

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*

**WORLD  
HEALTH  
ORGANIZATION**



113th Meeting  
Washington, D.C.  
27 June-1 July 1994

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Provisional Agenda Item 3.1

CE113/5 (Eng.)  
19 May 1994  
ORIGINAL: ENGLISH-SPANISH

### **REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING**

The Subcommittee on Planning and Programming held two meetings during the period since the last meeting of the Executive Committee: the 21st Meeting on 9 and 10 December 1993 and the 22nd Meeting from 6 to 8 April 1994.

Representatives of the following members elected by the Executive Committee were present at both meetings: Belize, Bolivia, Canada, and Mexico. Also participating at the invitation of the Director were representatives of Guyana and the United States of America at the December meeting, and of Nicaragua, Peru, and the United States at the April meeting.

Dr. Joaquín Monasterio (Bolivia) served as Chairman, Dr. Rubén Campos (Belize) as Vice Chairman, and Dr. Federico Chávez Peón (Mexico) as Rapporteur in both meetings.

The following items were considered by the Subcommittee during these meetings:

Analysis of PAHO/WHO Technical Cooperation in Guyana

Maintenance of Hospital Equipment

Implications for PAHO of the Report of the Executive Board Working Group on the WHO Response to Global Change

Analysis of PAHO'S AIDS and Sexually Transmitted Diseases Program

Strategic Orientations and Program Priorities for the Pan American Health Organization in the Quadrenniums 1991-1994 and 1995-1998

Provisional Draft of the Program Budget Proposal of the World Health Organization for the Region of the Americas for the Biennium 1996-1997

Joint PAHO/Economic Commission for Latin America and the Caribbean (ECLAC) Report on Health, Social Equity, and Changing Production Patterns in Latin America and the Caribbean

Role of the State in the Health Sector

Monitoring and Evaluation of the Strategies for Health for All by the Year 2000

Regional Plan of Action for Health Promotion in the Americas

Study of the Market for Services of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)

The Final Reports of the two meetings, which are annexed to this document, reflect the deliberations of the Subcommittee on these subjects.

Annexes



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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22nd Meeting  
Washington, D.C., 6-8 April 1994

SPP22/FR (Eng.)  
8 April 1994  
ORIGINAL: SPANISH

FINAL REPORT

## FINAL REPORT

The 22nd 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 6 to 8 April 1994.

Present were the representatives of the following members of the Subcommittee, elected by the Executive Committee: Belize, Bolivia, Canada, and Mexico. Also taking part, at the invitation of the Director, were representatives of Nicaragua, Peru, and the United States of America. Cuba, Puerto Rico, and Uruguay participated as observers.

### OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director of PAHO, opened the meeting and welcomed the participants, noting that the Subcommittee had before it a particularly heavy agenda and would be considering several policy issues that had significant implications for the future work of the Organization.

### OFFICERS

The Officers of the Subcommittee were as follows:

<i>Chairman:</i>	Dr. Joaquín Monasterio	Bolivia
<i>Vice Chairman:</i>	Dr. Rubén Campos	Belize
<i>Rapporteur:</i>	Dr. Federico Chávez Peón	Mexico
<i>Secretary ex officio:</i>	Dr. Carlyle Guerra de Macedo	Director, PAHO
<i>Technical Secretary:</i>	Dr. Germán Perdomo Córdoba	Acting Chief, Office of Analysis and Strategic Planning, PAHO

### AGENDA

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

1. Opening of the Meeting
2. Adoption of the Agenda
3. Strategic Orientations and Program Priorities for the Pan American Health Organization in the Quadrenniums 1991-1994 and 1995-1998
4. Provisional Draft of the Program Budget Proposal of the World Health Organization for the Region of the Americas for the Biennium 1996-1997
5. Joint PAHO/Economic Commission for Latin America and the Caribbean (ECLAC) Report on Health, Social Equity, and Changing Production Patterns in Latin America and the Caribbean
6. Role of the State in the Health Sector
7. Monitoring and Evaluation of the Strategies for Health for All by the Year 2000
8. Regional Plan of Action for Health Promotion in the Americas
9. Study of the Market for Services of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)
10. Other Matters

### **PRESENTATION AND DISCUSSION OF THE ITEMS**

A summary of the presentations and discussions on each item is presented below:

**Item 3: Strategic Orientations and Program Priorities for the Pan American Health Organization in the Quadrenniums 1991-1994 and 1995-1998**

This item was presented and discussed in two parts. Dr. Germán Perdomo, Acting Chief of the Office of Analysis and Strategic Planning, presented both parts.

***Part A***

Part A concerned the evaluation of the progress made in implementing the Strategic Orientations and Program Priorities (SOPPs) for PAHO during the Quadrennium 1991-1994. Dr. Perdomo recalled that the SOPPs had been adopted by the XXIII Pan American Sanitary Conference in 1990 and that subsequently the Executive

Committee had adopted a set of targets related to the SOPPs and had recommended that progress toward the attainment thereof be evaluated midway through the quadrennium.

He described the process that had been followed to monitor progress and determine to what extent the Governments had incorporated the SOPPs into their programming and their requests for PAHO technical cooperation. That process had involved, inter alia, the definition of indicators; analysis of the biennial program budgets (BPs) and annual program budgets (APBs) for 1990, 1991, 1992, and in some cases 1993; and examination of plans, programs, and reports from the countries. He then highlighted, for each strategic orientation and program priority, the most important events that had taken place and the progress achieved, also noting, where appropriate, the obstacles encountered in terms of monitoring or in the process of conducting the evaluation. He pointed out that the evaluation had been hindered by the limited availability of up-to-date information. He emphasized the need to improve information systems and to systematize the processes of monitoring and evaluation.

Dr. Perdomo noted that although the evaluation had covered only a two-year period, it had suggested several preliminary conclusions, notably that health was increasingly a part of the regional political agenda, that there continued to be a need to improve the ability for sectoral analysis and the availability of information, that ensuring equity in health remained a challenge to be met in the Region, and that greater effort was needed to achieve a balance between the characteristics of the health work force and the needs of health services. Additionally, it had been concluded that monitoring of progress toward the quadrennial goals should be part of the continuous monitoring of program and country activities by the technical units of the Organization.

Dr. Knouss pointed out that it had been impossible to perform a rigorous analysis of the SOPPs for several reasons. One was that the assessment had been conducted two years into the quadrennium, and it would not be possible to really determine what progress had been made until after the entire four-year period had elapsed. The Organization had learned that it could improve its chances of being able to perform a more rigorous assessment if it designed measurable targets and adopted indicators that would yield a better idea of how the Organization as a whole--i.e., the Secretariat and the countries--was progressing toward the achievement of the objectives set out at the beginning of every four-year period. Ideally, the information yielded by the evaluation would serve as a reference point for adopting the strategic orientations and program priorities for each subsequent quadrennium.

#### *Discussion of Part A*

Several representatives noted that they had received the document only a few days prior to the opening of the meeting and had therefore not had time to give it due

consideration. It was also pointed out that because the document had reached them so late, they had not had sufficient time to consult with officials in their respective countries on the its content, which, as representatives of their governments, they were required to do.

The Canadian Representative thought that many of the problems encountered in conducting the evaluation stemmed from the way in which the Organization was determining its strategic orientations and program priorities. He emphasized that the Organization needed to start well in advance of each quadrennium, identify the highest-priority health needs, and better focus its efforts to address them in order to produce a measurable impact. Demonstration of impact was particularly important, given the emphasis being placed on cost-effectiveness and the need to stretch limited resources to meet existing needs. The Representative of the United States concurred with the ideas expressed by the Canadian Representative, particularly in regard to the need to produce measurable results. She asked for clarification regarding the deficiencies in monitoring and for more information about the monitoring activities of the technical units. In regard to the incorporation of the SOPPs by the governments into national programming, it was observed that it was difficult for the countries to take policy guidelines as general as the SOPPs and develop specific programs.

Dr. Perdomo pointed out that the SOPPs were intended to be normative, or obligatory, for the work of PAHO and indicative, or suggestive, for the countries. There were many reasons that might explain why the countries had not included the SOPPs explicitly in their national plans and policies--for example, changes of government in the countries. Similarly, the individual countries might not have felt it appropriate to request technical cooperation from PAHO in the priority areas identified for the Organization as a whole because those priorities did not coincide with national priorities. He explained that the deficiencies in monitoring were related to the failure to carry out systematic situation analysis in the countries on a regular, periodic basis; the selection of inappropriate indicators; the difficulty of obtaining information; and the lack of current, systematized data. The Organization had learned a great deal from the evaluation exercise about how the monitoring process could be made more effective so that it could serve as a planning instrument for the next quadrennium.

### ***Part B***

Dr. Perdomo introduced Part B of the document, *Basic Proposals for the Definition of PAHO Policies for the 1995-1998 Quadrennium*, and indicated that a more detailed version of the proposals would be presented to the Pan American Sanitary Conference in September 1994. If they were approved, it would then be necessary to draw up specific plans for their implementation and to ensure that those plans could be monitored.

He outlined the content of the document, noting that it provided an overview of the prevailing political, economic, social, and health situation and discussed the prospects for the 1995-1998 quadrennium. He explained that, based on that situation analysis, inequity in coverage and access to health services had been identified as the principal challenge to be addressed by the health sector during the quadrennium, and a set of policy orientations was being proposed to guide the Organization in responding to that and the other, related challenges. The five broad policy orientations proposed were: (1) health in development, with emphasis on the role of the health sector as a producer of both goods and services and on investment in scientific and technological development and the development of human resources; (2) health sector reform, with emphasis on intersectoral action, universal access to health services, and social participation; (3) health promotion, especially through promotion of healthy cities or communities and focusing of action on the most important problems and the neediest population groups; (4) environmental protection and development, with particular attention to housing and living conditions; and (5) disease control, emphasizing efforts to combat communicable diseases and vaccine-preventable diseases.

#### *Discussion of Part B*

Several representatives again noted that they had received the document very late and had not had time to consider it adequately. The general opinion expressed was that the issues identified in the document were important, in particular the need for universal access to health services and for health care of equal quality for all, regardless of socioeconomic status. Several representatives were pleased with the emphasis the document placed on the productivity of the health sector as a generator of goods and services and a contributor to development, since it helped to change the image of the sector as simply a consumer of resources. It was suggested that the idea of sustainable development should be incorporated more explicitly into the proposed orientations, since it was essential that any advances made in the health field be sustainable.

Various representatives expressed concern about the lack of specificity in the orientations proposed, noting that they were so broad and general that it would be difficult to formulate concrete plans of action for implementing them, which would lead to the same kinds of monitoring and evaluation problems encountered with the SOPPs for 1991-1994. In addition, it was felt that the document seemed not to define any concrete role for PAHO. Because the document was intended to guide the work of the Organization for the next four years, it was essential that it identify specific areas in which PAHO could use its particular expertise and capabilities to contribute to the achievement of objectives that the countries would be unable to achieve on their own. Some of the representatives also considered that some attempt should be made in the document to set objectives and targets for the quadrennium, as this would give the countries a concrete basis for decision-making and would provide more direction for the



PAHO technical programs. In addition, it was pointed out that the linkage between the budget and the various planning documents--including the strategic orientations and program priorities, and specific plans of action--should be made more clear.

The Representative of Canada reiterated his concerns regarding the process whereby the Organization's orientations for the quadrennium were being defined and expressed the opinion that the document should be reworked before it was sent on to the Executive Committee and the Pan American Sanitary Conference. He added that he thought it was unclear to several of the representatives why the five orientations proposed in the document had been chosen. He thought that the health needs in the Region should be analyzed on the basis of information from some objective source--for example, *Health Conditions in the Americas*--and then it should be decided what, specifically, PAHO was in a position to do in order to address those needs. The Representative of the United States noted that, in particular, PAHO should try to identify ways in which it could help to remedy the long-standing problem of monitoring and lack of information by assisting the countries in developing reliable information systems, which would provide them with a basis for setting priorities.

The Observer for Cuba expressed disagreement with the wording and content of some statements made in the document, in particular those in the introduction which alluded to the removal of political leaders and to a trend toward intervention by international organizations in national matters. Those statements seemed to suggest that the trends described were generalized, which was not the case; it was necessary to specify where and when these phenomena had occurred. In regard to the term "inequity," he felt that it did not convey the true nature and complexity of the problem, which was the existence of profound inequality in many countries.

In response to the representatives' comments, Dr. Perdomo pointed out that the document was a policy document and as such was intended to provide basic proposals to guide the Organization's activities. It had to be general enough to be applicable for all the countries in the Region, although he recognized that some issues could be explored in greater depth. He emphasized that it was important to first agree on basic policies and orientations, and then quantifiable goals could be set under specific plans of action. In this regard he pointed out that the Organization had a planning system, the American Region Planning, Programming, Monitoring and Evaluation System (AMPES), in which the Organization's policy orientations were expressed as specific objectives for a year or biennium, the expected results for that time period were defined, a series of projects or set of activities was formulated, and a budget was allocated for them. He noted that several of the representatives had called attention to the need for coherence, and observed that the AMPES made such coherence possible. He agreed that the concept of sustainable development was important and should be incorporated more explicitly into the document.

The Director thanked the representatives for their valuable comments, and apologized for the fact that the document had not been made available earlier. He reiterated that the document was a policy document, not a programming document. In drafting the document the Secretariat had endeavored to identify the most important challenges and issues facing the health sector and outline the major areas in which the Organization should concentrate its activities during the period 1995-1998. The aim in submitting the document to the Subcommittee had been to determine whether or not the issues identified were valid and should indeed serve as the basis for PAHO's policy orientations and activities in the next quadrennium. In order to avoid submitting a lengthy, detailed document to the Pan American Sanitary Conference, he suggested that perhaps the document should be amplified somewhat to clarify what the Organization's policy goals and strategies would be, and then subsequently the Executive Committee could adopt a more specific plan of action, as had been done with the SOPPs for 1991-1994.

He acknowledged that four of the five proposed orientations were quite broad in scope, but explained that they reflected the broader context in which health activities took place. In response to the Canadian Representative's comments, he pointed out that the proposed orientations had been chosen in response to observable phenomena, which the Organization could not ignore because, directly or indirectly, they had an effect on health. Similarly, in response to the comments of the Observer for Cuba, he said that in including in the document a discussion of political, social, and economic trends, the Secretariat's intention had been to take note of phenomena that were actually occurring and that had an impact on the health sector, but that no attempt had been made to assert any value judgment in regard to those phenomena. In regard to the role of PAHO, he stressed that PAHO's mission was not to produce specific results in relation to health but to support the countries in their efforts to produce such results. Accordingly, the Organization's role was to provide direct technical cooperation and encourage technical cooperation among countries, to facilitate access by the countries to knowledge and information, and to aid in the development of human resources in the countries.

He agreed that it was important to try to better show the relationship between the Organization's strategic orientations and the BPBs and APBs. Expanding on Dr. Perdomo's comments, the Director pointed out that the AMPES clarified the links between the various planning instruments (including the WHO General Program of Work, the SOPPs, and the BPBs and APBs).

Finally, in regard to the concept of sustainable development, the Director noted that the idea was perhaps not explicitly discussed in the document but nevertheless it was the essence of the Organization's work with the countries to create sustainability.

**Item 4: Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1996-1997**

Mr. James Milam, Chief of Budget, introduced this item, pointing out that the *Provisional Draft of the Program Budget of WHO for the Region of the Americas for 1996-1997* was being presented to the Subcommittee for review prior to its submission to the June 1994 meeting of the Executive Committee. That body would make recommendations in September 1994 to the Pan American Sanitary Conference, which, acting as the Regional Committee of WHO for the Americas, would make its recommendations to the Director-General of WHO. The global proposal would be considered by the WHO Executive Board in January 1995 and by the World Health Assembly in May 1995.

He noted that the instructions from the Director-General of WHO regarding preparation of the regional budget proposals for 1996-1997 had been quite different from those in the past. Rather than setting a ceiling on cost increases, the Director-General had requested the regions to submit their proposals without any cost increases over 1994-1995 levels.

The instructions had originally called for an overall 3% reduction of \$2,394,000, and it was to be decided at a later date how those funds would be redistributed to the regions. However, subsequently it had been decided that the funds should remain in the regions but should be allocated to four priority areas in Country Programs: (1) human health in a changing environment, (2) proper food and nutrition, (3) integrated disease control as part of overall health care and human development, and (4) dissemination of information for advocacy and for educational, managerial, and scientific purposes. The Region of the Americas had complied with the instructions, and had distributed the entire sum of \$2,394,000 in the four priority areas, as was reflected in Table 3 in Document SPP22/4.

Mr. Milam drew attention to Tables 5 and 6 in the document, which showed the tentative proposal for 1996-1997 with estimated program and cost increases and decreases based on the cost factors used in the 1996-1997 projection contained in the PAHO Biennial Program Budget for 1994-1995 (*Official Document 254*). The tables had been prepared to give the Subcommittee a preliminary idea of what might be expected in the way of cost increases, although the proposal would be submitted to WHO without increases. The total projected increase shown in Table 5 was 8.4% for the biennium, or about 4% annually.

*Discussion*

In response to questions from the representatives, it was clarified that the proposal submitted to Geneva would reflect no cost increases; the total cost increase shown in Tables 5 and 6 was a projection based on the assumption that the cost factors used in *Official Document 254* would remain the same. In fact, considering the prevailing economic situation and the trend of interest rates in the United States, the real increase might prove to be less than the figure indicated in the document, unless the United Nations were to mandate especially high personnel cost increases. It was also emphasized that the proposal contained in Document SPP22/4 was tentative and reflected only the estimated WHO portion of PAHO's budget; the definitive budget would be prepared after the Pan American Sanitary Conference in September 1994, when it would be known exactly what the WHO allocation for the Region would be and how much the Organization could expect from other sources.

Several representatives expressed concern about whether the proposal was sufficiently flexible to allow for programming changes that might result from the adoption of a new set of strategic orientations and program priorities for the quadrennium 1995-1998, as well as from the initiation of the Ninth General Program of Work of WHO and the outcome of the WHO Executive Board's consideration of the report of the Working Group on the WHO Response to Global Change. Regarding the WHO response to global change, in particular, it was pointed out that it had been recommended that the Organization endeavor to better focus its activities in order to achieve greater impact in specific areas and, if this suggestion were accepted, some programs might be eliminated, which would have budgetary repercussions. Various representatives expressed the opinion that both WHO and PAHO should try to narrow the scope of their activities and focus more on specific needs, concentrating resources in those areas. The Representative of Canada voiced the hope that PAHO would take the lead in reducing the number of its programs, thereby setting a good example for the rest of WHO, and indicated that he thought the Organization's strategic orientations might be a good vehicle for demonstrating that leadership.

In addition, it was noted that voluntary contributions are decreasing and that the major donor countries are increasingly unwilling to provide extrabudgetary funding for programs such as AIDS and tropical diseases research, which they consider should receive more funding under the WHO regular budget. That factor, together with the potential changes mentioned above, lends weight to the argument that some smaller programs should be eliminated in order to better focus efforts and resources in high-priority areas, and that sufficient flexibility should be maintained in the budget to allow shifting of funds from one category to another.

Mr. Milam reiterated that the proposal before the Subcommittee was tentative and pointed out that the flexibility of the budget would become apparent in 1995, when the definitive core budget of the Organization would be considered. The Director emphasized that PAHO had the flexibility to reduce and focus its actions and that it had tried to do so. In fact, the Organization was currently supporting no more than 17 programs in any of the countries, and in most it was supporting around 10. However, it was not easy to reduce and concentrate programs and still respond effectively to the needs of the countries, which were quite varied. As an international organization dedicated to serving the countries, PAHO necessarily had to take a broader approach to addressing priorities than that taken at the national level. With regard to the possibility of channeling more WHO regular funds into programs such as AIDS and tropical diseases research, the Director noted that the financial needs in those areas were so great that the budget could never be flexible enough and regular funds would never be sufficient to cover them. As an example, he pointed out that the estimated amount needed for AIDS control efforts alone would consume half of the total regular budget of WHO. In conclusion he assured the representatives that in drafting the consolidated WHO/PAHO budget, which would be presented to the Subcommittee at its meeting in April 1995, the Secretariat would bear in mind the need for flexibility in order to adjust to any programming changes resulting from the need to bring the new strategic orientations and program priorities into line with the Ninth General Program of Work, as well as any changes arising out of PAHO's participation in the WHO response to global change.

The Subcommittee concluded that the proposal should be forwarded to the Executive Committee and the Pan American Sanitary Conference.

**Item 5: Joint PAHO/Economic Commission for Latin America and the Caribbean (ECLAC) Report on Health, Social Equity, and Changing Production Patterns in Latin America and the Caribbean**

Dr. José Romero Teruel, Director of the Division of Health and Development, introduced this item, commenting that it was difficult to summarize the content of the document, which was the product of a lengthy process of analysis involving personnel from several program areas within PAHO and ECLAC. He explained that for several years ECLAC had been considering the idea of social equity in the process of changing productive patterns and had been seeking to find ways of ensuring that development in Latin America and the Caribbean would not only increase productivity but also lead to greater social equity. At the same time, PAHO had been emphasizing the relationship between development and health, and it had been generally recognized that health was a fundamental strategy for achieving development. The document presented to the Committee had thus grown out of an encounter between the two institutions and an

attempt to formulate a proposal for improving health conditions and services with a view to contributing to both social equity and increased productivity.

Dr. Teruel briefly outlined the contents of the document, highlighting the key elements of the proposal, namely, health promotion and an intersectoral approach, the definition of a basic basket of health services to be made available to all segments of the population in the various countries, targeting of health interventions to reach the most vulnerable groups, health sector reform, and investment.

### *Discussion*

The document was received with great enthusiasm by all the representatives, who considered it extremely timely and felt that it would be very useful to the countries in their efforts at health reform. Several representatives commented that the document provided an excellent foundation for the Organization's strategic orientations and program priorities for the 1995-1998 quadrennium. It also addressed the role of the State in the health sector. Some concern was expressed about how the document was to be used by the Organization and various representatives said they hoped that specific action plans would be developed quickly.

A number of suggestions were made with regard to how certain aspects of the document might be improved. It was suggested that greater emphasis be placed on the relationship between reliable data systems and the ability to develop accurate epidemiological profiles, which was crucial for defining the basic basket of health services. It was also recommended that the roles of PAHO and ECLAC in the development of such data systems be clarified. Several representatives said the concept of the basic basket of health services and the content thereof needed to be elucidated as did the issue of privatization and the public/private mix in the delivery of health services. It was noted that the document took a predominantly economic approach to health issues and that greater emphasis should be placed on the need to provide health services that were not just cost-effective but of high quality. Various representatives stressed that equity should be the central consideration in decision-making with regard to health reform and suggested that the document should express that idea more emphatically.

Dr. Teruel thanked the representatives for their favorable comments, pointing out that many people deserved credit for the document. He emphasized the key role that had been played by the Director in its production. He found the suggestion regarding the incorporation of the ideas expressed in the document into the Organization's strategic orientations and program priorities very valuable. He explained that the ambiguity in the document with regard to the question of privatization was a reflection of the differing points of view of PAHO and ECLAC, and said that a consensus on the issue was still being sought. As for the basic basket of health services, he pointed out that the content

and characteristics of the basket would have to be defined at the national level, since the countries had different health needs and profiles. In response to the comments regarding the importance of data collection, he noted that the Organization was actively seeking to enhance the capacity for health situation analysis in the countries and was trying to find ways of helping the countries to generate information to be used in setting priorities and measuring the impact of health initiatives. He also noted that the version of the document presented to the Subcommittee was a summary of a larger document, which contained a more in-depth discussion of several of the issues raised by the representatives.

The Director expressed his profound satisfaction at the positive reception the document had been given by all the representatives and said he hoped that their generally favorable reactions indicated that PAHO and ECLAC had succeeded in identifying issues that were of concern to all the countries, despite the marked differences among them. He said that the document was undoubtedly the most general policy document that the Secretariat had ever submitted for consideration by the Governing Bodies in terms of both its scope and its content. The Secretariat's view was that the document was a source document that would provide a basis for the development of more specific initiatives.

In regard to the representatives' suggestions concerning elements that should be explored in more detail in the document, he noted that certain issues could not be addressed given the nature of the document. One such issue was the specific roles of PAHO and ECLAC. Those roles had to be defined by each organization individually. Other suggestions, however, could be incorporated into future versions of the document. One idea that might not have been explored sufficiently in the document was that of health care as a source of satisfaction for the individual, the family, and society as a whole. That idea was closely linked to the concern for quality mentioned by the representatives and was related to the process of development, one of the aims of which was to engender well-being. He noted that one of the crucial differences between PAHO's approach to health sector reform and the approach being promoted by the World Bank and other institutions was the Organization's emphasis on equity as opposed to efficiency as an objective in and of itself. While PAHO recognized that efficiency was important, it considered equity the preeminent objective to be pursued, and that way of thinking shaped the way in which the Organization would approach such issues as health sector reform, privatization, and the development of a basic basket of health services. He said that he was extremely pleased that the representatives had unanimously accepted equity as the point of reference for the entire proposal.

As for what was to be done with the document in the future, the Director indicated that it would be discussed by the Council of ECLAC and that the suggestions emanating from that body and those made by the members of the Subcommittee would

be taken into account and incorporated to the extent possible in the version of the document to be presented to the Executive Committee and to the fourth Ibero-American Summit of Heads of State and Government in June 1994. The document would subsequently be presented to the Pan American Sanitary Conference and, providing the idea was accepted by the Executive Committee, a joint session of the Pan American Sanitary Conference and the ECLAC Council would be held during the Conference. He reiterated that the Organization intended to use the document as a basis for the selection of specific problems around which plans of action would be developed, and added that it would also be used to facilitate PAHO's efforts to promote health and social concerns in its interactions with other international institutions, particularly the World Bank and the Inter-American Development Bank.

In conclusion, the Director clarified that the Organization's concern with general policy issues such as those discussed in the PAHO/ECLAC document should in no way be interpreted to mean that it was focusing less on specific aspects of disease control. He explained that by addressing policy issues the Organization was enhancing its credibility as an institution and creating the conditions necessary to ensure the sustainability of disease control activities.

#### **Item 6: Role of the State in the Health Sector**

This item was presented by Dr. César Vieira of the Health Policies Program. He outlined the content of the document prepared by the Secretariat, which summarized the ideas of PAHO with regard to the relationship between the State and society, discussed the changes that had occurred in that relationship as a result of certain political, economic, and social changes in the Region, explored the impact of those changes on health, and examined their implications for the work of the Organization and those responsible for health policy formulation in the countries. The document identified five main areas of State involvement in health: organization and operation of the health sector, economic and financial intervention in the health sector, legal action relating to health, political and social intervention in the health sector, and international action on health.

Dr. Vieira pointed out that in response to the changing political, economic, and social reality in the Region, the Organization was obliged to continually adjust its policies and modify its priorities for the delivery of technical cooperation. In particular, the Organization needed to exercise leadership in strengthening the presence of the health sector in society as a whole and ensuring a place for health on the political agendas of the countries of the Region. In addition, it needed to encourage the formulation of macropolicies aimed at increasing equity, promote multisectoral action, and mobilize resources and participation by new counterparts in the health field.



*Discussion*

Several representatives pointed out that the document expressed many of the same ideas contained in two other documents being considered by the Subcommittee: the proposed policy orientations for the 1995-1998 quadrennium and the document on health, social equity, and changing production patterns, prepared jointly by PAHO and the Economic Commission for Latin America and the Caribbean (ECLAC). In addition, it was considered rather unclear why the document had been presented, since there had been no resolution calling for it and it seemed not to have any direct program implications. Two representatives suggested that rather than focusing on the role of the State it would be more appropriate to explore the issue of health reform and the role of the Organization in that process. It was also suggested that perhaps the document's contents should be incorporated into the PAHO/ECLAC document or the strategic orientations document.

Dr. Vieira explained that the document had emerged from discussions within PAHO of the role of the State and from the Organization's monitoring of trends and experiences in the Region. In drafting the document the Secretariat had sought to elucidate certain issues relating to the role of the State, which had been implicit in other documents of the Organization but had never been explicitly addressed. No specific policy orientation for PAHO on this subject had been formulated, particularly with regard to the relationship between the State and the private sector. The aim in submitting the document to the Subcommittee had been to hear the representatives' recommendations regarding whether the issue should be addressed within the Organization and, if so, how it should be addressed.

The Director noted that there had been considerable doubt within the Secretariat as to whether a topic as potentially controversial as the role of the State should be submitted to the Governing Bodies for consideration. However, it had been decided that because the issue was being debated in the Region, particularly in economic circles, and decisions were being made that sometimes had a significant impact on the health sector, it was essential for the Organization to examine it, albeit without any attempt to prescribe or impose any particular course of action for the countries. It was felt that if the Organization failed to adopt some position with regard to the issue it would be at a disadvantage with respect to other organizations and institutions that were promoting health sector reform. As for the suggestion that the document's contents be incorporated into the PAHO/ECLAC document, the Director noted that the document on the role of the State addressed specific health sector concerns that were not addressed in the PAHO/ECLAC document, which represented an attempt by two institutions with different orientations to arrive at a joint position.

In subsequent discussion by the representatives, it was noted that the Executive Committee and the Pan American Sanitary Conference would have very heavy agendas

and would be asked to consider several documents dealing with policy issues. There was consensus among the representatives that the document should therefore not be submitted to those bodies but that its contents should be incorporated into the two aforementioned documents.

**Item 7: Monitoring and Evaluation of the Strategies for Health for All by the Year 2000**

Dr. Pedro Luis Castellanos of the Health Situation Analysis Program presented the report on the status of the third monitoring of progress in the implementation of the strategies for health for all by the year 2000 (HFA-2000). He recalled that the World Health Assembly had decided that monitoring and evaluation exercises should be carried out every three years in accordance with the Common Framework and Format developed for that purpose. He added that monitoring was meant to be more than a mere data collection exercise. It was intended to encourage reflection in the countries with regard to the health policies being pursued and the changes that needed to be made in order to achieve the goal of HFA-2000.

Dr. Castellanos noted that the introduction of several changes into the Common Framework and Format, coupled with various technical difficulties, had delayed the distribution of the monitoring forms to the countries. He reported that as of the date of the Subcommittee meeting, reports had been received from only nine countries, although the deadline set for receipt of the reports had been 28 February 1994. That situation was worrisome, since past experience had shown that the Secretariat would need two to three months to draw up the Regional report for presentation to the Executive Committee. Dr. Castellanos said that every effort was being made to encourage the countries to submit their reports as soon as possible.

There were no questions or discussion regarding the status report.

**Item 8: Regional Plan of Action for Health Promotion in the Americas**

Dr. Helena Restrepo, Director of the Division of Health Promotion and Protection, introduced this item, recalling that the subject of health promotion had been discussed by the Governing Bodies in 1993 and that the Directing Council had adopted Resolution CD37.R14, which called on the Secretariat to prepare a plan to guide the countries in translating the health promotion strategy set forth in the SOPPs for 1991-1994 into concrete action.

Dr. Restrepo emphasized that the Regional Plan provided a broad operational framework for action but that the real plans of action had to originate in the countries and were dependent on the specific context and on the degree of acceptance of and

political commitment to the concept of health promotion at the national level. The document indicated the processes the Organization hoped to promote, and set forth the priority areas in which the Organization considered action most important, emphasizing in particular the healthy cities or communities movement, intersectoral action, community participation, environmental protection, encouragement of healthy lifestyles, and incorporation of health promotion into educational activities. The Plan attached considerable importance to the leadership role of the health sector in giving an impetus to health promotion.

As for the expected outcomes of the Plan, Dr. Restrepo observed that they were ambitious, given the resources available, and had to do primarily with the processes and activities PAHO hoped to promote and support through its technical cooperation. Mainly, the Plan was expected to spur the development of policies, plans, and programs on health promotion in the countries and to encourage new approaches to public health, promoting a view of health as a social good to be sought by all sectors and by the community. In regard to monitoring and evaluation of the Plan, she noted that, because the Plan called for the involvement of various sectors and many actors, these operations would present a challenge, particularly because they required the generation of information different from that generally produced in the sector. The Organization was exploring the development of an information system to facilitate the task.

Dr. Restrepo also noted that five meetings on health promotion would be held in various countries of the Region during the coming year, which she felt was an encouraging sign of the increasing importance being attached to this issue.

### *Discussion*

The Plan was generally well received, and several representatives expressed their satisfaction at its clarity and comprehensiveness. The healthy cities or communities movement and the emphasis on health promotion in schools were considered particularly important. There was consensus that health promotion has come to be accepted as a key activity for the Organization and the health sector as a whole. Various representatives mentioned health promotion activities that were being pursued in their countries.

Several representantes asked for clarification of the activities PAHO would carry out and the specific technical advisory services the Organization would be in a position to offer the countries, particularly with regard to implementation of the healthy cities approach, policy formulation, and training of human resources. One representative felt the document did not provide sufficient detail in regard to what the Plan was expected to achieve and did not set measurable goals and objectives. Several questions were asked about the budget and the distribution of resources for the various activities.

The Canadian Representative pointed out that his country's experience with health promotion had shown that it was important to identify the obvious problems that needed to be tackled (nutrition, smoking, and alcohol abuse, for example) and then to focus action at all levels and on key players. The Representative of Bolivia noted that in social communication activities it was essential to convey information that was as objective and straightforward as possible, and that it was also important to tailor the information to the target audience, taking into account social and cultural characteristics. The Representative of Belize suggested that the awarding of certificates or declarations in recognition of health promotion activities and the organization of special days or months devoted to health promotion among specific population groups--for example, a children's health day or a women's health month--might be ways of motivating health promotion activities at the country level.

In reply to the questions regarding the technical cooperation to be provided and the specific results sought by the Organization, Dr. Restrepo noted that the Organization's ability to respond to the myriad needs and requests in an area as broad as health promotion was limited. She pointed out, however, that PAHO's technical capacity in this area extended beyond the Health Promotion Division and emphasized that all the technical programs would be involved in some way, as would the PAHO/WHO Representative Offices in the countries. The basic objective of the Regional Plan was to promote health promotion processes in the countries, and to that end the Organization would focus on mobilizing resources and developing capabilities at the national level in order to enable the countries to take action. In the area of human resources training, she noted that the Organization was working on the development of appropriate instruments and in conjunction with UNESCO was seeking to introduce health topics into the curricula of schools of mass communication and other professional training programs.

With regard to the budget, she noted that it was difficult to say what amounts had been invested in specific activities, precisely because health promotion involved all the Organization's programs in one way or another. An effort had been made, and would continue to be made, to focus spending on those areas that were considered most catalytic and most likely to yield the greatest health promotion benefits in the countries.

The Director observed that the Regional Plan was an example of how the five areas of concentration included in the proposed strategic orientations for 1995-1998 should be developed. He also pointed out that the Plan was complemented by other documents that provided a more detailed indication of planned activities, including the annual programs of cooperation with the countries and the various plans and programs targeting specific problems, such as smoking and violence. The document, like all proposals for action relating to the Organization's strategic orientations, contained a programmatic component involving a particular Division, but above all it signalled the strategies to be applied by the Organization as a whole. Bearing in mind the

representatives' comments, the Secretariat would attempt to incorporate more specificity with regard to activities and quantifiable objectives, but without changing the basic strategic nature of the document. He emphasized that policy analysis, transmission of knowledge, and training were essential and effective ways in which the Organization could bolster health promotion efforts. Dr. Macedo thanked the Belizean Representative for his innovative suggestions and noted the importance of utilizing the experience of the countries in order to foster the development of health promotion in Latin America and the Caribbean.

**Item 9: Study of the Market for Services of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)**

Dr. Raúl Londoño, Director of INPPAZ, presented this item, noting that the study of the market for INPPAZ services had been carried out in response to a request from the XXXVII Meeting of the Directing Council. The scope and purpose of the study had been discussed by the Subcommittee on Planning and Programming at its the 20th Meeting, and there had been consensus among the members that because INPPAZ's principal function was to provide technical cooperation to the countries of the Region, the study should not be a conventional market study with a commercial approach. Accordingly, he indicated that the study had been geared toward identifying the areas in which INPPAZ could best serve the countries and seeking new sources of financing.

Dr. Londoño reported that the sample for the study had been chosen from among public and private institutions in the countries that were involved in food safety, zoonosis control, and education. In collaboration with INPPAZ, a consulting firm had developed a questionnaire, which had been distributed to 260 institutions in 26 countries. The responses to the questionnaire were being tabulated and the final results would be available in May 1994. The preliminary results indicated that a majority of the respondents were acquainted with INPPAZ, were interested in using its services, and were willing to pay for those services.

***Discussion***

The Representative of the United States noted several limitations in the study that made it difficult to interpret the results and make projections about the potential demand for INPPAZ's services. She raised a number of questions concerning the design of the questionnaire and the sample of institutions to which it had been distributed, but underscored that her comments should not be construed as a lack of confidence in INPPAZ. She believed that INPPAZ's services could be extremely valuable to the countries of the Region and that a great deal of attention should be given to the Institute during its formative period to ensure its optimum development and its financial viability. It was important for the Institute to focus its activities and provide high quality services

in a few areas, rather than attempting to offer too broad a spectrum of services of lesser quality. She noted that the market study had been carried out precisely to determine which areas should be developed most rapidly.

Dr. Londoño thanked the Representative for her comments and for the interest and confidence that the United States had shown in INPPAZ since its inception. He pointed out that the scope of the study had been limited owing to time and cost factors, as well as lack of knowledge about the potential user population, particularly in the private sector. He emphasized that the results presented in the document being considered by the Subcommittee were only preliminary and that the final results were expected to shed more light on which services were considered most important and where the Institute's efforts and resources should be concentrated.

#### **Item 10: Other Matters**

The Director informed the Subcommittee that in connection with the Regional Plan on Health and Violence, a conference was to be held in November on the topic of violence, health, and society under the co-sponsorship of PAHO, the OAS, the IDB, and UNICEF. Five major areas would be discussed: the relationship between health and violence, the origins of violence, political violence, cultural aspects of violence, and family violence. In order to give the conference greater visibility, all the Nobel peace laureates from the Region of the Americas were being invited to attend. It was hoped that a report on the results of the conference could be included on the agenda of the Inter-American Summit proposed by the President of the United States, which was scheduled to be held in December 1994.

The Director also updated the Subcommittee on the status of efforts to locate a site for the construction of a new PAHO Headquarters building. He indicated that it was highly unlikely that the Organization would be able to build on the site that had been selected in Montgomery County, because the residents of the area had vigorously opposed the Organization's relocation to that site and had succeeded in having a zoning ordinance passed that prohibited the construction of any international organization headquarters or embassy chancellery in residential areas of Montgomery County. PAHO had attempted to have the ordinance overturned but had not been successful. The Secretariat was considering pursuing an appeal and at the same time was exploring other options for the relocation of the Organization's Headquarters.

Annex



PAN AMERICAN HEALTH ORGANIZATION

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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22nd Meeting  
Washington, D.C., 6-8 April 1994

SPP22/2, Rev. 2  
8 April 1994

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

**ELECTED MEMBERS  
MIEMBROS ELEGIDOS**

**BELIZE  
BELICE**

Hon. Rubén Campos  
Minister of Health and Sports  
Ministry of Health and Sports  
Belmopan

**BOLIVIA**

Dr. Joaquín Monasterio  
Secretario Nacional de Salud  
Secretaría Nacional de Salud  
La Paz

**CANADA**

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International Affairs Directorate  
Department of National Health and Welfare  
Ottawa, Ontario

**MEXICO**

Dr. Federico Chávez Peón  
Director de Asuntos Internacionales  
Subsecretaría de Coordinación y Desarrollo  
Secretaría de Salud  
México, D.F.



*AD HOC MEMBERS*  
*MIEMBROS AD HOC*

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Ministra de Salud  
Ministerio de Salud  
Managua

PERU

Dr. Guillermo Frías Martinelli  
Director Ejecutivo  
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Primer Secretario, Misión de Cuba  
ante las Naciones Unidas  
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Embajador Representante Permanente del Uruguay  
ante la Organización de los Estados Americanos  
Washington, D.C.

Dr. Beraldo R. Nicola  
Representante Alterno del Uruguay  
ante la Organización de los Estados Americanos  
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MIEMBROS ASOCIADOS**

*PUERTO RICO*

Srta. Sonia Moreno  
Secretaría Auxiliar para Educación a Profesionales de la Salud  
Departamento de Salud  
San Juan

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OFICINA SANITARIA PANAMERICANA

*Secretary ex officio*  
*Secretario ex officio*

Dr. Carlyle Guerra de Macedo  
Director

*Advisers to the Director of the Pan American Sanitary Bureau*  
*Asesores del Director de la Oficina Sanitaria Panamericana*

Dr. Robert F. Knouss  
Deputy Director

Sir George Alleyne  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

Dr. David Brandling-Bennett  
Director, Division of Communicable Diseases  
Prevention and Control

Mr. Horst Otterstetter  
Director, Division of Health and Environment

Dr. José María Paganini  
Director, Division of Health Systems and Services

Dr. Helena Restrepo  
Director, Division of Health Promotion and Protection

Dr. José R. Teruel  
Director, Division of Health and Development

PAN AMERICAN SANITARY BUREAU (cont.)  
OFICINA SANITARIA PANAMERICANA (cont.)

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*Asesores del Director de la Oficina Sanitaria Panamericana (cont.)*

Dr. Pedro Luis Castellanos  
Coordinator, Health Situation Analysis Program

Dr. Raúl Londoño  
Director, INPPAZ

Mr. James Milam  
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Dr. Germán Perdomo Córdoba  
Acting Chief, Analysis and Strategic Planning Office

Ms. Cristina Puentes-Markides  
Analysis and Strategic Planning Office

Dr. César Vieira  
Coordinator, Health Policies Program

*Chief, Department of Conference and General Services*  
*Jefe, Departamento de Servicios Generales y de Conferencias*

Mr. César A. Portocarrero

*Chief, Conference Services*  
*Jefe, Servicio de Conferencias*

Ms. Janice Barahona



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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21st Meeting  
Washington, D.C., 9-10 December 1993

SPP21/FR (Eng.)  
10 December 1993  
ORIGINAL: SPANISH

**FINAL REPORT**

## FINAL REPORT

The 21st 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 9 and 10 December 1993.

The representatives of the following members of the Subcommittee, elected by the Executive Committee, were present: Belize, Bolivia, Canada, and Mexico. Also taking part, at the invitation of the Director of the Pan American Health Organization (PAHO), were the representatives of Guyana and the United States of America. Uruguay participated as an observer.

### OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director of PAHO, opened the meeting and welcomed those in attendance.

### OFFICERS

The Officers of the Subcommittee were as follows:

Chairman:	Dr. Joaquín Monasterio	Bolivia
Vice Chairman:	Dr. Rubén Campos	Belize
Rapporteur:	Dr. Federico Chávez Peón	Mexico
Secretary <i>ex officio</i> :	Dr. Carlyle Guerra de Macedo	Director, PAHO
Technical Secretary:	Dr. Germán Perdomo Córdoba	Acting Chief, DAP/PAHO

## 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/WHO Technical Cooperation in Guyana
5. Maintenance of Hospital Equipment
6. Implications for PAHO of the Report of the Executive Board Working Group on the WHO Response to Global Change
7. Analysis of PAHO'S AIDS and Sexually Transmitted Diseases Program
8. Other Matters

## PRESENTATION AND DISCUSSION OF THE ITEMS

A summary of the presentations and discussions with regard to each item follows.

### *Analysis of PAHO/WHO Technical Cooperation in Guyana*

Ms. Gail Teixeira, Minister of Health of Guyana, and Mr. Peter R. Carr, PAHO/WHO Representative in that country, presented this item.

Ms. Teixeira reported on health conditions in her country and on the challenges faced by the new administration of Guyana. Although the evaluation of technical cooperation carried out in October 1993 covered the period 1980-1992, the new Government came to power only slightly over a year ago, having inherited a series of problems that originated many years earlier. Many of the problems faced by the new administration are related to the population's lack of confidence in the system. The new officials must now rebuild that confidence, which they are trying to do through the promotion of community participation. The Minister provided statistical data on morbidity and mortality in Guyana, with special emphasis on malaria, AIDS, and maternal and child health. She noted that an effort is being made to solve problems

related to this last area through the enactment of pertinent legislation, which is being promoted by the Ministry of Health at the level of the Parliament. With respect to efforts to control the AIDS epidemic, which in Guyana has affected mainly heterosexuals, cultural attitudes make it difficult to persuade the population to use condoms, and efforts at mass education are needed. She also emphasized the need for the Ministry of Health to offer more competitive wages in order to retain qualified personnel. Ms. Teixeira described the special geographical situation of Guyana, which is located below sea level. As a result, the country is subject to floods, which affect sewerage and drinking water supply services. Financing for a solution to this problem is being negotiated with the World Bank and the Inter-American Development Bank. Many other international agencies are also cooperating with the Government in efforts to improve health conditions.

Mr. Carr then explained that the purpose of the joint evaluation carried out in Guyana in October 1993 was to determine the relevance, efficiency, and effectiveness of the technical cooperation provided by PAHO/WHO in the country, and to make recommendations on future cooperation. The planning and implementation of this joint evaluation process involved the establishment of working groups made up of PAHO/WHO staff and their national counterparts. Nine areas were examined: health services development; human resources development; environmental health; communicable disease control; aids; food and nutrition; maternal and child health; technical cooperation among countries; and management of the PAHO/WHO Representative Office in Guyana. This joint evaluation exercise was a valuable experience that afforded an opportunity to reflect on the objectives, strategies, and impact of the PAHO/WHO program in Guyana in the context of the technical cooperation provided to the health sector by other international agencies.

The evaluation showed that PAHO/WHO has directed its technical cooperation toward priority programs and has contributed significantly to their solution. Those participating in the evaluation considered that this work should continue, and made specific recommendations for future strategies and activities. A particular concern of the working groups had been to maintain objectivity in the evaluation of the programs, and the participation by staff from Headquarters and from the Barbados office in the meeting had been very important in ensuring that objectivity.

Dr. Robert Knouss, Deputy Director of PAHO, noted that he had participated in the meeting and had been very pleased to see the close collaboration between the PAHO/WHO Representative Office in the country and the Ministry of Health. That collaboration had been a major factor in the success of the meeting. He emphasized the importance of such evaluation exercises for the Subcommittee, since it was concerned with matters relating not only to planning and programming but also to the relevance, efficiency, and effectiveness of technical cooperation programs. He reiterated the



Organization's support for Guyana, and pointed out that PAHO/WHO cooperation differs from that provided by other agencies because the Organization belongs to the countries themselves.

### **Discussion**

The representatives congratulated Ms. Teixeira for all she had achieved in such a short period after having taken over as head of the health sector in the new Government, and for her obvious commitment to improving health conditions among the Guyanese population. Several representatives expressed interest in obtaining more information about the strategies used in Guyana to combat malaria, including possible use of the vaccine being developed in Colombia. With regard to the strategies, Ms. Teixeira indicated that the availability and appropriateness of new insecticides was being studied. In the past the only insecticide used had been DDT, which was obtained free of charge because other countries did not want it. She noted that another consideration in her country was the aforementioned problem of floods, which made spraying operations difficult. Responding to the questions regarding possible use of the vaccine being developed by Dr. Patarroyo in Colombia, the Director indicated that it was necessary to wait for more definitive results from a study being conducted in Africa under the coordination of WHO before making any judgment on the feasibility of producing an effective vaccine for global use.

In response to a request for information from the Secretariat on the process followed to determine the priorities for PAHO/WHO technical cooperation in Guyana, the Director clarified that the methodology is the same for all countries: It is the Government that identifies the national priorities and determines which ones require international cooperation. The Organization responds within its capabilities and mandate.

The Ministry of Health's capacity to absorb the many offers made by donor agencies was also discussed. Finally, in response to a question about how the AIDS epidemic might affect tourism, it was clarified that, unlike other Caribbean countries, Guyana does not have tourism because it lacks beaches. In the future, however, it might be possible to promote ecotourism in the country's vast jungle areas.

### *Maintenance of Hospital Equipment*

This item was presented by Dr. José María Paganini, Director of the Division of Health Systems and Services (PAHO), and by Mr. Antonio Hernández, of the same Division. They recalled that, starting in the 1960s, the physical infrastructure for the delivery of health services at the country level in the Region had undergone a process of expansion and modernization, especially through the adoption and incorporation of complex new technologies for diagnosis, treatment, and rehabilitation. Unfortunately, this process had

not been accompanied by development of the capacity to preserve and maintain the facilities and equipment of health establishments. The situation had become critical during the 1980s because of the economic crisis.

The countries of the Region, individually and through subregional initiatives, have requested PAHO/WHO technical cooperation to develop and strengthen their equipment preservation and maintenance programs, but have not allocated the resources necessary to ensure the sustainability of these programs, which have been funded mainly through international cooperation agreements and non-reimbursable loans. An analysis of the situation shows a lack of policies at the country level with regard to engineering, maintenance, and technology; absence or deficiency of plans and programs for maintenance and upkeep; severely deteriorated buildings and equipment; lack of standards and processes for the certification of equipment; lack of trained personnel at the professional level and at the specialized technical level; operating budgets that are very inadequate, given the real needs; lack of information on the true infrastructure situation; and lack of research that would make it possible to find ways of remedying the accumulated maintenance deficit and the inadequacy of resources and strategies for incorporating new technologies.

### **Discussion**

The Rapporteur, speaking as the Representative of Mexico, observed that progress in this area has not been uniform throughout the Region, and that it might be of interest for the Subcommittee to hear about Mexico's experience. He then gave the floor to Dr. Héctor Brust Carmona, Director of the Center for Development and Technology Applications (CEDAT) of Mexico, who outlined the objectives and activities of CEDAT, with particular reference to its actions in the areas of procurement, inventory, repair, use and location of medical equipment, as well as user training.

In the ensuing discussion of Dr. Brust's remarks and of the document presented by the Secretariat, the members of the Subcommittee agreed that the issue is an important and complex one, especially given the advances in technology that often make existing equipment obsolete. It was suggested that a commitment should be secured from manufacturers to provide practical training in the operation and maintenance of their equipment and that agreements should be established between countries for technology transfer and ongoing training.

### *Analysis of PAHO's AIDS and Sexually Transmitted Diseases Program*

The item was introduced by Drs. David Brandling-Bennett, Director, Division of Communicable Diseases Prevention and Control (PAHO), and Fernando Zacarías, Coordinator, AIDS and Sexually Transmitted Diseases Program (PAHO). Dr. Brandling-

Bennett discussed the Program's budgetary problems and indicated that the proposed administrative changes would be discussed under item 6, as an addendum to the corresponding document.

Dr. Zacarías presented the analysis of the Program, pointing out that the most important issues to be considered by the Subcommittee were related to the epidemiological changes taking place and to changing national, regional, and world needs in the face of the AIDS epidemic. In addition to the growing numbers of AIDS cases and, especially, of people infected with human immunodeficiency virus (HIV), it is important to emphasize the shift toward increased heterosexual transmission, detection of higher rates of HIV infection among younger population groups, the appearance of many cases resulting from the use of contaminated needles and syringes by drug users, the growing tendency for AIDS to become a disease of the poor, and the increased prevalence of tuberculosis as an opportunistic infection in the Member States.

Among the greatest challenges facing the national programs are to adapt their actions and interventions to the epidemiological changes occurring, and to take advantage of opportunities to obtain resources and collaboration inside and outside the health sector, as well as political and financial support for the maintenance of long-term programs. At the world level, the greatest challenge is to restore the credibility of WHO as an agency that is efficient and capable of maintaining technical leadership in this area while coordinating its actions with those of other agencies. As concerns the Pan American Health Organization, the Regional Program and the PAHO/WHO Representatives in the countries must meet the need to: (a) adapt technical cooperation to the epidemiological situation and state of program development in the countries, with emphasis on preventive actions; (b) provide support at the national and international level for the acquisition of additional resources, especially in the area of medical care and social services for AIDS patients and HIV-infected individuals; (c) achieve greater administrative flexibility and better coordination in the delivery of interagency and interprogram technical cooperation; and (d) assist the national programs in the imminent and necessary process of intrasectoral and intersectoral decentralization and integration in the next three years.

### **Discussion**

The members of the Subcommittee decided to make their observations on the report during discussion of the addendum to Document SPP21/5, concerning the Global Program on AIDS, which was considered immediately thereafter.

The Director presented the document. Drawing the Subcommittee's attention to the fact that not all the countries nor all the Regional Directors had been consulted on the proposal to transfer responsibility for the Global Program on AIDS to a United Nations interagency group, he announced his intention to inform all the Member States

of PAHO on the Secretariat's position with regard to this proposal. He expressed his personal conviction that the Global Program on AIDS should provide for effective participation by other agencies, including regional agencies, but the basic responsibility for leadership in this interagency effort should remain with the health sector and with WHO. The Director commented on some of the reasons that had given rise to the proposal and acknowledged that errors had been committed in the administration of the Program, but he also noted the disadvantages that would result from the proposed transfer of authority. Responsibility at the national level would rest with the United Nations Resident Coordinator, leaving the role of the PAHO/WHO Representative unclear and undermining the fundamental responsibility of the Ministries of Health to take the lead vis-à-vis the other ministries.

The Representative of Mexico said that his country maintained that AIDS--notwithstanding its social, educational, economic, labor, communication, religious, and other repercussions--continued to be a health problem and should be treated as such, although that did not preclude multidisciplinary participation by other agencies in solving related problems. The Representatives of Canada and the United States of America, which had participated in the preparation of the proposal discussed by the Subcommittee, expressed their points of view on the reasons why a transfer of responsibility had been considered necessary and their views that the recommendation would ultimately be beneficial for the administration of the Global Program on AIDS. The Director reiterated his intention to communicate the views of the Secretariat to those PAHO Member States that had not been consulted, so that they could form an opinion before the proposal was presented to the Executive Board in January 1994.

*Implications for PAHO of the Report of the Executive Board Working Group on the WHO Response to Global Change*

Mrs. Cristina Puentes-Markides, of the Office of Analysis and Strategic Planning (PAHO), presented the document, which reviews the principal changes at the global level that led to the establishment of the Working Group on the WHO Response to Global Change. She also presented tables showing the 27 recommendations made by the Group and their possible repercussions for PAHO. These were discussed in general and then were examined as groups of recommendations categorized according to subject matter.

**Discussion**

It was emphasized that PAHO should convey to the WHO Executive Board, through the Subcommittee on Planning and Programming, its willingness to cooperate in the reform efforts. PAHO acknowledges its relationship to the UN common system, while at the same time insisting on recognition of its particular responsibility to its Member States.

One representative mentioned the need to develop a clear analysis of the role of WHO and PAHO in a changing world, including a thorough review of the orientations of its work and its *raison d'être*. Another representative proposed that the matter should be discussed further at the next meeting of the SPP.

The Subcommittee considered each recommendation in turn and reached the following conclusions:

- With regard to the annual evaluation and the publication of reports on health conditions, especially the publication of *Health Conditions in the Americas* every four years, an effort should be made to improve the quality of the information, not increase the number of documents published, as this results in duplication of effort and inefficient use of resources. The greatest need is for documents that indicate priorities and interventions, together with ways of measuring their effectiveness.
- The goal of HFA-2000 probably will not be achieved because it is too broad. It will be necessary to specify objectives and goals based on what is attainable and what is not, in the short and medium terms.
- Previous resolutions mandating the inclusion of items on the agendas of the Governing Bodies should be examined and those that are no longer applicable should be eliminated, rather than repeatedly bringing the same matters before the Governing Bodies.
- The Executive Board should focus its discussions on executive matters and not on matters relating to the management of programs.
- The recommendation to establish "search committees" to identify possible candidates for the post of Director-General and Regional Director is interesting, but in the case of the latter the committees would have to be established at the regional level, not within the WHO Executive Board. PAHO would not be opposed to this suggestion provided that the countries' freedom to elect the Regional Director was preserved.
- Both WHO and its Regional Offices could benefit from PAHO's experience with AMPES and with the preparation of documents and the management of meetings (in terms of duration, especially).
- PAHO is advanced in the area of delegation of authority to its country representatives.

*Other Matters*

The Chairman, in his capacity as Representative of Bolivia, expressed his country's interest in receiving support from PAHO for the implementation of a tuberculosis control project and gave the Director a copy of the document on the project.

The representatives commended the Secretariat on the excellent quality of the reports presented.

**CLOSING OF THE MEETING**

The Chairman thanked the participants for their contributions to the success of the meeting, and declared the meeting closed.

Annex: List of Participants



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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21st Meeting

Washington, D.C., 9-10 December 1993

SPP21/2, Rev. 1  
9 December 1993  
9 diciembre 1993

LIST OF PARTICIPANTS  
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**ELECTED MEMBERS  
MIEMBROS ELEGIDOS**

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Hon. Rubén Campos  
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