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***SUBCOMMITTEE ON PLANNING AND PROGRAMMING, 28TH
MEETING:
FINAL REPORT***

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FINAL REPORT

The 28th Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 3-4 April 1997.

The meeting was attended by representatives of the following members of the Subcommittee, elected by the Executive Committee: Bahamas, Colombia, El Salvador, and Panama; as well as representatives of the following countries designated by the Director: Argentina, Brazil, Canada, Chile, and United States of America. Representatives of Cuba, France, and Uruguay attended as observers.

OFFICERS

The Member Governments elected as officers by the Subcommittee at its 27th Meeting in December 1996 continued to serve in their respective positions.

<i>Chairman:</i>	Panama	Dr. Eneika de Samudio
<i>Vice Chairman:</i>	Chile	Dr. Fernando Muñoz Porras
<i>Rapporteur:</i>	Bahamas	Mrs. Hannah Gray

Dr. George A. O. Alleyne (Director of PASB) served as Secretary ex officio for the meeting and Dr. Juan Manuel Sotelo (Chief of the Office of Analysis and Strategic Planning) served as Technical Secretary.

OPENING OF THE MEETING

The Director opened the meeting and welcomed the participants. He pointed out that the Subcommittee would be considering several items that were crucial to the life and work of the Organization. The program policy items on the agenda included the proposed budget, which would set the pattern for the Organization's work in the 1998-1999 biennium, and the strategic and programmatic orientations for the period 1999-2002, which would chart its course into the next century. The Subcommittee would also be examining several important programmatic issues, including noncommunicable diseases and indigenous health. In relation to the latter, he noted that Dr. Norbert Prefontaine (Canada), who had been a key figure in the Health of Indigenous Peoples Initiative, had recently passed away, and he asked the Canadian delegation to convey to Dr. Prefontaine's family and colleagues the Organization's profound sense of loss at his passing.

ADOPTION OF THE AGENDA AND PROGRAM OF SESSIONS

(Documents SPP28/1, Rev. 1, and SPP28/WP1)

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the agenda and a program of sessions.

PRESENTATION AND DISCUSSION OF THE ITEMS

Noncommunicable Diseases (Document SPP28/4)

Dr. Franklin White (Coordinator, Program on Noncommunicable Diseases, HCN) summarized the content of the document and the strategies and priorities of the Program. He presented a series of figures, which illustrated the growing importance of noncommunicable diseases (NCDs) in the overall burden of disease throughout the Region, and outlined the reasons for this increase. He also mentioned several myths surrounding noncommunicable diseases, explaining why they had no basis in fact.

The mandate of the Program was to strengthen the capacity of the Organization to support specific disease prevention and control initiatives in Member States. Accordingly, it sought to support the adoption by Member States of feasible and cost-effective policies, strategies, and programs for the prevention and control of NCDs of major public health importance. The priority areas of action for the Program were noncommunicable disease surveillance, cardiovascular disease risk factor intervention, cervical cancer screening, diabetes mellitus, and injury prevention. One of its key strategies was Actions for the Multifactorial Reduction of Noncommunicable Diseases, known by its Spanish-language acronym, CARMEN, an approach similar to the WHOEURO initiative CINDI (Country-wide Integrated Noncommunicable Disease Intervention). The proposals and recommendations of the Program for action in the area of noncommunicable diseases included evidence-based priority-setting and decision-making, health service-based NCD strategies, and interprogrammatic coordination within the Organization.

Dr. Stephen Corber (Director, Division of Disease Prevention and Control) said that the Program was premised on current biomedical knowledge that showed that virtually all NCDs were preventable or at least postponable, many were reversible, and many were amenable to secondary prevention to reduce complications, which posed a heavy burden on individuals, families, and communities, as well as on health care systems. It was important to realize that NCD prevention programs had a definite and real impact, although that impact took longer to become apparent than in the case of some other programs. While most countries had NCD prevention and control initiatives, they were often not as well-organized or comprehensive as they might be. Programs that combined primary prevention, including health education and promotion, with clinical prevention were needed. HCN was therefore seeking to help the countries to identify the priority NCDs in their national context, select those of highest priority for primary attention, undertake detailed situation analyses of the diseases identified, and then introduce pilot or demonstration NCD prevention and control projects.

The Subcommittee congratulated Dr. White on the thoroughness and clarity of the document, which linked solid epidemiological information with sound NCD prevention and control strategies. Several representatives presented data on the situation of NCDs and described prevention and control efforts currently under way in their respective countries. The importance of addressing the risk factors for NCDs through health promotion and education interventions was emphasized. It was also pointed out that many of the risk factors for these diseases, particularly those related to behavior and lifestyle, originated in childhood and that educational interventions should therefore begin early. Training and education for health care professionals, including dissemination of scientific and technical information on clinical prevention of NCDs, was also considered essential. The potential usefulness of low-cost diagnostic and preventive tools, such as C-reactive protein testing and aspirin therapy for cardiovascular disease, was highlighted.

Prevention was seen as the most cost-effective strategy for dealing with noncommunicable diseases, and CARMEN was considered an excellent approach to prevention. It was suggested that the document might highlight the fact that part of the added value of the CARMEN concept was that it provided an integrated approach that would result in economies of program design and delivery and increased potential for partnership development. In this connection, the Subcommittee applauded the Program's proactive approach to resource mobilization and development of cooperative relationships with NGOs and other partners. The difficulties of mobilizing resources for NCD prevention programs, whose impact was not immediately apparent, were noted. It was pointed out that, both within the Organization and at the national level, these programs must compete with others programs that were more likely to yield tangible results in a shorter time. Evaluations of NCD prevention interventions should therefore focus on indicators of process rather than indicators of outcome. HCN had an important role to play in helping the countries to develop such indicators.

One representative suggested that the term "noncommunicable diseases" might be misleading since it encompassed a number of conditions that fell outside the scope of the Program. Specific suggestions for enhancing the document included utilizing statistical ranges rather than single figures in reference to prevention efficacy, taking account of the impact of AIDS in the comparisons of proportionate burden of disease attributable to infectious and noncommunicable diseases, and including some information on how NCD prevention activities fit into health-for-all efforts. Finally, it was emphasized that, in keeping with the Organization's commitment to the achievement of gender equity, the Program should incorporate a gender perspective, which should be reflected in the document.

In reply to the comments concerning resource mobilization and allocation, Dr. White pointed out that much of the mobilization that needed to take place at all levels related to priority-setting and examination of existing allocations. Priorities should be set and resources allocated taking into account disease burden, prevention efficacy and effectiveness, and cost-effectiveness. He also noted that, while monetary resources were crucial, development of human resources was just as important. He concurred fully that health education was a key strategy for NCD prevention and pointed out that the Program was collaborating with the Division of Health Promotion and Protection to develop and test population education interventions. At the same

time, it was working actively to strengthen clinical prevention capabilities, advocating the application of an evidence-based approach. In regard to the incorporation of a gender perspective, he noted that the Program was working with the Women's College Hospital (Toronto, Ontario, Canada), a WHO Collaborating Center on women's health, to formulate gender-sensitive approaches to the prevention and control of noncommunicable diseases.

The Director observed that it was obvious from the representatives' comments that the Program was responding to a technical cooperation need felt by many countries. With respect to resource allocation, he pointed out that the Organization, despite severe budgetary constraints, had made an effort to channel more resources into the area of noncommunicable diseases, not only through creation of the Program in 1995 but through the addition of resources in the 1996-1997 biennium. He acknowledged that "noncommunicable diseases" was not the most precise term, but said that it was generally considered the most appropriate expression for referring to the group of diseases and conditions targeted by the Program. In regard to the potential of new preventive techniques, he said that recent research concerning the usefulness of C-reactive protein as a predictor of myocardial infarction and aspirin as a preventive agent pointed up the need to stay abreast of new research findings and contemplate possible applications for them in the Organization's programs. In the meantime, however, it was essential to make the most effective use of the tools and strategies currently available.

Strategic and Programmatic Orientations, 1999-2002

Dr. Germán Perdomo (Office of Analysis and Strategic Planning) presented a methodological proposal for the development of the strategic and programmatic orientations (SPOs) that would serve as policy orientations for the member countries and guidelines for the work of the Secretariat during the quadrennium 1999-2002. The SPOs were intended to guide the policies of the countries and the technical cooperation of the Secretariat and must therefore reflect not only the vision and mission of the Organization, but also the general and specific needs of the countries. The methodology proposed by the Secretariat was aimed at providing an opportunity for the broadest possible consultation with the Member Governments throughout the process of developing the SPOs. According to that methodology, a situation analysis document would be prepared on the basis of information routinely collected and analyzed by the Organization for the publication *Health Conditions in the Americas*, the evaluations of implementation of the strategy for achieving health for all by the year 2000, and evaluation of the implementation of the SPOs for 1995-1998, as well as information on the economic, political, and social situation in the Region compiled by other agencies. This situation analysis document would be distributed to the countries and to PAHO staff at Headquarters and in the field for their consideration in August 1997.

After reviewing the comments and suggestions of the countries and PAHO staff, the Secretariat would draft another document containing the basic components of the SPOs. That document would identify the principal problems affecting the health of the Region's population, the goals to be achieved, and the strategic orientations that would guide the Organization's response to the problems and goals. It would also take account of the global health policies contained in the Ninth General Program of Work of WHO. The basic components document

would once again be submitted for consideration and comment by the countries and by PAHO staff in October 1997. From the comments, suggestions, and proposals that came out of those consultations, a document containing the proposed SPOs for 1999-2002 would be drawn up and submitted to the Governing Bodies for consideration. The proposal would first be examined by the Subcommittee in April 1998; it would then move on to the Executive Committee in June and subsequently be submitted to the Pan American Sanitary Conference for approval in September 1998.

The Subcommittee underscored the importance of the SPO development process for the future of the Organization. The proposed methodology was considered a sound basis for carrying out the necessary consultations and obtaining a collective view. It was pointed out that it was essential to define at the outset whether the SPOs constituted a collective reflection of priorities for the Region or a tool for reflecting the program priorities of the Organization. It was then necessary to determine how the priorities would be established. Criteria should be developed for that purpose. Suggested criteria included prevalence, burden of disease, susceptibility of problems to international action, and PAHO's comparative advantage for addressing the problems identified. It was also pointed out that the SPOs should be forward-looking, as it was necessary not only to address the health needs of today's population but to contemplate the needs of future generations.

In relation to the question of whether the SPOs reflected priorities of the countries or of the Secretariat, Dr. Perdomo pointed out that the objectives of PAHO, which had been created by the countries, could not be different from those of the countries. The Organization existed for the express purpose of helping the countries to improve the health and living conditions of their people. In the current context of financial constraints, it was more important than ever to engage in a serious planning process to determine how scarce national and international resources would be utilized to address the principal health problems in the Region and ensure that the technical cooperation provided by the Organization in the next quadrennium was truly responding to needs identified by the countries. Nevertheless, priorities could not be set at the regional level; in a Region as diverse as the Americas, the process of prioritizing had to take place at the national level.

The Director pointed out that, in the past, the strategic and programmatic orientations had been formulated exclusively by the Secretariat and then presented to the Governing Bodies for approval. When the SPO development process had been undertaken in the previous quadrennium, an attempt had been made to ensure that the priority areas of action selected represented global priorities for the countries. Although subsequent evaluations had revealed that there was significant congruence between the areas of work established in the SPOs for 1995-1998 and the countries' health planning and programming, the Secretariat felt that the countries had not been sufficiently involved in the development phase. It had therefore been decided to undertake a process of broad consultation and deliberation in order to engage the countries from the outset in the process of determining the major priority areas in which the Organization as a whole—countries and Secretariat—would work in the 1999-2002 quadrennium.

The establishment of priorities at the national level was the critical first phase in the process of planning and programming the Organization's technical cooperation. Recently, in

setting priorities, a number of countries had adopted a methodology promoted by the World Bank: the use of disability-adjusted life years (DALYs). However, the principal drawback of DALYs was that they were not a useful instrument for identifying where inequities lay. In the previous quadrennium, the achievement of equity had been identified by the countries as the primary objective toward which efforts in the framework of the SPOs should be directed, and the Secretariat believed that equity remained the overriding concern of the majority of countries in the Region.

The Secretariat had undertaken a review of all the documentation from the Governing Bodies of PAHO and WHO on the subject of priority-setting in order to determine how to select from among the priorities established by the countries those that should be regional programmatic responsibilities. It was generally felt that the kinds of problems that required a regional effort were problems of public health significance for which there were accepted interventions that could be applied globally. Hence, it had been determined that, ideally, the regional programmatic responsibilities should be to stimulate collective regional effort to address problems that could best be tackled by joint effort, to provide selective support for country technical cooperation needs, to stimulate cooperation among countries, and to promote the formulation of regional policy in specific areas.

The Director emphasized that those considerations should guide the process of developing the SPOs for the period 1999-2002. It was hoped that through a process of dialogue and discussion between the Secretariat and the countries it would be possible to identify the overriding concern of the countriesCwhich at the moment seemed to be how to achieve equity in healthCand then to identify the major areas and lines of work that would address that concern and determine how the Secretariat would provide technical cooperation in those areas.

In response to the comments of one of the representatives, who pointed out that efforts to achieve equity must go hand in hand with efforts to achieve efficiency in the use of resources, the Director emphasized that the Secretariat saw no contradiction between equity and efficiency and was strongly committed to making its programs effective and efficient.

Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999 (Document SPP28/3)

The Director pointed out that the budget document prepared for the Subcommittee was only a brief outline. The document to be presented to the Executive Committee would contain considerably more detail on the proposed program and budget for the 1998-1999 biennium. Mr. Michael Usnick (Chief of Budget) then summarized the content of the document and the attached tables, which provided data on the amounts allocated to various areas and the relative increases and decreases in funding, as well as information on the program classification structure and the distribution of posts by location.

The overall proposal for the PAHOWHO regular budget was for \$257,187,000, which represented an increase of 3.5% over the biennium, or an annual increase of 1.75%. That increase reflected mandatory and inflationary cost increases of 5.9% coupled with program

reductions of 2.4%. The WHO portion of the proposal was \$82,986,000, although that figure was subject to confirmation by the World Health Assembly in May 1997. The PAHO portion amounted to \$174,201,000, which would be funded by \$162,501,000 in quotas from the Member Governments and \$11,700,000 in projected miscellaneous income. The quota increase would be 3.6% for the biennium, or 1.77% annually.

Mr. Usnick noted that, because the cost increase factors used in calculating the budget were quite conservative, PAHO would be absorbing approximately \$3.5 million in actual increases. He also pointed out that, in real terms, PAHO's regular budget had declined 19.3% since 1986.

Following Mr. Usnick's remarks, the directors of the five technical divisions and the Special Program on Vaccines and Immunization outlined the major lines of work and the objectives to be pursued during the 1998-1999 biennium by the various programs within their respective divisions.

The representatives were unanimous in congratulating the division and program directors for their comprehensive and informative presentations and in commending the Director for having assembled such a high-caliber management team. Other comments are summarized below.

The Representative of the United States pointed out that his Government was engaged in an effort to settle its arrears, as well as its current-year obligations, to all the international organizations to which it belonged. At the same time, it was asking the international organizations to take steps to put themselves on a healthier and more sustainable financial footing so that they would be more financially secure, effective, and better able to meet the challenges of the future. Accordingly, his Government called for a reduction of at least 5% from the 1996-1997 budget level. It was also seeking a similar reduction in the WHO budget. The United States recognized PAHO's serious efforts to achieve savings, and it felt that PAHO was doing excellent work in a vital field. However, it believed that the Organization could continue to perform effectively with a smaller budget and that, with careful planning and management, as well as a narrower focus on fewer activities, neither the core functions at Headquarters nor the technical programs in the countries would be damaged. He reiterated his Government's view that the Organization should concentrate on those activities that it was uniquely qualified to carry out. In relation to the proposed program, the United States welcomed the Organization's emphasis on health outcomes, which had been apparent from the division directors' presentations. However, at the Executive Committee meeting in June, his Delegation hoped to receive more detailed information about the relative allocation of money to the programs and why some areas would receive substantially more than others. In addition, it requested that the Secretariat present an alternative budget based on a 5% reduction in order to give the Member Governments an opportunity to see how such a budget cut might be applied.

The Representative of Canada said that his Government's position was that there should be zero nominal growth in the budgets of all international organizations to which it belonged, which meant no allowance for external factors such as inflation or statutory salary increases. He noted that the Canadian Government was also applying a policy of zero nominal growth in its

own national budgets and programs. Canada recognized that zero nominal growth implied real costs for the organizations and for the countries they served. The Government of Canada therefore viewed with concern the proposal of the United States to reduce the budget by 5%. It was doubtful that such a reduction could be accommodated without significantly curtailing the programs and diminishing the effectiveness of the Organization. Canada did agree, however, that PAHO should try to narrow the focus of its activities, concentrating on the areas in which it was capable of having the greatest impact. His Government accepted the argument that, in some cases, even a few dollars spent by PAHO on a program activity could have significant impact at the country level; nevertheless, in light of the current financial situation, the Organization should consider whether it might obtain a greater return on its investments by concentrating its resources in fewer areas.

The Representative of Brazil said that his Government felt that a 5% reduction in the budget would jeopardize the programs and would also pose a serious threat to the gains that PAHO had helped to bring about in the areas of health, poverty reduction, and economic development. He also pointed out that the work of the Organization benefited all countries in the Region, not just the poorer ones. Unlike other, larger agencies in the United Nations system, which could more easily absorb budget cuts, PAHO would be seriously affected by a reduction.

The Representative of El Salvador said that he personally had observed the beneficial effects of PAHO's work in his country, which was engaged in a major effort to strengthen health and education as a means of combating poverty. His Government found the prospect of a budget reduction worrisome, as it might jeopardize the tremendous gains made throughout the Region over the past century, particularly in the area of disease control. Moreover, it would hinder the Organization's ability to address the needs of vulnerable population groups. Economies might be sought by reviewing the budget proposal and attempting to achieve greater efficiency in the use of resources, but the budget should not be reduced. El Salvador considered that the proposed increase of 3.5% which was considerably lower than the inflation rate in most countries was quite reasonable.

The Representative of Chile commended the Director and his staff on their efforts to make the budget and the budgeting and programming processes as transparent as possible. His Government considered that the Secretariat had made a diligent effort to show how resources were being used and how priorities were being established. It had also been responsive to the concerns of the Governing Bodies and had shown considerable willingness to make necessary reductions and adjustments. Because of that transparency, his Government considered the budget proposal valid and had no misgivings about supporting the 3.5% increase.

The Representative of Argentina said that his Government found the budget proposal well-founded and would not oppose the 3.5% increase. Argentina recommended that any programmatic adjustments be made with a view to strengthening those programs that were responding most effectively to the countries' needs. In his Government's view, the programs that best fit that criterion were those within the Division of Health Promotion and Protection and the Division of Health and Environment. The other programs were also carrying out important work, but as PAHO found itself in the unfortunate position of having to "administer poverty," it should concentrate its limited resources in the programs that could have the greatest impact on

the health and well-being of people in the countries. The Organization should also intensify its efforts to promote cooperation among countries.

The Representative of Colombia said that his Government would not endorse any reduction in the budget. Unquestionably, a reduction would have a negative impact on the Organization's activities and would also diminish the catalyzing and multiplying effect of those activities at the country level.

The Representative of The Bahamas emphasized that proposals for reductions made without regard to inflation were unfair, particularly in light of the Organization's noble efforts at cost containment. In her Government's view, the staff of the Organization deserved high praise for carrying out such a large volume of work and accomplishing so much in spite of severe human and financial resource limitations. The Bahamas considered the 3.5% increase realistic and supported the budget proposal. In regard to the suggestions that programs should be reduced in some areas and refocused in others, she pointed out that even negligible amounts allocated to some program areas could be tremendously important to small states. Cutting or deleting programs could send the message that PAHO was ignoring issues that were central concerns for some countries.

The Representative of Mexico pointed out that the proposed 3.5% increase reflected reductions already made in the PAHO budget. Had those reductions not been made, the cost increase would have been considerably higher. Her Government supported the budget proposal, including the 3.5% increase.

The Representative of Panama said that her Government supported the budget proposal. While Panama appreciated the need to rationalize resources, it found the proposed 5% budget cut worrisome, as such a reduction would seriously compromise the Organization's ability to address the health needs of vulnerable and high-risk groups and carry out crucial public health functions such as disease surveillance and normative activities.

The Representative of Cuba pointed out that the division directors' presentations had shown that many health problems remained to be solved in all countries of the Americas and that the countries would require PAHO's assistance to address those problems. His Government supported the proposed 3.5% increase, although it encouraged the Secretariat to reexamine the proposed budget and program before the Executive Committee meeting in June with a view to ensuring the greatest possible efficiency in the allocation of resources and the utilization of program personnel.

The Representative of France said that his Government was satisfied with PAHO's efforts to achieve savings and keep cost increases to a minimum and it therefore supported the proposed increase of 1.75% per year, or 3.5% for the biennium. Although France, like the United States, faced internal financial difficulties and was endeavoring to curtail public expenditures, it could not support a budget reduction. The Government of France considered that public health programs were crucial to the future of the Region and also believed that North-South solidarity in the Americas was essential.

The Representative of Uruguay expressed her Government's hope that the Organization could find a solution to the budget problem that did not entail any cuts to the successful programs it was currently carrying out in the countries.

The Director thanked all the representatives for their comments. He was especially pleased that the Organization's efforts at transparency and its emphasis on health outcomes had been recognized. He and his staff had continually sought to ensure that PAHO was both fiscally and programmatically transparent and that its actions produced an appreciable effect on the health and well-being of people in the countries. He also welcomed the comments concerning the need to strengthen cooperation among countries, noting that the amount allocated for that purpose in the proposed budget had been increased by 100%. That increase reflected the Pan American approach, which, together with the search for equity, was one of the Organization's guiding principles.

The Organization was constantly seeking to increase its efficiency and do more with less. Dr. Alleyne underscored that the Secretariat was quite aware that PAHO did not have the capability to be involved in all areas or respond to every request for technical cooperation. It therefore looked for opportunities to focus its efforts, and sometimes the ability to focus lay in its ability to utilize a very small allocation of PAHO funds to leverage funds from other sources. In that respect, he agreed fully with the Representative of The Bahamas that a small amount of money allocated to a particular program or country could make a tremendous difference.

In developing the budget proposal, the Secretariat had undertaken a long process of evaluation and consultation with the countries. It had carefully examined program activities at the regional and country level and looked at the results that had or had not been achieved with a view to determining which areas needed to be strengthened during the 1998-1999 biennium. The Secretariat had also consulted every country, because it was very conscious of the need to respond to the countries' concerns. In addition to the countries' needs, however, it had been necessary to bear in mind the priorities established by WHO, of which PAHO was an integral part. The budget had therefore been drawn up on the basis of the priorities identified by the countries, both individually and collectively within the Governing Bodies, and the priorities identified by WHO. He acknowledged that in the document prepared for the Subcommittee it was difficult to see how the budget would be allocated by specific program area but noted that the document to be submitted to the Executive Committee would be much more comprehensive.

In conclusion, the Director pointed out that during the 1980s, at a time when the countries of the Region were immersed in a profound economic crisis, the Member Governments had approved increases of about 13% in the Organization's budget every biennium. It seemed contradictory that in a time of hardship the countries would decide to increase their support for PAHO, while at a time when most were experiencing economic recovery, they felt that they could no longer afford to support the Organization's budget. Dr. Alleyne said that it had recently been suggested to him that this situation was perhaps a manifestation of a common phenomenon found in bureaucracies: planning for the past. He urged the Governments to look toward the future and try to position the Organization to meet the challenges of the coming century, which, he stressed, could not be accomplished by reducing the budget.

Joint Evaluation of PAHO Technical Cooperation at the Country Level (Document SPP28/5)

Dr. Mirta Roses (Assistant Director, PAHO) outlined the content of the document, which described the various evaluation modalities used by PAHO to assess health conditions in the Region and gauge the effectiveness and impact of its technical cooperation activities, focusing in particular on the joint evaluation meetings (JEM) that had been conducted in conjunction with national authorities since 1987 to evaluate PAHO technical cooperation at the country level. In view of the improvements in the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES), the Secretariat considered that the time had come to modify the procedures for carrying out the joint evaluations in order to avoid duplication of efforts and resources, reduce costs, and achieve greater efficiency.

Under the new evaluation process, programming would be carried out on a two-year cycle. The Annual Program Budget (APB) would be eliminated, leaving only the Biennial Program Budget (BPB). The current four-month work plans would be replaced by six-month work plans. The information required for the evaluation of technical cooperation at the country level would be generated by AMPES. As was currently the case, the evaluations themselves would be carried out with national authorities and other actors involved in the technical cooperation process. By incorporating joint evaluation into the AMPES, it was believed that it would be possible to maintain the improvements made through the JEMs in the programming and management of technical cooperation and, in addition, to strengthen the leadership capacity of the ministries of health, improve intersectoral coordination, increase interinstitutional participation, promote interagency coordination, and give greater visibility to the role of health in sustainable human development.

The Subcommittee endorsed the proposed changes in the evaluation process. It was felt that they would reduce the burden on both national and PAHO staff and would yield a more flexible system. The new process would also make it possible to carry out the evaluations with greater regularity and frequency than in the past. Several representatives emphasized the need for flexibility in order to accommodate change and adapt the evaluation methodology to the diverse conditions in the countries. The promotion of interinstitutional participation was seen as a particularly important aspect of the new evaluation modality, and PAHO's important role in fostering such participation was underscored. It was suggested that the joint evaluations should result in a formal report to the Director by national authorities and the PAHOWHO Representative, detailing the conclusions of the evaluation exercise and outlining expectations for PAHO technical cooperation in the next programming period. One representative pointed out the need for broader multicountry or subregional evaluations, given the increase in subregional cooperation in the context of integration initiatives.

Various representatives described how joint evaluations had been carried out in their countries and highlighted the outcomes. The Secretariat was asked to provide more information or clarification on several evaluation-related matters, including the following: lessons learned from past evaluation experiences, the characteristics of the new six-month work plan, the new staff performance evaluation system mentioned in the document, and the status of the core data project.

With regard to the lessons learned from past joint evaluations, Dr. Roses said that one of the principal deficiencies revealed by the JEMs had been the lack of adequate information systems and indicators. These lessons had been used to improve many of the programming and evaluation instruments routinely employed in PAHO. They had also been applied in developing the core data project, which was intended to enhance the Organization's information management capabilities and enable it to assemble country profiles containing information on health conditions in each country. The lessons learned from the evaluations had also helped to make the Organization's cooperation more strategic and less fragmented, and it had encouraged the establishment of partnerships through the involvement of the various actors who played a role in international cooperation at the country level. With respect to the six-month work plan, Dr. Roses said that it would be an operational plan that would basically serve as a mechanism for making any necessary adjustments in the timetable and components of technical cooperation projects. As for the status of the core data initiative, she said that a report on the subject would be presented to the June 1997 meeting of the Executive Committee. She noted that all the groundwork for the core data system had been laid; the Secretariat was now exploring ways of ensuring that the information would be widely accessible.

The Director said that, from the standpoint of the Secretariat, the joint evaluations had yielded three major lessons: (1) they had shown the need for structure within planning instruments and the need to bring about a cultural change so that everyone within the Organization understood the need to plan on the basis of expected results; (2) they had shown the need for patience, inasmuch as it took time to produce such a cultural change; and (3) they had shown the absolute necessity of follow-up, because if no action was carried out as a result of the evaluations, they were not taken seriously. In regard to the comment regarding the Organization's role in promoting interinstitutional participation, he pointed out that PAHO needed input from the ministers of health concerning their vision of how other agencies might be involved in health-related activities and how they felt PAHO could facilitate that involvement. With respect to the new staff performance evaluations, he said that they were designed to provide a more objective assessment of performance based on a contract between the staff member and his/her supervisor, which would specify what the staff member was expected to accomplish during a particular period. He emphasized that the evaluation was intended to be a tool that would enable staff to improve their performance. The Director offered to prepare a more detailed presentation on the subject for a future meeting if the Subcommittee so wished.

Health of Indigenous Populations (Document SPP28/6)

Dr. Sandra Land (Program on Organization and Management of Health Systems and Services) summarized the content of the document, which described the work undertaken at the regional and country level in the framework of the Health of Indigenous Peoples Initiative since its inception in 1993. She reviewed the provisions of Resolution CD37.R5 and the five fundamental principles that guide the work in this area, namely: the need for a holistic approach to health; the right to self-determination of indigenous people; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations. She then reviewed the work undertaken and outlined plans for future efforts in the context of

four key challenges: detecting and monitoring ethnic differences in health status and service delivery, considering the multicultural character of most countries in the Region; building indigenous capacity and strategic alliances; promoting and tracking interprogrammatic and country-level efforts; and valuing traditional health systems and traditional practitioners, while at the same time making basic health services more culturally sensitive.

Work to date had been concentrated in the following five areas: (1) building capacity and alliances; (2) supporting national and local processes and projects; (3) designing and mobilizing resources for projects to address priority health problems and meet the needs of vulnerable populations; (4) developing and strengthening traditional health systems; and (5) coordinating and promoting the dissemination and exchange of scientific and technical information. Dr. Land briefly described the activities planned for the next two years under the Plan of Action, 1995-1998. With particular reference to the fourth area of work mentioned above, she noted that the focus would be expanded to address issues relating to the organization and delivery of health services in multicultural communities. The emphasis on strengthening traditional health systems would be maintained, but increased attention would be given to tailoring health services to meet the needs of indigenous communities and training health care workers to provide care in a culturally sensitive way.

Dr. Land concluded her presentation by underscoring that PAHO viewed the Health of Indigenous Peoples Initiative as an opportunity to show that the Organization values diversity and is serious about the search for equity and to demonstrate its commitment to the goals of the Decade of the World's Indigenous People.

Dr. Daniel López Acuña (Director, Division of Health Systems and Services) pointed out that addressing the problem of indigenous health in the Americas was complex, not only because of the diversity generated by ethnic differences, but also because the problem is strongly associated with other problems relating to the social and economic marginalization of indigenous groups. As a result, indigenous peoples faced tremendous inequities in health conditions and access to health services. The Organization's approach therefore emphasized respect for diversity and incorporation of ethnic considerations in health actions, while at the same time seeking to reduce the inequities. PAHO did not seek, nor did it have the capabilities, to respond directly to the health needs of indigenous peoples; rather, its focus was on supporting the countries and strengthening their ability to address those needs. He therefore encouraged the countries to provide the Organization with input as to how it could better help them to develop their capacity to improve health care for their indigenous populations.

The Subcommittee considered that the document presented a good summary of the progress made and the difficulties and challenges posed by the issue of indigenous health. Several representatives pointed out that one of the major challenges to providing access to health services for indigenous groups was their geographic isolation. Many indigenous populations lived in remote, hard-to-reach communities and lacked basic sanitation and water supply services, which exacerbated their health problems. It was also pointed out that indigenous groups suffered political marginalization, as well as social and cultural marginalization, and that efforts should therefore be directed toward enhancing their political advocacy, negotiation, and leadership skills.

The importance of training was stressed. It was considered essential to sensitize health professionals to the knowledge, attitudes, beliefs, and practices of indigenous peoples in order to enable them to provide high-quality, culturally appropriate care. It was also viewed as essential to incorporate contents relating to traditional medicine and intercultural approaches to health care in the curricula of schools that train health care personnel. In this connection, the Representative of Chile noted that a university in his country had recently developed a program on local health management with an intercultural approach and offered to provide information on that program to anyone who might be interested. Training and incorporation of indigenous health care providers into health services at the local level was also seen as a crucial strategy for improving the quality of care and increasing the utilization of health services by indigenous populations.

Various representatives described the approaches being taken to indigenous health in the framework of health sector reform in their countries. Several also mentioned workshops and symposiums that had been organized at the national level to bring together indigenous peoples and health sector officials to explore ways of addressing indigenous health needs. The value of sharing experiences was highlighted, and the possibility of bringing together groups of indigenous leaders from various countries to discuss health issues of mutual concern was suggested. It was pointed out that PAHO could play an important role in facilitating such exchanges.

The orientations of the initiative and the plans for future work were considered sound, although it was pointed out that the list of proposed technical cooperation activities in the document might be overly ambitious, given the Program's resource limitations. PAHO was urged to maintain an integrated partnership approach to technical cooperation in this area and to continue its information production and dissemination activities. It was pointed out that information could be a powerful tool for raising awareness of the issue of indigenous health and for political advocacy. The Organization was also encouraged to continue its efforts with respect to policy development and legislation. In this regard, PAHO was commended for having signed an agreement with the Indigenous Parliament to promote legislative attention to indigenous health concerns.

The Representative of Canada thanked the Director for his recognition of the work of Dr. Norbert Prefontaine, noting that his unique contribution had been that he was able to see the world through the eyes of others. The five principles that guided the initiative were largely a reflection of Dr. Prefontaine's vision.

Dr. Land pointed out that the countries' commitment to indigenous health was obvious from the comments made by the various representatives. She agreed that exchanges of experience were extremely valuable and said that the Organization was supporting such exchanges through documentation of successful approaches, dissemination of information, and promotion of technical cooperation among countries. She also noted that, at the regional level, the Organization had initiated an internship program under which young indigenous professionals spent six months working and receiving training at PAHO Headquarters. The Organization would also be providing technical cooperation for surveys of the health and living conditions of indigenous peoples as a means of detecting and monitoring inequities.

Water Supply and Sanitation (Document SPP28/7)

Mr. Horst Otterstetter (Director, Division of Health and Environment) presented a summary of the document, noting that it was, in turn, a summary of a larger document being prepared by his division. Rather than reviewing the activities of a program, the document reported on the status of drinking water supply and sanitation coverage in Latin America and the Caribbean and on progress under the Regional Plan for Investment in the Environment and Health (PIAS). He presented a series of statistics comparing coverage levels reported for 1988 in the Evaluation of the International Drinking Water Supply and Sanitation Decade (1981-1990) with those found by a survey conducted in 1995. Generally speaking, the figures showed that growth in water supply and sanitation coverage had been much slower than expected, and in a number of cases a worrisome downward trend had been detected. Comparisons of the data on water supply and sanitation coverage and various health indicators revealed striking parallels between coverage levels and infant mortality rates and incidence of cholera and other diarrheal diseases, which pointed up the impact of these environmental factors on health.

With regard to progress under the PIAS, estimates indicated that total investment in water supply and sanitation had fallen far short of the required levels. Regionwide, only about one-fourth of the needed investment was made during the period 1990-1995.

The document contained a number of conclusions and recommendations derived from the 1995 survey. Mr. Otterstetter highlighted the following conclusions: (1) water supply and sanitation programs in Latin America and the Caribbean were not proceeding at a pace that would guarantee achievement of the goal of universal coverage by the year 2000 established by the World Summit for Children; (2) the level of investment in the sector fell short of the investment needed to achieve significant increases or full coverage by these services; and (3) the problems hindering sector development were mainly organizational and institutional, not technological. It was recommended, inter alia, that PAHO, in the context of the PIAS, continue to support sector reform and modernization, including efforts at decentralization and privatization of water and sanitation services, and that it organize a regional effort to follow up on the Santa Cruz Summit, promoting a Regional Plan for Drinking Water Quality at the highest political and technical levels. The Governments were urged to step up their efforts to achieve the water and sanitation goals established at the World Summit for Children and other forums, and ministries of health were encouraged to take leadership in ensuring that access to safe water and water disinfection constituted integral components of preventive health efforts.

The Subcommittee felt that the report presented a good summary of the overall water and sanitation situation in the Region and accurately identified the obstacles to progress. It was pointed out, however, that the document would have benefited from the inclusion of a separate section on the situation in the Caribbean, which would have been a useful tool for comparison and planning purposes. The Representative of Mexico noted that the infant mortality rate in her country was 17.5, not 20, as had been indicated in the presentation.

It was emphasized that the improvement of water supply and sanitation levels was an issue of political will and mobilization of adequate financial resources. It was also pointed out that intersectoral action was imperative in order to bring about any progress, and questions were asked regarding the extent of PAHO's collaboration with other agencies and institutions. One representative noted that countries that had already attained high levels of coverage sometimes faced a dilemma of diminishing returns, inasmuch as attempting to achieve universal coverage would entail large capital investments and application of costly imported technology, but there was no guarantee that these investments would result in further reductions in the small proportion of the population that remained uncovered. It was suggested that the report could be improved by including more specific recommendations regarding the actions that needed to be taken to overcome the obstacles to increased coverage and more detailed guidance on how those actions might be carried out. It was also suggested that, given the range of obstacles, PAHO might be well-advised to examine some of its current lines of action and focus on those that had been shown to be most effective, such as emphasis on low-cost technology and promotion of community management of water supply systems.

Mr. Otterstetter assured the Subcommittee that its comments and suggestions would be reflected in the final document on water supply and sanitation in the Region. That document would also contain a separate chapter on the Caribbean. He thanked the Representative of Mexico for correcting the infant mortality statistic and for the other information she had presented about the situation of water supply and sanitation in her country, noting that Mexico's progress in this area illustrated how much could be achieved if sufficient political will existed. He agreed that intersectoral participation and collaboration with other agencies were extremely important, given that numerous sectors were involved in issues relating to water supply and water use. He emphasized that his division considered community participation a key strategy, not only in the provision of water but also in the maintenance or recovery of drinking water quality.

Other Matters

Several topics were proposed for inclusion on the agenda of future Subcommittee meetings. The Representative of Canada reiterated his Government's view that the time was right for the Organization to mount a major effort in the area of prevention and control of tobacco use and requested that the subject be included on the Subcommittee's agenda. The Representative of Chile suggested that the Subcommittee consider the issue of bioethics, particularly in relation to allocation of health resources and health sector reform and to the issue of strikes in health services (adaptation of health workers to changing institutions). The Representative of Argentina communicated a request by the Minister of Health of his country that the Governing Bodies of the Organization examine the issue of cloning and its use in human reproduction. Argentina felt that it was important for the Organization to take a stance on this issue, which was currently being debated in many countries. The Representative of Brazil requested information on PAHO's use of the Internet and other communications media to disseminate information on health issues and promote participation by the population in addressing health problems.

The Director said that decisions regarding the agenda for the next Subcommittee meeting would be made by the Executive Committee at its meeting in September 1997. He would recommend that an item on tobacco be placed on the agenda. In regard to the request from the Minister of Health of Argentina, he noted that the issue of cloning and human reproduction would be discussed by the World Health Assembly in May 1997 and a report on those discussions would be made to the Executive Committee of PAHO in June 1997.

In regard to PAHO's approach to the media, he said that the Organization was seeking to make partners of the media in promoting the cause of health. In the Caribbean, for example, a program of health awards for the media had been instituted to try to stimulate attention to health issues. The Organization had also recently begun publishing *Perspectives in Health*, a magazine about present and past health initiatives in the Region. PAHO saw the Internet not only as a means of disseminating information about the Organization itself, but also as a powerful tool for communication between countries on health issues. An important potential use for the Internet was surveillance of emerging and reemerging diseases. Another was exchange of information on disaster preparedness and relief; PAHO would be cosponsoring a meeting on the latter subject in November 1997.

Finally, the Director noted that the process of preparing the agenda for the next summit of heads of state of the Americas, to be held in Santiago, Chile, in March 1998, was under way. PAHO was promoting the inclusion of a specific health-related item on that agenda. Under the proposed topic, "Health Technology Linking the Americas," various issues relating to the use of technology in health would be examined, including vaccines and vaccine production, use of communications for health, use of technology to reduce deficits in water supply and sanitation, and evaluation of the usefulness of health technologies. He asked the representatives to encourage their respective governments to support the inclusion of this item on the agenda of the summit.

Dr. Alleyne thanked the representatives for their constructive comments and suggestions during the meeting, underscoring that the Secretariat viewed the Subcommittee as a very important forum for planning the work and formulating the policies of the Organization.

Annex A: AGENDA

1. Opening of the Meeting
2. Adoption of the Agenda and Program of Sessions
3. Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999
4. Noncommunicable Diseases
5. Joint Evaluation of PAHO Technical Cooperation at the Country Level
6. Health of Indigenous Peoples
7. Water Supply and Sanitation
8. Strategic and Programmatic Orientations, 1999-2002
9. Other Matters

Annex B: LIST OF DOCUMENTS

Working Documents

SPP28/1, Rev. 1	Agenda
SPP28/WP1	Program of Sessions
SPP28/3	Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999
SPP28/4	Noncommunicable Diseases
SPP28/5	Joint Evaluation of PAHO Technical Cooperation at the Country Level
SPP28/6	Health of Indigenous Peoples
SPP28/7	Water Supply and Sanitation

Information Documents

Rules of Procedure for Meetings of the Subcommittee on Planning and Programming

Terms of Reference of the Subcommittee on Planning and Programming

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