

directing council

regional committee



**PAN AMERICAN
HEALTH
ORGANIZATION**



**WORLD
HEALTH
ORGANIZATION**



XXXVI Meeting

Washington, D.C.
September 1992

XLIV Meeting

Provisional Agenda Item 3.1

CD36/7 (Eng.)
5 August 1992
ORIGINAL: SPANISH

**ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE
(presented by Dr. Mateo Budinich (Chile))**

Article 9.C of the Constitution of the Pan American Health Organization (PAHO), which describes the functions of the Directing Council, establishes that the Council shall review the annual report of the Chairman of the Executive Committee. That constitutional provision is fulfilled through the following presentation of the report on the activities carried out by the Executive Committee during the period between September 1991 and September 1992, when its 108th and 109th Meetings were held.

108th MEETING OF THE EXECUTIVE COMMITTEE

The 108th Meeting of the Executive Committee took place on 28 September 1991 at the Headquarters building in Washington, D.C. It was attended by the representatives of the following Members: Barbados, Brazil, Cuba, Chile, Haiti, Honduras, Peru, St. Vincent and the Grenadines, and the United States of America. In addition, an observer from Argentina was present.

One plenary session was sufficient for consideration of all the items on the agenda.

Unanimously elected as officers of the Committee were the Representative of Chile, Dr. Mateo Budinich, as Chairman; Dr. César Castellanos (Honduras), as Vice Chairman; and Dr. Eugenio Villar (Peru), as Rapporteur.

In place of Canada and Venezuela, which had finished their terms of office, the Committee elected Brazil and the United States of America as members of the Subcommittee on Planning and Programming. In addition, the Committee elected the United States of America, Honduras, and St. Vincent and the Grenadines as members of

the Special Subcommittee on Women, Health, and Development to replace Canada, Trinidad and Tobago, and Venezuela, whose terms on the Executive Committee had ended.

As is customary, the Committee carried out a thorough analysis of the course and content of the recently concluded XXXV Meeting of the Directing Council and set the dates for the XXXVI Meeting.

Analysis of the Agendas of the Directing Council

Dr. Knouss, Deputy Director, PASB, introduced the item "Analysis of the Agendas of the Directing Council." The 107th Meeting of the Executive Committee had asked the Director to undertake the study in order to assure that the constitutional mandates of the Governing Bodies were being carried out efficiently and effectively. He noted that items were included in the agendas for several reasons: some were related to constitutional matters or rules or regulations; some were included pursuant to resolutions and decisions of previous meetings or by mandate of the Governing Bodies; some were proposed by Member Governments or by the Director; others were included by virtue of the Directing Council's dual role as a Governing Body of PAHO and as the Regional Committee of the World Health Organization.

He pointed out that the meetings of the Directing Council and the Pan American Sanitary Conference had been shortened considerably over the previous ten years: the Technical Discussions and the closing ceremony had been eliminated; all sessions were now held as plenary sessions; some of the issues to be taken up by the Committee and the Council underwent prior analysis by subcommittees; and an effort had been made to control the length of presentations by staff members.

During the debate, members commented on the various alternatives that had been presented in the working document. It was agreed that both the Subcommittee on Planning and Programming and the Executive Committee should review draft resolutions to see whether it was really necessary to include the subject as an item on the Directing Council or Conference agenda.

The members were in agreement with the proposal that some of the required reports could be included in the Annual Report of the Director, rather than being separate agenda items, and that the Director, as chief executive, should have discretionary power to decide what he should present to the Directing Council, what to include in his annual report, and whether or not a subject should also be on the agenda of the Executive Committee.

It was agreed that this recommendation would be recorded in the Proceedings of the meeting.

109th MEETING OF THE EXECUTIVE COMMITTEE

The 109th Meeting of the Executive Committee was held at the Headquarters of the Organization in Washington, D.C., from 22 to 25 June 1992; it was attended by the representatives of the nine Member Governments of the Committee--Barbados, Brazil, Cuba, Chile, Haiti, Honduras, Peru, St. Vincent and the Grenadines, and the United States of America--as well as observers from Argentina, Canada, and Mexico, five intergovernmental organizations, and three nongovernmental organizations.

The Subcommittee on Planning and Programming and the Special Subcommittee on Women, Health, and Development were represented by their respective chairpersons.

In the absence of the Rapporteur, Dr. Eugenio Villar (Peru), the Executive Committee elected Dr. Salomón Zavala Sarrio (Peru) to serve as Rapporteur pro tempore.

The Committee held a total of eight plenary sessions in the course of which it examined the matters reported below, which resulted in a series of decisions and resolutions.

Item 2.1: Adoption of the Agenda

At the first plenary session the Executive Committee adopted the provisional agenda (Document CE109/1, Rev. 2), presented by the Director.

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

Pursuant to Article 14 of the Rules of Procedure, the Committee designated Dr. Salomón Zavala Sarrio (Peru), together with the Chairman, Dr. Mateo Budinich, to represent the Executive Committee at the XXXVI of the Directing Council of PAHO, XLIV Meeting of the Regional Committee of WHO for the Americas. In addition, Dr. Edmur Pastorelo (Brazil) and Dr. Jorge Litvak (Chile) were designated as alternate representatives for Dr. Zavala Sarrio and the Chairman, respectively.

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

At its eighth plenary session, the Executive Committee approved, with the addition of eight items, the provisional agenda (Document CD36/1, Rev. 1) prepared by the Director for the XXXVI Meeting of the Directing Council of PAHO, XLIV Meeting of the Regional Committee of WHO for the Americas.

Item 3.1: Report of the Subcommittee on Planning and Programming

In his capacity as Chairman of the Subcommittee on Planning and Programming, Mr. Branford Taitt (Barbados) summarized the work carried out by the Subcommittee during its two meetings, one held 2-4 December 1991 and the other 8-9 April 1992. In his initial presentation he excluded discussion of the item relating to the provisional draft of the program budget proposal of WHO for the Region of the Americas for the biennium 1994-1995 and the following items: Health and Tourism, Debt Conversion for Health, and the Regional Plan for Investment in Health and the Environment. These matters were presented by Mr. Taitt when they were taken up as specific items on the agenda of the Meeting of the Executive Committee.

Democracy and Health

The subject of Democracy and Health had been considered by the Subcommittee at both its meetings. At the December 1991 meeting the Bureau's initiative had elicited considerable discussion, given the importance and implications of the subject. All the members of the Subcommittee had recognized that, while the Ministry of Health has preeminent responsibility for leadership in the health sector, the responsibility for promoting health extends to all State entities, including the legislatures. Consequently, the initiative to encourage greater understanding and support for the health sector was considered very positive.

In addition to promoting greater recognition of health in the overall process of development, one of the principal objectives of the program is to encourage the legislatures to collaborate more closely with the Ministry of Health for the cause of health.

The project was launched in 1991 when technical cooperation agreements in the area of health were signed with 20 legislatures and cooperation ties were established with several regional and subregional legislative organizations.

During the discussion at the Subcommittee's first meeting it had been pointed out that contact with the legislative branch should take place through established channels of communication with the Ministries of Health. In response, the Director had made it clear that the Bureau would continue to collaborate and consult directly with the Ministries.

A revised version of the document, including a fine-tuning of the objectives of the program and a method for the evaluation thereof, had been presented to the Subcommittee meeting in April 1992. At that meeting it had been noted with interest that a session of the Commission on Health, Labor, and Social Security of the Latin American Parliament had been held with the participation of 75 lawmakers from 17 countries of the Region. A wide range of health-related issues had been discussed, which testified to the interest of the legislators in the subject.

It had been pointed out that in the particular case of this initiative a specific evaluation mechanism was to be established which in general terms would be similar to the mechanisms being applied to other programs in the Organization. It had been reiterated that the funds allocated for the promotion of this initiative are Regional and are not part of the moneys allocated for technical cooperation activities in the member countries.

The Subcommittee had decided that a revised version of the document should be presented to the Executive Committee at its meeting in September 1992. The Secretariat would add to the report a document outlining the proposed activities and specifying the objectives and expected outcomes, the mechanisms of action, and the role of the executive branch, in particular the Ministries of Health.

Public Information and Communications for Health

It had been reported that the use of social communication as an essential strategy of the Organization and its Member Governments had contributed to the mobilization of resources and the creation of partnerships with the private sector and nongovernmental organizations. Among the recent accomplishments were the establishment of two computerized data bases, as well as public information campaigns in support of immunization drives and measures to prevent cholera and HIV/AIDS.

The Subcommittee had highlighted the importance of promoting interest in health issues among both the general public and specialized groups while also raising and strengthening public awareness of individual and collective responsibility for health. Suggestions aimed at improving the program included: better use of radio, closer cooperation among the countries in the exchange of existing health promotion programs, and involvement of important mass media figures in related activities.

Analysis of PAHO/WHO Technical Cooperation in Colombia

The Vice Minister of Health of Colombia and the Representative of PAHO/WHO in that country had presented the results of an analysis of the Organization's technical cooperation in Colombia. It had been reported that the evaluation had prompted significant shifts in national health policy in order to respond to the true nature of the health problems and had led to an improvement in interinstitutional integration between the six health systems operating in Colombia. At the same time, it had facilitated direct contacts with the different priority areas at the municipal and departmental level.

In the discussion that had followed, several participants had praised the quality of the report and the methodology utilized in the evaluation process. It had also been mentioned that the circumstances described in Colombia, in terms of the detrimental impact of adjustment policies on the health situation and the health sector, reflected what was occurring in many countries of the Region.

The Director had pointed out that the State's responsibility for the health of the population should not be confused with the delivery of services, which can be obtained from various sources, but that the unique role of the State in ensuring health with equity, setting standards, and acting as arbiter among competing interests should be preserved.

Regional Program in Environmental Health

Another matter considered by the SPP at its Seventeenth Meeting had been the analysis of the Regional Program in Environmental Health based on a new approach to environmental health in Latin America and the Caribbean. This new approach proposes an interprogrammatic and intersectoral view of environmental health with a view to ensuring that this area plays a role in the decision-making process leading to socioeconomic development.

Among other favorable comments in regard to this new approach, the members of the Subcommittee had underscored the importance of health promotion in a context that includes community participation. Concern had been expressed over the economic and environmental impact of recent migrations and the possible repercussions that might result from recent regional free trade agreements.

Health of Indigenous People

During the April meeting the members of the Subcommittee had been unanimous in underscoring the importance of this issue and in commending Canada for having raised it. Very little is known about the specific health situation of indigenous communities and a Regionwide effort had therefore been proposed to compile and analyze information on their situation and the health services available to this population.

This effort could culminate in a plan of action for a decade to support present and future activities to benefit the health and well-being of indigenous people. It had been emphasized that such an initiative should include the active participation, guidance, and leadership of the indigenous people themselves.

It had been proposed that a hemispheric workshop be held in 1993 in Canada, with full participation by indigenous peoples, to analyze the situation and propose lines of action. The Subcommittee had recommended that the Governing Bodies of the Organization be informed of the outcome of the workshop.

Evaluation in PAHO

In the presentation on this item, the Bureau had pointed out that evaluation is one of the essential components in the Organization's management strategy and is the process by which it seeks to determine to what degree completed work has achieved the original objectives and establishes the bases for corrective action.

Evaluation is, in itself, a complex task, but it is even more difficult to carry out in the area of health because causality is difficult to establish. In this regard it had been pointed out that efforts needed to be made to evaluate results or impact on health. In addition, it had been suggested that the Organization could directly support the countries in expanding their own capacity for evaluation. It had also been indicated as desirable that a system be instituted to monitor the results and the agreements that emanate from the joint evaluations carried out at the country level.

Public Information and Communications for Health

With regard to the program on Public Information and Communications for Health, the members of the Committee underscored the importance and impact of communication on health promotion. The Director reported to the Committee on several actions of particular importance undertaken recently in this area, including a program supported by a special contribution from the Government of the Netherlands for the development of public information activities in connection with the cholera epidemic; the Organization's

joint participation with IDB and the OAS in the pavilion of the Inter-American System at the World's Fair in Seville, which was expected to attract millions of visitors; and the fact that the Organization will be able to make use, free of charge, of a special communications satellite launched by the Government of Spain as part of the fifth centennial of the meeting of the Old World and the New World. The satellite broadcasts will be beamed to the Ibero-American community and will be used for continuing education or public information activities.

Other Matters

At its December meeting the Subcommittee had discussed the suspension of technical cooperation programs, as well as the evacuation of PAHO personnel, from the Republic of Haiti as a result of the political situation that had arisen in that country. The Organization had participated in the OAS humanitarian mission, which had produced a report indicating the possible emergency and humanitarian measures that might be taken to help the population.

In the discussion of the report presented by the Chairman of the Subcommittee on Planning and Programming, the members of the Executive Committee, at the third plenary session, indicated their satisfaction and commended the Bureau on its initiative for Democracy and Health, which had been very favorably received by the Caribbean countries, Argentina, Brazil, Chile, Paraguay, Uruguay, and Venezuela, among others.

The Executive Committee did not consider it necessary to adopt a resolution on the Report of the Subcommittee on Planning and Programming.

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

At the third plenary session of the Executive Committee, Dr. de Rivas, Chairperson of the Special Subcommittee on Women, Health, and Development, presented the report on the work carried out by the Subcommittee since its last meeting in 1991. She referred in particular to the outcome of the meeting of the Subcommittee held at PAHO Headquarters in Washington, from 6 to 8 April 1992.

The meeting's agenda had included a report on the technical cooperation activities carried out by the Bureau in the area of women, health, and development during 1991; the results of the project on comprehensive health of women in Central America and the concrete experience of Guatemala; the reference document on women's health and self-care, as well as the conclusions and recommendations of the Latin American working

group on that subject; research on women, health, and development; the issue of women, work, and occupational health; and the report on the status of women in PASB.

In considering the report on technical cooperation activities, the Subcommittee had acknowledged the progress achieved and had pointed out the need for continued strengthening of the Regional Program's leadership role in order to facilitate incorporation of the gender approach in all the technical cooperation programs within the Bureau. It had recommended that the report for the following year present a broader view, including a summary of the principal activities carried out in the countries of the Region as well as the outcome of application of the Strategic Orientation on Women, Health, and Development.

The Subcommittee had taken note of the results of the project on Comprehensive Health of Women in Central America, which had entered its second phase with stronger ties having been established with local health systems. Within the framework of the project, the experience of Guatemala had been cited as an illustration of the realities, obstacles, and limitations which must be faced by countries that have been ravaged by poverty and which have a major impact on women's opportunities for development.

With regard to the conceptual framework for women's health and self-care, it had been pointed out that three principles from gender theory had infused the subject with new content: self-determination, self-esteem, and decision-making. The Subcommittee had expressed the opinion that the initiative was contributing to the promotion of women's health and to the establishment of policies that would genuinely favor women's participation in activities to enhance their own development and health. It had recommended that further work be done to enhance the conceptual framework and had asked the Bureau to prepare a set of proposed Regional strategies and concrete lines of action.

The Subcommittee had supported the recommendations contained in the report on research in the area of women, health, and development, which were aimed at promoting a policy to encourage such research. It was pointed out that the lack of available information with breakdowns by sex continued to be an obstacle to research. With regard to the report on women, work, and occupational health, the Subcommittee had indicated that this subject should be considered from a gender perspective and had concluded that it was necessary to delve further into the diagnosis of the situation from that perspective with a view to developing strategies. Finally the Subcommittee had discussed the status of women in the Bureau, pointing out their limited representation in positions of authority. The Bureau had been requested to undertake a study of the barriers impeding the recruitment of women and report on this matter at a future meeting.

The Executive Committee, in its discussion of this item, had pointed out the necessity of promoting innovative policies in order to deal with the problems associated with the aging of the population, which is especially critical in the case of women, who have a greater life expectancy, usually marry older men, and end up living alone. Elderly women face serious economic problems because they have not been in the work force and the pensions they collect as widows are generally quite small.

It was also emphasized that the problems of elderly women are not the only ones requiring attention. Young women, especially those who are pregnant, often face situations in which their legal status is not clear, and their problems should therefore also receive preferential attention.

As in the case of the report of the Subcommittee on Planning and Programming, the Committee did not consider it necessary to adopt a resolution on this item.

Item 3.3: Report of the Award Committee for the PAHO Award for Administration, 1992

The Award Committee for the PAHO Award for Administration, composed of the representatives of Barbados, Cuba, and Honduras, reported to the Executive Committee, at its eighth plenary session, that it had decided to grant the award for 1992 to Dr. Desmond O.N. McIntyre of Dominica for his outstanding work in the area of health services administration. During the same plenary session the Committee adopted Resolution XVI, taking note of that decision and transmitting the Report of the Award Committee to the XXXVI Meeting of the Directing Council.

Item 4.1: Provisional Draft of the Program Budget Proposal of the World Health Organization for the Region of the Americas for the Biennium 1994-1995

Mr. Taitt, Chairman of the Subcommittee on Planning and Programming, presented the report of the Subcommittee on this item and indicated that the proposal presented to the SPP Meeting in April 1992 had, in general, been favorably received. The proposal amounted to US\$79,355,000, which represented an increase of 11% over the 1992-1993 biennium. Because costs had risen by 16% as a result of inflation and UN-mandated increases, it had been necessary to cut programs by \$9,625,000, i.e., 5%, which included the elimination of 14 posts.

The Subcommittee had pointed out that cholera, given its political dimension in the Region, should be reflected in the WHO proposal, and it had noted the program cuts, directed largely toward health promotion, with concern.

With regard to WHO's instructions that resources should be increased in five priority programs--managerial process for national health development, organization of health systems based on primary health care, nutrition, promotion of environmental health, and disease prevention and control--the Director had noted that because the proposal was only provisional it had not included a program analysis, nor had in-depth consideration been given to the priority programs indicated by WHO because, among other reasons, there had not been sufficient opportunity to consult individually with the Governments in order to determine which activities they proposed to carry out in their respective countries. Such consultation is scheduled to take place in late 1992 when the joint PAHO/WHO budget is prepared.

Regarding the five priorities, it had been noted that there were considerable variations between the different Regions and Governments, with respect both to conceptualization and to implementation. In other Regions the percentage being allocated to these priorities are: Africa, 36.6%; South-East Asia, 49.3%; Europe, 13.5%; Eastern Mediterranean, 51.4%; and Western Pacific, 45.5%. The figure for Headquarters in Geneva is 23.3%, while in the Americas it is 60%. The Subcommittee had also supported the decision to continue charging the posts of the Country Representatives in the Region to PAHO regular funds.

In presenting this item at the third plenary session of the Executive Committee, Mr. Milam (PASB) explained that the Committee was called on to make whatever recommendations it considered pertinent to the XXXVI Meeting of the Directing Council in September 1992. The Council, in turn, in its capacity as Regional Committee of WHO for the Americas, would make recommendations to the Director-General of WHO. The Regional proposal is to be part of the overall proposal to be presented to the WHO Executive Board in January 1993 and to the World Health Assembly in May of the same year.

Mr. Milam pointed out that the instructions and allocations indicated by the Director-General of WHO for 1994-1995 did not imply any overall program growth beyond the allocations for 1992-1993. These allocations provide for maximum cost increases (UN-mandated and inflationary) of 11% (5.4% annually). According to these indications, the 1994-1995 proposal may not exceed \$79,355,000. This means, vis-à-vis the figure of \$71,491,000 for 1992-1993, that the maximum increase under the new proposal is \$7,864,000, which is \$1,154,000 lower than the projection for the 1994-1995 biennium included in PAHO Official Document 239 of May/July 1991. He noted that the tables accompanying Document CE109/8 showed that country programs had grown from 47.7% of the total budget during 1992-1993 to 49.5% in 1994-1995, which accounts for almost 66% of the \$7,864,000 increase.

The Director underscored the fact that the provisional draft presented was still preliminary and that a more comprehensive analysis of the budget would be undertaken in 1993, when the PAHO regular budget is examined. He also recalled that the Organization's operating expenses are continuing to increase at a higher rate than average inflation in terms of U.S. dollars. Differences in dollar-local currency exchange rates and national rates of inflation have contributed to this increase. Since it had not been possible to offset the increase in expenditures by an increase in contributions it had been necessary to reduce the budget. In the face of this situation, the criterion of giving special importance to the country programs had been maintained.

With respect to the instructions of the Director-General of WHO, the Director reported that the 11 % limit on budget growth had been respected and that, following the modifications introduced after the meeting of the Subcommittee on Planning and Programming, in this Region the five priority programs would receive 61.5 % of the total resources (a relative increase of 3 %). Although it was not possible to comply with the 5 % increase indicated by Geneva, the 62 % being devoted to the five priority areas by this Region is considerable, especially if it is compared with the percentage being allocated by WHO Headquarters, which is 23 %.

Among the observations and comments made by the members of the Committee, concern was expressed over the possible impact of the political changes that are occurring in Europe and the possibility that the Russian Federation, which accounted for 10 % of the WHO budget, might not meet its quota obligations. The impact of this situation on the WHO budget would be reflected in a reduction of the resources allocated to the Region of the Americas.

In response to a comment by one of the Committee members regarding whether or not the Organization should follow WHO's lead in attempting to reduce the number of programs in order to maximize the impact of its resources, it was felt that the policy that PAHO has been following up to now is appropriate. Several examples were cited of how advanced the Organization is in the concentration of its activities, which it has been able to carry out while at the same time becoming involved in new areas in response to changing circumstances. The Director indicated that PAHO needs to be creative and innovative and not limit itself to the traditional and routine. To remain in the same place without changing is tantamount to going backward, because the world continues to evolve.

The Committee, at its sixth plenary session, adopted Resolution VI, which recommends that the Directing Council approve the provisional draft of the program budget proposal of WHO for the Region of the Americas of \$79,355,000 for the biennium 1994-1995.

Item 4.2: Report on the Establishment and Initial Development of the Pan American Institute for Food Protection and Zoonoses (INPPAZ)

At the third plenary session, Dr. Arambulo (PASB) reported to the Committee that, pursuant to Resolution XXI of the XXXV Directing Council (1991), an agreement had been signed between the Government of Argentina and PAHO for the establishment of the Pan American Institute for Food Protection and Zoonoses, located in Buenos Aires. This agreement represents the culmination of a series of actions by the Director in response to requests from the Regional Ministers of Health and Ministers of Agriculture. The Institute's purpose is to ensure the provision of technical cooperation by the Organization in the form of international reference services for the quality control and sanitary protection of food, the surveillance and control of zoonoses, and the strengthening of laboratory services.

INPPAZ was officially inaugurated on 30 March 1992. On 23 April the Program Committee for Argentina, one of the advisory bodies provided for in the agreement establishing the Institute, was installed. The first meeting of the International Coordination Council will take place following the election of its three members by the XXXVI Meeting of the Directing Council. A program of activities for the biennium 1992-1993 has already been drafted and some food protection activities have been carried out, especially in the area of cholera. INPPAZ has begun to function as a WHO international reference laboratory for the quality control of BCG vaccine and is the only center in the world currently carrying out this task, since the laboratories in the former Soviet Union and Hungary are not operational.

In the budget approved for the 1992-1993 biennium, 42% of the total is to be contributed by the Government of Argentina. A methodology was developed for carrying out a study of operating costs and making recommendations on the financing of INPPAZ.

In the discussion that followed Dr. Arambulo's presentation, it was pointed out that the document indicates that the total budget is \$3,282,000 but does not give a breakdown of how these funds are to be allocated or indicate the expected date for completion of the study of operating costs that will determine how the Institute is to be financed.

The Secretariat reported that more detail on the distribution of resources could be provided later on. The study of costs, based on data compiled during 1992, will be completed by April 1993 and the results will be presented to the Executive Committee at its meeting in June of that same year. With regard to the Institute's role as a center for information on biologicals in the area of zoonoses and food protection, it was considered that this might be a point of cooperation with the SIREVA program.

At its sixth plenary session the Committee adopted Resolution VII, in which it recommends that the Directing Council request the Member Governments to participate actively in developing the Institute so that it can fully exercise its regional functions; and it requests the Director of the Bureau to complete the financial study of INPPAZ and advise the Directing Council at its XXXVII Meeting on the outcome of budgetary discussions as specified in the agreement between PAHO and the Government of the Republic of Argentina.

Item 4.3: Plan of Action for the Elimination of Vitamin A Deficiency from the Americas

Dr. Daza (PASB), in presenting the subject at the second plenary session, reported to the Executive Committee that the Regional Plan of Action had been prepared in response to resolutions of the XXIII Pan American Sanitary Conference and the XXXV Meeting of the Directing Council. The expression "micronutrient deficiency" refers to deficiencies in three essential nutrients, namely, iron, iodine, and vitamin A. In Latin America and the Caribbean, serious vitamin A deficiency is in general circumscribed to certain geographical areas in Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, and Mexico, particularly in the area of Hermosillo.

Vitamin A is an essential element for normal physiological functions relating to vision, epithelial integrity, immune response, and growth. Deficiencies of this nutrient affect the visual organs in particular and may lead to blindness, especially in children. With the scientific knowledge and technology available today, it is possible to reduce the prevalence of this deficiency. Accordingly, the Plan of Action is aimed at identifying vulnerable population groups and supporting the application of coordinated, integrated, affordable, and sustainable measures to eliminate vitamin A deficiency as a public health problem by the year 2000.

In order to achieve this target the following strategies will be applied: emphasizing the importance of a vitamin A-rich diet in preventive activities for the elimination of vitamin A deficiency; assessing the extent of vitamin A deficiency in selected countries of the Region; providing technical cooperation for the formulation of national plans of action and the implementation of specific interventions; establishing systems to monitor micronutrient status as part of national food and nutrition surveillance systems; and promoting operations research in support of the foregoing strategies. This topic will also be discussed at the Fourth International Conference on Nutrition, to be held in Rome in December 1992.

In the discussion of the item, stress was placed on the need to implement suitable strategies and minimize epidemiological surveys. Although the usefulness of such surveys for the evaluation of programs should not be underestimated, it was felt to be more important in this case to obtain the political commitment of the Governments and Ministries of Health and to initiate vigorous action.

It was pointed out that the Organization's Food and Nutrition Program has two additional resources for responding to requests for technical cooperation: INCAP, where the comprehensive control of specific micronutrient deficiencies is one of the priority programs, and the Caribbean Food and Nutrition Institute. With respect to the cost-effectiveness of vitamin A supplementation, it was noted that this is a very cost-effective measure because it is inexpensive, and at the same time it helps to prevent infectious diseases. The Organization does not anticipate the use of any additional regular budget funds, since it has the participation of INCAP and CFNI, as well as the cooperation of other programs, in particular the Program on Maternal and Child Health. Moreover, it is expected that external resources will be mobilized and that there will be collaboration with other institutions that are concerned with vitamin A deficiency.

At the sixth plenary session the Committee adopted Resolution III, in which it recommends to the Directing Council that it approve the objectives and activities proposed in the Plan of Action and urges the Governments to formulate national plans of action that include policies and programs for the elimination of vitamin A deficiency as a public health problem by the year 2000 and strengthen the technical and administrative capability of national and local institutions. In addition, it requests the Director to provide the countries with the necessary technical cooperation and promote the mobilization of national and external resources.

Item 4.4: Plan of Action for the Elimination of Leprosy from the Americas

At the second plenary session Dr. Schmunis (PASB) presented the Plan of Action for the Elimination of Leprosy from the Americas by the year 2000, which is aimed at reducing prevalence of the disease to the point that it no longer constitutes a public health problem--i.e., to less than 1 case per 10,000 population. The immediate targets (for 1992) emphasize intensive case-finding, epidemiological surveillance and care of disabilities, and treatment using multidrug therapy (MDT). The Plan defines the indicators of elimination and the procedure for certifying its achievement.

Dr. Schmunis pointed out that at present there are approximately 300,000 cases of leprosy, with a prevalence of 4.2 cases per 10,000 population, and that 30,000 new cases had been detected in 21 countries during 1991. Distribution of the disease is uneven, with most cases occurring in Brazil, Colombia, Mexico, and Venezuela. It is believed

that with multi-drug treatment using dapsone and rifampicin for paucibacillary cases and dapsone, clofazimine, and rifampicin for multibacillary cases it will be possible to achieve the goal of elimination, i.e., one case per 10,000 population. This has already been accomplished in Ecuador.

The Conference for the Control of Leprosy in the Americas, held in Mexico in 1991, reached the conclusion that in order to achieve the elimination of leprosy it was necessary to strengthen political commitment.

After a discussion in which it was reported, inter alia, that the cost of a six-month course of treatment with dapsone and rifampicin for paucibacillary patients is estimated at US\$3, while treatment with clofazimine, dapsone, and rifampicin for multibacillary patients is estimated to cost \$50 for the first year, \$25 for the second, and somewhat less if a third year is needed, the Committee adopted Resolution IV, in which it recommends to the Directing Council that it adopt a resolution approving the Plan of Action and urging the Member Governments to: assign political priority to execution of the Regional Plan of Action; encourage the framing and execution of national plans for elimination of the disease; promote collaboration and articulation between the various levels of public administration and the private sector; and commit the resources needed for the execution of national plans. In addition, it requests the Director, within available resources, to promote technical cooperation for the strengthening of epidemiological, diagnostic, information, and surveillance services; support development of the management and administration of programs and the application of epidemiological knowledge; promote the mobilization of institutional, human, and financial resources; and encourage biomedical, epidemiological, social, and health services research.

Item 4.5: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

Dr. Zacarías (PASB), presenting the item at the second plenary session, indicated that half a million cases of AIDS had been reported in the world, approximately half of these in the Region of the Americas. However, World Health Organization estimates put the figure three times higher, i.e., around 1.5 million cases.

In the Region there has been a notable increase in heterosexual transmission and transmission associated with intravenous drug use, with a concomitant increase in HIV infection among women, adolescents, and children. According to some estimates, 2 to 2.5 million people in the Region are already infected: 1 million in North America and 1 to 1.5 million in Latin America and the Caribbean. The situation is therefore extremely serious and will inevitably become worse over the next several years. With regard to the utilization of funds channeled through the Global Program on AIDS, 21% (US\$3 million) were allocated to various Regional activities and activities in the

countries. The remaining 79% (\$11.5 million) were utilized directly and wholly in the countries. One of the problems encountered is difficulty in the coordination and continuity of various activities in the countries. From 1988 to the present there have been 54 changes in the directorship of the national programs in 20 countries of the Region. The ability of the directors to successfully fulfill their functions has clearly been hampered by their limited time in office.

The objectives of the Global and Regional programs continue to be: a) to prevent HIV infection; b) to reduce its personal and social impact; and c) to intensify and unify national and international forces against AIDS. The new priorities for the 1990s, according to a recent revision of the global strategy, are: increased emphasis on the adequate and equitable provision of health care, expanded and more effective treatments for other sexually transmitted diseases that increase the risk of HIV transmission, reduction of the special vulnerability to HIV infection of women and their offspring, creation of a more supportive social environment for AIDS prevention, and immediate planning to mitigate the expected socioeconomic impact of the pandemic.

In the discussion that followed Dr. Zacarías's presentation, it was pointed out that, in keeping with a broad interpretation of human rights, the rights of those affected by the disease should be taken into account. It was suggested that efforts should be concentrated more on the prevention of HIV infection than on full-blown cases of AIDS.

The Secretariat, responding to the observations made by the members of the Committee, indicated that efforts are under way, with some success, to increase the participation of nongovernmental organizations in national AIDS programs. PAHO is resolutely promoting biomedical research in several countries with a view to producing vaccines and safe, practical, and effective drugs. The Organization recognizes that tuberculosis is perhaps the most important indicator of the presence of AIDS and, accordingly, research is being carried out in collaboration with the United States Institute of Allergy and Infectious Diseases.

The Director noted that it would appear that people are becoming increasingly complacent and resigned to accepting the inevitable and living with AIDS. Moreover, in the richest countries people seem to be tiring of the disease and it is difficult to obtain support for activities to combat it. The WHO Global Program on AIDS, he said, has reached a point of stagnation, and may even be backsliding, in terms of the availability of resources. A certain weariness has been noted, and some of the Organization's capacity for leadership is being lost. This leadership is a function which no other organization can carry out, although it has been suggested that others should perhaps play a more active role.

Coordination has been regarded by the Management Committee of the Global Program on AIDS as one of the most important factors--not only coordination between the various international agencies but also within the countries, where there has not been sufficient promotion of participation by other sectors in an AIDS campaign that is coordinated by the health sector.

In Resolution V, adopted during the sixth plenary session, the Executive Committee recommends to the Directing Council that it adopt a resolution, inter alia, espousing the updated strategies and priorities of the Global Program on AIDS and urging the member countries to intensify national efforts for the prevention of AIDS, mobilize and guarantee the allocation of resources and multisectoral participation, strengthen and assign highest priority to activities under the Tuberculosis Control Program, and protect the human rights of those infected with HIV/AIDS.

The Resolution also requests the bilateral and multilateral agencies, as well as nongovernmental and volunteer organizations, to intensify their support activities and their attention to the world struggle against HIV/AIDS. It requests the Director to promote an interprogram and interagency approach, continue carrying out support activities for the countries, and explore possible sources and mechanisms to support the strengthening of national programs for the prevention of HIV/AIDS/STD.

Item 4.6: Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus from the Americas

Dr. de Quadros (PASB) presented the report, which relates the latest developments at the national and Regional level in the effort to eradicate poliomyelitis from the Western Hemisphere, as well as those aimed at increasing control over, or eliminating, other diseases preventable by vaccination.

The last confirmed case of poliomyelitis was registered on 3 August 1991 in Junín, Peru, an area troubled by armed conflict. The dedication of the health workers in this region is to be commended. They have, at considerable personal risk, gone into the strife-ridden area to investigate cases of poliomyelitis and vaccinate thousands of children. It is thanks to the efforts of workers like these that the Region of the Americas will most likely be the first in the world to be free of poliomyelitis. Moreover, they have also succeeded in vaccinating 80% of the target population under the Expanded Program on Immunization.

Dr. de Quadros pointed out that as a result of vaccination with tetanus toxoid the incidence of neonatal tetanus has declined. Most of the 478 districts identified as being at high risk in 1988-1989 are already free of the disease, which illustrates the

effectiveness of the strategy developed by the Region. This topic will be one of the principal points to be discussed at the meeting of First Ladies of Latin America.

With regard to acute flaccid paralysis, the surveillance system is more extensive than it has ever been in the Region, with 20,000 health units preparing weekly reports.

Measles continues to decline. The campaign initiated in 1991 in the English-speaking Caribbean has been extremely effective, and during 1992 similar initiatives have been launched in Chile and Brazil with extraordinary success. In Chile four million children, representing 99% of the population under 15 years of age, have been vaccinated, and in Brazil 50 million children of that age have been immunized in the most extensive vaccination campaign ever carried out. In Central America, although a plan for the elimination of measles has been formulated, it has not been possible to initiate it for lack of resources, which for the period 1992-1997 are estimated at some US\$20 million. The group of experts convened by the Director to study the possibility of eliminating the disease in the Hemisphere expressed the opinion that it was too soon to achieve this goal and recommended instead that support be given to the initiatives under way in various countries to strengthen the health infrastructure and decentralize the health services. With regard to consolidation of the poliomyelitis campaign, the Director has named an International Certification Commission to prepare a plan outlining the steps for certifying eradication once it has been confirmed that there are no hidden foci. It is anticipated that this plan will be submitted for consideration by the Governing Bodies in 1993.

Dr. de Quadros pointed out that an important problem is the mobilization of financial resources for the program, which over the next five years will require an estimated \$700 million just for the 14 countries that already have formulated their five-year plans.

The members of the Committee were unanimous in commending the Secretariat on the program's success, which reflects PAHO's success in monitoring the programs and obtaining commitments from the countries and the participation of other agencies.

The Director pointed out it is indeed the countries that should be congratulated on the tremendous progress made under the program, since it would have been impossible to achieve such success without their commitment and determination to give high priority to health. He warned, however, that this is not a time for the Region to rest on its laurels, since problems can recur. It is essential to consolidate the successes already achieved, as well as to strive for new targets. The Director also noted the importance of the fact that the Organization has overcome the pseudoconflict between specific interventions, such as vaccination campaigns, and initiatives aimed at strengthening the infrastructure of regular health services, or, in other words, the controversy over whether

to use a vertical or horizontal approach. He pointed out that, in fact, the achievements in the campaign against poliomyelitis have contributed substantially to the development of permanent health services infrastructure. This experience of the EPI is to be analyzed by an independent, high-level working group, which will seek to determine its impact, positive or negative, on the development of permanent health services infrastructure. PAHO is also exploring ways of informing the general public about the true role of the health sector, and it is planned to broadcast a teleconference to all the countries in early 1993 to show the results that have been obtained with immunization programs and promote the continuity of these efforts as well as other activities.

Finally, the Committee, at its eighth plenary session, adopted Resolution VIII, in which it recommends to the Directing Council that it adopt a resolution, inter alia, congratulating all concerned parties on their efforts, recognizing the economic support contributed by various agencies, and requesting the Director to start implementation of a plan for the certification of eradication of poliomyelitis and to utilize the incidence of neonatal tetanus as an indicator of the performance of maternal and child health services.

Item 4.7: Comprehensive Health of Adolescents

Dr. Serrano (PASB) presented a Regional Plan of Action aimed at intensifying technical cooperation to support the creation of national comprehensive health programs for adolescents.

He pointed out that, both biologically and behaviorally, the period of adolescence and youth determines health status during adulthood. It is during this stage that attitudes, beliefs, and lifestyles are affirmed which will be the determinants of health, well-being, and social adjustment during subsequent periods of life. The health needs of adolescents have not been fully determined, owing primarily to lack of data and to lack of participation by the group itself, although the following have been identified among the factors that have an impact on the health of young people: unwanted pregnancies; induced abortions; high maternal mortality; sexually transmitted diseases; accidents; the serious and growing problem of drug abuse; the use of tobacco, alcohol, and psychoactive substances; and AIDS.

In light of this situation, and as a consequence of the socioeconomic difficulties prevailing in Latin America and the Caribbean, it is necessary to find a way to address three major challenges: the inequality of opportunities in this group, the need to increase prevention, and the need to increase the degree to which the health needs of this group are met and the well-being and development of young people are enhanced. To meet these challenges, it will be necessary to strengthen all the sectors involved in social development, including health, education, employment, social promotion, and recreation,

as well as to achieve coordination of policies, plans, and programs between the sectors. PAHO's response is contained in the Plan of Action developed by the Regional Program, which has three basic objectives: to optimize the participation and performance of the networks of local models of adolescent health care in the countries; to develop ways of adapting existing services in order to provide comprehensive health care for adolescents; and to develop human resources at the various levels. The Program's approach has a strong social component.

In the discussion that ensued during the fourth plenary session, it was underscored that the effort to improve the quality of life for adolescents should take a broad-based approach that does not focus strictly on health. It would be desirable to implement an integrated program with interinstitutional or intersectoral participation. It was also stressed that education is essential and that the education sector has an important role to play as a key partner in health promotion. Efforts should be undertaken to articulate health with education in general and with the formal education system in particular.

In its Resolution IX the Committee recommends to the Directing Council that it approve the Plan of Action presented by the Secretariat and urges the Governments, inter alia, to develop or strengthen their national initiatives to promote the comprehensive health of adolescents, tighten the bonds of collaboration between agencies responsible for the health of adolescents and youth, and establish and strengthen collaboration between the Ministries of Health and Education in specific programs. The resolution recommends to the Director that he continue efforts for the mobilization of resources and determine the appropriate date for an evaluation of progress under the Plan. In addition, it requests the Director to support development and dissemination of the Program's theoretical and conceptual framework.

Item 4.8: Debt Conversion for Health

Mr. Taitt, Chairman of the Subcommittee on Planning and Programming, presented the report of the Subcommittee on the subject of debt-for-health conversions, pointing out that in a context of serious economic and budgetary limitations debt conversion schemes are a possible way of multiplying health resources, while at the same time offering the Governments of the Region some relief from their debt burden. He noted that the Secretariat had formulated a project on debt conversion and had visited several member countries to consult with them on the feasibility of undertaking debt-for-health conversions. Seven governments had been selected for the promotion of debt swaps.

The Subcommittee had discussed the role that the Organization would play in this regard, highlighting three functions: providing the countries with technical assistance to develop appropriate health projects; providing specialized support in the drafting of

legislation on debt conversion; and promoting debt-for-health swaps with authorities in the debtor countries. It had been reported to the Subcommittee that no regular funds from the budget would be used for this initiative and that activities would be carried out by personnel at Headquarters or in the country representations, working with and through the Ministries of Health. The Deputy Director had pointed out that the debt conversion initiative should be viewed as an effort to identify possible sources of funds that might go by default to other sectors unless the health sector takes advantage of them. In addition, several of the donor agencies that have large outstanding debts had indicated that they would welcome the Organization's involvement in promoting the concept of debt-for-health swaps, because otherwise the amounts available might be channeled into other sectors.

In his presentation to the Executive Committee, Dr. Vieira (PASB) indicated that, after a year of developing this initiative in response to the Directing Council's mandate, the Secretariat had learned that it was necessary to build bridges between different sectors, such as the financial and health sectors, which often had not worked together before. The difficulties lay more in convincing the parties involved of the potential of debt conversion as an alternative source of funds than in the actual mechanics of carrying out the operation.

With this in mind, a publication explaining the concept of debt-for-health swaps had been prepared for distribution to all the Governments of the Region, as well as to other WHO Regions, agencies of the United Nations system, and bilateral donors. In addition, visits had been made to 11 countries in Latin America and three in the Caribbean with a view to clarifying the type of support that might be necessary at the country level in order to develop the initiative. The Organization had negotiated with the Canadian International Development Agency and the UNICEF office in Bolivia for a debt conversion project that was expected to yield US\$5 million for investment in maternal and child health projects. Contact had also been made with other potential partners and donors, including the International Monetary Fund, the World Bank, the Inter-American Development Bank, and a number of governments that are members of the Paris Club.

In light of recent changes in the commercial debt market and the trend toward bilateral debt to be forgiven, the Organization considers that it can be most effective by directing its efforts specifically to the conversion of bilateral debt. Both the United States and Belgium have already officially stated that they are prepared to consider debt conversion proposals in the negotiation of bilateral loans through the Paris Club. The Organization will therefore attempt to strengthen its contacts with the member countries of the Paris Club with a view to interesting them in the possibility of debt-for-health conversions.

In the discussion that followed during the fifth plenary session, one of the members questioned the extent to which the Organization should become involved in this activity in view of the fact that only a few countries had shown initial interest in the plan. However, other members indicated that the Organization should proceed with the initiative in view of the potential benefits for the health sector, pointing out that several donor countries have indicated their willingness to support debt conversion programs.

At the eighth plenary session the Committee adopted Resolution XI, in which it recommends to the Directing Council that it adopt a resolution requesting the economic authorities in the creditor countries, when the debt of the developing countries is renegotiated, to give priority consideration to the conversion of debt for resources to finance health programs. It urges the economic authorities in the debtor countries to give priority to health projects whenever they carry out operations for the conversion of their external debt into resources for the financing of projects within their borders. In addition, it requests the Director to continue the Organization's efforts to help the member countries to explore other alternatives for the financing of their health programs, not just through conversion of their commercial debt but also through renegotiation, restructuring, and seeking forgiveness of their public debt. He is also requested to encourage the interest of the international financial agencies in supporting health projects through their debt conversion mechanisms.

Item 4.9: Health and Tourism

Mr. Taitt, Chairman of the Subcommittee on Planning and Programming, reported to the Committee that the subject of Health and Tourism had been considered by the Subcommittee, first during its meeting in December 1991 and again in April 1992. The subject is framed in the context of the strategic orientation of "Health and Development" approved by the XXIII Pan American Sanitary Conference in 1990. PAHO's primary interest is in the health of the local population, but interaction between the health and tourism sectors is vital for both. Data had been presented on the economic aspects of tourism and on several facets of the relationship between health and tourism. Local physical and environmental health can have a positive or negative impact on tourism and, by the same token, the health of the tourist can and does affect the health of the local population.

There had been agreement regarding the importance of the topic in view of the impact of tourism on the economy, and hence the development, of the countries. A revised version of the document had been discussed by the Subcommittee at its meeting in April and was being considered by the Executive Committee.

In presenting the item to the Executive Committee, Dr. Alleyne (Assistant Director) noted that projections for the year 2000 indicated that tourism would be the number one component in the world economy in both developed and developing countries, which means that the health sector cannot fail to be concerned with the evolution of this industry. The document describes six areas of interaction between health and tourism: the health problems of tourists; health information for tourists; health services for tourists; the relationship between tourism and the health of the local population, an example being the cholera epidemic, which has devastated the tourist industry in one of the Member Countries; the relationship between tourism and the physical environment; and, finally, health tourism, or travel for health reasons.

Dr. Alleyne reported that a survey carried out by the Organization had revealed a lack of coordination in the countries between the health and tourism sectors. He pointed out that several PAHO programs are already carrying out activities relating to tourism as part of their regular technical cooperation, as is the case in the areas of environmental health and food protection. To coordinate the Organization's activities in this area, the Director has named an interprogram group of representatives from the areas of Health Programs Development and Health Systems Infrastructure. One of the group's first steps was to establish contact with institutions that might have an interest in the subject, including the World Tourism Organization and the Organization of American States, which has a long history in the area and recently held a meeting at which a minister of tourism expressed enthusiasm for the idea of collaboration between health and tourism.

Dr. Alleyne emphasized that, while the approach of other organizations focuses on the health of tourists, PAHO's main concern is the health of the local population and how it is affected by tourism.

The members of the Committee expressed interest in this topic, which is of great importance both for developing countries, in which tourism has a tremendous economic impact, and for the more advanced countries, where it is taking on greater importance because of its contribution to the economy. Note was taken of the experience of Cuba, which has prepared a program of health care for tourists aimed mainly at safeguarding their health in terms of both disease prevention and health recovery. In addition, the country is now in a position to develop tourism among older persons, since it has recently inaugurated its International Geriatric Center.

The Committee was also informed that, as a result of the cholera epidemic, it is estimated that Peru has lost about US\$125 million in tourism revenues. Given the various types of tourism, it is essential to obtain information of all kinds and to enlist the private sector. In addition, it is very important for the countries to coordinate their activities and exchange information in this area.

At its eighth session the Executive Committee adopted Resolution X, which recommends that the Directing Council adopt a resolution approving the proposals for technical cooperation by PAHO and urging the Member Governments to explore the potential of health-tourism interaction in the context of health and development as a mechanism that can strengthen the health sector and promote the development of joint activities between the health and tourism sectors.

Item 4.10: Workers' Health

In the fifth plenary session Dr. Durão (PASB) presented the item, indicating that the principal objective of the initiative is for each country to formulate and implement a National Plan for the Development of Workers' Health, with lines of action aimed at increasing the availability and utilization of health services for workers with the coordination of governmental institutions, employers, and the workers themselves. In addition, the National Plans will seek to promote use of the mass media and participation by the educational systems and to develop alternative ways of incorporating occupational health into primary health care within the local health services.

This initiative has come about as a result of the fact that there is now general recognition that the responsibility for workers' health must be shared by the government, state-run and private industry, and the workers themselves. Ministries of Labor are unable to guarantee benefits for the population, and they have only limited means for enforcing the laws that govern the workplace and its practices. Moreover, social security institutions offer only curative care and financial compensation to sick workers; they do not deal with preventive measures. He pointed out, in addition, that absenteeism has a tremendous economic impact, corresponding to 10% of the gross national product in the countries of Latin America. The cost of medical care and measures designed to prevent accidents and occupational diseases may be high, but it is still less than the cost of curative medical care.

In the course in the discussion that ensued within the Committee, it was reported that at the meeting of the Latin American Parliament, held in March 1992, the subject of workers' health had been discussed in depth, a reflection of concern over the fact that 10 million work-related accidents and 50 thousand deaths occur in the Region annually. It had been emphasized at the meeting that attention needs to be given to the lack of social security protection for adolescents and children who work.

It was also pointed out that the subject was an important component in the political negotiation process for the establishment of free trade agreements between countries in the Region. Attention was called to the increasing occupational risks for health workers,

and it was pointed out that, even though these workers help with programs to benefit other workers, similar programs have not been created for them.

Resolution XII, approved by the Executive Committee at its eighth plenary session, requests that the Directing Council adopt a resolution supporting the Declaration on Workers' Health and the Plan of Action and urging the Governments to maintain the political decision to implement their national plans for the development of workers' health, requesting them to establish specific programs for workers in the health sector and recommending that they identify and mobilize the resources needed in order to support workers' health in the respective national plans. The Director is requested, within available resources, to continue to cooperate with the requesting Governments in the ongoing evaluation of national policies and plans; to promote interprogram and interinstitutional coordination; and to continue the Organizing Commission of the initiative "Year of Workers' Health."

Item 5.1: Report on the Collection of Quota Contributions

At the first plenary session Mr. McMoil (PASB) reported to the Executive Committee that as of 1 January 1992 the total arrears of contributions due for years prior to 1992 amounted to US\$38,529,150. Payments on those arrears received between 1 January and 17 June 1992 had totaled \$13,433,442, which had brought the balance down to \$25,095,078 as of mid-June. Subsequently, payments totaling \$36,182.52 had been received from Honduras and the United Kingdom, further reducing the total arrears to \$25,058,896. The figure corresponding to approximately the same date in 1991 had been \$6,060,304.

With regard to contributions for the year 1992, five members had paid their assessments in full, 17 had made partial payment, and 16 had made no payment at all. As of the date of the Meeting of the Committee, payments amounting to \$18,092,875 had been received in respect of 1992. Those collections represented 25% of current year assessments, compared with 41% in 1991 and 16% in 1990 at approximately the same time of year. Together, the collection of arrears and current year assessments totaled \$31,562,500, representing approximately 44% of the assessed level of contributions for 1992.

With regard to the application of Article 6.B of the PAHO Constitution to the Member Governments in arrears in the payment of their quota contributions, Mr. McMoil recalled that the XXXV Meeting of the Directing Council (September 1991), after studying the situation of each of the countries in arrears and having taken note of the report of the Working Party charged with studying the application of Article 6.B, had adopted a resolution requesting the Director to notify Antigua and Barbuda, the

Dominican Republic, Guatemala, Haiti, and Suriname that their voting privileges would be suspended unless specific and acceptable plans for payment were received by the Secretariat. In addition, the XXXV Meeting of the Directing Council had endorsed the recommendation of the Working Party that all deferred payment plans be considered firm commitments which cannot be modified.

As of the date of the 109th Meeting of the Executive Committee, Antigua and Barbuda owed a total of \$61,594 for years dating back to 1988. The last payment received by the Secretariat had been in November 1990 and was for the sum of \$2,000. To date, the Government had not established a deferred payment plan for settling its arrears, nor had it communicated with the Organization in this regard. Guatemala owed \$441,789, of which approximately \$42,000 corresponded to 1988. Although the Secretariat had received \$80,210 during 1991, it had not received any further payment in 1992. In addition, Guatemala had not fulfilled its commitment to pay its arrears in accordance with the provisions established by the Pan American Sanitary Conference in 1990. As of 1 January 1992, the Dominican Republic owed a total \$770,949. Under the deferred payment plan that was approved, \$700,949 should be received in 1992 and the remaining \$70,000 in 1993. As of the date of Executive Committee Meeting, only \$129,547 had been received. Thus, in accordance with the approved plan, \$571,402 remained due. Haiti, as of 1 January 1992, owed \$368,528, of which \$108,582 related to quotas for 1988 and 1989. The Government had contributed \$74,090 in partial payment of its quotas for those two years, which left a balance of \$34,492 to be paid in order to avoid the application of Article 6.B. The current political situation in that country had hindered the quota payment process. Suriname was no longer subject to the application of Article 6.B because it had paid \$197,159 during 1992, which corresponded to the total of its quota obligations for 1988, 1989, and 1990. In view of the accumulation of arrears in the payment of their quota contributions as of the date of the Meeting of the Committee, five more countries may be subject to the application of Article 6.B: Bolivia, Cuba, Guyana, Nicaragua, and Peru.

At its sixth plenary session the Committee adopted Resolution I, in which it recommends to the Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member Governments who by opening of the XXXVI Meeting of the Directing Council have not complied with the provisions of Resolution XII of the XXV Meeting of the Directing Council in regard to their quota payment situations.

Item 5.2: Financial Report of the Director and Report of the External Auditor for 1990-1991

This item was presented to the Committee by Mr. McMoil (PASB) and Mr. Press, the latter in the name of the External Auditor. Mr. Press explained that, pursuant to Article XII of the Financial Regulations of the Organization, the Organization's financial transactions for the period 1 January 1990 to 31 December 1991 had been examined in detail, as had the financial statements reflecting the financial situation of the Organization at 31 December 1991. The audit had also covered the Institute of Nutrition of Central America and Panama. As a result of the substantive verifications carried out, the External Auditor was in a position to issue an unqualified opinion on the financial statements of PAHO and INCAP.

With regard to the collection of quota contributions, Mr. Press indicated that the Organization had collected 71 % of the quotas due for 1990-1991 and 96 % of the arrears in contributions corresponding to previous financial years, which offset the shortfall in quota collections for 1990-1991. The collection of quota contributions by the Caribbean Epidemiology Center (CAREC) for 1990-1991 was only 29 %, the lowest level collected in the last six bienniums. CAREC had recorded a deficit in Regular Budget operations of \$159,980, which had been transferred from the Working Capital Fund. The Center, following the appropriate approval, had also transferred \$300,000 from the Working Capital Fund to a new Building Fund, as a result of which the balance in the Working Capital Fund stood at \$502,226 as of 31 December 1991, significantly below the target level established by the CAREC Council in 1991. The Caribbean Food and Nutrition Institute (CFNI) had faced serious financial difficulties during 1990-1991. It had collect only 18 % of quotas due for the biennium and 51 % of the total arrears for previous bienniums. Consequently, CFNI had shown a deficit of \$302,449 in the Working Capital Fund. Unless the collection of quota contributions improves, the Institute will not be able to sustain its program of activities and, without other external sources of financing, its long-term viability is uncertain.

The financial situation of the Pan American Foot-and-Mouth Disease Center was stable. A surplus of \$1 million resulting from the sale of vaccines had been sufficient to offset the \$305,000 owed by the host country. However, in the future the Center may not be able to rely on such a cash surplus, since as of 31 December 1991 it was owed \$1,871,186 in connection with vaccine sales. As of 31 December 1991, the cost of closing the Pan American Zoonoses Center came to \$1,051,316. The closure process was properly planned and executed, and the Organization hopes that the arrears in contributions from the host country will be collected during the current biennium. The Latin American and Caribbean Center for Health Sciences Information (BIREME)

experienced cash flow problems, which were resolved by funding from the Organization's resources. During 1991 a new agreement was signed with the host country, and it is hoped that this will put BIREME on a sounder financial footing.

With regard to the Institute of Nutrition of Central America and Panama (INCAP), Mr. Press referred to the different measures and controls introduced by INCAP's management, which had resulted in a satisfactory situation with respect to short-term operating requirements. For the long term, the implementation of a new computerized general accounting system is being considered. During 1991, the collection of quota contributions improved considerably in terms of the amounts due both for the current year and for previous years. The highest level in the last five years had been reached. With regard to 1991, 36% of the total quotas for that year and 63% of the contributions due from previous financial years had been collected. With respect to INCAP's reserves, the audit showed that insufficient control had been exercised under the provision for personnel entitlements and in the reserve for replacement of the Institute's equipment and vehicles. Without clearly defined monetary limits or written instructions specifying a cap on the reserves or governing their use, the Institute could not confirm that the level of the reserves was equal to, or in excess of, the resources required, nor could it properly verify that the funds were applied for their intended purpose.

Mr. McMoil (PASB), in presenting the Financial Report of the Director, pointed out that the Organization continued to experience steady program growth. Total expenditures during 1990-1991 had been \$369,959,031, which represented an increase of approximately 19% over expenditures for the previous biennium. However, the collection of 71% of the quotas corresponding to 1990-1991 had been below the Secretariat's expectations.

The Organization's approved and appropriated budget for 1990-1991 was \$145,599,550, less staff assessments amounting to \$15,576,550, for an effective working budget of \$130,023,000. During the course of implementation of the budget, several transfers were made between different sections thereof. The transfer of \$3,341,780 from Part I of the budget to Parts II and III exceeded the Director's 10% transfer authority of \$1,733,270 by \$1,608,150. Thus, in compliance with Financial Regulation 4.5, the Director was requesting the Executive Committee's concurrence with that transfer.

Although only \$86,754,865, or 70% of the 1990-1991 quota assessments, had been received, an additional \$35,909,461, or 96% of the outstanding quota contributions from prior years, had also been collected. Miscellaneous earned income amounted to \$13,875,658, or \$8,875,658 more than the budget estimate of \$5,300,000 for the biennium. These two factors yielded an operating surplus of \$6,518,161. From that surplus, in accordance with provisions currently in force, the Director established a special account in the amount of \$5,973,000 to cover the cost increase expected in

1992-1993 as a consequence of exchange/inflation differentials. The remaining balance of \$545,161 is governed by Financial Rule 103.4, which establishes that any excess income over expenditures at the end of a financial period shall be placed in a holding account until such time as the Directing Council or the Pan American Sanitary Conference decides on how the funds shall be used. With respect to trust funds, Mr. McMoil pointed out that although the Secretariat was pleased with the favorable change in the financial position of these funds, it was continuing to take measures to increase the rate of reimbursement of trust fund expenditure.

He reviewed the various financial statements included in Official Document 248, which reflected the situation of PAHO; the Caribbean Epidemiology Center, which ended 1991 with a deficit of \$159,980 in the regular budget; the Caribbean Food and Nutrition Institute, which had a deficit of \$133,534 at the close of the financial year (which when added to the deficit of \$168,915 existing as of 31 December 1989 yielded a total Working Capital Fund deficit of \$302,449 at the end of 1991); and the Institute of Nutrition of Central America and Panama, whose financial situation has improved as a result of the timely payment of quotas, efforts on the part of the Institute's staff, and advisory services and collaboration provided by the Administration at Headquarters.

In his remarks, the Director referred to \$545,161 remaining from the surplus shown for the biennium and suggested three possible and exclusive uses for these funds: placing them in a reserve account to help finance the budget for 1994-1995; using them as "seed capital" for the fund for investments in health and the environment; or applying them to three priority programs--namely, \$150,000 for emergency activities in the cholera campaign, \$150,000 for workers' health, and \$245,161 for strengthening of the health promotion strategy.

The consensus of the Committee, as reflected in Resolution II, was that these funds should be allocated to the three priority programs. In the discussion that followed within the Committee, one of the members pointed out that in order to avoid surpluses of the magnitude that had occurred during the 1990-1991 biennium, as a result of the fact that miscellaneous income had exceeded estimates by some \$8 million, the Secretariat should try to make more accurate estimates in the future. In this connection the Director reported that unlike WHO, which allows miscellaneous income to accumulate for two years before being budgeted, PAHO works with projections of "future" income, or in other words with an estimation of what the reality is expected to be. That reality is affected by such factors as the fluctuation of interest rates, uncertainty regarding the payment of quota contributions, and variations in extrabudgetary resources.

The approximately \$100 million that appear under assets consist mainly of cash on hand, time deposits and investments, and trust funds that have not yet been spent. This was the result of careful management by PAHO, which worked only with available

resources and avoided having to go to the Governments for approval of budget overruns. In regard to the loss of almost \$1 million as a result of exchange rate differentials, the Secretariat reported that the loss had been incurred on a trust fund project and had resulted from the fact that the Organization had applied the exchange rate set by the United Nations whereas the central bank of the country in question had insisted on applying a different rate. The Organization had negotiated for six months, but no satisfactory solution could be found. However, it was pointed out that, contrary to what had happened in prior years, exchange rate operations had actually yielded gains in the last biennium.

With regard to closing down of the Pan American Zoonoses Center, the Director reported that almost \$1.7 million had been spent on terminal entitlements for staff members. This sum did not come from the regular budget but from a fund specifically for this purpose. In addition, since the suspension of CEPANZO activities on 31 April 1991, a total of \$1.28 million of the regular funds that had been allocated to the Center had remained unspent. Although as of June 1992 the contributions promised for operation of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) had not been received, the Director said he was confident that the Government of Argentina would meet its commitments to the Organization.

Finally, at its sixth plenary session, the Committee adopted Resolution II, in which, inter alia, it approves the transfer of \$1,608,510 from Part I of the budget, as required by the Financial Rules and Regulations; notes that the financial condition of CAREC and CFNI reflect a decline and encourages their Member Governments to pay their outstanding quota contributions; and it recommends to the Directing Council that it approve application of the surplus of \$545,161 to provide added resources to the following high-priority programs: cholera, workers' health, and health promotion. In addition, the resolution congratulates the Director on his successful efforts to maintain a sound and balanced financial position for the Organization.

Item 5.3: PAHO Building Fund and Maintenance and Repair of the PAHO-Owned Buildings

Mr. Tracy (PASB), presenting this item at the seventh plenary session, reported to the Committee that replacement of the air-handling units and their associated automatic control devices at the Headquarters building had been completed within the estimated budget of US\$493,000. Work had begun on the installation of an emergency system that included a back-up electrical system for the elevators, the installation of smoke detectors, and replacement of the fire alarm system. In addition, the new roof for the conference room and the second floor corridor of the PAHO Office in Lima, Peru, had been completed within the allocated budget of \$22,000.

The Forty-fifth World Health Assembly, held in May 1992, approved \$113,750 of a total of \$455,000 for repair of the decorative facade of the Council Chamber at Headquarters and \$20,000 of an estimated total of \$80,000 for replacement of the Chamber roof. No new projects are proposed for 1993, but Mr. Tracy reported that, owing to changes in United States Government regulations concerning the use of refrigerants, it might be necessary to significantly modify the operation and maintenance of the air-conditioning and cooling systems at the Headquarters building. Such changes might cost up to \$1 million.

It was not necessary to adopt a resolution on this item.

Item 5.4: New PAHO Headquarters Building

Mr. Tracy (PASB) presented the item on the new Headquarters building at the seventh plenary session, reporting to the Committee that since September 1991 negotiations have been under way with the owners of a 14-acre site located on Wisconsin Avenue which meets the Organization's requirements in virtually all respects. The negotiations have proceeded more slowly than anticipated, but the owner's attorney has signed a letter of intent establishing a timetable for negotiating an agreement, including the purchase price, by 15 September 1992 at the latest. Once the Secretariat has received a final proposal and price, the three-country working party will be convened in mid-September 1992 to make a recommendation to the Executive Committee at its September 1992 meeting.

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

Item 5.5: Amendments to the Staff Rules of the Pan American Sanitary Bureau

The Executive Committee, after hearing the explanations provided by the Secretariat with regard to the revisions in the Staff Rules to bring them into line with those adopted by the WHO Executive Board, adopted Resolution XIV, which confirms the amendments submitted by the Director concerning the elimination of the financial incentive for non-locally recruited general service staff, the staff assessment rates for the general services category, and the salary scale and rates of staff assessment for professional and higher-graded staff.

In addition, the Committee, taking into account the recommendation of the WHO Executive Board and the World Health Assembly concerning the remuneration of the Regional Directors, the Deputy Director-General, and the Director-General, set the salaries of the Deputy Director and the Assistant Director of PAHO. It also

recommended to the Directing Council that it set the annual net salary of the Director at US\$82,297 (with dependents) and at \$73,824 (without dependents) effective 1 March 1992.

Item 6.1: Statement by the Representative of the PAHO/WHO Staff Association

Mr. Chacón (PAHO/WHO Staff Association) in his statement to the Committee pointed out that the staff are aware of the difficult financial situation that PAHO is facing, as well as the economic crisis affecting WHO, which has created a climate of insecurity regarding working relations in the future. He noted, however, that the Director had assured staff that unless there were a substantial reduction in revenues, there would be no further staff reductions in the future. In this connection, he suggested that the Executive Committee might create an ad hoc committee to study appropriate ways of avoiding financial disaster in the future.

The speaker indicated that the Staff Association does not wish to overstep the bounds of its authority or attempt to co-manage the Organization, since that is the exclusive responsibility of the Director. However, he did note that, contrary to the regulations, the Staff Association has not always been consulted, which has resulted in a number of appeals that could have been avoided if staff had been consulted on a timely basis. Although the Association acknowledges PAHO's leadership in the employment of women, who occupy 29.4% of the professional posts within the Bureau, it suggested a target of 35% for the year 1995.

The Director pointed out that the Bureau has a great deal of difficulty in consulting with the Association regarding changes in the Staff Rules because of the differences in the respective schedules of activities of PAHO and WHO. Only after the Executive Board and the World Health Assembly have intervened do these changes become effective for PAHO.

One of the members of the working group dealing with the question of the new Headquarters building clarified that the group had given serious consideration to the interests of the staff in its deliberations concerning the site to be acquired.

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

Item 6.2: Resolutions and Other Actions of the Forty-fifth World Health Assembly of Interest to the PAHO Executive Committee

During the eighth plenary session Dr. Knouss, Deputy Director, presented Document CE109/23, which provides a synopsis of the Forty-fifth World Health Assembly, held in Geneva from 4 to 14 May 1992, at which 35 resolutions were adopted.

Dr. Knouss noted that several of the issues discussed in the Assembly are also of particular concern to the Executive Committee--for example, the global strategy for the prevention and control of AIDS, national strategies for overcoming micronutrient malnutrition, health and the environment, and immunization and vaccine quality. He also drew attention to a number of resolutions, including one on child health and development, which was of particular concern for the Regional Program on Maternal and Child Health, as well as resolutions on infant and young child nutrition, the harmonization of drug regulations, WHO ethical criteria for medicinal drug promotion, and the International Program on Chemical Safety.

The Technical Discussions had dealt with the important topic of women, health, and development, to which the Region made a significant contribution both in the preparations for the meeting and in the discussions themselves. Another issue of particular interest for the Region was the admission of Puerto Rico as an associate member of WHO. Canada, Jamaica, and Mexico had been elected to designate the members to serve on the WHO Executive Board.

The Committee did not adopt a resolution on this item.

Item 6.3: Pan American Institute of Bioethics

In presenting this item, the Director indicated that it involved an initiative that was justified by the importance of the ethical issues that have arisen not only as a result of the application of new scientific knowledge and medical technology but also with regard to the life and death of individuals. The ethical issues relating to health services delivery and the distribution of their benefits is a matter that should be addressed by the Organization in the interest of its Member Governments.

In view of the interest expressed by the University of Chile, PAHO had made contact with the Government and the University itself with a view to exploring the possibility of creating a center for the study and analysis of bioethical issues taking into account the specific cultural features of the Latin American and Caribbean countries. The initiative, which proposes to pool the interest and efforts of the University of Chile

and the Chilean Government with the Organization's institutional capacity, is intended to lead to the establishment of an institute that will comprise a nucleus of basic minimum resources for carrying out analyses or studies on cooperation and training with the fundamental objective of supporting the institutional development of this sector in the countries of Latin America and the Caribbean. If the initiative is accepted, the Bureau will continue its negotiations with the Chilean authorities in order to be able to present a more complete proposal at the next meeting of the Subcommittee on Planning and Programming, which will then be submitted to the Executive Committee in 1993. If the proposal meets with the Committee's approval, it will be presented in turn to the Directing Council.

In the ensuing discussion, the members of the Committee expressed their support for the initiative, given its importance, and agreed that the corresponding studies should be done to determine its feasibility in programming, institutional, and budgetary terms so that the matter may then be submitted for consideration by the Subcommittee on Planning and Programming, the Executive Committee, and the Directing Council.

Item 7.1: Cholera Update

The information provided by Dr. Brandling Bennett (PASE) indicates that as of late December 1991, 15 countries in the Americas had reported a total of 391,219 cases of cholera, which accounted for 70% of all cases worldwide. The infection extends from the United States of America in the north to Chile in the south and from Piura in Peru to Belém in Brazil. There have been 4,002 deaths. In the first five and a half months of 1992, four more countries were infected, which brought the total to 19 countries. A total of 203,600 cases have been reported, or 79% of the cases worldwide. In 10 of the countries infected during 1991, more cases have been reported in 1992 than in the preceding year. Although the number of reported cases has declined since March, the levels of transmission continue to be high in several countries of Central and South America. Despite the evident success of the measures applied by the Governments to control this situation, cholera continues to be an important threat to the entire Region. Among the risk factors for transmission of cholera are: contaminated municipal water supplies, shallow wells, consumption of unboiled water, beverages and food purchased from street vendors, mollusks, shellfish, and raw fish.

The speaker reviewed the various measures taken by the Organization, both under the emergency phase, which is scheduled for three years, and under the investment phase, projected for 12 years, which was presented for consideration by the Committee under the item "Regional Plan for Investment in Health and the Environment." In addition, the Organization has raised more than US\$21 million for actions related to cholera and is continuing to provide support to the countries for the acquisition of

additional resources. He also cited the coordination work being carried out by the PAHO/WHO Country Representations and Centers, the participation of the Program for Diarrheal Disease Control, the surveillance and field research activities under way, the preparation of a standard manual for laboratory diagnosis, the activities of the Program on Environmental Health in the improvement of water quality, the participation of the Program on Veterinary Public Health in the area of food safety, the importance of information and mass communication, the second phase of vaccine trials in Colombia, and the development of a protocol for a third phase of testing.

In the discussion that followed, the members of the Committee reported on the evolution of the epidemic in their respective countries and contributed recent data. Attention was called to the preventive measures taken by one country that had remained cholera-free, and it was noted that those measures, inter alia, had emphasized educating the public to adopt essential measures relating to hygiene and the control of food and water quality. In addition, the country had taken steps to monitor tourists who contracted diarrheal diseases. The Secretariat was repeatedly commended for the excellent and timely technical cooperation it had provided to the countries of the Region in response to the cholera epidemic. No resolution was adopted on this item.

Item 7.2: Regional Plan for investment in Health and the Environment

Mr. Taitt (Chairman of the Subcommittee on Planning and Programming) reported to the Committee at its seventh plenary session that the Subcommittee had considered the General Plan for Investment in Health and the Environment during its April 1992 meeting. At that meeting the Director had made an eloquent presentation on the subject, recalling that the idea of proposing an ambitious plan for investments in health and the environment had come about as a result of the resurgence of cholera in the Region. The epidemic has called attention to a problem which everyone is aware of but which has been swept under the rug for sociopolitical reasons: the profound deficiencies and inadequacies in living conditions in the Region, particularly with regard to health and environmental infrastructure. The Plan sets forth an ambitious proposal for investment in health and the environment.

The members of the Subcommittee had expressed their unanimous support for the initiative, which they considered to be of the utmost importance. Although they had recognized that the outbreak of cholera had served as an incentive for the implementation of several emergency measures, these had not resolved the underlying problems, which included water supply, waste disposal, and the contamination of waterways. It had been stressed that political commitment was indispensable, and it had been indicated that the current moment was propitious for the achievement of such a commitment. It had been

recommended to the Governments of the Region that they advocate the inclusion of the subject on the agenda of the II Ibero-American Summit of Heads of State to be held in Madrid in July 1992.

The Director explained that, in an attempt to seize the opportunity afforded by the psychosocial shock in the wake of the cholera epidemic, it had been proposed at the I Ibero-American Summit of Heads of State, held in Guadalajara, Mexico, that a concerted effort be made to correct the deep deficiencies in the environmental and health infrastructure and thereby improve the living conditions of large population groups in the Americas and reduce the extraordinary social deficits that exist, especially in the area of health. The participants at that Summit had accepted the idea of developing a Regional plan. The Directing Council, in turn, on considering the subject of cholera at its meeting in September 1991, had requested the Director to prepare a long-term investment plan aimed at correcting those deficiencies.

The Plan is a strategy for action in the sense that it proposes a guiding principle and provides for the mobilization of resources and efforts to create an instrument that will facilitate concerted effort by the countries and the Region as a whole to attain the goal of universal coverage with essential health services within a context of equity. The Plan also constitutes a frame of reference for action by society, the Governments, and international organizations.

The Plan seeks to mobilize an estimated US\$216 billion over a period of 12 years, from 1993 to 2004. Of this sum, \$25 billion are financial costs, which means that the net amount of investment proposed is around \$190 billion for the total period. Most of these investments are to be channeled into the environment: drinking water, sanitation, solid waste disposal, and protection of water sources and quality. The rest will be used to improve the physical infrastructure of health care for individuals. An analysis of the financing for the Plan has shown that it is indeed feasible, inasmuch as nearly 70% of the resources needed would be obtained from internal sources within the countries themselves. The remaining 30% would come from external sources.

The Director said that the Plan was being considered by the ad hoc Secretariat of the II Ibero-American Summit of Heads of State for inclusion on the final agenda of that meeting, which was scheduled to be held in Madrid in late July 1992.

An important component in the development of immediate action is the establishment of an investment fund, which he said would be proposed at the Summit. The program would be supported by voluntary contributions, initially in the amount of \$20 million, to assist the countries in the mobilization of their own resources, in

preinvestment activities, in sectoral studies, and in the preparation of investment proposals per se. A subsequent phase would involve the integration of activities related to the process generated by the Plan in the regular programs of the Organization.

In the discussion that followed at the seventh plenary session, the members of the Committee expressed their satisfaction with the way in which the initiative had evolved and congratulated the Director on the efforts that had been made. Although the Committee found that the Regional Plan for Investment was somewhat ambitious, it felt that both the Plan and the establishment of a preinvestment fund were very important and necessary as mechanisms for rechanneling internal and external resources. It was explained that the Plan is only a strategy, a frame of reference, and a process. Its ideas and principles are intended to guide internal decisions in each country.

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

Item 7.3: United Nations Conference on Environment and Development

The Secretariat reported to the Committee on the United Nations Conference on Environment and Development, held in Rio de Janeiro on 3-14 June 1992 and attended by representatives from 170 countries. The Conference was the most well-attended summit in history and involved the participation of 110 presidents or heads of state.

Four important documents were adopted at the Conference: a) the Rio Declaration on Environment and Development, which establishes a series of ethical principles in which human beings are the central concern; b) the United Nations Framework Convention on Climate Change, which is aimed at preventing changes in the earth's climate and mitigating their adverse effects; c) the Convention on Biological Diversity, which recognizes the intrinsic value of biological diversity and the genetic ecological, social, economic, scientific, educational, cultural, recreational, and aesthetic value thereof; and d) the Agreements on Environment and Development, Agenda 21. Agenda 21 deals with the pressing problems of today and also seeks to prepare the world for the challenges of the next century. It comprises 40 chapters. The sixth, on the protection and promotion of health, discusses the following priority health areas: primary care, communicable disease control, programs for the eradication of poliomyelitis and control of measles, identification of vulnerable groups, and increase in urban sanitation activities and the reduction of risks from environmental contaminants.

WHO has scheduled a meeting for October 1992 that will focus on establishing priorities in this area both at the level of Headquarters and in the Regions.

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

Other Matters

Admission of Puerto Rico as an Associate Member of PAHO

At the eighth plenary session the Secretariat reported to the Executive Committee that on 23 June 1992 a communiqué had been received from the Government of the United States of America requesting the admission of Puerto Rico as an associate member of the Pan American Health Organization. In this connection it was recalled that the Forty-fifth World Health Assembly, in its resolution WHA45.3, had admitted Puerto Rico as an associate member of the World Health Organization.

It was pointed out that the PAHO Constitution makes no provision for such a category of membership. An analysis of the agreements signed between WHO and PAHO, as well as the decisions of the Governing Bodies, indicated that the legal status of associate member of WHO did not convey the right to participate in the Regional Committee of WHO for the Americas. In order for an entity to do so it would be necessary to create an analogous category of membership under the PAHO Constitution.

In its discussion of this matter, the Executive Committee accepted the idea that in the spirit of the PAHO Constitution it was appropriate to consider granting Puerto Rico the status of associate member of PAHO. In addition, it decided that the request, together with a document explaining the background of issue, should be sent to the Governments and then submitted for consideration by the XXXVI Meeting of the Directing Council. The Council would be called on to consider the procedure to be followed in the creation of the category of associate member, or an analogous category, within PAHO, including the obligations and rights corresponding to that category, as well as Puerto Rico's request for admission.