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XLIII Meeting

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ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE (presented by Dr. Mateo Budinich (Chile), Chairman pro tempore)

This report is presented to inform the XXXV Meeting of the Directing Council of the work carried out by the Executive Committee from September 1990 to September 1991, in fulfillment of Article 9.C of the Constitution of the Organization. During the period indicated the Executive Committee held its 106th and 107th Meetings.

106th MEETING OF THE EXECUTIVE COMMITTEE

The 106th Meeting of the Executive Committee held a single session, which took place at PAHO Headquarters in Washington, D.C., on 29 September 1990. It was attended by Representatives of the Member Governments of Barbados, Brazil, Canada, Cuba, Chile, United States of America, Haiti, Trinidad and Tobago, and Venezuela and by Observers from Mexico, Nicaragua, and Peru.

The following Officers of the Committee were elected: Dr. Manuel Adrianza (Venezuela), Chairman; Dr. Mateo Budinich (Chile), Vice Chairman; and Mr. F. Gray Handley (United States of America), Rapporteur. Dr. Carlyle Guerra de Macedo, Director of the Pan American Sanitary Bureau, served as Secretary ex officio.

The Committee then proceeded to fill positions on the various subcommittees. The following were elected:

1. Cuba was elected member of the Subcommittee on Planning and Programming, replacing Uruguay, whose term on the Executive Committee had expired.

2. Chile replaced Panama on the Subcommittee on Inter-American Nongovernmental Organizations in Official Relations with PAHO upon expiration of the latter country's term on the Executive Committee.

3. Brazil and Cuba were elected members of the Special Subcommittee on Women, Health, and Development upon expiration of the terms of El Salvador and Uruguay on the Executive Committee.

With regard to the proposal of alternative sites for the Headquarters building, the Committee created a working party comprising the Representatives of Barbados, Chile, and the United States of America, who will collaborate with the Secretariat on the preparation of detailed proposals to be submitted for consideration by the Executive Committee.

As on previous occasions, the Committee analyzed the work that had been done at the recently concluded XXIII Pan American Sanitary Conference and set the dates for the 107th Meeting of the Executive Committee and the XXXV Meeting of the Directing Council.

#### 107th MEETING OF THE EXECUTIVE COMMITTEE

The 107th Meeting of the Executive Committee was held at the Headquarters building in Washington, D.C., from 24 to 27 June 1991, with the Representatives of the nine Member Governments of the Committee in attendance: Barbados, Brazil, Canada, Chile, Cuba, Haiti, Trinidad and Tobago, United States of America, and Venezuela. Also present were Observers from six intergovernmental organizations and two nongovernmental organizations. The Subcommittee on Planning and Programming was represented by its Chairman.

In the absence of the Chairman of the Executive Committee, Dr. Manuel Adrianza (Venezuela), the Vice Chairman, Dr. Mateo Budinich (Chile), chaired the Meeting in the capacity of Chairman pro tempore. In accordance with the provisions of the Committee's Rules of Procedure, Mr. Norbert Préfontaine (Canada) was elected Vice Chairman pro tempore.

Eight plenary sessions were held over four days of intensive work, with the active participation of the Members and the effective collaboration of the Secretariat contributing greatly to the success of the Meeting.

The Committee examined the following matters, which resulted in a series of decisions and resolutions:

##### Item 2.1: Adoption of the Agenda

In accordance with the provisions of Article 5 of the Rules of Procedure, in its first plenary session the Executive Committee adopted the provisional agenda (Document CE107/1, Rev. 2) presented by the Director.

The present report will give an account of the work of the 107th Meeting, following the order of that agenda.

Item 2.2: Representation of the Executive Committee at the XXXV Meeting of the Directing Council of PAHO, XLIII Meeting of the Regional Committee of WHO for the Americas

Pursuant to Article 14 of the Rules of Procedure, it was decided to designate the Chairman *pro tempore*, Dr. Mateo Budinich (Chile), together with the Vice Chairman *pro tempore*, Mr. Norbert Préfontaine (Canada), to represent it at the XXXV Meeting of the Directing Council. It was also decided to designate Dr. Gerald Lerebours (Haiti) and Dr. Ramón Prado Peraza (Cuba) as alternate representatives for Dr. Budinich and Mr. Préfontaine respectively.

Item 2.3: Provisional Agenda of the XXXV Meeting of the Directing Council of PAHO, XLIII Meeting of the Regional Committee of WHO for the Americas

At its eighth plenary session the Executive Committee, in its Resolution XIX, adopted the provisional agenda (Document CD35/1) prepared by the Director for the XXXV Meeting of the Directing Council, XLIII Meeting of the WHO Regional Committee for the Americas, presented as Annex to Document CE107/4, Rev. 2.

Several of the Members of the Executive Committee expressed concern over the length of the agenda for the Directing Council and over the fact that most of the items were the result of previous resolutions or statutory provisions. It was suggested that a possible solution might be to publish follow-up information in the Annual Report of the Director on those items that are currently presented individually in fulfillment of specific resolutions from previous meetings. This would enable the Council to focus more of its attention on the current needs of the Region. In addition, it was suggested that there should be a study of the resolutions that repeatedly called for reports from the Secretariat on the same subject.

Item 3.1: Report of the Subcommittee on Planning and Programming

In his capacity as Chairman of the Subcommittee on Planning and Programming, Mr. Branford Taitt (Barbados) reported on the work carried out by the Subcommittee at its two meetings, one held 6-7 December 1990 and the other 8-10 April 1991. He excluded from his presentation any discussion relative to the examination of the proposed program budget of the Organization for the biennium 1992-1993 and the implementation of the strategic orientations and program priorities for the Organization during the quadrennium 1991-1994. Those two matters would be covered by Mr. Taitt separately as they were specific items on the Committee's agenda.

The Subcommittee had examined the development and strengthening of local health systems, taking note of the efforts being mounted by most of the countries, in accordance with the provisions of Resolution XV of the XXXIII Meeting of the Directing Council, to decentralize their national health systems.

Although it was recognized that there had been progress in conceptual terms--honing the decision-making process, defining responsibilities, and identifying resources--self-evaluation of the local health systems in Central America had revealed that there had been limited progress in actually putting the knowledge into practice. It was pointed out that there was a need for standardized indicators so that national experiences could be compared.

The Director had pointed out that there had been progress in implementing the activities arising out of the above-mentioned resolution and underscored, as a global approach, the need to achieve an appropriate balance between centralization and decentralization, to develop instruments to measure the degree of decentralization, and to implement strategic planning at the local health system level.

The Subcommittee had also discussed the matter of nongovernmental organizations (NGOs) and taken note of the differences existing between the NGOs of the North and those NGOs of the South with regard to their modus operandi. It was concluded that the Organization should promote a relationship of complementarity in which the governments set priorities and the NGOs determine how to meet those priorities.

There was a consensus that NGOs are important actors in the health sector in the Region and that the Organization should continue to foster a climate of mutual trust.

The Organization's technical cooperation in Uruguay was another of the matters taken up by the Subcommittee. The analysis of that cooperation was carried out jointly by the Uruguayan Minister of Health, the Assistant Director, and the PAHO Country Representative in Uruguay.

In the discussion it was pointed out that the joint evaluation should not seek to determine cause and effect but rather should focus on the process of providing technical cooperation. It was concluded that the Secretariat should continue to present a review of a joint evaluation at each Subcommittee Meeting and efforts should also be devoted to evaluating the process of evaluation itself.

There had been a lengthy and animated discussion within the Subcommittee in relation to the document prepared by the Secretariat on health in development. The strategy outlined in that document was welcomed by the members of the Subcommittee, who emphasized that development with equity should prevail. To attain this, the Ministries of Health and the Organization would need to improve their analytical capacity in order to bring about better relations between government and sociopolitical actors as they work together on the issues.

Under the item "Other Matters," the Subcommittee had discussed in its two meetings the new salary scale for General Services staff at Headquarters, and had recommended the application of an average increase of 12.2% over the scale in effect at that time.

Item 3.2: Report of the Special Subcommittee on Women, Health, and Development

This item was presented by Dr. de los Ríos (PASB), in view of the absence of the Chair and the Rapporteur of the Subcommittee.

She reported on the meeting held from 3 to 5 April 1991 and on the detailed consideration the Subcommittee members had given to the technical cooperation activities relating to women that were being carried out by the Regional Program on Women, Health, and Development. They had also reviewed and approved the lines of action for that program.

Special attention was given to the report on the evolution and current status of the employment of professional women by the Secretariat and to the results of the study on the structure and functions of the Focal Points for Women, Health, and Development (WHD) in the Americas. The Subcommittee took note of the Plan of Action on WHD in the English-speaking Caribbean and the concrete experience of the WHD program in Trinidad and Tobago.

With respect to the participation of women in the activities of the Secretariat, the Subcommittee recommended the implementation of mechanisms that will facilitate the access of professional women to high-level decision-making positions within the Organization and also recommended that they be supplemented with similar and parallel measures on the part of the Member Governments in order to promote the participation of women at decision-making levels in institutions of the health sector and related areas.

The Subcommittee recognized the progress achieved by both the Regional Program and the Secretariat itself and pointed out that a significant achievement had been the introduction of a gender-based approach as a conceptual and methodological frame of reference for orienting work in this area. It underscored the desirability of mobilizing resources in order to expand the program and promote relations with intergovernmental and nongovernmental organizations having related interests.

Based on its review of the study on the structure and functions of the Focal Points for WHD in the countries of the Region, the Subcommittee concluded that all the countries should have established such Focal Points prior to the Technical Discussions on WHD to be held during the World Health Assembly in May 1992 and that they should be trained, high-ranking personnel with direct access to decision-making levels.

This important subject elicited extensive discussion among the Members and Observers present. It was mentioned, inter alia, that the subject of WHD still requires special attention and emphasis because of the difficulty of bringing about a change in attitudes where gender-based discrimination against women persists.

It was suggested that the Organization could set an example by facilitating the access of women to high-level positions within the Secretariat. In this regard, it was pointed out that, while the Secretariat continues to be interested in employing more women, the Region of

the Americas is where the greatest progress has already been made in hiring women for professional positions. It is the only Region that has attained the target of having 30% of such positions filled by women.

The Committee also discussed the precarious situation of elderly women and the anguish of their daily lives, as well as the plight of millions of poor women who never have a chance to reach old age.

The Director indicated that he was certain that there has been success in overcoming the narrow view that focuses the problem of WHD on the presence of women in the PAHO Secretariat or the Ministries of Health. In fact, a central concern for both the Regional Program and the Subcommittee is the status of women in society, particularly the status of poor women, who suffer not only as a result of sexual discrimination but because they have almost no access to anything and thus suffer the double discrimination of poverty and social injustice.

At the eighth plenary session, the Executive Committee adopted Resolution IX, which recommends that the Directing Council adopt a resolution requesting, among other things, that the Governments strengthen their strategies and plans of action for improving the sociocultural, economic, and legal situation and the living and health conditions of women; designate Focal Points on WHD if they have not yet done so; establish and tighten bonds of collaboration between the agencies responsible for health and women; and facilitate the admission of the spouses of international civil servants to their labor markets.

The proposed resolution recommends that the Director continue to strengthen the Organization's Program on Women, Health, and Development.

Item 3.3: Report of the Award Committee of the PAHO Award for Administration, 1991

The Award Committee of the PAHO Award for Administration, made up of the Representatives of Barbados, Brazil, and Chile, met on 25 June 1991 and presented its report at the eighth plenary session. The Executive Committee adopted Resolution XVII taking note of the decision of the Award Committee to confer the PAHO Award for Administration, 1991, on Professor Oscar Mateo de Acosta Fernández of Cuba and transmit the corresponding report to the Directing Council.

Item 4.1: Implementation of the Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994

Mr. Taitt, Chairman of the Subcommittee on Planning and Programming, presented the report of the Subcommittee on this subject. The report points out that the document presented to the Sixteenth Meeting of the Subcommittee by Dr. Teruel (PASB) was the culmination of efforts that had been under way since September 1990 to define the criteria for implementation of the 1991-1994 strategic orientations and program priorities approved by the XXIII Pan American Sanitary Conference.

Dr. Teruel had explained that the nine strategic orientations are converging lines that empower each other as they lead in a common direction: confronting the main challenges to health and the transformation of the sector during the 1990s. The axis around which they revolve is the first orientation--namely, health in development--in order to promote greater equity in health, improved living conditions, and reduced risks and health problems through effective sectoral and intersectoral interventions. The nine strategic orientations and the main program priorities work in complementary fashion to address the great challenges to health that confront the Region during the current decade. The document outlines the various quadrennial targets for the Region, which are followed by a description of the plan of implementation for each strategic orientation and program priority: health in development; reorganizing the health sector; focusing action on high-risk groups; health promotion; using social communication; integrating women into health and development; management of knowledge; mobilizing resources; cooperation among countries; development of the health services infrastructure; and development of health programs.

Some of the Subcommittee members had felt that significant progress had been made in implementing the SOPPs approved the previous year, while others had made various observations and suggestions for enhancing their application. Questions were posed and suggestions made regarding various sections of the document, and it had been concluded that the document would require further revision before it was sent to the Executive Committee. The delegations had been invited to make their suggestions in writing so that the document could be revised.

In presenting the revised document to the Executive Committee, Dr. López Acuña (PASB) indicated that three types of changes had been made, in the sense of: clarifying the relationship between the challenges faced by the Region, the orientations, and the program priorities; limiting the targets and making them more specific; and setting quadrennial targets with an explicit point of reference so that progress can be evaluated.

The document examines the relationships between regional challenges, orientations, and priorities; sets the targets for the Region; and indicates the processes necessary for their attainment. It also proposes the steps that should be taken by the Secretariat to bring its activities into line with the orientations and priorities.

The targets and proposed plans are framed within the context of the Eighth General Program of Work of WHO and take into account the resolutions of the PAHO Governing Bodies and the regional strategies for attaining the overall goal of health for all by the year 2000. The strategic orientations and program priorities have implications both for the allocation of resources and for the activities of the Secretariat.

During the Executive Committee's discussion of the subject, some Members indicated that they were concerned about the concepts expressed in the document because the priorities correspond to practically every line of the budget, while in their opinion not all the lines merit equal

priority. Rather, it would be better to focus on three or four areas during the quadrennium on which the countries could concentrate. Although all the lines in the budget would continue to be financed, it was necessary to decide, as difficult as this might be, which areas to emphasize.

It was also mentioned that the document under discussion imbued the Organization's activities with a new operational dimension and provided for better utilization of its resources. It was suggested that at end of the biennium the Executive Committee could evaluate progress at the midpoint vis-à-vis the targets for the quadrennium.

The Director indicated that the document should be taken as a broad frame of reference, for purposes of orientation, and not as a plan or program. While agreeing that it is important to restrict the list of priorities, at the same time he pointed out that in many countries there are so many basic needs not being met that priorities cannot be reduced to only a few.

Finally, at the seventh plenary session the Committee adopted Resolution III, in which it approves the document as the guide for implementation of the strategic orientations and the program priorities for the Organization during the quadrennium 1991-1994; adopts the quadrennial goals, which define the targets to be reached in the Region by the end of 1994; requests the Director to distribute information about the SOPPs and the document concerning their implementation; and, finally, requests the Member Governments to take account of the targets and methodologies contained in the document when framing their health policies, plans, and programs.

Item 4.2: Proposed Program Budget of the Pan American Health Organization for the Biennium 1992-1993  
Provisional Draft of the Program Budget Proposal of the Pan American Health Organization for the Biennium 1994-1995  
Provisional Draft of the Program Budget Proposal of the World Health Organization for the Region of the Americas for the Biennium 1994-1995

The Executive Committee devoted three sessions to consideration of the Organization's budget, which is indicative of the importance of one of its main constitutional functions--that of examining and submitting to the Directing Council, with the recommendations that it deems necessary, the proposed program budget prepared by the Director.

Mr. Branford Taitt, Chairman of the Subcommittee on Planning and Programming, began the presentation of this item, reporting on the Subcommittee's examination of the budget at its meeting in April 1991. Among other things, he pointed out that the budget proposal had been prepared by the Director in the context of the severe economic crisis that persisted. Costs for the next biennium had been higher than anticipated for various reasons, including the UN-mandated increases in salaries and fringe benefits, which increased personnel costs by 23.3%, and the ratio between inflation in Latin America and exchange rates for the dollar, which in some countries had led to increases of up to 500% in



dollar operating costs. Operating expenses in the Region had increased by 18.7% as a result of devaluation of the dollar. Moreover, WHO had set a 9.9% ceiling on increases in allocations to the Region of the Americas, in addition to the fact this Region's portion of the global budget would decrease from 9.95% in 1990-1991 to 9.36% in 1992-1993, which meant that PAHO would have to finance 68.1% of the 1992-1993 biennial budget instead of the current 66.7%.

The proposed PAHO regular budget, which was examined by the Subcommittee and presented to the Executive Committee, amounted to \$152,576,000, an increase of 17.3% over 1990-1991. The WHO portion will be financed with funds approved by the World Health Assembly in the amount of \$71,491,000, representing an increase of 9.9%. The proposed global increase is 14.9% over 1990-1991. The Subcommittee expressed its satisfaction at the inclusion in the proposed program budget of a line item relative to the Program on Women, Health, and Development.

Mr. Milam (PASB) then presented Official Document 239, which gives the figures for the current year, proposals for 1992-1993, and projections for 1994-1995. The proposal for 1992-1993 reflected an increase of 17.3% in PAHO regular funds, which, together with the increase of 9.9% in WHO regular funds approved by the World Health Assembly, amounted to an overall increase of 14.9%. Those increases were entirely the result of cost increases. There had been no program growth; on the contrary, there had been a program reduction of \$9,400,000, or approximately 4.8%.

He pointed out that Table A presents a comparison of PAHO and WHO funds from 1970 to the present and reflects the ratio between the two. Table B-1 shows that there has been a reduction of 74 posts, only five of which are related to country programs. Table C reflects a reduction in program activities of some \$9,400,000, of which 17.5% has been taken from country programs.

Tables E-1 to E-5 analyze the budget proposal by funding source and program classification. Two new programs have been added: Women, Health, and Development, and Research and Development in the field of vaccines. Table E-3 shows that allocations for the priority programs approved by the Governing Bodies has increased by 23.9%. Program support accounts for 11.1% of the regular budget, a proportion that is probably the lowest of any international organization.

Mr. Milam concluded by indicating that it is proposed that the \$152,576,000 budget be funded by an 83% increase in miscellaneous income and an \$18 million increase in assessments, representing a rise of 14.5% over the period 1990-1991, or 7.1% annually.

The Director pointed out that the challenges and problems confronting the Organization have already been taken into account in the strategic orientations and program priorities for PAHO during the quadrennium 1991-1994 and that the complexity of the budget, together with the need to absorb operating costs, limits flexibility for making any major changes in the procurement and allocation of resources. He then outlined the factors involved in the cost increases, including inflation in dollars, which

increased costs by 14.5% in 1990 despite the fact that scarcely 50% of the spending has been in local currency; the enormous increase in personnel costs; and the cost of health insurance for active and retired staff members.

Cutbacks in country programs are proportionately lower than the overall reduction in the budget. Since it was possible to absorb 2.75% of the increase in the budget through an 83% increase in the funds anticipated from miscellaneous income, the increase in quotas has been reduced to 14.5%.

In conclusion, the Director reported to the Committee that, as a result of the new quota scale approved by the Organization of American States following Canada's admission into that organization, PAHO has had to prepare a new scale which supersedes the previous one and increases the percentage contribution of certain countries while reducing that of others.

Following its discussion of the budget in general, the Committee proceeded to analyze each of the four main chapters into which the Organization's programs are classified, namely: direction, coordination, and management; health systems infrastructure; health science and technology; and program support. An interesting and fruitful dialogue ensued, with the Secretariat clarifying concepts, answering questions, and responding to the comments of various Members on specific issues, such as the suggestion that the introduction to the budget be recast to better reflect the orientation of the Organization's mission.

The Representative of the United States of America stated that although his Government recognized all the Director's efforts to absorb costs in order to keep budgetary increases to a minimum, in his Government's opinion the 17.3% increase in the budget was too high, and the Committee and the Secretariat should attempt to bring it down to around 10% to 12%.

In response to this suggestion advanced by the United States Representative, it was pointed out that there would be consequences if the country programs were reduced, that it was especially necessary to show solidarity in the current period of crisis affecting the countries, and that in fact the draft budget presented by the Director corresponds not to zero growth but to an actual decrease in growth.

At its eighth plenary session the proposed resolution presented by the Rapporteur provoked a lively discussion with regard to the wording of the final version. The end result of the discussion was the unanimous adoption of Resolution VIII in which the Executive Committee thanks the Subcommittee on Planning and Programming for its preliminary review of and report on the proposed program budget; expresses its appreciation to the Director for the attention given to cost saving and program strengthening in his development of the program budget; requests that the Director continue to refine the program proposals for presentation to the XXXV Meeting of the Directing Council, taking into account the recommendations and the suggestions made by the Executive Committee during the

review of the Official Document 239; and recommends to the XXXV Meeting of the Directing Council that it consider the proposed program budget of the Pan American Health Organization for the biennium 1992-1993, with an effective working budget of \$152,576,000, as refined by the Director, taking into account comments made by the Executive Committee, and that it adopt the required appropriation and assessment resolutions.

Item 4.3: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

Dr. Zacarías (PASB) presented to the Executive Committee information on AIDS as of 15 June 1991 and a summary evaluation of the epidemic. As of that date, 162 countries had reported a cumulative total of 366,455 cases. However, WHO calculates that the real figure for the entire world is 1,500,000 cases, or more than four times as many as have been reported. In addition, WHO estimates that there are currently 8 to 10 million adults infected with human immunodeficiency virus (HIV) and that about one million children have been born HIV-infected.

In North America, one of every 75 adult men and one of every 700 women are HIV-infected; in South America, one of every 125 men and one of every 500 women are infected; and in Africa, the figure is one of every 40 men or women. If the pandemic continues its present course, it is estimated that by the year 2000 there will be a total of 10 million cases of AIDS and 40 million HIV-infected men, women, and children. The leading means of transmission is sexual contact, which means that HIV infection and AIDS should be considered sexually transmitted diseases.

Dr. Zacarías also reported that the strategies being utilized by the Organization in providing technical cooperation to the countries were surveillance, research promotion, training, dissemination of information, direct technical cooperation, resource mobilization, and coordination at the international level. In the Region of the Americas, components had been added to the strategies of the Global Program on AIDS with a view to strengthening the administration and organization of programs, developing national capacity to evaluate activities, and improving epidemiological surveillance.

He pointed out that the strategic orientations and program priorities of the Organization were in perfect concordance with the strategies and needs of the AIDS program. The overall targets are to slow down or reduce the rates of sexual transmission of HIV; eliminate the transmission of HIV through blood transfusion and blood derivatives in the Americas by the year 1994; strengthen comprehensive care for AIDS patients and HIV-infected persons; and strengthen the national capacity for basic, clinical, and epidemiological research that will be applicable to programs for the prevention and control of AIDS.

He then went on to refer to World AIDS Day, which will be on 1 December of the current year. Emphasis will be on forging a united effort to confront the problem of AIDS, with the Ministries of Health, Education, and Planning and intergovernmental and nongovernmental agencies all working together.

In the discussion on the subject, the quality of the Secretariat's report was praised and support was expressed for the objectives and targets expressed therein. A question was raised as to whether the problem was sufficiently understood at the present stage and whether sufficient resources were available to be sure that the target of eliminating blood-borne transmission of HIV by 1994 could be met. It was also mentioned that it would be desirable to quantify and specify the proposed targets and to clarify the relationship between the targets and the objectives.

With regard to vaccines, it was reported that the Global Program on AIDS had recently begun, as one of its strategies, to identify the existence of technical, epidemiological, and scientific capacity to participate in vaccine testing in several countries of the Region, including Brazil, Haiti, and Mexico.

The Director, referring to the matter of evaluating the Global Program on AIDS, indicated that the problem stems basically from the methodology adopted and that in the Region significant progress has been made in decentralizing the program. He also mentioned that the Global Program has begun conducting special technical audits of some of the programs, having selected Brazil and Guatemala for the first audits in the Region of the Americas.

At the seventh plenary session, the Executive Committee unanimously adopted Resolution V, in which it recommends that the Directing Council adopt a resolution supporting the lines of action and biennial targets of the AIDS Program in the Americas; recommending to the Member Governments that they place special emphasis on evaluating the effectiveness and efficiency of activities carried out under their national HIV and AIDS prevention and control programs; urging them to promote the development of activities in the areas of research, technology transfer, and dissemination of technical and scientific information; recommending that they intensify activities designed to influence health behavior; and requesting the Director to continue the Organization's support to the national HIV and AIDS prevention and control programs in the countries.

Item 4.4: Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus from the Americas

The report on the Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus from the Americas was presented by Dr. de Quadros (PASB) in compliance with the provisions of Resolution X of the XXIII Pan American Sanitary Conference. The report outlines the advances made by the countries toward the goal of providing immunization services to all the children in the Region and cites their efforts to eradicate the indigenous transmission of wild poliovirus in the Americas, as well as the achievement of further control of other diseases preventable by immunization, such as neonatal tetanus, measles, and hepatitis B.

Dr. de Quadros pointed out that for the first time in the history of immunization programs in the Americas coverage levels for children under one year of age exceeded 75% for all the vaccines included in the program. In 1978 those levels had been under 25%. In addition, progress

has been made in compiling data on vaccine coverage by district or municipio, thus making it possible to identify the areas that require more support and resources. This has been done as a result of the strategies that have been applied.

He also emphasized that in 1990 there were only 17 confirmed cases of poliomyelitis in the Americas and that to date in 1991 two cases of poliomyelitis due to wild virus had been confirmed, both of them in Colombia. Except for small foci in the Andean Region, it is believed that transmission has been almost totally interrupted in the entire Hemisphere. However, it was emphasized that there must be improvement in surveillance and in the timely collection of samples. At the request of the International Certification Commission, the collection of environmental samples has been initiated.

As a result of the surveillance system for the eradication of poliomyelitis, there have been improvements in the overall surveillance system which have also helped in the monitoring of other diseases such as neonatal tetanus. These advances, together with progress in the vaccination of women of child-bearing age and the enlistment of specialized maternal and child health personnel, bode well for accomplishing the work needed in order to meet the target of eliminating this disease by 1995.

With respect to measles, it should be pointed out that there have been serious epidemics in the United States of America and in Central American countries which have necessitated a review of the strategies for control and elimination of the disease. In this connection, it would be very useful to evaluate the results of the strategies being utilized in Cuba, São Paulo (Brazil), and the English-speaking Caribbean.

Regarding the use of hepatitis B vaccine in various countries, the PAHO Technical Advisory Group (TAG) recommended that the cost-benefit ratio be taken into consideration.

In the discussion that followed, the Members commended PAHO and the Governments on the successes achieved to date and expressed strong support for the plan and priorities for action presented by Dr. de Quadros.

The Representative of the United States of America reported that by the end of the year his Government would recommend universal vaccination of infants against hepatitis B.

Finally, at its seventh plenary session the Committee adopted Resolution IV in which, among other things, it recommends that the Directing Council congratulate all the Member Governments and their health workers on the progress achieved so far; express appreciation and request continued support from the various agencies (AID, UNICEF, IDB, Rotary International, and the Canadian Public Health Association) that have given strong support to the immunization programs; and urge the Member Governments to adopt the "Priorities for Action" described in Chapter II of the Progress Report. It also requests the Director to apply all the needed measures to ensure the final interruption of the transmission of wild poliovirus in the Western Hemisphere, evaluate the strategies for

measles control/elimination being used in Cuba and the English-speaking Caribbean and the feasibility of their implementation in the rest of the Western Hemisphere, monitor the activities for neonatal tetanus control, continue aggressive efforts to mobilize the needed additional resources, and report on the progress of the program to the XXXVI Meeting of the Directing Council in 1992.

Item 4.5: Report on the Status of the Eradication/Elimination of Certain Diseases from the Region

The report presented by Dr. López Antuñano (PASB), in fulfillment of Resolution XVI of the XXIII Pan American Sanitary Conference, concerned the status of eradication/elimination activities and the epidemiological situation of diseases preventable by immunization, such as poliomyelitis due to wild poliovirus, neonatal tetanus, measles, urban rabies, and foot-and-mouth disease. In addition, it outlined the mechanisms that have been established to determine the feasibility of eradicating or eliminating other communicable diseases in the Region, including American trypanosomiasis, leprosy, non-venereal treponematoses, onchocerciasis, and diseases related to nutritional deficiencies resulting from deficiencies in micronutrients such as iodine and vitamin A. It was noted that in certain countries of the Region the elimination of such diseases was technologically feasible.

The report also described the main priorities that should be the subject of immediate action by the countries in order to consolidate achievements and set new targets for the decade.

In the discussion that took place, several of the Committee Members expressed their satisfaction with the report and their support for the priorities and targets set by PAHO. It was also indicated that it would be desirable to provide estimates of the cost of eradicating/eliminating each of the diseases listed in the document.

At its seventh plenary session, the Committee adopted Resolution VI, recommending that the Directing Council approve a resolution in which, among other things, it adopts the recommendations contained in Document CD35/15. The resolution urges the Member Governments to continue giving priority to the effective prevention, control, and surveillance of diseases preventable by immunization until they are eliminated and to foster the necessary collaboration and coordination between the different levels of the public sector, and between it and the private sector, for the completion and execution of updated plans of action to prevent, control, and maintain surveillance of i) the following infectious diseases: trypanosomal infections transmitted by blood transfusion, leprosy, the nonvenereal treponematoses (yaws and pinta), and onchocerciasis, and ii) deficiencies of the following micronutrients: iodine and vitamin A. In addition, it requests the Director to promote the mobilization of institutional, human, and financial resources in the countries, the Region, and the rest of the world; to foster the establishment, strengthening, and proper functioning of epidemiological services; to promote technical cooperation for the development of epidemiological programs and surveillance; and to support the development of managerial and administrative capabilities at the lowest decision-making levels.

Item 4.6: Maternal and Child Health and Family Planning Programs

At the fifth plenary session, Dr. Solís (PASB) presented the third report on the implementation of the Organization's policy on maternal and child health and population. The report reviewed the changes that had taken place in the principal demographic variables and the repercussions they would have on the population's health and analyzed the progress achieved in maternal and child health and family planning programs and in the strategies that have been implemented by mandate of the Governing Bodies.

Dr. Solís pointed out that in the last seven years this subject has received more attention in the various international forums, as exemplified by the commitments made by the presidents or heads of state of the Americas in the Declaration of the World Summit for Children and the Memorandum of Interagency Collaboration, signed by several organizations in support of that Declaration.

The integration of maternal and child health programs and family planning services is already a reality, and some of the countries have passed legislation establishing in their Constitutions the right of individuals to freely decide the number and spacing of their children.

In the course of the discussion it was pointed out that, with the knowledge and technology that currently exist, it should be possible to prevent maternal and child morbidity in a large percentage of cases and to reduce the prevalence thereof among the most deprived social groups. The decision to establish a regional health program for adolescents was applauded.

Several Members mentioned the problem of homeless children; childhood violence and the corresponding risk to mental development; early access to alcohol, drugs, tobacco; and the initiation of sexual activity at an early age, as examples of subjects that tend to be omitted in the consideration of morbidity and mortality in children and adolescents. It was deemed desirable for the regional program to emphasize actions aimed at detecting and preventing risk-associated behaviors and preventing early exposure.

Finally, at the seventh plenary session the Executive Committee adopted Resolution VII, in which it recommends that the Directing Council, among other things, urge the Governments to revise and update their national maternal and child health and family planning programs before December 1991 so that they will reflect the spirit, strategies, and goals recommended in their respective plans of action; promote at the central, regional, and local levels in their countries the decisions and commitments of the Summit, calling upon the public and private sectors to join in attaining the national goals; help devise a methodology for better estimating costs; and give priority in their actions to i) coverage of as yet neglected areas; ii) marginal urban and rural population groups; and iii) comprehensive care of women, children, and adolescents. In addition, the Governments are called upon to continue to develop their epidemiological surveillance systems. The resolution requests the Director to continue his guidance of technical cooperation in the field of maternal

and child health toward execution of the mandates of the Governing Bodies in support of implementation of the Plan of Action of the World Summit for Children, in keeping with the strategic priorities of the quadrennium, and to continue his efforts to find and support strategies for financing and the mobilization of national and international resources. Finally, the resolution takes note of the Memorandum of Interagency Collaboration to Support the Implementation of the Agreements of the World Summit for Children in the Region of the Americas, and commends and expresses its satisfaction to the heads of the signatory agencies for the actions taken in developing an interagency work plan for 1991-1992, which will contribute to achieving the common goal of promoting the health of children, adolescents, and women in the Region.

Item 4.7: International Drinking Water Supply and Sanitation Decade. Report on the Situation in the Region at the End of the Decade

Mr. Otterstetter (PASB), in introducing the report, observed that the Drinking Water Supply and Sanitation Decade had coincided with a period of economic crisis and accelerated population growth that had resulted in an increase in poverty and a reduction in the availability of financial resources. These factors had had a negative impact on broad sectors of the population, making it more difficult for them to have access to drinking water and sanitation. Nevertheless, one of the positive results of the Decade has been that an additional 87 million people are now served by drinking water supply systems, and excreta disposal services are available to 74 million people who did not have them before. However, some 89 million people still lack adequate water supply and an estimated 140 million people are still without adequate excreta disposal. This is largely due, as has already been recognized on other occasions, to inadequate water quality, unreliable supply services, and deterioration of the environment. The appearance of the cholera epidemic has confirmed the need for rigorous control of water quality and the sanitary disposal of wastewater.

External financing, which played an important role in the work of the Decade, came to US\$5 billion and was matched by counterpart contributions from the countries in the amount of \$4 billion, for a total investment of \$9 billion. This sum represented one fifth of the total estimated needs for the Decade. Inadequate financing for the systems continues to be one of the most serious limitations in most of the countries. They also lack trained personnel, appropriate technology, community participation (including that of women), and health education.

Mr. Otterstetter went on to report that, as follow-up on the evaluation of the Decade carried out at the world level in New Delhi and at the regional level in Puerto Rico, which resulted in several declarations, a Plan of Action for 1991-2000 is being developed in five priority areas: efficient water use; water quality control; priority water supply and sanitation in high-risk areas; sanitary disposal of wastewater; institutional development; and training of human resources.

In the ensuing discussion it was pointed out that the considerable resources invested had done little more than keep up with the increase in population. It was also mentioned that there had been resistance on the



part of some of the water supply authorities to the role of health authorities in the design and execution of the program, and it was felt important to emphasize the desirability of closer relations between these authorities.

Another apparent problem was the insistence of financing agencies that water supply and sewerage systems should make a profit, which is almost impossible in some of the poorest countries. This notion appears to overlook the fact that the losses caused by epidemics such as cholera could be considerably greater than any profit made.

At the eighth plenary session the Committee adopted Resolution X, in which the Committee recommends to the Directing Council, among other things, that it urge the Member Governments to: renew their political commitment to the improvement of water supplies and sanitation services and reiterate the importance of the relationship of health to access to adequate water supplies and sanitation services; continue the promotion of programs to increase the coverage of water supplies and adequate sanitation services; continue the promotion of programs to increase further the coverage of water supplies, sewerage, and excreta disposal services; improve water quality through the protection of water sources, including the treatment of waste that may affect them, and the improved management of water treatment and distribution systems; define policies and promote practices for water conservation, including the control of water losses; and define effective policies and promote practices for financial and engineering management of the systems. In addition, it urges bilateral, multilateral, and nongovernmental cooperation agencies to recognize the importance of water and sanitation for socioeconomic development, and to increase their financial contribution to the water and sanitation sector in order to help the countries meet their respective objectives. The resolution also requests the Director to continue to give high priority to promotion of the development and efficient management of basic water supplies and sanitation services; to develop, as soon as possible, a plan of action to guide and support the countries in their efforts to implement the recommendations of the Declarations of New Delhi and Puerto Rico toward the achievement of water and sanitation goals, within the strategy of Health for all by the Year 2000; and to continue to work closely with bilateral and multilateral cooperation agencies toward optimizing resource mobilization and promote intersectoral collaboration among national sector agencies.

Item 5.1: Report on the Collection of Quota Contributions

Mr. McMoil presented the report on the collection of quota contributions at the second plenary session, pointing out in particular that on 1 January 1991 total arrears of contributions due to the Organization amounted to \$11,956,888. From 1 January to 21 June 1991, payments of \$5,896,584 had been received on those arrears, and since the latter date Peru had made a payment of \$182,362, thus reducing the total arrears from previous years to 1991 to \$5,877,942.

With regard to quotas corresponding to 1991, as of 21 June a total of \$29,158,322 had been collected, representing 41% of the total assessments to the countries. The total of arrears and 1991 assessments

collected to that date amounted to \$32,237,269. Between 1 January 1990 and 24 June 1991, a total of \$91,033,848 was collected, representing 71% of the effective PAHO working budget for the current biennium.

With respect to Article 6.B of the Constitution, which establishes that voting privileges will be suspended in cases where, at the opening of the Pan American Sanitary Conference or Directing Council, a country is in arrears in an amount exceeding the sum of its annual payments of contributions for two full years, the speaker referred to Resolution IV of the XXIII Pan American Sanitary Conference, which requested that the Director monitor the implementation of the agreements made by the Member Governments for the payment of their arrears and advise the Executive Committee in this respect. At the opening of the 107th Meeting of the Executive Committee, both Honduras and Peru were fulfilling their payment plans, but Guatemala, Nicaragua, the Dominican Republic, and Suriname had not yet completed their payments in accordance with the schedules they had signed. Antigua and Barbuda not only had not paid their arrears but had not submitted any plan for paying them. Bolivia, Haiti, and Guyana currently had arrears in excess of two years of assessments.

At the seventh plenary session the Committee adopted Resolution I in which it thanks the Member Governments that have already made their payments for 1991 and urges the other Member Governments to pay their outstanding quota contributions as soon as possible; recommends to the XXXV Meeting of the Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member Governments who by the opening of that Meeting have not complied with the provisions of Resolution IV of the XXIII Pan American Sanitary Conference; and requests the Director to inform the Member Governments of any balances due and report to the XXXV Meeting of the Directing Council on the status of the collection of quota contributions.

Item 5.2: Interim Financial Report of the Director for 1990

The Interim Financial Report of the Director for 1990 was presented by Mr. McMoil (PASB) at the second plenary session. The report contained details of the Organization's financial transactions during 1990 and the financial statements reflecting its financial position as of 31 December 1990. This being a partial report, it did not include the report of the External Auditor.

The report also contained financial statements for the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP).

Mr. McMoil reported that miscellaneous income earned during 1990 amounted to \$6,290,164, while earnings in 1989 were \$7,144,178. Trust fund expenditures for 1990 amounted to \$42,103,799, as compared with \$37,731,664 in 1989. Total expenditures for all funds were \$164,454,367, of which \$53,544,695 came from the the PAHO regular budget and \$25,651,325 from the WHO regular budget. Income from all sources totaled \$238,102,817

and expenditures, \$169,754,737. Liquid assets of the Organization amounted to \$84,517,891 as of 31 December 1990, as compared with \$82,835,139 in 1989.

Procurements on behalf of governments and institutions totaled \$4,409,337, and those under the Revolving Fund for the Expanded Program on Immunization amounted to \$7,698,892. Although capitalization of the Revolving Fund for the Procurement of Essential Drugs was \$3,277,426, only \$1,534,594 was available because there were outstanding amounts owed to the Fund by the Governments.

With regard to trust funds, Mr. McMoil indicated that the Organization had received \$40,611,289 and spent \$37,326,347.

Expenditures by the Caribbean Epidemiology Center in 1990 amounted to \$3,241,753, of which \$618,579 was financed under the PAHO Regular Budget. Mr. McMoil also indicated that outstanding quota contributions owed by the Member Governments as of 31 December 1990 totaled \$2,755,011.

With respect to the Caribbean Food and Nutrition Institute, total expenditures against all funds came to \$1,098,373. The regular budget of CFNI had suffered a decrease of some \$150,000, which meant that the year would close with a deficit of \$7,430. Arrears in quota payments at the end of 1990 in the amount of \$494,910, together with the deficit of \$176,345 in working capital, were reflected in the Institute's declining financial situation.

The Interim Financial Report, in the case of the Institute of Nutrition of Central America and Panama, included the report of the External Auditor on the financial statements of the Institute. INCAP's income in 1990 was \$613,120, and expenditures had decreased slightly, for a gain of \$24,265. However, accounting adjustments for previous financial periods resulted in a loss of \$161,427. Quotas collected in 1990 totaled only \$339,111, with outstanding assessments amounting to \$708,105.

Mr. McMoil concluded by indicating that the Institute's financial stability had been maintained largely as a result of financial support from the Organization.

Several of the Members expressed concern over the financial problems and the status of quota contribution collections of the Caribbean Food and Nutrition Institute and the Institute of Nutrition of Central America and Panama. At the same time, however, they alluded to the sound financial situation of the Organization.

Finally, at the seventh plenary session the Executive Committee adopted Resolution II, in which it takes note and transmits to the XXXV Meeting of the Directing Council the Interim Financial Report of the Director for the Year 1990; expresses concern over the impact of delayed payment of quota assessments on the Caribbean Food and Nutrition Institute

and the Institute of Nutrition of Central America and Panama; and requests the Director to continue efforts to encourage the Member Governments of these Centers to meet their quota obligations to these institutions. In addition, it congratulates the Director for his success in maintaining the Organization in a sound financial situation.

Item 5.3: Amendments to the Staff Rules of the Pan American Sanitary Bureau

In presenting the report on this item, Mr. Gauthier (PASB) reported to the Executive Committee, at the eighth plenary session, that the amendments to the Staff Rules had been introduced in accordance with Staff Rule 20 and pursuant to decisions by the World Health Organization, which already had implemented them, with the exception of those relative to the salaries of the Director, Deputy Director, and Assistant Director.

The Executive Committee adopted Resolution XII, which confirms the amendments to the Staff Rules submitted by the Director, and Resolution XIII, which establishes the salaries of the Deputy Director and the Assistant Director and recommends to the Directing Council that it establish the annual net salary of the Director at \$77,639 (rate with dependents) or \$69,628 (single rate), effective 1 March 1991.

Item 5.4: Hiring under Local Conditions of Employment for the Mobilization of National Resources

Mr. Gauthier (PASB) presented the report on this item at the eighth plenary session, recalling that the program for hiring under local conditions of employment was approved by the XXII Pan American Sanitary Conference in September 1986, and that since that date periodic reports had been presented to the Governing Bodies of the Organization. In 1988, the Executive Committee had decided to extend the test period to 30 September 1991 in order to give the Secretariat more time to acquire experience with the system and submit the matter for consideration by the 107th Meeting in June 1991.

The report presented by Mr. Gauthier pointed out that as a result of the detailed study carried out by the Secretariat it was concluded that implementation of the local hiring system had fulfilled the spirit, the intent, and the letter of Resolution XIX of the XXII Pan American Sanitary Conference and that there had been strict compliance with the criteria and guidelines authorized by the Executive Committee.

The Secretariat believed that the test period had been successfully completed and that the system met the needs of the Organization, especially the Centers, by improving human resources mobilization at a lower cost than the United Nations hiring system.

After a discussion in which the Secretariat responded to questions raised by Members, the Executive Committee approved the local hiring system and adopted Resolution XIV, in which it confirms the personnel system of hiring under local conditions of employment for mobilization of

national resources effective 30 September 1991 and requests the Director to continue his efforts to monitor implementation of the personnel system on the basis of the principles enunciated in Resolution XIX of the XXII Pan American Sanitary Conference, and to present a statistical report to the Executive Committee at its 111th Meeting in 1993.

Item 5.5: PAHO Building Fund and Maintenance and Repair of PAHO-Owned Buildings

Mr. Tracy (PASB), in presenting the report on this item at the eighth plenary session, stated that three previously approved projects were being implemented--namely, replacement of the air-handling units at Headquarters, improvement and modernization of emergency systems at the Headquarters building, and installation of a new roof for the conference room and second floor corridor of the offices of the PAHO Representation in Lima, Perú.

In addition, two new projects had been proposed: repair of the decorative concrete screen around the outside of Conference Room A of the Headquarters building and replacement of its roof. The cost of the first project was calculated at \$455,000. This amount included \$225,000 in case it proved necessary to replace more than 20% of the bolts that hold up the decorative screen. If the project was approved by the Executive Committee and the World Health Assembly, \$341,250 would be charged to the PAHO Building Fund and \$113,750 to the WHO Real Estate Fund. The second project would be replacement of the original roof of Conference Room A at the Headquarters building. This cost, assuming approval of the project by the Executive Committee and the World Health Assembly, was estimated at \$80,000, of which \$60,000 would be charged to the PAHO Fund and \$20,000 to the WHO Fund.

The Executive Committee approved both projects in its Resolution XV.

Item 5.6: PAHO Headquarters Building

Mr. Tracy (PASB) reported that the Working Party designated by the Executive Committee, comprising the Representatives of Barbados, Chile, and the United States of America, met at Headquarters from 11 to 13 February 1991 to consider the background prepared by the Secretariat regarding the Organization's new Headquarters building. At that meeting the Group had ruled out the possibility of leasing another building for Headquarters, considering it an economically unfeasible option.

After visiting and considering three different sites in the city of Washington and its environs, the Working Party concluded that the most suitable site for the needs of the Organization was the one located in Bethesda, and it authorized the Secretariat to attempt to enter into an option contract for that site. Negotiations thus far have progressed slowly.

The Working Party also carefully examined the budget and space needs for the project. It is estimated that the cost of the new building, excluding land, will range between US\$48 and \$54 million.

If an option contract is obtained and preliminary engineering studies are favorable, it will be requested that the 108th Meeting of the Executive Committee authorize purchase of the land. If the land is not available, the Secretariat will have to seek other alternatives.

The Committee adopted Resolution XVI, in which it thanks the three-country Working Party for its comprehensive report and asks the Party to continue its efforts in cooperation with the Secretariat and report its findings and recommendations, as appropriate, to the 108th Meeting of the Executive Committee.

Item 5.7: Situation of the Pan American Zoonoses Center (CEPANZO)

In his presentation at the eighth plenary session, Mr. Tracy (PASB) told the Committee that, pursuant to Resolution XXIII of the XXIII Pan American Sanitary Conference, the Pan American Zoonoses Center was closed on 30 April 1991, and the necessary administrative actions were taken to terminate the local staff at the Center. Subsequent to that date, the Government of Argentina had made two payments totaling US\$3 million. In addition, the Director had begun negotiations with the Argentine Government with a view to replacing the existing agreement with a new one.

The Director explained that negotiations with the national authorities had been unsuccessful, and that finally, after a four-month postponement requested by the Argentine Minister of Health, the Center closed its doors on 30 April 1991. The Government was informed that its Agreement with PASB on the establishment and financing of CEPANZO would be null and void as of 31 December 1991. He noted, however, that the new health and agriculture authorities had expressed the Government's interest in drafting a new agreement that would cover not only zoonoses-related activities but also other public health matters.

It appears that there is already agreement on several points, notably that the personnel structure of the agency in question should remain outside the United Nations hiring system and that the amount of funds allocated to the program in 1992-1993 should not be greater than the sum allocated for 1990-1991. Another point related to the establishment of three collegiate bodies that would have advisory and coordinating functions.

The Director also noted that, in the event these negotiations do not prove successful, it will be necessary to consider the interest expressed by other countries in serving as headquarters for centers like CEPANZO. Although there are other alternatives, the Director expressed confidence that it will be possible to overcome existing obstacles and establish a new center in Argentina with lower operating costs and even broader functions than its predecessor.

After responding to questions by Members, the Committee felt that it was unnecessary to adopt a resolution on this item.

Item 5.8: Amendments to the Financial Rules and Regulations of the Pan American Health Organization

At the eighth plenary session Mr. McMoil presented the proposed amendments to the Financial Rules and Regulations of the Organization, in accordance with the provisions of Article 101.3 of the Financial Rules. The purpose of the amendments was to establish conformity between PAHO and WHO regulations with regard to the availability of appropriations to discharge any outstanding legal obligations from previous fiscal periods.

The Executive Committee adopted Resolution XVIII, confirming the changes requested by the Director in the Financial Rules and recommending to the Directing Council the adoption of a resolution approving the proposed changes in the Financial Regulations of the Pan American Health Organization.

Item 6.1: Report on the VII Inter-American Meeting, at the Ministerial Level, on Animal Health

At the eighth plenary session, Dr. Arambulo (PASB) presented the report of the Meeting held at Headquarters from 30 April to 2 May 1991, at which 34 Governments were represented. At that Meeting, the Director had reported on the negotiations aimed at resolving the CEPANZO situation, and the Ministers of Agriculture had reaffirmed the need for the Center to continue providing technical cooperation and requested the Governing Bodies of the Organization to support the Director in the search for solutions.

Among other matters, the Meeting examined and recommended that the Directing Council approve the proposed budget of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA); took note of the achievements made by the Regional Program for the Elimination of Urban Rabies in Latin America 1980-1989 and adopted a resolution urging the countries to hold to their policy decision to eliminate the disease; and requested the Director to draw up a new medium-term plan in order to consolidate the gains made by the national programs in integrated food protection.

With regard to the cholera situation, after extensive discussion the Meeting recommended to the Member Governments that their policies to guide sanitary measures for preventing the spread of cholera be based on technical and scientific knowledge recommended by PAHO/WHO. The Ministers of Agriculture also requested the Director of PASB to prepare a basic document on institutionalization of the concept of veterinary public health.

The Executive Committee did not adopt a resolution on this item.

Item 6.2: Statement by the Representative of the PAHO/WHO Staff Association

Mr. Yerg (Staff Association Representative) began his intervention at the eighth plenary session by expressing his appreciation for the opportunity to address the Committee Members and to call to their attention several issues affecting staff well-being. Staff were aware of the

budgetary constraints on the Organization and considered it inadvisable to make large expenditures, for example on the construction of a new Headquarters building, since this could prove detrimental to staff quality.

He thanked the Committee for its interest in employing more women in the Organization, but he also expressed concern that matters of staff-administration relations had not been more directly addressed. Among others issues, he mentioned: the problem of general service staff pensions in duty stations where there are large national currency devaluations, the difference in employment conditions between international civil servants and locally hired staff, discrepancies in the methods of selection, and the reprisals taken by the Administration against staff representatives.

He regretted that staff representatives had not been permitted to attend the Meeting of the Subcommittee on Planning and Programming at which the new salary scale for general service staff stationed in Washington had been discussed, because if staff had been present the legal problems confronting the Administration might have been avoided. He also expressed his regret over the termination of the CEPANZO staff, who were appealing their termination. The Staff Association considered it necessary to seek another mechanism besides the appeals process to solve personnel problems and suggested that an ombudsman be named for this purpose.

Mr. Yerg concluded by urging the Members of the Committee to reaffirm the staff's rights, including the right of appeal; to take appropriate action to extend the retirement age for all staff members to 62 years of age; to invite Staff Association representatives to participate in the meetings of the Subcommittee on Planning and Programming; and to name an ombudsman on a trial basis.

In the discussion that followed, some Members of the Committee called attention to the economic problems affecting the countries and their difficulties in paying their assessments to international organizations, a large portion of which goes to the payment of staff salaries.

Others pointed out the desirability of finding mechanisms to facilitate understanding and promote the resolution of problems through dialogue and negotiation.

Another Member indicated that it would be inappropriate for the Staff Association to participate in the Subcommittee on Planning and Programming. With regard to the construction of the new building and the staff representative's suggestion that it should be deferred and the funds used to improve conditions of employment for the staff, it was felt that the Governments would not be inclined to accept such an alternative. On the subject of an ombudsman, it was felt that this was not a matter that would be likely to receive prompt attention since the concept is relatively new and should first be established at the United Nations.

The Director indicated that he was unaware of many of the issues brought up by Mr. Yerg and that most of the assertions made were erroneous. He reaffirmed his willingness to engage in constructive dialogue, either individually or through the Staff Association.



Item 6.3: Resolutions and Other Actions of the Forty-fourth World Health Assembly of interest to the PAHO Executive Committee

At the eighth plenary session, Dr. Knouss (PASB) presented a summary of the 43 resolutions approved by the Forty-fourth World Health Assembly held in Geneva from 6 to 16 May 1991. He mentioned in particular the resolution on the budget, which amounts to \$734,936,000 for the biennium 1992-1993. He pointed to highlights in the resolutions on the new scale of assessments, cholera, programs to combat tuberculosis and control respiratory infections in children, research and development in children's vaccines, etc.

Dr. Knouss also announced that Bolivia and Uruguay had been elected to a three-year term on the WHO Executive Board, replacing Argentina and Nicaragua.

The Executive Committee did not consider it necessary to adopt a resolution on this item.

Item 7.1: Cholera in the Americas

The item on the status of cholera in the Americas was presented at the sixth plenary session by Dr. Brandling-Bennett (PASB), who pointed out that for the first time in nearly a century this disease has struck the Western Hemisphere in its epidemic form. From January 1991 to the present there have been more than 230,000 cases, and PAHO expects cholera to become endemic in some areas of the Region. Cases have been reported in Colombia, Chile, Ecuador, Brazil, the United States of America, Mexico, and Peru.

The epidemic has placed a tremendous burden on the health services which, in spite of many difficulties, have succeeded in keeping the death rate below 1%, thanks in part to the use of oral rehydration salts. When the first cases were detected in Peru, both the PAHO Country Representative Office and the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) in Lima collaborated with authorities in the country in taking measures to mitigate the epidemic. At Headquarters in Washington, the Director formed a Cholera Task Force to coordinate the international response, identify human and financial resources for dealing with the emergency, and provide essential information to the Member Governments and other agencies. PAHO has served as the focal point for international response to an appeal from the Peruvian Ministry of Health and has processed more than US\$2 million in external assistance, half of this amount having been spent on medical supplies and oral rehydration salts and the other half on environmental sanitation, laboratory support, and health education.

An education campaign has been initiated to teach the population how to prepare and handle food in order to prevent contamination with or transmission of V. cholerae. Following a meeting of experts convened by the Organization, it was reaffirmed that the current parenteral vaccine should not be used for prevention or control of the disease. However, it

was reported that two new vaccines were being evaluated elsewhere in the world, and studies of these are being considered in several countries of the Region.

Recently the Organization developed a Regional Plan for Prevention and Control of Cholera as a basis for activities throughout the Region during the next two to three years. Its three overall objectives are: to reduce risk of the spread of cholera, to reduce morbidity and mortality from cholera, and to reduce the social and economic repercussions. It has been estimated that it will cost US\$600 million to contend with the disease during the emergency phase, and after that a major investment program will be required in order to address three critical deficiencies in terms of health and the environment in the Americas: the repair and full protection of existing water and sanitation systems; the extension of drinking water supply systems, sewage treatment, and solid waste disposal; and the strengthening of national and local health systems and the extension of the health services network within the primary health care strategy to the 40% of the population that continues to be without access to adequate care.

PAHO has estimated that an investment of some US\$200 billion will be required during the next 12 years in order to achieve the needed extension of health, water, and sanitation services.

The Director reported that a joint PAHO/IDB/OAS meeting was being arranged to study the possibility of jointly financing the emergency plans. He also announced that health had been accepted as one of the topics to be discussed at the Guadalajara Summit (Mexico) scheduled for 18-19 July 1991. This Summit constitutes an unprecedented opportunity to obtain a political commitment at the highest level.

The ensuing discussion focused on various problems related to the disease and how to combat it. It was suggested that efforts in this regard might be carried out in the context of the Program for Control of Diarrheal Diseases. It was emphasized that there should be support activities to help the countries formulate public information plans as well as to aid in the production and distribution of oral rehydration salts and the establishment of community rehydration units. It was pointed out that an important role could be played by the national cholera commissions which, because of their intersectoral nature, could carry out an important function of coordination and information by bringing to the community's attention the tremendous economic and social repercussions of the epidemic.

At the eighth plenary session, the Committee approved Resolution XI, recommending to the Directing Council that it adopt a resolution in which, inter alia, it calls on the international community to intensify its cooperation with the countries affected or threatened by cholera and urges the international and regional agencies concerned to give more priority to granting to these countries the technical and financial cooperation they may request for their struggle against cholera. It urges the Member Governments to: report any case of cholera immediately, in compliance with the International Sanitary Regulations; not to apply to

countries affected by the epidemic restrictions on passenger transit and imports of products from those countries which are not justified from the standpoint of public health; establish and execute national plans for the prevention and control of cholera which identify the most vulnerable areas and population groups; and strengthen, in the countries yet untouched by the epidemic, their capabilities for: epidemiological surveillance, maintenance of clean drinking water, public information, and correct management of cases. In addition, it requests the Director to: strengthen measures that will ensure a prompt and effective response by the Organization to the needs of the affected countries; assure that the Organization plays an active, creative role in mobilizing resources from all sources; coordinate regional measures against cholera; and continue activities for the development and evaluation of effective new vaccines against cholera.