe blood supply in the countries of the Region, but several members questioned whether the adoption of a new resolution would do any good, particularly as no new program or plan for improving the situation was proposed. It was suggested that the Secretariat should simply redouble its efforts to help countries achieve the objectives established in 2005. To that end, the Secretariat should develop technical guidelines for estimating annual blood needs in a given population and formulate strategies and recommendations for organizing blood systems and for attracting voluntary donors. In that connection, one delegate said that the formation of networks, as proposed in the report, would probably not be the most effective way of promoting voluntary donation. Rather, the Organization should endeavor to build a grassroots movement, as had been done, for example, to change public attitudes about tobacco use. Delegates also pointed out that it was essential to identify and address the root causes for the lack of progress. Otherwise, it would be very difficult ever to bring about any change in the situation.

167. The Delegate of Canada noted that the report contained no data from Canada and requested that such data be included in the document to be presented to the 48th Directing Council. He, along with several other delegates, also questioned the feasibility of setting a goal of 100% voluntary blood donation by 2010, noting that 100% should be the long-term objective, but that the resolution—if there was to be one—should not set an unattainable goal for the short term.

168. Dr. José Ramiro Cruz (Regional Advisor on Laboratory and Blood Services, PAHO) said that the aim of the report and the proposed resolution was to alert the ministers of health of the Region to the fact that the objectives that Member States had established in 2005 would not be reached by 2010 unless vigorous action was taken immediately. In analyzing the reasons for the lack of progress, the Secretariat had determined that strong leadership on the part of ministries of health was a crucial factor in improving the organization of blood systems and thereby enhancing blood screening and reducing the costly waste of blood that was currently occurring. Better organization of blood systems would also increase voluntary blood donation rates.

169. With regard to the goal of 100% voluntary donation, he said that the Secretariat believed that setting the original goal of the plan of action at 50% had been an error because it created a situation in which only half of patients could receive blood from volunteer donors; the other half would have to procure replacement donations. It was a myth, he said, that there was a shortage of willing volunteer blood donors in the Region. Studies in numerous countries had demonstrated that people were willing to donate if they had confidence in the blood collection system, if the system was efficiently organized, and if they were made aware of blood needs and of the benefits of an all-volunteer blood supply. In Colombia, for example, the Red Cross had organized a blood drive in connection with World Blood Donor Day (14 June 2008) and had collected 340,000 units in a single day. In the light of such successes, the Secretariat believed that the goal of 100% voluntary donation was attainable.

170. The Director affirmed that the purpose of the proposed resolution was to make Member States aware of the lack of progress and to propose corrective action. In her view, the lack of progress was due largely to a lack of political will, which, in turn, was due largely to frequent turnover of ministers and other health authorities. As a result, currently serving ministers of health might not be aware of the plan of action or of the fact that, midway through the period covered by the plan, not only had progress not been made towards its objectives, but the situation had deteriorated.

171. A resolution was the only means available to the Organization to ask the current health authorities to formally reaffirm their countries' commitment to the plan's objectives and to urge them to establish a specific regulatory entity within their ministries of health to take responsibility for oversight of the national blood system. The latter was considered critical because the available evidence showed that the countries that had the most fragmented systems also had the most inefficient systems and the most serious blood quality problems. They also attracted fewer voluntary donors because the population did not trust the system to make good use of their blood. A resolution was also needed in order to address the failings in the existing plan of action and modify it accordingly, as well as to incorporate new goals and lines of action, such as reducing the

number of small blood collection centers and aiming for 100% voluntary donation by 2010.

172. After further discussion, it was agreed that the Secretariat would revise the proposed resolution, incorporating the Committee's comments and suggestions. The revised resolution was subsequently adopted as Resolution CE142.R5.

International Health Regulations: Progress Report (Document CE142/21)

173. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) presented the progress report on implementation of the International Health Regulations (IHR) (2005) in the Region, recalling that Member States had until June 2009 to complete the first phase of implementation, which entailed assessing their national core capacities for meeting their various responsibilities under the Regulations. He provided updated data from countries' responses to a questionnaire sent by WHO to States Parties to the Regulations requesting a summary of their progress in implementing them.

174. Of the 35 countries in the Region, 33 had responded to the questionnaire. Since January 2007, the countries of the Americas had reported 111 events that might constitute potential international public health emergencies. Most had concerned communicable diseases, although some events had involved zoonoses, foodborne illnesses, and contamination of consumer products. All countries in the Region had established national IHR focal points, but in seven countries the focal point was not available for communications 24 hours a day, seven days a week. Eighteen countries had conducted assessments of their national capacity for surveillance and response, and 15 had assessed national capacities with respect to airports, ports, and ground crossings, although only 12 had documentation on their assessments. He pointed out that there were donors interested in providing funding to enable countries to strengthen their core capacities, but the provision of such support was contingent on the completion of countries' self-assessments. He therefore encouraged all countries to complete their assessments before the end of 2008.

175. PAHO had already conducted training in rapid response and other aspects of the implementation of the Regulations. The next steps would be to ensure that national IHR focal points were available at all times, that all assessments of capacities for surveillance and response and points of entry were completed by June 2009, that national and subnational rapid response teams were established, and that communication channels were established, not only with the health authority at national level but also with other relevant sectors.

176. The Executive Committee was pleased to note the progress made by PAHO Member States in implementing the Regulations and commended PAHO's assistance in that process. Delegates reaffirmed their governments' commitment to meeting the deadlines for implementation and described the steps being taken towards that end in their countries. Several also offered technical support to PAHO and to other countries in the Region.

177. It was pointed out that the IHR implementation process afforded the opportunity to strengthen health systems and the capacity for intersectoral work, as well as for collaboration between countries, particularly in border areas. More information was sought on the challenges facing countries that might impede full implementation of the Regulations, on whether PAHO was working with countries to validate their self-assessments of core capacities, and on the training and staff development activities that the Organization had undertaken in order to support implementation of the Regulations.

178. Dr. Barbosa da Silva said that the updated information from countries' responses to the WHO questionnaire, which had not been available when Document CE142/21 was drafted, would be incorporated into the revised report to be prepared for the 48th Directing Council. Regarding countries' self-assessments, PAHO was supporting Member States not only through the distribution of technical tools, but also through the services of consultants and advisors. In addition, the Organization was supplying equipment and software to national focal points and providing training in their use. More information on those activities would also be incorporated into the revised document.

179. He welcomed the offers of support and collaboration from various countries and noted that some countries and areas were at higher risk for international public health emergencies because they were international crossroads. Panama, particularly the Canal Zone, and the Mexico-United States and Argentina-Brazil-Paraguay-Uruguay border regions were examples. In such cases, multinational or subregional collaboration in implementing and applying the Regulations would be crucial.

180. The Committee thanked Dr. Barbosa da Silva and took note of the report.

Strengthening of Essential Public Health Functions: Progress Report (Document CE142/22)

181. Dr. Eduardo Levcovitz (Chief, Health Policies and Systems Development, PAHO), introducing Document CE142/22, noted that strengthening of essential public health functions (EPHF) was closely related to the implementation of the International Health Regulations (2005). He reviewed the history of the Public Health in the Americas Initiative, which had been launched in 1999. In the first phase of the initiative (2000-2001) countries had conducted assessments of their performance of essential

public health functions in order to establish a baseline for measuring progress. Since then, they had developed plans and strategies for strengthening their public health systems, focusing on three main areas of action: strengthening public health practice, developing public health infrastructure, and improving the steering capacity of the national health authority. Many countries had also undertaken EPHF assessments and implemented strengthening activities at subnational levels. The progress report described some of those activities and provided information about the technical cooperation that PAHO was providing to support countries' efforts.

182. He invited Member States to consult the document mentioned in footnote 1 of the report ("The Essential Public Health Functions as a Strategy for Improving Overall Health Systems Performance: Trends and Challenges since the Public Health in the Americas Initiative, 2000-2007," available at www.lachealthsys.org) for more detailed information and to submit to the Secretariat additional information on their initiatives for strengthening public health practice.

183. The Executive Committee welcomed the progress made in measuring and enhancing the performance of essential public health functions in the countries of the Region, and expressed support for PAHO's ongoing efforts to assist Member States in that regard. Several delegates reported on initiatives under way in their countries to strengthen public health capacity. The Delegate of Canada noted two errors in the information on Canada in the progress report and said that her delegation would submit corrections in writing.

184. It was pointed out that efforts to strengthen public health practice were hindered in some countries by shortages of public health professionals. The need for increased effort to train and retain such professionals—who were often lured away from public health careers by higher salaries in the private sector—was underscored. This was identified as an important area for future PAHO technical cooperation.

185. Several suggestions were made with regard to the essential public health functions themselves. One delegate was of the view that EPHF 3 (health promotion) and EPHF 4 (social participation in health) should be combined, as social participation in health was part of an integrated approach to health promotion. Another, while recognizing that the main focus of the work on essential public health functions was the country level, suggested that international health should be incorporated into the EPHF framework, since actions and phenomena occurring at the national level increasingly had international implications.

186. It was proposed that, as this item required no action on the part of the Governing Bodies, it should not be sent forward to the Directing Council.

187. Dr. Levcovitch thanked the delegates for their comments and suggestions, and assured the Delegate of Canada that the necessary corrections to the document would be made. He observed that the EPHF initiative had truly taken on a life of its own. Most activities were occurring at the national and subnational levels, and PAHO was not aware of all of them, particularly those taking place at county, municipal, or lower levels. He therefore welcomed the information provided by delegates and encouraged Member States to continue submitting information on the lessons learned and best practices gleaned from their experiences.

188. In his view, the sustained interest in and commitment to the EPHF initiative was due largely to the fact that the 11 essential public health functions had been extensively studied and discussed when the assessment framework was being developed. He did not feel it would be wise to make any changes in that framework at the present time. That did not mean, however, that there were not links between the functions or the opportunity for cross-cutting action. EPHF 3 and EPHF 4 were certainly linked in several ways, but EPHF 4 also had dimensions related to political decision-making processes, social policy, and social dialogue. While the relationship between public health and international relations had not been as clear when the framework was developed as it was now recognized to be, EPHF 5 (development of policies and institutional capacity for public health planning and management), EPHF 6 (strengthening of public health regulation and enforcement capacity), and EPHF 8 (human resources development and training in public health) encompassed dimensions which could be expanded in order to incorporate functions related to international health. It had also become abundantly clear that the essential public health functions were closely related to another area of great current interest to both the Secretariat and Member States: development and strengthening of health systems based on primary health care.

189. In conclusion, he announced that the Spanish version of the virtual course on strengthening essential public health functions, mentioned in paragraph 19 of the progress report, would be ready before the end of 2008, and the Portuguese version was expected shortly thereafter. Those versions would not be simple translations of the English-language course, but would be adaptations tailored to the characteristics of health systems in Latin America.

190. The Committee took note of the report.

WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas (Document CE142/23)

191. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) introduced Document CE142/23, noting that of all the regions of the World Health Organization, the Region of the Americas had the lowest percentage of

Member States (66%) that had ratified the WHO Framework Convention on Tobacco Control (FCTC). He outlined the progress in the Region to date in implementing the measures contained in the FCTC, including regulation of the packaging and labeling of tobacco products, banning the use of deceptive terms such as “light” or “smooth,” printing warnings on no less than 30% of the package surface, and creating smoke-free environments.

192. Earlier in 2008, WHO had launched MPOWER, a package of six measures that provided a clearly delineated roadmap to assist countries in meeting their obligations under the FCTC and helping all countries, whether or not they were parties to the Convention, to combat the smoking epidemic. Those six measures were: monitor tobacco use, protect people from tobacco smoke, offer help to quit tobacco use, warn about the dangers of tobacco, enforce bans on tobacco advertising and promotion, and raise taxes on tobacco products.

193. The Executive Committee was asked to consider a proposed resolution encouraging Member States that had not yet done so to ratify the Convention and urging both parties and non-parties to the Convention to implement the MPOWER package of measures.

194. In the ensuing discussion, several delegates, including delegates from Member States that had not yet ratified the Convention, described the steps being taken by their countries to combat tobacco use, including smoking bans in public buildings, restrictions on advertising, higher taxes on tobacco products, and measures to discourage smoking among young people. Most reported that the public, including a large proportion of smokers, had been generally receptive to the measures implemented.

195. With regard to the proposed resolution, a delegate sought clarification of a preambular paragraph which made to reference to the necessity of “striving to make the Convention national law.” Another delegate suggested that paragraph 1(e), which urged Member States to participate in the Ibero-American Network for Tobacco Control, should also encourage participation in English-speaking networks.

196. Dr. Heidi Jiménez (Legal Counsel, PAHO) explained that in some countries international treaties, once ratified by the country, automatically took effect, but in other countries, domestic implementing legislation was required. In addition, existing laws sometimes had to be adapted to bring them into line with the provisions of the treaty. She said that the Secretariat would clarify the language of the paragraph in question.

197. Dr. Galvão observed that, as was evident from the Committee’s comments, the fight against tobacco use was helping to create healthier environments and foster a new health consciousness on the part of both the public and health authorities. He said that the

Secretariat would incorporate the suggestion regarding English-speaking networks, but clarified that what the Secretariat had intended to encourage was participation in existing networks, not the creation of new ones.

198. The Director said that it was clear that the countries of the Region were committed to combating the tobacco epidemic. However, the Secretariat remained concerned that, of the six WHO regions, the Americas had the lowest level of ratification. She recognized that countries' legal systems differed, which meant that the ratification process took much longer in some than in others. She also noted that countries that had signed but not yet ratified the Convention were proceeding to implement it. Nevertheless, PAHO considered it important for countries also to take the necessary legislative steps to incorporate the provisions of the FCTC into their domestic laws and encouraged all Member States to both adopt and ratify the Convention.

199. The Committee adopted Resolution CE142.R11 on this item.

***Integrated Vector Control: A Comprehensive Response to Vector-borne Diseases
(Document CE142/24)***

200. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) introduced Document CE142/24 and a proposed resolution on this item, noting that vector-borne diseases continued to be a major public health problem in the Americas, disproportionately affecting the poor and marginalized populations. Factors such as increased population crowding, mobility, and climate change entailed an increased risk of mosquito-borne disease epidemics. The Region was seeing not only a growing risk of known diseases, such as dengue or malaria, but also the emergence of new ones such as West Nile fever and the reappearance of long-absent ones such as urban yellow fever. Furthermore, insecticide resistance was endangering control programs that were heavily reliant on chemicals.

201. Integrated vector management could be defined as a rational decision-making process for the optimal use of resources for vector control. Integrated vector management principles would contribute to the judicious and environmentally sound use of available insecticides; they would provide means for countries to reduce reliance on chemical control and would strengthen vector control programs and make them more efficient and cost-effective. Most importantly, integrated vector management represented an intersectoral approach, going well beyond the confines of the health sector alone.

202. Important steps in the promotion of integrated vector management in the Americas would include carrying out situation analyses and needs assessments at national and regional levels; formulating integrated vector management guidelines; building countries' capacity for planning, implementation, monitoring, and evaluation of vector

control through human resource development; promoting partnership and collaboration, including community involvement and university support for practical operations research; supporting multi-disease prevention and control, since some vectors played a role in more than one disease; mobilizing financial resources; and encouraging inter- and intra-country coordination in prevention and control of vector-borne diseases.

203. The Committee welcomed the document, attaching particular importance to its emphasis on the intersectoral aspects of vector control. It was felt that an intersectoral approach would help to reduce reliance on mass spraying of pesticides, which would be beneficial to the environment. One delegate suggested, however, that the strategy should leave open a full range of options for vector control, including judicious use of pesticides where appropriate. Another said that if pesticides were to be used, preference should be given to those that were least harmful to the environment and to people, such as biopesticides.

204. Several delegates stressed that, while it was certainly important to tackle the issue of vectors as a whole, it was also important to be aware that all vector-borne diseases had their specific characteristics, and it was therefore necessary also to strengthen disease-specific programs. Delegates also highlighted the importance of strengthening communication, both with the population and between the government and the mass media, to ensure that accurate and clear messages were transmitted about the dangers of vector-borne diseases, rather than alarmist information leading to undue public anxiety.

205. Several delegates described the work being pursued in their countries on vector control. Some countries were already utilizing an intersectoral approach. It was stressed that any technical guidance to be drawn up should emphasize the importance of community involvement, and should also contain examples of best practices gleaned from countries' successful experiences. One delegate proposed that PAHO should consider creating a post of regional advisor for vector control to support activities and provide a space for collaboration between countries in this area.

206. One delegate questioned the need for a resolution on this item, pointing out that, as work on the regional strategy on integrated vector management was still in progress, adopting a resolution seemed premature. He also noted that Document CE142/24 did not call for a resolution: it simply asked the Executive Committee to take note of the work so far.

207. Dr. Barbosa da Silva agreed that the sharing of successful experiences needed to be enhanced, with PAHO ensuring prompt dissemination of information so that Member States could learn from one another. He also agreed on the importance of community involvement, which had been demonstrated to be an effective strategy in various national initiatives for control of malaria and other diseases. Community participation was

important in particular because control of vector-borne diseases involved inducing people to change their behavior and habits. PAHO was looking into how the Strategic Fund could be used more effectively to ensure that countries had access to supplies for vector control. That could well include the use of pesticides, including biopesticides, under appropriate conditions of safety and quality, although their use should not be the primary component of vector management.

208. The Director acknowledged that there was a discrepancy between the action requested of the Executive Committee in the document and the proposal that a resolution should be adopted. In her view, it was not necessary to develop a new integrated vector management strategy: rather, what was needed was to incorporate the integrated approach into existing initiatives to control dengue, malaria, and other vector-borne diseases. If the proposed resolution was adopted, with such improvements as the Committee considered necessary, that would be a sufficient mandate for PAHO to move forward with the integrated approach, without any need to develop a new strategy or plan of action.

209. After examination of a draft resolution and consideration of several amendments proposed by delegates, the Committee adopted Resolution CE142.R9 on this item.

***Health and International Relations: Linkages with National Health Development
(Document CE142/25)***

210. Dr. Pedro Brito (Area Manager, Health Systems Strengthening, PAHO) introduced Document CE142/25, noting that it was intended to serve as the starting point for a dialogue between the Secretariat and Member States on health and international relations, leading eventually to the development of a programmatic framework to guide the Organization's technical cooperation and its work in helping governments to build the institutional capacity needed to operate effectively in the current global health environment. He summarized the content of the document, which analyzed the complex relationship between health and international relations, the changes that had occurred in that relationship and in the field of international health cooperation, and some of the implications of those changes for national health development. Four spheres of action were proposed: strengthening of leadership in health; health diplomacy, or the capacity of national governments to conduct international relations on health issues; management of international cooperation; and development of national capacity for international action in health.

211. The Executive Committee was asked to provide suggestions for improving the document and to express its views on the proposed areas of action in order to enable the Secretariat to draw up a more well-defined proposal for consideration by the Directing Council.

212. The Committee welcomed the document, which was considered ground-breaking in several respects, notably the linking of international relations with national health development. The Delegate of Chile, recalling that his Government had requested that this item be placed on the Committee's agenda, said that his delegation was very pleased with the approach that the Secretariat had taken in preparing the document. Chile's main concern had been strengthening the capacity of ministry of health staff responsible for managing international cooperation and coordinating the activities of international cooperation agencies at the national level. The document addressed that need, but it was far more wide-ranging, which made it all the more valuable. Other delegates commented that the document marked a departure from the technical subject matter normally dealt with by PAHO, which was of interest solely or mainly to public health professionals. This document addressed topics of interest to professionals in many sectors, including foreign affairs, environment, and trade. It showed that health was truly intersectoral.

213. It was pointed out that care should be taken in choosing the language used to talk about this new area of cooperation. Several delegates expressed particular concern about the term "health diplomacy," which they felt might not be broad enough. One delegate asserted that health had emerged as a diplomatic concern only since the end of the Cold War. Because it was so relatively new, the concept of "health diplomacy" or "health and diplomacy" as a field of endeavor was still evolving. That fact, he suggested, should be more clearly reflected in the document.

214. Another delegate suggested that paragraph 28 of the document, which dealt with the drawbacks of vertical disease-specific aid programs, should be revised. He pointed out that disease-specific programs could, in addition to saving lives, contribute to the overall strengthening of health systems and basic health infrastructure. The polio eradication initiative was one example: the laboratory infrastructure put in place as part of that effort was now being used in the fight against other diseases.

215. With regard to the technical cooperation role of PAHO, the importance of enhancing the leadership capacity of the national health authority was emphasized. Delegates identified disease surveillance, particularly in areas with high volumes of international traffic and trade, and harmonization of regulatory frameworks and of the provision of services as areas that especially needed strengthening. Assisting governments in analyzing the health impact of proposed public policies was considered another important role for PAHO. It was emphasized that the Organization should focus its technical cooperation activities in areas that clearly fell within its mandate and core competencies—for example, helping countries to implement the International Health Regulations or building capacity to implement the principles of the Paris Declaration on Aid Effectiveness. The link between this area of work and the Organization's work under the mandate created by Resolution WHA61.21 (Global Strategy and Plan of Action on

Public Health, Innovation, and Intellectual Property, see paragraphs 311 to 316 below) was highlighted.

216. The majority of Committee members agreed that a proposed resolution on this item should be drafted and sent forward to the Directing Council for adoption, the aim being to provide a basis for future action with regard to health and international relations. The proposed resolution was discussed and revised extensively, with much of the discussion centering on the role of PAHO, in particular its participation in political forums. It was emphasized that PAHO's participation in such bodies should be limited to matters having to do with health. It was also felt that PAHO should not be involved in international relations or in training national professionals responsible for international relations, which was the purview of national governments.

217. The Director pointed out that PAHO was already participating, at the request of Member States, in political forums such as the Summits of the Americas. The resolution would simply give the Organization a formal mandate to continue doing something that Member States had repeatedly asked it to do. She also pointed out that PAHO's involvement in training of national professionals in international health and international relations was nothing new. It provided such training through its own Leaders in International Health Program and through its participation in the training programs of the Inter-American Defense Board. It had also partnered with the schools of international relations and public health at universities in Washington, D.C., to develop international health training programs. In addition, the Organization had training and capacity-building responsibilities under the International Health Regulations (2005), which obviously had international relations implications.

218. After further discussion and revision, the Committee adopted Resolution CE142.R14.

Update on Climate Change and its Impact on Public Health (Document CE142/26)

219. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) introduced Document CE142/26, pointing out that the Fourth Assessment Report of the Intergovernmental Panel on Climate Change had clearly shown the health effects of climate change and that such effects disproportionately affected vulnerable populations, notably the poor. He noted that, as had become customary, the roundtable to take place during the 48th Directing Council would focus on the same topic as that for World Health Day, which in 2008 had been "Protecting Health from Climate Change." The roundtable would begin with a short video on climate change, followed by remarks from the Director and a keynote speaker. There would then be a presentation on the proposed regional plan of action, which was being prepared pursuant to World Health Assembly Resolution WHA61.19. Drawing attention to the strategic objectives of the

plan of action, which appeared in Annex I of Document CE142/26, he recalled that the foundations for the plan had been laid at the Regional Workshop on Climate Change and its Effects on Health in the Americas, held in Brazil during the week of World Health Day.

220. Following the presentation on the plan of action, the roundtable participants would break up into three working groups to be chaired by the President and Vice-Presidents of the Directing Council, which would examine the plan of action and related topics. The results of the discussions would then subsequently be presented to plenary. He noted that representatives of academia and NGOs were being invited to participate in the roundtable.

221. The Committee welcomed the information on the preparations for the roundtable and on the preparation of the plan of action. Several delegates mentioned the impact that climate change was likely to have on their respective countries, stressing that it was essential that the plan of action take account of national circumstances. One delegate noted that while the report of the fourth session of the Intergovernmental Panel on Climate Change had provided some of the most up-to-date science on climate change, it had used conditional language that conveyed that the science was still evolving. Rather than speaking of certainties, it spoke of potential effects and characterized the likelihood of specific outcomes in terms of high, medium, and low confidence. She suggested that the Secretariat should use the same approach in drafting the plan of action. Another delegate recommended that the plan should be made less prescriptive and that it should define the roles of the Secretariat and Member States more clearly.

222. A number of delegates expressed concern that the 30 minutes allocated for the working group discussions would be insufficient for the discussion of such an important topic.

223. The Director clarified that the reference in the document to a 30-minutes discussion period was a mistake. Following a 15-minutes introduction in plenary, including remarks by the Director-General of WHO if she was present in Washington on the day of the roundtable, the working groups would have at least an hour and a quarter of discussion time. There would then be a follow-up discussion in plenary. In all, a minimum of two hours would be allotted to the topic.

224. The Executive Committee took note of the preparations for the roundtable and the proposed plan of action.

Administrative and Financial Matters

Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale (Document CE142/27)

225. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that during the Subcommittee's second session in March, the Secretariat had announced that a new PAHO scale of assessments, based on the quota scale approved by the Organization of American States (OAS) in November 2007, would be developed and presented to Member States along with the program budget proposal for the period 2010-2011.

226. The Director confirmed that the scale of assessments would be presented at the next session of the Subcommittee on Program, Budget, and Administration in early 2009. She added that the new scale was based on the OAS scale, but that it had been adjusted to PAHO's membership, which was slightly different from that of the Organization of American States.

227. The Executive Committee took note of the report.

Report on the Collection of Quota Contributions (Document CE142/28 and Add. I)

228. Ms. Linda Kintzios (Treasurer and Chief, Funds Management, Analysis and Systems, PAHO) introduced Document CE142/28, which contained information on the status of quota contributions due from Member, Participating and Associate States as of 31 December 2007 and 30 April 2008. The addendum to the document provided updated information concerning receipts as of 16 June 2008. She was pleased to report that, since that date, the Organization had received additional payments of \$6,211 from the Bahamas, \$62,765 from Bolivia, \$9,735 from Costa Rica, and \$64,152 from Cuba. The combined collection of arrears and current year's assessments thus far in 2008 totaled \$40.5 million, which was a significant decline in overall collections in comparison to the amount that had been collected by June 2007 (\$70.1 million).

229. A total of 27 Member States had made quota payments thus far in 2008 and over 63% of outstanding arrears had been paid, leaving a balance of only \$13.1 million. Collection of contributions for current-year assessments amounted to \$18.1 million (19%), also a significant decrease as compared with 2007. Thirteen Member States had paid their 2008 assessments in full, all Member States with deferred payment plans were in full compliance with the terms of those plans, and only one Member State was potentially subject to the voting restrictions established under Article 6.B of the PAHO Constitution.

230. The Director said that the Secretariat was working with the country potentially subject to the provisions of Article 6.B with a view to ensuring that it would be able to participate fully in the 48th Directing Council. She noted that the Organization had experienced delays in the receipt of payments from several major contributors, which explained why the percentage of funding received by June was so low. In order to keep the Organization running while waiting for those payments to arrive, she had been obliged to request authorization from the Executive Committee for internal borrowing, and she was grateful to the Committee for its prompt response to her request.

231. The Delegate of Canada apologized for his Government's delay in paying its 2008 assessment and said that Canada expected to submit a partial payment shortly. The delay was due to a change in the mechanism for payment of all Canada's obligations to international organizations. The mechanism had now been approved, and future payments should be made on a timely basis.

232. In the discussion of the proposed resolution on this item, several delegates expressed the view that the resolution should not indicate the specific number of Member States that had not made any payments towards their 2008 assessments, particularly as that number would most likely change before the 48th Directing Council. Concern was also expressed about paragraph 4 of the proposed resolution, which recommended that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to any Member State that by the opening of the 48th Directing Council had not made substantial payments toward its quota commitments. It was suggested that the language should be less emphatic. Other delegates pointed out that the wording of paragraph 4 was the standard wording that had been used in many previous Executive Committee resolutions on this topic.

233. The Director affirmed that the wording of paragraph 4 was the customary wording. The aim was to alert Member States to the need to take steps to meet their financial obligations to the Organization before the opening of the Directing Council in order to avoid suspension of their voting privileges. However, the final decision regarding the application of Article 6.B would be taken by the Directing Council on the basis of the recommendations of a committee of Member States appointed by the Council, and that committee would give due consideration to any special or extenuating circumstances which might have prevented a Member State from meeting its obligations.

234. The Committee was satisfied with the explanations provided by the Director and adopted Resolution CE142.R2, retaining the language of paragraph 4.

Programmatic Prioritization and Resource Allocation Criteria (Document CE142/29)

235. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had discussed this item extensively during its second session in March and then again during the virtual meeting on 30 April. The Subcommittee had considered the criteria applied in the prioritization exercise to be generally good. However, it had been pointed out that, while those criteria took account of regional mandates such as the Health Agenda for the Americas, they did not incorporate any global mandates. Subcommittee members had mentioned several additional criteria that might have a bearing on priority-setting, including expected outcomes and impacts and the timeframe for achieving them, the political context, and the level at which work was to be undertaken (regional, subregional, or national). The Subcommittee had stressed that priorities should be reexamined each biennium and revised in the light of changing circumstances. The Subcommittee had agreed unanimously that future prioritization exercises should involve external participants, especially representatives from Member States. It had been emphasized that the external participants selected should be experts who were knowledgeable about both public health and management issues.

236. At the virtual meeting on 30 April, the Secretariat had reported that the Subcommittee's comments and suggestions had been incorporated into the document being prepared for the Executive Committee (Document CE142/29). The Subcommittee had endorsed the process set forth in the document, with the revisions noted, and reemphasized the need to review priorities in each biennium.

237. Some members of the Executive Committee felt that the document was unclear as to what was being asked of the Committee. As the Strategic Plan for the current biennium was in place, with resources already allocated to the various strategic objectives, they wished to know whether the prioritization process might have an impact on that distribution of resources. One member expressed reservations about the idea of involving a large number of external participants in future prioritization exercises, fearing that their participation might be quite costly and of limited value.

238. Drawing attention to a table showing the results of the prioritization exercise (contained in the annex to Document CE142/29), a member asked what the term "priority" actually meant for the work of the Organization, and under what circumstances the Secretariat might consider changing a priority. He also asked whether the Secretariat could provide a concrete example to illustrate the principles underlying the prioritization exercise. For instance, in light of the current worldwide concerns about food security, how had it come about that Strategic Objective 9, "To improve nutrition, food safety and food security," was accorded the lowest priority in the table?

239. Dr. Hernán Rosenberg (Senior Advisor, Resource Coordination, PAHO) said that the purpose of the document was to explain, in a spirit of transparency, the process by which the priority-setting exercise had been undertaken, rather than to discuss its results. The Secretariat was seeking comments and suggestions on the process itself to guide it in future such exercises. He stressed that prioritization was a programmatic exercise, not a budgetary one. If PAHO had to make a choice on where to spend its resources, then it needed a collectively shared idea of how to go about doing so. Member States had been consulted in previous prioritization processes, and such consultations would continue. He recalled that the Subcommittee on Program, Budget, and Administration had been in favor of opening up the process to outside participants. In deciding who should be asked to take part, the Secretariat would be very careful to choose people who were knowledgeable about public health and/or management.

240. Turning to the specific example of Strategic Objective 9, he stressed that the issue was not the intrinsic importance of any particular objective, because they were all important. Rather, it was a matter of how the Organization should deploy its resources in order to have the greatest impact. As a number of other organizations were involved in the area of nutrition, PAHO could have greater impact by focusing more on other fields where far fewer agencies were involved.

241. The Director observed that the prioritization exercise was a part of the process of implementing results-based management. PASB established its Strategic Plan and determined the resources that would be needed to implement it, but it did not necessarily have the needed resources right on the first day of implementation, and might need to change priorities accordingly. Then, in the course of implementation, situations might change and, again, there could be a need to shift resources. For example, expected income might not be received as anticipated, or a country might have a natural disaster, or a change of government entailing changed health priorities: all these were scenarios in which resource allocation priorities might have to be changed, and PAHO needed a methodology to enable it to do so. It was the Secretariat's responsibility, and its challenge, to move resources around in line with changing priorities in order to achieve the expected results that the Governing Bodies had laid down. Reinforcing Dr. Rosenberg's comments on Strategic Objective 9, she stressed that in the area of nutrition PAHO had strong partners, both within the United Nations system and within the inter-American system.

242. The Executive Committee took note of the report.

***Financial Report of the Director and Report of the External Auditor for 2006-2007
(Official Document 331)***

243. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) presented an overview of the Organization's financial situation, which was described in much greater detail in *Official Document 331*. She reported that PAHO was in an unprecedentedly favorable financial position. The Organization's total funding had reached \$1.16 billion, \$359 million greater than in 2004-2005, and the highest level of income for the Organization in any biennium. The increased income had resulted from the payment of Member States' quota arrearages, greater mobilization of voluntary contributions, growth in procurement of essential public health vaccines and supplies on behalf of Member States, and increased funding from the World Health Organization. The Organization had received the highest level of quota assessment payments in over 10 years, with current 2006-2007 biennium quota assessment receipts reaching \$155.1 million and the payment of arrearages reaching \$54.8 million. But the most striking increase in financial resources had occurred in the Organization's procurement activities on behalf of Member States, which had grown from a cumulative total of \$338.9 million in 2004-2005 to \$513.7 million in 2006-2007, an overall increase of 52% for the Organization's three procurement funds.

244. Overall, there had been an excess of receipts over expenditures of \$38.8 million. Of that, \$5.8 million had been used to raise the amount in the Working Capital Fund to its authorized ceiling of \$20 million, and \$7.7 million to bring the Master Capital Investment Fund up to its authorized ceiling of \$8 million. There was thus an available balance in the holding account of \$25.3 million.

245. As of the end of May 2008, almost \$18 million in current-year assessments had been received, as well as almost \$8 million in prior years' assessments. Since that date, PAHO had received several quota payments, including one for over \$14 million. On 18 June, there had been a balance of \$15 million in the Working Capital Fund. Pointing out that that amount would only cover expenditures for about two months, she appealed to Member States with outstanding quota payments to make them as soon as possible.

246. Mr. Graham Miller (Representative of the External Auditor) summarized the Report of the External Auditor, Mr. Tim Burr (Comptroller and Auditor General, National Audit Office of the United Kingdom). He was happy to confirm that, following rigorous, independent, and objective scrutiny of the accounts and operations of the Organization, the External Auditor had found no weaknesses or errors which might materially impact the validity of the financial statements as a whole. Thus, the External Auditor was pleased to place an unqualified audit opinion on the statements for the period 1 January 2006 to 31 December 2007.

247. He reviewed the content of the report (contained in *Official Document 331*), noting that it covered the overall financial results of PAHO, its progress towards implementing the International Public Sector Accounting Standards (IPSAS), its use of letters of agreement with implementing partners, staff vacancies within the Organization, financial control in the field, the financial results of the subregional centers, the planned separation of PAHO and the subregional centers, and the follow-up to previous audit recommendations. With regard to the latter, he recalled that the previous audit report had noted the continued weakness in the level of internal oversight within the Organization. While PAHO had tried to address those concerns and recruit qualified staff, it had not yet been able to attract suitable candidates for the position of senior internal auditor. The current audit report recommended that PAHO should consider outsourcing the internal oversight function.

248. With regard to the establishment of the Integrity and Conflict Management System (ICMS), the report noted with regret that the previous arrangements for investigating fraud had been diluted and there was no central focal point to undertake that critical aspect of good governance. The report recommended that the ICMS team should establish a sub-group with the specific mandate to investigate and report cases of fraud. In the area of risk management, the auditors had worked closely with PAHO, to provide guidance on risk assessment and the development of risk registers. While the Organization was making progress in that regard, risk management had not yet been embedded into its business processes. The auditors recommended that the Organization set a target date to fully adopt a systematic arrangement of enterprise risk management. They also recommended that the Organization establish an audit committee. While the terms of reference of the Subcommittee on Program, Budget, and Administration were extensive and included the review of financial statements, audit plans, and reports, the Subcommittee did not require the attendance of the External Auditor and did not fulfill the good governance role of an audit committee made up of a majority of independent members.

249. The Executive Committee welcomed the unqualified audit opinion and the generally healthy financial situation of the Organization. Some delegations sought comments from the Secretariat on two areas that had been highlighted in the External Auditor's report: the advanced age and high degree of customization of the Organization's information technology systems, and the weaknesses in the management of funds transferred to third parties under letters of agreement.

250. Ms. Frahler said that, for the present, the computer system was meeting the financial management needs of the Organization. It was true, however, that certain customizations had been needed to accommodate events such as the progressive implementation of the IPSAS, and once the Organization had gone over to full accrual accounting, use of the existing system would become more problematic.

251. With regard to funds handled under letters of agreement, PAHO had taken note of the observations of the External Auditor. One recent innovation was the monthly quality assurance and internal control checklist, which every administrator in the country offices was required to review and sign, certifying that he or she had implemented and reviewed all the requisite controls, or providing explanations if any controls had not been implemented. The PAHO/WHO Representative then countersigned the list, thereby putting his or her career in jeopardy should it be found that any requisite controls had been omitted. Additionally, all PAHO senior managers were now required to sign an annual statement certifying that they knew of no weaknesses in or lack of internal controls on the financial accounts under their responsibility.

252. The Director added that responsibility for letters of agreement had been moved from Procurement Services to the Program Budget Unit, and new guidelines on handling them had been written. They were currently undergoing the approval process, and were expected to be implemented within one month. Those steps would go a long way towards ensuring that the requisite reports were in fact written and delivered.

253. Turning to other areas of concern highlighted in the External Auditor's report, she said that PAHO was aware of the risks involved in having a fairly large number of vacant posts. Many of the vacancies had occurred as part of a process of transition within the Organization to adapt to the requirements of the Strategic Plan 2008-2012. A human resources plan had now been completed, and the recruiting process would begin shortly. Additionally, the human resources function itself was being restructured in the interests of greater efficiency. With regard to the establishment of an audit committee, the Secretariat was investigating the feasibility of utilizing the services of experts from other international organizations in Washington, D.C., and New York. That possibility would be pursued with greater intensity once the senior internal auditor had been engaged.

254. Concerning the planned separation of the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) from PAHO, and their incorporation into the future Caribbean Public Health Agency, a project management team had been established by the Caribbean Community (CARICOM), and PAHO would be entering into contact with it to draw up a plan for the transition. A similar approach would be taken with regard to the planned separation from PAHO of the Institute of Nutrition of Central America and Panama (INCAP).

255. Computer technology was of great importance to the Organization, given the crucial role that it played in its efficiency and productivity. The issue of changing or upgrading the systems was under constant review; however, any major change was likely to be costly. In the interim, the Secretariat was taking care to ensure that any changes made to the current systems did not jeopardize compatibility with the WHO Global Management System.

256. The Executive Committee took note of the Financial Report of the Director and the Report of the External Auditor.

Use of Program Budget Income Received Exceeding the Authorized Effective Working Regular Budget (Document CE142/30)

257. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that, at its Second Session in March, the Subcommittee had been informed by the Secretariat that the Organization was in a financial position that had not been seen in the past 20 years, namely an excess of income over projected expenditure of some \$33 million. A portion had been used to capitalize the Master Capital Investment Fund up to its authorized ceiling of \$8 million. The Subcommittee had had an intense and rich discussion on how to use the remainder, during which many different opinions had been expressed on how to select projects to be financed.

258. At the Subcommittee's virtual meeting on 30 April, it had been confirmed that the surplus available amounted to \$25.3 million. On the basis of the Subcommittee's previous discussion, the Secretariat had proposed two criteria for such projects, namely that they should strengthen and support priority public health activities in the countries of the Americas and that they should strengthen the Secretariat's ability to address the needs of the countries of the Americas. The Secretariat had also proposed a series of features that such projects should have, namely that they should strengthen processes and create efficiencies, should be nonrecurring and create impact, and should be initiatives for which little donor funding was likely to be available.

259. The Subcommittee had drawn attention to the need for a more detailed cost-analysis of the various options proposed. The information submitted for the projects should be formalized into an expenditure plan that included a description of the activity, the rationale for funding it, its cost per biennium and how long it would need funding, and its cost-sharing potential, if any. Some members of the Subcommittee had suggested allocating a higher proportion of the surplus to initiatives to strengthen and support priority public health activities in the countries than to those to strengthen operations within the Secretariat, while others had favored a more equal division of funding between the two criteria. The Secretariat had been requested to provide the Executive Committee with a recommended prioritization of projects and also to inform the Committee whether it considered that all or only a portion of the surplus should be used during 2008.

260. The Executive Committee expressed appreciation for the greater level of detail that had been provided, as requested, on the project proposals and the associated costs. It welcomed the approach of using the surplus to fund large one-time undertakings that might be difficult to finance from the regular budget.

261. Some delegates expressed reservations about spending the money on studies intended to identify further requirements rather than on specific projects with a defined beginning and end, particularly if such studies or analyses did not appear to have the features of creating impact, of being sustainable, or of minimizing added recurrent costs. It was also pointed out that using the surplus to finance the start-up of long-term projects would entail a commitment to future spending by the Organization or by the countries, to ensure that such projects remained operational in the future. Delegates also noted with concern that, whereas the criteria for project selection had originally shown a balance between projects benefiting the Organization and those of direct benefit to ministries of health in the Member States, now the bulk of the projects proposed would be of benefit primarily to the Organization.

262. The Director replied that, as she had reviewed the discussions at the March and April sessions of the Subcommittee on Program, Budget, and Administration, she had come to realize that there was an intimate relationship between the two criteria, in the sense that by enhancing the operations of the Organization, the projects proposed would be increasing its capacity to be of service to its Member States. She pointed out that the projects listed in the annex to Document CE142/30 all fell under one of the four very specific categories listed in paragraph 16 of the document. She also noted that the Secretariat had taken account of the suggestion from some countries that it would be prudent not to rush into spending the whole amount. That was her own view also, and the Secretariat had taken a cautious approach, with the projects recommended for approval totaling only \$5.675 million. That same caution explained why many of the projects were in the form of studies or initial investments: rather than rushing into an expensive large-scale venture, it was wise to spend a small amount first on determining exactly what was needed.

263. The Executive Committee then looked at each project in turn in order to determine which ones should be included in the resolution to be submitted to the Directing Council. It was noted that proposed projects 1.A and 1.B, relating respectively to the strengthening of regional and national strategic health operations centers (SHOC), were closely related to implementation of the International Health Regulations (2005), which had placed obligations on Member States to establish such centers for dissemination of information during emergencies.

264. Strong support was expressed for project 2.A, "Strengthening of public health information systems," which would help to ensure comparability among the health statistics produced by the various countries of the Region. The Committee felt that project 2.B, "Adoption of networking strategies to transform the delivery of technical cooperation," needed to be redrafted with a clearer scope and purpose, for reconsideration at a subsequent date. If it could not be suitably reformulated, it should be abandoned. The

Committee sought further clarification of the purpose of project 2.C, “Strengthening communications through improvement of country office connectivity.”

265. Mr. Lorne Murdoch (Area Manager, Information Technology Services, PAHO) explained that “connectivity” referred to the telecommunication links between PAHO Headquarters and the Member States. He said that 60% of the Member States had a substandard level of connection, a factor that was hindering the work of the Secretariat in the Region and ability of Member States to take part in regional initiatives such as the development of the Health Agenda for the Americas 2008-2017. He clarified that the figure of \$1.5 million in recurring costs was only an estimate. Firmer figures would emerge from the project, which was seen as a first phase intended to determine needs. It was observed that projects 3.A, “Modernize the corporate management system,” and 3.B, “Modernize the service model for the delivery of information technology and knowledge management services,” would assist in the integration or alignment with the WHO Global Management System. Some delegations questioned whether the amounts quoted would be sufficient, even for the initial phases of the projects. One delegate asked whether the \$1 million cost listed for project 3.A had in fact already been spent on the consulting firm’s investigation into the implications of the Global Management System. The Director responded that the study in question had been paid for out of money budgeted for vacant posts which had not been filled.

266. The Executive Committee felt strongly that an additional project should be created, 3.C, “Strengthening the Organization’s capacity to be IPSAS-compliant by the year 2010.” It was agreed that the cost of that project would be \$300,000. The Committee expressed strong support for the whole group of facilities improvement projects, 4.A through 4.F, which were described as being practical and well defined, and as promising concrete results within a relatively short time.

267. Finally, the Committee suggested that Member States should submit additional, country-specific proposals to be funded by the surplus. One possible scenario would be for such projects to be examined by the Subcommittee on Program, Budget, and Administration in March 2009 and, if endorsed by the Subcommittee, submitted for approval by the Directing Council the following September. One delegate said that his country would be putting forward a proposal for some of the surplus to be spent on programs for prevention and control of chronic noncommunicable diseases.

268. The Executive Committee adopted Resolution CE142.R8 on this item, recommending that the Directing Council approve seven projects in their entirety and the initial phase of an additional six projects.

Personnel Matters

Confirmation of Amendments to the PASB Staff Rules and Regulations (Document CE142/31)

269. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had expressed general satisfaction with the proposed amendments to the Staff Rules and Regulations, but had proposed several changes and had questioned why the Secretariat was proposing to abolish meritorious within grade increases, which could serve as an incentive to greater productivity and better performance (see the Final Report of the Subcommittee's Second Session, Document SPBA2/FR, paragraphs 93-95). After hearing explanations from several members of the Secretariat, the Subcommittee had endorsed the proposed amendments and agreed to forward to the Executive Committee the proposed resolution contained in Document CE142/31.

270. In the discussion that followed, the Delegate of the United States of America said that her delegation was prepared to accept all the proposed amendments, with the exception of the amendment to Staff Rule 1040.2, concerning completion of appointments, which it considered to be overly generous and potentially inconsistent with the interests of the Organization, as it could lead to a situation in which a woman who began maternity leave one week before the end of her contract would receive full salary and benefits throughout the leave period.

271. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO) explained that the intent of the change was to clarify the benefits to which staff were entitled under an existing rule, which provided that when a staff member's contract was due to expire during a period of maternity, paternity, or adoption leave, the appointment could be extended for a period determined by, and under conditions established by, the Bureau. As a health institution, PAHO considered it very important to ensure that all employees had adequate health insurance coverage. If an employee started maternity leave while working for the Organization, the Secretariat believed that it would be inappropriate to end the employee's contract, and consequently her insurance coverage, before the end of the staff member's maternity leave.

272. The Director noted that in 2007 the delegation of the United States had requested that the Secretariat clarify Staff Rule 1040.2. The Secretariat's aim in revising the rule had been to ensure that it would be applied equally in all cases.

273. The Delegate of the United States said that neither the current rule nor the proposed amendment was consistent with the conditions of service established for the United Nations common system. That being the case, her delegation would prefer to

retain the current, rather vague, wording of the rule, which would allow the exercise of some discretion by the Secretariat in its application. The Delegate of Chile observed that sometimes a degree of flexibility was warranted, but when rules were too vague they were subject to interpretation and it was difficult to ensure that they would always be applied fairly. He inquired whether the Staff Association had been consulted about the provisions of Staff Rule 1040.2. The Delegate of Canada emphasized that PAHO's staff rules should be clear, transparent, and consistent with those of WHO.

274. The Director reiterated that Staff Rule 1040.2 already existed and said that the benefits provided under that rule had been agreed with the Staff Association. No new benefits were being proposed. The amendment merely sought to clarify how the existing rule would be applied.

275. The Committee adopted Resolution CE142.R7, confirming all the amendments to the Staff Rules, except the amendment to Staff Rule 1040.2, and recommending that the 48th Directing Council approve the proposed Salary of the Director and the amendment to Staff Regulation 4.3.

United Nations Contract Reform Implementation in PAHO: Progress Report (Document CE142/32)

276. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of the proposed changes to the PAHO staff health insurance scheme, noting that most members had agreed that PAHO's insurance benefits should be aligned with those of WHO and that PAHO, as a health organization, had a responsibility to ensure that all staff had health insurance coverage. One member, however, had considered WHO's decision to implement contract reform hasty and inappropriate, and had recommended that no action should be taken on the proposed change until the 142nd Session of the Executive Committee. Following explanations and clarifications provided by the Legal Counsel, the Human Resources Area Manager, and the Director, the Subcommittee had subsequently endorsed the proposal to broaden health insurance benefits for short-term staff.

277. In the ensuing discussion, the Delegate of the United States of America noted that the United Nations General Assembly had decided, at its 62nd session, to continue consideration of the issue of contractual arrangements and conditions of service during its 63rd session. Her delegation believed that the issue of contract reform at PAHO should be reexamined after the General Assembly had concluded its discussions on the matter. She emphasized the need for consistency of personnel policies across the United Nations common system. Referring to paragraph 7 of Document CE142/32, she sought additional information on the policies and procedures that the Secretariat was drafting in order to implement contractual reforms at PAHO. In particular, she wished to know how the

Secretariat would determine whether staff received fixed-term contracts or continuous appointments. In her view, the determination of contractual type should be based strictly on the needs of the Organization, not on the characteristics or length of service of the individual holding a particular post.

278. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO) acknowledged that the United Nations General Assembly had adopted a resolution (A/RES/62/248) in which it decided to continue consideration of the issue of contractual arrangements and conditions of service as a matter of priority in the main part of its 63rd session, with a view to the implementation of those new arrangements and conditions on 1 July 2009. Given that resolution, and given the explicit recognition by the United Nations Secretary-General that special funds and programs would have the flexibility to implement contract reform in a way that took into account their specific operational needs, the PAHO Secretariat believed that, as a specialized agency, it should now be able to move forward with the implementation of contractual reform as approved by the Executive Committee at its 140th Session in June 2007. The Secretariat proposed to introduce the topic at the Committee's 143rd Session in October 2008. In the meantime, it would welcome the opportunity to dialogue with any Member State that had an interest in the matter.

279. With regard to the steps the Secretariat was taking to prepare for the implementation of contractual reform, PAHO had introduced human resource plans in 2007. All managers had been required to identify the staffing requirements and the functions of each post within their respective areas of responsibility. Decisions regarding contract type and length would be taken in accordance with the programmatic requirements of the Organization. The Secretariat would apply three criteria when deciding whether to renew a fixed-term appointment or convert it to a continuous appointment: funding availability for the post in question, whether or not there was an ongoing need for the set of competencies associated with the post, and the performance of the staff member concerned.

280. The Director said that the main aim of the contractual reform initiative was to simplify the current system by reducing the number of different types of contracts and to make the process more efficient and fair. The reform would not introduce any special staff benefits.

281. The Executive Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE142/33)

282. Dr. Ballayram (Representative of the PAHO/WHO Staff Association), introducing Document CE142/33, highlighted the main issues which the Staff Association wished to bring to the Committee's attention in the following six areas: contractual reform, PAHO reorganization and consultative processes with the Staff Association, the Integrity and Conflict Management System, staff development to ensure high quality staff, recruitment and selection procedures, the promotion and award system, staff/management relations, and work/life balance. The Staff Association's concerns in relation to each of those issues were outlined in the document.

283. The delay in implementing contract reform at PAHO had resulted in gaps between PAHO and WHO in human resources policies and rules and had created an unnecessary administrative burden on the Human Resources Management Area, distracting it from its true mission, which was to plan and manage the Organization's human resources in order to achieve the objectives of the Strategic Plan 2008-2012. The Staff Association believed that implementation of the proposed reforms, particularly those relating to monitoring and control, would lead to greater transparency, enhanced managerial and administrative responsibility, better human resources planning, and more equitable treatment of PAHO staff.

284. With regard to PAHO reorganization and consultative processes, he noted that, in addition to the issues mentioned in Document CE142/33, administrative changes were currently taking place at the Caribbean Epidemiology Center and the Caribbean Food and Nutrition Institute. The Staff Association felt that it should be an integral part of those reorganization processes. The Staff Association appreciated the Organization's recognition of the importance of partnership between staff and administration and its support for the Staff Association's activities, including recent training activities for Association representatives.

285. The Staff Association had made significant contributions to the development of the Integrity and Conflict Management System, which provided mechanisms for settling labor disputes and ensuring general welfare in the workplace. He assured the Committee that the Staff Association would continue to work closely with the Administration in order to enhance the System.

286. Lastly, the Staff Association supported PAHO's implementation of a work/life balance project and welcomed any initiatives aimed at promoting staff health and well-being, creating environmentally friendly atmospheres, and supporting families and communities. The Staff Association requested the Executive Committee to endorse the ideas, proposals, and recommendations contained in its report.

287. The Executive Committee thanked Dr. Ballayram for his statement and took note of the report.

Matters for Information

Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report (Document CE142/INF/1, Rev. 1)

288. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had felt that the performance assessment report on the Biennial Program Budget 2006-2007 provided a good summary of the results achieved in the 2006-2007 biennium, but had made several suggestions for improvement, including the addition of further information on the challenges encountered and the lessons learned in each area of work, the methodology used to assess percentages of achievement, more in-depth analysis of the reasons why expected budget and program results had not been achieved in some areas, and an assessment of the results achieved under the subregional component of the budget. During the virtual meeting held on 30 April 2008, the Subcommittee had been informed that the comments received from Member States during and following the Subcommittee's Second Session in March had been incorporated into a new version of the report. Information on a number of indicators had also been added, as had a "lessons learned" section and a subregional analysis.

289. The Executive Committee welcomed the improvements made to the report in response to the Subcommittee's suggestions. Delegates found that the revised version made it much easier to compare allocated funding with actual expenditure. Concern was expressed, however, regarding the apparent absence of information on the impact of internal projects funded by Member Governments, particularly given the magnitude of such funding (\$61 million, 47% of the total amount received from "Other Sources" during the 2006-2007 biennium). Concern was also expressed about the use of letters of agreement to transfer large amounts of money to third parties for project implementation and the weaknesses in PAHO's control and oversight of such funds after they had been transferred. At the same time, it was emphasized that monitoring and evaluation, while unquestionably important, should not be allowed to absorb an excessive proportion of project funding, thereby reducing the amount available for the actual implementation of the project.

290. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PAHO) said that information on the impact of internal projects funded by Member Governments was included in the report; however, because the planning instruments used in the 2006-2007 biennium had not been fully aligned, it would be difficult to break down that information and show how such projects had contributed to specific expected results identified in the Strategic Plan 2003-2007. The alignment

problem had now been solved. He noted that more information on the alignment of planning instruments would be provided during an informal technical briefing on results-based management, held during the week of the Committee's 142nd Session.

291. The Secretariat was revising the model letter of agreement in order to ensure that when money was transferred to a counterpart for the implementation of a project, those funds were always linked to the relevant region-wide expected results. It would thus be easier to show how projects funded by sources other than the regular budget, including internal projects funded by Member States, had contributed to the achievement of the objectives of the Strategic Plan 2008-2012.

292. The Director said that PAHO had a long tradition of managing funds from donors for the implementation of projects in Member States. It had always kept careful track of project financing and reporting from an accounting standpoint, and projects funded with extrabudgetary funds had always been reviewed to ensure that they were of good quality and were consistent with the Organization's policies and objectives. However, because PAHO had essentially had two separate systems for programming and planning, one for regular budget (program) funds and one for extrabudgetary (project) funds, it had been difficult to show how projects were aligned with the Strategic Plan. The Organization now had a different system, in which the program and budget were managed as a unified whole, regardless of the source of the funds, and projects were treated as components of the overall program.

293. PAHO had also strengthened its monitoring and evaluation capacity, adding, for the first time in its history, an independent evaluation function within the Organization. It had also improved the project preparation process, particularly with respect to costing. Direct, indirect, and recurrent costs were now included in the memoranda of understanding signed with governments, and capacity-building was incorporated into the project design in order to ensure that governments could manage their own funds and projects. In addition, the capacity of the Planning, Budget, and Resource Coordination Area, which was responsible for reviewing all projects funded with non-regular budget funds, had been strengthened in order to ensure that all projects were in line with the Strategic Plan.

294. In conclusion, she pointed out that overseeing project implementation was costly for the Organization. Consequently, she intended to maintain the 13% rate that PAHO charged for project support costs in order to ensure that the Organization did not end up subsidizing projects with its own resources, including its human resources.

295. The Executive Committee took note of the report.

15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA): Preliminary Report (Documents CE142/INF/2 and Add. 1)

296. Dr. Albino Belotto (Director, Pan American Foot-and-Mouth Disease Center) reported on the outcomes of the 15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 15), held in Rio de Janeiro, Brazil, from 11 to 12 June 2008. He noted that for the first time, the meeting had been organized jointly by PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA). Twenty-nine PAHO Member States and 10 international organizations had participated. The overall theme of the meeting had been “Agriculture and Health: Alliance for Equity and Rural Development in the Americas.”

297. The format of the meeting had differed somewhat from that of previous RIMSAs. It had begun with an opening session, during which the reports of the 11th Meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA) and the Fifth Meeting of the Pan American Commission for Food Safety (COPAIA) had been discussed. The opening session had been followed by the Agro-Health Forum, which had featured three panel discussions on health and agricultural topics. The meeting had concluded with a Caucus of Ministers, in which the ministers of health and agriculture had adopted the Declaration of Rio de Janeiro. The Declaration had not yet been issued in final form owing to a lack of agreement on two points. Member States had been invited to submit comments on the Declaration with a view to reaching consensus on the final wording. The comment period would end on 15 July. The Declaration could be found on the RIMSA 15 website (http://www.panaftosa.org.br/Comp/Eventos/rimsa_15_novo/english/default_i.html).

298. The Declaration expressed, *inter alia*, the ministers’ interest in seeing its content, and the commitments contained therein, endorsed by the heads of state and government of the hemisphere at the Fifth Summit of the Americas (also discussed by the Committee during the 142nd Session, see paragraphs 325 to 329 below). The Executive Committee was asked to request the Director to submit the final text of the Declaration to the 48th Directing Council of PAHO and to move forward with negotiations with the Secretary General of the OAS for its placement on the agenda of the Fifth Summit of the Americas.

299. In the discussion that followed, delegates expressed appreciation to PAHO and IICA for organizing the meeting and thanked the Government of Brazil for its financial and logistic support and its hospitality. It was pointed out that the meeting of COPAIA, held immediately prior to RIMSA 15, had dealt with a number of issues that were not, strictly speaking, related to food safety, and it was suggested that the Commission’s mandate should perhaps be expanded to include nutrition and related topics. With regard to the Declaration of Rio de Janeiro, members inquired what would happen if consensus

had not been reached by 15 July and sought clarification of the procedure for dealing with the Declaration within PAHO's Governing Bodies.

300. The Delegate of Canada said that his delegation had no objection to paragraph 6 of the Declaration. It considered that paragraph 8, however, was not germane to the issues discussed at RIMSA 15 and that it extended well beyond the mandate of RIMSA, and therefore requested that it be removed.

301. The Director explained that the Declaration was an interministerial document similar to the Declaration of Mérida adopted during the Meeting of Ministers of Health of the Americas on Violence and Injury Prevention (see paragraphs 304 to 310 below). As such, it was not an outcome of PAHO's governance processes. However, the Declaration did make some requests of PAHO, and it would therefore be necessary to prepare a substantive document describing the technical assistance roles that RIMSA 15 had asked PAHO to play with respect to the various topics discussed during the meeting, together with a proposed resolution setting forth recommendations for Member States and mandates for the Secretariat. The document and proposed resolution would then be submitted to the 48th Directing Council for action. She emphasized that the Council would not be asked to adopt or endorse the Declaration itself, as it also contained mandates for other organizations. The resolution would address only matters that fell within PAHO's purview as a health organization.

302. As for what would happen if consensus were not reached on the Declaration's final wording, she said that countries might choose to dissociate themselves from certain sentences or paragraphs.

303. It was agreed that the item would be forwarded to the 48th Directing Council as a Program Policy Matter and that the Secretariat would prepare a document and proposed resolution, as indicated by the Director.

Report of the Meeting of Ministers of Health of the Americas on Violence and Injury Prevention (Document CE142/INF/3)

304. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) summarized the report of the First Meeting of Ministers of Health of the Americas on Violence and Injury Prevention, held on 14 March 2008 in Mérida, Yucatán, Mexico. The report also contained information on two other meetings held in conjunction with the Meeting of Ministers: the Second Global Meeting of Ministry of Health Focal Points for Injury and Violence Prevention, convened by the World Health Organization, and the 9th World Conference on Injury Prevention and Safety Promotion, also convened by WHO and organized by the National Institute of Public Health and the Center for Population Health Research of Mexico.

305. The technical and political outcome of the Meeting of Ministers, the Ministerial Declaration on Violence Prevention and Injuries in the Americas (“the Mérida Declaration”), focused on the causes of violence and injury rather than on the consequences, because causes could be prevented. It emphasized the need for cost studies to ascertain the economic impact of violence and injuries, as well as research to determine the specific circumstances in which injuries and violent acts occurred in order to take intersectoral preventive action. The Declaration also highlighted the high prevalence of intrafamily violence and its grave effects on health and development, and it underscored the importance of cooperation and collaboration among countries to curb violence and prevent its negative effects on the health of their populations. Copies of the Mérida Declaration were distributed to Committee members.

306. In the discussion that followed Dr. Galvão’s presentation, the Delegate of Mexico pointed out that the Declaration of Mérida highlighted the role of Ministries of Health in addressing the issue of violence and injuries. It also emphasized the need for strong political will in order to tackle the problem. His Government believed that the Declaration should be widely disseminated and publicized, and he therefore proposed that the Committee should adopt a resolution on the subject and forward the item to the 48th Directing Council with a view to raising the visibility of the issue on public agendas and mobilizing greater financial and technical support for violence and injury prevention.

307. Other Committee members supported Mexico’s proposal, agreeing on the need to raise the visibility of violence as a public health problem and to increase funding for violence prevention initiatives. One member observed that the Declaration was not just a political statement on the issue; it also set forth an operational agenda for addressing it.

308. Dr. Heidi Jiménez (Legal Counsel, PAHO) pointed out that the report on the Meeting of Ministers was an information document and that resolutions could not be adopted on information items. However, no resolution was needed for the Committee to forward the item to the 48th Directing Council. The item could be placed on the Council’s agenda as a Program Policy Matter, and the Council could then, if it wished, adopt a resolution endorsing the Declaration.

309. The Director said that if the Committee chose to forward the item to the Directing Council, the Secretariat would prepare a substantive document and draft a proposed resolution.

310. The Committee agreed to that course of action and expressed appreciation to the Government of Mexico for hosting the meeting.

Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property: Current Status (Document CE142/INF/4)

311. Dr. José Luis Di Fabio (Area Manager, Technology, Health Care, and Research, PAHO) reviewed the work of the Intergovernmental Working Group, which had culminated in the adoption, in May 2008, of Resolution WHA61.21 by the Sixty-first World Health Assembly, which had approved the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property. He emphasized that the topic covered much more than intellectual property, including issues related to research and development and to access to medicines and other health products. The countries of the Americas had made a valuable contribution to the work of the Intergovernmental Working Group and to the achievement of consensus on the Global Strategy and Plan of Action. PAHO had supported the process by helping to organize subregional and regional consultations and preparing documentation.

312. With regard to implementation of the Global Strategy and Plan of Action in the Region, activities were already under way in the framework of a number of related mandates from the PAHO Governing Bodies, including recent resolutions on access to medicines (CD45.R7) and on the Regional Strategic Plan for HIV/AIDS/STI, 2006-2015 (CD46.R15). In addition, all the strategic objectives in the Organization's Strategic Plan 2008-2012 addressed issues related to the Global Strategy, as did the Health Agenda for the Americas 2008-2017. PAHO intended to disseminate the strategy among relevant stakeholders in the Americas, adapt the strategy to the regional perspective, incorporate it into existing programs and country strategies, and continue providing technical cooperation in order to systematically implement the strategy. It would also monitor and evaluate the strategy's implementation.

313. The Executive Committee welcomed the Global Strategy and Plan of Action and the hard-won consensus on their adoption. The valuable role of WHO and PAHO in helping to achieve agreement among Member States with widely differing views was highlighted. The Committee noted that some aspects of the Plan of Action remained to be agreed, but that it nevertheless provided a solid basis for immediate action. Attention was drawn to paragraph 4(6) of Resolution WHA61.21, which called for immediate implementation of the elements of the Strategy and Plan that fell under the responsibility of WHO, and to paragraph 15 of the Global Strategy, which recognized the strategic and central role of WHO in the relationship between public health and innovation and intellectual property. The importance of establishing the expert working group alluded to in paragraph 4(7) of the resolution was also underscored.

314. The Committee agreed that this item should be sent forward to the Directing Council and asked the Secretariat to draw up a document and proposed resolution, identifying regional needs and priorities with regard to the various elements of the Global

Strategy and laying out the approach for implementing it in the Region. Delegates cautioned, however, that the discussion within the Council should not re-open debate on the text of the strategy and emphasized that the regional approach to its implementation should be practical and action-oriented.

315. The Director said that the Secretariat would, in consultation with Member States, draw up a document and proposed resolution for consideration by the 48th Directing Council, putting forward a regional framework for implementation of the Global Strategy and Plan of Action. In so doing, it would seek to highlight the relevant parts of the Strategic Plan 2008-2012 and would explore how use could be made of existing networks, forums, and institutions in the Region. The role that PAHO's Regional Revolving Fund for Strategic Public Health Supplies (more commonly known as the "Strategic Fund") might play would also be examined. Acknowledging with thanks that PAHO had already received an initial commitment of support from the Government of Brazil, she encouraged Member States to work with the Secretariat to identify and mobilize sources of financing to enable the Organization to carry out its work in response to the new mandate provided by Resolution WHA61.21.

316. It was agreed that this item would be placed on the agenda of the 48th Directing Council as a Program Policy Matter and that the Secretariat would draw up a document and proposed resolution, bearing in mind the comments and views of Committee members and any other input received from Member States.

Resolutions and Other Actions of the Sixty-first World Health Assembly of Interest to the PAHO Executive Committee (Document CE142/INF/5)

317. Dr. Hugo Prado (Acting Area Manager, External Relations, Resource Mobilization, and Partnerships, PAHO) introduced the document on this item, noting that it contained two parts. The first part summarized the outcomes of the Sixty-first World Health Assembly (WHA) and the 123rd Session of the WHO Executive Board. The second part, a table showing the resolutions of the Health Assembly and related resolutions and documents of the PAHO Governing Bodies, was still a work in progress because the WHA resolutions had not been published in final form until shortly before the opening of the Committee's 142nd Session. A column would be added to the table to show the actions to be taken by PAHO with respect to the resolutions and recommendations of the Health Assembly. The table included 12 resolutions on technical and health policy items and seven resolutions on administrative and budgetary items.

318. The Executive Committee thanked Dr. Prado and took note of the report.

Resolutions and Other Actions of the Thirty-eighth Regular Session of the General Assembly of the Organization of American States of Interest to the PAHO Executive Committee (Document CE142/INF/6)

319. Dr. Hugo Prado (Acting Area Manager, External Relations, Resource Mobilization, and Partnerships, PAHO), introducing Document CE142/INF/6, said that in keeping with a recommendation of the Second Session of the Subcommittee on Program, Budget, and Administration, the document focused exclusively on resolutions and other actions of the OAS General Assembly that were related to health. Of the almost 100 resolutions adopted by the thirty-eighth regular session, the Secretariat had selected 11 that had to do with health and were directly related to PAHO's activities. In addition to resolutions, the General Assembly had adopted the Declaration of Medellín on "Youth and Democratic Values," which had been the theme of the thirty-eighth regular session. The declaration, which was appended to Document CE142/INF/6, addressed a number of issues relating to the health of adolescents and young people. He pointed out that the adoption of a high-level declaration dealing with adolescent health concerns opened up many opportunities for coordination and cooperation on the matter among the various institutions in the Inter-American system, of which PAHO was one. The Executive Committee was asked to provide suggestions for improving the content and format of the report.

320. The Director noted that issues pertaining to youth would also be addressed at the upcoming Summit of the Americas to be held in April 2009.

321. The Committee welcomed the report and underscored the importance of coordination and cooperation between the OAS and PAHO. It was pointed out that lack of such coordination and cooperation among international organizations often led to inadequate follow-up on the many resolutions and declarations adopted in international forums. In that connection, PAHO was encouraged to explore synergies between the Regional Strategy on Adolescent and Youth Health and the activities to be undertaken in connection with Declaration of Medellín.

322. Delegates were pleased to note the mutual interest of the OAS and PAHO in a number of health-related topics, including violence prevention (addressed in OAS resolution AG/RES. 2431 (XXXVIII-O/08) "Preventing crime and violence in the Americas"), and mentioned two additional OAS resolutions which had not been included in Document CE142/INF/6, but which dealt with matters of concern to PAHO: Resolution AG/RES. 2371 (XXXVIII-O/08) "Mechanism to Follow Up on Implementation of the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women – Convention of Belém do Pará" and Resolution AG/RES. 2372 (XXXVIII-O/08) "Coordination of volunteers in the Hemisphere in

response to natural disasters and the fight against hunger and poverty – White Helmets Initiative.”

323. The Director affirmed that PAHO’s Gender, Ethnicity, and Health Unit worked closely with the OAS Inter-American Commission of Women on the issue of violence against women and other issues.

324. The Executive Committee noted the report.

Fifth Summit of the Americas: Report on the Preparations (Document CE142/INF/7)

325. Dr. Hugo Prado (Acting Area Manager, External Relations, Resource Mobilization, and Partnerships, PAHO) recalled that PAHO had been involved in the Summit process since the First Summit of the Americas, held in 1994. The Organization continued to work closely with the OAS and with Member State representatives to the OAS in that process.

326. Turning to Document CE142/INF/7, he noted that it reviewed the history of the Summits of the Americas, explained the roles of the various groups and institutions involved in the Summit process, and provided information on the preparations for the Fifth Summit, which would take place on 17 to 19 April 2009 in Trinidad and Tobago. The theme would be “Securing our Citizens’ Future by Promoting Human Prosperity, Energy Security, and Environmental Sustainability.”

327. Work was under way on the draft Declaration of Commitment of Port-of-Spain, the Summit outcome document, which would be circulated in July among the Summit focal points in all countries of the Region. The Declaration would cover the following thematic areas, a number of which had been discussed by the Executive Committee during the 142nd Session: human development and poverty reduction, including health, nutrition, education, and criminal violence; economic growth and competitiveness; energy security and sustainable development, including climate change and natural disasters; and democracy, good governance, and human rights. The Secretariat encouraged national health authorities in the Region to work with the ministries of foreign affairs in their respective countries in order to ensure that health issues were addressed appropriately in the Declaration.

328. The Delegate of Trinidad and Tobago thanked PAHO and the countries of the Region for their support in preparing for the Summit and said that his Government looked forward to hosting the event.

329. The Executive Committee took note of the report.

Report on Internal Oversight Services (Document CE142/INF/9)

330. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed in March of the steps being taken to remedy the staff shortages in PAHO's Internal Oversight Services. While the Subcommittee had been pleased at the progress made in recruitment, it had expressed disappointment at the brevity of the report and its failure to fully articulate a work plan, requesting that information on the work plan for 2008 be provided to the Executive Committee at its 142nd Session. The Subcommittee had urged the Secretariat to implement recommendations from the Internal Oversight Services swiftly and fully, and at the same time had urged the Office to monitor implementation. In particular, the Subcommittee had considered that immediate action should be taken to implement the recommendations on strengthening the management and monitoring of letters of agreement.

331. The Executive Committee expressed concern that the post of the senior internal auditor remained vacant and urged PAHO to take quick action to fill the position. It was suggested that, if it were not possible to do that, the Secretariat should perhaps consider outsourcing the entire oversight function, a possibility that had also been raised by the External Auditor. Members felt that in order to ensure the operational independence of the internal oversight function, the auditors should report directly to the Director and to the Governing Bodies and should have authority to take action and deploy resources, as well as unfettered access to all records and staff. In addition, an audit committee composed of outside experts should be established. Clarification was sought of paragraph 12 of the document, which said that PAHO would "consider the appropriate scenarios under which it may disclose internal audit and oversight reports to PAHO Member States." It was emphasized that internal audit and oversight reports should be released to Member States upon request, in their original and unedited form, except when doing so would infringe individual confidentiality or risk violating due process rights. Information was also requested on what action the Secretariat had taken to implement the recommendations on strengthening the management and monitoring of letters of agreement.

332. Mr. Pedro Blanco (Auditor, Internal Oversight Services, PAHO) said that the Office of Internal Oversight Services worked with the Program Budget Unit to monitor letters of agreement. His office maintained contact with any PAHO/WHO Representatives who were working with letters of agreement. They were required to report the actions they had taken to track the implementation of those instruments. Internal auditors also made visits to the countries concerned to verify that the measures described had in fact been carried out.

333. The Director reiterated that new guidelines on handling letters of agreement would be issued shortly. The new guidelines addressed all the observations of the External Auditor. She noted that recommendations made by PAHO's or WHO's internal auditors or by the External Auditor might be addressed to the entity that had been audited, or might be system-related recommendations that went beyond the responsibility of any individual manager, or might relate to the country offices or the PAHO centers. Procedures were in place to monitor implementation of all of those different kinds of recommendations. Additionally, whenever there was a handover of managerial responsibility, whether at Headquarters or in a country office, all the recommendations made during the outgoing manager's tenure were scrutinized to ensure that they had been implemented. The auditors monitored the implementation of their recommendations carefully, and audit reports were not closed until all recommendations had been carried out.

334. The search for the senior auditor had been extremely long and complex. Four candidates had reached the final interview stage, but none had been considered exactly right for the position, although one had been engaged on a short-term contract to provide assistance to Mr. Blanco. Subsequently, at the suggestion of the WHO senior auditor, the position had been officially reclassified from P5 to D1. The vacancy had been advertised again, and some very interesting candidates were now coming forward. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO) said that it was hoped that the entire selection process would be completed by about mid-August. The Director added that if it should really prove impossible to find the right candidate, then PAHO would indeed consider other options, including outsourcing the internal oversight function.

335. The suggestion of having an audit committee had first been made by the External Auditor several years earlier. As she had mentioned earlier, the option of utilizing the services of senior auditors from other international organizations in Washington, D.C., and New York was being explored. Such a committee might well operate on a basis of reciprocity, which would reduce the related costs. The Secretariat hoped to make a proposal on an audit committee to the 2009 meeting of the Subcommittee on Program, Budget, and Administration.

336. With regard to the question of disclosure of internal audit and oversight reports, she said that once the Office of Internal Oversight Services was fully staffed, the Secretariat would, with the support of the External Auditor and the WHO Internal Oversight Services, be able to work on an appropriate disclosure procedure.

337. The Committee took note of the report.

***Status of PAHO's Engagement with the WHO Global Management System (GSM)
(Document CE142/INF/10)***

338. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered an earlier version of the report on this item and had felt that the document did not clearly state the advantages and disadvantages of PAHO's joining or remaining outside the Global Management System, nor did it provide information on how much it would cost PAHO to keep its existing systems while still meeting its reporting obligations to WHO. The Subcommittee had noted that one option under consideration was for PAHO to implement an independent copy of the Global Management System, and had inquired whether such an approach would be more cost-effective than full integration into the system. Questions had been raised as to why there was such a wide spread in the cost estimates for implementing the system and whether the benefits of aligning with the WHO system would definitely outweigh the costs. The feasibility of the timetable for implementation of the system had also been questioned.

339. The Executive Committee generally expressed support for PAHO's involvement with WHO's Global Management System, whether that involvement would eventually take the form of integration into it or alignment with it. However, the Committee also recognized that there were differences in the legal and governance characteristics of the two organizations that would need to be accommodated. Recalling that PAHO had committed in January 2008 to implement the Global Management System by 2013, either through integration or through alignment, the Committee asked whether that was still the target date, or whether some components—such as, for example, a new payroll system—would be implemented earlier.

340. The Executive Committee requested that the reports of the various consulting firms hired to study the matter should be made available to Member States.

341. One delegate noted that WHO would be using the Global Management System platform to seek further management reforms and to achieve faster response to events in the long term through enhanced automation, clarity, and integration. That suggested that PAHO needed to align with the Global Management System more thoroughly than a simple adoption of matching principles. She urged PAHO to take a long-term view, and specifically to undertake a comparative study of the costs of alignment with the Global Management System as against full integration with it.

342. Another delegate reiterated a concern raised by the Subcommittee on Program, Budget, and Administration, namely, that the Global Management System lacked Spanish-language capability. He sought information on the likelihood of a resolution to that problem. He also expressed disquiet that integration into the Global Management

System could result in some loss of independence for PAHO. Given those two disadvantages, he believed there was a need for a clearer analysis of the advantages that would accrue to the Organization through involvement, in whatever form, with the Global Management System.

343. Dr. Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PAHO) said that PAHO was closely observing WHO's experience in implementing the Global Management System and trying to learn from it, in terms not only of the outcomes but also of the way in which WHO was carrying out the process of implementation. PAHO's existing corporate management system was currently adequate to meet the needs of the Organization and its Member States, but as members of the Executive Committee had pointed out, some components would need to be updated within the foreseeable future. He said that the Secretariat would be happy to provide the consultants' reports to Member States, but cautioned that while the most recent study had analyzed the implications for PAHO of adopting the entire Oracle software package (on which the Global Management System was based), there were alternative options to be considered.

344. Mr. Timothy Brown (Information Technology Services, PAHO) gave greater detail on the options open to PAHO, noting that, as an alternative to using all of Oracle, an organization could just use one or some portions of the software. Such "mixing and matching" was perfectly possible, although it did entail challenges. Hence, it would be feasible for PAHO to use some of its own systems in combination with any module of Oracle, although it would be necessary to ensure that business processes that spanned functional areas were properly integrated. He clarified that the wide range of costs given for implementing the Global Management System was due to the consideration of two alternative scenarios: the figure of \$16.5 million resulted from using consultant rates that WHO had negotiated in 2003 with a software developer in India; the \$38 million was based on rates habitual in the United States.

345. Mr. Gamal Henry (Information Technology Services, PAHO) described the results of a mission by PAHO staff to Geneva to examine the Global Management System, in the course of which he had found some strengths but also some weaknesses in terms of functionality that PAHO (and other regional offices) had but that the Global Management System lacked. Notably, the Global Management System did not have the country support functionality that was essential to the way PAHO operated. In addition, the GSM could not accommodate the 16 strategic objectives in PAHO's Strategic Plan (three more than in WHO's Mid-term Strategic Plan), which was a critical problem. Some aspects of the Global Management System offered advantages over PAHO's current systems and could be adopted immediately without customizing, but others had significant shortcomings, and it was therefore essential to proceed with caution in order to avoid disrupting functionality at PAHO.

346. Dr. Gutiérrez emphasized that PAHO was committed to interacting in some way with the Global Management System. The Secretariat was analyzing the principles underlying the system, and the business processes and business rules contained in it. He recalled that his department had presented a project proposal to make use of some of the 2006-2007 budget surplus to take that analysis further.

347. The Director noted that WHO had already invested well over \$100 million in the Global Management System, the greatest proportion having been spent on developing the program management function, but it still did not include a country component. PAHO's system (AMPES) already offered a well-developed program management component, tailored to its specific needs, including those at country level.

348. She pointed out that, as far as PAHO was aware, the Global Management System did not have the characteristics needed to implement IPSAS. The most important obstacle to be overcome, however, was the difference in business rules and business processes. Alignment with or integration into the Global Management System would entail making allowance for the fact that PAHO was a separate legal identity with its own budget and its own regional budget policy, which included a subregional level. In addition, its system of staff contracts and its financial rules differed from those of WHO. Because it was a legal entity in its own right, PAHO had reporting responsibilities that went beyond those of other WHO regions and that could not be accommodated by the Global Management System. Thus, it seemed improbable to envisage full integration into the GSM. The goal had to be a PAHO system that was aligned as closely as possible with the WHO system. The Secretariat would continue studying the implementation of the Global Management System very closely in order to determine the best path to take. In the meantime, it would continue to ensure that any modifications or innovations introduced into PAHO's systems would not in any way hinder communication with the GSM or interfere with PAHO's ability to report on its use of WHO resources.

349. The Executive Committee took note of the report on PAHO's engagement with the WHO Global Management System.

Master Capital Investment Fund (Document CE142/INF/11)

350. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard an update on the status of the Master Capital Investment Fund and on projected capital expenditures over the next five bienniums. It had been clarified that while projected expenditures under the Information Technology subfund were not directly related to the introduction of the WHO Global Management System, they would provide the up-to-date computer hardware needed to access that system. It had also been explained that the bulk of

expenditure on software—around \$1.5 million per biennium—was accounted for by license payments to companies such as Microsoft or Cisco.

351. Mr. Edward Harkness (Area Manager, General Services Operations, PAHO) recalled that the Master Capital Investment Fund had come into being in January 2008. It comprised two subfunds and was fully capitalized at \$8 million, thanks to the current budget surplus. A ten-year plan had been drawn up for each subfund, allowing for an orderly program of building repairs and upgrades from the Real Estate and Equipment subfund and of equipment purchases and upgrades from the Information Technology subfund. He drew attention to the details of the projected expenditures contained in Document CE142/INF/11 and its annexes, at the same time pointing out that as priorities changed or unforeseen events occurred, the details of the projects might change.

352. One delegate, noting that the Committee's resolution on the budget surplus (Resolution CE142.R8) listed several projects relating to the Master Capital Investment Fund, asked why they were not reflected in Document CE142/INF/11.

353. Mr. Harkness explained that it had not been known when the document was drafted how much expenditure would be approved for funding from the surplus.

354. The Director said that, in future reports, a breakdown could be provided of the sources of funding for each of the components of capital projects.

355. The Executive Committee took note of the report.

Status Update on the Institutional Revision of INCAP and BIREME (Document CE142/INF/12 and Add. I)

356. Dr. Osvaldo Salgado (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had discussed the institutional strengthening process under way at the Institute of Nutrition of Central America and Panama (INCAP) during its Second Session and had been informed that the Secretariat intended to submit to the 142nd Session of the Executive Committee a study describing the process, the guidelines for INCAP's institutional development and its proposed technical cooperation strategy, and the modifications that would need to be made to INCAP's Basic Agreement in order for it to become a self-managing institution. The Subcommittee had been assured that nutrition would remain a high priority for PAHO and that the Organization would remain closely involved in INCAP's work, regardless of whether or not the Institute opted for self-management.

357. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) reviewed the history and work of INCAP and outlined its current

governance and institutional structure, noting that PAHO played a double role vis-à-vis the Institute: as a constituent member and as administrator. In accordance with the Institute's Basic Agreement, PAHO's role as administrator was reviewed every five years. The current five-year period would end in 2008. On 23 June 2008 the Directing Council of INCAP had adopted a resolution deciding that INCAP should pursue full administrative autonomy and elect its own director, thus ending PAHO's role as administrator. Autonomy would offer INCAP a number of advantages, including programmatic independence and the possibility of forging more partnerships with the private sector, which would enhance its ability to mobilize resources.

358. Document CE142/INF/12 contained a roadmap showing the next steps in the institutional strengthening process leading to administrative autonomy. The report of the External Auditor for 2006-2007 (contained in *Official Document 331*) also put forward a number of recommendations concerning measures to be taken to address the risks associated with INCAP's separation from PAHO. The primary concerns were to carry out an orderly transition, leaving no legal or administrative gaps; to guarantee the Institute's financial sustainability; and to ensure that INCAP emerged from the process a stronger institution. It was expected that INCAP would have achieved full administrative autonomy by the time it celebrated its 60th anniversary in September 2009.

359. In the Executive Committee's discussion of the item, the Delegate of Panama affirmed the importance of INCAP for the countries of Central America and emphasized the need for an orderly transition in order to ensure that the Institute could continue playing its crucial role in addressing nutrition-related problems in the subregion and also to preserve the excellent relationship that had always existed between the Institute and PAHO. Such transitions took time, and the timetable for the transition process should therefore be flexible. Sufficient time must be allowed to address all the legal and organizational issues involved. The interim director who would oversee the transition should possess the managerial skills needed to work with diverse groups of people and deal with the anxieties and conflicts that inevitably arose in such processes of change.

360. The Director assured the Committee that the risks identified by the External Auditor would be addressed. She likened the separation of INCAP from PAHO to the separation of Siamese twins: it was essential to preserve and ensure the functionality of all the vital systems of the smaller twin—INCAP. That might mean, for example, outsourcing some of the services that were currently provided by PAHO. The Secretariat intended to help INCAP accomplish the transition in the most cost-effective manner possible and, to that end, would work closely with the Directing Council of INCAP in carrying out its roadmap.

361. Dr. Heidi Jiménez (Legal Counsel, PAHO), summarized the activities being undertaken by PAHO to strengthen the Latin American and Caribbean Center on Health

Sciences Information (BIREME) (Document CE142/INF/12, Add. I). She noted that BIREME would continue to be an integral part of the Organization; there were no plans for separation, as in the case of INCAP. However, pursuant to several recent resolutions of the Governing Bodies, the Secretariat had been working closely with the Government of Brazil, host country for BIREME, and with the Center itself to establish a new institutional governance framework which would eventually enable BIREME to operate autonomously.

362. Three basic documents were envisaged to implement the new governance framework: a statute creating a new institutional structure and defining the Center's membership; a headquarters agreement between PAHO and the Government of Brazil, establishing the commitments and responsibilities of the two parties; and a bilateral agreement with the Federal University of São Paulo, which provided BIREME's physical facilities and many of its human resources. Further information on the provisions of those agreements was included in Document CE142/INF/12, Add. I. A formal document on the subject would be submitted to the 48th Directing Council, together with the draft statute, which was currently being finalized.

363. The Delegate of Brazil highlighted BIREME's success in developing the health sciences information infrastructure in Latin America and the Caribbean and reaffirmed his Government's commitment to the institutional strengthening process. Brazil was concluding an analysis of the proposals submitted by the Secretariat thus far and looked forward to receiving the draft statute in order to begin internal discussions.

364. The Director emphasized that the two centers and the two institutional strengthening processes under way were very different. INCAP was a subregional center with its own Member States, whose work focused on Central America. BIREME was a regional Pan American center which provided technical information services to all countries in the Region and also to individuals and institutions outside the Americas. Their financial relationships with PAHO were different, too. The Organization currently provided a much larger share of INCAP's total resources than it did of BIREME's. The aim of the institutional strengthening process at BIREME was to provide the Center with a more solid legal and institutional framework than the current Maintenance Agreement.

365. The Executive Committee took note of the report.

***Regional Contribution to the Global Ministerial Forum on Research for Health
(Document CE142/INF/13 and Corrig.)***

366. Dr. Luis Gabriel Cuervo Amore (Team Leader, Research Promotion and Development, PAHO) explained that the Global Ministerial Forum on Research for Health, to be held in Bamako, Mali, in November 2008, was the continuation of a process

that had begun with the Ministerial Summit on Health Research held in Mexico City in 2004. PAHO would be preparing a regional contribution to the Bamako meeting, describing the Americas' achievements in health research over the past four years and setting forth the Region's views on the challenges ahead. The contribution would be prepared following consultations not only with bodies directly involved in health research, such as medical research councils, but also with academics and experts from the science and technology sector. It would be submitted to the forthcoming Directing Council.

367. The Delegate of Mexico said that his country, as the site of the earlier Summit, was pleased to see the progress being made in the preparations for the Ministerial Forum in Bamako, and had offered its help and support to the organizing committee for that meeting.

368. The Director said that there had been ongoing consultations both with WHO and with the organizing committee for the Bamako summit to seek clarification of the form that the Region's contribution would take. There certainly would be such a contribution, but it was not yet clear whether it should be in the form of a document agreed among Member States or a formal resolution of the Directing Council. Once that question was resolved, the intention was to conclude the contribution by the end of August, ready for submission to the Directing Council.

369. The Executive Committee took note of the report and of the plans for the regional contribution to the Global Ministerial Forum on Research for Health.

Closure of the Session

370. Following the customary exchange of courtesies, the Vice-President, in the absence of the President, declared the 142nd Session of the Executive Committee closed.

Resolutions and Decisions

371. The following are the resolutions and decisions adopted the Executive Committee at its 142nd Session:

Resolutions

CE142.R1 *Nongovernmental Organizations in Official Relations with the Pan American Health Organization*

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report (Document CE142/6, Rev. 1) of the Subcommittee on Program, Budget, and Administration on this issue; and

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations (Principles adopted by Resolution CESS.R1 revised January 2007)*,

1. **DECIDES** to continue official relations between the Pan American Health Organization (PAHO) and the Inter-American College of Radiology (ICR), the Latin American Association of Pharmaceutical Industries (ALIFAR), the Pan American Federation of Nursing Professionals (FEPPEN), the Pan American Federation of Associations of Faculties and Schools of Medicine (FEPAFEM), the Latin American Federation of Hospitals (FLH), and the Latin American and Caribbean Women's Health Network (RSMLAC) with the understanding that in March 2012 progress will be reviewed to address the concerns raised about their relations with PAHO and support for its activities at the meeting of the Subcommittee on Program, Budget, and Administration.
2. **DECIDES** to discontinue official relations between PAHO and the International Organization of Consumers Unions Regional Office for Latin America and the Caribbean (CI-ROLAC).
3. **REQUESTS** the Director to:
 - (a) advise the respective NGOs of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas which fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) continue fostering relationships between Member Governments and NGOs linked with health, as appropriate.

(Third meeting, 24 June 2008)

CE142.R2 *Collection of Quota Contributions*

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Documents CE142/28 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 some Member States that have not made any payments towards their 2008 quota assessments and that the amount collected for 2008 assessments represents 19% 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*.
2. To thank the Member States that have already made payments for 2008 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.”
4. To recommend to the 48th Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to any Member State that by

the opening of that session has not made substantial payments toward its quota commitments.

5. To request the Director to continue to inform the Member States of any balances due and to report to the 48th Directing Council on the status of the collection of quota contributions.

(Third meeting, 24 June 2008)

CE142.R3 Onchocerciasis: Progress Report

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director, *Onchocerciasis: Progress Report* (Document CE142/18),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Towards the Elimination of Onchocerciasis (River Blindness) in the Americas* (Document CD48/__);

Considering the human suffering and social costs associated with the loss of vision and deforming skin lesions attributable to onchocerciasis (river blindness), which poses a threat to approximately 500,000 at-risk people in the Americas;

Expressing appreciation for donor support to achieve global onchocerciasis control;

Noting that the 23rd Pan American Sanitary Conference, held in September 1990, issued a call to identify diseases that could be eliminated by the end of that century or the beginning of the next and that, in response, PAHO developed a regional strategy (Resolution CD35.R14, 1991) aimed at guaranteeing semiannual treatment to all communities that require it to eliminate onchocerciasis as a public health problem in the Americas by 2007;

Considering that in response to Resolution CD35.R14, an international initiative known as the Onchocerciasis Elimination Program in the Americas (OEPA) was launched in cooperation with the governments, PAHO, nongovernmental organizations, donors, and other stakeholders;

Recognizing the significant progress made to date by the national authorities and the OEPA in onchocerciasis elimination in the Americas through the promotion and strengthening of programs in the six endemic countries of the Region (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela); and

Bearing in mind that the representatives of the six countries that attended the 17th Inter-American Conference on Onchocerciasis in 2007 and the OEPA Program Coordinating Committee (PCC) have made a commitment to achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012 and that would be the last year for the mass distribution of Ivermectin in the Region, followed immediately by a three-year epidemiological surveillance phase to certify elimination,

RESOLVES:

1. To urge the Member States to:
 - (a) reaffirm their commitment to the goal originally proposed in 1991 by the 35th Directing Council of the Pan American Health Organization in Resolution CD35.R14, which calls for achieving the elimination of morbidity from onchocerciasis in the Americas;
 - (b) complete the elimination of morbidity from onchocerciasis and interrupt transmission of the parasite within their borders by the year 2012, mobilizing all relevant sectors, affected communities, and NGOs through:
 - adequate financial support to ensure that national programs achieve treatment coverage of at least 85% of all eligible individuals;
 - effective utilization of donated treatments;
 - application of the WHO certification guidelines for the suspension of mass treatment.
 - (c) invite other specialized agencies of the United Nations system, bilateral and multilateral development agencies, NGOs, foundations, and other stakeholders to:

- increase the availability of resources for national onchocerciasis elimination programs and the OEPA to completely eliminate transmission of the disease in the Region;
 - support the activities of the OEPA and its Program Coordinating Committee, made up of representatives from PAHO, the CDC, the Carter Center, the Ministries of Health, and onchocerciasis experts;
 - support and attend the Annual Inter-American Conferences on Onchocerciasis (IACO) and endorse the initiatives developed by, or in coordination with the OEPA Program Coordinating Committee (PCC).
2. To request the Director to:
- (a) support implementation of the WHO criteria for certifying the elimination of morbidity and transmission in the affected countries;
 - (b) strengthen collaboration with the six endemic countries, especially along the Brazil-Venezuela border, where onchocerciasis affects the indigenous Yanomami population;
 - (c) promote closer collaboration among onchocerciasis elimination programs in the Americas, the specialized agencies and organizations of the United Nations system, bilateral development agencies, and NGOs, as well as other stakeholders;
 - (d) periodically report on progress in the implementation of activities.

(Ninth meeting, 27 June 2008)

CE142.R4 Plan of Action for Strengthening Vital and Health Statistics

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the document presented by the Director, *Plan of Action for Strengthening Vital and Health Statistics* (Document CE142/15),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, *Regional Plan of Action for Strengthening Vital and Health Statistics* (Document CD48/___);

Recognizing the need for valid, timely, reliable data with the greatest possible national, subregional, and regional disaggregation for the diagnosis and formulation of health policies and the monitoring of indicators such as those established in international commitments;

Acknowledging the importance of improving the coverage and quality of vital and health statistics as the building blocks of the countries' health information systems (HIS), as recognized and endorsed in Resolution CSP27.R12 of the 27th Pan American Sanitary Conference in October 2007;

Having analyzed the report of the Director on the basic conceptual and operational guidelines for the formulation of a Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Region;

Considering that the Plan of Action promotes harmonized action within and among the countries and coordinates activities within the Organization and with other international technical cooperation and financing agencies to optimize all available resources in the Region; and

Recognizing that the PASB requires this Plan of Action to achieve the goal and objectives of strengthening country capacity to produce vital and health statistics within the framework of the development of their health information systems,

RESOLVES:

1. To urge the Member States to:
 - (a) approve the Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere (PFEVS), which will enable them to have indicators with sufficient coverage and quality that can contribute to the design, monitoring, and evaluation of health policies;
 - (b) promote the participation and coordination of national and sectoral statistics offices, epidemiology departments of the ministries of health, civil registries, and other public and private actors and users in the situational diagnosis and preparation of national plans of action;

- (c) consider the mobilization of human, technological, and financial resources for implementing the Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere;
 - (d) encourage PAHO to collaborate with the countries in the implementation and monitoring of the Plan of Action.
2. To request the Director to:
- (a) work with the Member States to develop their national plans of action and to disseminate and use tools that will facilitate the production and strengthening of vital and health statistics within the framework of strategic plans for the development of health information systems;
 - (b) improve coordination between the Plan of Action and initiatives of the same nature undertaken by other international technical cooperation and financing agencies, as well as global initiatives to strengthen health statistics in the countries;
 - (c) report periodically to the Governing Bodies on the progress made and constraints to the implementation of the Plan of Action.

(Third meeting, 24 June 2008)

CE142.R5 Blood Transfusion Safety: Progress Report

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report presented by the Director on Blood Transfusion Safety (Document CE142/20), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Concerned about the insufficiency and the poor quality of blood available for transfusions in the majority of countries of the Region; and

Taking into account the Health Agenda for the Americas 2008-2017,

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director on blood transfusion safety (Document CD48/__), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Aware of the central role that transfusions play in the appropriate medical care of patients and in the reduction of mortality among mothers, infants, victims of traffic accidents and other traumas, patients suffering from cancer or clotting disorders, and transplant patients;

Concerned that the current levels of availability and safety of blood for transfusion in the Region are unsatisfactory;

Recognizing that the current national organizational systems limit the efficacy of blood transfusions, have negative effects on morbidity and mortality, and result in major financial losses;

Considering that the concepts of Resolutions CD41.R15 (1999) and CD46.R5 (2005) still apply to the Region of the Americas, and that action is required by national authorities to implement the strategies of the Regional Plan of Action 2006-2010, approved by the 46th Directing Council; and

Recognizing that modifications in current national approaches are needed in order to achieve the regional goals set for transfusion safety by 2010,

RESOLVES:

1. To urge Member States to:
 - (a) proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010 by:
 - i. defining a specific entity within the normative level of their ministries of health as responsible for the planning, oversight and overall efficient operation of the national blood system;

- ii. estimating the annual national need for blood components, taking into consideration unforeseen emergencies, expected increases of the general and elderly population, social inclusion of currently excluded populations, road traffic injuries, and local adoption of medical technologies, such as transplants and cancer treatment, and the financial resources necessary to cover those needs;
 - iii. establishing a network of volunteers to educate the community and to promote voluntary blood donation and service blood donors, with special attention to youth programs;
- (b) terminate replacement and paid blood donation before the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation, using the information obtained from socio-anthropological surveys conducted in the countries, given that blood collection should not be solely the responsibility of hospital medical teams;
- (c) share best practices in the recruitment and retention of voluntary blood donors.
2. To request the Director to:
- (a) cooperate with the Member States in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010 using a multidisciplinary and coordinated approach for health promotion, public education, human and patient rights, quality assurance and financial efficiency;
 - (b) work with Member States and international organizations to assess the implementation of the Regional Plan of Action 2006-2010 and to identify country-specific interventions needed to assure sufficiency and acceptable quality and safety of blood for transfusions at the national level;
 - (c) prepare annual reports on the situation of blood transfusion safety in the Region.

(Seventh meeting, 26 June 2008)

CE142.R6 Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director, *Population and Individual Approaches to the Prevention and Management of Diabetes and Obesity* (Document CE142/9),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity*, (Document CD48/__);

Noting Resolution CD47.R9 (2006), Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity and Health, which called for integrated action to prevent and reduce the burden of chronic diseases and related risk factors in the Americas; and Resolution CSP26.R15 (2002) on the public health response to chronic diseases, which recognizes the heavy 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 diet and increase physical activity;

Taking into account United Nations General Assembly Resolution 61/225, World Diabetes Day (2006), which recognizes diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, countries and the entire world and designates 14 November, the current World Diabetes Day, as a United Nations Day to be observed every year beginning in 2007;

Considering Resolution WHA61.23, Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy (2008), which urges

Member States to strengthen national capacity and increase resources for the prevention and control of chronic diseases;

Cognizant that obesity and diabetes have reached epidemic proportions in the Region and are projected to continue to increase if drastic action is not taken;

Taking note that obesity and diabetes are largely preventable and that scientific evidence and cost-effective interventions are available that combine population-based and individual approaches; and

Recognizing the importance for governments, the private sector, civil society, and the international community of renewing their commitment to the prevention and control of obesity and diabetes,

RESOLVES:

1. To urge Member States to:
 - (a) prioritize the prevention of obesity and diabetes and their common risk factors by establishing and/or strengthening policies and programs, integrating them into public and private health systems and working to ensure adequate allocation of resources to carry out such policies and programs;
 - (b) work to develop public policies that permit healthy lifestyle choices such as healthy eating and greater opportunities for physical activity;
 - (c) create partnerships and engage with the private sector and civil society so that consumers are better informed, healthy choices are more available, and affordable workplace wellness programs are implemented;
 - (d) create supportive environments that contribute to the prevention and management of obesity and diabetes through greater opportunities for physical activity and choices for healthier eating, in collaboration with sectors outside the public health sector;
 - (e) implement the Global Strategy on Diet and Physical Activity and Health and 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;
 - (f) establish incentives and policies that favor the production and consumption of fruits and vegetables;

- (g) improve food labeling and public education that facilitates the choice of healthy nutrition;
 - (h) develop guidelines and policies to promote the responsible marketing of food to children and adolescents;
 - (i) use the media (i.e. radio, television, print, internet) to implement educational campaigns and disseminate information, including mass media communication;
 - (j) improve surveillance and monitoring of obesity and diabetes at the population level, in order to advocate for policies and evaluate outcomes;
 - (k) develop and implement plans and programs to improve the management of obesity and diabetes within the public and private health systems, integrating prevention into care;
 - (l) reorient health services in the context of primary care to ensure the necessary resources for prevention strategies, including diagnostic media and drugs, for early detection and treatment of preventable or controllable diabetes complications with interventions of proven effectiveness, especially those addressing foot care, ocular health, renal health, glycemia and blood pressure.
2. To request the Director to:
- (a) develop integrated interventions for the prevention and control of obesity and diabetes, including norms and protocols, focusing on the needs of low-income countries and vulnerable populations throughout the CARMEN network;
 - (b) support Member States in their efforts to strengthen their health information systems to monitor obesity and diabetes and to evaluate the results of related public health interventions;
 - (c) support Member States to strengthen their capacity, including research, means of diagnosis and treatment, as well as the competencies of the health system, for integrated management of obesity and diabetes;
 - (d) develop new or strengthen existing partnerships for resource mobilization, advocacy, and collaborative research related to obesity and diabetes prevention.

(Eighth meeting, 26 June 2008)

CE142.R7 Amendments to the Staff Rules and Regulations of the Pan American Sanitary Bureau

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules and Regulations of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE142/31;

Taking into account the actions of the Sixty-first World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau; and

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

RESOLVES:

1. 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 2008 concerning dependants' allowance, mobility and hardship scheme; assignment grant; end-of-service grant; recruitment policies; meritorious within-grade increase; leave for military training or service; and staff in posts subject to local recruitment.
2. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau as from 1 January 2008 at US\$ 172,546 before staff assessment, resulting in a modified net salary of \$125,155 (dependency rate) or \$113,332 (single rate).
3. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau as from 1 January 2008 at US\$ 171,008 before staff assessment, resulting in a modified net salary of \$124,155 (dependency rate) or \$112,332 (single rate).
4. To recommend to the 48th Directing Council that it adjust the annual salary of the Director of the Pan American Sanitary Bureau and approve the amendment to Staff Regulation 4.3 by adopting the following resolution:

THE 48th DIRECTING COUNCIL,

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 January 2008 (Document CD48/__); and

Taking into account the decision of the Executive Committee at its 142nd Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau,

RESOLVES:

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau as from 1 January 2008 at US\$ 189,929 before staff assessment, resulting in a modified net salary of \$136,454 (dependency rate) or \$122,802 (single rate).
2. To approve the amendment to Staff Regulation 4.3 with respect to the appointment and promotion of staff.

(Eighth meeting, 26 June 2008)

CE142.R8 Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on the 2nd Session of the Subcommittee on Program, Budget and Administration (Document CE142/4);

Noting the revised document on proposed use of program budget income exceeding the authorized effective working regular budget for the financial period 2006-2007 (Document CE142/30); and

Bearing in mind that certain important activities, such as Technical Cooperation among Countries (TCC) and those related to acceleration of Millennium Development Goals (MDGs), already benefit from existing funding sources and mechanisms,

RESOLVES:

1. To thank the Subcommittee on Program, Budget and Administration for its preliminary review of and report on this item.
2. To request the Director to incorporate the comments and modifications made by the Members of the Executive Committee in the revised version of Document CE142/30 that will be brought to the consideration of the 48th Directing Council.
3. To recommend to the 48th Directing Council that it adopt a resolution along the following lines:

THE 48th DIRECTING COUNCIL,

Having considered the report of the President of the 142nd Session of the Executive Committee; and

Noting the revised document on proposed uses of program budget income exceeding the authorized effective working regular budget for the financial period 2006-2007 (Document CD48/___),

RESOLVES:

1. To thank the Executive Committee for its review and report on this item.
2. To approve the criteria that guide the proposed projects to be funded from the Holding Account as contained in paragraph 15 of Document CD48/___, which states that:

“Criteria that guide the proposed initiatives are as follows:

- Initiatives that will strengthen the Organization, whether through direct support to priority public health activities in the countries, or through the strengthening of the Secretariat’s ability to support the needs of Member States;
- Initiatives that strengthen a process and generate efficiencies;
- Initiatives that create impact;
- Initiatives that minimize added recurrent costs and are sustainable within normal operations;

- Initiatives for which other funding sources are scarce or unavailable.”
3. To approve, with immediate effect, the following projects in their entirety:
 - 1.A: Regional Strategic Health Operation Center
 - 1.B: National Strategic Health Operation Centers
 - 4.A: Improvements to facilities: MOSS upgrades and security measures;
 - 4.C: Improvements to facilities: plaza drainage system;
 - 4.D: Improvements to facilities: security and sanitary measures;
 - 4.E: Improvements to facilities: HQ office tower roof;
 - 4.F: Improvements to facilities: refurbish rooms A, B and C in Headquarters building.
 4. To approve, with respect to the initial phase, and with immediate effect, the following projects:
 - 2.A: Strengthening PAHO public health information systems;
 - 2.C: Strengthening communications through improvement of country office connectivity;
 - 3.A: Modernizing the PASB Corporate Management System;
 - 3.B: Modernizing the service model for the delivery of Knowledge Management and Information Technology services;
 - 3.C: Strengthening the Organization’s capacity to be IPSAS compliant by the year 2010 (US\$ 300,000);
 - 4.B: Improvements to facilities: energy savings measures.
 5. To approve, in principle, funding of the proposed projects contained in Document CD48/___ and as specified in numerals 3 and 4 above.

6. To delegate to the Executive Committee the authority for monitoring and approval of all future submissions and re-submissions of proposals for the use of these Holding Account funds.
7. To request the Bureau to submit to the Subcommittee on Program, Budget, and Administration, at the appropriate intervals, a status report for each of the approved projects listed in numerals 3 and 4 above, with an updated scope, budget and timetable for the remaining phases for review and approval by the Executive Committee.
8. To request the Bureau to re-formulate project 2.B (Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation), if appropriate, to include a clearer scope and purpose, for future consideration by the Executive Committee on the use of Holding Account funds.
9. To encourage Member States to submit additional project proposals for consideration for the use of Holding Account funds, to be channeled through the Secretariat for inclusion in the appropriate review and approval cycle of the Executive Committee.

(Eighth meeting, 26 June 2008)

CE142.R9 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE142/24, *Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases*,

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases* (Document CD48/__), which proposes that Member States implement efforts to address common areas of work to

combat vector-borne diseases through strengthening national capacity to make optimal use of resources in order to improve the effectiveness and efficiency of the national vector control programs;

Taking into account the Global Strategic Framework for Integrated Vector Management developed by WHO in 2004 and the resolution adopted by the World Health Assembly to strengthen Member States' capacity to implement effective vector control measures (WHA42.31, 1989); to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated vector management in accordance with WHO guidelines (WHA50.13, 1997); to tap the preventive power of vector control, given the serious risks of increasing transmission of vector-borne diseases related to climate change, population movement and environmental degradation; to avail themselves of the major opportunities for financial support (WHO/CDS/NTD/VEM/2007.1); and implement the WHO Global Plan to combat neglected tropical diseases, 2008-2015, which calls for the strengthening of integrated vector management and capacity building as one of the strategic areas for action (WHO/CDS/NTD/2007.3);

Considering that vector-borne diseases are responsible for a substantial burden of parasitic and infectious diseases in the Americas and result in avoidable ill health and death that disproportionately affect the poor and marginalized populations, causing suffering and further economic hardship, and are a serious impediment to development in many countries; and

Concerned that the potential effects of climate change and increased climate variability may include an increased risk of vector-borne disease epidemics,

RESOLVES:

1. To urge Member States to:
 - (a) Strengthen and support national vector-borne disease control programs by establishing evidence-based national policies and operational plans to implement integrated vector management initiatives and to improve effectiveness and efficiency of current vector control programs;
 - (b) Strengthen multi-disease control approaches in the prevention and control of vector-borne diseases, such as epidemiological and entomological surveillance, rational use of pesticides, social mobilization, and treatment of affected persons in order to increase synergies among different vector control programs;

- (c) Consider allocating domestic resources and to mobilize additional resources as appropriate, and effectively utilize them in the implementation of appropriate prevention and control interventions;
 - (d) Assess the need for training in integrated vector management and take measures to promote recruitment, training and retention of health personnel;
 - (e) Assess and strengthen national legislative frameworks, regulatory mechanisms, and enforcement of these in relation to the promotion of integrated vector management legislation, where appropriate;
 - (f) Improve collaboration within the health sector and with other sectors to take advantage of synergies and to promote a coordinated response to vector-borne diseases;
 - (g) Develop cross-border activities to address common vector-borne diseases in the Region through sharing expertise and development of joint action plans and operational research.
2. To request the Director to:
- (a) Continue providing technical cooperation and coordinating efforts to reduce the burden of vector-borne diseases;
 - (b) Promote integrated vector management as an integral part of vector-borne disease management among Member States;
 - (c) Support countries in the planning, implementation, monitoring, and evaluation of integrated vector management activities and appropriate capacity building;
 - (d) Provide Member States with the necessary evidence based technical guidance for integrated vector management;
 - (e) Promote and consolidate research on integrated vector management based upon identified needs and gaps;
 - (f) Contribute to the strengthening of countries' legislative frameworks and regulatory mechanisms as appropriate, in relation to the promotion of integrated vector management.

(Third meeting, 25 June 2008)

CE142.R10 Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director, *Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action* (Document CE142/12),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care* (Document CD48/__);

Recognizing that neonatal mortality continues to have a high impact on infant mortality in the Region, and that it will be necessary to redouble efforts to achieve the goals of the Millennium Declaration related to the reduction of infant mortality for 2015;

Considering Resolution CD47.R19 (2006) on neonatal health, in the context of the health of the mother, newborn, and child, which recommends the development of a strategy and an action plan to support the achievement of the goals of the Millennium Declaration; and

Noting that the Regional Plan of Action addresses persistent inequities, focusing on marginalized groups while proposing differentiated technical cooperation strategies and approaches to respond to multiple situations in countries,

RESOLVES:

1. To urge Member States to:
 - (a) support the reduction of neonatal mortality as a priority within health programs by expanding, strengthening or sustaining the implementation of the Strategy and Regional Plan of Action for neonatal health in the continuum of the mother, newborn, and child care;
 - (b) consider the Regional Plan of Action for neonatal health within the continuum of care when formulating national plans, and include differentiated strategies that

- effectively respond to multiple situations among and within countries, to protect recent achievements and reach the objectives related to mortality reduction of children under five by 2015 included in the Millennium Declaration;
- (c) consider strengthening health systems based on primary health care to support the implementation of evidence-based strategies aimed at reducing neonatal mortality, and improving collaboration between programs and the different levels of care;
 - (d) support strong community and civil society participation so that they include, within their activities, actions directed to mothers, newborns, and children, with an equity, gender and ethnicity approach;
 - (e) consider undertaking, facilitating, and supporting national activities that promote universal access of health care for mothers, newborns, and children;
 - (f) consider strengthening national frameworks that protect mothers, newborns, and children;
 - (g) establish and maintain quality neonatal health monitoring and information systems, disaggregated by gender, socioeconomic status, ethnicity, and education of the mother;
 - (h) forge partnerships and associations with nongovernmental, community and religious organizations, with the academic and research community, as well as with relevant government agencies, to strengthen and expand policies and programs on maternal, neonatal and child health.
2. To request the Director to:
- (a) support Member States in developing national plans aimed at reducing neonatal mortality, within the continuum of mother, newborn, and child, taking into account the Strategy and Regional Action Plan, and addressing inequities and directed to vulnerable and marginalized groups;
 - (b) collaborate in country evaluations to ensure adequate and evidence-based corrective actions;
 - (c) facilitate the exchange of successful experiences and promote horizontal technical cooperation by Member States in the implementation of the Regional Plan.

(Ninth meeting, 27 June 2008)

CE142.R11 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the document presented by the Director, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas* (Document CE142/23);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned at the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control;
and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties to keep striving to incorporate the measures of the Convention into their national legislation,

RESOLVES:

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

THE 48TH DIRECTING COUNCIL,

Having studied the document presented by the Director, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas* (Document CD48/__);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned at the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control;
and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties to keep striving to incorporate the measures of the Convention into their national legislation,

RESOLVES:

1. To urge Member States to:
 - (a) Consider ratification of the WHO Framework Convention on Tobacco Control if they have not yet done so and, regardless of their status as Parties or Non-parties to the Convention, to consider implementing, when appropriate, the WHO MPOWER package of six key measures contained therein;
 - (b) Share successful experiences on tobacco control related to the ratification and States Parties' implementation of the measures in the Convention through existing bodies such as the Convention Secretariat;
 - (c) Where appropriate, create or strengthen a national coordinating unit responsible for the intra- and interministerial coordination necessary to implement the Convention, as outlined in Article 5, General Obligations of the WHO Framework Convention on Tobacco Control;
 - (d) Promote the subregional integration agencies to put tobacco control on their agenda and actively participate in the Ibero-American Network for Tobacco Control and existing English-speaking networks;
 - (e) Take advantage of new financing opportunities from private donors to support tobacco control initiatives in the Region.
2. To request the Director to support the coordination of intersectoral partnerships and the call to international financial partners to support implementation of the WHO Framework Convention on Tobacco Control and, specifically, the WHO MPOWER

package of six key measures, as appropriate, in all countries of the Region, regardless of their status as a Party or Non-party to the Convention.

(Ninth meeting, 27 June 2008)

CE142.R12 PAHO Award for Administration 2008

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration 2008 (Document CE142/5, 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), the 135th Session of the Executive Committee (2004), and the 140th Session of the Executive Committee (2007),

RESOLVES:

1. To congratulate all the candidates for the 2008 PAHO Award for Administration for their professionalism and outstanding work on behalf of their countries and the Region.
2. To note the decision of the Award Committee to confer the PAHO Award for Administration 2008 on Dr. Hugo Villar Teijeiro, of Uruguay, for his contribution to the improvement of health conditions, in several countries of the Americas, for the decentralization of health systems; management of health issues and hospitals; as well as for the training in human resources to manage health systems at the national and regional levels.
3. To transmit the report of the Award Committee of the PAHO Award for Administration 2008 to the 48th Directing Council.

(Ninth meeting, 27 June 2008)

CE142.R13 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the proposal of the Director on the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CE142/10),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control* (Document CD48/__);

Noting the World Health Assembly resolution on cancer prevention and control (WHA58.22, 2005), which urges governments to develop comprehensive cancer control programs and recommends the prioritization of cervical cancer prevention and control programs;

Recalling Resolution CD47.R9 (2006) of the 47th Directing Council on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, which includes cancer as one of the priority chronic diseases;

Cognizant that there are an estimated 27,500 deaths in the Americas from cervical cancer, caused mainly by persistent infection with some genotypes of the human papilloma virus (HPV), and recognizing that although cervical cancer can be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment, and palliative care, it continues to cause premature mortality and disproportionately affects women in the lower economic strata, revealing the existing health inequities in the Region;

Recognizing that current efforts and investments are not resulting in significant declines in the cervical cancer burden in most countries of Latin America and the Caribbean;

Recognizing that cost-effective HPV vaccines can become a component of a comprehensive cervical cancer prevention and control program;

Recognizing that the Pan American Health Organization, together with the Global Alliance for Cervical Cancer Prevention, has been assessing innovative approaches for cervical cancer screening and treatment of precancer lesions, and has generated new evidence and new knowledge on cost-effective strategies that can greatly improve cervical cancer prevention programs, particularly in low resource settings, and that PAHO has been supporting evidence-based decision-making by countries regarding HPV vaccine introduction; and

Aware that the prevention and control of cervical cancer could contribute to the attainment of international development goals,

RESOLVES:

1. To urge Member States to:
 - (a) approve the framework of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control, designed to improve capacity for sustained implementation of comprehensive cervical cancer prevention and control programs, with the goal of reducing incidence and mortality;
 - (b) give priority on the national public health agenda to cervical cancer prevention and control, consider allocating appropriate resources, and work to strengthen current programs so they have an integrated approach;
 - (c) revitalize and upgrade cervical cancer prevention and control programs to effectively utilize new evidence-based technologies and approaches, particularly in settings where access is challenging and resources are constrained;
 - (d) undertake age-appropriate social communications strategies to heighten awareness about risk factors for cervical cancer and its preventability among adolescents and women, and engage communities in cervical cancer prevention efforts, with a special focus on empowering women from disadvantaged and vulnerable groups, including indigenous women;
 - (e) develop and implement the actions recommended in this Regional Strategy and Plan of Action which are appropriate to the circumstances in their respective country and that address primary prevention, screening and precancer treatment, diagnosis and treatment of invasive cervical cancer, and palliative care;

- (f) strengthen health systems based on primary health care so that effective cervical cancer prevention and control programs may be delivered in close proximity to communities and with an integrated approach to primary and secondary prevention;
- (g) consider the studies available and local or subregional research data to make evidence-based policy decisions for the introduction of HPV vaccines, cognizant of the need for sustainability;
- (h) whenever possible utilize the PAHO Revolving Fund for Vaccine Procurement, since it plays an instrumental role in the introduction of new vaccines in the Americas;
- (i) establish and foster strategic partnerships with institutions in all appropriate sectors in order to mobilize financial, technical and other resources that will improve the effectiveness of cervical cancer prevention and control programs.

2. To request the Director to:

- (a) provide technical assistance to Member States in an interprogrammatic manner in the revitalization of comprehensive cervical cancer prevention and control programs, incorporating new cost-effective technologies and approaches and to monitor the advancements and report periodically on achievements;
- (b) raise awareness among policymakers and health professionals in order to increase political, financial and technical commitments to cervical cancer prevention and control programs;
- (c) advocate for more equitable access to new technologies (HPV tests, HPV vaccines);
- (d) develop new or strengthen existing partnerships within the international community for resource mobilization, advocacy, and collaboration to improve cervical cancer prevention and control efforts in the Region.

(Ninth meeting, 27 June 2008)

CE142.R14 Health and International Relations: Linkages with National Health Development

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the document submitted by the Director, *Health and International Relations: Linkages with National Health Development* (Document CE142/25),

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having considered the document submitted by the Director, *Health and International Relations: Linkages with National Health Development* (Document CD48/__);

Recognizing the importance accorded to health in diverse international forums, owing to its growing linkage with dimensions of foreign policy;

Considering the recommendations of the Working Group on PAHO in the 21st Century;

Bearing in mind the many actors with different functions and responsibilities that impact on global health governance;

Considering the impact of these phenomena on the health authorities' exercise of their leadership function and on national health development; and

Considering that in light of the foregoing, the international agenda of the health authorities is becoming increasingly important and intense;

RESOLVES:

1. To urge Member States to:

- (a) strengthen coordination and exchange between the health authorities and the authorities responsible for the governments' foreign policy and international cooperation;
- (b) promote institutional mechanisms for consultation between the health and foreign affairs sectors to promote dialogue and negotiation on relevant global and regional health issues that are discussed in international forums;
- (c) strengthen the health authorities' governance function to respond to the growing demands arising from international agreements and regulations linked to national health development;
- (d) strengthen the institutional capacity of governments for managing cooperation and international relations in health, providing the necessary resources for better performance of those functions, including an appropriate position within the organizational structure;
- (e) promote the inclusion of international health issues in the professional training of diplomats, and international relations issues in the professional training of public health specialists and leaders.

2. To request the Director to:

- (a) facilitate dialogue and the sharing of experiences among the Member States on new international health dimensions and their importance for national health development;
- (b) collaborate with governments and academia in the development of specific training programs in international health including, in particular, the national professionals responsible for international relations and cooperation;
- (c) maintain and heighten the Organization's presence in relevant political forums, advocating for the health of the Hemisphere and its positioning in the international scene;
- (d) periodically update information on the experiences of the Pan American Health Organization and the countries in this field and disseminate it to the Member States;
- (e) cooperate in strengthening the governments' institutional capacities to address matters linked to international relations and cooperation in the field of health;

- (f) continue and expand the Leaders' Training Program in International Health and promote synergies and complementarity with the initiatives that the countries may develop to train specialists in the fields of health and international relations;
- (g) facilitate the analysis of the health dimension when considering, adopting, and implementing policies at the international level that may or do have an impact on public health in the Member States;
- (h) revisit the recommendations of the Working Group on PAHO in the 21st Century that can support implementation of this initiative.

(Ninth meeting, 27 June 2008)

***CE142.R15 Provisional Agenda of the 48th Directing Council of PAHO,
60th Session of the Regional Committee of WHO for the Americas***

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD48/1) prepared by the Director for the 48th Directing Council of PAHO, 60th Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE142/3, Rev. 3; 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 CD48/1) prepared by the Director for the 48th Directing Council of PAHO, 60th Session of the Regional Committee of WHO for the Americas.

(Ninth meeting, 27 June 2008)

CE142.R16 Regional Strategy for Improving Adolescent and Youth Health

THE 142nd SESSION OF THE EXECUTIVE COMMITTEE,

Having seen the Director's report, *Regional Strategy for Improving Adolescent and Youth Health* (Document CE142/13, Rev. 2), based on the PASB Strategic Plan 2008-2012,

RESOLVES:

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

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Regional Strategy for Improving Adolescent and Youth Health* (Document CD48/___), based on the PASB Strategic Plan 2008-2012;

Noting the World Health Assembly resolution on the Strategy for Child and Adolescent Health and Development (WHA56.21, 2003), calling on governments to strengthen and expand efforts to strive for full coverage of services, and to promote access to a full range of health information for adolescents; and Resolution CD40.R16 of the PAHO Directing Council on adolescent health, in which governments formally recognized the differentiated needs of the youth population and approved a framework and action plan;

Recalling the right of adolescents and youth to the enjoyment to the highest attainable standard of health, as set forth in the Constitution of the World Health Organization; the UN Convention on the Rights of the Child and other international and regional human rights instruments;

Understanding that successful passage through adolescence and youth is essential for healthy, engaged and economically well-developed societies;

Recognizing that adolescent and youth health is a key aspect of economic and social development in the Americas; that their behaviors and health problems are an important part of the overall disease burden; that the cost associated with the treatment of chronic diseases is high; and that effective prevention and early intervention measures are available;

Considering that the outcomes for adolescent and youth health will be more effective if health promotion, primary health care, social protection, and social determinants are taken into consideration when addressing priority health topics for these populations;

Recognizing that PAHO has cooperated with the countries of the Region in establishing conceptual and technical bases and infrastructure for the development of national adolescent and youth health programs and policies; and

Concerned that the specific needs of adolescents and youth have not been adequately addressed and that the achievement of international goals will require additional efforts in adolescent and youth health,

RESOLVES:

1. To endorse the Regional Strategy for Improving Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, plans, programs, laws and services for adolescents and young people.
2. To urge Member States to:
 - (a) promote the collection and use of data on adolescent and youth health disaggregated by age, sex and ethnicity and the use of a gender-based analysis, new technologies (e.g. geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws and interventions related to adolescent and youth health;
 - (b) strengthen and expand efforts to meet international commitments for adolescent and youth health;
 - (c) promote and establish enabling environments that foster adolescent and youth health and development;
 - (d) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;
 - (e) support capacity building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services addressing the health needs of adolescents and youth and their related determinants of health;

- (f) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;
 - (g) improve coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing impact of limited resources;
 - (h) establish partnerships with the media to promote positive images of adolescents and youth which promote appropriate behaviors, social norms and commitment to health issues.
3. To request the Director to:
- (a) maintain the Organization's commitment to and support for achieving and sustaining high levels of coverage of evidence-based interventions through the integration of actions by PAHO programmatic areas;
 - (b) support the establishment and coordination of strategic alliances to improve the health and development of adolescents and youth;
 - (c) encourage technical cooperation among countries, subregions, international organizations, government entities, private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities, in activities that promote adolescent and youth health;
 - (d) establish a time limited technical advisory group for guidance on topics pertinent to adolescent and youth health and development;
 - (e) develop a plan of action (2010-2018) based on the Regional Strategy for Improving Adolescent and Youth Health;
 - (f) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age appropriate programs and interventions for adolescents and youth.

(Special meeting, 31 July 2008)

Decisions

Decision CE142(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 CE142/1, Rev. 1).

(First meeting, 23 June 2008)

Decision CE142(D2) Representation of the Executive Committee at the 48th Directing Council, 60th 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 (Antigua and Barbuda) and Vice President (Uruguay) to represent the Committee at the 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas. The Committee designated Chile and Panama as alternate representatives.

(First meeting, 23 June 2008)

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 thirty-first day of July in the year two thousand and eight. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member States of the Organization.

H. John Maginley
Delegate of Antigua and Barbuda
President of the 142nd Session
of the Executive Committee

Mirta Roses Periago
Director of the Pan American Sanitary Bureau
Secretary *ex officio* of the 142nd 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 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas
- 2.3 Provisional Agenda of the 48th Directing Council, 60th Session of the Regional Conference WHO for the Americas

3. COMMITTEE MATTERS

- 3.1 Report on the Second Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Administration 2008
- 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 3.4 Annual Report of the Ethics Office

4. PROGRAM POLICY MATTERS

- 4.1 Update on the Implementation of the Regional Program Budget Policy
- 4.2 Population and Individual Approaches to the Prevention and Management of Diabetes and Obesity
- 4.3 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.4 Young Child Malnutrition in the Americas: Achieving the Millennium Development Goals
- 4.5 Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action
- 4.6 Regional Strategy for Adolescent and Youth Health
- 4.7 Health of Older Persons, including Active and Healthy Aging: Regional Strategy
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- 4.9 Malaria: Progress Report
- 4.10 Dengue: Progress Report
- 4.11 Onchocerciasis: Progress Report
- 4.12 Avian Flu and Pandemic Influenza Preparedness: Progress Report
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- 4.14 International Health Regulations: Progress Report
- 4.15 Strengthening of Essential Public Health Functions: Progress Report
- 4.16 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas
- 4.17 Integrated Vector Control: A Comprehensive Response to Vector-Borne Diseases
- 4.18 Health and International Relations: Linkages with National Health Development
- 4.19 Update on Climate Change and its Impact on Public Health

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale
- 5.2 Report on the Collection of Quota Contributions
- 5.3 Programmatic Prioritization and Resource Allocation Criteria
- 5.4 Financial Report of the Director and Report of the External Auditor for 2006-2007
- 5.5 Use of Program Budget Income Received Exceeding the Authorized Effective Working Regular Budget

6. PERSONNEL MATTERS

- 6.1 Confirmation of Amendments to the PASB Staff Rules and Regulation
- 6.2 U.N. Contract Reform Implementation in PAHO: Progress Report
- 6.3 Statement by the Representative of the PASB Staff Association

7. MATTERS FOR INFORMATION

- 7.1 Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report
- 7.2 15th Inter-American Meeting at the Ministerial Level, on Health and Agriculture (RIMSA): Preliminary Report
- 7.3 Report of the Meeting of Ministers of Health of the Americas on Violence and Injury Prevention
- 7.4 Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property: Current Status

7. MATTERS FOR INFORMATION (*cont.*)

- 7.5 Resolutions and Other Actions of the Sixty-First World Health Assembly of Interest to the PAHO Executive Committee
- 7.6 Resolutions and Other Actions of the 38th Regular Session of the General Assembly of the Organization of American States of Interest to the Executive Committee of PAHO
- 7.7 Fifth Summit of the Americas: Report on the Preparations
- 7.8 Pan American Sanitary Bureau Human Resources: Staffing Profile
- 7.9 Report on Internal Oversight Services
- 7.10 Status of PAHO's Engagement with the WHO Global Management System (GSM)
- 7.11 Master Capital Investment Fund
- 7.12 Status Update on the Institutional Revision of BIREME and INCAP
- 7.13 Regional Contribution to the Global Ministerial Forum on Research for Health

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

Official Document 331 Financial Report of the Director and Report of the External Auditor for 2006-2007

Working Documents

CE142/1, Rev. 2 Agenda

CE142/2 Representation of the Executive Committee at the 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas

CE142/3, Rev. 3 Provisional Agenda of the 48th Directing Council, 60th Session of the Regional Committee of WHO for the Americas

CE142/4 Report of the Second Session of the Subcommittee on Program, Budget, and Administration

CE142/4, Add. 1 Report on the Special Session of the Second Session of the Subcommittee on Program, Budget, and Administration

CE142/5 PAHO Award for Administration 2008

CE142/6, Rev. 1 Nongovernmental Organizations in Official Relations with PAHO

CE142/7 Annual Report to the Ethics Office

CE142/8 Update on the Implementation of the Regional Program Budget Policy

CE142/9 Population and Individual Approaches to the Prevention and Management and Diabetes and Obesity

Working Documents (*cont.*)

CE142/10	Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
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CE142/12	Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action
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CE142/15	Plan of Action for Strengthening of Vital and Health Statistics
CE142/16	Malaria: Progress Report
CE142/17	Dengue: Progress Report
CE142/18	Onchocerciasis: Progress Report
CE142/19	Avian Flu and Pandemic Influenza Preparedness: Progress Report
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CE141/21	International Health Regulations: Progress Report
CE142/22	Strengthening of Essential Public Health Functions: Progress Report
CE142/23	WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas
CE142/24	Integrated Vector Control: A Comprehensive Response to Vector-Borne Disease

Working Documents (*cont.*)

CE142/25	Health and International Relations: Linkages with National Health Development
CE142/26	Update on Climate Change and its Impact on Public Health
CE142/27	Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale
CE142/28	Report on the Collection of Quota Contributions
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Information Documents

CE142/INF/1, Rev. 1	Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report
CE142/INF/2	15th Inter-American Meeting at the Ministerial Level, on Health and Agriculture (RIMSA): Preliminary Report

Information Documents (*cont.*)

CE142/INF/2, Add. I	Preliminary Report of the 15th Inter-American Meeting at the Ministerial Level, on Health and Agriculture (RIMSA)
CE142/INF/3, Rev. 1	Report of the Meeting of Ministers of Health of the Americas on Violence and Injury Prevention
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CE142/INF/9	Report on Internal Oversight Services
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CE142/INF/11	Master Capital Investment Fund
CE142/INF/12	Status Update on the Institutional Review of BIREME and INCAP
CE142/INF/12, Add. I	Status Update on the Institutional Review of BIREME
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Diverse Documents

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