

*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION



*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



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STATUS OF THE EVALUATION OF PAN AMERICAN CENTERS: CARIBBEAN EPIDEMIOLOGY CENTER, CARIBBEAN FOOD AND NUTRITION INSTITUTE, LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT, AND INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA

Introduction

In response to Resolutions XXXI of the XX Pan American Sanitary Conference and XXXI of the XXVI Meeting of the Directing Council, the Director has initiated the evaluations of five Centers in 1980. Three (CAREC, CFNI, and INCAP) will be considered under this agenda item, and two more (PANAFTOSA and CEPANZO), under item 13. The model evaluation procedure approved by the 82nd Meeting of the Executive Committee was field-tested at CAREC. It is flexible and has adapted well to the needs of individual centers and changing circumstances. Inputs from Member Governments are the most important component of the review process. In consultation with the countries, various mechanisms are being explored to speed up this lengthy procedure. Progress reports are presented on CAREC, CFNI and INCAP.

STATUS OF THE EVALUATION OF PAN AMERICAN CENTERS:  
CARIBBEAN EPIDEMIOLOGY CENTER, CARIBBEAN FOOD AND NUTRITION INSTITUTE,  
LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT,  
AND INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA

In response to Resolution XXXI of the XX Pan American Sanitary Conference, the Director appointed an Evaluation Team to advise him on the review process for the 10 Pan American Centers, and to develop a model procedure for evaluating these Centers over the 5-year period 1979-1984.<sup>1</sup> This timetable was substantially shortened in accordance with operative paragraphs 3 and 4 of Resolution XXXI of the XXVI Meeting of the Directing Council (see Annex I).

The model, based on a self-audit by the Director and staff of each Center, was approved by the 82nd Meeting of the Executive Committee.<sup>2</sup> The procedure was field-tested at the Caribbean Epidemiology Center (CAREC) and consisted of the following steps:

- a) preparation of the self-audit questionnaire based on the objectives set out in the bilateral and multilateral agreements;
- b) self-audit response by the Center Director and staff;
- c) review of the self-audit material by the Evaluation Team with the Center Director;
- d) review of the self-audit by technical and administrative staff at Headquarters;
- e) identification of the key issues to be addressed by participating governments and institutions and obtaining their responses;
- f) field visit by the Team to the Center;
- g) progress report by the Team to the Director of PASB and determination of what additional information, if any, is necessary for the evaluation;
- h) preparation of the final report by the Evaluation Team for submission to the Director of PASB; and
- i) report by the Director of PASB to the Governing Bodies.

<sup>1</sup>Document CE82/9, April 1979

<sup>2</sup>Resolution XVI of the 82nd Meeting of the Executive Committee

The experience with CAREC has shown that obtaining the responses from participating governments and institutions (Step (e)) is difficult, time consuming, and could delay the preparation of the final evaluation report. Nevertheless, these inputs are crucial to the success of the evaluation process. Therefore, ways are being explored to improve the mechanism for gathering the necessary information within a reasonable time period.

#### Caribbean Epidemiology Center (CAREC)

The way the model procedure worked at CAREC and a progress report on the mid-term review are presented in Annex II. The final report will be presented to the XXVII Meeting of the Directing Council.

#### The Caribbean Food and Nutrition Institute (CFNI)

Because of financial constraints on the Institute of Nutrition of Central America and Panama (INCAP), it was decided to review the PAHO nutrition program, and the roles of the two nutrition centers in it, as a first priority. Accordingly, an Evaluation Team<sup>1</sup> was assembled to evaluate CFNI in the context of the Caribbean nutrition program, as part of primary health care and the goal of health for all by the year 2000. Because of the urgency and timely revision of CFNI's objectives and strategies, steps (a) through (i) above were not implemented in sequence.

Following the meeting of the CFNI Advisory Committee on Policy in late 1979, where the views of several representatives of governments and other participating agencies were expressed, the Center Director and his staff carried out a comprehensive evaluation and updating of the Institute's objectives, strategies and programs. These were set out in detail by objective, the strategy to be applied, and relevant programs in individual countries. In the opinion of the Team, steps (a) and (b) had essentially been completed. Following a review of the CFNI documents by the Team and PASB staff (step (d)), the Team visited the Institute on 11-15 February (steps (c) and (f)). The 12 key issues to be addressed by the participating governments and organizations are set out in Annex III. The essential elements of a progress report are contained in the wording of these issues. The preparation of the final report awaits the response from the signatories to the Agreement, and will be presented to the XXVII Meeting of the Directing Council.

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<sup>1</sup>Dr. A. B. Morrison, Dr. T. K. Murray, and Professor Kenneth Standard

The Institute of Nutrition of Central America and Panama (INCAP)

An Evaluation Team<sup>1</sup> has been appointed by the Director, and work is in progress. The self-audit procedure was initiated during a visit to Headquarters of the Center Director in March 1980. The Team's visit to INCAP, 27 April-2 May, was scheduled to permit prior visits to all or most of the Governments of Central America and Panama, to ascertain their views on the present and future status of the Center. Steps (a) through (e) have therefore been compressed, as a matter of urgency. An interim evaluation report will be presented to the Executive Committee on the basis of the information presently available. The final report will be presented to the XXVII Meeting of the Directing Council.

Latin American Center for Perinatology and Human Development (CLAP)

Because of the workload involved with the evaluation of five other Centers this year (PANAFTOSA, CAREC, CEPANZO, CFNI and INCAP), it was decided to defer the review of this Center until 1981.

More Detailed Report on the Pan American Centers

Following the presentation of a report by a working group on the Pan American Centers (Document CSP20/3) at the XX Pan American Sanitary Conference in 1978, the Conference approved Resolution XXXI, operative paragraph 7 of which reads:

To request that the report presented by the working group be completed by describing in greater detail each individual Center, and to ask the Director to submit this to the next meeting of the Directing Council.

This matter was discussed further at the XXVI Meeting of the Directing Council in 1979 and amplified to mean a report short of the comprehensive evaluation of each individual center, but more detailed than CSP20/3. In accordance with operative paragraph 5 of Resolution XXXI of the Council, which reads: "To request the Director to present, in compliance with operative paragraph 7 of Resolution XXXI of the XX Pan American Sanitary Conference, a more detailed report on the individual Pan American Centers for presentation to the XXVII Meeting of the Directing Council," a descriptive analysis of the Centers is being prepared for presentation to the XXVII Meeting of the Directing Council.

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<sup>1</sup>Dr. Alfredo Arreaza Guzmán, Dr. A. B. Morrison, and Dr. T. K. Murray

Methodology of the Evaluation Process

The model procedure approved by the 82nd Meeting of the Executive Committee, field-tested at CAREC, has now been utilized in five Centers. It has been shown to be flexible enough to meet the needs of individual Centers under varying circumstances.

The most important component of the evaluation process is the input from Member Governments served by the Centers and from the organizations participating in the work of each Center. It is recognized that there are difficulties associated with compiling formal, official responses, especially where they involve financial and other commitments. Nevertheless, the views of the Governments are essential for a meaningful, comprehensive evaluation of the PAHO programs and the roles of the Centers in them.

XXVI Meeting of the Directing Council

## RESOLUTION XXXI

## EVALUATION OF PAN AMERICAN CENTERS

THE DIRECTING COUNCIL,

Having examined the progress report on the evaluation of the Pan American Centers (Document CD26/21, Annex I) submitted by the Director to the 82nd Meeting of the Executive Committee in compliance with Resolution XXXI of the XX Pan American Sanitary Conference;

Bearing in mind that this resolution emphasized the need for the Centers to relate their activities to the total PAHO program; and

Noting that the 82nd Meeting of the Executive Committee also approved the schedule for reviews of all the Pan American Centers over the next five years, in conformity with the development of medium-term programming in the Region, starting with the Caribbean Epidemiology Center (CAREC) and the Latin American Center for Perinatology and Human Development (CLAP),

## RESOLVES:

1. To thank the Director for the progress report on the evaluation of the Pan American Centers (Document CD26/21).
2. To take note of the progress being made in applying this model procedure to the detailed review of CAREC.
3. To request the Director to re-examine the schedule for evaluation of the Centers and to take such action as is necessary to have it completed in a shorter time than proposed.
4. To request the Director to present the final report on CAREC, CEPANZO, and PANAFOTSA, and a progress report on CLAP, to the 84th Meeting of the Executive Committee.
5. To request the Director to present, in compliance with operative paragraph 7 of Resolution XXXI of the XX Pan American Sanitary Conference, a more detailed report on the individual Pan American Centers for presentation to the XXVII Meeting of the Directing Council.

(Approved at the sixteenth plenary session,  
4 October 1979)

PROGRESS REPORT ON THE EVALUATION OF THE CARIBBEAN  
EPIDEMIOLOGY CENTER (CAREC)

The Evaluation Team<sup>1</sup> met in Washington on 26-27 March 1979 and developed the self-audit questionnaire, which was completed on 28 May 1979 by the staff of CAREC, but the future of the Center was not addressed.

The Team reviewed the self-audit with the Center Director in Washington, D.C., on 4-6 June 1979. The material was also evaluated by Headquarters' program and management staff in the context of the total PAHO program. These reviews were completed by mid-July.

The Team identified 10 key issues which the Director sent, in early August, to Member Governments, the Overseas Development Administration (ODA)-UK, the University of the West Indies (UWI), the Caribbean Community (CARICOM), the Chairmen of CAREC's Scientific Advisory Committee (SAC) and Council, and to other interested governments, seeking their views. Replies were requested by 30 November 1979, prior to the scheduled field visit to the Center in December.

The only responses received prior to the Team's departure for Port-of-Spain came from St. Vincent, Guyana, the British Virgin Islands, the Cayman Islands, the ODA, and the Country Representative/Trinidad and Tobago.

The Team visited CAREC on 10-14 December 1979. In addition to the Center staff, discussions were held with the Ministries of Health of Trinidad and Tobago and of Barbados; the officials of the Trinidad campus of UWI; and with the Director of the Trinidad Public Health Laboratory. CARICOM did not send comments or a representative to CAREC to meet with the Team.

On its return to Washington, D.C., the Team reported the status of the evaluation process to the Director of PASB. In the absence of key inputs from the Governments of Trinidad and Tobago (host) and of Jamaica, CARICOM, the SAC and the Council, adequate information was not available to formulate a meaningful report.

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<sup>1</sup>Drs. Paulo Almeida-Machado, Laurence J. Charles, Robert de Caires, and David Sencer

Further efforts yielded the following results:

<u>Respondent</u>	<u>Date Received</u>
Chairman, SAC	4 January 1980
Chairman, Council	14 January 1980
Bermuda	15 January 1980
Trinidad and Tobago	24 January 1980 (Preliminary)
Jamaica	29 February 1980

Two members of the Team met in early March, and had the written comments of Dr. Almeida-Machado. In the absence of three key inputs (Trinidad and Tobago (final), CARICOM, and Dr. Charles) it was decided that only preliminary conclusions could be drawn on the mid-term review of CAREC (1974-1979), as follows:

- CAREC has established, in five years, a reputation for rapid and effective response to disease outbreaks/problems in the Caribbean.
- In some areas CAREC has exceeded the goals established for the 10-year period and has generated an increasing demand for its services.
- CAREC has not yet recruited or trained West Indian nationals for senior-level positions at the Center.
- CAREC's modus operandi of instant mobile response has in some instances slowed the creation and strengthening of national capability and fostered dependence on the Center.
- CAREC has not operated within its core-budget ceiling for the past several years, a fact to which attention was called in one of the responses. This emphasis on continued program growth, at a time when Member Governments are calling for consolidation and attention to basic priorities, detracts from the integrity of the Center.
- CAREC has initiated and has plans for new activities which are outside the basic priority needs of the countries, as seen by them. This was of concern to Member Countries and to the Team.

The final evaluation report to the Director is scheduled for 25 April 1980, on the assumption that the missing information will be forthcoming by then.



KEY ISSUES REGARDING THE CARIBBEAN FOOD AND NUTRITION INSTITUTE (CFNI)  
IDENTIFIED BY THE STUDY TEAM<sup>1</sup> REQUIRING INPUTS FROM  
PARTICIPATING GOVERNMENTS AND ORGANIZATIONS

March 1980

1. The Team concluded that the important services provided by CFNI could not be supplied by individual countries given present and projected states of development during the next decade, and that the Institute should continue as a PAHO Center for at least the next 10 years. What are your views on a preferred future for CFNI?
2. The physical facilities of CFNI are deplorable and must be replaced. Should a new facility be erected on the present site, as recommended by the Team?
3. The Team was of the view that the staff should not be dispersed, but a core group should be maintained at the Institute, with small out-reach units temporarily posted to other geographic locations as needed to provide service for short periods of time. Does this proposed distribution of staff meet your needs?
4. The Team recommended that PAHO encourage countries served by CFNI to take more responsibility for financial support of the Institute. What mechanisms do you propose whereby this may be achieved during the next decade?
5. Should CFNI be given responsibility for evaluation and advising the Director of PASB on the nutritional implications of Caribbean regional programs within the UN system, or those under the aegis of the Caribbean Development Bank? How should bridges be developed or strengthened between the Institute and other Caribbean regional institutions and agencies?
6. The Team was of the view that national governments should place strong emphasis on collection of data on food supplies and health status. How do you propose that this be accomplished?
7. Would availability in CFNI of expertise in curriculum development be of assistance to you in introducing a nutritional component in educational programs?
8. What mechanisms do you propose for the further development of national nutrition councils?

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<sup>1</sup>Dr. A. B. Morrison, Dr. T. K. Murray, and Professor Kenneth Standard

9. Do you agree that long-term career development programs for nutritionists and related health scientists are needed in the Caribbean region? If so, what mechanisms do you propose?
10. By what mechanisms can government policy-makers be sensitized to the importance of nutrition in social and economic development?
11. The Team recommended that PAHO, in consultation with national governments, consider structural and administrative changes in the bodies which advise CFNI. In this regard, what are your views on:
  - (a) redefinition of the terms of reference of the Policy Advisory Committee, such that
    - it would meet annually to consider the policies, program management and budget of the Institute and make appropriate recommendations to PAHO;
    - it would consist of 10 members, including six selected by national governments;
    - members would be of senior rank, able to represent their governments or organizations on policy issues;
    - members would serve for three years and the chairman would be chosen by PAHO in consultation with national governments.
  - (b) establishment of a Scientific and Technical Advisory Committee of 5-7 members to provide in-depth and critical evaluation of the broad scientific aspects of the program of CFNI.
  - (c) detailed technical audits of the specific work plans of the Institute, to be conducted periodically by ad hoc groups of expert consultants appointed by PAHO.
12. The current agreement under which CFNI operates clearly is out of date. In amending it should the de facto role of PAHO as the executing agency be clarified?