



*executive committee of
the directing council*

**PAN AMERICAN
HEALTH
ORGANIZATION**

*working party of
the regional committee*

**WORLD
HEALTH
ORGANIZATION**



105th Meeting
Washington, D.C.
June 1990

Provisional Agenda Item 3.1

CE105/25 (Eng.)
17 May 1990
ORIGINAL: ENGLISH-SPANISH

REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Subcommittee on Planning and Programming has held two meetings since the last meeting of the Executive Committee, the first on 7 and 8 December 1989 and the second, from 4 to 6 April 1990.

The following items were discussed by the Subcommittee:

- Strategic Orientation and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994
- Tentative Proposal of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1992-1993
- Sectoral Adjustments in Health
- Analysis of PAHO's Research Program
- The Debt and Health Programs
- Social Security Systems and Health
- Environmental Health
- Scientific and Technical Health Information
- Communicating for Health

Also, PAHO's technical cooperation programs in Ecuador and Trinidad and Tobago were analyzed, with the participation of the respective Ministers of Health.

The Final Reports of the two meetings are annexed.

Annexes

A N N E X I



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL
SUBCOMMITTEE ON PLANNING AND PROGRAMMING



Thirteenth Meeting
Washington, D.C., 7-8 December 1989

SPP13/FR (Eng.)
8 December 1989
ORIGINAL: ENGLISH-SPANISH

F I N A L R E P O R T

FINAL REPORT

The Thirteenth Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 7 and 8 December 1989.

The following members of the Subcommittee, elected by the Executive Committee, were present: Barbados, Canada, Uruguay, and Venezuela. Also taking part, at the invitation of the Director of the Bureau, in consultation with the Chairman of the Executive Committee, were the Representatives of Brazil, Mexico, and the United States of America. Ecuador participated as an observer.

OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director, PASB, opened the meeting and welcomed the representatives.

OFFICERS

The officers of the Subcommittee were as follows:

<u>Chairman:</u>	Dr. Branford Taitt	Barbados
<u>Vice Chairman:</u>	Dr. Mercedes Juan	Mexico
<u>Rapporteur:</u>	Mr. Tito A. Hernández	Venezuela
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Dr. José R. Teruel	Chief, DAP/PASB

AGENDA

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the following agenda:

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman and Rapporteur
3. Adoption of the Agenda
4. Analysis of PAHO's Technical Cooperation Program in Ecuador

5. Analysis of PAHO's Research Program
6. Environmental Health
7. Social Security Systems and Health
8. Other Matters

CONCLUSIONS AND RECOMMENDATIONS

A summary of the discussion and recommendations on each item follows:

Item 4: Analysis of PAHO's Technical Cooperation Program in Ecuador

Dr. Luis Carlos Ochoa reported to the Subcommittee on the main objectives of the PAHO/Country Joint Evaluation and its conceptualization as a management tool. He emphasized the fact that the joint evaluation presents an opportunity for broad dialogue with the health sector and for an analysis of the technical cooperation that PAHO provides to the country, not to be interpreted as an act of supervision or an audit of past activities but rather as a mechanism for examining and restructuring future actions that will allow PAHO technical cooperation to be consonant with the country's political needs and priorities as well as with the mandates of the Governing Bodies.

Subsequently, Dr. Italo Barragán Arenas, PAHO/WHO Representative in Ecuador, explained the procedure used in the PAHO/Ecuador Joint Evaluation process, carried out on 17-21 April 1989.

Dr. Barragán made reference to three stages in the development of the evaluation: a) preparatory; b) the joint evaluation meeting; and c) follow-up.

With regard to the preparatory stage, he referred to the basic working documents that were prepared jointly with national authorities, which include an overall analysis of the country, an analysis of technical cooperation in 1987-1988 and the first quarter of 1989, and an analysis of development of the Representation as supporting infrastructure for technical cooperation.

Regarding the second stage, i.e. the joint evaluation itself, Dr. Barragán reported on the work carried out in group meetings with the participation not only of the highest health sector authorities but also of active Government entities, such as representatives of Social Security, the Ministries of Social Welfare and Education, the universities, the National Police, the Armed Forces, and the National Development Council.

During the working sessions an analysis was carried out of both present and future PAHO/WHO technical cooperation in the light of priority areas previously established by national authorities and by mandate of the Governing Bodies of PAHO, resulting in recommendations both for the Pan American Sanitary Bureau and for the health sector in Ecuador.

Speaking of the follow-up stage, Dr. Barragán presented the plan of work for the progressive adjustment of activities and for following the recommendations resulting from the meeting. He also made reference to the results achieved in the seven months since the PAHO/Ecuador Joint Evaluation.

Dr. Barragán went on to report on the AMPES programming criteria for the period 1990-1991, prepared in the light of the conclusions and recommendations of the Joint Evaluation, which direct PAHO resources primarily toward national strategic lines, which have as their integrating and orienting axis the family and community health care model and the strengthening of local health systems.

Upon conclusion of Dr. Barragan's presentation, Dr. Plutarco Naranjo, Minister of Public Health of Ecuador, spoke about the importance and usefulness of the Joint Evaluation as a tool for comparing original plans with actual achievements, measuring the impact of cooperation, and turning the PAHO cooperation program into a relevant, efficient, and effective activity. He requested that support be given to the program so that it will continue to be an integral part of PAHO's overall planning, programming, implementation, and evaluation process and a tool for intensifying dialogue between the governments and the Secretariat.

Subsequently, Dr. Naranjo presented a summary of priority national activities, related to family and community health care, food and nutrition, basic sanitation, hospital care, and essential drugs.

With the presentation of this topic concluded, the members of the Subcommittee made observations, asked questions about the topics that were discussed, and requested additional explanations on the concepts presented, which were given by Dr. Plutarco Naranjo and Dr. Carlyle Guerra de Macedo.

Item 5: Analysis of PAHO's Research Program

The topic was presented by Dr. Alberto Pellegrini Filho, Chief of the Research Coordination Unit.

Dr. Pelligrini began his presentation by referring to the conceptual elements on which PAHO technical cooperation in this area is based, stressing the role of health-related scientific and technical development

in the Hemisphere within the different spheres of social, political and economic development, with a view to improving the living conditions of its peoples.

He made it clear that in enhancing the mechanisms of democratic participation in decision-making processes and renewing economic growth, health and, particularly, health science and technology (S&T), can play an important role.

Next, he presented the structure of the program of work of the Research Coordination Unit. The Program consisted of three components:

- 1) Coordination of PAHO technical cooperation in health S&T. The primary task of this component is the coordination and evaluation of cooperation activities developed by different sectors of PAHO, with a view to increasing their impact;
- 2) Analysis of the situation and organization of health research. This includes studies both on the situation of health research in the Region and on support activities for the organization, planning, and administration of health S&T;
- 3) Strengthening of the scientific and technical infrastructure in health. This refers to cooperation activities aimed at strengthening scientific and technical infrastructure in the two broad areas of health knowledge: the medical-biological and the socio-epidemiological.

Dr. Pellegrini went on to present a critical analysis of the achievements made and the difficulties encountered in the development of activities corresponding to each one of these components. To a large extent the difficulties were due to an incompatibility of the structure of the program of work and the human resource profile of the Unit, and he outlined a proposal for internal reorganization aimed at overcoming the problem.

The presentation on this topic sparked the interest of Subcommittee members and triggered comments on everything from the conceptual aspects of the Organization's role in scientific and technological development in health to specific activities for the development of the Program and its coordination.

During the discussions the role of the Organization in the promotion of research on health systems and services and in research activity in the area of biomedicine was raised. Some members felt that scientific and technological development in health was of vital importance for the

countries of the Region. The comprehensiveness of the Program, especially its component on the development of research related to biotechnology and health systems and services, was important in orienting PAHO's cooperation.

With regards to specific activities for Program development, mention was made of the fact that the Organization should support the countries in the Region, including the less developed, in formulating health research policies and developing organizational structures aimed at their implementation. Importance was also given to aspects related to scientific planning, such as the selection and ranking of areas of research, the number and type of investigators to be trained, and the dissemination of scientific knowledge.

The Subcommittee recognized the difficulties involved in coordinating a program with a horizontal structure and a limited and inadequate pool of professionals. It recommended that, should the design of the Program be accepted, the Director should implement the necessary measures to adapt existing resources to the proposed functions of coordination.

With regard to the working strategies, a recommendation was made to seek opportunities for the development of multinational research. Prior to conclusion of the discussions, a request was made to the Director for the Program to deal more specifically with the English-speaking Caribbean countries, where existing research infrastructures require support for their further development.

Dr. Macedo thanked the Subcommittee members for their comments, particularly those referring to the content of the Program. He indicated that the topic had been included mainly to obtain the Subcommittee's recommendations on the managerial aspects, since the Advisory Committee on Health Research (ACHR) cooperates in discussions on the scientific and technical aspects, which are later brought to the attention of the Governing Bodies.

The Director commented on the biomedical research and research on health systems and services aspects. He said that the Organization, in the development of health S&T, could not exclude either area, but rather might rank the topics in hierarchical order for assistance in developing them at the national level and in consultation with the countries. Dr. Macedo indicated that 12 of the priority areas in the Grants Program corresponded to topics related to health systems and services and only one of them to an area somewhat related to scientific knowledge, which had been selected for strategic reasons because of its importance for the Region, as would be the case, for example, of biotechnology applied to health. In both types of research, the cost of the project is shared between the Organization and the national institution where the principal investigators work.

The Director explained to the Subcommittee that the proposal for reorganization of the Unit made by Dr. Pellegrini during his presentation did not involve an increase in the budget approved by the Council; rather, it was an adaptation of the human resources profile to the Program's conception. He said that he would make every effort to see that those changes were made so that the Program could evolve more rapidly than had been possible so far.

Item 6: Environmental Health

Mr. Guillermo Dávila introduced this item, noting that in countries in Latin America and the Caribbean there was considerable deterioration of the environment, both in rural and urban areas, and the potential effect on the health of the people was becoming a major issue on the agenda of governments. In response to this concern, PAHO was increasing its efforts to bring about improved environmental health conditions. Six technical papers on key environmental health issues in the Region were being prepared. Also a position paper on Health, the Environment and Poverty was in preparation, a draft of which was before the Subcommittee for discussion.

He explained that the document presented the environmental health situation in the Region together with an analysis of various factors which impede improvement. The document also included approaches for the health sector and PAHO on how to prevent or control the associated adverse health effects. He informed the Subcommittee that following a technical review in early 1990 the document was to be discussed during the XXIII Pan American Sanitary Conference in September 1990.

Dr. Alleyne, Area Director, Health Programs Development, called attention to the fact that in the document the main focus was on man and his environmental problems. He observed that the text was prepared looking at the issues from the health sector's point of view whose role was considered pivotal in promoting the necessary intersectoral cooperation for reducing or preventing the adverse health effects.

The Representative of Canada opened the discussion of the document indicating general agreement with its contents but urging the inclusion of further detail on pressing environmental issues, for example on the concentration of certain contaminants in the food chain. Moreover, more emphasis should be placed in the document on increasing awareness and educating the public, in particular young adults, on environmental health issues.

The Representative of the United States of America generally endorsed the report but thought that the last section of the document should be more specific. As the intent of this part of the document was

to encourage the Member Countries to undertake certain activities, these should be clearly specified. He raised the issue of the resources available in the countries for increased environmental health activity.

The question of resources available for activities in the area of health and the environment was also taken up by the Chairman (the Representative of Barbados), who suggested that perhaps it was not so much a matter of new funds but of redefining the various issues, bringing those that needed attention to the fore. The speaker cautioned against the creation of new agencies and encouraged PAHO to reinforce existing institutions and to assist the Member Countries with practical and feasible assistance in existing priority issues. Particular areas that were mentioned included oil spills, disposal of hazardous wastes, the regulatory aspects of chemical substances, and health education.

Agreeing in general with the comments made by the Chairman, the Representative of Mexico highlighted several priority environmental health issues. Included in these were control of health risks associated with the re-use of water, urban air pollution, evaluation and control of lead exposure in children, evaluation and prevention of risks associated with exposure to chemicals and industrial accidents, and education of women in basic sanitation.

Commenting on the holistic approach taken in the document under consideration, the Representative of Uruguay made the suggestion that a distinction should be made in the response to the needs of the smaller countries and to those of the larger countries, which might be somewhat different. He made specific mention of the problem of pesticides in rural areas.

The Rapporteur (the Representative of Venezuela) mentioned the need to develop a permanent system for evaluating environmental health issues and periodic updating of this information. He compared the action required with that taken in the antismoking campaign in Venezuela, in which the Ministry of Health had played a forceful role.

The Representative of Brazil, commenting on the document, said that it placed too much emphasis on the effects of groups living in poverty and underdeveloped countries on the environment. There was a need to study the effects on the environment of industrialized countries and of national groups more interested in profit-making than on the deterioration of, and future effects of their actions, on the environment. Singling out health education as particularly important, he encouraged PAHO to find and/or provide extra funds to expand this particular area.

Dr. Macedo noted the concern that exists for the deteriorating environmental conditions in the Region and the associated health impact. He restated the need for the health sector to play an important role in the assessment of the various issues and work with others in preventing or reducing these health hazards.

Regarding the possibilities for action, the Director indicated that it would not be possible to increase the relevant regular budget. On the other hand, he expressed the hope that, at the country level, activities in the area of health and the environment could be increased. More optimism was warranted at the Regional level through the mobilization of external resources. He stressed that political support from the countries was needed to reinforce the Organization's commitment to health and the environment for it to be effective in mobilizing the necessary external resources. Pursuant to a remark made by Dr. Alleyne, the Director reiterated the notion that environmental problems were now often global in nature, affecting everyone concerned. In this connection he stated that the Organization's environmental health concerns were not only with the poorer countries in the Region but also with those countries at the other end of the economic scale, such as the United States of America and Canada.

Education was important in achieving improved environmental health conditions. Also the potential for the multiplier effect in the younger generation was extremely valuable. Therefore, a special effort should be made to have cooperation with universities in the field of health and the environment included as an interprogrammatic activity in PAHO, and this should be reflected in the priorities for the next quadrennium.

Following up on the proposal to have the subject of health and the environment included in the priorities of the next quadrennium, the Representative of the United States of America enquired how this would be translated into action. The Director replied that during the XXIII Pan American Sanitary Conference, Member Countries would be requested to review their respective priorities and appropriate use of resources for national environmental health plans and programs.

Item 7: Social Security Systems and Health

In discussing this topic, emphasis was placed on the importance of the strategic development of social security programs within the measures that the countries of the Region will have to adopt in order to deal with the constraints imposed on them as a result of both the economic and financial crisis and the adjustment policies, so that they can fulfill the health goals to which they have committed themselves.

Within this context, and given the variations corresponding to each national situation, the application of the principles of social security and the development of its programs, responding to the orientation of the social policies of the Governments will make it possible to protect and serve increasingly larger population groups and to achieve better conditions of equity and social justice. What is currently being observed, and will continue to be observed in the future, is a broad range of situations that result from the different interpretations of the basic concepts of social security and its content. There are, however, some common problems that may benefit considerably from the expansion of social security. What stands out in this regard are the possibilities offered by social security as the most stable and solid form of health services financing, particularly when the population groups in greatest need are successfully incorporated into these programs. The contribution of other social security programs, such as pensions, allowances for dependents, subsidies, etc., should also be taken into account in meeting basic needs, thus contributing to the health and well-being of the population.

Given the political, economic, and social changes that are taking place in the countries, it is timely that the Pan American Health Organization pay greater attention to the different aspects of the development of social security. Consequently, it is necessary that the Secretariat of the Organization give greater attention to analysis of these topics and development of the corresponding technical cooperation.

In the ongoing search for new forms of financing and more efficient models for the organization and delivery of services, it is necessary to explore in greater depth the options and opportunities that social security programs may offer, particularly in terms of the incorporation of the neediest groups of society. Similarly, it is important to continue working on the coordination of health sector entities and the complementation and articulation of these entities in the application of strategies such as decentralization, development of services at the local level, national and joint utilization of complex technologies, etc.

Within this general framework, the Subcommittee, welcoming the Director's statements on the Organization's role in the area of social security, took the opportunity to emphasize its analysis and the implementation of concrete actions for the development of social security, both in the countries and within the Secretariat. In this regard, initial efforts will have to be concentrated on carrying out studies that will make it possible to expand and deepen existing knowledge about these programs and their potential for development. Similarly, priority will have to be given to supporting countries in their strengthening of social security actions and to articulate these institutions with the Ministries of Health. In the same way, the strengthening and organization of

training activities in these areas should be promoted and supported, as well as coordination with other international agencies and cooperation among the countries so as to share their experiences in this area.

Item 8: Other Matters

1. SPP Working Documents

The Canadian Delegate repeated an observation he had made in an earlier Subcommittee meeting, related to the documentation prepared by the Secretariat and transmitted to the members of the Subcommittee.

He requested PAHO to do whatever it could to send working documents earlier, in order to give delegates time to prepare themselves for the discussions. Concerning their form and content, he insisted on the documents being short (summaries of the topics, approximately 12 pages in length), with such aspects as the content, reasons for presenting the document to the Subcommittee, what was expected to come out of the discussions, etc., indicated on the cover. He made the suggestion for the purpose of facilitating and improving participation in meetings.

2. Date and Agenda of the Next Meeting (SPP14)

It was decided to hold the 14th Meeting of the Subcommittee on Planning and Programming in Washington, D.C., from 4 to 6 April 1990. The following agenda was adopted for the meeting:

- a) WHO Program Budget, 1992-1993
- b) The Debt and Health Programs
- c) Program Orientation and Priorities, 1991-1994
- d) Channels of Communication and Health
- e) Sector Analysis
- f) Scientific and Technological Information
- g) Analysis of PAHO's Technical Cooperation Program in Trinidad and Tobago
- h) Other Matters

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LISTA DE PARTICIPANTES

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A N N E X II



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL
SUBCOMMITTEE ON PLANNING AND PROGRAMMING



Fourteenth Meeting
Washington, D.C., 4-6 April 1990

SPP14/FR (Eng.)
6 April 1990
ORIGINAL: ENGLISH-SPANISH

F I N A L R E P O R T

FINAL REPORT

The Fourteenth Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., from 4 to 6 April 1990.

The following members of the Subcommittee, elected by the Executive Committee, were present: Barbados, Canada, Uruguay, and Venezuela. Also taking part, at the invitation of the Director of the Bureau, in consultation with the Chairman of the Executive Committee, were the representatives of Brazil, Mexico, and the United States of America. Trinidad and Tobago participated as observer.

OPENING OF THE MEETING

On behalf of Dr. Carlyle Guerra de Macedo, Director, PASB, Dr. Robert F. Knouss, Deputy Director, opened the meeting and welcomed the representatives.

SESSIONS

The Subcommittee held six plenary sessions. All members of the Special Subcommittee of the Executive Committee on Women, Health, and Development attended the second session of the Subcommittee.

OFFICERS

The officers of the Subcommittee were as follows:

<u>Chairman:</u>	Dr. Branford Taitt	Barbados
<u>Vice Chairman:</u>	Dr. Alfredo Solari	Uruguay
<u>Rapporteur:</u>	Ms. Orquidea Moreno de Dilena	Venezuela
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Dr. José R. Teruel	Chief, DAP/PASB

AGENDA

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the following agenda:

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman and Rapporteur
3. Adoption of the Agenda
4. Scientific and Technical Health Information
5. The Debt and Health Programs
6. Communicating for Health
7. Analysis of PAHO's Technical Cooperation Program in Trinidad and Tobago
8. Strategic Orientation and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994
9. Tentative Proposal of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1992-1993
10. Sectoral Adjustments in Health
11. Other Matters

CONCLUSIONS AND RECOMMENDATIONS

A summary of the discussion and recommendations on each item follows:

Item 4: Scientific and Technical Health Information

The Secretariat of PAHO presented a document describing the Scientific and Technical Health Information Regional Program and some of its related activities developed by PAHO through BIREME and other Pan American Centers such as CEPIS, CLAP, etc. In general, all the activities collection of scientific publications and papers, organized through the Index Medicus and other systems used by PAHO, were also presented. In addition, the support for national health publications was described.

The discussion that followed also made reference to the area of health promotion and communication in health that was included as another item on the agenda.

The members of the Subcommittee considered that scientific and technical information was both important and critical. The mushrooming of technology was difficult to stay abreast of. The United States National Library of Medicine had been cooperating with PAHO for over 20 years to help ameliorate the information gap, and to urge that greater advantage should be taken for access to information through inexpensive and easy-to-use CD-ROM disks.

Getting information to the health care level was a problem all the countries were groping with; certainly, scientific and technical information would result in a greater efficiency in the utilization of health service research. PAHO had a major role to play in this regard, but the strategy of strengthening national publishing operations should help fill the information gap.

It was also suggested that the work of Latin American scientists be translated into English so that their colleagues in North America could learn of the research being carried out in the countries and of its results.

Two major problems existed with regard to information: the difficulty in many countries of paying for subscriptions, and the shortcomings in the distribution system, which needed improvement.

Given the nature of information today and the role of libraries, it was suggested that consideration be given to reconstituting the Advisory Committee to BIREME so that an evaluation could be made of the direction the Organization should be taking in its information relationship with the Member Governments.

The Subcommittee also expressed concern that the document made no reference to PAHO technical cooperation with the countries of the Caribbean in the area of scientific and technical health information and that PAHO publications should target not just medical professionals, but all health care professionals.

It was noted by the Secretariat that "scientific and technical health information" was a large topic and that the paper under discussion dealt primarily with the information disseminated through the Regional Program for Scientific and Technical Health Information. It was important to bear in mind that all the programs in the Organization produced information on their area of concern. Moreover, there was a specific PAHO program responsible for public information.

The Chairman reiterated the lack of references in the document to the English-speaking Caribbean. Perhaps that deficiency reflected a misunderstanding as to how that subregion operated and the fact that the University of the West Indies, with its various campuses, was the center of health sciences activity. There should be a reevaluation of the extent to which the program is responding to the needs of the English-speaking Caribbean. There would be no need for a legal provision in the Caribbean for establishing a health information center as part of the BIREME network--all that was needed was an exchange of letters.

The members of the Subcommittee recognized that the document was a review of a PAHO program and that the 17 activity areas listed at the end were obviously where the Organization intended to put its attention. The pursuit of all 17 activities would have an impact on the overall budget and would have to be taken into consideration.

Item 5: The Debt and Health Programs

In order to assist Member Countries in their efforts to fulfill the health goals to which they have committed themselves in times of severe resource constraints, the Secretariat recently explored the possibility of pursuing debt conversion for health. Its application to other sectors of importance, such as development and the protection of the environment, suggests that it may well have the potential to provide additional resources to Member Countries to help them meet national health priorities, while possibly offering some relief from the debt burden they still carry.

The concept of debt conversion is still fairly new to the health sector. The only debt-for-health conversion recorded to date recently took place in Ecuador. The mechanism underlying debt-for-health conversion does not differ in essence from other types of debt conversion in that it represents a cancellation or an exchange of a portion of the public or private debt in return for the recipient country's agreement to utilize the equivalent of the exchanged or cancelled debt in local resources for additional health resources. Local resources may either be issued in the form of local currency, local currency bonds, or in the form of additional resource contributions for priority health programs. Potential sources to acquire the debt may be a bilateral donor, a multi-lateral donor, a private enterprise, a nongovernmental organization, or an international organization.

Every party involved has the potential to benefit from participating in debt-for-health conversions. First, the debtor countries have the opportunity to reduce their external debt using local currency rather than foreign exchange. Second, additional health resources are channeled toward high priority health programs which help meet basic human needs. Third, in enhancing the human resource base of the nation, which is one of the determining factors in economic recovery, such health programs also contribute, in effect, to produce additional economic activities. For commercial banks or other debt holders, the primary benefits are an increase in the expected rate of return on the remaining outstanding debt and a reduction of high risk loans. There also may be tax benefits. As for the debt purchasers, they essentially stand to receive a high rate of return with limited funds. Intermediary entities, such as PAHO, UNICEF, and health-related NGO's whose objectives include the improvement of health within developing countries, also benefit through this process.

In the attempt to find alternative means to generate additional resources in many sectors of importance, increasingly debt conversion schemes are becoming popular. Consequently, it is important that the health sector also give greater attention to new forms of financing for the delivery of health services, in order to acquire resources that have become scarce for everyone concerned. PAHO's potential roles include technical cooperation with respect to all aspects of the transaction, ranging from consultation on the priority health activities, assistance in mobilizing resources to purchase the debt, advice on potential purchasers, and involvement in the mechanics and management of any targetted fund for the financing of debt-for-health activities.

The presentation on this topic generated much interest and was well received by the Subcommittee members. Members' questions focused mostly on the technical aspects and potential roles of the Organization in undertaking debt-for-health swaps. In addition, much attention was given to the potential inflationary repercussions generally associated with debt conversion schemes.

Recognizing the potential benefits of debt conversions for the health sector and the importance of further pursuit by the Secretariat of the matter, the Subcommittee proposed that debt-for-health be given full attention without further delay. In order to conceptualize the application of debt-for-health, it was suggested that particular attention be paid to the potential budgetary implications and the ramifications of undertaking the somewhat different although not mutually exclusive alternatives which had been proposed to carry out debt-for-health transactions.

Item 6: Communicating for Health

The Secretariat introduced the basic aspects of PAHO's new Communicating for Health Program. Among the key points were the need to empower people with the knowledge to make informed decisions about their personal health and that of their families and communities, the importance of the health sector in the development of all nations, the need to utilize modern methods of communication and to work with people in the mass media, and the importance of cooperative efforts between pertinent national ministries, NGOs, specialized groups and PAHO in developing the program. Reference was made to some of the past activities, such as the two AIDS teleconferences and the Salud para Todos television special, as well as to the proposed list of future projects.

The new strategy represented a change of approach for PAHO in that it emphasized the transfer of information utilizing the mass media and advance communications technology.

The members of the Subcommittee expressed strong support for the proposed approach. There was a need for such an effort in a wide variety of areas, such as oral health, maternal, and child health, education on sexually transmitted diseases, child abuse, AIDS, and environmental protection.

It was suggested that PAHO work with the schools of journalism to better train journalists on how to report on health matters and thus avoid much of the misunderstanding resulting from poorly prepared media reports. It was pointed out that confusion might arise between the concepts of communication and education within the new approach.

Some countries already had a well-developed infrastructure for the preparation of health education material and PAHO, in developing its approach, should not compete with or overlap other efforts being developed within countries but rather should function in a similar fashion to TCDC. PAHO might consider inviting the Member Countries who have such programs to help in the development of Communicating for Health Program. Mexico and Canada offered their cooperation.

Suggestions were made that the proposal needed to be more focussed and that a more concrete plan with specific objectives, target audiences and messages should be developed; that a communications component be included at the design stage of other PAHO programs and activities; and that PAHO act as a clearinghouse for materials for the Region. There was support for the development of workshops for the media, and the suggestion was made that fellowships might be utilized to help train journalists.

It was agreed that PAHO needed to be better known; Communicating for Health was a new and essential strategy for PAHO which should be aggressively pursued.

Item 7: Analysis of PAHO's Technical Cooperation Program in Trinidad and Tobago

The PAHO/WHO Representative for Trinidad and Tobago presented an analysis of the technical cooperation program in that country for the period 1986-1989 and the Minister of Health of Trinidad and Tobago provided a review from the political perspective.

The 25th anniversary of collaboration between the Government of Trinidad and Tobago and PAHO, 1964-1989, provided an opportunity to review the significant improvements that the country had made in its common health indicators, mainly through the control of the infectious and childhood preventable diseases. The mission of PAHO, over the period 1986-1989, has been to support the Government in its efforts to maintain/improve the health status of the population with whom there is a shared belief that health is a fundamental right. The overall strategies of technical cooperation are: a) cooperation in policy formulation and planning with specific inputs in all components of the managerial process for health development; b) support to national initiatives for alternative methods of health sector financing; c) the development of local health systems in response to national policy orientation towards reorganization of the health services based on decentralization; and d) support to resources mobilization both at national level through existing or potential networks for national health development, externally and internally, primarily through the strategies of the Caribbean Cooperation in Health (CCH) initiative.

Mechanisms have successfully been introduced for the internalization of the CCH within the health sector and for the achievement of its objectives, within and outside of the health sector. Through the joint evaluation of technical cooperation and the annual programming process the structure of the technical program has been modified to reflect the priority areas of CCH, either as projects or major components of projects. A successful donors' meeting resulted in interest and pledges for over 50% of the 41 national projects developed.

There have been two Joint Evaluation Meetings (JEM) in Trinidad and Tobago, in 1987 and 1988. The analytical nature of the exercise was improved the second time around through the availability of the recommendations of the first JEM as a baseline for analysis, and the

conduct of a senior management retreat just prior to the JEM, as a result of which the Ministry of Health had prioritized its problems and developed short-and medium-term plans.

The managerial process for health development has gradually been implemented since 1984. With PAHO's support, the health situation has been analyzed at increasingly detailed levels, broad policies enunciated and broad programs outlined in 12 areas. Detailed programming has been accepted at the county level as an integral tool of management. In support of the process, PAHO has concentrated on strategies of resource mobilization including the incorporation of nongovernmental organizations and women's groups, technical cooperation among countries, development of the documentation center, intersectoral coordination, and community participation.

The Minister of Health made his comments from a political standpoint. He noted the positive effects of PAHO's technical cooperation, particularly in the area of the development of health plans and policies. He urged the Organization to increase the frequency of evaluations in order to ensure that the program continued to address the rapidly changing economic situation in Trinidad and Tobago, but stressed that such evaluation could be effectively carried out by the local office. The areas of institutional strengthening, including policy development, were highlighted within the Government's priorities. He noted PAHO's efforts in these areas as well as some of the difficulties being experienced by the Government.

The Minister agreed that the impact of CCH had been positive, albeit gradual. He highlighted its effect on the restructuring of technical cooperation and noted that many projects were about to be implemented as a result of the resource mobilization efforts.

There was unanimous agreement on the comprehensive nature of the presentations of the Trinidad and Tobago program and that the ongoing dialogue for monitoring seemed to be working in that country.

The development of the joint process in that country had contributed to real achievements, which were significant in light of the limited resources.

The CCH was seen as the framework for increasing national health development as well as intercountry collaboration. It was felt that PAHO's strategy of decentralization of management authority to the country offices would need to be complemented by similar strategies within the national authorities, in order to optimize the resources available.

The need for flexibility in the fellowship program was acknowledged, although it was stressed that careful analysis was needed to determine how PAHO will support this. The use of contingency funds was not found to be necessary in view of the four monthly programming process. It was agreed that health promotion must be one of the first priorities in years to come.

Item 8: Strategic Orientation and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994

The Secretariat presented the item and the corresponding document (SPP14/5) and emphasized that it was important for the Organization to continue focusing its efforts on priority areas of action that have major impact for the national health development processes.

It was pointed out that in these processes a key role can be played by a collective mandate from the Organization that will serve as a basis both for transformation of the health systems in the Member Countries and also for the cooperation activities of the Secretariat.

In the presentation reference was made to the general situation in the Region of the Americas at the beginning of the 1990s and to the fact that most of the countries in the Region are at a crossroads, given the need to reopen the whole question of development with focus on the social needs of the people in the Hemisphere.

The principal characteristics of the health situation in the Americas were reviewed, as were the probable scenarios for the 1990s, the impact of the crisis and its corresponding adjustment policies, the principal challenges faced in transforming the countries' national health systems, and the importance of conceiving and implementing the health task within the overall process of building toward viable human development.

The Secretariat then outlined the principal strategic orientation and program priorities that are being proposed as the Organization's response in the next four years, which essentially seek to carry on the lines of action that have been laid out for the present quadrennium.

The principal lines of action proposed for the Organization over the next four years are contained in the eight strategic orientations set forth in the document, which are the following:

- Strengthening and development of local health systems and support for decentralization of the sector;
- Intensification of efforts in the health area being carried out by the Social Security institutions;
- Focusing of sectoral analyses, adjustment measures, and investments on the transformation of national health systems;
- Women, health, and development;
- Management of knowledge;
- Enlistment of social communication in health promotion and development;

- Intercountry cooperation, subregional initiatives, and regional integration;
- Resource mobilization.

In addition, a series of program priorities have been proposed--specifically, lines of action from the Eighth General Program of Work of WHO covering the period 1990-1995--that will require preferential attention and concentration of efforts and resources during the quadrennium 1991-1994. These have been grouped into two different chapters.

The first group corresponds to program priorities in the area of health services infrastructure development, namely:

- i) Economic analyses of the sector and resource allocation according to criteria of effectiveness;
- ii) Sectoral financing;
- iii) Methodological and applied development of local programming;
- iv) Evaluation of technology and the quality of care;
- v) Policies for ongoing training, development, and utilization of human resources.

In the second group are program priorities in the area of health program development, as follows:

- i) Environmental protection and reduction of harmful effects of the environment on health;
- ii) Promotion of health and healthful lifestyles;
- iii) Food and nutrition;
- iv) Maternal and child health;
- v) Control and eradication of communicable and high-vulnerability deficiency diseases;
- vi) Prevention and control of drug abuse;
- vii) Prevention and control of AIDS.

Finally, attention was focused on the implications of adopting the Strategic Orientations and the Programming Priorities for the Quadrennium 1990-1994 both for the Member Countries and for overall management of the technical cooperation program by the Secretariat. In this connection emphasis was placed on the importance of active participation by Member Countries in the work of the Organization and on the need to press forward with new modes of action by the institution.

The subject and the document were discussed extensively by the Subcommittee. The members expressed their approval of the strategic orientation and program priorities proposed for 1991-1994, which basically call for continued efforts along the same lines that the Organization has been following in the present quadrennium. They also expressed satisfaction with the structure and content of the document, although they made some suggestions to be incorporated in the version being submitted for consideration by the Executive Committee.

The main points that came out of the Subcommittee's discussions may be summarized as follows:

a) An effort should be made to reduce the proposals contained in the Document to the essentials, shortening the introductory sections and placing greater emphasis on the part that is relevant to the Organization's response during the next quadrennium.

b) Particular attention and care should be given to the English version of Document SPP14/5, the text of which does not faithfully reflect the original text in Spanish.

c) Greater emphasis should be placed on the strategic orientation of health as a fundamental element in the development process, with this line of action spelled out in the chapter corresponding to the Organization's response over the next four years.

d) The first three strategic orientations--1) strengthening and development of local health systems; 2) intensification of efforts in the health area carried out by social security; and 3) orientation of sectoral analyses, adjustment measures, and investments--actually correspond to the broader topic "reorganization of the health sector." Accordingly, it would be advisable to group them into a single category under the heading of strategic orientations.

e) Among the program priorities it is important to mention mental health and oral health.

f) It is fundamental to continue the exercise of setting priorities for the Organization with the active participation of the Member Countries through the Governing Bodies, in particular the Subcommittee on Planning and Programming.

Item 9: Tentative Proposal of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1992-1993

The Director and his staff summarized the 1992-1993 tentative proposal related to WHO Regular funds. Although the Secretariat continues to calculate the projected cost or inflationary increase factors, especially those related to professional salary averages, the tentative proposal, as presented to the SPP, showed an overall cost increase of 8.9% over the 1990-1991 program budget of \$65,027,000. The tentative proposal of \$70,806,000, adjusted to take into consideration the professional salary increases approved by the United Nations, will be presented to the June 1990 Executive Committee for its recommendations to the September 1990 Pan American Sanitary Conference.

The SPP was pleased with the program growth of 1.6% in Country Activities.

The SPP noted that the tentative proposal was based upon the 1992-1993 projected program budget draft contained in Official Document 226 of May 1989. The forthcoming Pan American Sanitary Conference will consider the strategic orientation and program priorities for 1991-1994. Since the WHO regional portion of the program budget, combined with the PAHO proposal for 1992-1993, will be presented to the PAHO Governing Bodies in 1991, these combined program budgets should, therefore, reflect the decisions of the Conference relating to priorities for 1991-1994.

Item 10: Sectoral Adjustments in Health

The document presented proposes that sectoral adjustments in health be regarded as opportunities for the implementation of the mandates of PAHO for transformation of the national health systems to make them more equitable, efficient, and effective. In addition, it suggests that a careful analysis be undertaken, based on a definition of these operations, of sectoral behavior, intersectoral relations, financing of the services, the health labor force, and the operating capacity of local health systems. This analysis, and of course the definition and execution of the reforms as such, are the countries' responsibility. The role of the Banks and PAHO is to provide financial assistance or technical cooperation, in this case according to the mandates that apply to the issues in question.

The members of the Subcommittee recognized the importance of PAHO's participation in the development of these operations in the Region, if only to see that they produce more favorable results for the health sector. However, they expressed concern regarding the restrictions that the adjustments can pose for the health sector as such, recognizing that every effort should be made to increase their efficiency. In the event that such restrictions are unavoidable, they could be dealt with using conventional management approaches and there would be no need to create special intervention mechanisms for the purpose. On the other hand, it is hoped that the changes currently taking place in the world will make it possible to free up the resources of the industrialized countries for social investments in the Third World. On this assumption, PAHO should be prepared to support its Member Countries in mobilizing their resources. Finally, it was recommended to the Secretariat that some points in the document be clarified, especially with regard to PAHO's participation in the adjustment operations.

The Director reiterated the position that PAHO's participation should always be geared to advocating more favorable conditions, including additional resources for the sector, without ruling out the necessary search for greater sectoral efficiency. Moreover, the term "sectoral adjustment" does not adequately reflect the notion of sectoral reforms as they are understood by the Secretariat. With regard to its role in such operations, PAHO should support the countries in seeing that the sector is given greater recognition in their objectives for national development and in their definition of new styles and directions for development itself. In addition, PAHO cooperation should include studies

geared to strengthening the sector in its efforts to achieve health for all, based on comprehensive proposals for sectoral reform that will be effective in mobilizing the national, bilateral, and multilateral funds which are available for health.

Item 11: Other Matters

1. Declaration of the Presidents of Central America

The Director reported on his participation in the VII Summit of Presidents of Central America, held in Montelimar, Nicaragua (2 and 3 April 1990). He distributed a copy of the Declaration of Montelimar, in which the Presidents of Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua ratify their previous commitments and pledge to renew their commitment to fulfill the agreements to which they are party. Among other decisions of importance for the subregion, section 15 reaffirms that the health of the Central American people is a political priority which involves maintaining and strengthening joint health actions, conceived as a bridge for peace and understanding among the people of the area. Accordingly, the Presidents agreed to suggest to their Ministers of Health that they immediately undertake an assessment of progress in the last five years within the context of the Plan for Priority Health Needs in Central America and Panama (PPS/CAP) and that a new health initiative be developed for Central America. In support of this effort, they requested the collaboration of the Pan American Health Organization and the World Health Organization, among other organizations.

2. Exchange with the Subcommittee on Women, Health, and Development

Since the Special Subcommittee of the Executive Committee on Women, Health, and Development was also holding its meeting during the same week, a joint session was scheduled to exchange ideas and hear about the issues it had been discussing.

The Chairman of the Subcommittee on Planning and Programming opened the joint session and expressed appreciation for the opportunity to exchange ideas. The President of the Subcommittee on Women, Health, and Development, in turn, provided background about the discussions held in the working sessions and pointed out the importance of the conclusions and recommendations that would be submitted to the the Executive Committee for its consideration. The Secretariat summarized the topics dealt with in the working sessions and focused attention on the recommendations made by the Subcommittee in terms of the four strategic orientations and the seven program priorities for the quadrennium 1991-1994 in the area of women, health, and development.

Members of the Subcommittee on Planning and Programing commended the Subcommittee on its recommendations for the orientation and priorities for the next quadrennium. However, one member expressed concern over one specific group of the population being singled out for emphasis in relation to the distribution of budgetary resources among the different program priorities of the Organization.

It was pointed out that the existence of programs that emphasized women and the improvement of their living and health conditions, as well as participation on an equal basis with men in social and political affairs as well as in the work force, was based on international agreements that recognized the disadvantages and discrimination to which women are exposed in different social contexts. In this connection mention was made of the importance of agreements at the international level and within the United Nations, such as the the convention against all forms of discrimination against women, which had been welcomed by all the Member States.

The Secretariat indicated that the Women, Health, and Development Program had been given priority under a mandate from the Member Governments which is contained in the resolutions of the Governing Bodies of the Organization. Accordingly, on the basis of these recommendations, the Secretariat has given high priority to technical cooperation in this area and channels its efforts and resources into supporting the countries so that they will adopt the objectives proposed under the Organization's Program on Women, Health, and Development. The proposal for the coming quadrennium also calls for adopting, as a strategic orientation that will affect all the programs, a statement on the importance of women's needs and of their participation.

The President of the Subcommittee on Women, Health, and Development reported on the findings of a study conducted by the Program on Women, Health, and Development which revealed the disadvantaged conditions being experienced by women and the impact of this situation on health conditions. Thus she reaffirmed the currentness of the resolutions of the Organization's Governing Bodies and the need for the Member States to adopt strategic orientations and program priorities for the quadrennium 1991-1994 in the area of women, health, and development.

The Subcommittee on Planning and Programming endorsed the points made by the President of the Subcommittee on Women, Health, and Development and was in agreement that in the proposals being made priority should continue to be given to this subject within the Organization.

3. Resolution 44/211 of the United Nations General Assembly

The members of the Subcommittee took note of Resolution 44/211 of the UN General Assembly, approved on 22 December 1989, on the subject of a broad three-year review of policy relating to operational activities for development within the United Nations system. They discussed several aspects of the resolution, which was felt to be long and complex in its wording. They called attention to items 12 and 17 in particular, which have implications for the current structure of WHO and PAHO, and item 26, which declares the intention to redistribute the staff and implement economies at headquarters. It was decided to report to the Executive Committee on this matter.

4. Report of the 13rd and 14th Meetings of the Subcommittee

It was recommended that the Chairman of the two meetings, Dr. Branford Taitt, present the combined reports of both sessions (13th and 14th Meetings) at the next meeting of the Executive Committee.

5. Decisions Regarding the 15th Meeting of the Subcommittee

It was agreed that the next meeting would be held on 6 and 7 December 1990, following the meeting of PAHO Representatives. With regard to the agenda, the Delegate from Canada suggested that the question of NGOs be considered once again and urged that PAHO continue its efforts with regard to the documents for the meetings (synthesis with explanatory summaries and delivery as far in advance as possible).

The Delegate from Mexico proposed that the question of sectoral adjustment be examined again in view of the upcoming PAHO/IDB meeting on the subject.

Finally, it was recommended that the Secretariat examine the frequency with which the cooperation programs in the countries are presented and discussed.

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